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PRE-PRINT VERSION – NOT TO BE QUOTED WITHOUT PERMISSION

## The Representation of Gambling in Gambling Awareness Campaigns: The Discursive Construction of Addiction

### 1. Introduction

Over the past three decades, as gambling opportunities have expanded around the world, gambling has received increasing attention on the part of clinicians and researchers. While it is generally acknowledged that not all gambling falls within the definition of a medical condition, pathological gambling was recognized as a psychiatric disorder in the 1980s, when it was included in the influential American Diagnostic and Statistical Manual of Mental Disorders (DSM-III). In the 1990s the DSM- IV significantly reworked the diagnostic criteria, *de facto* sanctioning the inclusion of gambling among chronic and progressive mental illnesses. According to recent research, gambling disorders may affect 0.2-5.3% of adults worldwide, often with a prevalence of comorbidity with mental health, academic and social problems (Ferguson/Couklson/Barnett 2011). Measurement and prevalence vary, but it is undeniable that problem gambling has become a very public concern and, as such, the object of policy intervention, not least in the form of awareness and prevention campaigns, many of which targeted at youths (Byrne *et al.* 2005). At the same time, gambling also represents a source of state income in many countries, resulting in conflicting interests being at play in communication about gambling in general, and warnings about potential gambling addictions in particular.

This chapter investigates the discursive construction of gambling in selected English-language gambling-awareness campaigns recently issued in different countries around the world. The study analyses the communicative strategies deployed in the campaigns with a view to identifying their discursive, rhetorical and linguistic coordinates. The focus of the investigation is on the role played by discourse in the framing of gambling as either a personal problem, a social challenge, or a pathological issue, with the attendant patterns of responsibility attribution and/or pathologization.

The methodological framework adopted is discourse-analytical in focus and relies on a conceptualisation of discourse as social action (Fairclough 2003) which both frames and is framed by social practice. Special attention is paid to the implications of discursive processes both for the social construction of illness and disorder (Conrad/Barker 2010) and for the rhetorical structuring of pathologized self-representation (Rossol 2001).

## 2. Background

This chapter takes its move from the consideration that the rise of ‘problem gambling’ as a form of pathological behaviour is a clear example of the way in which illness is socially constructed, and more specifically of the process through which deviant behaviour is medicalized. Discourse plays a key role both in the social construction of illness and in the pathologization of deviance, as it is in and through it that illnesses and pathological behaviours are first constituted and/or identified, and then reinforced and/or contested. In particular, while constant engagement – especially on the part of institutional actors – with medically-oriented discourses of deviance warrants a social perception of problem gambling as an illness, rejection of such discourse denies deviant behaviour pathological status, with far reaching consequences in terms of social acceptance, responsibility attribution, and institutional intervention legitimacy/desirability.

While these considerations are common to numerous deviant behaviours where an individual choice component plays a role (such as, for instance, drug abuse, obesity, or smoking), in the case of gambling the scenario is further complicated by the fact that governments are often directly implicated in gambling activities. State and provincial lotteries have been a form of public financing for most of the history of contemporary North America, and starting from the last two decades of the twentieth century state-sponsored, or at least state-sanctioned betting, has become more widespread in many western countries. The de-marginalisation of gambling (a form of socially reprehensible entertainment originally confined to the upper and lower classes), with the attendant growing appeal of betting and gaming among the financially independent and socially influential middle classes, has resulted in a broadening of the public exposed not only to gambling but also to its potential harmful effects, both individually and socially. As a result, the management of the potential problems arising from a larger incidence of gambling habits among the general population has become an issue of concern on the part of those very actors who have contributed to promoting them.

In consequence of the above, public discourses of gambling need to negotiate the contested space between social acceptability and pathological behaviour. This requires the deployment of complex rhetorical and argumentative strategies, which represent the discursive means whereby public perception of gambling is constructed. A discourse-analytical, argumentation-based and rhetorically aware approach to gambling is therefore essential to fully understand the social and ideological implications of gambling discourse, and may help shed light on the discursive processes whereby social acceptability of potentially deviant behaviours is negotiated *vis-à-vis* their medicalization.

