

Exploring Behavioural Addiction:
A phenomenological study of the Lived Experiences of
Pathological Gamblers

by

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Declaration

I, *Charnel Halgreen* (student number: 204026695) hereby declare that the *dissertation* for *MA Psychology (Research)* to be awarded is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification.

Charnel Halgreen

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Dedication

This study is dedicated in loving memory of my Oupa Harry.

Daar is nie woorde nie.

Dankie dat Oupa altyd daar was.

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Chapter One

Introduction

For, usually and fitly,

The presence of an introduction is held to imply that there is something of consequence and importance to be introduced...

(Machen, 1915)

1.1 Foundation

The aim of the present study is to explore the lived experiences of pathological gamblers.

This particular behavioural addiction has been researched in order to enhance the understanding of the phenomenon of pathological gambling. A qualitative phenomenological foundation has been utilized in order to investigate the subjective descriptions and meanings that participants attribute to gambling. The study has furthermore aimed to identify common patterns that emerge between the participants with regards to the lived experience of a gambling addiction.

1.2 Relevance

The growth of the gambling industry generates the impression that gambling is accessible and acceptable to many individuals. As changes to gambling laws have increased accessibility, gambling has become widespread, which has created an impact on the prevalence of pathological gambling (Raylu & Oei, 2002).

In 2011, South Africans wagered R257.6 billion, which equates to more than R8 000 per adult – 18 years and older. It is estimated that this amount is projected to increase to R349.6 billion in 2016 (PricewaterhouseCoopers, 2012). As money is rapidly driven into the industry, concern grows regarding the prevalence of problem and pathological gambling.

Gambling can fuel fantasies that are out of reach for many individuals in a country filled with poverty (Bulwer, 2006). South Africa may be regarded as a poverty stricken country which is currently starting to emerge from its first recession in seventeen years (Information, South Africa, 2010). This may be extremely dangerous when individuals use their household finances to fund their gambling behaviour. Money is often spent on gambling which should have been spent on necessities. Thus, recognition is given to the harm and cost to society by individuals who exhibit impaired behavioural control over their gambling behaviour. As a consequence, many individuals' suffer negative personal, financial and social consequences resulting in emotional and psychological distress (Bulwer, 2006).

1.3 Research Method

1.3.1 Design

The study has utilized a qualitative and exploratory-descriptive method of inquiry.

Descriptive research typically involves measuring a variable or set of variables, as they exist naturally (Gravetter & Forzano, 2006). Qualitative research is appropriate when attempting to understand the social phenomena of gambling from the perspective of the participants.

Information is collected in the form of words which give an in-depth understanding of the nature of what people are experiencing and allow participants to speak about their experience in their own words, displaying sensitivity to the context in which the study is situated (Louw and Edwards, 1998; Smith, 2003).

The advantages of qualitative research are that it enables researchers to study human experiences in a great deal of depth. The methods stay closer to the experience of participants and individuals who read the research report may obtain a deeper and more human understanding of what has been discovered (Louw & Edwards, 1998).

1.3.2 Data Collection

The collection of data for the present study was obtained through completion of the biographical questionnaire and open-ended conversations. A biographical questionnaire (see Appendix 1) was utilized in order to obtain relevant information from each participant regarding their eligibility for inclusion in the present study. Eligibility required that the participants be eighteen years or older as the legal age for gambling in South Africa (Gambling Statistics - RSA, 2009) is eighteen years. The first language/ language preference of the participant was thereafter identified. Language preference is relevant to the study in order to determine the need for a translator in the conversation process.

The DSM-IV-TR (APA, 2000) criteria for pathological gambling (PG) was used to authenticate that the participants were indeed relevant rather than representative and that they were able to shed light on the phenomenon under study, in this case, the lived experience of pathological gamblers. Six participants met the criteria for PG. Once participants were identified, data collection continued through the use of individual, open-ended conversations. This was an informal, interactive process, utilizing predominantly open-ended comments and questions.

1.3.3 Research Procedure

An article published in the local newspaper allowed for possible participants to initiate contact with the researcher (Appendix 3). The article stated the title of the study, a

description of the investigation as well as the need for a sample. Prior to each interview, the researcher reiterated the purpose of the interview in light of the goals of the study as well as the role of the participant and researcher. Opportunity was provided to each of the participants to ask any questions and to verify their role in the study.

Biographical questionnaires were handed to each participant at an individual meeting. Thereafter, the researcher had contracted with consenting participants. According to the responses provided, six of the seven potential participants met the criteria for pathological gambling, were 18 years or older and all preferred English as the language medium for conversing. All six participants were willing to be interviewed and partook in individual, face-to-face interviews with the present researcher. Upon completion of the research, each participant will receive a summary of the findings.

1.3.4 Ethical Considerations

Research ethics provide the researcher with guidelines to establish a balance between values, the pursuit of knowledge and the rights of those involved in the research study. The present researcher referred to the American Psychological Association (APA) ethical guidelines for the use and treatment of human research participants in research (2002). A contractual model of ethics is the one most often assumed – a written agreement between two parties. To this end a consent form was signed by all participants (see Appendix 4). Legal consent was granted, with the agreement that personal identities be withheld and that participation is voluntary. The following ethical considerations have been identified as pertinent to the present study: (1) institutional approval, (2) informed consent, (3) avoidance of harm, (4) avoidance of deception, (5) privacy and confidentiality, (6) accurate dissemination of findings, (7) competence of the researcher, (8) debriefing (APA, 2002).

1.4 Theoretical Underpinning

Bronfenbrenner's ecological theory (1979) will be defined and explored in terms of the systems that the theory encompasses. The theoretical model has been implemented in a manner that explores the lived experiences of pathological gamblers through the understanding of the influences that have cultivated participants' development. This perspective offers an insightful view in which to understand the influences of the lived experiences of pathological gamblers. As such, the perspective has been utilized for the theoretical component in the present phenomenological study.

1.5 Structure of Presentation

The structure of this research dissertation is as follows:

Chapter 1: This chapter provides an introduction to the study and contextualises the research process.

Chapter 2: Provides an in-depth exploration of the theoretical model that was implemented in the understanding of the phenomenon of pathological gambling.

Chapter 3: This chapter provides an exploration of the literature that conceptualises behavioural addiction. Specific attention is paid to internet and shopping addiction.

Chapter 4: This chapter focuses on the literature encompassing the phenomenon of gambling, problem gambling and more specifically, pathological gambling.

Chapter 5: This chapter presents a detailed discussion of the research process, including aspects such as research methodology, research design as well as the ethical considerations that were addressed in this study.

Chapter 6: This chapter presents the research findings. A discussion and interpretation of these findings are provided.

Chapter 7: This chapter encompasses the summary and conclusion for this study. Various recommendations based on the study and perceived limitations of the study are also discussed.

1.6 Summary

The aims of this chapter were fourfold. Firstly, the chapter aimed to contextualise this study by providing the reader with the relevant background information. Secondly, the chapter aimed to orientate the reader to the nature of this study, the research problem and aims, as well as provide motivation for this research. Thirdly, it presented an outline of the research process while situating the study within a theoretical framework. Fourthly, to provide the structure and outline of the chapters that is to unfold.

Chapter Two will follow with an overview of the ecological perspective as it relates to human development and as the precursor to a more extensive discussion of the perspective of Urie Bronfenbrenner (1979). Bronfenbrenner's (1979) ecological outlook will take into consideration the constituents of influence in the lives of the participants of the present study.

Chapter 2

Bronfenbrenner's Ecological Theory of Human Development

"All our knowledge has its origins in our perceptions"

Da Vinci (n.d)

2.1 Introduction

The chapter will stress human development as the fundamental curiosity that originally drew the present researcher to embark on this particular study. Thereafter, the chapter provides an overview of the ecological perspective as it relates to human development and as the precursor to a more extensive discussion of the perspective of Urie Bronfenbrenner. This perspective offers an insightful view in which to understand the influences of the lived experiences of pathological gamblers.

Bronfenbrenner's ecological theory (1979) will be defined and explored in terms of the systems that the theory encompasses. The theoretical model will be implemented in a manner that explores the lived experiences of pathological gamblers through the understanding of the influences that have cultivated participants' development.

2.2 Human Development

The study of human development is puzzling and relatively unexplored (Neuman & Neuman, 2003). If one wanted to understand human development, one must study how maturation and experience combine to shape beliefs and expectations at each stage of development, as human development is the active, dynamic, continuous process of an individual. The goal may be to have a more accurate understanding of how individuals make sense of their experiences,

adapt to their environments, cope with challenges and continue to develop from one period in their lives to another.

Human beings are influenced by many different factors and these factors have the potential to influence development. The person is at the core of the process of development and is influenced by a variety of factors. Five assumptions are viewed as critical by Neuman and Neuman (2003) in the understanding of human development:

- 1) *Growth occurs at every period of life, from conception through to very old age.* At each period, new capacities emerge, new roles are undertaken and new challenges must be faced. This allows for an unfolding of a new orientation to self and society.
- 2) *Individual lives show continuity and change as they progress through time.* An awareness of the processes that contribute to both continuity and change is central to an understanding of human development.
- 3) *Understanding of the whole person, as an individual functions in an integrated manner.* Individuals develop in physical, social, emotional, and cognitive capacities.
- 4) *Every person's behaviour must be analysed in the context of relevant settings and personal relationships.* The meaning of a behaviour pattern or change should be interpreted in light of the significant physical and social environments in which it occurs.
- 5) *People contribute actively to their development.* These contributions take many forms, including the expression of tastes and preferences, choices and goals.

It is important to recognise the fundamental assumption that development occurs throughout life, that individuals do not live in isolation and behaviour should be viewed in the context that it occurs, as humans are contributors to the development of 'who' they are.

2.3 Ecological Perspective

An ecological perspective is a standpoint for conceptualising the changing maturing person in relation to a changing environment – social, physical as well as psychological. Although the ecological perspective, and the term ecology, originated in biology, its use spans several disciplines, among which is developmental psychology.

The word ecology is derived from the Greek *oikos*, which translated, means ‘household’, and *logos*, meaning ‘study’. Therefore, the study of the environmental house includes the organisms in it and all the functional processes that make the house habitable. Literally then, ecology is the study of ‘life at home’ with emphasis on the totality or pattern of relations between organisms and their environment (Merriam-Webster’s Collegiate Dictionary, 2004).

As ecology was and remains the discipline that addresses the highest and most complex levels of biological organisation, it is viewed as the study of holism and emergence, of the properties of life taken from the top down. Ecology is therefore the study of organism-environment interrelatedness. The coining of the term by Haeckel (1873) proposed that ecology is the study of organisms in their environment, which he believed to be inseparable parts of a whole.

Ecology may thus be viewed as the fundamental keystone in which all things in nature are related to one another in a complex but systematic way (Keeney, 1982). For example, if one intended to know something about the wonders of a forest and how the organisms live together and co-exist, it would make no sense to study the elements separately. One would have to know more about the interaction, co-operation and counteraction of the subsystems within the larger context (Meyer, Moore & Viljoen, 2003). Therefore, as with a forest, the aspects that define an individual may be explored by inviting knowledge about the interactions of the subsystems that encompass them.

2.4 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's (1979) ecological model of human development was chosen to serve as a framework for the present study as it enables one to move beyond the individual and to look at the immediate as well as the wider environmental influences in the development of pathological gambling. This integrative framework based on Bronfenbrenner's (1979) model allows one to synthesise the mutual contributions of individual, family and social contextual influences in the development of pathological gambling.

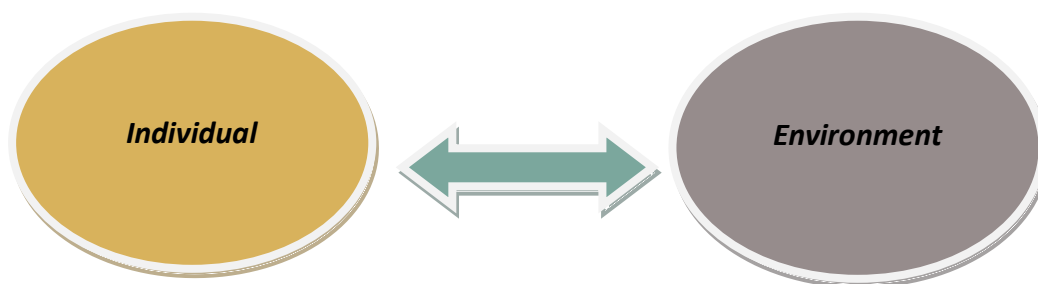
Bronfenbrenner (1979, p.29) described the ecology of human development as involving the "scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger contexts in which the settings are embedded." Bronfenbrenner (1979) therefore described the ecology of human development as the study of the developing relationship throughout the lifetime between an individual and the changing environment in which the individual lives. This process is one of mutual adaptation and is affected by relationships within and between these immediate settings, as well as larger formal and informal contexts.

Bronfenbrenner (1979) argued that any understanding of human development must consider the context in which the individual functions. Thus feelings and behaviour may be understood from the context in which they occur. An ecological perspective views human development from a person in the environment context, emphasizing the principle that all growth and development take place in the dynamic phenomena of relationships (Bronfenbrenner, 2005).

According to this relational approach, individuals interact with their environment in a continuous process of influences reflected in the interaction and transaction patterns of the individual and the subsystems involved. Both the individual and the environment are perceived to be in a state of perpetual change, each depending on the other.

Emphasis is placed on the interconnections of events and the bidirectionality of effects between and individual and their environment (as seen on Figure 1 below). Bidirectional effects influence the components as a whole and may change the characteristics of the individual components. Therefore, a change in one area or part of an ecosystem may affect the other parts and thus, ultimately the whole ecological system (Visser & Moleko, 2003).

Figure 1: Bidirectionality of influences (to and from the individual upon their environment)

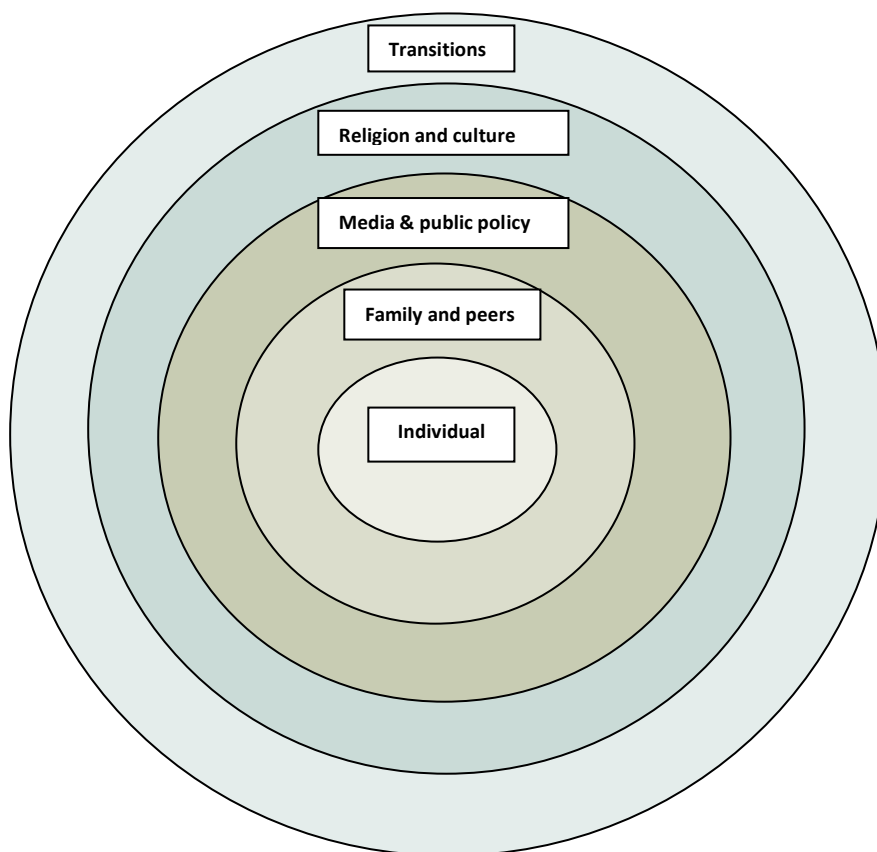


The interactions of the environments or systems are crucial to an individual's development. Interaction refers to the exchanges between an individual and the people, objects, and symbols in their immediate environment, which become progressively more complex and reciprocal in nature (Bronfenbrenner, 1992). The reciprocal impact of the individual and their environment may be viewed through the ecological systems. Bronfenbrenner's (1972) theory defines these complex 'layers' or 'systems' of environments as each having an effect on an individual's development. Bronfenbrenner's nested and interconnected ecological system originated from the traditional Russian doll, which is characterised by the embedding of a series of smaller dolls inside larger ones. Thus, the ecological environment is conceived

typologically as a nested arrangement of structures, each contained within the next (Bronfenbrenner, 1975), as seen in figure two of this chapter.

Bronfenbrenner (1972; 1979) has accordingly proposed five independent ‘systems’. There is an indication that these five independent systems namely, the micro-, meso-, exo-, macro-, and chronosystems operate together to influence the development of an individual (Berk, 2006). Figure 2 (as seen below) has been adapted from Bronfenbrenner’s theory (1979). The figure depicts ecology as a manner in which to view the participants’ influences in the development of a gambling problem.

Figure 2: Systems encompassed



2.4.1. Microsystem

According to Bronfenbrenner (1977) the microsystem is the complex of relations between the developing person and environment in an immediate setting containing that individual. The microsystem is viewed as the most central system as it encompasses the relationships and interactions an individual has with their immediate surroundings (Berk, 2000). Consisting of a pattern of activities, roles, and interpersonal relations, the microsystem represents the interactions of the developing person in a given face-to-face setting (Bronfenbrenner, 1992). Emphasis is placed upon the immediate social setting and the relationships that an individual is involved in. Thus, the focus is on face-to-face interaction. For example, the mutual engagement with the family structure provides the foundation that an individual may use as a reference to direct their future behaviour and thus will guide interactions with other systems.

The microsystem encompasses interconnections of two or more settings in which the developing person actively participates or finds himself a part of. The core concept of the microsystem is noted in the reciprocal activity between the individual and the environment. Proximal processes and life course perspective emerge as two core concepts in Bronfenbrenner's theory. As a means to human development throughout the life course, proximal processes refer to enduring forms of reciprocal interactions in the immediate environment, which are progressively more complex (Wong, 2002). Such processes comprise interactions with other people, objects and symbols. Each individual will interpret the interactions that occur in the microsystem level differently, depending on factors such as personality traits, personal goals and cultural values. Those individuals who share experiences on this level influence each other and share meanings that become part of who they are (Hudgins, 2008).

Thus, an individual's perception of the environmental properties is that which exerts the most influence on development in ecological theory. The idea of perception is rooted in the relationship construction with the immediate settings, thus the individual is not passive in their development. This particular factor emphasises that relationships have an impact in two directions, directions that are both away from the individual and toward the individual (Bronfenbrenner, 1979).

2.4.1.1 The Individual

From the time of birth and throughout life, an individual has a strong desire to grow psychologically. This growth takes the form of a continuous process of self- discovery through a never ending series of actions (Kusyszyn, 1984). The process of self-discovery and the continuous series of actions are met with a realm of meaning. Individuals do not experience phenomena in the abstract, but experience them in human terms. One's experiences are qualified by one's human perspective. Adler (1931) explores this concept by stating that no human being can escape meanings. Reality is experienced only through the meanings ascribed to it: not as a *'thing'* in itself but rather as a concept that is interpreted. Therefore, the individual experiences and creates meaning from the totality of experiences exposed to throughout life.

It is important to take cognizance of the factors that may contribute to the desire to grow, to experience and to create meaning. Personality factors, for example, may play a vital role the way in which individuals experience certain phenomena. Personality may be viewed as the mask individuals believe in (Louw & Louw, 2009), a belief that is generally defined as the essence of an individual, that which makes the individual a unique, recognisable person.

Personality includes distinctive behaviours, therefore accounting for thoughts, emotions and values that are characteristic of the way in which people adapt to life's situations (Louw & Louw, 2009). The makeup of an individual's thoughts and feelings are influenced by their personality and it is also what makes individuals different from one another. Therefore, personality may be viewed as an internal process that guides one's behaviour over time.

To date research into personality traits among gamblers has been largely consistent. Gamblers are commonly viewed to be impulsive individuals' who enjoy the 'thrill of a possible win'. Gergen (1968) commented that the prevalent view is that the normal behaviour of individuals are consistently misconceived and he strongly suggests that consistency in thought or action does not constitute the normal range of affairs. To suggest however, that gambling behaviour is totally dependent on the situational and structural gambling environment is also misconceived. The fact that gambling behaviour in an environment varies so dramatically is testament to the fact that personal differences play a critical role in the development of gambling behaviour.

The major argument of some theorists for the rejection of the existence of personality traits is the assumption that the cross-situational consistencies are too weak to play an important role (Kenrick & Funder, 1988). One may however not deny the fact that an individual consists of many different characteristics and traits, of which personality factors are an integral part. Personality factors can therefore be considered important elements in the study of gambling behaviour.

As personality plays a role in the dynamic understanding of gambling, one may consider that personality traits are seen at the roots of the phenomenon of PG. There are two personality traits that have been found to play a role in shaping gambling behaviour, one is sensation seeking and the other -risk taking (Hardoon & Derevensky, 2002). In spite of evident

sensation seeking and risk taking traits, a clear personality profile for a problem gambler has not yet been identified (Gupta, Derevensky & Ellenbogen, 2006).

Zuckerman (1979) describes sensation seeking as the willingness to take risks in the pursuit of new and varied experiences that simulate sensations. Being a sensation-seeker may predispose an individual to gamble but gambling may also change the personality of the individual (Raylu & Oei, 2002). In a study conducted by Gupta, Derevensky and Ellenbogen (2006) it was concluded that the level of gambling participation can be directly linked to specific sensation-seeking behaviours as individuals who displayed problem and pathological gambling behaviours scored higher on the Disinhibition, Boredom Susceptibility and Experience-seeking subscales on the Sensation Seeking Scale. As such, studies have suggested that there is a distinct relationship between sensation seeking and gambling behaviour in normal populations. Based on a study of 790 adults, McDaniel and Zuckerman (2003) reported that there was a significant relationship between sensation seeking and regular gambling behaviour. It may therefore be suggested that sensation-seeking behaviour be correlated with increased levels of gambling participation.

Risky behaviour is an additional factor that is associated with increased levels of gambling behaviour. Risky behaviour refers to personal conduct that places one in a position to experience potentially negative consequences. Gambling can be seen as an opportunity for individuals to engage in risky endeavors with potentially negative ramifications (Hardoon & Derevensky, 2002).

An individual may experience positive emotions, feel good and experience excitement. The risky behaviour may create a desired euphoric state that is met with increasingly larger bets, which in turn perpetuates the gambling behaviour. Why do individuals desire a state of euphoria?

It may be fitting to hypothesise that an individual continues gambling as a way of escaping from problems or a dysphoric mood being experienced. The euphoria generates an escape from internal negative experiences such as anxiety, depression or uncertainty (Neighbors, Larimer, Geisner & Knee, 2006). An anonymous individual who has banned himself from casinos in the Eastern Cape reported that: *“You tend to go to the casino as a way to escape from the problems you have in your life. The thrill of a possible win helps to forget that which is going on in your life. You also feel that if you win, the problems you have could be solved”* (Anonymous, 2010). It may be viewed that such individuals believe that their sole problem is money while at the same time believing that money is the solution to their problems (Collins & Barr, 2009).

Individuals may seek action or excitement, sometimes more than the financial gratification that comes from winning (American Psychological Association, 2000). Therefore, gambling serves as a form of escapism, allowing one to conceptualise pathological gambling as a maladaptive coping strategy used to deal with possible emotional disturbances within the individual (Bulwer, 2006).

2.4.2 Mesosystem

Bronfenbrenner (1977) defines a mesosystem as comprising of the interrelations among major settings containing the developing individual at a particular point in his or her life. Thus, for a child, the relations among school, home and peer group would be important; for an adult this may include family, work and social life. The mesosystem therefore involves the interactions and relationships between two or more microsystems (Berk, 2006). Systems interact continually, and the mesosystem is the connection between two or more systems.

The most basic form of a mesosystem originates when a developing individual first enters a new setting (Bronfenbrenner, 1979). The individual becomes the primary link between the settings. This would be when an individual engages in activities in more than one environment such as home and the workplace. This is considered to be a direct social network and is a prerequisite for the establishment of a mesosystem.

The second type of interrelation that occurs within the mesosystem is labeled as an indirect linkage to represent multi-setting influences when the individual is not actively participating in both settings, but is an intermediary. In the childhood years this would perhaps be the indirect link between a parent and the school where the individual is the link between the two systems. Bronfenbrenner (1979) emphasises that this system explores how contexts and relationships develop and change. As the individual comes into contact with new settings and contexts, the individual shifts between various roles (Berk, 2006). This results in a broadening of one's cognitive competency and social skills. Gambling may be viewed as an occasional social activity, but is greatly impacted by a variety of environmental, interpersonal and intrapersonal factors. Thus, the conflict between several microsystems could give rise to stress and tension thus influencing the gambling behaviour.

2.4.2.1 Family influences

A family is viewed as a group of people that share a home, together sharing a unique sense of identity (Carter & McGoldrick, 1999). The family carries with it the implicit right to influence the behaviour of other members. In family units, codes of conduct are mobilised in order to guide individuals and group behaviour. One may believe that this could facilitate the process of individual meaning making, interpretation and understanding (Darbyshire, Oster & Carrig, 2001). Therefore family background has significant implications for young children's social cognition and their understanding of the world (Cutting & Dunn, 1999).

According to Felsher, Derevensky and Gupta (2003), parents often condone gambling during childhood and may model such behaviour by purchasing lottery tickets for their children. An emphasis is placed on the importance of modeling and observational learning as influential processes in facilitating the development of these behaviours (Berk, 2006).

Goodwin (1976) is of the opinion that children of alcoholics are at increased risk for alcoholism. Similar questions have been raised about pathological gambling (Jacobs, 1989). The first evidence is beginning to appear as results of several studies have explored the risk for the development of pathological gambling amongst children associated with parental gambling. Furthermore the studies are exploring the susceptibility of children of pathological gamblers to dysfunctional behaviour (Jacobs, 1989). The above mentioned traits are mentioned to hypothesise the possibility of intergenerational patterns developed with regards to gambling behaviour. Parents ultimately convey their acceptance and approval of the child participating in gambling activities. As such, the social learning theory maintains that individuals model, learn and maintain behaviours that are observed, appealing and reinforcing.

Learning and maintaining observed behaviours may be viewed as an influential variable related to the later development of pathological gambling. This association is supported by research conducted within the field of adolescent problem and pathological gambling. It is noted that parents of pathological gamblers are more likely to be pathological gamblers themselves, engage in illegal activities and present with a co-morbid addiction (Gupta & Derevensky, 1998).

Parents and family members therefore often serve as significant role models for gambling (Gupta & Derevensky, 1998) and it may therefore be suggested that family members are a major influencing factor in the addictive problem, and at least by implication, family

members may be construed as being responsible either for the dawn of or the maintenance of the problem behaviour (Krishman & Orford, 2002).

2.4.2.2 Peer influences

Prinstein, Boergers and Spirito (2001) suggest that developing individuals' whose peer group participates in risk behaviours are more likely to engage in risk behaviours themselves. Prior to the above mentioned study Gupta and Derevensky (1998) revealed that a significant relationship exists between the level of gambling participation and risk taking among adolescents. Furthermore, problem gamblers were found to take the greatest risks. The perceived benefits associated with a particular action can influence an individual's decision to engage in a risky activity.

The influence of risky behaviour and peer influence are highlighted in the results of a study conducted by Griffiths (1990) who found that 44% of adolescents indicated that their gambling behaviour was reinforced by friends who participated in gambling activities. Haroon and Derevensky (2001) indicated that the presence of one's peers had a significant effect on gambling behaviour, specifically betting behaviour, the results of which were particularly clear with male participants. The findings of this study revealed that male adolescents tended to place higher bets when in the company of their peers. It may therefore be suggested that these findings support the notion that gambling can be perceived as a socially acceptable pursuit (Derevensky et al., 2003; Gupta & Derevensky, 1998) and that peers play a significant role in gambling behaviour.

Social learning theory once more highlights the notion that behaviour is shaped by positive reinforcement. Therefore, behaviour that is in line with those of peers is reinforced, whereas inconsistent behaviour is ignored or punished, prevailing the notion that it is less likely to occur (Barlow & Durand, 2005).

Friendship, group acceptance and excitement are the reinforcement efforts that one obtains from mood altering activities such as gambling. Social interaction is therefore seen as one of the most important vehicles through which developing individuals become vulnerable to problem gambling.

2.4.3 Exosystem

The exosystem is viewed as an extension of the mesosystem. The exosystem embraces other specific social structures, both formal and informal, that does not contain the developing individual but encompasses the immediate settings in which that person is found. Therefore, an exosystem refers to one or more settings that does not involve the developing individual as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing individual (Neuman & Neuman, 2003).

These structures include the major institutions of the society, both deliberately structured and spontaneously evolving, as they operate at a concrete local level. They encompass, among other structures, the world of work, the neighbourhood, the mass media, agencies of government (local, state, and national) and communication and transportation (Bronfenbrenner, 1977).

Exosystems do not contain or affect the individual directly; however, these systems do shape the individual's experience. The individual may not be directly involved at this level, but may feel the positive or negative forces involved with the interaction within their own system.

This level takes into account how the experiences in one setting will influence the experiences of the individual, wherein the individual does not have an active role (Hudgins, 2008).

2.4.3.1 Societal Influences

Societal influences encompass the larger social systems in which the individual functions. While societal influences are beyond the control of the individual, the impacts of these elements filter through to communities, families and individuals (Barlow, 2004).

2.4.3.1.1 Media

According to Griffiths and Wood (2000), new technological advances to gambling activities may be seen in the development of sophisticated slot machines, interactive lottery games, interactive television games and electronic gambling machines. Such activities advertised through the media promulgate the view that gambling is a glamorous social activity in which an individual may win enormous amounts of money. Upham (2012) emphasises that South African youth are of the opinion that the media portrays a more glamorous image of gambling whereby one might perceive there to be a higher chance of winning.

Korn, Hurson and Reynolds (2005) found that participants perceived the over-arching purpose of a collection of advertisements as being to 'sell' the various types of gambling. In addition, many viewed the advertising as attention-getting attempts to promote gambling by presenting it as fun, engaging and generally harmless. In support of these perceptions, participants identified a range of key themes and messages emerging from the collective set of advertisements. Themes described gambling is fun, it is good to gamble, the advertisements portrayed gambling as exciting, fun and exhilarating.