## 2.1. The social construction of illness and the medicalization of deviant behaviours

Over the last few decades the social construction of illness has become a major research perspective in medical sociology. As

highlighted by Conrad and Barker in a recent article (2010), among the key findings yielded by this approach to illness and disease is, first, the recognition that “all illnesses are socially constructed at the experiential level, based on how individuals come to understand and live with their illness”; parallel to this is the acknowledgement that “medical knowledge about illness and disease [...] is constructed and developed by claims-makers and interested parties” (and is therefore the object of discursive negotiation); finally, both the social construction of illness and the social construction of knowledge about illness appear to be deeply affected by cultural frameworks (Conrad / Barker 2010: 68). These factors largely determine public attitudes towards illness and, more specifically, towards behaviours and conditions whose pathological nature is uncertain or contested, with important consequences at both the individual and at the societal level.

The medicalization of deviance – of which gambling is a prime example – is an eminent example of social construction of illness. First modelled in a seminal study published in 1980 by Conrad and Schneider, who traced the socio-historical factors involved in the medicalization of deviance and identified the socio-cultural conditions favouring it, it was later shown by Rosecrance (1985) to be suited to be applied to compulsive gambling. Rosecrance’s study reconstructs the evolution of the conceptualization of gambling from a morally and legally reprehensible behaviour (a view prevalent up to well into the twentieth century) to an uncontrollable illness. It traces the first fully medicalized conception of gambling to Bergler (1957), who saw gambling as a form of compulsive behaviour determined by a self-destructive desire to punish oneself by rebelling against the rationality of adult authority. Gambling, however, did not gain widespread acceptance as a medical condition until a claims-making group – Gamblers Anonymous – succeeded in fostering the acceptance of a conceptualization of gambling as uncontrollable compulsion, which in turn set the stage for the establishment of a therapeutic regimen capable to control the compulsion (Rosecrance 1985: 278).

A therapy protocol soon followed, developed by a group of psychiatrists linked to Gamblers Anonymous. In this way, medical turf was secured, with full institutionalization of gambling as illness

achieved in 1980, when it was included in the *Diagnostic and Statistical Manual III* of the American Psychiatric Association.

Rosecrance also predicted that the medical model of compulsive gambling was likely to have a growing influence on the definition of gambling problems (1985: 280), and that – in line with Conrad and Schneider’s (1980: 275) observation that “as a particular kind of deviance becomes a middle-class rather than solely a lower-class ‘problem’, the probability of medicalization increases” – a growing middle-class involvement with the problem was likely to accelerate and consolidate medical approaches.

Thirty years on, Rosecrance’s prediction has been by and large confirmed, with gambling addiction featuring extensively in specialized medical publications. However, public discourses of problem gambling appear to be more nuanced in their approaches, displaying varying definitions of problem gambling which, albeit pointing all in the direction of medicalization, bear signs of an ongoing discursive negotiation along the continuum from ‘safe gambling’ to ‘gambling addiction’ through interactionally achieved self-diagnosis and the destigmatization of deviance.

### 3. Materials and research design

The purpose of the study is to investigate the above-mentioned public discourses of gambling as they are instantiated in gambling-awareness communication campaigns on the part of institutional actors. Communication originating in institutions and aimed at the general public was selected as the focus of the investigation as it was deemed particularly suitable to the exploration of the cultural and ideological construction of gambling in society. Institutional communication is particularly influential in the definition of medical conditions or other types of deviance by virtue of the key role it plays in ideology construction: in disseminating dominant discourses, institutional communication naturalizes the ideologies underpinning them, thereby

turning them into shared ‘truths’. Thus, the view of gambling conveyed in institutional communication exerts a powerful influence on public opinion, especially when such view is disseminated through the media, which heighten and multiply the legitimating effect of institutional sanctioning (Gamson/Modigliani 1989; Lakoff/Ferguson 2006).

As part of the research project, a search was undertaken for gambling awareness campaigns in English promoted by institutional actors at local or state level worldwide. Gambling-related materials posted on institutional websites addressing public health issues were also included in the collection, yielding a sizeable corpus of texts which was, however, largely dishomogeneous due to the varied provenance of the samples. A further difficulty encountered was that gambling campaigns are relatively new and not very frequent, while more consistent (though admittedly probably not quite as effective in terms of public outreach) communication could only be found in dedicated websites.