On a deeper level many described the advertisements as painting an optimistic picture of how winning could significantly change one's life, signifying that if one were to win that 'things could be better'. The portrayal of extravagance is viewed through movies and TV shows, as well as through advertising in newspapers, magazines and radio shows. In the gambling

industry a successful marketing scheme promotes gambling as fun, recreational and entertaining, thereby enticing the individual to take part in the glamour, excitement and extravagance (Bulwer, 2006).

The media may focus particularly at targeting the high sensation seeker, who desires the ‘rush’ of a possible win. Individuals with a high need for sensation desire complex experiences and are willing to take risks for these experiences. The desire for risk taking draws with it the possibility of great advantages. Emphasis is placed on the ‘eternal spring of hope’ where anything is possible (Bulwer, 2006).

2.4.3.1.2 Public Policy

The growth of the gambling industry generates the impression that gambling is accessible and acceptable to many individuals. Substantive data demonstrates that the incidence of pathological gambling is inextricably tied to the number of available gambling outlets (Abbott & Volberg, 1996). Availability and accessibility are not simply a matter of the number of gambling outlets in a particular area. A range of other factors are involved. Some of these include ease of access, such as opening hours, restrictions on entry, public transport and/or private parking facilities, and the general location of the gambling facility (Reith, 2006).

Such features influence the accessibility to a venue and may make a visit to a gambling venue relatively time consuming. The preparation and time needed to initiate the activity may therefore be considered as something which must be planned – such as a trip to an out of town casino. Ease of initiating the activity is noted in the accessibility of many modes of gambling ventures, such as dropping coins in a machine in a bar (Reith, 2006). It may therefore be hypothesised that the closer the gambling venue is to an individual and the

greater amount of gambling venues available, the easier it is to initiate the gambling behaviour.

Changes to the gambling laws enable the accessibility to gambling to become more widespread, which may increase the prevalence of pathological gambling (Raylu & Oei, 2002). Availability and convenience are strongly associated with problem gambling.

Electronic gaming machines, for example, that are located throughout the community in bars, hotels and clubs can encourage impulsive gambling and are associated with high gambling rates (Reith, 2006). The promotion of accessibility and availability has thus influenced gambling behaviour.

Casino gambling for example has been legalised primarily through reference to its strictly economic benefits in South Africa. The industry has made a substantial contribution to the economy through direct gaming taxes and levies to provincial governments amounting to R1.8 billion in 2011, which increased by 9.8% since 2010 (Herald, Eastern Province 2012). Therefore, ecological determinants, for example, those revolving around public policy issues, promote availability and access to gambling facilities (Blaszczynski, 2000) as the gaming taxes provide economic benefits.

The National Responsible Gambling Programme (2011) has initiated programmes that commence at school level where objectives are aimed at the awareness of problem gambling in the pursuit of the goal to reduce the incidence of problem gambling. These programmes are primarily targeted at educating adolescents, with the goal to reduce the risks and harms related to problem gambling.

These programmes demonstrate that awareness of problem and pathological gambling is necessary from an early age. Awareness of gambling risks from early adolescence through to adulthood is necessary as the accessibility to and availability of gambling outlets has

increased. Ligthelm and Jonkheid (2009) have revealed comprehensive findings that the South African gambling industry has developed to a high level of maturity, after a rapid growth period from 1997 to 2002. The legalisation of gambling has exposed the South African public to a wide variety of new gambling experiences.

2.4.4 Macrosystem

Macrosystems are referred to by Bronfenbrenner (1977) as the overarching institutional patterns of the culture or subculture. The macrosystem encompasses the remainder of the contextual systems which include the following; cultural values, political philosophies, economic patterns and social conditions. These cultural patterns influence all of the other systems (Hudgins, 2008). The macrosystem therefore refers to consistencies in the form of the lower order systems, at a level of the subculture or culture as a whole, along with any belief systems or ideologies underlying such consistencies (Bronfenbrenner, 1979). The macrosystem is therefore considered to be the largest ecological layer of influence.

According to Bronfenbrenner (1979), this is the most important ecological system as it can have an impact on all of the other systems within the ecological model (Schaffer, 2006). The macrosystem does not relate to a certain environment but rather to the laws, values and customs of the culture in which the developing individual grows up. The environments may influence the individual in a positive or negative manner. The macrosystem has an impact in the way in which the individual conducts himself or herself and governs which behaviours are viewed as acceptable or unacceptable (Schaffer, 2006).

2.4.4.1 Religion and Spirituality

Religion is defined as “a belief in and worship of God or the supernatural system of religious beliefs, attitudes and practices” (Merriam-Webster Dictionary, 2003). Religion may also be

viewed as the system of worship and dogma that is shared by a group (Boswell, Knight, Hamer, & McChesney, 2001).

While social historians and theologians have considered religion in relation to gambling (Costello & Millar, 2000; Grant, 1994 in Clarke, Tse, Abbott, Townsend, Pefi & Manaia, 2006), little attention has been given to religion and spirituality in the development of problem gambling. Longo and Peterson (2002) recognised that religion is part of spirituality. The authors believe that religion is organised spirituality, whereas the term spirituality has within it the concept of being individual.

Spirituality is therefore seen as a broader term that refers to existential and transcendent aspects of life that contribute to a sense of hope, meaning and purpose, coherence and connectedness to others (Spaniol, 2001 in Clarke, Tse, Abbott, Townsend, Pefi & Manaia, 2006). Gambling behaviours may therefore cease or diminish as these aspects of spirituality might reduce such behaviour.

Although there have been only a limited number of studies examining the association between religion and gambling behaviour, the general consensus of these findings is unvarying with the larger body of evidence showing that personal religiosity serves to reduce various forms of proscribed activity (Piedmont, 2001). Toneatto (1999) believes that religious affiliation might lead to an increase in gambling behaviour as certain religions consent to or endorse participation in gambling activities. Adhering to some superstitious beliefs, praying to win and wearing religious medallions as lucky charms strengthen habits that encourage belief that one can increase one's chances of winning.

As much as religion may play a role in the promotion of gambling behaviour, it may also give people strength to recover from problem gambling (Clarke, Tse, Abbott, Townsend, Kingi &

Manaia, 2007). Social support is viewed as helpful to rebuild the family, to regain trust and to promote a sense of forgiveness.

2.4.4.2 Culture

Culture is regarded as a set of attitudes, beliefs and behaviours that a group of people share that is communicated from one generation to the next. Gambling appears to be an ancient human activity found in almost all cultures and in most parts of the world (Custer & Milt, 1985). According to Abt and McGurrin (1992), cultural beliefs and values are passed on via the members of the cultural group. The beliefs and values intercede individuals' awareness of, as well as the meaning accredited to, various social behaviours.

As with other social behaviours, gambling obtains meaning within a specific context. Raylu and Oei (2002) are of the opinion that cultural beliefs are passed on to individual members in the following ways: 1) parents modeling the desired behaviours of that culture; 2) elders or parents within the community openly conveying approval or disapproval of specific behaviours; 3) customary family constructions, such as the patriarchal family system where authority figures can play an integral part in acceptance of specific behaviours.

Current acceptance of gambling however varies across countries and cultures. Raylu and Oei (2004) view this variability ranging from total abstinence in some Muslim groups to qualified endorsement in American and European communities and societies, to a relatively high level of activity amongst the Chinese.

It may therefore be suggested that cultural beliefs and values shape gambling patterns or behaviours across various cultural groups. Further examples are demonstrated in the Muslim community, historically gambling has been condemned, therefore individuals from this community are less likely to be exposed to and initiate gambling practices as their cultural beliefs dictate disapproval of such behaviour (Raylu & Oei, 2004).

As a culture, African families may include a strong sense of spirituality, whether in the form of religious expression or not. Most African families share a sense of spirituality, a belief in a higher power and a commitment to acting on a shared value system (Makiwane, Schneider, & Gopane, 2004). Decisions of how to spend money and time may be made on a collective basis rather than on an individualistic basis. Within the Chinese culture, gambling has historically been seen as part of the lifestyle and tradition and this could possibly account for the general positive attitude towards gambling (Kassinove, 1998; Kassinove, Tsytarev & Davidson, 1998 in Raylu & Oei, 2004). The above examples illustrate how one's culture influences the practices and beliefs about gambling for any given individual.

2.4.5 Chronosystem

The final component of the model that Bronfenbrenner (1986) conceptualised is the chronosystem. The chronosystem was included in Bronfenbrenner's theory to account for transitions over the life course, including historical and generational experiences. The chronosystem is depicted as a progressive change or development across a lifespan. Consistent with the life-span perspective of human development, development is considered a life-long process. What is more, relationships among the systems change over time (Neuman & Neuman, 2003). The chronosystem falls as the outermost system and takes cognizance of history, development and ecological change (Berk, 2006).

The time element in this system is significant to this research study as it considers the fact that many individuals struggle to break problematic patterns that are embedded in the development of a pathological gambling disorder.

2.4.5.1 Transitions

Life cycle transitions and movement from place to place are events shared by most individuals, but the distinctiveness of these phenomena are experienced differently.

Transitions are therefore seen differently by individuals as one may perceive the experience in different ways from others. Individuals experience imprinted moments of time that seem like anchors for ordering and giving meaning to some life aspects (Denham, 2011). Time shared with others at school, on a sports team, or as a comrade in battle may unite individuals in unique ways that give special meanings and identity.

Imprinted moments in time may account for the anchors of experiences that one ascribes meaning to. Transitions may be viewed as the process of moving from the known to the unknown (Green, 1997); new unexplored moments. Transitions occur throughout one's lifetime which influences one in various ways. Whether one believes that personality changes or remains stable may be a factor of one's theoretical perspective. Regardless, change is complex, owing to many factors that can affect personality traits (Louw & Louw, 2009).

Bronfenbrenner (1972) states that as one develops, the interactions within the ecological environments become more complex and as such, an assumption can be made that a developing individual grows through such interactions. At each period, new capacities emerge, new roles are undertaken and new challenges are faced. This enables a growing individual to evolve into a new orientation of self and society (Neuman & Neuman, 2003).

Developing individuals are urged to grow up faster and make important life decisions sooner. Now more than ever it is important to understand how gambling behaviour influences people across different stages of their lives, as this is important in designing effective approaches for diagnosing, treating and preventing problem and pathological gambling behaviour.

2.5 Conclusion

One of the pertinent assumptions about the nature of reality that underpins this study is the belief that human beings have the ability to construct their own perceptions, beliefs and meanings about the world and their own reality. Thus, to develop insight into an individual's reality, the perceptions and the meaning that is constructed about one's world need to be explored.

One of the most prominent characteristics of human development is the quality of change. It is therefore important to understand the notion that the meaning making process embraces the revision and reformulation of beliefs about self and the world as one grows older.

Bronfenbrenner's (1979) ecological theory offers a way to examine how structures which may have vastly different meanings within each ecological level as well as within various cultures (that is, within various ecologies), can serve to organise an individual's sense of self. Therefore, embracing the impact of development upon an individual across a given time period. The implications of the chronosystem on contextual systems for example, provide a unique way to ascertain and evaluate functional processes and interactions that an individual is confronted with throughout their walk of life.

Aspects of the ecological approach reveal that one's identity is connected to the interactions one has with the environment and with the people who reside in that space (Hudgins, 2008). Enhancement of the understanding of pathological gambling was sought by addressing the interactions between individuals and their systems of association.

The following chapter will provide a detailed description of behavioural addictions. In doing so, the chapter will highlight the aspects that are pertinent to the development of maladaptive behaviour toward an activity, in this case, pathological gambling.

Chapter Three

Exploring Behavioural Addiction

*“The chains of habit are generally too small to be felt
until they are too strong to be broken...”*

(Johnson, n.d.)

3.1 Introduction

This chapter conceptualises the phenomenon broadly known as behavioural addiction. In doing so, it provides an exploration into the changing view of addiction, as well as provides insight into the burgeoning literature encompassing behavioural addiction. Furthermore, the chapter provides an empirical insight into the emerging phenomenon of both internet and shopping addiction. This review is grounded within the domains of the incidence, clinical picture, etiology, co-morbidity, gender as well as treatment of internet and shopping addiction. Theoretical models of addiction will not be addressed in this chapter as they are addressed in Chapter Four.

3.2 Conceptualising Addiction

3.2.1 The evolution of the concept of ‘addiction’

The term ‘addiction’ originated from the Latin word *addicere*, which means ‘to adore, devote or yield oneself’ (Online Etymology Dictionary, 2001). Used habitually in all spheres of society, addiction refers to the psychological and physiological dependence on a substance (Sarafino, 1990).

In modern day science the term addiction is a conundrum, a riddle that has yet to be solved. The term ‘addiction’ has therefore proven to be a ‘sticky’ one as the discussion on what constitutes addiction is longstanding. The evolution of the social logic of the ‘addiction’ concept is intriguing. Davies (1997) for instance, suggests that addiction as a myth; a phenomenon that does not really exist outside one’s socially constructed perception. The evolution of the term relies heavily on the construction and pre-eminence given to the concept of the ‘individual’ in the western world, a concept that did not always exist and that is still foreign to some non-western cultures today.

Levine (1978; in Clark, 2011) adds that during the 17th and 18th century people were perceived to drink simply because they wanted to and not because they ‘had’ to drink. In the late 18th century and early 19th century however, addiction came to be defined as a disease of which personal loss of control was a key symptom. This loss of control feature eventually came to be the defining element of addiction. Addiction later came to signify a ‘state’ that reduces capacity for voluntary behaviour. This view has been described by Davies (1997) as ‘too mechanistic’ and remote for the realm of human desires and purposes. He proposed that:

“Instead of a view of addiction problems as deriving from the interaction of a substance, a setting, and the aims and goals of those who use the substance, the prevailing notions tend to see addiction as something that *happens to people*, that is, as something that imposes from outside by the inescapable pharmacological properties of an alien substance, rather than a state negotiated through the more understandable channels of human desire and intention” (Davies, 1997, p.7).

While the attempt to clarify and illuminate definitions of addiction is not a novel exercise and indeed some may argue has been brought to saturation, the implications of various conceptualisations of addiction for issues concerning free will, autonomy, rationality and

blame are still a contested issue (Clark, 2011). One abiding conclusion may stem from these conceptualisations; addiction is a complex social phenomenon that results in psychological and physiological dependence on a substance or activity.

Conventionally, the term ‘addiction’ refers to the dependence on substances (Clark & Calleja, 2008). Thus, many people believe that addiction involves the taking of drugs. It is therefore perhaps unsurprising that most official definitions concentrate on drug ingestion (Griffiths, 1999). By implication, these definitions of addiction deny other manifestations, such as harmful addictions to non-drug activities and positive or neutral addictions. Is the term ‘addiction’ necessarily limited to substance dependence? Several scholars have suggested that addiction does not necessarily involve abuse or dependence of a chemical intoxicant or substance (Clark & Calleja, 2008; Clark, 2011; Griffiths, 1999; Young, 2004).

In non-substance-related addiction, the so-called behavioural addiction, no external psychotropic substances are consumed. The psychotropic effect consists of the body’s own biochemical processes induced only by excessive activities (Albrecht, Kirschner & Grusser, 2007). Clark (2011) therefore adds that a widening view of the construct of addiction allows for the inclusion of non substance based behaviours as addictions, and testifies to the continuing functionality of the addiction concept. Therefore, there is no basis for linking the word addiction primarily or exclusively to an individual’s relationship with a drug, nor is there a basis for assuming that the most severe addictions necessarily involve drugs.

3.2.2 What are behavioural addictions?

At the end of the 19th century, gambling addiction as a non-substance-related or behavioural addiction and substance-related addictions such as alcohol, morphine and cocaine addiction were already well-known by experts.

Recently, discussion of an adequate classification of behavioural addiction has been revived. Until recently, 'non-substance related behavioural addiction' was not listed in the two internationally used diagnostic manuals of mental disorders, neither in the DSM-IV-TR (APA, 2000) nor in the ICD-10 (International Classification of mental and behavioural disorders, 2000). Currently, disorders such as pathological gambling and kleptomania are viewed as impulse control disorders. These impulsive behaviours are accepted as psychiatric disorders under the DSM-IV- TR (APA, 2000). Although they have been grouped together in this diagnostic category, there are striking differences as well as similarities between these disorders.

A similarity exists in that an impulse-control disorder (regardless of the specific disorder) is one in which the individual experiences a failure to resist an impulsive act or behaviour that could be harmful to themselves or to others. An impulsive behaviour or act can therefore be considered to be one that is not premeditated or not considered in advance and one over which the individual has little or no control over. The individual therefore does not have control over the outcome of their action. As such, Clark and Calleja (2008) view that this element is present; the behavioural addiction involves satisfying short-term pleasure at the expense of longer-term negative consequences (Cohen, Highman & Cavaliere, 2011).

The consequences or negative effects are illustrated in the following definition: behavioural addictions (BAs) can be understood as disorders that are characterised by a repetitive occurrence of impulsive and uncontrolled behaviours that cause psychological, social, work, legal and economic consequences (Leioyeux, McLoughlin & Ades, 2000). It thus seems appropriate to categorise excessively conducted behaviours which lead to suffering as behavioural addictions.

A common dynamic of behavioural addictions is displayed in the above mentioned consequences. The repetitive routine of involvement with the specific behaviour has the potential to become maladaptive. Thus, there may be similarities between the addictive behaviour and normal repetitive routines such as jogging, gardening and socialising. One difference exists in that such behaviour is not generally maladaptive. Therefore it is noteworthy to add that not every excessively conducted behaviour is an addictive behaviour, yet the potential for abuse viewed in the lived experiences of certain individuals.

An account of the maladaptive aspect is displayed by the following example; if one usually plays golf on Saturdays, then rain on that day is unwelcome but one can usually substitute a range of alternative activities. Individuals who form maladaptive behaviours toward an activity have a restricted or limited range of substances or activities that will satisfactorily take the place of the addictive substance or activity of choice (Bradley, 1990). Therefore, the individual may experience enhanced feelings of discomfort when not being able to engage in the chosen activity. The discomfort and urge to engage in the activity of choice may be viewed as a negative consequence associated with the maladaptive behaviour.

Griffiths (1996) highlights that even though behavioural addictions and the associated facets may be conceptualised as negative, there are many positive benefits. These 'positive' perceptions are identified by the changes of mood; feelings of escape, positive experiences of pleasure and/ or excitement, as well as relaxation, disinhibition and the culmination of a source of identity.

Elliott (1994) takes this last benefit further by conceptualising the behaviour's capacity for mood regulation as a means of temporary filling a vacuum of 'self' experienced by the individual through the fragmentation of postmodernity. The momentary experience therefore creates a possibility of 'selves'.

This fragmentation of the self is thought by Firat (1992) to be the freedom to acquire 'self-images of the moment'. When dwelling into the momentary self images of pathological shoppers for example, one may imagine that the individuals ascribe different and inconsistent cultural and personal meanings to the product/s purchased depending on the extent to which they share the collective imagination. Jameson (1985) further suggests that an element of the postmodern condition is pathology of personal identity which is manifested in the reliance on vivid, immediate, affect-charging experiences. A major source of these experiences in a pathological shopper's life may be the shopping centre where consumers can play out their fantasies. A few small items may be bought to 'keep life going' and a small treat is bought to brighten up the evening. The atmospheres benign soften the jagged edges of urban anonymity (Campbell, 1987).

The playing out of fantasy may transcend into further examples such as that of the life of pathological gamblers. Nixon and Solowoniuk (2009) propose that a 'hero complex' may be present. The path of being a hero through experiencing the behaviour can reward the individual with status, admiration and self-respect, more importantly, a pseudo identity is identified. Pathological gamblers, for example, may have within them a hero-complex that oscillates between seeking fortune and fame, which on the one hand, holds a sense of self that outwardly displays assertion and confidence, while on the other hand, a self may reside that internally feels weak, existentially empty, and 'never good enough'. Therefore, it is perhaps fitting to hypothesise that the pseudo identity may suppress cognitive distortions about the self that include self-doubt, low self-efficacy and negative self-appraisals. The culmination of an attachment to a behaviour is one in which the behaviour is viewed as potentially addictive.

Many behaviours are a part of everyday life and do not necessarily have a negative impact on an individual in the ordinary course of events. Thus, it is not the object that determines the addiction but a particularly intense and rigid relationship between the individual and the activity of choice (Keane, 2004).

3.3 Internet and Shopping addiction

The goal of this section is to provide an empirical insight into the emerging phenomenon of both internet and shopping addiction. The phenomenon of internet and shopping addiction will be explored above other behavioural addictions as elements of both are suggested to be present in the lived experiences of certain participants of the present study.

The course and prognosis of both internet and shopping addiction will not be addressed as the literature surrounding this area is limited. It can be tentatively suggested that the course and prognosis may be similar to that of other impulse control disorders. Pathological gambling will not be accounted for in this section as Chapter Four comprehensively explores the literature encompassing pathological gambling.

3.3.1 Internet addiction

Computer addiction is an idea that has been in existence for many years. Since the 1970's avid computer programmers and hackers have been called 'addicts' (Reed, 2002).

Computers, once seen as huge government machines that only very knowledgeable people could use, transformed into user-friendly tools that could be used by the everyday person.

Technology such as the internet is now used by many people in all aspects of their work and personal lives. Therefore, it is unsurprising that in recent years the internet has become one of the most important academic and recreational tools for both adolescents and adults

(Nykodym, Ariss & Kurtz, 2008).

Providing an easy and immediate way for people to explore information and communicate, the internet connects people from all spheres of the world. As much benefit as this has for society, the pursuit of information and interaction in the virtual world does however impact on the real world if an excessive amount of time is spent online (Ko, Yen, Yen, Chen & Chen, 2010).

3.3.1.1 Incidence

The earliest empirical research study to be carried out into excessive internet use was completed by Young (1996). The study addressed the question of whether or not the internet had the potential to be addictive, and the extent of the problems associated with its misuse. Modified criteria from the DSM-IV-TR (APA, 2000) for pathological gambling was viewed as the closest in nature to pathological internet use, and was subsequently used as inclusion criteria in the study. The findings from a selected sample of 496 people yielded the vast majority (n=396) being classified as 'dependents'. It was found that the dependent individuals spent more time online (38.5 hours per week) compared to non dependents (4.9 hours per week).

This research study fuelled further research into the possible concept of internet addiction. Shapira, Lessig, Goldsmith, Szabo, Lazoritz and Gold (2003) have also proposed diagnostic criteria for problematic internet use according to the concepts of impulse-control disorder in the DSM-IV-TR (APA, 2000). Shapira, et. al (2003) suggest that it is necessary to exclude behavioural changes secondary to mania. Under the concept of definitions by Young (1996) and Shapira, et. al (2003), internet addiction was classified as an impulse control disorder (Ko, Yen, Yen, Chen & Chen, 2010).

As research studies began to unfold, several authors such as Bakken, Wenzel, Gotestam, Johannson and Oren (2009) found that 4.1% of females and 19% of males among a group aged 16-29 were classified as having internet addiction or at-risk addiction in Norway. Many reports in Asian countries found that internet addiction is rapidly growing (Ko, Yen, Yen, Chen & Chen, 2010). Of the 468 participants interviewed in a study conducted by Ko, et.al., (2010), a total of 90 adolescent participants (19.8%) were identified as having internet addiction. Ko, et.al (2010) study had provided data that has been composed of criteria A, B and C. Criterion A focused on nine characteristic symptoms of internet addiction, namely: uncontrolled impulse; usage more than intended; tolerance; withdrawal; impairment of control; excessive time and effort spent on the internet and impairment of decision making ability. According to the authors, six or more of the above mentioned criteria should be fulfilled. Criterion B comprises of symptoms of functional impairment secondary to internet use. Criterion C lists the exclusive criteria including psychotic disorder, bipolar 1 disorder and other impulse control disorders. Individuals that fulfilled the criteria as specified by Ko, et.al (2010) were diagnosed as having Internet Addiction. Based on these criterion internet addiction was defined as a behavioural addiction that had criteria similar to substance use disorder.

Further research in the area of problematic internet use yielded results such as Thatcher, Wrentschko and Fisher's (2008) who noted that the incidence of problematic internet use among South African technology workers is 4% (compared to the 2% of a control group of non-IT workers). Therefore, it is noted that currently in South Africa there are individuals that experience maladaptive internet behaviour.

The lack of a uniform set of criteria for internet addiction that is empirically validated, is a weakness that pervades much of the research surrounding the phenomenon (Morahan-Martin, 2008). Ultimately, to determine the accurate prevalence of clinically significant problem internet use will require an agreement on diagnostic criteria (Aboujaoude, Koran, Gamel, Large & Serpe, 2006).

3.31.2 Clinical picture

Internet addiction appears to be a common disorder that merits inclusion in future revisions of the DSM. Conceptually, the diagnosis is a compulsive-impulsive spectrum disorder that involves online and/or offline computer usage and consists of at least three subtypes: excessive gaming, sexual preoccupations and e-mail/text messaging (Block, 2008). All of the variants comprise of the following components: 1) excessive use, 2) withdrawal, 3) tolerance and 4) negative repercussions.

In contrast, Pies (2009) adds that although some researchers view internet addiction as displaying features of excessive use, withdrawal phenomena, tolerance and negative repercussions that characterise many substance use disorders, there is however minimal physiological data bearing these claims. It is not clear whether internet addiction usually represents a manifestation of an underlying disorder or is truly a discrete disease entity. It appears premature to consider internet addiction as a discrete disease entity. However, growing research suggests that some individuals with internet addiction are at significant risk and merit professional care and treatment.

‘Internet addiction’ (IA) or internet addiction disorder (IAD) is a phenomenon that has surfaced with the advent of the information age. For the purposes of the present study, the literature will primarily focus on internet addiction as a general phenomenon and reference will be made to specific internet activities as the literature unfolds.

Young (1996) likens internet addiction to other addictions in that the phenomenon can cause a loss of control, social isolation, problems in significant relationships as well as educational or employment problems. The behaviour-orientated addiction causes the following for those who get 'hooked': the individual is addicted to what he/she is doing and the feelings they experience when they are doing it.

IA has characteristics similar to those found with substance abusers and gambling addicts. These individuals are likely to use the internet to moderate mood levels (i.e., when down or anxious or as an escape) and/or are preoccupied with using the internet and have symptoms of tolerance and withdrawal. Symptoms such as unsuccessful efforts to cut back on use and serious disturbances in their lives because of internet use are the hallmark features of internet addiction (Morahan – Martin, 2001). An example of such maladaptive features is displayed in a study conducted by Griffiths (2000). Case studies of two adolescent boys demonstrated that the internet was the most important element in their life. These individuals' neglected everything else in their lives to engage in the behaviour and it compromised most areas of their lives. They also built up tolerance over time, suffered withdrawal symptoms if they were unable to engage in using the internet, and had displayed signs of relapse after giving up the behaviour for short periods.

Black, Belsare and Schlosser (1999) outline a case study that demonstrates the consequences associated with excessive internet use. A 47-year old man reported spending 12 to 18 hours per day online. He owned three personal computers and was in debt due to the purchasing of the equipment. He admitted to developing several romantic relationships online despite being married with three children. Several arrests for computer hacking, minimal time spent with family and reports of feeling powerless over his usage featured in the case.

Such examples demonstrate that like other addictions, internet addiction compromises most areas of the individual's life due to maladaptive attachment to the activity. The level of compromise may vary from individual to individual depending on the depth of involvement. Elements such as neglect of personal life, mental pre-occupation, escapism, mood modification, tolerance and concealing the addictive behaviour, appear consistently in the lives of individuals who use the internet excessively. These elements or symptoms are generally viewed as negative consequences of the behaviour. Similar to an alcoholic who needs to consume greater levels of alcohol to achieve satisfaction, internet abusers routinely spend significant amounts of their time online. In most cases of impulse-control disorder, an individual's compulsion is often associated with increasingly painful states of tension and agitation that is relieved through the completion of the act (Young, 2004).

3.3.1.3 Etiology

Contradictory evidence exists regarding the benefit of the internet for social and personal well-being. Some view the internet as enhancing potential for increased social interaction, emphasising the educational utility, claiming that online interactions liberate users from traditional constraints such as time and place, which results in more frequent and better social relationships (Mazalin & Moore, 2004).

Challenging the above mentioned, Wolfradt and Doll (2001) argue that the internet may facilitate social isolation, limit genuine social relationships and even lead to internet addiction, therefore leading to detrimental effects on the wellbeing of the user. Reinforcing Wolfradt and Doll's (2001) hypothesis, Utz (2000) suggests that fewer channels of communication equate to less interpersonal contact making it harder to build relationships.

Regardless of the positive effects and/or negative afflictions pathological internet use may have, the activity certainly accomplishes goals for those individuals who are wrapped up in it, however illusory or momentary these benefits may be. For instance, the element of the anonymity of electronic transactions that provide a virtual context that cultivates a subjective escape from emotional difficulties or problematic situations or personal hardships (Young, 2004). Each online user has the ability to remove the imposed constraints of real life in order to experiment with altered perceptions. Rheingold (1996) states that cyberspace allows for the fracturing of the traditional notion of identity by providing the opportunity for one to live as multiple simultaneous personae in different virtual neighbourhoods.

The internet is an element of the computer culture that has contributed to thinking about identity as multiplicity, allowing an individual to reconstruct their identity. Therefore, the internet offers individuals an outlet to experiment with accessing different parts of their personality. Dependents report a sense of being able to 'unlock' parts of themselves which have been submerged in their real lives. For example, a shy person may become outgoing, a non-assertive person may become forceful and an aloof person may become gregarious (Young, 2004). What identity features may dependents possibly display in 'real life?' Mazalin and Moore (2004) found that chatrooms and personal online browsing sites were associated with the less-mature identity.

These applications are often an attraction for the 'identity poor', which use them to experiment with new roles and ways of being. Caplan (2003) emphasises this view by developing an explanatory theory invoking 'deficient social skills'. His first assumption was that lonesome and depressed individuals hold negative views of their social competence. For example, social networking addiction for example, may provide non-face-to-face interaction with anonymity and might satisfy anxiety when interacting.

The second assumption was that there are several features of internet mediated communications that are particularly attractive to persons who see themselves as low in social competence. In this milieu, internet based communication provides people with greater flexibility in self-presentation than face-to-face communication. Therefore, it assists in the facilitation of editing or omitting information regarded as negative or harmful (Chakraborty, Basu & Kumar, 2010).

As such the etiology of pathological internet use is one that is still to be defined. As research in the area evolves, taking into account new realms of the features of attraction, a framework may evolve. Davies (2001) has thus far proposed a model of the etiology of internet addiction. The main assumption is rooted in the cognitive-behavioural approach. Internet addiction may result from problematic cognitions coupled with behaviours that intensify or maintain maladaptive response. Emphasis is placed on the individual's cognitions as the main source of abnormal behaviour.

3.3.1.4 Gender and Internet addiction

Wieland (2005) describes how men and women differ in their reasoning for becoming addicted to the Internet. Men want to fulfill information superfluity, play explicit or aggressive games, as well as engage in cybersex. Men seek control and dominance. Women, on the other hand seek friendship, romance and support. Shotton's (1989) analysis of computer dependence found that the majority of computer dependent individual's tend to be younger, unmarried men; many of whom had occupations within the areas of science and technology.

3.3.1.5 Co-morbidity

Individuals that experience abuse of the internet are more likely than others to have a number of other problems (Morahan-Martin, 2008). Griffiths (2000) has postulated that in the majority of cases, the internet seemed to act as a medium for other excessive behaviours. In other words, the internet may be acting as a medium, and not a causal factor. Some of the factors that have been found to be associated with internet addiction are personality traits, self-esteem and other psychiatric disorders (Widyanto & Griffiths, 2006).

It is therefore unsurprising that about 86% of internet addiction cases have some other DSM-IV-TR (APA, 2000) diagnosis present (Block, 2008). Mood, anxiety, attentional, as well as substance use disorders have been found to be co-morbid with maladaptive internet use (Volkow, 2004; Christensen, Orzack, Babington & Patsdaughter, 2001). A contested issue exists with regards to the co-morbidity of internet addiction to other disorders. Is the pathology predated to the phenomenon or does the disturbed internet use cause internet related problem?

3.3.1.6 Treatment

In general, the internet is a highly promoted technological tool, making detection and diagnosis of internet addiction difficult. It is essential to understand the criteria that differentiate normal from problem internet use (Young, 2004). The lack of uniform set criteria for internet addiction pervades such criteria for differentiation. Therefore, diagnosis is often complicated by the fact that there is currently no accepted set of criteria for internet addiction. Of all the diagnoses referenced, pathological gambling is viewed as the most parallel to the compulsive nature of internet use (Young, 1996). Therefore, it is feasible that with a decade of research in the area, internet addiction may be recognised as a legitimate impulse control disorder worthy of its own classification in the future revisions of the DSM.

Currently, it is at the discretion of professionals who will have the choice to either ignore internet addiction, or to diagnose it as an impulse control disorder, not otherwise specified. Therefore, most clinicians are currently treating the maladaptive behaviour as a subtype of an impulse control disorder (Freeman, 2008).

Unlike treatment for other addictions (e.g. narcotics) which call for total abstinence, treatment for computer addiction is all about moderate, manageable use. The goal for Internet dependent individuals' is to be able to use computers without becoming or remaining dependent on it as an escape from reality (Kershaw, 2005).

3.3.2 Compulsive buying

For most individuals, the purchasing or buying of products is a normal and routine part of daily life. For individuals that compulsively buy, the inability to control an overpowering impulse to buy pervades their lives and may result in significant and sometimes severe consequences (O'Guinn & Faber, 1989). This section of the chapter will explore the phenomenon of compulsive buying.

3.3.2.1 Incidence

In the sphere of behavioural or process addictions, only problem gambling has extensively been researched to generate prevalence estimates (Griffiths, 2009). There has been an increase in the attention and focus surrounding research into compulsive buying. Although this increased attention can, of course, not be equated with prevalence, this growing concern is indicative of the increasing number of people who are experiencing problems with their buying behaviour.

Germany confirmed the first empirical study of significantly increased compulsive buying. During the decade 1991-2001 the study found a significant increase in compulsive buying behaviour (Neuner, Raab & Reisch, 2005). Estimates generated from general population surveys in the United States have found estimates to range from 1% to 10% of the population in the United States (Benson, 2000). A recent study conducted by Deon (2011) revealed that Gauteng shoppers in South Africa had no significant or severe form of compulsive shopping behaviour, therefore no significant prevalence rates have yet been identified. Clearly, even the most restrictive prevalence estimates underscore the need to understand better such prominent dysfunctional behaviour.

3.3.2.2 Clinical Picture

Compulsive buying disorder (CBD), shopping addiction or 'oniomania' as the phenomenon has been referred to, has been defined as "chronic, repetitive purchasing that becomes a primary response to negative events or feelings" (O'Guinn & Faber 1989, p.155). The DSM-IV-TR (APA, 2000) includes compulsive buying in the residual category "disorders of impulse control not otherwise specified" (Dittmar, 2005). Changes to the DSM-V being considered and proposed include the creation of two broad new categories that may influence the conceptualisation of compulsive buying (Hollander & Allen, 2006).

Currently, people presenting symptoms consistent with compulsive buying disorder are diagnosed with "Impulse Control Disorder Not Otherwise Specified". However, the classification of the disorder has been a topic of much debate. There is a general consensus within the literature that it is a serious condition which is brought to light by excessively or poorly controlled preoccupations, urges, or behaviours with regard to shopping (Black, 2001).

Although there is no agreed upon specified definition, consensus exists on three core features of compulsive buying: the impulse to buy is experienced as irresistible; individuals lose control over their buying behaviour; and these individuals continue with excessive buying despite adverse consequences to their personal, social or vocational lives, and financial debt (Dittmar, 2004). Compulsive buying is therefore distinguishable from functional buying by the following characteristics: the items are not bought for their intrinsic value, there is denial regarding the negative consequences of the action, it is disruptive to the individual's life and the individual manifests repeated failures in attempting to control the behaviour (Faber, et al., 1987, Krueger, 1988). This description highlights the essential feature of the disorder being a failure to resist an impulse, drive or temptation or act that is harmful to the person or others (APA, 2000).

Generally, persons with CBD are preoccupied with shopping and spending and devote significant time to these behaviours. While it may be argued that a person could be a compulsive shopper and not spend, confining their interest to window shopping, this pattern is uncommon (Black, 1997). It is therefore noted that individuals with CBD tend to purchase when they shop. Shopping is initiated alone, although sometimes one may shop with friends who may share their interest in shopping. In general, compulsive shopping is a private pleasure which could lead to embarrassment if someone not similarly interested in shopping accompanies the compulsive shopper (Black, 1997). Therefore it may be understood that persons with CBD are preoccupied with shopping and tend to initiate the activity alone.

These core features are highlighted in the following example: "As soon as I enter a shopping centre, I want to go in a shop and buy something; I sometimes feel that something inside me pushes me to go shopping – I have often bought a product that I did not need even when I knew I had very little money left" (Dittmar, 2005, p.468).

This particular element of impulsivity to purchase regardless of the consequences can be understood like a caterpillar which devours the leaves; the initial impulse to engage in the behaviour is not felt. Compulsive buyers cannot help it, they are entirely incapable of thinking differently, of conceiving the consequences of the act and the possibilities of not doing it (Bleuler, 1924).

The above mentioned leads one to consider that people who have compulsive buying disorder may be trapped in a vicious cycle. They are often struck with an irresistible, intrusive and often meaningless impulse to buy (O'Guinn & Faber, 1989). The emotional and functional toll of compulsive buying may become too great for the consumer to bear. Some of the negative consequences associated with compulsive buying disorder include marital conflict, credit card debt, bankruptcy and even suicide attempts (Lejoyeux, Ades, Tassain, & Solomon, 1996).

3.2.2.3 Etiology

The etiology of compulsive buying disorder is unknown, though speculations regarding developmental, neurobiological and cultural influences exist (Black, 2007). Causative factors such as the influence of early life events have been proffered as a possible etiological factor of compulsive buying disorder. Compulsive buying may be conceptualised as an extreme manifestation of individuals' seeking mood repair and an improved sense of self-identity through material goods (Dittmar, 2004). Therefore, compulsive buying may be viewed as a compensatory behaviour, where individuals attempt to deal with identity and mood problems through the buying of material goods (Dittmar, 2004; Elliott, 1994).

Consumer goods have come to play a significant psychological role in peoples' lives. Some may buy to regulate their emotions, to gain social status and or to search for a better, more ideal self through the symbolic meanings associated with material goods (Dittmar, 1992).

The importance ascribed to ownership and acquisition of material goods in achieving major life goals is viewed by Richins (2004) as happiness, satisfaction and success. It is noteworthy to mention that compulsive buying may not necessarily relate to the amount of shopping or spending but rather to the consequences of such action.

Other suggested etiological causes such as disturbed neurotransmission as a factor of influence in the development of CBD is a view adopted by neurobiological theories. From a neurobiological point of view, behavioural addictions that indirectly affect neurotransmitter systems of the brain, can serve as reinforcers comparable to pharmacological substances that directly affect these systems. This leads to the suggestion that behavioural addictions such as shopping addiction, which induce a specific reward effect in the body's own biochemical processes, do have an addictive potential as well (Albrecht, Kirschner & Grusser, 2007).

Further foundations are rooted in cultural mechanisms. Black (2001) hypothesised that cultural mechanisms are necessary to the development of compulsive buying disorder. As such, evidence is displayed by the fact that the disorder mainly occurs in developed countries. Black (2001) has proposed that for CBD to develop, the following elements are needed: the presence of a market-based economy, the availability of a wide variety of goods, disposable income, and significant leisure time. Broadly stated, media influence, individual predisposition and easy access to credit – have been suggested to explain why some individuals, regardless of gender or class; manifest compulsive buying behaviour (Lee & Mysyk, 2004).

3.3.2.4 Gender and compulsive buying

In a recent study conducted by Deon (2011), it was noted that gender does not play a significant role in the compulsive buying tendencies of South African shoppers. These findings differ from the UK research conducted by Dittmar, et. al, (2007), that found that

women are more prone to compulsive buying behaviour than men are. Results rendered in a study by Billieux, Rochat, Rebetez and van der Linden (2008) who further found that compulsive buying in males and females is very similar.

Black and Morwitz (1999) found that women are more inclined to plan their shopping since they are traditionally in charge of the shopping and correspondingly know more about stores and products and therefore have a better idea of inventory levels than males. Campbell (2000 in Benson, 2000) further illustrates this traditional aspect regarding female shoppers in that shopping is described as a gendered activity, part of 'women's work' in their roles as housewives.

In light of the relatively low number of compulsive consumer shoppers reported in the South African study by Deon (2011), it can be hypothesised that South Africa has not reached the same levels of maladaptive shopping behaviour when compared internationally. It was however noted in the present study that one participant displayed certain compulsive buying tendencies and thus literature on the phenomenon has been included in the study.

3.3.2.5 Co-morbidity

One of the first instruments aimed at diagnosing excessive buying was the *Compulsive Buying Measurement Scale* (Valence, D'Astous & Fortier, 1988). According to the authors, the scale reflected four dimensions of compulsive buying: a tendency to spend, feeling an urge to buy or shop, post-purchase guilt and family environment. While this measure showed good reliability and validity, it was observed that high scores also corresponded to heightened anxiety levels and frequent occurrence of comorbid disorders such as bulimia nervosa, depression or alcoholism within the family (Albrecht, Kirschner & Grusser, 2007).

More recently, compulsive buying has been associated with other disorders. The main form of evidence used in the support of co-morbidity between compulsive buying and other disorders is four main disorder groups (Dittmar, 2005). These include impulse control, obsessive compulsive, addiction and mood disorders (Hollander & Benzaquen, 1997; Lejoyeux, Tassian, Solomon & Ades, 1996).

Briney (1989) found that compulsive buying was linked to psychological traits such as depression, low self-esteem, isolation, anxiety and general compulsiveness. Schlosser, Black, Repertinger and Freet (1994) found that nearly 60% of subjects with compulsive buying disorder met the criteria for at least one Axis II disorder. While there is no special 'shopping' personality, the most frequently identified personality disorders were obsessive-compulsive, avoidant and borderline types.

There is however little support for one type of disorder over another and co-morbidity rates found in samples of psychiatric patients (whose compulsive buying was often diagnosed during treatment for some other psychiatric disorder) are usually much higher than co-morbidity rates reported in studies that have identified compulsive buyers through questionnaires to the general public (Dittmar, 2004). This raises the possibility that the evidence for co-morbidity of compulsive buying with other psychiatric disorders may be less compelling than assumed.

3.3.2.6 Treatment

There is no evidence based treatments for compulsive buying disorder (Black, 2007). Much of what has been described in literature reflects the theoretical orientation of the writer. There are several case studies regarding the psychoanalytic treatment of compulsive buyers each emphasizing the importance of early life experiences (Krueger, 1988).

In recent years treatment studies have focused on cognitive-behavioural therapy as well as the use of psychotropic medication (mainly anti-depressant medication). Many subjects with compulsive buying disorder develop substantial financial problems and may also benefit from financial counselling (McKall, 2000).

With respect to the prevention of compulsive buying, Dittmar (2005) suggests that it is beneficial to guide individuals towards critical reflection on materialistic values, both in terms of a personal value system and media literacy with respect to advertising messages that often emphasise ‘unrealistic’ psychological benefits from buying new consumer goods. Further research in the possible treatment of compulsive buying disorder is necessary in order to empirically validate treatment approaches.

3.4 Conclusion

Caplan (1995, p.272) states that “The act of naming is an act of power”. To assign a name is to act as though you are referring to something as it exists, something real. Chapter Three explored the phenomenon broadly known as behavioural addiction, and in accordance with the words of Caplan (1995), referred to behavioural addiction as something that exists.

Chapter Three briefly discussed the evolving view of addiction which includes an account of behavioural addiction. Internet addiction and shopping addiction are two behavioural addictions that have been used to explore literature surrounding the emerging phenomenon.

The following chapter will continue with a review of literature; however the focus will shift to a consideration of pathological gambling. The various facets of pathological gambling will be explored in order to create a deeper understanding of the phenomenon.

Chapter Four

Pathological Gambling

“The house always wins...”

(Author unknown)

4.1 Introduction

The chapter begins with a description of gambling and gambling in South Africa. The history of gambling in South Africa enriches the exploration of the contextual background of the present study and sheds light into the development of legal structures that regulate gambling activities in the country. Thereafter, the spectrum of gambling behaviour is explored to distinguish between social, professional, problem as well as pathological gambling behaviour. The chapter further explores the literature encompassing pathological gambling (PG) by taking into account the multiple facets associated with the development of pathological gambling. Emphasis is placed on factors such as the clinical picture, etiology, course and prognosis as well as the treatment of pathological gambling. Current literature is explored in order to conceptualise pathological gambling and to contextualise pathological gambling within a South African milieu.

The chapter fittingly concludes with an exploration of the conceptual frameworks that encompass pathological gambling. The conceptual frameworks offer an insightful outlook of pathological gambling from several stances. The utilised frameworks thus highlight the notion that as with every aspect of life, ‘something’ may be viewed from many different angles and through many different ‘lenses’. Thus, pathological gambling is explored through several ‘lenses’ or theories, each creating a distinctive ‘picture’ of pathological gambling.

4.2 What is gambling and how did gambling evolve?

4.2.1 Definition of gambling

Gambling is a commonly reported social activity, undertaken by both men and women of all ages, particularly around the time of holidays or festivals (Scull & Woolcock, 2005). The act of gambling may be described as an activity whereby one places a bet or a wager, which may be seen in the form of money or something of value, on the outcome of an event where the outcome is uncertain – hence gambling may be viewed as a game of chance or risk. As gambling is freely chosen and because the element of chance is an integral part of the gambling process, gamblers voluntarily place themselves in the hands of uncertainty, or fate. Therefore, in its purest form, gambling is the act of placing a bet by two or more parties on an event of an uncertain outcome (Goffman, 1967).

Gaming activities include bingo, card games, blackjack and poker. Lighthelm and Jonkheid (2009) indicate that the most prevalent gambling activities in South Africa tend to be lotto ticket purchases, scratch card purchases, participation in casino gambling, participation in gaming competitions and horse race betting. These activities have an end result that is predominantly viewed in the form of luck or chance. The aim is to place money or something of value on the outcome of a forthcoming event.

Games of luck or chance may therefore be further viewed in terms of basic elements, ranging from the physical surroundings in which the activities occur to the state of mind of the participants. Broadly stated, gambling may be regarded as a self-contained activity. There is almost always a special place for it, a place with physical boundaries, such as a racetrack, casino or card room.

It is completely independent from the routine activities of an individual's everyday life. As such, gambling occurs during leisure time, during a time that is unhurried and when an individual's basic physiological needs are satiated (Kusyszyn, 1984).

4.2.2 History of gambling

Bloch (1951) is of the opinion that gambling is an extremely ancient activity that has taken place throughout history. This notion is supported by Caltabiano, (2003) who stated that gambling may be dated back to approximately 3000 B.C. In Egypt popular forms of gambling included astragals and wagering on chariots, while in China, card games were played as far back as the 12th century.

As an institutionalised and informal pastime, it is not necessarily an iniquity and may, in fact, as it has in the past, serve as an important form of recreation. Artifacts and relics pertaining to various games of chance and luck, such as drawing sticks, gaming boards, and similar contrivances, have been found in the archaeological remains of the Sumerian, Egyptian, and Chinese cultures (Bloch, 1951).

Primitive cultures such as the Bantu in Africa and the Eskimo culture in North America have all favoured games of chance and luck as a pastime. These cultures have regaled themselves with such amusements as matching fingers or rolling pebbles or other objects, in which the elements of chance constituted one of the principal attractions (Bloch, 1951). As such, games of chance have been in existence throughout time and now have passed into modern society.

In contemporary society the lottery remains the closest form of legalised gambling, compared to the games played throughout history. According to Dickerson, O'Connor and Griffith (2006), the lottery is likened to drawing or casting lots, which was utilised in many ancient cultures.

These practices allocated goods equally, in an amicable and non-discriminatory manner. It is on the basis of these underlying principles of fairness and the usefulness of casting lots that many modern-day forms of games of chance were born (Upham, 2012).

4.2.3 History of gambling in South Africa

In South Africa, gambling activity was for the most part banned or restricted from as early as 1673, with the Gambling Act (Act no. 55 of 1965) officially banning all forms except betting on horse racing. The 1970s brought with it casino operations in the Ciskei, Transkei and Venda. South Africans frequented these gambling venues to experience what they had been deprived of during the years of prohibition (Lotter, 1994, in Rule & Sibanyoni, 2000).

By 1995 an estimated 15 legal casinos were operating in the homeland area and 2000 illegal casinos were believed to be operating as well. In 1996 the National Gambling Act instituted a system of licensed casinos and a single national lottery. This decision was made to legalise gambling in order to regulate casinos in the homeland area and to gain control over the illegal gambling venues (NRGP, 2001). The National Gambling Act (Act no. 33 of 1996) authorised 40 casino licenses across South Africa's nine provinces, while also permitting the introduction of 'slot routes'. In addition, the National Gambling Act saw the establishment of the National Gambling Board. In response to the concerns about the socio-economic impact of gambling, the National Gambling Act of 2004 introduced a number of new measures, the goal was to improve the protection of vulnerable persons and to further entrench the separation between public spaces and spaces where gambling activity took place.

Therefore variations regarding some provisions, as well as some new responsibilities were introduced. This legislation further sought to deal with new and existing forms of gambling activities; enabling provisions for the future amendment of the legislation were created in

respect of interactive gambling and horseracing. Neither areas of regulation had been adequately resolved to include in the 2004 legislation.

Difficulty with regulation remained. While online gambling was illegal in South Africa, a number of gambling sites were available, such as Casino Las Vegas, Silver Sands Casino and African Palace Casino. Of the above mentioned, some were operating from outside South African borders but all were aimed at drawing local punters (Rahamim & Mthiyane, 2008). Thus emphasis was made on the regulation of online gambling in 2008 when the Republic of South Africa (2004) National Gambling Act (no. 7 of 2004) was repealed and new definitions and provisions which addressed the need to regulate online gambling were included.

The latest Amendment Bill (Act no. 10 of 2008) was thereafter accepted. It aims to protect the South African public from the negative consequences associated with online gambling, including the protection of minors from exposure to Internet gambling. Hence, emphasising that the revision and adjustment to regulations in South Africa are changing as the needs of the population and technological advancements occur.

4.3 Spectrum of gambling behaviour

Pathological gambling is viewed as a progressive addiction. The least maladaptive form of gambling behaviour is social gambling and the most maladaptive form of gambling behaviour is pathological gambling (PG). A description of the different categories of gambling behaviour will now be discussed.

4.3.1 Social gambling

Social gambling is a recreational activity where an individual considers the cost of gambling to be payment for entertainment. Social gambling is characterised in a social context where an individual partakes in gambling behaviour for a limited period of time.

This behaviour does not result in long term negative consequences. Generally, a social gambler will set a predetermined limit on the amount of money and time that they are willing to spend on gambling entertainment (Fong, 2005).

4.3.2 Problem gambling

Griffiths (2003) is of the opinion that as with other behaviours, there is confusion regarding the establishment of clear definitions for gambling behaviour. Problem gambling is defined by Smith and Wynne (2002) as gambling behaviour that creates negative consequences for a gambler, others in his or her social network, or for the community. Problem gambling may therefore be conceptualised as the difficulty for an individual to limit the amount of time or money spent on gambling activities.

Allcock, et.al., (2008) states that difficulty in limiting the amount of time or money spent in a gambling environment may result in unfavourable consequences for the individual, those who are in contact with them or their community. Jackson, et.al., (2006) highlights that both the behavioural features and negative consequences of one's interaction with gambling activities is a manner in which to conceptualise problem gambling. In contrast, the term 'pathological gambler' is used to categorise an individual who has been clinically diagnosed with disordered gambling, and thus meets the criteria for pathological gambling as indicated in the DSM-IV-TR (APA, 2000).

4.3.3 Pathological gambling

Pathological gambling (PG), also known as compulsive gambling; is viewed as a maladaptive pattern of gambling behaviour that persists, despite negative consequences (American Psychological Association, 2000). It is not only the emergence of negative consequences but also the diagnostic presence of a subjective sense of impaired control that deviates from

healthy behaviour that are core features of this disorder. Impaired behavioural control, defined by repeated, unsuccessful attempts to resist the urge to cease, is the foundational feature of pathological gambling (Blaszczynski & Nower, 2006).

4.3.3.1 DSM - V proposed changes for pathological gambling

It was not until 1980 that pathological gambling was officially included in the DSM as a disorder of impulse control not otherwise specified (APA, 1994). The disorder has since then sparked much speculation and research regarding its nature, etiology and treatment process. Pathological gambling may be viewed as a ‘gambling addiction’. The term “addiction” has proven to be both problematic and fruitful as the discussion of what constitutes the term of “addiction” is a longstanding one. Reinarman (2005) has aptly called this debate a case of ‘conceptual acrobatics’ with the term at times being applauded for its conceptual desist and at other times in favour of a less culturally loaded and therefore perhaps more neutral term such as ‘dependence’ (Stanton Peele & O’Brien, 2010). Such debates in academic circles have included the construct of addiction with the aim of evaluating the utility of the concept. The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) is proposing to reintroduce the term (APA: DSM-5, 2012).

Pathological gambling has been regarded as a behavioural addiction that is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as an Impulse Control Disorder not Elsewhere Classified (APA, 2000). The current revision of the DSM V (APA: DSM-5, 2012) proposes that the phenomenon no longer be classified in the above mentioned category. The current revision of the DSM-V proposes that an overarching category be classified as Substance Use and Addictive Disorders.

This category may be implemented to categorise both substance use disorders and non-substance based addictions. Gambling Disorder has been the only behavioural or non-substance related addiction proposed to form part of this classification category.

Within the current classification of the DSM-IV-TR (APA, 2000) a cautionary statement is made of the use of the diagnostic criteria for pathological gambling – "a diagnostic category such as Pathological Gambling ... does not imply that the condition meets legal or other non-medical criteria for what constitutes mental disease, mental disorder, or mental disability" (American Psychiatric Association, 2001, p. 37). With this in mind, the diagnostic criteria as indicated in the DSM-IV-TR (APA, 2000) is provided. The current criteria for diagnosing a gambling disorder is presented as (A) persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

- (1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement
- (3) has repeated unsuccessful efforts to control, cut back, or stop gambling
- (4) is restless or irritable when attempting to cut down or stop gambling
- (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- (6) after losing money gambling, often returns another day to get even ('chasing' one's losses)
- (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling

(8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

(9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling

(10) relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behaviour is not better accounted for by a Manic Episode.

It must be noted that another factor contributing to the lack of clarity in the classification of pathological gambling is the fact that the APA classification criteria has not been, and is not currently the only standard utilised in the field.

4.3.4 Professional gambling

Professional gamblers make their living by gambling and thus refer to gambling as their occupation. Professional gamblers are skilled at the games they choose to play and control the amount of time and money that they spend on gambling. Thus, two key characteristics of professional gambling are that risks are limited and discipline is central (APA, 2000). Some individuals can experience problems associated with their gambling behaviour (short-term chasing for example), that do not meet the full criteria for PG.

4.4 Clinical Picture of Pathological Gambling (PG)

4.4.1 Incidence/Prevalence rate

Ladouceur and Sylvain (1999) established that between 70% and 90% of adults gamble sometime in their lives. Lifetime adult prevalence rates of pathological gambling estimate to range from 0.4 percent to 3.4 percent in adults, and in some geographical areas, prevalence rates have been reported to be as high as 7 percent (American Psychological Association,

2000). The prevalence of problem gambling in South Africa is estimated to be four percent of the population of gamblers, with just less than one percent being pathological gamblers (Collins & Barr, 2009).

Kincaid, Ross, Ainslie, Dellis, Hofmeyr and Rosseau, et.al., (NRGP, 2011) have conducted a longitudinal study focusing on the gambling behaviour of 300 South Africans. The study had identified that 100 of the participants were high risk problem gamblers. The results indicate that 33% of participants display substantial risk for problem gambling. One may hypothesise that on the spectrum of gambling behaviour that these results could indicate an increase in pathological gambling behaviour in South Africa.

Further prevalence is highlighted by Frankel and Louw (2004), that revealed that gambling trends among the youth in South Africa are in line with international rates, with 13.5% of adolescents exhibiting a mild predisposition to gambling and 5.1% indicating a strong tendency to participate in gambling related activities. It is however pertinent to bear in mind that the prevalence rates of problem and pathological gambling varies considerably across studies conducted and there is yet to be a generalised youth prevalence rate for PG.

4.4.2 Clinical representation

Maladaptive behaviour is presented in the DSM-IV-TR (APA, 2000) as persistent and recurrent gambling behaviour as indicated by the following criteria (see Appendix 2); an increasing preoccupation with gambling; the need to gamble with increasing amounts of money in order to achieve the desired excitement; attempts to cease gambling; restlessness or irritability when attempting to stop gambling; gambles as a way of escaping from problems or relieving dysphoric mood; chasing losses and loss of control by continuing negative gambling behaviour, regardless of the disruption or consequences of the behaviour.

Furthermore, concealment from family members, illegal acts to finance gambling and the jeopardy or loss of a significant relationship, job or career opportunity and reliance on others to provide money to relieve a desperate financial situation, is experienced as the maladaptive behaviour increases (American Psychological Association, 2000).

Maladaptive gambling behaviour may therefore consume a very significant portion of an individual's time and attention, impacting significantly on personal, social and occupational levels. Pathological gambling is thus regarded as a progressive disorder that encompasses an unrelenting failure to resist impulses to gamble and where negative consequences are viewed with regard to an individual's personal, family or vocational pursuits (APA, 2000).

4.4.2.1 Clinical characteristics

One of the most commonly studied traits in PG has been 'sensation seeking', but results have been inconsistent (Raylu & Oei, 2002). Sensation seeking is a dispositional characteristic that involves a desire for diverse, new and complex feelings and experiences. Individuals take risks in order to achieve this. Zuckerman (2000) suggests that pathological gamblers are prototypical high sensation seekers. Coventry and Brown (2006) support the notion and suggest that high sensation seekers are likely to participate in risky behaviours such as gambling. Interestingly, however, studies exploring the relationship between pathological gambling and sensation seeking have been inconclusive (Park, 2007).

The most popular trait or clinical symptom in recent years has been 'impulsivity'. A number of studies have reported positive findings for impulsivity but have represented a very 'mixed bag' of research designs and samples (Raylu & Oei, 2002). Research and clinical expertise suggest that the construct of impulsivity is an integral component in the understanding of pathological gambling behaviour (DSM-IV; APA, 1994).

The act of gambling is a complex conduct involving a series of critical decision points that eventually determine the initiation, length, duration and intensity of individual sessions (Maccallum, Blaszczynski, Ladoucer & Nower, 2007). Irrational and erroneous cognitive schemas overestimating the probability of winning, coupled with traits of impulsivity, combine to increase the likelihood that gamblers will make spontaneous decisions to initiate gambling sessions. Gambling engagement could be prolonged longer than intended which could result in a withdrawal of additional funds enabling the individual to participate in last minute changes in bet selection (Maccallum, Blaszczynski, Ladoucer & Nower, 2007).

The profile of the patients in a study conducted by Fernandez-Montalvo and Echeburua (2004) found that impulsive people with mild anxious and depressive symptoms have a tendency to abuse alcohol and have problems with adaptation to daily life. These results add further evidence of elevated traits of impulsivity among pathological gamblers and suggest that this trait is important in conceptualising the treatment of this disorder (Steel & Blaszczynski, 2002; in Fernandez-Motalvo & Echeburua, 2004).

‘Locus of Control’ is an additional factor considered to influence gambling behaviour. Studies have either found gambling groups to be higher than normal on external locus of control or found no differences (Walker, 1992). The Locus of Control (LOC) construct was originally defined as the degree to which one believes that they have personal control over actions and events in their lives (Rotter, 1966). Individuals with internal locus of control believe in their efficacy to control events and experience in their lives. Several authors have hypothesised that as certain pathological gamblers develop illusory perceptions of control, their locus of control should be more internal than the average individual (Meyer de Stadelhofen, Aufrere, Besson & Rossier, 2009).

According to Ladouceur, et.al., (2002), pathological gamblers may often tend to minimize personal responsibility with regards to their gambling behaviour. As such, these individuals will often portray themselves as a victim of bad luck and view the outcome of their gambling behaviour as resulting from external causes. Such observations suggest that a pathological gamblers' internal locus of control may be influenced by two opposing factors: firstly, the illusion of control that predisposes one to excessive gambling, and the second factor resulting from the gambler's tendency to attribute the multiple adverse consequences of gambling to external causes (Meyer de Stadelhofen, Aufrere, Besson & Rossier, 2009). Hence, traits such as sensation seeking, impulsivity and locus of control have often been found on close investigation to consist of a set of inter-related aspects (Orford, 2001), and thus play a role in the understanding of gambling behaviour.