As mentioned above, the aim of the analysis was to identify the linguistic and rhetorical means whereby gambling comes to be discursively construed as a form of deviance, medical condition, or (ir)responsible behaviour. A preliminary investigation of the materials collected made it possible to isolate three main areas which appeared to play a key role in such construction. The areas related to, respectively, 1) terminological differentiation; 2) interactional co-construction of disease; and 3) normalization of deviant behaviour.

On the basis of these preliminary insights, three campaigns were singled out which were deemed to be representative of the range of approaches detected. The first one consists of a series of press releases issued by the US National Council on Problem Gambling (NCPG) on the occasion of the launch of the National Problem Gambling Awareness Month 2014<sup>1</sup>; the second is a campaign called ‘Stop the Chase’<sup>2</sup> issued in the same year by the Canadian Responsible Gambling Council; and the third one is another

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1 The press release corpus is supplemented with further material retrieved from the NCPG website.

2 <<http://www.stopthechase.ca/index.html>>, last accessed on May 30th, 2014.

campaign, this time Australian, launched in the early months of 2014 by the government of Queensland and called ‘Gambling too Much?’.<sup>3</sup>

As for the methodology adopted, a mainly qualitative, discourse analytical approach was selected, with specific analytical tools being deployed on an *ad-hoc* basis depending on the type of materials considered. More specifically, the analysis focused on recurrent rhetorical and argumentative strategies, primarily using tools drawn from Argumentation Theory in the pragmadialectic tradition (van Eemeren *et al.* 1993; Van Rees 2006), integrated with other methodological perspectives, most prominently Evaluation Theory (Hunston/Thompson 2000) and Systemic-Functional Grammar (Halliday 1978).

#### 4. Naming strategies in the conceptualization of gambling and the NCPG

How you call a condition plays a crucial role in identifying it as a disease, as Conrad and Schneider (1985) recognized in attributing to naming a special role in the medicalization process (see also Clarke *et al.* 2003). Indeed, labelling theory (a theory which posits that institutions' reactions to a given behaviour – their labelling of it – plays a crucial role in its definition as deviant or otherwise; cf. Pfhol 1985) is at the heart of their approach. According to Conrad and Schneider, naming, or labelling, is involved at the conceptual level of medicalization, which relies on the use of medical terminology as a form of definitional strategy.

Definitional – and hence terminological – issues are therefore crucial to medicalization. As highlighted by Delfabbro (2013), disorders involving gambling are typically defined as ‘pathological gambling’, with ‘pathological’ being a psychiatric term “which refers to the presence of a mental disorder recognised by the DSM-IV”

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3 <<http://www.olgr.qld.gov.au/gaming/minimising-harm/gambling-awareness-campaigns/gambling-too-much>>, last accessed on May 30<sup>th</sup>, 2014.

(Delfabbro 2013: 37). This labelling choice frames the gambling-related problem as an illness pertaining to the individual. By contrast, ‘problem gambling’ – another frequently used term – while often used interchangeably with ‘pathological’, appears to be typically used in discussions of gambling carried out from within disciplinary fields such as anthropology, sociology and geography, in which the focus is not so much on the individual causes of problem gambling as on the broader social, spatial and cultural factors that contribute to gambling problems (Delfabbro 2013: 73). Other terms used are ‘compulsive’ and ‘excessive’, but these are often dispreferred because they only partially or inadequately identify the problem (in other words, they are not terms proper).

Quite apart from the specific implications of the various definitions, the linguistic strategy used to label the illness is interesting in itself, as it indicates a focus on distinguishing between an acceptable form of gambling (typically defined as “responsible”), and “*pathological* gambling”, i.e. a form of gambling which requires medical intervention. The concept of gambling is thus split into two separate concepts, the first one used to define “fun”, socially acceptable gambling, while the second one is used in discussions of problem gambling. This is a strategy shared with other contested fields of institutional intervention located at the crossroads between social acceptability and deviance, such as drinking (“*problem* drinking” vs “*responsible* drinking”) and drug use (“*recreational* drugs” vs “*heavy* drugs”), and may therefore be considered a recurring discursive strategy in the definition of contested illnesses.

This labelling strategy makes it possible first of all to define pathologization as a matter of scale: there is a continuum between responsible gambling and pathological gambling, and it is along this continuum that there is scope for institutional intervention. In addition, by refraining from attributing to the word exclusively negative denotational meanings (as was customary when gambling was considered a “sin”), it provides the ground for the continued maintenance of gambling as a legitimate individual activity and legal industry.

From a rhetorical perspective, the splitting of the concept of gambling into two separate concepts – “responsible gambling” and



“pathological/problem gambling” – is a clear example of the use of dissociative techniques to accommodate contradictory positions on the same topic. Insofar as problem gambling must be medicalized without de-legitimizing gambling as such, the need arises for a distinction to be made between responsible and pathological gambling which prioritizes one over the other depending on the speaker's standpoint.

Dissociation is one of the two general categories of argument schemes identified by Perelman and Olbrecht-Tyteca (1969) in their taxonomy of argumentative techniques in *The New Rhetoric*. As van Rees (2006: 475) aptly sums up,

in dissociation the speaker splits up a notion considered by the audience to form a unitary concept into two new notions, one of which comprises the aspects of the original notion that the speaker considers real or central (Term II), the other, the aspects that he considers apparent or peripheral (Term I).

Dissociation therefore involves two different speech acts – distinction and definition:

It involves distinction, because through dissociation a notion that the audience regards as a conceptual unit is split up into two new notions, each comprising part of the original one. And it involves definition, because, as a result, the original term is newly defined and alongside the old one a new term is called into being, receiving a definition of its own (or the old term is replaced by new terms, each with their own definition). (Van Rees 2006: 474)

Because of the double function they serve, dissociative techniques can be used to achieve analytical precision functional to argumentative effectiveness. Additionally, they enable the speaker to reconcile apparently contradictory positions in respect of one and the same notion. Thus, distinguishing between responsible and problem gambling enables the speaker to support the legitimacy of gambling while emphasising its pathological outcomes.

A clear illustration of the way in which dissociative techniques are used in the definition of problem gambling is provided by the opening of one of the press releases issued by the US National Council on Problem Gambling. The text runs as follows:

- (1) *Gambling addiction is a public health problem impacting relationships, families, business and communities. The National Council on Problem Gambling highlights National Problem Gambling Awareness Month.* Washington, DC. Legalised gambling is more readily available now than in any other time in US history: 48 states allow some form of gambling. Although most people gamble for fun and recreation, some can develop a problem that can lead to severe negative consequences. Problem gambling not only causes issues with the gamblers themselves but many other people are affected by an individual's gambling problem, whether they be family members, friends, or even employers. (NCPG press release March 6<sup>th</sup>, 2014)

The press release assumes an institutionalized medicalization of problem gambling (“gambling addiction is a public health problem”), while at the same time reproducing a general concept of gambling which emphasizes its legitimacy (“legalized gambling is more readily available now than in any other time in US history”). The definition of problem gambling *vis-à-vis* legitimate forms of the activity is arrived at through the use of a concessive structure instrumental to the redefinition process. This structure deploys concession in order to move from a broad, shared concept of gambling as a harmless activity (“most people gamble for fun and recreation”) to a narrower one in which gambling is seen as a problem (“some can develop a problem that can lead to severe negative consequences”): thanks to concession, problem gambling is given centrality in the discussion even while legitimate forms of gambling retain their validity. This enables a smooth shift from gambling to *problem* gambling which is instrumental to the medicalization of the latter while leaving the former unaffected (but peripheral in respect of the issue under discussion). This strategy is echoed in many other texts on problem gambling featuring in the corpus, some examples of which are quoted below:

- (2) For most people gambling is fun and entertaining, but for some it’s a serious problem that continues even after the fun is gone. (Nevada Council on Problem Gambling website)
- (3) For many, gambling is a fun activity, but for those who become addicted to gambling, it is a devastating disease. (Californian Council on Problem Gambling website)

The distinction between “*responsible/fun/entertaining*” and “*problem gambling*” can be rhetorically effective, but it opens the flank to attempts to associate the two concepts again (in a reverse process aimed at cancelling out the distinction made in the first place). Even though the pathological aspects of gambling are subject to a definition which clearly sets them apart from the more general concept of gambling, the recurrence of the same term in both legitimate and pathological definitions represents a potential source of vagueness, with the negative overtones of problem gambling potentially rubbing off on legitimate gambling practices.