4.4.3 Gender

Research has indicated that the motivation for gambling may be different for males than for females. Several studies have indicated that females use gambling as a means to escape personal problems, whereas males gamble more for excitement and for the possibility of winning money (Brown & Coventry, 1997). The exact nature of gender differences in the motivations towards gambling is however unclear.

Volberg, Griffiths and Orford (2011) found that men were more likely than women to gamble overall (75% for men and 71% for women). Men were more likely than women to take part in most gambling activities. The exceptions were bingo (12% for women and 6% for men) and scratch-cards (25% for women and 23% for men).

With regards to seeking treatment, The National Responsible Gambling Programme (2012) of South Africa has identified married males as predominantly seeking treatment and thereafter married females have been identified as the second most predominant group of individuals that seek treatment for maladaptive gambling behaviour.

4.4.4 Role of culture

Gambling appears to be an ancient human activity found in almost all cultures and in most parts of the world (Custer & Milt, 1985). According to Abt and McGurrin (1992), cultural beliefs and values are passed on via the members of the cultural group. The beliefs and values intercede individuals' awareness of, as well as the meaning accredited to, various social behaviours. As with other social behaviour, gambling obtains meaning within a specific context.

Current acceptance of gambling varies across countries and cultures. The majority of studies on pathological gamblers have been conducted using Western samples, with limited prevalence studies being conducted among ethnic minorities. Therefore, variances in the prevalence rates of pathological gambling can, in part, be attributed to the availability of gambling opportunities, as well as the manner in which gambling is advertised and perceived by people in different geographical locations (Raylu & Oei, 2004).

Prevalence rates vary depending on different geographical locations, for example, total abstinence in some Muslim groups and relatively high levels of participation in the Chinese populations (Raylu & Oei, 2004). As a culture, African families may include a strong sense of spirituality, whether in the form of religious expression or not. Most African families share a sense of spirituality, a belief in a higher power and a commitment to acting on a shared value system.

Decisions of how to spend money and time may be made on a collective basis rather than on an individualistic basis. As such, it may be suggested that in some African families, gambling engagement may be frowned upon.

4.4.5 Etiology

The etiology of gambling disorders is complex and multi-factorial. Thus, the literature encompassing pathological gambling or gambling disorder is widespread. Taking into account the influence of one's social environment, it may be suggested that one's behaviour is both shaped by and shapes the social environment. No individual exists without interaction with other human beings, small social groups, and society in general. Social determinants, such as these interactions, have an effect on the continuing development of the individual. Factors such as family, work, religion and peers play a role in the development of the individual, and thus, may contribute to the behaviours exhibited by the individual.

Considering one's lifespan and the contribution to one's development, the present researcher is of the opinion that Erikson's (1963) theoretical frame illuminates the impact of social context upon development. The psychosocial theory on life-span development clearly highlights the role of one's social context in shaping developmental outcomes. Erikson (1963) identified eight stages of development, whereby each stage is characterised by a particular psychosocial crisis or developmental challenge for the individual gambler.

Each challenge is a progression from the previous one and shapes the manner in which the following developmental challenge will be resolved. Therefore, Erikson (1963) considered that in order to develop into a productive adult, the individual must experience, and successfully navigate through each critical crisis or developmental challenge that one encounters over their lifespan. Failure to successfully resolve any of these developmental stages may result in later life difficulties as can be seen with pathological gamblers.

Unresolved developmental challenges reinforce the idea that the dysfunctional behaviour is a movement towards a 'pleasurable' experience and subsequently a relief from the stressors experienced throughout life. Gambling and the casino environment can fuel the fantasies of vulnerable individuals and provide an escape from the daily stress or negative aspects of one's reality (Bulwer, 2006).

In a study conducted by Jadlos (2001), the idea of an escape from one's reality may indicate that one or more forms of abuse or trauma were experienced by participants during their lives. The participants of the study either implied or made direct reference to harbouring feelings of inferiority, low self-worth and feeling unwanted, unneeded, or rejected by parents or significant others (Jadlos, 2001). Gambling seemed to be the only activity that these individuals felt suppressed negative feelings of 'never quite measuring up'. Gambling therefore appears to provide some individuals with a means of achieving social status and feelings of competency that these individuals felt incapable of achieving otherwise. Thus expanding on the idea that gambling provides immediate gratification and temporary breathing space from life stressors.

The adhesive that clearly seems to bind pathological gambling within this milieu of mental illness and addiction is the gamblers' ability to achieve a state of being while gambling that alleviates the unpleasantness of both present and historical stress. This quest for escapism, carried to an extreme, then becomes both the solution and the problem as more and more time and money are spent gambling in an attempt to distance oneself from the ever-expanding sphere of problems (Moore, 2002).

Etiological determinants such as social, ecological and psychological variables influence gambling behaviour. It is however important to note that pathological gambling is regarded as a complex phenomenon and one cannot view all pathological gambling engagement in the

same manner. For example, the underlying psychology of each player will differ from individual to individual. As such, the motivations underlying gambling behaviour may also differ.

Ultimately, this has implications for prevention and treatment strategies (Griffiths, 2003). Understanding the etiological influences of pathological gamblers therefore enhances insight into the development and continuance of a gambling problem as a multifaceted phenomenon yet one must take into account the 'individual' within the context of the gambling behaviour.

4.4.6. Co-morbidity

While it is accepted that maladaptive gambling behaviour varies in the presentation of comorbid psychopathology and underlying personality traits, there is a lack of clarity about how to best understand the implications of this variability for the etiology and treatment of pathological gambling disorder (Milosevic & Ledgerwood, 2010). It is unknown how co-occurring conditions and traits are associated with one another, with the onset and maintenance of PG, and with the severity of disordered gambling behaviour. This lack of understanding is partially because most studies have examined PGs as a single homogeneous group (Milosevic & Ledgerwood, 2010).

It has been concluded that individuals with pathological gambling may suffer psychiatric co-morbidity (Black & Moyer, 1998). The first and most prevalent co-morbid addiction is that of gambling and alcohol abuse. Gambling and alcohol consumption might be linked because intoxication might facilitate heavier gambling. A study conducted by Petry, Stinson and Grant (2005), addressing co-morbidity of pathological gambling with other psychiatric disorders, found that almost three quarters of pathological gamblers had an alcohol use disorder. Nzimandu, Louw, Manny, Bodasing and Ludin (2010) found that 18% of problem gamblers are at risk of alcohol abuse in South Africa.

Pathological gamblers are four times more likely than non-pathological gamblers to experience a mood disorder in their lifetime and three times more likely to have had an anxiety disorder (Kessler et al 2008; in Shaffer & Martin, 2011). Regarding mood disorders, depression constitutes prevalence figures ranging from 50 to 75 percent (George & Murali, 2005). South African statistics have found a clear relationship between depression and excessive gambling behaviour, yielding results of up to 42% of respondents reporting mild depression (Nzimandu, Louw, Manny, Bodasing & Ludin, 2010). Furthermore, suicidal ideation, suicide attempts and completed suicides are more common in pathological gamblers than in the general population (George & Murali, 2005).

Additional mood disorders are presented as co-morbid with pathological gambling. Clinical studies have reported that up to 30 to 40 percent of outpatients with bipolar disorder may also have a lifetime co-morbid pathological gambling diagnosis (McIntyre, McElroy, Konarski, Soczynska, & Kennedy, 2007). Cross-sectional clinical symptoms of pathological gambling and gambling symptoms of mania appear to share similarities, especially in regard to their ability to control impulsivity (Kim, Grant, Eckert, Faris, & Hartman, 2006).

Furthermore, approximately 60 percent of individuals with pathological gambling have a co-morbid personality disorder. The association between pathological gambling and antisocial personality disorder is commonly known (Sacco, Cunningham-Willims, Ostmann, & Spitznagel, 2008). While antisocial personality disorder prevails between 0.6 percent - 3.6 percent of the population, rates are approximately 35 percent among those with gambling problems (Sacco, et.al., 2008). This is thought to be due to the impulsivity aspect of antisocial personality disorder and the immediate gratification sought in pathological gambling (Benson, n.d).

In summary, research indicates that increased rates of mood disorders, substance abuse or dependence, other impulse control disorders and personality disorders have been reported in individuals that are pathological gamblers (American Psychological Association, 2000)

4.4.7 Course and prognosis

The exact reason why people start to gamble is unknown. Some individuals become 'hooked' with their first bet, but for most individuals the process takes a longer period of time (American Psychological Association, 2000). There could possibly be years of social gambling with family and/or friends followed by an abrupt onset that may be precipitated by more exposure to gambling or possibly by stress (Gardner & Phillips, 2005).

Kusyszyn (1984) is of the opinion that gambling is complex and cyclical. It is composed of continuous chains of events that include decision making, wagering, an outcome, emotional reaction to the outcome, cognitive appraisal of one's actions in relation to the outcome, further decision making, further wagering, and so on. Each chain is regarded as unique; although succeeding chains are almost always variations of previous chains, no chain is identical to any other. The novelty of each chain and the gambler's freedom to participate in it as a creative agent allow gambling to be an absorbing activity.

An elaboration by Bulwer (2006) of the schema proposed by Teitelbaum, Edwards, and Gold (1999) indicates that pathological gamblers go through the following four phases: winning, losing, critical and desperate. The initial phase of winning comprises of fun and little consequences. The losing phase occurs when the gambler develops an increased need for gambling. This need may be met with more time, higher stakes and ultimately lead to bigger losses.

The individuals' losses are generally rationalised as having bad luck with a 'big win' around the corner. The critical phase comes into play when the gambler loses more than he/she intends to and attempts to recover by chasing the losses occurred.

'Chasing' behaviour has been described as the most significant step in the development of pathological gambling (Lesieur, & Rosenthal, 1991). Here the onset of consequences begins and problems with finances, family and work occur. Irrational gambling begins in the desperate phase. The gambler may hit 'rock bottom' at this point. Relationships and work are neglected, and the focus is on getting money with which to gamble and to chase the losses incurred. Criminal offenses, depression and suicidal behaviour are common at this point of the cycle (Bulwer, 2006).

Pathological gamblers have a psychiatric disorder; these individuals tend to have poor motivation for therapy as indicated by high dropout rates and high relapse rates and a poor prognosis (Bolen & Boyd, 1968; Harris, 1988). This is supported by Ligthelm and Jonkheid (2009) who are of the opinion that South African pathological gamblers have a psychiatric disorder that is diagnosable by strict criteria. It is regarded as a disorder of impulse control and has a very poor prognosis.

4.4.8 Treatment

Individuals in South Africa tend to gamble between 6 and 15 years before seeking help with their problem gambling behaviour (Bulwer, 2006). Ralyu and Oei (2006) believe that the treatment of pathological gambling may indicate that the disorder can be successfully addressed.

Currently, behavioural, cognitive, and combined cognitive-behavioural therapies have been extensively researched and appear to be most effective in treating gambling problems. These approaches address cognitive distortions, and they also address other behavioural components such as altering environmental reinforcers and developing problem-solving, social and relapse prevention skills (Ledgerwood & Petry, 2006).

Further treatment for PG include the Gamblers Anonymous (GA) programme, which is viewed as a common intervention for pathological gamblers. Gamblers Anonymous is a 12-step oriented peer-support approach, modelled on the Alcoholics Anonymous (AA) approach. Petry (2003) is of the opinion that pathological gamblers receiving outpatient treatment are more likely to report abstinence from gambling if they also attended Gamblers Anonymous meetings. Thus, Gamblers Anonymous participation may assist treatment-seeking gamblers from relapsing.

Pharmacological approaches are viewed as promising in the treatment of PG. Some pharmacological treatments have demonstrated success in reducing gambling urges and behaviour (Ledgerwood & Petry, 2006). Anti-depressants and mood stabilisers may be effective in the treatment of a gambling addiction. Opioid antagonists may also assist in resistance of the 'urge' to gamble (Kim, Grant, Adson, & Shin, 2001).

Frankel and Louw (2004) highlight the importance of quality application throughout the clinical evaluation process by highlighting the importance of remaining cognisant of fundamental contextual variables in the development of contextually appropriate intervention or prevention strategies. This is particularly relevant within the South African environment as it provides a rich, culturally diverse context which frames one's conceptualisation of risk and maladaptive behaviour. It is therefore important to note that research methods, modes of

analysis, as well as prevention or education efforts from more industrialised countries, cannot be merely superimposed upon the South African context (Frankel & Louw, 2004).

The National Responsible Gambling Programme (NRGP, 2012) of South Africa has focused on ensuring consistency and quality in the application of the clinical evaluation protocols by treatment professionals. This focus was strongly held within the 2011-2012 research year.

The National Responsible Gambling Programme (NRGP, 2012) has trained telephone counsellors in Motivational Interviewing (MI). This process allows the organisation to expand services to callers who prefer a number of telephonic counselling sessions rather than face-to-face counselling. Motivational Interviewing is the first step in the Cognitive Behaviour Therapy (CBT) approach that has now been adopted as the treatment approach for problem gamblers adopted by the National Responsible Gambling Programme of South Africa (NRGP, 2012).

The National Responsible Gambling Programme has further implemented treatment processes for problem gambling behaviour. The Integrated Care Programme (ICP) is in the process of being reviewed for effectiveness. The essence of the ICP is continuing support for the problem gambler. The same counsellor who made the initial referral for treatment makes follow-up calls at various intervals to motivate problem gamblers, to identify relapses as early as possible and to obtain feedback on the treatment programme. It is the opinion of the present researcher that the ICP has the propensity to promote an intimate, safe environment in which the problem gambler may discuss his/her progress with the counsellor that was present for the initial phase of treatment seeking.

A youth based programme focused on the danger of gambling was implemented in schools in 2007. The National Schools and Youth Programme requires that all school going children in South Africa receive education about the dangers of gambling.

The *Taking Risks Wisely* programme was initiated in 2007 with the development of learning material as part of the Life Orientation component of the National Curriculum (NRGP, 2012). The goal of the programme enhances learner understanding of responsible decision making about high risk forms of behaviour, including gambling. Currently, units of the *Taking Risks Wisely* programme are under construction. A pilot study applying the proposed changes will be ready for implementation in South Africa in 2013 (NRGP, 2012).

In South Africa, a number of treatment and rehabilitation programmes exist, including programmes registered with the Department of Health and/or other government departments, such as Social Development and private research bodies. Gamblers Anonymous (GA) is fairly well represented in the country, with branches in KwaZulu-Natal, Gauteng and Western Cape. In addition, private centers offering treatment for a range of addictions and dependence are offered, but are expensive and therefore out of reach for most South Africans.

The above mentioned treatment approaches and resource aids in South Africa indicate that pathological gambling treatment is a ‘work in progress’. Ultimately, a single theory treatment approach may not be sufficient to address all underlying vulnerabilities and factors that influence the treatment process of pathological gambling (Bulwer, 2006).

4.5. Conceptual Frameworks

A review of the literature reveals a rich tapestry of conceptual frameworks attempting to understand the concept of addiction (Clark, 2011). Accordingly, addiction theory and intervention is caught in a web of contradictions. Many theories are insightful as they capture important elements of what constitutes addictive behaviour. However, a critical review reveals that many theories, viewed through the conceptual lens of the researcher, seem to stem from the novel idea that accounts for only certain aspects of the phenomenon and overlooks others (Clark, 2011).

The story of the three wise blind men who came across an elephant sheds some light on the issue: the first blind man touched the trunk and decided that it must be like a rope; the second touched the body and decided that it resembles a wall; and the third blind man touched the leg and concluded it must be like a tree. Conceptual bias perhaps stresses that the ever-changing definition of addiction is influenced by historical, political and economic influences (Reinarman, 2005). This section of the chapter explores the theories encompassing pathological gambling.

4.5.1 Addiction as a motivational and reinforcing construct

4.5.1.1 Motives

There are two primary motives initiated by gamblers. Firstly, by enhancement motives and secondly, coping motives. The enhancement motive refers to gambling in order to experience positive emotions, to feel good, or to experience excitement (Neighbors, Larimer, Geisner, & Knee, 2006). Individuals seek action or excitement, sometimes more than the financial gratification that comes from winning (American Psychological Association, 2000). The desired euphoric state is met with increasingly larger bets, which in turn perpetuates gambling behaviour. The second motive refers to coping motives. Coping motives are identified when the individual continues gambling as a way to escape from problems or dysphoric mood being experienced, to escape internal negative experiences such as anxiety, depression or uncertainty (Neighbors, et.al., 2006).

4.5.1.2 Wise's Two Factor Model

Wise's Two Factor Model (1988) highlights the concept of enhancement and coping motives in the understanding of pathological gambling behaviour. Wise (1988) proposes that

addiction involves both negative and positive reinforcement. Whilst gambling does not involve the use or abuse of a particular substance, both pathological gamblers and those with a substance addiction are preoccupied with engaging in an addictive behaviour and achieving the desired state of being (Hardoon & Derevensky, 2002). The positive reinforcement consists of experiencing a sense of pleasure, whilst the negative reinforcement consists of experiencing intense distress and sadness. These two processes are seen as operating concurrently to maintain the addiction (Wise, 1988).

The theory hypothesises that either reinforcement, whether positive or negative, results in cravings for the substance. Hence, in the context of pathological gambling, the individual craves the excitement and sense of euphoria when engaging in the activity which in turn creates a sense of sadness or distress when the gambling activity is over. The individual may at this point have spent a substantial amount of time and/or money to achieve the desired state of excitement which could exacerbate the level of distress or sadness. Wise (1988) hypothesises that either the positive or negative re-enforcement results in cravings; it would thus seem inadequate to treat the withdrawal symptoms of addiction – the negative symptoms, without addressing the positive reinforcing properties of the substance use/activity engagement.

4.5.2 Moral and Classical Thought

The moral model of addictions has been, in the main, considered as an unscientific perspective rooted in religion and based on classical thought (Clark, 2011). The central point of this thought as applied to addiction is that first and foremost the human being is a rational actor who engages in an end/means calculation. People therefore freely chose all behaviour based on their rational calculations (Clark, 2011).

Choice, with all other conditions equal, will be directed towards the maximization of individual pleasure and can be controlled through the perception and understandings of potential negative consequences that will follow the chosen act (Clark, 2011).

Frankfurt (1971, in Clark, 2011) regards the addicted individual as one who consciously and willingly decides to engage in the behaviour on a regular basis. The individual is viewed as a free agent and is consequently culpable. Frankfurt (1971) argues that as the addiction progresses, the individual experiences gradually diminished agency, and becomes an 'unwilling addict. The moral model has little therapeutic value and implies that addicts should be punished rather than treated.

However, elements of the moral model, especially focusing on individual choice, have found enduring roles in other approaches to understanding and intervening with addicted individuals. Walters (1999) suggests that the model be reconsidered and redefined for the inclusion of personal responsibility for not only the behaviour but also for its development. The concluding question remains: are addicted individuals sufficiently autonomous to control their gambling behaviour?

4.5.3 Biological dimension

Hollander, Decaria, Finkell, Beggaz, Wong and Cartwright (2000) have found evidence for biological associations with pathological gambling. The biological models of addiction focus on physiological factors that influence substance related problems. In relation to the present study, biological models of addiction will focus on physiological factors that cause or have an influence on pathological gambling behaviour.

The genetic model proposes that individuals who develop an addiction have a genetic predisposition towards the maladaptive behaviour. Coombs and Howatt (2005) discuss how the model focuses on the cause of addiction and proposes that addictive behaviours are encoded in an individual's genes. This model may be supported by Blume (1994) who hypothesised that a lack of D2 receptors cause individuals to seek pleasure-generating activities, placing them at high risk for multiple addictive, impulsive and compulsive behaviours, including substance abuse, binge eating, sex addiction and pathological gambling (in Blaszczynski & Nower, 2002). Thus, the genetic composition makes the individual vulnerable to addiction if the individual is exposed to the correct circumstances (Gregoire & Jungers, 2007).

Further biological models look at addiction as an inescapable biological source. The medical model, also known as the disease model, views addiction as a disease that is harmful and possibly fatal due to an individual's loss of control over their gambling behaviour. Armstrong (1983) discusses how the medical model reduces human subjects to impersonal objects of clinical practice. While the medical model generally explores addiction in terms of biological processes, diagnosis of an illness is most often made in terms of psychosocial functioning and subjective states expressed by the individual (May, 2001, in Clark, 2011). Therefore, taking into account personal perception of the degree to which the illness is affecting the individual's quality of life. Peele (1985, in Clark, 2011) argues that the disease model is probably best viewed as a metaphor as it is viewed too literally by some. Dunbar, et.al., (2003) contends that addictions have both social and organic etiologies and physiological and cultural sequelae which usefully could be considered a 'cultural biology'.

The biomedical model is the third model utilised to illustrate pathological gambling within a biological dimension. The biomedical model integrates biological and behavioural factors in the understanding of pathological gambling. This model fittingly views repeated exposure to the activity/substance of choice as having the potential to alter the brain's functioning.

As gambling is viewed on a continuum with the most extreme or harmful form being maladaptive gambling behaviour, one could hypothesise that the biomedical model influences gambling behaviour. The individual engages in the behaviour, identified by the brain, to avoid unpleasantness caused by withdrawal (Coombs & Howatt, 2005).

4.5.4 Psychological dimension

Psychological models of addiction attribute the development of pathological gambling to the personal characteristics of the individual. The psychodynamic perspective for example conceptualises addiction as a group or cluster of unconscious needs that stem from socially unacceptable desires or previous traumatic experiences for which the individual wishes to avoid assuming responsibility. The individual's inability to address or manage painful feelings motivates the individual to become consumed by their gambling behaviour, and views the activity as a form of 'self-medication'. The Khantzian model of self medication (1977) for example asserts that addiction is engaged in, in an attempt to self-medicate suffering, to regulate lives and remedy negative effect.

Orford's (1985) excessive appetite model conceptualises pathological gambling as a collection of behaviours that are fuelled by an excessive appetite. The model emphasises the importance of how addictive behaviour occurs through personal inclinations. The gambling behaviour is viewed to serve a purpose such as mood modification, tension reduction and a form of self expression (Orford, 1985).

Finally, the cognitive model or approach supports the interaction between different beliefs and schemas. The model emphasises that addiction occurs when a critical event activates these beliefs or schemas and creates anticipatory belief related to the gambling behaviour. Failure to grasp the point that each event in a series of random events is independent of all others underlies a form of irrationality that has earned the title of the ‘gamblers fallacy’ (Orford, 2001). The cognitive model incorporates the idea of the ‘illusion of control’. Gamblers are more likely to bet more when they believe they have a greater control over the outcome of the event.

4.5.5 Social dimension

Individuals’ live in a social world of meaning and knowledge which is constructed through shared language, symbols, rules and norms (Lee, 2009). This worldview allows for the process of collectively constructed ‘reality’ as an internalised process by individuals within a society (Berger & Luckmann, 1697, in Lee, 2009). The emphasis on context is perhaps the trademark of the sociological construct of addiction which theorises how addictive behaviour is learned or acquired through socialisation within the family, peer group, media and sub-cultural affiliation. The family for example operates as a ‘system’ whose parts interact and evolve with each other in ways that maintain and protect existing patterns (Fields, 2001).

Thus, social models of addiction emphasise the role of an individual’s environment in the development of maladaptive gambling behaviour. The life-process model for example views addiction as a routine or habitual process that an individual engages in to achieve a sense of security and gratification. This model fundamentally emphasises the role of an individual’s social context and experiences which impact on the individual’s habitual engagement with a substance of choice (Karr, 2007), or in this case a behavioural addiction.

Bandura's (1977) Social Learning Theory of observational learning and modelling is an example of the key aspects in shaping human behaviour. Children are more likely to model the behaviour of those whom they perceive as powerful and important. Parents, peers, siblings and pertinent personalities in the media can be regarded as key role models for young adults and are thus able to influence their behaviour.

The effect that parents can have on their adolescent's gambling behaviour is illustrated in the findings of various studies. It has been found that 25% to 40% of pathological gamblers had parents who also displayed problem gambling behaviours. In addition, a large number of problem gamblers reported that their fathers also acknowledged similar gambling-related difficulties (Cluster, 1982; Jacobs, Martson, & Singer, 1985).

Bandura (1977) highlights a four stage process through which behaviour is acquired. Initially the individual observes the behaviour of family or peers and later recalls the behaviour that has been modelled. The individual then imitates such behaviour and through internal forces becomes motivated to continue the behaviour that has been learnt. The social learning theory emphasises the role of reinforcement on an individual's anticipation, planning, expectancies, attributions, self-efficacy as well as decision making that promotes addictive behaviour (Wanigaratne, 2006).

The sociological construct or dimension in the understanding of pathological gambling behaviour asserts that internalised social constructs exert power in shaping how one thinks, feels and what one values. Thus, shaping or molding the manner of communication, interactions, beliefs, values and practices of oneself and the larger society (Satir, 1988, in Lee, 2009).

4.5.6 Pathways Addictions Model

According to Blaszczynski and Nower (2002), most of the explanatory theories for problem and pathological gambling recognise the multi-factorial causal pathways for the development of these behaviours, but fail to differentiate between the various typologies of gamblers.

This lack of understanding is partially because most studies have examined PGs as a single homogeneous group. The pathways model is predicated on the argument that the quest to impose one single theoretical model to apply equally and validly to all pathological gamblers is a misguided venture (Blaszczynski & Nower, 2002).

Conceptualising problem gamblers as a homogenous group lends itself to the belief that a single theoretically-derived treatment plan can be applied to all gamblers in an equally effective manner. It was from this stand-point that Blaszczynski and Nower (2002) proposed the Pathways Model, an alternative and comprehensive model for understanding how people develop problematic gambling behaviours. This approach adopts a more productive way in which to acknowledge the existence of specific subtypes of gamblers, each influenced by different factors yet display similar phenomenological features.

Blaszczynski and Nower (2002) attempt to implement a theoretically driven model that incorporates developmental, neurobiological, cognitive, and personality variables in presenting various etiological pathways to the development of pathological gambling subtypes. This single model proposes that while many problem gamblers share a number of similar characteristics, one can differentiate three distinct types of problem gamblers, with each type having a characteristically different pathway for the development of problem gambling. The Pathways Model (Blaszczynski & Nower, 2002) suggests that there are three major pathways, each associated with specific factors that lead to the development of pathological gambling (Milosevic & Ledgewood, 2010).

4.5.6.1 Pathway 1: The behaviourally conditioned gambler

Blaszczynski and Nower (2002) argue that behaviourally conditioned gamblers fluctuate between regular and excessive gambling mainly because of the effects of conditioning, distorted cognitions, and/or a series of bad judgments or poor decision-making rather than as a result of impaired control or pre-morbid psychopathological vulnerabilities.

Members of this subgroup may be preoccupied with gambling, engage in chasing losses, abuse alcohol and exhibit symptoms of depression and anxiety in response to the financial burden imposed by their behaviour. Of most importance in distinguishing this pathway/subgroup from the other two is that the symptoms are the consequence not the cause of patterns of repeated excessive gambling behaviour. Therefore, this subgroup reports the least severe gambling and gambling-induced difficulties and they do not manifest gross signs of major pre-morbid psychopathology or disorganised behaviour (Blaszczynski & Nower, 2002).

4.5.6.2 Pathway 2: The emotionally vulnerable gambler

The presence of predisposing risk factors and/or pre-existing psychological vulnerability are the characteristic features of individuals who fall within this category of gamblers. The emotionally vulnerable gambler is one who's gambling behaviour is largely motivated by a desire to regulate dysphoric mood states and/or to meet specific psychological needs (Blaszczynski & Nower, 2002). In particular, individuals within this group may display high levels of anxiety, depression, substance dependence and may display an inability to manage external stress effectively. For example, those who have been exposed to severe negative life events, such as abuse or neglect, may use gambling as a means to escape from such life stressors.

4.5.6.3 Pathway 3: The antisocial /impulsive' problem gambler

Pathway or subgroup 3 is considered the psychopathological subtype and exhibit substantial psychological disturbance from gambling. This subgroup is characterised by signs of potential neurological or neurochemical dysfunction (Blaszczynski & Nower, 2002). These inherent neurological difficulties may also provide the basis for a history of impulsive behaviour and other behavioural problems, including substance abuse, sensation seeking and illegal activity (Jackson, et al. 2006).

These gamblers are distinguished from emotionally vulnerable gamblers by features of impulsivity, antisocial personality disorder, and attention deficit. It can be argued that, because of their biologically based impulsivity, these gamblers have a tendency to seek out reward activities and are unable to delay gratification and thus fail to modify their behaviour. Consequently, a number of behavioural problems are often evident among individuals within this group (Blaszczynski, 2002). Antisocial impulsive gamblers may experience a wide range of behavioural difficulties independent of their gambling, including, excessive alcohol and polydrug experimentation, suicidality, irritability, low tolerance for boredom, and criminal behaviours.

No empirical study to date has validated all aspects of Blaszczynski and Nower's (2002) pathways model of PG. However, Gonzalez-Ibanez (1994) provides evidence that suggests the validity of the pathways model subtypes may be strong (in Blaszczynski & Nower, 2002).

4.6 Conclusion

The review of literature contextualises gambling and pathological gambling within South Africa by highlighting the manner in which gambling behaviour has the potential to progress into maladaptive gambling behaviour. Gambling participation originated from the novelty

effect of legalised gambling in South Africa and unrealistically high expectations of winning have probably waned, leaving behind mainly those gamblers that regard gambling as a leisure activity. However, there will always be the more serious gambler who visits gambling venues almost on a daily basis with the primary goal of winning easy money. The literature allows for an exploration into the factors that attribute to the development of PG.

As an institutionalised and informal pastime, it is not necessarily an iniquity and may, in fact, as it has in the past, serve as an important form of recreation; the history of gambling in South Africa enriches further exploration of the contextual background of the present study and sheds light into the development of legal structures thus emphasising that the revision and adjustment to regulations in South Africa are changing as the needs of the population and technological advancements improve.

The clinical picture of pathological gambling along with the etiology, co-morbidity, course and prognosis as well as treatment avenues explore the paradigm that gambling has a long past, yet a short history. Literature encompassing pathological gambling and gambling behaviour in general create the impression that there been much information found and there is much to learn and explore about this phenomenon.

The chapter concluded by discussing the conceptual frameworks which allow for an 'open gate' to possible theories that explore the phenomenon of pathological gambling. In doing so, pathological gambling is seen from many viewpoints which aid in the understanding of the diverse etiological factors of addiction.

Chapter Five will explore the methodological underpinning of the present study in order to create a deeper understanding of the systematic processes that guided the present research study.

Chapter Five

Research Methodology

“Nothing is more difficult than to know precisely what we see...”

(Merleau-Ponty, 1962, p.58).

5.1 Introduction

Research methods are plans used in the pursuit of knowledge. They are outlines of investigative journeys, laying out previously developed paths, which, if followed by the researcher, are believed to lead to valid knowledge (Polkinghorne, 1983). The journey of this chapter unfolds with the ‘action plan’ followed throughout the present study. A conceptualisation of qualitative research and transcendental science is used to illustrate the social phenomena of pathological gambling. To provide insight into this specific approach, the chapter explores four major processes in phenomenological research, namely (1) epoche, (2) phenomenological reduction, (3) imaginative variation and (4) synthesis. This chapter encapsulates how these processes were integrated into the present research study through the application of each of the processes.

The chapter further describes the methodology with a review of data collection methods and an outline of the research procedure followed. An account of the setting in which the research occurred and the sampling procedures implemented throughout the study are described. The chapter thereafter explores the review of data processing and analysis provided throughout the present study; in addition to pointing out the central aspect of ethical considerations.

5.2 Research Design

Gravetter and Forzano (2006, p.165) view a research design as a “general plan for implementing a research strategy”. The present study utilised a phenomenological research design. It is qualitative in approach and descriptive and analytical in nature. The study tends to reflect a subjective, existentialist and non-critical emphasis, where the aim of the study is to identify and describe the subjective experiences of the participants involved.

The study is qualitative in the sense that it involves varieties of social and psychological inquiry to rely on data primarily received in the form of words. As cited in Valle and Halling (1989) by Ashworth, Giorgi, and de Koing (1986), in general use, ‘qualitative research’ refers to a particular perspective on the nature of the human realm. From the qualitative perspective, the richness and complexity of human reality is seen as closely related to the structures and meanings of natural language. Therefore, to call a research activity qualitative inquiry may broadly mean that it aims at understanding the *meaning* of human action.

Evidence from phenomenological research is derived from first person reports of life experiences. In accordance with phenomenological principles, scientific investigation is valid when the knowledge and information sought after is derived through descriptions that make it possible to gain an understanding of the meanings and essences of the experience (Moustakas, 1996). The focal point of research in a phenomenological framework is the world as revealed through a transcendental mind-set. The existence of the natural world is not denied, but does not see the world as autonomous of each individual.

Natural sciences may pride themselves on rigorous ‘objectivity’, scorning the validity of experiences as subject matter; as it is subjective and hence considered as invalid or unreliable – natural scientific data is ultimately derived via the investigator’s experience.

As considered by Merleau-Ponty (1962): all knowledge of the world, even scientific, is gained from one's own perspective or point of view. The universe of scientific knowledge is built upon the world as directly experienced. In order to be thorough, the presence of the human element in a research situation should be acknowledged and taken into account as it is ultimately present. The researcher should specify the extent to which she is present, by making it explicit the perspective from which she proceeds. Therefore the attitude of phenomenological researchers should be encompassed by openness to whatever emerges as significant in the understanding of the phenomenon.

As phenomenology is concerned with the study of an experience from the perspective of the individual, the phenomenological researcher therefore essentially seeks to describe rather than explain a phenomenon from a perspective, free from hypothesis or preconceptions (Husserl, 1970). The researcher aims to describe and bring the pre-reflective life world, to the level of reflective awareness, where it manifests itself as psychological meaning (Krueger, 1988).

5.3 Transcendental Science

Cognizance of transcendental science enriches the researcher's capacity to hear without judging and to maintain a stance of openness to phenomena; therefore attempting to eliminate everything that represents prejudgements or presumptions (Moustakas, 1994). Transcendental science takes the experiencing person into account, along with the connections between human consciousness and the objects that exist in the material world. What is given in an individual's perception of a thing is its appearance, yet this is not an empty illusion. It serves as the essential beginning of a science that seeks valid determinations that are open to anyone to verify (Husserl, 1931).

Descartes (in Krueger, 1988) separated the body and the mind as a way of emphasising the differences between physical and transcendental science. The external world (body) as perceived by each individual (mind) exists in consciousness. Therefore, the external, objective reality exists only through representations in each individual's mind. Thus, Descartes reasoned that objective reality is in essence or in truth, subjective reality.

Kant (1967) acknowledges this as the knowledge of objects that reside in the subjective sources of the self. Kant identifies that there are three such sources: sense (phenomena empirically given in perception), imagination (necessary to arrive at a synthesis of knowledge) and apperception (consciousness of the identity of things). These ideas led to acknowledgement and acceptance of the premise that anything that exists as knowledge within one, is as unquestionable as the external reality that exists outside of one.

Phenomenology maintains the critical distinction between what might exist as a reality 'outside' of the individual's experience (Polkinghorne, 1983). "Nothing is more difficult than to know precisely what we see" (Merleau-Ponty, 1962, p.58). The challenge facing the human science researcher is to describe things in themselves, to permit what is before one to enter the consciousness and be understood in its meanings and essences in the light of intuition and self-reflection (Moustakas, 1996).

Meaning is created when the object as it appears in one's consciousness, mingles with the object of nature: "what appears in consciousness is an absolute reality while what appears to the world is a product of learning" (Moustakas, 1994, p.27). The process entangles a blending of what is really present with what is imagined as present from the vantage point of possible meanings, thus a unity of the real and the ideal.

Transcendental phenomenological research emphasises the present inner world of the individual, which includes experience and perception. Emphasis is placed on subjectivity and discovery of the essences of experience. It therefore provides a systematic and disciplined methodology for the derivation of knowledge. It is phenomenological as it utilizes only the data available to consciousness – the appearance of objects. It is transcendental in that it adheres to what can be discovered through reflection on subjective acts and their objective associations.

5.4 Major processes in phenomenological research

The major processes in phenomenological research include epoche, phenomenological reduction, imaginative variation and synthesis of meanings and essences. In the present study these four major processes were used in transforming the raw data into the findings that are presented in the next chapter. Following a theoretical description, attention will be given to how these processes were used for the purpose of this study.

5.4.1 Epoche

‘Freedom from suppositions’ is viewed as epoche, a Greek word meaning to stay away from or to abstain from commonly held beliefs (Husserl, 1970). Rooted in the epoche values of phenomenological research, the researcher sets aside biases, judgements and preconceived ideas. The researcher ‘invalidates’ and ‘disqualifies’ all commitments with reference to previous knowledge and experience. In a natural attitude, knowledge is held judgementally by presupposing that what is perceived is actually there and remains there as perceived. In contrast, the epoche requires a new way of viewing things.

In setting aside prejudices or predispositions and allowing things, events and people to enter anew into consciousness, it is as if one is able to look and see them again for the very first time. This is transcendental in the sense that the phenomena are revisited in a fresh and naïve sense, from a wide open perspective. This does not intend for the researcher to deny the reality of the phenomena, but rather to set aside the scientific facts already known. By suspending the knowledge and judgements already known, the researcher is equipped to embrace new knowledge surrounding the phenomena. The new knowledge encompasses the roots of epoche as a way of fresh perceiving and experiencing. Whatever or whoever appears in the researcher's consciousness is approached with an openness, seeing just what is there and allowing what is there to linger.

The challenge in achieving epoche is the sustained concentration and effort that is required of the researcher. Although epoche is rarely perfectly achieved, the energy and attention and work involved in the reflection and self-dialogue; the intention that underlies the process and the attitude and frame of reference significantly reduce the influence of preconceived thoughts, judgements and biases (Moustakas, 1994). As a researcher of phenomenological based investigation, it is necessary to suspend personal opinion, hold stereotypical views at bay and rely on the primacy of the data gathered in the present study. Therefore, epoche serves to guide and support the researcher's behaviour, thoughts and feelings to facilitate the disclosure of the nature and essence of the phenomena (Moustakas, 1994).

The researcher has made every effort to remain true to the facts as presented by the participants' themselves. As the researcher is an important instrument of data collection, every attempt was made to take responsibility for creating conditions that were most conducive to open communication.

5.4.2 Phenomenological Reduction

Phenomenological reduction refers to the task of describing. It is the describing in textual language just what one sees, not only in terms of the external object but also the internal act of consciousness, the experience as such, the rhythm and relationship between the phenomenon and self (Moustakas, 1996). The essential nature of the phenomena is obtained through perceiving, thinking, remembering, imagining and judging. Kockelmans (1967, p222) summarises that something essential is discovered: “the phenomenological reductions make it possible for the mind to discover its own nature; originally lost in the world, the mind can find itself again by means of these reductions”.

Phenomenological reduction involves a narrowing of attention to what is essential in the presented topic. By narrowing the attention, one is able to focus on what is essential. With anticipation, this enables one to discover the rational principles necessary for an understanding of the phenomenon under investigation. Thus, the focus of phenomenological reduction is the quality of the experiences which are used to achieve completion of the nature and meaning of the experience.

The task requires that the researcher repeatedly views the experience to provide varying intensities of the descriptions. “I look and describe, look again and describe; look again and describe; always with reference to textural qualities,” (Moustakas, 1994, p.90). This is achieved by reviewing the different angles of perception. Each angle of perception adds something to one’s knowledge of the horizons of a phenomenon, therefore providing a richer description of the experience (Moustakas, 1996). In terms of the present study, this process incorporates the transcendental approach in which the meanings of the experiences are disclosed.

The process of phenomenological reduction includes the use of attention and comprehension so that lived or subjective experiences of the participants become differentiated. Initially, the researcher uses bracketing, in which the focus of the research is placed in brackets; everything else is set aside so that the entire research process is rooted solely on the topic and question.

An additional dimension of phenomenological reduction is the process of horizontalization. Horizons are limitless. Individuals can never exhaust completely their experience of things no matter how many times they reconsider or view them. The concept of horizons emphasises that each statement is initially of equal value. Once the researcher has identified as many statements as possible, they are reviewed so that repetitive and overlapping statements are deleted. In essence, this leaves only true horizons. These horizons are then grouped into themes which are later organised to provide clear textural descriptions of the phenomena (Moustakas, 1994).

5.4.3 Imaginative Variation

The task of imaginative variation is to seek possible meanings through the utilisation of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, roles or functions (Moustakas, 1996). Spiegelberg (1982) dwells further to describe imaginative variation as a sort of mental experimentation in which the researcher intentionally alters via their imagination, different aspects of the experience, by either taking from or adding to the anticipated transformation. The aim is to arrive at a structural description of the experience. Therefore, the goal of imaginative variation is to uncover possible meanings from the themes by using imagination.

The point of this exercise is to “imaginatively stretch the proposed transformation to the edges until it no longer describes the experience underlying the subject’s naïve description (Polkinghorne, 1989, p.55). The objective of this process is to facilitate a structural description of the phenomenon which provides insight into the fundamental factors that account for that which is being experienced (Moustakas, 1994). Variation is therefore targeted toward meanings and depends on intuition as a way of integrating structures into essences. Husserl (1977, p.47) states that, “every imaginable sense, every imaginable being, whether the latter is called immanent or transcendent, falls within the domain of transcendental subjectivity, as the subjectivity that constitutes sense and being”. One finds in fantasy the potential meaning of something that makes the invisible visible. Thus, it encourages the researcher to focus on pure possibilities to find potential meaning.

This process deviates from traditional perspectives that encourage the development of facts or the use of measurement, by moving towards the meaning and essence of the phenomena.

The steps of imaginative variation include:

1. Systematic varying of the possible structural meanings that underlie the textural meanings
2. Recognition of the underlying themes or contexts that account for the emergence of the phenomenon
3. Considers the universal structures that precipitate feelings and thoughts with reference to the phenomenon
4. Searching for exemplifications that vividly illustrate the invariant structural themes and facilitate the development of a structural description of the phenomenon

(Moustakas, 1996)

In the present study, the unstructured conversation format allowed for the identification of the structural themes by which participants could describe the meaning that they attached to gambling.

5.4.4 Synthesis

The final step in the phenomenological research process is the intuitive integration of the fundamental textural and structural descriptions into a unified statement of the essences of the experience of the phenomenon as a whole (Moustakas, 1996). Essences, as Husserl (1931) employs this concept, means that which is universal, the condition or quality without which a phenomenon would not be what it is. Satir (1965) refers to essence as the principle of the series, the ‘concatenation of appearances’. The essences of any experience are never totally exhausted. The fundamental textural – structural synthesis represents the core at a particular time and place from the vantage point of the individual researcher following an imaginative and reflective study of the phenomenon (Moustakas, 1996). Therefore, the process of synthesis is not achieved through the restatement of the participants’ experiences but provides a deeper and more meaningful description of how the phenomenon manifests. Thus, this process is used to unravel the conditions or qualities through which the experience exists.

Husserl (1931) concludes that “every physical property draws us on into infinities of experience; and that every multiplicity of experience, however lengthily drawn out, leaves the way open to loser and novel things – determinations; and so on, *in infinitum* (p.55).

The natural world, meanings and fundamental natures of epoche, phenomenological reduction, imaginative variation and synthesis is necessary in order to conduct phenomenological research. Through phenomenology a methodology is developed for investigating human experience. One learns to see naively and freshly again, to value conscious experiences, to respect the evidence of one’s senses and to move toward an inter-subjective recognition of certain phenomena (Moustakas, 1996).

5.4.5 Summary of the phenomenological method

The phenomenological method contains four primary or essential steps. Expressed simply and generally, they can be described as follows:

- (1) One reads the entire description that each participant has given of the phenomenon. This produces a general sense of the whole statement given.
- (2) Once the sense of the whole has been grasped, the researcher returns to the beginning and reads through the text once more, with the specific aim of discriminating ‘meaning units’ from the perspective of the phenomenon being researched. At this point, bracketing occurs. Bracketing occurs when the focus of the research is placed in brackets, everything else is set aside so that the entire research process is embedded solely on the topic and question. Initially, every statement is treated as having equal value. Later, statements irrelevant to the topic, as well as those that overlap or are repetitive are deleted.
- (3) When natural meaning units have been defined, the researcher then explores all of the meaning units and expresses psychological insight into them. The meaning unit discrimination occurs whenever the researcher becomes aware of a change of meaning of the phenomena that appears to be psychologically sensitive.
- (4) Thereafter, the researcher synthesizes all of the transformed meaning units into a consistent statement regarding the subject’s experience. In the process of explicating the phenomenon, qualities are recognised and described, therefore granting every perception equal value.
- (5) Non-repetitive components of the experience are linked thematically and then a full description is derived (Giorgi, 1985).

5.5 Data Collection

5.5.1 Data Collection Methods

The collection of data for the present study was obtained through completion of the biographical questionnaire and open-ended conversations. A biographical questionnaire (see Appendix 1) was used to obtain information from each participant regarding their eligibility for inclusion in the present study. Eligibility required that the participants be eighteen years or older as the legal age for gambling in South Africa (National Gambling Board, 2009) is eighteen years. The first language/ language preference of the participant was thereafter identified. Language preference is relevant to the study in order to determine the need for a translator in the conversation process. It was found through the completion of this section of the biographical questionnaire that each participant was over the age of eighteen and had a preference to speak English within the conversation process. This eliminated the need for a translator as the first language of the present researcher is English.

The DSM-IV-TR (APA, 2000) , see (Appendix 2), criteria for pathological gambling (PG) was used to confirm that the participants were indeed relevant rather than representative and that they were able to shed light on the phenomenon under study, in this case, the lived experience of pathological gamblers. Six participants met the criteria for PG. Once participants were identified, data collection continued through the use of individual, open-ended conversations. This was an informal, interactive process, utilising predominantly open-ended comments and questions. The conversations, such as others, initially began with a social conversation aimed at creating a relaxed and trusting atmosphere. An example of this would be that the participants were for example asked about their thoughts on the weather, how their day had been and whether or not they wanted something to drink.

Participants were given the opportunity to describe their experience fully, giving first person reports of their gambling experience. The interviews were recorded with an auditory apparatus as the conversations were later transcribed in order to work with the content that was acquired. Interviews are viewed as appropriate for research that requires detailed information of emotions and experiences from a small number of research participants. Qualitative interviews can therefore be described as guided conversations in which the role of the interviewer is to use the interactive process to uncover the meaning of what is being communicated (Warren, 2001). Therefore, the terms conversations and interviews will be used interchangeably in the description of the data collection process.

Unstructured conversations were used for the purpose of the present study. Unstructured interviews/ conversations are viewed as organised around areas of particular interest, while still allowing considerable flexibility in scope and depth. This flexibility is particularly valuable in the present study as it allows the participant to include and discuss other issues that may be used to expand their experience of pathological gambling. In this relationship, the participant may be perceived as the expert on the subject and should therefore be allowed maximum opportunity to tell his or her story (Smith, Harre, & Van Langenhoven, 1995).

Once the interviews were completed, the data was transcribed verbatim into text that would later be used in the data analysis process. Following a preliminary analysis of the research data, research participants were contacted for an individual contact session to verify the information obtained through the interview process. The discussion provided the research participants with the opportunity to verify that the interviews had been accurately transcribed. Furthermore, feedback was provided to make certain changes or additions to the information that was provided by the research participants.

5.5.2 Setting

It is not necessary to predetermine the number of participants in such a study, commonly it is anticipated that between five and eight participants who meet the criteria be utilised (Flick, 2002). In the present study, six participants partook in the research process. All of the research participants contacted the researcher telephonically to initiate the prospect of partaking in the study. Thereafter, the research participants were contacted in advance to schedule a suitable venue and time for the interview.

All participants resided in Port Elizabeth and were selected on account of their relevance to the phenomenon under study and their willingness to partake. The individual, open-ended conversations were conducted in a venue that suited the participant and that was amendable to recording conditions.

Each interview took place in a private, casual setting that was conducive to the interview process. The recording apparatus was only activated once a certain level of comfort had been achieved. The conversations were characterised by common intellectual curiosity and mutual respect. The duration of the conversations varied between 45 and 65 minutes. All six conversations spanned a total of 340 minutes (5 hours 40 minutes), with an average interview time of 57 minutes.

5.5.3 Research Procedure

An article published in the local newspaper allowed for possible participants to initiate contact with the researcher (see Appendix 3). The article stated the title of the study, a description of the investigation as well as the need for a sample.

Prior to each interview, the researcher reiterated the purpose of the interview in light of the goals of the study as well as the role of the participant and researcher. Opportunity was provided to each of the participants to ask any questions and to verify their role in the study.

Biographical questionnaires were handed to each participant at an individual meeting. Thereafter, the researcher had contracted with consenting participants. According to the answers indicated, of the seven potential participants, six individuals met the criteria for pathological gambling, were 18 years or older and all preferred English as the language medium for the conversation. Ultimately, six out of seven possible participants were willing to be interviewed and partook in individual, face-to-face, interviews with the present researcher. Upon completion of the research, each participant will receive a summary of the findings.

5.5.4 Participants and Sampling

Denzin and Lincoln (2000) are of the opinion that qualitative researchers seek out individuals, groups and settings where the specific phenomenon being studied is most likely to occur (in de Vos, et.al, 2005). The present study focused on utilising non-probability sampling methods. Non-probability sampling focuses on the relevance of the sample in relation to the research as opposed to the degree of representation within the sample (Neuman, 2003). Purposive sampling allowed for the utilisation of predetermined criteria. Therefore, participants were chosen in accordance with their relevance to the research question. Relevance may be a matter of choosing participants because of their prior knowledge that they are known to be typical of shedding light on the issues that the researcher is seeking to elaborate. The size of the research sample was six participants and was determined by theoretical saturation.

5.5.5 Criteria for Pathological Gambling (PG)

Six of the seven possible participants met the criteria for pathological gambling as indicated in the Diagnostic and Statistical Manual of Mental Disorders that constitutes a diagnosis under Impulse-Control Disorders Not Elsewhere Classified (APA, 2000). According to the DSM IV-TR (2000) pathological gambling is distinguished as persisting and recurring maladaptive gambling behaviour as indicated by five or more of the following:

- (1) 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)
- (2) the need to gamble with increasing amounts of money in order to achieve the desired excitement
- (3) repeated unsuccessful efforts to control, cut back, or stop gambling
- (4) restless or irritable when attempting to cut down or stop gambling
- (5) gamble as a way of escaping from problems or of relieving a dysphoric mood (for example, feelings of helplessness, guilt, anxiety, depression)
- (6) after losing money gambling, often returns another day to get even ('chasing' one's losses)
- (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling
- (8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- (9) has jeopardised or lost a significant relationship, job or educational or career opportunity because of gambling
- (10)relies on others to provide money to relieve a desperate financial situation caused by gambling.

5.6 Ethical Considerations

Research ethics provide the researcher with guidelines to establish a balance between values, the pursuit of knowledge and the rights of those involved in the research study. The present researcher referred to the American Psychological Association (APA) ethical guidelines for the use and treatment of human research participants in research (2002).

A contractual model of ethics is the one most often assumed – a written agreement between two parties. To this end a consent form was signed by all participants (see Appendix 4). Legal consent was granted, with the agreement that personal identities be withheld and that participation is voluntary.

The following ethical considerations have been identified as pertinent to the present study: (1) institutional approval, (2) informed consent, (3) avoidance of harm, (4) avoidance of deception, (5) privacy and confidentiality, (6) accurate dissemination of findings, (7) competence of the researcher, (8) debriefing (APA, 2002).

5.6.1 Institutional approval

A proposal of the present study was presented to the Psychology Department of Nelson Mandela Metropolitan University (NMMU). Once departmental approval was gained, approval for the study was obtained from the Faculty of Research, Innovation and Technology Committee (FRTI) as well as by the Research Ethics Committee – Human (REC-H) prior to the conduction of the interviews.

5.6.2 Informed consent

The general concept of informed consent is that human research participants should be given complete information about the research and their roles in it (Gravetter & Forzano, 2006).

The research participants should understand the information and make a voluntary decision whether or not to participate in the specific study. This process was adhered to and was preceded by a discussion surrounding pertinent aspects of the research as well as participation in the study.

The information outlined in the consent form was in accordance with guidelines for conducting ethical qualitative research and highlighted the following: (1) the purpose of the research and details of the researcher, (2) research procedures, (3) potential risk from participation in the study, (4) confidentiality and limits to confidentiality, (5) access to the study and dissemination of findings, and (6) confirmation regarding voluntary participation and the right to withdraw from the study (de Vos, et.al, 2005).

5.6.3 Avoidance of harm

When investigating sensitive issues in a qualitative study, the researcher must be aware of the potential impact of the questions on the research participants of the study (Flick, 2006). No potential psychological risks were identified by the researcher prior to conducting the interviews. However, during the interviews the researcher ensured that the discussion did not cause psychological discomfort or distress to the research participants. This was accomplished by observing the non-verbal cues of the research participants. When such non-verbal cues were identified, the researcher guided the conversation in a manner that attempted to reduction of the discomfort or distress of the research participants.

5.6.4. Avoidance of deception

Loewenberg and Dolgoff (1988, p.70) view the deception of research participants as “deliberately misrepresenting facts in order to make another person believe what is not true, violating the respect to which every person is entitled”.

Thus, deception involves misleading the participants in such a way that they are unaware of the nature of the study, the financial sponsoring of the study or how the results will be used. Accordingly, the researcher provided the participants with sufficient information regarding the study to allow them to make an informed decision.

5.6.5 Privacy and confidentiality

The clearest concern in the protection of a participant's interests and well being is the protection of their identity (Babbie & Mouton, 2001). Privacy can be maintained by ensuring anonymity of the research participants through the use of pseudonyms and confidentiality of information provided by the research participants (Neuman, 2003). Identifiable personal information was only known to the researcher. The research participants' privacy was ensured through the use of pseudonyms that were standardised for all research participants, thus excluding all personal references. The storage of the research data was securely maintained by the researcher in a manner that access was restricted to only the researcher.

5.6.6 Accurate dissemination of findings

The findings of a study must be introduced to the reading public in written form; otherwise even a highly scientific investigation may mean very little and may not be viewed as research (Strydom, 1994). The final research study will be submitted in the form of a dissertation, in fulfillment of the requirements for the degree of Magister Artium (Research Psychology). The dissertation will be submitted to the South Campus library of Nelson Mandela Metropolitan University (NMMU) and an article will be published on the findings of the present study.

5.5.7 Competence of the researcher

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed research study (de Vos, et.al, 2005). The researcher worked according to the research proposal under the guidance and supervision of an experienced research supervisor. Furthermore, the researcher maintained integrity throughout the research process and followed the necessary steps to prevent ethical misconduct. The researcher remained faithful to the study through a personal commitment to honestly investigate all information obtained from the study and by dedication to the accurate investigation of the phenomenon.

5.6.8 Debriefing

Overall, the intent of debriefing is to reduce or minimise harmful effects (Gravetter & Forzano, 2006). Debriefing is an important part of the research process and was implemented in the present research after the conversations took place. Research participants were given the opportunity to rectify any misconceptions that might have arisen. At this point in time, research participants were asked to provide any information about the interview process that they felt was not interpreted correctly or the meaning assigned was not accurate. All research participants left with their questions answered and the underlying meaning of the information conveyed, accurately communicated.

5.7 Data Processing and Analysis

As Krueger (1988) describes, the researcher should to the fullest extent possible, remain faithful to the data collected through the conversation process. Each complete description was read several times as was necessary in order to understand it as a whole experience, and, in these terms, to achieve a sense of what the person experienced through the use of Tesch's (1990) steps of analysis.

In this initial reading of the protocol, the researcher had to bracket personal preconceptions and judgements, and, to the fullest extent possible, remained faithful to the data. Through the repeated reading of the data the researcher gained a holistic overview of the data which aided in a reflective attitude towards the content that emerged. Thereafter, the protocols were broken down into naturally occurring meaning units. A Natural Meaning Unit (NMU) is a statement made which is self-definable and self-delimiting in the expression of a single, recognisable aspect of the participants experience (Krueger, 1988). The participant's own phraseology should be adhered to in order to remain committed to the data 'speaking for itself'.

The task of this phase of the data processing and analysis is an articulation of the central themes that characterise the respective unfolding of each participant's experience of gambling. The researcher proceeds to reflect on the NMU's and central themes, which are expressed in the day to day language of the participant, and transforms their language into formal psychological language. Although the participant's own words took preference, the researcher allowed herself to articulate the essence of each NMU in words other than those used by the person in order to convey the intended meaning clearly in formal psychological language.

The transformation into NMUs was accomplished by two thought processes: reflection and imaginative variation. The process of reflection intends to answer the questions (1) what is truly being described in the meaning unit? And (2) what is absolutely essential to understand the psychological dynamic operating here? Imaginative variation explores how the experience is possible by identifying structural components within the phenomenon. The variation is a type of mental experimentation in which the researcher intentionally alters, through imagination, various aspects of the experience, either subtracting from or adding to

the proposed transformation (Polkinghorne, 1989). Therefore, only the information that was clearly and truly related to the participant's unique experience had to be transformed. The ultimate goal is to accurately express the intended meaning of the individual's experience in articulate psychological statements. The researcher then synthesized the insights attained by taking into account all the expressed intentions derived from the NMUs. At this synthesis and description phase, the various discrepancies may be noted, certain themes may appear to contradict others or appear unrelated.

What is logically perplexing, may be existentially real and valid to the participant.

Subsequently the transformed summaries and specific situated structures had been reflected on once more. The researcher tried as much as possible to depart from the specifics of the situation to communicate the most general meaning: phenomenon in a truly psychological-phenomenological way. A manner that communicates the meaning – structures of a phenomenon in general, and attempts to overcome the limitations imposed by any specific context. Therefore, a structure emerged through the exploration of lived experiences of pathological gamblers.

5.8 Conclusion

Chapter Five revealed the methodological unfolding of the present study. Attention was given to the notion of transcendental science and the major processes of phenomenological research. To briefly summarize, the methodology allows for the existence of a world beyond the measurable. The world is experienced as perceived subjectively in an individual's consciousness. The approach provides a methodical and disciplined manner for the derivation of knowledge, with an emphasis on the discovery of the essences of experience.

The chapter presented a description of the data collection methods and research procedure integrated in the present study. The understanding of transcendental phenomenology with qualitative research techniques highlighted the integration of the principles and procedures within the exploration of the lived experiences of pathological gamblers.

A discussion of pertinent ethical considerations emphasised how the considerations were implemented into the research design and methodology. The review of data processing and analysis procedures emphasised the insight into the relevant models that were incorporated into the research methodology. Implementing this methodology ensured that the results that are discussed in Chapter Six were obtained through methods that enhanced the trustworthiness of the research.

Chapter 6

Results and Discussion

'A grasp of the very nature of the thing...'

(Van Manen, 1990)

6.1 Introduction

A phenomenological study describes the meaning of the lived experiences for several individuals about a specific phenomenon. Phenomenological data analysis proceeds through the methodology of reduction, the analysis of specific statements and themes that emerge and the search for possible meanings. The present researcher also set aside prejudgments, bracketing her experiences and relied on intuition, imagination and universal structures to obtain a 'picture' of the experience.

Therefore, through the application of (1) epoche; (2) phenomenological reduction; and (3) imaginative variation, an illustration of the lived experience of pathological gamblers was revealed. The final step of the phenomenological research process is synthesis of meanings. It involves the intuitive integration of the fundamental textural and structural descriptions into a unified statement of the essences of the experience of the phenomenon as a whole. This is conveyed as a specific description of a situated structure and meaning, one that communicates – through psychological perspective – the unique structure of a particular phenomenon, within a particular context. In this instance, the phenomenon of addiction, within the particular context of gambling addiction, as explored through the lived experience of the participants. This chapter will allow for the 'picture' of the phenomenon of

pathological gambling to be explored and throughout explore aspects of the revealed picture through a discussion process.

6.2 Operationalisation of the present study

The participants of the present study were selected according to predetermined criteria through the use of a biographical questionnaire. All participants resided in Port Elisabeth and were selected on account of their relevance to the phenomenon under study and their willingness to partake. The individual, open-ended conversations were unstructured and allowed for the participants' personal perception or account, as opposed to attempting to produce an objective record of the phenomenon.

Each interview took place in a private, casual setting that was conducive to the interview process. The conversations were characterised by common intellectual curiosity and mutual respect. The duration of the conversations varied between 48 and 65 minutes. All six conversations spanned a total of 340 minutes (5 hours and 40 minutes), with an average interview time of 57 minutes.