The linguistic structure of the definition heightens the risk that this may happen: the splitting of gambling into two different concepts relies on different premodifications, with the head of the phrase being the same. Of course, it is precisely the premodifying constituents which are key to the definition; in other words, their function is that of classifiers (Halliday / Matthiessen 2004: 319- 321), i.e. of items that “indicate some particular subclass of the thing in question” (2004: 319). However, classifiers are by their very nature a fuzzy category, and it is not uncommon for items occurring in premodifying position to be interpretable as either classifiers or epithets (i.e. words indicating some kind of quality of the following “Thing”; Halliday / Matthiessen 2004: 319-320). While terminological adequacy rests on the interpretation of the premodifications as classifiers, the fuzziness of the distinction compromises the definitional effectiveness of the two labels. Despite the effort to distinguish between “responsible gambling” and “problem gambling”, the two expressions continue to share the same syntactic head: this increases the potential for lumping together different gambling behaviours under the same label, thereby erasing the functional differentiation mentioned above.

Probably as a consequence of this, there appears to be a process at work in the discourse of gambling aimed at making the distinction between safe and pathological behaviours even more clear-cut. This is done by replacing the word “gambling” with “gaming” when referring to safe forms of betting, thereby confining the use of “gambling” to contexts in which gambling is a problem. This move appears to be gambling industry initiated (even though the gambling industry denies intentionality; cf. Humphreys/Latour 2013) A second press release

issued by the National Council on Problem Gambling a week after the one analysed in Example (1) illustrates this process:

(4) **What does responsible gambling mean?**

The National Council on Problem Gambling shares tips for reducing risk of developing gambling disorder.

Washington DC – March 17-21 marks the third week of the National Council on Problem Gambling's (NCPG) National Problem Gambling Awareness Month (NPGAM). The goal of the campaign is to raise awareness about *problem gambling* and resources available for help.

According to Keith Whyte, NCPG executive director, *responsible gaming* is essential, ethical, and economical for both individual and the gaming industry. Whyte states, "*Responsible gaming* is the obligation of gambling operators – including lotteries, casinos, and racetracks – to minimize individual and community harm through a formal internal *responsible gaming* program and support for external *problem gambling* services." NCPG calls on all who operate on profit from gambling to dedicate at least one percent of their gambling revenue to *responsible gaming* programs. (NCPG press release March 13<sup>th</sup>, 2014 emphases added)

In the text above, as in Example (1), the medicalization of problem gambling is taken as a given, and its assumption-based nature signalled through lexical choices ("gambling disorder") which immediately frame the problem as a medical issue. By contrast, safe gambling is referred to as "gaming". Thus, the distinction between "*problem*" and "*responsible gambling*" is replaced by the dichotomy "*problem gambling*" / "*responsible gaming*", with "gambling" becoming progressively associated with a negative prosody (of a medicalized kind) and "gaming" with a positive one, both words becoming thereby evaluatively charged (Hunston/Thompson 2000). In this way the conceptual distinction between the two aspects of gambling is brought to completion, with the term "gambling" (unspecified) retaining a general meaning, but being progressively relegated in usage to discussions of pathological issues, and "gaming" effectively replacing it in neutral discussions.

Further examples of similar patterns of usage can be found in the policy documents issued by the NCPG. The opening of the "Internet responsible gambling standards" (which appear in a section

of the NCPG website devoted to internet responsible *gaming* standards), issued in 2012, runs as follows:

- (5) Gambling has benefits but also has well documented negative consequences. Internet gambling is no exception. It is clear that some who gamble online will develop problems and that these problems are serious. The most ethical and cost-effective response to gambling addiction issues raised by internet gambling is a comprehensive public health strategy [...]. Responsible gaming standards are an important aspect of this approach [...].
- NCPG reviewed current internet responsible gaming codes and regulations from around the world (see Appendix A) to guide the development of this standard. The final recommendations in this document flow from our 40 years of experience in problem gambling issues, existing international codes (in particular the Responsible Gambling Council's draft internet gambling standards), empirical evidence and feedback from experts in the field [...]. The NCPG standard is a work in progress as internet gambling-related legislation, regulation and technology continue to evolve rapidly. [...] Analyzing actual player behavior leads to better understanding of gambling and problem gambling.
- It is strongly recommended that operators and regulators consult with experts in the problem gambling field during the development and implementation of internet gambling. Problem gambling, like other diseases of addiction, will likely never be eliminated, but we must make better efforts to mitigate the damage. A portion of all gambling revenue must be dedicated to reduce the social costs of gambling addiction.