Following the completion of each interview, the audiotapes were transcribed verbatim. This transcription process helped immerse the researcher in the data and contemplate what the participants were saying and how they were saying it. Each written transcript was read several times to come to a better understanding of each participant's experience of the phenomena. A follow-up interview was conducted with each participant in order to verify content and give the opportunity for further clarification and any additional information that the participant would like to convey.

The researcher selected one transcription and while reading through it noted significant ideas or meanings that emerged. This step was repeated with the remaining five transcriptions. The review of the main ideas that emerged through the reading enabled the researcher to develop a list of themes and sub-themes. Thereafter, the researcher identified the most descriptive title for each theme. These categories were reviewed in an attempt to reduce the number of themes into fewer and more meaningful descriptive categories. Once the final descriptive themes were established, the researcher grouped all data pertaining to each theme into a structural ensemble.

To ensure the accuracy of this process, the transcribed interviews were simultaneously analysed by an independent research psychologist. The independent research psychologist has experience and expertise in the area of qualitative research methodology. The results of each analysis were compared to ensure that there was consistency between the main themes that emerged from each researcher's analysis. This process allowed for an agreement of the main themes of the present research study.

6.3 Biographical description of the participants

Wilcott (1990) is of the opinion that a description of research participants is a fundamental part of the results of a qualitative study. Table 3 provides a description of the participants in terms of demographic variables. The table aims to contextualise the present study.

Knowledge of each participant's biographical information deepens the potential insight and understanding of the meanings that may be attached to maladaptive gambling behaviour. This information was gained from the biographical questionnaire and personal observation of the present researcher which was later confirmed by each participant.

The variables were included in the biographical picture of the present study so as to shed light into gender and cultural variables presented. This allowed the present researcher to broaden

the lens through which the themes of the present study may be understood. As described in the literature review of the present study, gambling prevalence rates and cultural variables have been found to play a role in the development and maintenance of problem gambling (Royer, 2010).

Pathological gambling occurs in all cultural groups regardless of age, gender, race or ethnicity. It is important to note that cultural differences may contribute to the types of gambling preferred, level of social acceptance and/or condemnation. For this purpose it is important to note that although each participant in the present study is South African, there are several different races of individuals that partook in the present study. The beliefs and values of a cultural group could influence gambling behaviour and the perception thereof due to the social acceptance and attitudes of the cultural group.

Table 1: Demographic variables of participants:

Participant Number	Gender	Race	Age	Language	Inclusion criteria (PG – DSM-IV-TR)
1	Male	African	29	English	9/10
2	Male	White	39	English	10/10
3	Female	White	44	English	6/10
4	Female	Coloured	60	English/Afrikaans	8/10
5	Female	White	45	English	8/10
6	Male	White	51	English	8/10

The table illustrates variables such as gender, age, race, language and criteria met according to the DSM-IV-TR (APA, 2000). Such variables give rise to generalisations that may be made about the participants of the present study.

All participants are adults. Half of the participant group is female and the other half – male, most of whom were white individuals. All of the participants speak English, with one participant speaking both English and Afrikaans. All participants have met the criteria for pathological gambling as found in the DSM-IV-TR (APA, 2000). Furthermore, it is noted that male participants have met more of the listed criteria for PG than female participants. The minimum criteria met for PG (DSM-IV-TR, APA, 2000) was six out of ten responses.

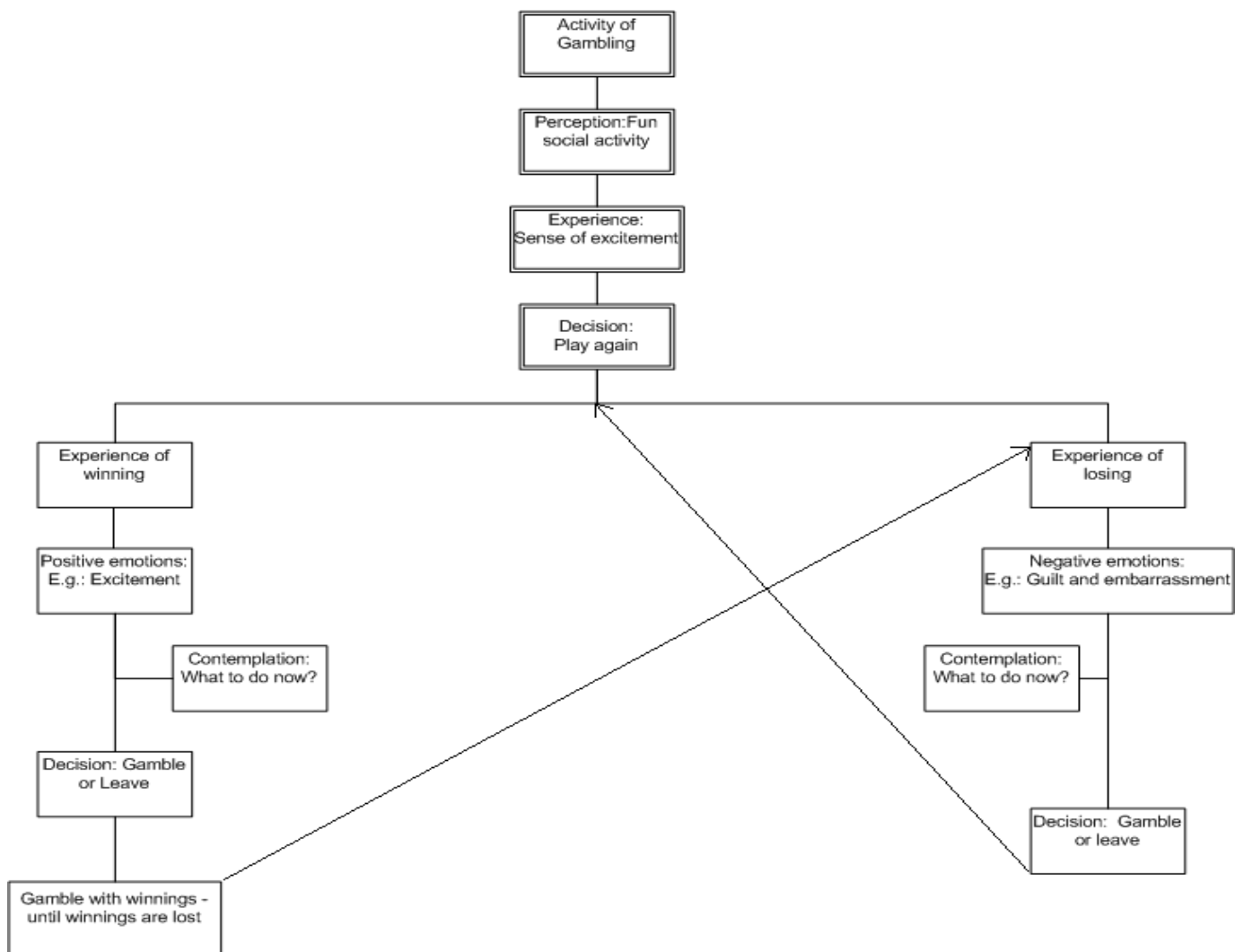
6.4 Process of gambling engagement

A depiction of the six participants gambling cycle is illustrated in the form of a diagram. This diagram is illustrated separately from the thematic table as the present researcher thought it fitting to depict the process of engagement experienced by participants as an introduction to the thematic table derived from the themes of the present study. Therefore, the purpose of the diagram is to introduce aspects of the themes presented in the results of the present study.

Each participant has a unique dynamic process of gambling engagement. The diagram allows for a depiction of a generalised ‘idea’ of participants’ gambling experience. In line with Kusyszyn’s (1984) viewpoint that gambling is complex and cyclical; the diagram depicts a process or cycle of gambling behaviour. Kusyszyn (1984) suggests a composition of continuous chains of events that include decision making, wagering, an outcome, emotional reaction to the outcome, cognitive appraisal of one's actions in relation to the outcome, further decision making, and further wagering, and so on. Each chain is regarded as unique; although succeeding chains are almost always variations of previous chains, no chain is identical to any other. The novelty of each chain and the gambler's freedom to participate in it as a creative agent allow gambling to be an absorbing activity.

As described in the model that was developed by the present researcher, it is suggested that decision making, wagering, the outcome and the emotional reaction to the outcome, encompass aspects of the gambling addiction process. Not included in the diagram are elements such as the escalation of the behaviour which in turn perpetuates as a lack of control is experienced. As later described in the results of the present study, participants describe gambling as having been the element of their life that they do not have control over. It is noticed that the process of gambling engagement is perceived to be one in which the gambler identifies a choice in their gambling behaviour; later perceptions as the behaviour progresses paints a different picture of gambling. Figure 3 - Engagement process elaborates:

Figure 3: Gambling engagement process



6.4.1 Themes and categories

The research data is presented according to the themes and categories that emerged during the process of qualitative content analysis. These themes and categories illustrate the aspects that emerged most frequently during the analysis of the participants' conversation with the present researcher. These themes and categories thus reflect the most pertinent aspects related to the participants' experience of gambling. An overview of the themes and categories that emerged during data analysis is presented in Table 6.2 to provide the reader with an outline of the findings that are to be discussed below. It is important to note that there is a significant degree of overlap between some of the categories presented within these themes. However, the researcher will be directed to the sections where an overlap is noted.

Table 2: Themes and categories

Main theme	Sub Theme	Category	Sub-category
Initiating factor	Social engagement		
Reason for gambling	Enhancement motive	Enjoyment	Aspect of winning
	Coping motive	Escape	Life stressors
Description of behaviour	Activity frequency	Increase in behaviour	
	Lack of control	Play back winnings Craving	Chasing loses
	Psychological effects	Depersonalisation	Loss of time
		Cognitive schemas	Rationalisations Fantasy of winning

Consequences	Self	Health	Anxiety Depression Substance abuse
	Others	General Significant	Deceit
	Financial implications		
Treatment	Restricting behaviour	Self-exclusion	
	Role of spirituality		
	Post addiction experience	Feelings Current perception of gambling	Positive Negative

6.5 Analysis of results

The content below will dissect the table above in order to enhance the understanding of the participants' experience of pathological gambling. A description of the themes that have emerged throughout the present study will be analysed and discussed in association to current literature in each area of concern.

6.5.1 Initiating factor

Theme	Sub-theme	Category	Sub-category
Initiating factor	Social engagement		

Taking into account the influence of one's social environment, it may be suggested that one's behaviour is both shaped by and shapes the social environment. No individual exists without interaction with other human beings, small social groups, and society in general.

Social determinants, such as these interactions, have an effect on the continuing development of the individual. Factors such as family, work, religion and peers play a role in the development of the individual, and thus, may contribute to the behaviours exhibited by the individual.

The phenomenon of pathological gambling's activation is still unknown (Raylu & Oei, 2002). Several motivations are implicated in literature, one of which is the element of social acceptance. Prinstein, Boergers and Spirito (2011) suggest that developing individuals' whose peer group participates in risk behaviours are more likely to engage in risk behaviours themselves.

6.5.1.1 Social engagement

The participants in the present study regarded gambling as an enjoyable experience that was introduced in a social setting amongst friends. The initiation of gambling with friends invites the hypothesis that initially, social acceptance and the social environment of gambling could be an element associated with the initiation of gambling behaviour:

... For me it started when I was working at the bank and friends of ours introduced me to the gambling thing...I started and I thought ooo, this is an interesting game...

... I used to come to PE to visit some girlfriends and go to the casino and just have a nice day...I used to love going to that place – an awesome feeling having a friend, relaxed and chilled...

...Just socialising... I used to belong to a savings club and um during that time Fish River Sun was still the place... we used to go there in groups and a fund raising by organising buses and whatever, we were friends and we would just go there and enjoy ourselves....

... It's also to do with the friends you, you hang out with...

Each conversation with the participants of this study began with the question: “What was your experience of gambling?” Drawn from the subjective experience of each participant, it was noticed that socialising was an initial factor that attracted the majority of participants to the activity of gambling. Participants spoke fondly of gambling at the initial phase of the conversation, describing the enjoyment of the experience that they had with their friends. The majority of participants of the present study (five out of six) initiated their gambling behaviour while gambling with friends, with the exception of one participant who was introduced to gambling by a family member who gambled excessively. The role of heredity in PG has been relatively unexplored. Walters (2001) suggest that pathological gambling runs in families, though the effect was relatively weak.

6.5.2 Reason for gambling

Theme	Sub-theme	Category	Sub-category
Reason for gambling	Enhancement motive	Enjoyment	Aspect of winning
	Coping motive	Escape	Life stressors

6.5.2.1 Enhancement motive

The enhancement motive refers to gambling in order to experience positive emotions, to feel good, or to experience excitement (Neighbors, Larimer, Geisner, & Knee, 2006); thus taking into account sensation seeking behaviour. Based on a study of 790 adults, McDaniel and Zuckerman (2003) reported that there was a significant relationship between sensation

seeking and regular gambling behaviour. The enhancement motive promotes positive emotions; participants experienced gambling as a means to reinforce these positive emotions through engagement with the enjoyable practice.

To consider which form of gambling was perceived as enjoyable, one would need to consider the activities that participants partook in. No theme emerged for the type of gambling preferred by participants. One participant, for example, bet on horses, while two preferred slot machines, one participant preferred poker, one - roulette and another internet gambling. It is noted that some types of gambling are strongly associated with problem gambling (Abbott & Volberg, 2000). The commonality of predilection for the type of gambling engagement cannot be drawn from the present study as participants' preferences varied.

Participants described factors such as social engagement, perception of fun and the prospect of winning, as the perceived attracting aspects of gambling. Yet no theme emerged regarding the attraction to the gambling environment. In fact, contradictory results were found as some participants enjoyed the anonymity of the environment, whereas other participants enjoyed the social and interactive features of the gambling setting. One participant described the environment as providing him with a feeling of supremacy, stating that *you feel powerful, you feel indestructible*. However, no other participants described their experience of the gambling environment in this manner.

The pathways model suggests that one single theoretical model cannot apply equally and validly to all pathological gamblers (Blaszczynski & Nower, 2002). The present researcher supports this notion as it is evident in the present study that each participant has their own reason or motive for gambling. This motivation may not be the same for the next individual and therefore it can be suggested that different typologies of pathological gamblers exist. Power, in destruction, anonymity and liking of the interactive aspect of gambling are suggestive of varied motives for and attracting factors to gambling.

As described below, the present study acknowledges the attraction to the fun aspect of gambling and the experience of winning money. The aspect of excitement and enjoyment of the activity may overlap with the experience of winning and the experience of escaping from life stressors. Could one perhaps partake in an activity that is fun and exciting with the hope of winning money to experience ‘not’ thinking about one’s life stressors? Both elements are presented as reasons why individuals in the present study gamble.

6.5.2.1.1 Enjoyment

Participants described the activity of gambling as one that they regard as enjoyable. Could the enjoyment be experienced as a result of the possibility of winning money? Higher wagers and increasing the possibility of winning greater amounts of money may produce greater excitement and arousal. Participants describe in their own words the element of enjoyment:

You just go and enjoy yourself...The excitement of knowing – maybe it’s going to give a pay out!... Sometimes it was so lekker (nice) to just press a button and see...*

We did it more for the enjoyment...

... When it started it was more of the fun thing...

... We were with friends, and we would just go there and enjoy yourself...

The aspect of enjoyment was experienced by four participants who perceived gambling to be a pleasurable activity. It is evident from the results of the present study that the enhancement motive that promotes positive emotions was experienced by participants and that gambling provided a means to reinforce these positive emotions as the experience was perceived as an enjoyable practice.

6.5.2.1.2 Aspect of Winning

Gambling represents an opportunity to win money. The prospect of winning money, especially the prospect of winning large amounts of money, generates excitement by allowing participants to dream and fantasize about the impact that the win could have on their personal situation. Smaller wins are also exciting since these provide a gain to the player and enable further gambling in pursuit of larger wins.

The majority of participants expressed winning money as a factor that attracted them to gambling. Some expressed any win as a factor of attraction whilst others described the 'big win' as a factor that attracted them to gambling. In their own words, the participants account for this experience:

... In the beginning I won...you are winning too much...

...The more winnings you get, the more you want to play. The one time I did win R20 000 and that was even the worst thing that happened to me because it makes you hungry to play...

... This is an interesting game, because I started to get a little bit of money... It was just that thrill of the high; the anticipation of something good happening.

I used to win, you know? And that, um, it actually, it encourages me to go more and more...

I was probably of the age of about 16. I started going to the race course, but was small money... I used to win money and he (participant's father) used to win fortunes, hundreds of thousands and obviously that planted a bit of a seed. I thought to myself, well yeah, it looks quite easy...What does get you hooked is when you have your first big win...*

One participant shared of the perception that winning encouraged gambling behaviour, whereas another stated that their first big win was the moment that they experienced being 'hooked' by gambling. Pathological gambling is significant in relation to the size of an individual's first win as people that report larger first wins are more likely to report gambling related problems (Bulwer, 2007).

Winning and the enjoyment of the gambling environment elicited a positive physiological arousal in two participants. Although no theme emerged regarding the physiological arousal experienced by participants, the present researcher is of the opinion that it is a possible reason why participants chose to gamble. Bubbles in the blood, dizziness and an adrenalin rush experienced by two participants suggests that the arousal perhaps contributed to their gambling behaviour:

It's so exciting, like bubbles in my blood... that is how exciting it is...

When you get in there, it's almost like you cannot get to the machine faster, you can't wait... you almost start shaking... you actually feel dizzy! You know when you just want something big, it's like...like adrenalin, you got this huge adrenalin rush and it puts you on a complete high...

From a neuropsychological perspective, Coventry and Hudson (2001) found a significant difference in heart rate levels experienced by people who won during play versus those who lost. For those who won, heart rate levels were much higher than those of losers. As pathological gamblers have been described as sensation-seekers in previous research (Zuckerman, 2000 in Park, 2007; Coventry and Brown, 2006), it appears that gamblers are attracted to the element of winning in some manner for the sensation experienced.

6.5.2.2 Coping motive

The second motive refers to coping motives. Coping motives are identified when the individual continues gambling as a way to escape from problems, dysphoric mood being experienced, or to escape internal negative experiences (Neighbors, et.al., 2006). Therefore, gambling serves as a form of escapism, a coping motive to the particular individual.

6.5.2.2.1 Escaping

Jacobs (1986; in Wood & Griffiths, 2007) suggests that most people occasionally use substances and/or activities to control mood states. Pathological gamblers however come to rely on gambling to maintain their desired mood state. Participants share of their account of escaping:

...You just want to get away from everything...

...I usually went there to forget about all stress...

...To escape; to get away...

... All the little pressures out there are not too bad...

... I would stop at a casino, at like, 5 o'clock in the morning; every morning I would do it...

You get bored, go out at night... so what do you do? You go out and have a few drinks and go to the casino... just to escape, to get away...

Participants shared of the need to escape from that which they were experiencing. Escaping is a general reason why participants enjoyed the gambling experience. To consider a more specific reason or motive for escaping, life stressors are now considered.

6.5.2.2.2 Life stressors

In their own words, participant share of the experience of ‘escaping from life stressors’:

...I usually went there to forget about all stress... You go in there and there is some good music playing, people having drinks and cocktails and um, this is lovely, you just switch off to the outside world and it was great not to worry about everything you know to worry about.

To escape; to get away... Nobody can touch me; nobody can say anything because they’ve all got the same problem. I’m safe here. You feel like you are in a safe haven...

... You don’t worry about anything else... it’s nice because all your pressure of life and worries and all that just go away...

... You just want to get away from everything... from all the problems you have at home...

Last December I relapsed when my daughter is, out of the country and she was supposed to come for the holiday. I did not see her for three and a half years so I was really looking forward. She could not come... When I had the disappointments I would go and sit there... to get over it...

Blaszczynski and Nower (2002) describe an emotionally vulnerable gambler whose participation in gambling is motivated by a desire to modulate affective states and/or meet specific psychological needs. It is the opinion of the present researcher that several participants in the present study experienced a sense of escapism through their gambling behaviour in order to relieve a dysphoric mood state.

The results obtained in the present study revealed the participants’ perception that gambling provides a means to escape from emotional or familial problems and thus partaking in an activity of enjoyment to distract or escape from such problems.

Responses such as “it’s nice because all your pressure of life and worries and all that just go away...” suggest that the escape that gambling provides, allows the individual to experience a relief of pressure or stress during that time. One participant described the experience of escaping as a sanctuary from that which was experienced outside of the gambling environment. The participant described the experience as a “safe haven” where no person was able to touch him. This aspect allowed the present researcher to consider the prospect of escaping by reflecting - perhaps escaping from life stressors created a safety and place of protection from stress for the participant?

6.5.3 Description of behaviour

Theme	Sub-theme	Category	Sub-category
Description of behaviour	Activity frequency	Increase in gambling behaviour	
	Lack of control	Playing back winnings Craving	Chasing losses
	Psychological effects	Depersonalisation Cognitive processes	Loss of time Rationalising behaviour Fantasy of winning

6.5.3.1 Activity frequency

As with other addictive behaviours, the vast majority of those who eventually experience PG do not develop an addiction after their initial gambling experience. Gambling behaviour occurs on a continuum, from no gambling at all to increasing amounts of participation in gambling activities.

In the present study, it was noted that a visible increase or progression in gambling behaviour occurred. Participants described playing back money that was won, chasing losses, a physiological response to their need to gamble and experienced psychologically related phenomena due to the evident progression in gambling behaviour.

6.5.3.1.1 Increase in gambling behaviour

According to the DSM-IV-TR (APA, 2000) individuals who experience pathological gambling experience a preoccupation with the activity of gambling. Some individuals are preoccupied with reliving previous wins and wanting to recapture those encounters. In the present study, it was found that no participants discussed the aspect of reliving past wins but rather that the participants experienced an increase in the occurrence of their gambling behaviour which could suggest that the participants experienced a preoccupation with their chosen gambling activity. In light of this, participants described the experience:

I gambled every day, sometimes more than once a day. I would make all excuses to go gambling... The next time you've got some time free or you get bored, or something doesn't work out, you go gambling. Eventually you actually push everything else aside and go gambling...

Before the casino opened here (Port Elizabeth), it was those little machines. I was always playing those little machines... The one armed bandit... Then of course I started to go to the casino at Fish River Sun... That's how bad it gets. You just don't want to stop...*

I would start frequenting the casinos... like in the beginning I would go like once a month, or every second month... I would even go at night during the week, it became worse that I would go with some of my colleagues during the work time and er, rush to get back to work again, then I started spending more and more money...

Two participants described gambling more than once a day and one participant shared the experience of not wanting to stop. Participants describe their gambling behaviour as escalating as gambling becomes an activity that they do not want to stop engaging in and that becomes a main priority in the life of the participant. One participant emphasized pushing everything else aside to engage in their gambling activity of choice. Thus, one may consider that the behaviour advances or progresses.

6.5.3.2 Lack of control

Participants described a lack of control over their gambling behaviour. It was interesting to note that two participants perceived themselves to be very controlled people in other areas of their life, however, very little control was perceived to be had over their gambling behaviour. In their own words, participants express their experience of a lack of control over their gambling behaviour:

...The result is always like a - fighting within me... Under normal circumstances I am very controlled... when it came to gambling I was a totally different person, it is just that simple...

... All of a sudden, slowly but surely I found myself wanting to go back and go back... I was so desperate just to go back, I drive all the way to P.E. which is an hour drive and drive all the way back to Port Alfred in the middle of the night. I mean, anything could have happened to me... by the time you realise that you have a problem it will be away or you will just hit a jackpot but it was never about that; there's something that brings you there... I lack control...

...People who lack control have no limitations...

... A strange power comes over you that you have to play...

... I thought I was a very strong person. When my no is no, you know?... I am not strong enough to have stayed away...

... I would tell myself no... I'm actually not going to gamble today... and my car would arrive... it was so beyond my control...

Lack of control may suggest that participants experience being powerless over their gambling behaviour. Experiencing not being strong enough to stay away and finding that other areas of their lives are controlled, suggests that participants experienced gambling as their 'Achilles heel', a deadly weakness despite overall strength in other areas of life.

6.5.3.2.1 Playing back winnings

From the conversations had with participants, it was noticed that the value of money had lost its traditional value. As one participant stated "...the money thing is very secondary...".

Participants described a process of winning and the decision to continue gambling despite winning large sums of money. From the underlying discussions, it was hypothesised that winning money was to be achieved as an attempt to have more money to continue gambling.

In their own words, participants express the experience of playing back money that they had won:

... I wouldn't declare big losses... the money thing is very secondary really... because sometimes you have a big win and you think: 'Ah, thank God!', and it's not because it covers the loss. It means I can actually gamble for another hour...

I am going to win more, so then you start playing a lot...this is the point when you start losing a lot...as soon as you win a little bit, you play that thing away as well...

...Even if I won the money I would win like one thousand or two thousand or so I will, you know, just keep on playing, playing until there is absolutely nothing left.

When you win that money you play it back and the R40000 and R 60000 and go back; a normal person would walk out with that but an addicted person won't...

It was about the thrill you got when you actually did win something, the weirdest part - you don't just take the money and leave, you carry on playing...

The more wins experienced, the greater the comfort that is felt in the possibility of a next win (Bulwer, 2007). Participants in the present study expressed that they would continue playing despite winning money. The element of continued play has sparked the idea of a lack of control over the behaviour regardless of the outcome associated. Bulwer (2007) explored the aspect of winning and money and stated that the more times players gamble, the less they value the win or the money that accompanies the win. Money starts to lose its personal or universal value. In the present study it is noted that one participant acknowledged the value of money and the concept of money when experiencing PG. The participant described winning up to R60, 000 yet would not stop gambling. The participant stated that a 'normal' person would walk away whereas an addicted person would not walk away, they would continue to gamble with the money that they had won. The participant thus sheds light into the aspect of control over the gambling behaviour. The participant acknowledged that she did not have control over their gambling behaviour and as a result, would continue to gamble even if a large sum of money had been won.

6.5.3.2.2 Chasing losses

Chasing behaviour has been described by Lesieur and Rosenthal (1991) as the most significant step in the development of pathological gambling. In their own words, the participants share their experience of chasing their losses:

... If I had decided to go to the casino I would have like um, three hundred or four hundred rand in my purse and I would say I will only be playing this money but it used never to happen if I had won with that money it would have been ok but if I had lost with that money, you know definitely I would have made it a point that I had a card with me to go and draw money...or I will borrow money from friends...

... You end up going back to try and get your money back, it's like a process...If you have it, the more you win, the more you bet because you become greedy... You may go home with nothing at all.

I was chasing figure, I was chasing figure all the time...

... Losing and going back, losing and wanting to win it back, then the next thing you know; you are addicted yeah...

I started spending more and more money... If I had lost before I would say, "ag I have won", um, I actually reached the stage when I had lost... then it became worse that I would lose money and not win the money back again and I had to take more and more of my money....

The findings of the present study suggest that the monetary value of a win is not the focus of the gambler; rather, it is the desire to continue gambling outweighs any sum of money won. Chasing losses often lead to a financial consequence due to the increase in time and money spent dedicated to winning back the lost money. Ruple (2004; in Bulwer, 2006) suggests that the concept of chasing can be extended to explore how gamblers chase their attempt to meet emotional and spiritual needs.

The financial aspect of chasing encompasses an emptiness that is displayed in the amount of money being won; it is never enough. The present researcher is of the opinion that chasing perhaps provides reinforcement for the desire to continue gambling. The gambler rationalises

the behaviour as a ‘reason’ to continue gambling whereas the underlying reason may stem much deeper.

6.5.3.2.3 Craving

Potenza (2001; in Bulwer, 2006) found that the gambling urges of problem gamblers activate the same region of the brain as substance or chemical dependence. In the present study, terms such as pull, urge, craving and hunger for gambling have been described as a ‘drawing’ element that the majority of participants experienced:

... You constantly have to fight that and it's not fightable. You do whatever you can, but you can't put a patch on your arm that will take the draw away...

... The pull was incredible... Although you couldn't actually work out what result you wanted – you know – to make the anticipation worthwhile. The result wasn't what I was looking for; it was the thrill of ‘maybe’...

... It definitely does something in your body...

... You get that urge; you have to go back... Sometimes I would get up, or I am busy or I am somewhere and then it starts; I would like to go to go and gamble.

... That craving would overpower...

... Behind it is a hungry feeling - like you want to eat eat eat eat eat eat and you don't want to stop eating... You go insane if you don't go and play...

The DSM-IV-TR (APA, 2000) encompasses diagnostic criteria for PG, such as the failure to resist the urge to gamble and feelings of restlessness when not able to gamble. In the present study it was noted that a physiological reaction was experienced by participants.

The 'urge' that participants experienced resembles that of the craving and withdrawal experienced when not gambling. The experience of one participant who describes the desire as a 'hunger' encompasses the elements of a natural desire that needs to be met at any cost. This would suggest an insatiable quest to gamble that is not fulfilled.

6.5.3.3 Psychological effects

Participants experience a range of emotions when gambling. In general, participants experience elation when winning and low mood when losing. When engaging in the activity of choice, participants highlight the experience of depersonalisation and a loss of time. Furthermore, participants experience a rationalisation of their gambling behaviour and experience fantasizing about winning.

6.5.3.3.1 Depersonalisation

There is considerable overlap with regards to an experience of depersonalisation and the motivation to escape life stressors and the element of time loss. When participants escape they experience enjoyment, while others experience a physiological arousal when gambling. In the moment of engaging in the gambling behaviour, could participants experience depersonalisation? Depersonalisation is regarded as a subjective experience of unreality and detachment from the self (Cardena, 1997; Simeon & Hollander, 1993; Steinberg, 1995 in Lambert, Senior, Fewtrell, Phillips & David, 2001).

As described below in their own words, participants in the present study describe a sense of depersonalisation when gambling:

... You absolutely lose yourself... There's no time, the entertainment is there. It's horrifying... Oh, it's fantastic when you are there but when you come out and you realise what you have done, and you wasted so much time, you think, what the hell did I do?

... You are a totally different person...

... You know when you are a walking zombie? You are just walking...

...I was never 'there' most of the time...

... It's your body, just, you're not there... you are not yourself...

Jacobs (1986) presents a general theory of addictions which proposes a common dissociative phenomenon (of which depersonalisation is classified under in the DSM-IV-TR, 2000) that helps addicts escape from psychological distress. The present researcher is of the opinion that depersonalisation is experienced by participants. It is noted in the present study that participants experienced not being 'there', hence suggesting that the experience of gambling took the participants away from that which they were experiencing in their everyday life.