The text features an opening concessive structure which distinguishes harmless gambling (peripheral to the discussion) from problem gambling (central to it), and uses the ensuing definition as an explicit premise in an argument in support of the standpoint that Internet gambling standards must be implemented. The definitional strategy deployed in the opening is reinforced in the remainder of the text, where the distinction between “problem gambling” and “responsible gaming” is reiterated, with gambling (unspecified) maintaining a neutral connotation.<sup>4</sup>

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4 Further empirical evidence of an ongoing trend towards greater lexical differentiation between gambling and gaming can be found analysing a small corpus of internet texts retrieved using the Bootcat tool, a software developed for the purpose of aiding in the construction of *ad-hoc* corpora. Using words such as ‘gambling’, ‘gaming’, ‘responsible’, ‘problem’ and ‘disorder’ as seeds

The full institutionalization of problem gambling as a disease is highlighted both at the beginning and at the end of the text, where the pathological nature of this behavioural deviance is taken for granted:

- (6) The most ethical and cost-effective response to gambling addiction issues raised by internet gambling is a comprehensive public health strategy that includes prevention, education, treatment, enforcement and research services.
- (7) Problem gambling, like other diseases of addiction, will likely never be eliminated, but we must make better efforts to mitigate the damage.

In the first of the two passages, gambling problems are framed in terms of “gambling *addiction*”, with the concept being introduced as a given and therefore as something which is not subject to discussion, with a shift in textual make up from argumentation to exposition (Snoeck Henkemans 2001); similarly, in the closing passage the association of problem gambling with “other diseases of *addiction*” reinforces the claim that the pathological nature of the deviance is an accepted truth.

## 5. The interactional construction of problem gambling as a disease: the “Stop the Chase” campaign

Another aspect which is crucial to the medicalization of deviance, according to Conrad and Schneider (1985), is its co-construction as a

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to build tuples (combinations of words which must occur in a text for it to be selected as part of the corpus), a small corpus (56.769 words) was built. A quick analysis conducted with Wordsmith Tools 4.0 revealed that while the word ‘gambling’ is much more frequent than ‘gaming’ (1042 occurrences vs 257), the latter collocates more consistently with the adjective ‘responsible’ than with any other qualifier; by contrast, the most frequent collocate of ‘gambling’ is ‘problem’. While of course not conclusive, evidence found in the corpus suggests that ‘gaming’ is used as an alternative to ‘gambling’ on occasion, and that this use is prevalent in positive prosody, while definitional labels involving the word ‘gambling’ are used in medicalized contexts.

disease in interaction. Typically this involves doctor/patient interaction, and insofar as it relies on persuasion, it may have a substantial argumentative component, as highlighted in a recent volume edited by Rubinelli and Snoeck Henkemans (2012). In the case of problem gambling, however, interactive processes of disease construction do not appear to necessarily involve doctors; in fact, peer interaction has been shown to contribute substantially to the way in which problem gamblers come to recognize themselves as sufferers. Rossol (2001) defines the medicalization of gambling as an interactive achievement, and points out that even compulsive gamblers who seek help rarely define themselves as sufferers upon engaging in counselling, but soon comply with the medicalized definition of problem gambling put forth in interaction by (often non-medical) counsellors, constructing for themselves a new identity as sufferers/patients in need of medical help through discursive alignment with the medicalizing suggestions of the interlocutors.

A similar interactive process of self-identity construction by problem gamblers as disease sufferers is fostered by a campaign promoted in the spring of 2014 by the Canadian Responsible Gambling Council. The campaign website features a grey page upon which a vertical line is shown. The reader is invited to “scroll down to get to the website” (an action which demands his/her interactional cooperation), but the webpage never comes. Instead, further encouragement to continue scrolling appears at regular intervals, in a never-ending cycle. A way out is offered (after long enough scrolling to make one doubt that an exit is possible at all) by a red arrow appearing on the bottom right corner of the page. Clicking on the arrow leads to the actual website, whose textual and discursive articulation revolves around a strategy of progressive self-awareness raising leading to the self-construction of the gambler as sufferer.