One participant experienced a sense of dissociation when gambling and stated the following:

... I actually felt like I am two different persons...

The participant shared that they experienced feeling as if they were two different people. The statement possesses elements of dissociation. The capacity for gambling to narrow the individual's focus of attention (Anderson & Brown, 1984; in Rickwood, Blaszczynski, Delfabbro, Dowling & Heading, 2010) and produce dissociative states (Jacobs, 1986) accounts for the reason why many individuals use gambling as a maladaptive coping strategy. The participant found that gambling engagement enhanced the feeling of being two different people.

6.5.3.1.2 *Loss of time*

The element of a loss of time was a factor that was experienced by the majority of participants. Participants described in their own words the element of time:

... It's like the world stands still there; I mean I couldn't believe when I look at my watch...

... I walked in here at 10am in the morning and realize its 3 o'clock in the morning, the next day...

... I will say I will go for say 2 hours and then say for instance go at 2 in the afternoon... I will come home like early Sunday morning...

... I would go, planning to be gone for an hour, and I would come back four hours later.

... There's no time involved there. There are no clocks. You've got to look at your watch, but you forget about time. Time is not an issue there at all...

There is considerable overlap when considering the element of time and the experience of depersonalisation. The belief that 'time flies when you are having fun' emerges when considering the lost track of time experienced by participants. Participants described long durations of gambling that may not have been planned. One participant described how they started gambling at 10am and continued to gamble until 3am the following morning. When considering the time engrossed in gambling, the participant had gambled for 17 hours continuously.

6.5.3.2 *Cognitive processing*

Thought processing may be altered when gambling. Participants share the experience of rationalizing their behaviour through aspects such as blaming others, normalizing the

behaviour or minimizing the severity of their gambling behaviour. Furthermore, participants account for a fantasy world that may be established when gambling.

6.5.3.2.1 Rationalising behaviour

The varieties of irrationality evident in gambling have been well described by many authors (Ladouceur & Walker, 1996; Rogers, 1998; in Orford, 2000). Participants expressed the following regarding the rationalisation of their gambling behaviour:

... I didn't have a career, I was working part time and it was different... say it was different when you build your career on, to build a life you got a family and you get addicted. It's a different process...

The participant repeated this statement, not dwelling deeper into the difference he saw between himself and other gamblers. The participant shared that the experience was different as he did not have a family or career at that stage and was studying and working part time. It could be suggested that the participant viewed his gambling behaviour as less severe as he did not have significant commitments to family or work at this stage of his life.

... It was their(friends) fault... if I wasn't introduced... I wouldn't have known about the casino...*

... I used to say to myself if I haven't lost money I will say well I don't have a problem, you know? ...

...I always said other people play sports. I don't play sports, I don't smoke, I don't drink. Let me use that money for that (gambling) you know?*

There's nothing I could do about it, so I might as well enjoy it...

Rationalisations are evident in the unfolding of participants experience with gambling. From the conversations with participants, the present researcher tentatively noted that each participant rationalised their behaviour in their own way. For example, one participant blamed friends for his gambling behaviour, suggesting limited insight into personal responsibility for the choice to gamble. Ladouceur, et.al., (2002) found that pathological gamblers tend to minimize personal responsibility with regards to their gambling behaviour.

Other rationalisations exist; one participant expressed that she would not regard her gambling as a problem if she did not lose money. Did the participant perhaps attempt to minimize her acknowledgment of the severity of her gambling engagement? Many considerations may be made with regards to the rationalisation of one's behaviour.

6.5.3.2.2 Fantasy of winning

Participants shared their experience of 'falling in love with every hand' and planning what would be done when the win or the big pay back fell into place. This phenomenon was interesting to note as participants described their experience of playing back winnings – regardless of the amount of money that had been won. The prospect of winning money, especially the prospect of winning large amounts of money, generates excitement by allowing participants to dream and fantasize about the impact that the win could have on their personal situation.

In their own words, participants share the experience of fantasizing about winning:

You know, the problem many gamblers have is they fall in love with every hand. "This is the hand that I'm going to win on", and its true!...

You always say to yourself, I just want to hit that big one, pay everybody and sit back, relax and carry on living... You plan your whole week on the money you are going to have today.

Free spins, the bonus spins and things, and you say to yourself, “my word, you could have made so much” ... its exciting...

*...You live in a fantasy world. You create a scenario in your head: with this ten grand I am going to win 100. Ya, ya, I am going to pay the house for three months, I will pay my car finished and I will still have another 50 000 to have another *punt (play) in the week...*

Studies have suggested that a gambler’s cognitions may work together with physiological factors such as arousal to help explain the maintenance of the phenomenon of pathological gambling (Griffiths, 1991). When a gambler wins or nearly wins, the individual experiences a physiological arousal and gamblers’ cognitions suggest that they are not constantly losing but constantly ‘nearly winning’ (Griffiths, 1991). Participants in the present study experienced fantasizing about the win and some have fantasized about what they would do with the money that would be won. Consequently, it has been established that although participants at times do accumulate large sums of money through winning, the money is played back until the participant does not have any money left.

6.6 Consequences

Consequences	Self	Health	Anxiety Depression Substance abuse
	Others	General Significant	Deceit
	Financial implications		

Pathological gambling behaviour gives rise to consequences that result in the continuance of the maladaptive behaviour. Aspects such as depression, anxiety and substance abuse cannot be said to be predictive of or precipitated by gambling behaviour. In the present study, conversations with participants moved in the direction that as their gambling behaviour progressed, a change in anxiety and mood was experienced. Some participants expressed experiencing the abuse of substances occurring concomitantly with their maladaptive gambling behaviour. Participants furthermore experienced financial implications and effects due to the gambling behaviour and found that progression generated an impact on the relationships with significant others.

6.6.1 Self

As a result of the gambling behaviour of participants, several consequences were noted. Generally, participants shared of their deceit regarding the amount of time or money spent whilst gambling. Participants expressed the degree to which they experienced anxiety, depression and substance abuse due to their gambling behaviour. In the sharing of these consequences, participants further disclosed the consequences that gambling had on their significant relationships. Finally, participants discussed the financial consequences that occurred as a result of the behaviour. Initially, the impact on health was noticed. Participants shared the impact their gambling behaviour had on themselves. It is the personal opinion of the present researcher that the consequences of the phenomenon of PG greatly impact the significant aspects and relationships in the individual's life.

6.6.1.1 Health

Pathological gambling behaviour gives rise to consequences that result in the continuance of the maladaptive behaviour. Aspects such as depression, anxiety and substance abuse cannot be said to be predictive of, or precipitated by gambling behaviour. In the present study,

conversations with participants moved in the direction that as their gambling behaviour progressed, a change in anxiety and mood was experienced.

Some participants shared their experience with substance abuse occurring concomitantly with their maladaptive gambling behaviour. From the study it cannot be concluded whether pathological gambling resulted from an increased sense of depression, anxiety and substance abuse or whether these symptoms were a consequence of pathological gambling. It may however signify an increase in present symptoms experienced by participants as they begin to feel overpowered by their gambling engagement.

6.6.1.1.1 Anxiety

Gee, Coventry and Birkenhead (2005) found that gamblers experienced more feelings of general anxiety after gambling and after losing money. In the present study participants described the progression of their gambling behaviour as having definite consequences. As participants shared of their experience, the reality of how they felt about the addiction came to light:

...stressed about finances and I am just stressed about day to day like living...

... You feel sick; totally... you actually get so sick that the whole body goes into a pins and needles type thing.

...It's a stressful way of life...

I used to sometimes, when the kids are all in bed sleeping – I would wake up and go gamble right through until 6 o'clock. When its half past 6 I would rush home, change and get the kids to school. Un-slept, done like that for ages. I was like burned out...

... It is emotionally draining, it's exhausting, by the end of the day, even though you have not done much physical exercise ... by the time three/four o'clock comes I can't even keep my eyes open.

... I suffer terribly with anxiety...I often get panic attacks...

Participants openly shared the experience of the pressure or anxiety associated with the maladaptive gambling behaviour. 'Exhaustion', 'stress', 'feeling sick', 'burned out', were some of the terms voiced by participants as being experienced as a result of their gambling behaviour. Black and Moyer (1998) yielded results that correlate with that of the present study; the most common disorders associated with PG included mood disorders (particularly major depressive disorder), substance use disorders, and anxiety disorders. It may therefore be considered that such disorders could be co-morbid with the maladaptive gambling being experienced by certain pathological gamblers.

6.6.1.1.2 Sense of Depression

Ralyu and Oei (2002) discuss that depression is linked to pathological gambling, however, it is not known whether depression is a result or cause of pathological gambling. Dannewitz and Weatherly (2007) however found evidence that depression was not associated with gambling in a sample of depressed and non-depressed subjects.

From the present study it was established that a range of emotions were expressed by participants when discussing their experience of gambling. The sub-theme titled *Sense of Depression* was established as participants described the depressed mood or 'low' mood that they had experienced as a result of their gambling engagement. The severity of the sense of depression varied amongst participants. A general sense was established by the emotional response experienced throughout the conversations:

At the end of the day I will get all of my money and go and gamble. I will walk home because I do not have money for transport... I can't buy things for the next day. The next two or three weeks I felt like I was dying, but like it's a long slow process of dying. ...maybe tomorrow I will win a lot again. At the end of the day, you find out that it is ten years of nothing, just waiting...no meaning...my life had no meaning...

You're probably destroying your life...suicide, I think, could be an option for many people, because how do you get out if it?...

I actually had a complete break down and could not function anymore...

... I can't sleep from guilt and disappointment in myself...

I didn't eat, that's how bad it was... When I looked again, I was - I just had a huge breakdown, um, I actually did think of ending my life once or twice because it all over-consumed me, I was just, I wasn't going anywhere. My life wasn't going forward; it was just a huge hard-break...

South African statistics have found a clear relationship between depression and excessive gambling behaviour, with up to 42% of respondents reporting mild depression (Nzimandu, Louw, Mannya, Bodasing & Ludin, 2010). Furthermore, suicidal ideation, suicide attempts and completed suicides are more common in pathological gamblers than in the general population (George & Murali, 2005). From the present study it is evident that some participants experienced a depressed mood and sense of hopelessness and others experienced a break down in functioning that resulted in a contemplation of suicide.

Participants shared openly about their depression within their gambling experience which highlights the devastating psychological effects PG has on the individual. One participant experienced victim mentality and mental pain that seemed to be at the essence of the

conversation: *It's sore. It takes a long time before you can get away from it... It does take away everything that you really think you are you know.* A loss of identity and sense of 'self' is indicated here.

6.6.1.1.3 Substance abuse

The results of the present study suggest that alcohol abuse was experienced by two participants, with one participant experiencing prescription medication abuse concurrently with the gambling addiction. In their own words, participants describe this aspect of their experience:

With alcohol or whatever; I would often sit on the race day, have a few drinks, now once you have had a few drinks you know you will now get confident...But now the horse gets beat but now you want to drink to forget about that. Next day, same thing happens. So with the alcohol abuse often comes aggression...

... with the stress of the kids and so went to the doctor and he put me on medication and whatever and then I got addicted to the medication... I got addicted to the medication and gambling

I think I drank too much because it's, that not a good feeling of losing a lot of money. It's not... cause at the end of the day I was drinking a lot...At some stage we lost almost thirty grand and yet we would go drink ourselves like fools... You wake up and don't remember...

Petry, Stinson and Grant (2005) identified that the most prevalent co-morbid addiction is that of gambling and alcohol abuse. As stated, two participants found that alcohol abuse was an element that was active in their gambling engagement. Nzimandu, Louw, Bodasing and Ludin (2010) found that 18% of problem gamblers in South Africa are at risk of alcohol abuse. Furthermore, Potenza, et. al., (2003) found helpline callers who had co-morbid alcohol

problems experienced more serious gambling and related problems than other callers with problem gambling.

In the present study, it has been established that one participant abused prescription medication concurrently whilst gambling. No other participants expressed substance abuse as being a precipitating or perpetuating factor in their gambling behaviour.

6.6.2 Impact on significant relationships

6.6.2.1 General

Bronfenbrenner (1979) argued that any understanding of human development must consider the context in which the individual functions. Thus feelings and behaviour may be understood from the context in which they occur. According to this relational approach, individuals interact with their environment in a continuous process of influences reflected in the interaction and transaction patterns of the individual and the subsystems involved. Both the individual and the environment are perceived to be in a state of perpetual change, each depending on the other. As such, deceit and consequent impact on significant relationships could create a state of perpetual change in the relationships that participants have with significant others in their lives.

6.6.2.1.1 Deceit

Deceit or dishonesty was identified as an aspect that accompanied the gambling behaviour.

Participants reflections on this aspect of their gambling behaviour include:

You become so good at bullshitting, it's unbelievable.

You make so many enemies, um all of the stories that you come up with; all of the lies all of the deceit.

I am a very manipulative person. I mean gamblers are liars and manipulators... I would start an argument so that I can storm out of the house... I would create all sorts of reasons. I was very manipulative – all to go and gamble...

I never used to tell my husband when I have lost; I would tell him when I win. I would not tell him every time I had been to the casino. I was lying... A few days later – “I know when you have been to the casinos, because you are smelling of smoke and you are not smoking” ...

Deceit present in the lives of the participants’ could suggest that trust had been a factor that had become a sensitive element in the significant relationships of the participants.

6.6.1.2.2 Impact on significant relationships

Participants highlighted the impact of gambling upon the significant relationships in their lives. According to Bronfenbrenner (1986), an individual is inextricably tied to relationships or systems, such as that of a relationship with significant others. Thus, the individual’s behaviour will impact on the relationship with the significant other, and in turn the relationship will impact on the individual.

Many problem gamblers report intimate relationship and family difficulties (Dowling, Smith, & Thomas, 2009) or having lost or jeopardised relationships as a result of gambling (Dickerson, Boreham, & Harley, 1995; Jackson et al., 1997). In the present study participants shared the degree to which they experienced the impact of pathological gambling upon their personal relationships:

... I started neglecting my friends...

This particular participant is a single elderly lady who regularly interacts with her friendship group. Her children are grown up and have families of their own and her husband is deceased. The participant shared of neglecting friends as friends may be representative of the significant others in the participant's life.

I had small children. I was wasting time, missing soccer matches, leaving kids waiting at school...

My divorce happened all because of the gambling...

My wife hated that I used to go there... It was a big punishment for her...She was like- like a nervous wreck. "He's going to spend money again, he's going to spend money again"... She begged me not to, and I'll just say, 'blow you'. I was very cruel to my wife in that way...

I hurt those people by... because I went back there...

... It destroys your family...

Ferland, Fournier, Ladoucer, Brochu, Bouchard and Paquet (2008) conducted an explorative study exploring the perceptions that pathological gamblers had concerning the consequences of their gambling activities in relation to their spouses' perceptions of the same consequences. On almost all occasions, the spouse, rather than the gambler, was the one who estimated the consequences as being more intense.

In the present study no conversations were had with the participants' significant others, therefore no comment could be made regarding their perception of the consequences of gambling. One participant, however, did express that his gambling behaviour was 'punishment' to his wife which could indicate to a degree the effect that her husband's gambling had. Several participants described a significant impact in their personal relationships due to their gambling behaviour.

One participant discussed the impact of his relationship with a girlfriend. In doing so, the participant became emotional and further conversation was directed in a manner that would be more comfortable to the participant. It is of the opinion of the present researcher that the impact on a significant relationship also impacts the gambler emotionally. The relationship impacts on the individual and the individual impacts upon the relationship.

No theme had emerged regarding specific factors that impacted the significant relationships of the participants' lives. Aspects such as manipulation, creating enemies, disappointing family and bankrupting other people were some of the elements that were drawn from the conversations with participants.

6.6.3 Financial consequences

Money is the catalyst for gambling behaviour. The primary financial problem that gamblers face is debt, which often leads to bankruptcy (Grant, Schreiber, Odlaug, & Kim, 2010). In their own words participants' share of the degree to which financial consequences were experienced as a result of their gambling behaviour:

...You lose a lot of money... which you could've used for better purposes.

I can't get a bond because of all my blacklisting's... I have got to rent, I cannot finance a vehicle but I can buy cars cash...

... I would win R200 000 today, next week Tuesday/Wednesday I wouldn't have money to put petrol in my car, all gone...I have lost houses, I lost businesses... I landed up being arrested for it, but not being jailed. They gave me the opportunity to pay the money back...

... The sad part was I've actually put myself under debt counselling...

... I had to go to the bank and uh, uh, lie to get some of my investments...

Morasco, Weinstock, Ledgerwood and Petry (2007) found that the most frequently reported negative consequence of gambling is money. A financial consequence is the broad theme that emerged from the present study. Some participants described losing money that could be used for better use whereas others describe consequences such as debt counseling, blacklisting, being arrested and the withdrawal of investments. Each participant displayed a financial consequence due to their gambling behaviour. Financial consequences could negatively influence the financial circumstances of the individual as well as impact the significant relationships that participants had.

6.7 Treatment

Treatment	Restricting behaviour	Self-exclusion	
	Role of spirituality		
	Post addiction experience	Feelings Perception of gambling	Positive Negative

6.7.1 Restricting behaviour

Participants expressively shared the experience of restricting gambling behaviour. Some participants self-excluded themselves from the casino environment. Two participants described an instant decision to self-exclude. It is noted that the role of religion has emerged as a factor that has been present as a restricting factor for many participants. Furthermore, a change in perception has been noted.

6.7.1.1 Self-exclusion

Ligthelm and Jonkheid (2009) found that South African gamblers abstained or restricted themselves from gambling; 70.3% of females and 56.2% of males. The results of the present study found that all the females and two out of three male participants excluded themselves from the casino environment.

Self-exclusion programs have shown some effectiveness. Nelson, Kleschinsky, LaBrie, Kaplan and Shaffer (2010) found that most gamblers that excluded themselves for life reduced their gambling and had significantly fewer gambling-related problems. Self-exclusion may reflect a motivation to stop gambling and a change in behaviour that could identify a shift or a change in behaviour and a change in the perception of gambling. The following was expressed by participants:

I phoned my aunt and I said "I need your help" ...she came to the house and asked "what is it"? I said "I need you to come with me... I am completely addicted to gambling, it's a major problem and I need you to come with me to the casino" ... We got out of the car and then I walked in and started shaking, it was horrible ... They interviewed me... I told them everything... I banned myself for life... I signed the paper work so I'm not allowed to gamble anywhere around South Africa...

... So I had myself banned...

... I banned myself for a year, and then it was too much... I banned myself in May... for life...

... I self-excluded myself from the casino many times...since then it is the third year that I have not been to the casino...

It is interesting to note that some participants banned themselves and thereafter did not gamble whereas other participants banned themselves several times. One participant displayed a process of contemplation in changing their gambling behaviour. The participant read stories and articles of people that had stopped gambling and it was acknowledged that Prochaska and Di’Clemente’s (1994) contemplation stage was activated. The participant thereafter made a conscious decision to ban herself from the casino environment for life. Another participant shared of his experience with Gamblers Anonymous (GA), although no theme emerged with regards to the partaking in GA sessions amongst participants of the present study. Two participants sought individual psychotherapy. Thus, it was found that although no distinctive theme emerged regarding a specific treatment modality, participants utilised GA and individual psychotherapy for the treatment of their gambling behaviour. Treatment such as behavioural, cognitive, and combined cognitive-behavioural therapies have been extensively researched and appear to be most effective in treating gambling problems (Ledgerwood & Petry, 2006). Furthermore, pharmacological treatment could assist in the management of maladaptive gambling behaviour. From the individual accounts of treatment after self-exclusion no theme emerged as several participants did not seek treatment after the self-exclusion process. None of the participants discussed pharmacological treatments as a factor that has played a role in their experience of restricting their gambling behaviour.

6.7.2 Role of Spirituality

Four out of six participants mentioned religion or spirituality as a factor that assisted them in the restriction of their gambling behaviour. The participants described in their own words their experience of religion within the gambling experience:

I read my bible; I pray...I pray...

... Talking to Him.. asking Him.. praying for this uh, uh problem to go away...I am clear with God because I've repented.

I still remember a lady in the casino. I went in there and she sat there and said 'this is not a place of prayer, this is not a place of prayer'. She was hitting it and she said, 'this is not a place of prayer, I shouldn't be here'. I still thought, why does she say that? You know... but she was talking to me as much as herself... You stand there and pray, "Lord, please help me", I need the money now, because I am losing too much money. But, of course, God's not even in that place...I want to be serious with my Christian walk to God... I promised Him I won't do it...Thank goodness I have gone back strongly on my faith to build myself up...

... I actually prayed a lot, I really prayed a lot about it and I started going to cell group...

Although there have been only a limited number of studies examining the association between religion and gambling, the general consensus of these findings is unvarying with the larger body of evidence showing that personal religiosity serves to reduce various forms of proscribed activity (Piedmont, 2001). As the results of the present study have unfolded, it is evident that spiritually has been a factor that has influenced the participants gambling behaviour in a manner that reduces or restricts the behaviour.

6.7.3 Post addiction experience

From the time of birth and throughout life, an individual has a strong desire to grow psychologically. This growth takes the form of a continuous process of self- discovery through a never ending series of actions (Kusyszyn, 1984). The process of self-discovery and the continuous series of actions are met with a realm of meaning. Individuals do not experience phenomena in the abstract; but experience them in human terms.

One's experiences are qualified by one's human perspective. Adler (1931) explores this concept by stating that no human being can escape meanings. Reality is experienced only through the meanings ascribed to it: not as a *'thing'* in itself but rather as a concept that is interpreted. Therefore, the individual experiences and creates meaning from the totality of experiences exposed to throughout life. As such, participants share the experience of the emotions experienced from no longer gambling. Meaning is ascribed to the good as well as the bad residue of pathological gambling.

6.7.3.1 Positive feelings

The conversation with each participant created a path of acknowledged change in perception. Each participant described how they currently felt about gambling and their experience of addiction. Generally, participants described the feelings associated with the post-addiction experience as an achievement that they were able to be proud of. In their own words, participants stated:

Feeling of accomplishment...

...It's nice to be honest, finally...

I'm living a more truthful life.

...I feel cleansed...

It is such a relief...

...An achievement to discover you, you are having a problem and to do something about it...

... I am proud of myself...

Positive feelings such as pride, relief, experience of accomplishment and feeling cleansed may indicate that participants experience a reprieve from gambling. As much as positive feelings were expressed, participants also shared negative feelings that accompanied the consequences of engaging in gambling.

6.7.3.2 Negative feelings

As each participant conversed about the experience, they shared the negative feelings associated with the experience of maladaptive gambling behaviour. In their own words, participants shared:

... All that regret, um resentment...

...When you lose, then you like, ...you like the scum of the earth... It's sore. It takes a long time before you can get away from it...This label is on you, the stigma. It's absolutely horrifying... you can't get out of that box You are rubbish in their eyes and you'll stay like that for a long time...

... Embarrassed... I was in control of that and I was disappointed many a times. I felt disappointed in myself and I would become anxious, angry.

I judge myself very heavily... I get angry at myself... and then you feel ten times worse that you are...I am so scared of failing again, that's always at the back of my mind...

...the feeling is self-loathing...

I don't actually like to think about it too often, because it's quite icky...

Feelings such as embarrassment, feeling judged and stigmatized and self-loathing, could indicate that participants experienced a range of negative feelings due to their gambling behaviour. Some of the responses were external in response to how the participants perceived others perceiving them, whereas other responses seemed more directed internally. One participant shared that they felt 'icky', when being asked what 'icky' felt like the participant repeated that they did not like to think about it. The present researcher diverted the conversation. This response suggests that perhaps some participants are more comfortable than others when discussing the negative feelings or emotions that are tied to the phenomenon of pathological gambling.

6.8.3.3 Perception of gambling

Van Manen (1984) describes phenomenological research as the study of lived experience in which the essence of an experience has been adequately described in language so that the description re-awakens the lived meaning or significance of the experience in a fuller or deeper manner. This section, focusing on the perception of gambling re-awakens the lived meaning of the experience by participants.

Participants described gambling in a different light than originally expressed. Originally, participants had portrayed gambling as a fun social activity. Later on in the conversation, the experience of gambling had been described in a negative light, reflecting the depth of the participants' change in perception. Participants reflected a raw emotional connectedness to the experience as a whole. The words below reflect the magnitude of the change in perception, one in which the participants described in their own words. In generalising the post-addiction experience for the participant group as a whole, the present researcher extracted a core concept from each participant's discussion and in so doing, attempted to demonstrate the changed view toward gambling:

...Trap...

...Disease...

...Like a big deep dark hole...

...Dirty, dark secret...

...My dark side...

...It's like a monster, it just grips you...

It is the opinion of the present researcher that a change in perception occurred. Participants' emotional response toward the aftermath of their gambling behaviour displayed an initiation of acknowledging the consequences of PG.

6.8 Summary of results

The results of this study have been presented according to the key areas that have emerged through the conversations with participants. The results illustrate the participants' experience of gambling. The discussion of the results emphasise the need to gamble to experience excitement while simultaneously escaping life stressors. Participants expressed the craving and urge to gamble which was evident as their gambling behaviour progressed. Thus, for a brief moment, the results create a clinical impression of pathological gambling as the willingness to continue gambling while enduring periods of psychological discomfort in order to obtain the positive outcomes such as excitement and escape from stressors that may be causing the psychological discomfort experienced.

The participants' pathological gambling behaviour reflects a desire to capture an element of secrecy and enjoyment. One participant fittingly describes the phenomenon as an *affair*. The secrecy of a very personal relationship between the individual and their gambling activity is suggestive of a transient emancipation. The realm of reality of the participants' life beyond gambling may disappear and as such, in that moment, anything is possible.

As the participants' view their gambling behaviour as progressing, an increase in the engagement sets in and a craving for gambling occurs through the 'urge' and 'hunger' that draws the participants' to the environment. Control is linked as participants find that other aspects of their lives are controlled and they are in charge of them; gambling being the Achilles heel. Money is won; at times large sums of money are won.

Participants play with the winnings until they find that they do not have any money left. Chasing occurs in an attempt to win back that which was lost. Money is borrowed, money is spent, and money is won. Money no longer has the value that it traditionally may have been viewed prior to PG.

Participants find that gambling has an impact on many aspects of their lives. An impact on the participants' health includes anxiety, depression and substance abuse. The following quote drawn from a conversation with one participant describes the profundity of the experience: "At the end of the day I will get all of my money and go and gamble. I will walk home because I do not have money for transport... I can't buy things for the next day. The next two or three weeks I felt like I was dying, but like it's a long slow process of dying. ...maybe tomorrow I will win a lot again. At the end of the day, you find out that it is ten years of nothing, just waiting...no meaning...my life had no meaning..."

The aspect of meaning in life and the journey within it allows the present researcher to consider that through gambling, a sense of safety and comfort was experienced. By experiencing comfort, enjoyment and escaping from the stressors that one may be facing opens the door to a hypothesis that perhaps the individual may be spending less time and effort in the world beyond gambling. Gambling is the escape and yet gambling is the phenomenon that the participant perhaps eventually wants to escape from.

Participants banned themselves from the environment and experienced a sense of achievement, feeling cleansed and a sense of pride in their choice. As much as positive aspects were expressed, participants also shared the pain the experience had left.

Embarrassment, self-loathing and resentment were experienced. Some participants shared of wounds beyond that which they inflicted upon themselves, such as the experience of being stigmatized by friends and family, and finding that they cannot be removed from the 'box', the 'label' of a gambling addict.

Ultimately, personal choice was the factor that helped participants exclude themselves from the gambling environment. Spiritually, participants shared of their faith and how their relationship with a higher being assisted in the treatment or restrictive process. As a whole, the experience was found to have a word association or term that each participant described. It is regarded as the individual word association of each participant and discovery of how gambling had transformed into a phenomenon that participants regarded as dirty, disease like, a monster, their dark side, a trap and a deep dark hole. Each adjective describes the experience profoundly, demonstrating that the phenomenon had catastrophic consequences on each participant that it touched.

6.9 Conclusion

Pilgrim (2004) postulated that addiction as a phenomenon is the result of multiple influences. It is seen as developing through a myriad of interacting factors that span the biological, psychological and social realm. This is evident from the participants of the present study, particularly in the context of understanding each person's behavioural addiction in relation to their personal history.

This chapter displayed a unified structural and textural description. The content gathered from participants has been compared and contrasted and follows the thematic framework used to explicate the lived experience of pathological gamblers. It is evident that participants in the present study have experienced the painful reality of a gambling addiction. The results of the study display a connectedness to the raw experience, consequences and impact that gambling has upon the participants and the significant aspects of their lives.

In the following and final chapter, a summary concludes the present study, along with limitations and recommendations for future research.

Chapter Seven

Conclusion, Limitations and Recommendations

Perhaps the most fascinating and mysterious

universe of all is the one within us...

(Author Unknown)

7.1 Introduction

Chapter Seven provides a summary of the procedures and processes of the present study. Thereafter, the strengths and limitations are discussed. The strengths highlight the positive aspects attributed to the present study, whereas the limitations highlight the challenges and possible drawbacks of the study. General considerations are thereafter discussed. Pathological gambling is a disorder that has recently sparked much debate and the literature encompassing PG is developing. As such, terminology, treatment and other factors play a role in the understanding of the phenomenon. It is important to take cognizance of such factors that may influence the manner in which the results are viewed. It is for this reason that the information is relayed tentatively as clarity is needed to create a definite picture of the disorder.

Recommendations are highlighted for future research on pathological gambling, particularly with reference to qualitative research of this nature. Finally, the study draws to a close with the personal reflections of the present researcher. The researcher found it valuable to include personal reflections that arose throughout the experience of conducting this research study.

7.2 Summary of methodology

The present study aimed to enhance a greater understanding of the phenomenon of pathological gambling, drawn from the experiences of the individuals that have encountered the experience of maladaptive gambling behaviour. In doing so, common themes emerged with regard to the lived experiences of the participants. Research into this phenomenon is necessary in helping society comprehend the dynamic nature of pathological gambling and provide assistance in developing mechanisms that prevent and manage the occurrence thereof. Research of such magnitude can however not be conducted without prior understanding of the phenomenon that is under investigation. This study aimed to highlight the psychological facet of pathological gambling which can be used to aid the management and prevention of the behaviour.

The phenomenological approach was utilised to actualise the researcher's goal of understanding and reflecting upon the phenomenon as it is experienced by the individual participants'. This approach emphasised the role of subjectivity and discovery of the meaning of experience by focusing on the lived experience of the pathological gamblers. In phenomenological research no final or definite conclusions can be made. The research "can never exhaust the investigated phenomenon... (and) can never be complete" (Colaizzi quoted by Stones, 1988, p.155). The search for truth and reality remains a noble quest with its own rewards. All conclusions arrived at are tentative and subjective reflections and not the aim of the investigation. It is merely part of the journey.

Phenomenological research emphasises the present inner world of the individual, which includes experience and perception along the journey of discovery. Emphasis is placed on subjectivity and unearthing the essences of experience. Understanding and insight into this awareness can thus be used to augment strategies in the prevention and treatment of PG.

A theoretical sample was utilised where participants were selected based on their knowledge and experience with regards to the phenomenon. Following this, face-to-face, unstructured conversations were conducted with each participant. The conversations were transcribed verbatim. The words reflected on paper provided first person descriptions of the lived experience of pathological gamblers. The data analysis was conducted simultaneously by the researcher as well as an independent research psychologist. Following this, participants were contacted and a face-to-face verification session was conducted. This process provided participants with the opportunity to reflect on their involvement in the study. Through the discussion of the results, the essence of pathological gambling was described.

The approach and methodology allowed the researcher to implement the four phenomenological processes of epoche; phenomenological reduction; imaginative variation and synthesis of meaning. Thereafter the last stage was introduced; the presentation of the findings. Upon completion of the present study, each participant received a summary of the research process and its outcomes.

7.3 Summary of results

The results of this study have been presented according to the key areas that have emerged through the conversations with participants. The results illustrate the participants' experience of gambling. Participants experience excitement while engaging in the gambling activity of choice. Excitement allows for a simultaneous escape from life stressors.

Participants find that they do not have control over their gambling behaviour, as such; gambling becomes the Achilles heel which the individual is hopeless and at the mercy of. Chasing occurs in an attempt to win back that which was lost. It is at this stage that participants' share the consequences that are experienced during the phenomenon of PG.

Consequences are experienced in the form of financial, impact on significant relationships and impact on the health of participants.

Participants seek assistance in the form of self-exclusion, spirituality and psychotherapy. Participants experience a sense of achievement, feeling cleansed and a sense of pride in their choice. As much as positive aspects were expressed, participants also share the pain the experience has left. Embarrassment, self-loathing and resentment are experienced. Some participants shared of wounds beyond that which they have inflicted upon themselves such as the experience of being stigmatised by friends and family, and finding that they cannot be removed from the ever present and visible name tag of a 'gambler'.

As a whole, the experience was found to have a word association or term that each participant described. It is regarded as the individual word association of each participant and discovery of how gambling had transformed into a phenomenon that participants regarded as dirty, disease like, a monster, their dark side, a trap and a deep dark hole. Each adjective describes the experience profoundly, demonstrating that the phenomenon had catastrophic consequences for each participant that it touched.

7.4 Strengths of the present study

The present study allowed for several strengths of the research process to be identified. The first strength was the integration of the phenomenological approach and the utilisation of an unstructured conversational style. From the qualitative perspective, the richness and complexity of human reality is seen as closely related to the structures and meanings of natural language. Therefore, to call a research activity qualitative inquiry may broadly mean that it aims at understanding the meaning of human action.

Evidence from phenomenological research is derived from first person reports of life experiences. In accordance with phenomenological principles, scientific investigation is valid when the knowledge and information sought after is derived through descriptions that make it possible to gain an understanding of the meanings and essences of the experience (Moustakas, 1996). The focal point of research in a phenomenological framework is the world as revealed through a transcendental mind-set. The existence of the natural world is not denied, but does not see the world as autonomous for each individual.

Each participant was given the opportunity to describe their experience fully, giving first person reports of their gambling experience. Unstructured conversations were utilised and organised around areas of particular interest, allowing considerable flexibility in scope and depth. This flexibility is particularly valuable in the present study as it allows the participant to include and discuss other issues that may be used to expand their experience of pathological gambling.

The format, style and setting allowed for a high degree of comfort in the interaction between the researcher and participant. It was found that participants wanted to talk about their experiences. Having audio-taped the conversations facilitated the phenomenological research process most appropriately. It gave the ideal opportunity to contemplate and reflect on the content that emerged through the conversation.

It was also found that through the unstructured conversations, information relating to the personal history of participants' emerged. This allowed for a richer and deeper understanding of the phenomenon as a whole. The sampling strategy viewed the participants as the 'experts' in the field under study. Participants were all relevant candidates for the phenomenon under study, as all could be diagnosed with Pathological Gambling disorder according to the criteria stipulated in the DSM IV-TR (APA, 2000).

In addition, all participants had a reasonable – in fact vivid – linguistic capacity. Thus, a great strength in the present study was allowing for the unstructured conversations to be viewed through the ‘phenomenological lens’ of research methodology.

One of the most appealing features is the space for acknowledgement and recognition of the human experience, linked to the exploration of psychological meaning. Pathological gambling is a complex phenomenon that manifests as a result of the interaction of many influences. The phenomenological approach facilitates the acceptance of the participant as the most valuable source of knowledge in the development of meaning and understanding, without judgement.

7.5 Limitations of the present study

While a number of aspects of this research can be regarded as strengths of this study, there are some aspects that have been identified as limitations. The first limitation is related to the demographics of the research participants. The study was conducted in Port Elizabeth in the Eastern Cape. Six participants were identified. The majority of the participants were white adults, most of whom spoke English as their home language. Consequently, there is a possibility that the sample of participants in the study did not accurately represent the total population of pathological gamblers in the area.

Whilst the purpose of qualitative research is not concerned with generalising the findings obtained, it is possible that the perceptions, experiences and views of participants from different South African populations, socio-economic and language groups were not accessed in this study. This may have some implications regarding the transferability of these findings, as discussed in Chapter Five.

To address this limitation, the researcher aimed to provide a description of the context of the research and a description of the research participants. By doing this, other researchers are provided with the necessary information to decide whether the findings of this study can be applied in other contexts.

The present researcher further acknowledges the process of behavioural addiction as having certain universal elements, the propensity for the maladaptive behaviour to influence participants' degree of consequences could influence the nature of the exploration. The participants' particular degree of insight, acceptance and awareness determines the boundaries or limits of the findings. For the purpose of the present study, participants conversed freely about their experience and from these conversations, themes were drawn.

Some participants shared in great depth when probed on certain aspects. The participants' level of comfort was taken into account when considering this and the conversation was redirected when necessary. Thus, the limitation lies in the matter of each participant acknowledging and having their own degree of insight. This perhaps created a variety of responses within each theme identified in the present study.

7.6 General Considerations

7.6.1 Terminology

There is considerable debate over the nature and cause of pathological gambling. Typically, this is understood to involve an uncontrollable urge to gamble, which ultimately causes significant harm to the individual and significant others. Furthermore, ambiguity regarding the multiple terminologies has created a great deal of confusion in the field.

A unified definition of what constitutes gambling appears to be lacking, therefore, many terms by different authors are utilised. For the purpose of the present study terms such as pathological and maladaptive have been used interchangeably.

7.6.2 Proposed diagnostic changes

The diagnostic positioning of pathological gambling is proposed to change in the DSM – V (APA, DSM-5, 2012). Pathological gambling has been regarded as a behavioural addiction that is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) as an Impulse Control Disorder not Elsewhere Classified (APA, 2000).

The current revision of the DSM V (APA: DSM-5, 2012) proposes that the phenomenon no longer be classified in the above mentioned category. The current revision of the DSM-V proposes that an overarching category be classified as Substance Use and Addictive Disorders. This category may be implemented to categorise both substance use disorders and non-substance based addictions. Gambling Disorder has been the only behavioural or non-substance related addiction proposed to form part of this classification category.

7.6.3 Measures used

There is considerable debate about the usefulness of the different tests to measure the extent of problem gambling, and different measures are used in different countries. Hence, research investigating problem gambling is vast and diverse with nearly every branch of psychology providing a different perspective on gambling trends (Griffiths, 2003). As such, there is currently no single theoretical model to guide understanding and thinking about gambling behaviour (Volberg, 2003; Zangeneh et al., 2010). This similarly has implications for future research and treatment initiatives (Griffiths, 2003). The present study acknowledged and utilised the DSM-IV-TR (APA, 2000) diagnostic screening for PG as inclusion criteria.

7.6.4 Co-morbid psychopathology

While it is accepted that pathological gambling may vary in the presentation of co-morbid psychopathology and underlying personality traits, there is a lack of clarity about how to best understand the implications of this variability for the etiology and treatment of pathological gambling. It is unknown how co-occurring conditions and traits are associated with one another, with the onset and maintenance of pathological gambling, and with the severity of disordered gambling behaviour. This lack of understanding is partially because most studies have examined pathological gamblers as a single homogeneous group (Milosevic & Ledgerwood, 2010). Therefore, for the purpose of the present study, each individual participant was regarded as a unique entity that may shed light on their experience of the phenomenon. As such, possible co-morbid disorders were discussed as they had emerged through the themes of the study, yet did not deter from the goal of the present study.

7.6.5 Treatment

Several treatment approaches and resource aids in South Africa indicate that pathological gambling treatment is a 'work in progress'. Ultimately, a single theory treatment approach may not be sufficient to address all underlying vulnerabilities and factors that influence the treatment process of pathological gambling (Bulwer, 2006).

For the purpose of the present study the treatment of pathological gambling was discussed as it emerged through the conversations with participants. It is necessary to highlight that no one single treatment plan is adopted in South Africa, therefore, creating the possibility for different prognoses.

The lack of consensus regarding the terminology, the evolving diagnostic criteria, different measures used to assess pathological gambling, as well as co-morbid and treatment considerations give rise to the notion that research in the area of pathological gambling is one that needs to be further explored. Such factors were brought to light to introduce the idea that as each participant would have an independent journey of maladaptive gambling behaviour, so could the professional by taking into account factors that are inconsistent in professional definitions of the phenomenon.

7.7 Recommendations

To the best of the researcher's knowledge, this study is one of the few studies conducted in South African focusing on the experience and meaning ascribed to pathological gambling by adult pathological gamblers. In light of this, the overall broad goal was to obtain exploratory data from which further studies could be conducted.

Several exciting avenues were explored in the literature and results of the present study. Avenues such as the impact of religion, the possibility of physiological arousal or stimulation when gambling and a sense of dissociation when gambling were acknowledged. It is recommended that further research into the above mentioned areas be explored to enhance the understanding of pathological gambling. The present researcher is of the opinion that the experience of escaping and the loss of time experienced, coupled with a sense of depersonalisation experienced when gambling are overlapping topics that require further research.

Understanding how pathological gambling influences and impacts on the lives of people in South Africa is important, especially when considering the revision of diagnostic criteria and approaches to treatment. It is recommended that a study of a larger scale, taking into account different races, cultural backgrounds and treatment needs of the participants be conducted.

This recommendation would create a greater understanding of the phenomenon as it is related to a South African context. Therefore, it is recommended that additional research could be conducted in a range of contexts and areas, such as within the provinces of South Africa. This could further contribute to the development of contextually appropriate intervention and awareness programmes for pathological gamblers.

This is particularly important in a country such as South Africa with its richly diverse culture. With this in mind, it is suggested that additional data in the field could also be utilised to assist in the development of contextually appropriate and relevant intervention programmes, and be implemented according to South African population needs.

7.8 Personal reflections

At the very beginning of this research process I was given a quote from my research supervisor, Professor Howcroft. I read the quote by Marquez (1983) and thought it fitting to place on my wall in front of my research space. My research dedication time has habitually been a very early Sunday morning – each Sunday I would read these words:

“I don’t see inspiration as a state of grace nor as a breath from heaven, but as the moment when by tenacity and control, you are at one with your theme... you spur the theme on and the theme spurs you on too... all obstacles fade away, all conflict disappears, things you never dreamt of occur to you and, at that moment, there is absolutely nothing in the world better than writing...”

These meaningful words provided me with a sense of commitment to this goal and an acknowledgment that writing truly is one of my greatest pleasures. It illustrated that there would be hurdles, moments of despair and also elation; there would be frustration and

unexpected bumps. Ultimately, the words had provided me with the motivation that helped me rise in the dark of the early hours of the morning and assisted me in reaching this point.

The profound and heavenly, yet nostalgic stage of concluding my research dissertation has given me the opportunity to reflect on the great deal that I have learned throughout the research process. I have found benefits to planning and being prepared and I have learned that as prepared as I may be, there are times that unexpected challenges occur. The first challenge was confronted with accessing participants. After attempting to access participants by several means I consulted with the local newspaper which was very receptive of my research idea. My hopes were that people who experience pathological gambling approach me to discuss the phenomenon. I appreciated that I had met and conversed with participants that wanted to be 'heard', they had voices and wanted to share their story. These were participants that truly experienced the brutal reality of pathological gambling and wanted to share their story in order to help others who too experience maladaptive behaviours toward gambling.

Throughout the conversations I noted how challenging it can be to collect credible data if one does not reflect on one's own biases and assumptions. This aspect of the research process therefore highlighted that one has to constantly remain open to all possibilities of meaning that could be expressed by the participants and that I need to keep my own biases separate. I had to remain aware of how I may possibly impact on the data collection process and during the process of analysis. This process highlighted that the researcher is not an objective bystander but has a significant role to play in the research process and the findings that are generated through the research process.

Overall, despite the hurdles, I thoroughly enjoyed the entire process of research. I enjoyed writing and presenting the research proposal. The writing of chapters was at times frustrating but I found that as I started thinking critically about the specific sections, the content fell into

place. I thoroughly enjoyed the data collection process and listening to the viewpoints of the participants.

I found the process meaningful in that each participant displayed such honesty about the reality of their experience with gambling. The trust developed and the willingness of the participants to share their story is the reason I found personal meaning in the research process and why I would like to continue to conduct qualitative research of this nature.

7.9 Conclusion

The information gathered in the present study can be seen to contribute to the development of knowledge and, therefore, understanding of the lived experience of pathological gamblers.

The findings of this study highlight the necessity for further research in the field. Considering that the research encompassing gambling and pathological gambling is relatively new in South Africa, there is plenty of opportunity for further exploration in the field. Thus, the results of this study may be utilised in the development and implementation of various strategies to address or circumvent any possible difficulties that South Africans might encounter as a result of gambling.

To draw from a story in Chapter Three; three wise blind men who came across an elephant sheds amusing light on the issue: the first blind man touched the trunk and decided that it must be like a rope; the second touched the body and decided that it resembles a wall; and the third blind man touched the leg and concluded it must be like a tree. As each blind man concluded that each of the individual aspects of the elephant were different objects, one may too draw such conclusions when viewing a phenomenon through one lens.

The present study utilised six unique lenses and created a picture of pathological gambling and the meaning attributed to the phenomenon through these lenses. In doing so, the study provided a description of the essence of the phenomenon and a deeper understanding of the extraordinary individuals' lived experience of pathological gambling.

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Appendix 1: Biographical Questionnaire

Section A

1. First Language: _____
2. Age: _____

Section B

Please indicate your answer by ticking on the applicable line:

3. Have you been preoccupied with gambling in the past or at present?
Yes _____/ No _____.
4. Did you need to gamble with increasing amounts of money in order to achieve excitement? Yes _____/ No _____.
5. Have you experienced repeated unsuccessful efforts to stop or to cut back on gambling? Yes _____/ No _____.
6. Have you experienced being restless or irritable when attempting to cut down or stop gambling? Yes _____/ No _____.
7. Do you feel that you have gambled as a way of escaping from problems or escaping from feeling depressed? Yes _____/ No _____.
8. After losing money gambling, have you ever returned another day to win back (or get even) that which you had lost? Yes _____/ No _____.
9. Have you ever lied to your family members or others, to cover up the extent of involvement with gambling? Yes _____/ No _____.
10. Have you ever committed unethical acts to finance your gambling?
Yes _____/ No _____.
11. Have you lost significant relationships, your job or other opportunities because of gambling? Yes _____/ No _____.
12. Have you ever needed to rely on others to provide you with money to relieve your financial situation caused by gambling? Yes _____/ No _____.

Appendix 2: Diagnostic criteria (PG) – DSM-IV-TR (APA, 2000)

The current criteria for diagnosing a gambling disorder is presented as (A) persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

(1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)

(2) needs to gamble with increasing amounts of money in order to achieve the desired excitement

(3) has repeated unsuccessful efforts to control, cut back, or stop gambling

(4) is restless or irritable when attempting to cut down or stop gambling

(5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)

(6) after losing money gambling, often returns another day to get even ('chasing' one's losses)

(7) lies to family members, therapist, or others to conceal the extent of involvement with gambling

(8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

(9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling

(10) relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behaviour is not better accounted for by a Manic Episode.

A MUST TRY

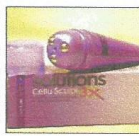
WITH spring round the corner, La Femme tested a new anti-cellulite cream. The Solutions Cellu-Sculpt 3X...
The newly packaged product contains a tube of cream attached to a massage applicator that has three roller balls. The cream is dispensed onto the massage head and applied twice a day onto thighs, hips, abdomen and buttocks, until the product is absorbed.

'Spring clean' your cellulite-troubled areas

Why we like it: For one, the three-headed massage head means no messy hands. It also claims to work in three ways.
Formulated with Lipo-Smooth technology to help smooth out dimples and reduce the puffiness of cellulite.
The rollerball massager directly targets problem areas and is apparently clinically shown to boost microcirculation.
It contains olive leaf extract, which is a known antioxidant.

The cream itself is fast absorbing, odorless and suitable for sensitive skin, and after the initial stickiness has worn off, your skin feels smooth and silky.
I only treated one of my legs in order to properly establish if the cream works.
Verdict: 'No initial difference in the appearance of cellulite reduction when I squeezed my treated leg but it did look more moisturised and felt smoother than the other leg.'
Another uncomfortable part is when the gel is applied, it is absorbed fairly quickly and the applicator then drags your skin

The Solutions Cellu-Sculpt 3X is available at 150cm per tube at R220



FEMME POINT

The road to inner peace: If you can start the day without coffee, if you can always be cheerful, ignoring aches and pains, if you can resist complaining and boring people with your troubles...
If you can eat the same food every day and be grateful for it, if you can understand when your loved ones are too busy to be with you any time, if you can take criticism and blame without resentment, if you can conquer tension without medical help, if you can relax without alcohol, if you can sleep without the aid of drugs, then you are probably the family dog!

HEALTH TIPS

Putting women's health at forefront

FEMALE health issues will take top priority when the Port Elizabeth Health Unit hosts a women's health workshop next month in Summerstrand.

Reproductive specialists Dr Paul Dalmeijer and Dr Frans Botha, of the Health Unit in Port Elizabeth, and Jeffrey Hay-based gynaecologist Dr Clayton Colver, will give talks.

Dalmeijer has been involved in reproductive medicine - a sub specialty of gynaecology - for 25 years, and his part of the workshop will cover menopause and osteoporosis.

He says menopause has not been adequately managed in the past and that it is important for women to be given guidance on these subjects by well-informed experts.

'Women spend about a third of their life span in the menopause stage, and generally, menopause women do not receive the medical attention they deserve,' Dalmeijer says.

the most to have the desired long term advantages as they grow older. The treatment of menopause has to be holistic, from the lifestyle changes such as weight reduction, stop smoking, minimise alcohol intake to regular exercise, and using supplements like calcium and vitamin D, and most importantly, hormone replacement therapy, he says.

Botha will discuss endometriosis - a condition where tissue grows and causes pain, reproductive health and fertility problems.

'Women are reading things and seeing things on television all the time and as doctors we get to see the patient probably once a year in the consultation room. So sometimes like this is very important to get women to take better care of their health,' said Botha.

'Women are shy to ask questions about things like fertility, libido, contraception and other female issues so a one-on-one with their doctor.'

Botha says because patients rather respond to DIY advice, like taking home fertility tests and use other by information, they tend to wait longer to consult their doctor for expert advice.

Graves will discuss the ever changing and very important topics of contraception and HPV (human papillomavirus) immunisation.

The average life expectancy has increased to 83 years of age, and we need to attend to quality of life in the aging women. Generally the menopause is neglected by the medical profession. He added that when women reach their 50s, the average age to become menopausal, a 'window of opportunity' opens to properly manage the important medical conditions.

'We must target this age group of women because they are just starting



Dr Paul Dalmeijer

Female workshop



THE programme of the Women's Health Day on Saturday, September 10, at the Radisson Blu Hotel.

• Post menopausal hormone therapy and preventative strategies.
• The impact of endometriosis on women's health.
• Osteoporosis, the silent disease.
• The management of the infertile couple.

• Do we vaccinate against cervical cancer?
The workshop will cost R100 per person. For further information, contact: Tanya Schmidt, 011-371 5551 or registration@haco.co.za or www.eventline.co.za

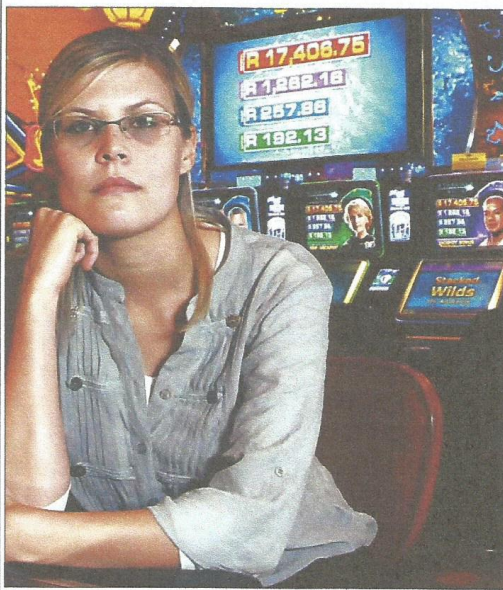
STRETCH... exercise is good for you

Clear warning signs obvious for anyone to see

There are warning signs to look for that a trained clinician will pick up. However, many signs of a pathological gambler are clear for anyone close to the gambler to see and these include:
• The individual is preoccupied with their gambling behaviour.
• Needs to gamble with increasing amounts of money to achieve the desired excitement.
• Repeated unsuccessful efforts to control, cut back or stop gambling.
• Restless or irritable when they try to do this.
• The individual gambles as a way to escape from problems or relieve feelings of helplessness, guilt, anxiety or depression.
• After losing money, the individual often returns another day to 'win back' the money lost.
• Lies to family, friends and significant others to conceal their involvement with gambling.
• Committing illegal acts such as forgery, fraud, theft or embezzlement to finance gambling behaviour.
• Jeopardises or lost significant relationships, job or educational or career opportunities due to gambling.
• Relies on others to provide money to relieve a desperate financial situation caused by gambling.

MIND AND BODY: Psychology student explores lives of pathological gamblers

Looking into minds of gambling addicts



ADDITION STUDY... Chanel Halgreen is doing her Master's dissertation on gambling addiction.

Picture: NORMARKMAN

Neo Bodumela bodumela@news.co.za

ANIELSON Mandela Metropolitan University student is looking for participants for a research project which she hopes will shed light into the minds of gambling addicts. The title of psychology student Chanel Halgreen's masters study is 'Exploring Behavioural Addictions: A Phenomenological Study of the Lived Experiences of Pathological Gamblers.'

According to the National Responsible Gambling Programme, 'problem gamblers are those whose gambling causes them personal, social and financial distress. In other words, problem gambling is correlated with social problems, whereas pathological gamblers are those whose problem are correlated with psychiatric/physiological disorders.'

Halgreen says she believes that it is important to look at the problem from the addict's personal point of view.

'I believe that statistics take a look at behavioural addiction from a stance that may omit the emotional relationship that people have with gambling.'

'By looking at an individual's subjective reality you see the phenomenon that is pathological gambling or maladaptive gambling, through that individual's eyes.'

'There are no pre-conceived ideas of what the experience is and information is drawn first hand,' Halgreen says.

She would like to interview men and women over the age of 18 who have had a pathological gambling problem.

The main aim of my study is to explore and describe the experience that participants attribute to gambling.

'I would also like to see if there are any common themes that emerge between participants' responses with regards to their experience of maladaptive gambling behaviour.'

Neither reference to participants will be made in the research and they will have access to the findings and according to Halgreen, anonymity will be ensured 'to the utmost'. The interviews will be conducted in 'a relaxed environment.'

She was originally approached to do a 'market research' style study and found that her personal interest in the addiction facilitated her drive to find out more.

The maladaptive behaviour does not only affect the individual that gambles but extends to their family, work and social relationships. 'This had negative personal, social, and financial consequences.'

'I believe that problem gambling is on the rise, which in essence indicates that pathological gambling is on the rise. Most people that I have come in contact with for the study know of someone who gambles more than they should or who have lost their house, been through a divorce or lost their business because of their gambling,' she says.

'I will meet participants after I have completed the study and produce a report of my findings to them and they will have access to the full research study.'

For further information contact Halgreen, 076466 2218 or channel.halgreen@mmu.ac.za

They will have access to the full research study

Free support group for those retrenched



A FREE support group service for people who have been retrenched is now available as a service for people in Nelson Mandela Bay.

The group, which is run by counselling psychologist Lynette Minnaar and Central crime fighter John Pretorius, came to fruition when Minnaar found that many people who had lost their source of income were turning to substance abuse and depression after retrenchment.

'I have come across people who are suffering because of being retrenched. People tend to suffer post traumatic stress and have financial concerns, this impacts all facets of their lives,' said Pretorius.

'This can also lead to alcohol abuse to drown their sorrows, substance abuse or even turn-



Free support group for those retrenched

problems are interconnected.' He says retrenchment can lead to feelings of 'being rejected' and the family trauma that follows is immense.

Lynette Minnaar says the group will create 'a social place where people can feel like they are not alone and they can find a way to help each other through their similar problems.'

'We would love to hold the meetings at least once a week. If we have to, we will even go on with two people but a maximum of 10,' she says.

'Losing your job is almost like losing a family member and most people think 'this cannot be true'. The powerlessness that follows and lack of self-worth that follows is immense.'

'The purpose of this group is take back their power after the shock and the anger.'

She says that with the help of a labour law specialist that they have roped in, they are hoping to give 'much needed legal advice' to the people in the support group all in the name of 'reaching out to the community.'

The meetings of the group will be held weekly at the Caritas Centre in West Street, Newton Park and, according to Pretorius, 'wherever people need the help.'

The support group will fall under Pretorius and Minnaar's new NGO called 'Taking Back My Power' which will provide other services including trauma counselling and a group for drug addiction.

For further information call

Pixel shoes



Pixel shoes are the new thing in footwear. They are made of a special material that is soft and comfortable. They are available in various colors and designs. They are perfect for everyday wear.

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Appendix 4: Informed consent



RESEARCHER'S DETAILS	
Title of the research project	Exploring Behavioural Addiction: A Phenomenological Study of the Lived Experiences of Pathological Gamblers
Reference number	
Principal investigator	Charnel Halgreen
Address	07-00-26 South Campus Nelson Mandela Metropolitan University
Postal Code	6001
Contact telephone number (private numbers not advisable)	041-5042776

A. <u>DECLARATION BY OR ON BEHALF OF PARTICIPANT</u>		<u>Initial</u>
I, the participant and the undersigned		
ID number		
<u>OR</u>		
I, in my capacity as		
of the participant		
ID number		
Address (of participant)		

A.1 <u>HEREBY CONFIRM AS FOLLOWS:</u>		<u>Initial</u>
I, the participant, was invited to participate in the above-mentioned research project		
that is being undertaken by		
From		
of the Nelson Mandela Metropolitan University.		

THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:				Initial	
2.1	Aim:	<p>(1) Enhance understanding of pathological gambling through the subjective descriptions that participants attribute to gambling.</p> <p>(2) Seek common patterns or factors that emerge between the participants with regards to the lived experience with a gambling addiction.</p>			
2.2	Procedures:	<p>Individuals selected via predetermined criteria.</p> <p>Complete a biographical questionnaire.</p> <p>Unstructured interview.</p> <p>Information captured using a recorder, and transcribed thereafter.</p>			
2.3	Risks:	<p>Possibility for participants to be overwhelmed by the content provoked by the questions.</p> <p>Participants could experience negative feelings associated with the 'recall' of the information elicited by the questions.</p>			
2.4	Possible benefits:	<p>Assisting participants to process their gambling behaviour.</p> <p>Assistance in gaining understanding into pathological gambling, through the interview process.</p> <p>The study could benefit future studies from the findings of the present study.</p>			
2.5	Confidentiality:	<ul style="list-style-type: none"> Avoidance of harm by keeping the identity of the participant will not be revealed in any discussion, description or scientific publications by the researcher. Use of pseudonyms in the transcription process. 			
2.6	Access to findings:	<ul style="list-style-type: none"> Via the researcher (report summary) – to participants. Complete dissertation in the NMMU (South Campus Library). 			
2.6	Voluntary participation / refusal / discontinuation:	My participation is voluntary	YES	NO	
		My decision whether or not to participate will in no way affect my present or future care / employment / lifestyle	TRUE	FALSE	

3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:								Initial
Chanel Halgreen (researcher)								
in	Afrikaans		English		Xhosa		Other	
and I am in command of this language, or it was satisfactorily translated to me by								

(name of translator)	
I was given the opportunity to ask questions and all these questions were answered satisfactorily.	

4.	No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.	
-----------	---	--

5.	Participation in this study will not result in any additional cost to myself.	
-----------	---	--

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:	
Signed/confirmed at	on 20
Signature or right thumb print of participant	Signature of witness:
	Full name of witness:

B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)							
I,	Charnel Halgreen			declare that:			
1.	I have explained the information given in this document to						
2.	He / she was encouraged and given ample time to ask me any questions;						
3.	This conversation was conducted in	Afrikaans		English		Xhosa	Other
	And no translator was used <u>OR</u> this conversation was translated into						
	(language)		by		(name of translator)		
4.	I have detached Section D and handed it to the participant			YES		NO	
Signed/confirmed at				on		20	
Signature of interviewer			Signature of witness:				
			Full name of witness:				

C. DECLARATION BY TRANSLATOR (WHEN APPLICABLE)			
I,	(full names)		
ID number			
Qualifications and/or			
Current employment			
confirm that I:			
1.	Translated the contents of this document from English into	(language)	
2.	Also translated questions posed by	(name of participant)	as well as the answers given by the investigator/representative;
3.	Conveyed a factually correct version of what was related to me.		
Signed/confirmed at		on 20	
I hereby declare that all information acquired by me for the purposes of this study will be kept confidential.			
Signature of translator		Signature of witness:	
		Full name of witness:	

D. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant's participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

(indicate any circumstances which should be reported to the investigator)

Kindly contact

Charnel Halgreen

at telephone number

041-5042776