The webpage opens with a statement aimed at establishing common ground by making reference to a widely held belief, only to argue that such a truth not always holds:

- (8) We have all heard that perseverance pays off. Persist through tough times, shake yourself off when you fall down and keep trying. This works in many areas of life. It does not work when it comes to gambling.

The inclusive “we” placed at the very beginning of the text, combined with the impersonal “you” that immediately follows establishes a neutral ground upon which to build the campaign’s persuasive strategy. The entire campaign aims at proving that “perseverance does not work when it comes to gambling”, and does so by providing evidence of the negative effects of “the chase”. A definition of “the chase” follows:

- (9) Chasing losses is when you continue to gamble to try to win back money you’ve lost. It’s a false belief that you are bound to win, so you spend increasingly more money and time gambling despite your increased losses. This is the beginning of more bad things to come.  
 You say you’ll stop gambling when you win big or win back what you’ve lost. Or you just need to catch up after a bad weekend of losses.  
 Or maybe you need to change your strategies or your luck. Basically, chasing losses means continuing to bet and increasing the amount of the bet in order to get even.  
 You really believe that gambling more money is the only way to win back lost money. But it only puts you further and further in the hole. Chasing is a sign that you are losing control of your gambling.  
 Stop the chase before it starts.

In this text, the neutral, ground-establishing use of interpersonal resources deployed in the opening of the page gives place to a much stronger reader orientation. In a subtle shift from impersonal to personal “you”, the reader is addressed directly, and their rationalizing justifications for continuing gambling are given the lie. This is done by encouraging the reader to apply a strategy which is still of a rationalizing kind, but which recognizes that the positive value of perseverance does not apply to gambling.

The belief that “perseverance pays off” is the outcome of the application of a pragmatic argumentation scheme (Perelman/Olbrechts Tyteca 1969; Schellens 1987; van Eemeren / Grootendorst 1992; Walton / Reed / Macagno 2008). Pragmatic arguments are built as follows:

X is desirable  
 because it leads to Y  
 and Y is desirable



In the case at hand, the argument about perseverance states that

Perseverance is desirable  
*because* it leads to success  
*and* success is desirable

By contrast, the argument put forth in support of the undesirability of perseverance in gambling starts off from the undesirability of the outcome (consistent failure):

Perseverance in gambling is undesirable  
*because* it leads to failure  
*and* failure is undesirable

In other words, by showing the undesirability of the outcome, the campaign applies the same principle, reversing its application to demonstrate that the standpoint that perseverance is desirable cannot be defended in the case of gambling.

The first step in the strategy of co-construction of problem gambling, therefore, is a rational appeal which acknowledges the reasonability of the counterpart: it does not label the compulsive gambler as a mental illness sufferer, but simply exposes a glitch in his/her rationalising schemes which is further explained in the following sections.

In the next step, rational appeals are replaced by affective appeals, with an emphasis on the negative feelings associated with repeated loss:

- (10) The chase doesn't feel good. It's filled with anxiety, frustration, and worry. Gambling doesn't feel the way it did before the chase – when it was a fun night out with friends. It's not fun anymore. It isn't about having a good time. It's about getting even. It's about rationalizing losses: it was the wrong bet, it was the wrong team to back, there wasn't a "good feeling" about the original bet, "I should've..." This leads to increasing bets, betting on long shots even with the nagging feeling that you won't win – all in the hopes of a big payoff. The result is more losses than wins, and more frantic bets to win it all back.

The explicit interpersonal engagement of the first section is replaced by a more indirect approach which encourages the reader's self-

identification with the predicament described. This discursive strategy mirrors the process of progressive enmeshing which characterizes addiction. Care is taken not to convey blame, even though lack of rationality and loss of control are hinted at (see, for instance, the term “frantic”).

- (11) Everyone wins occasionally. Thinking that the very next bet could be a winner makes it difficult to quit. Just one spin could make all your losses go away. Sometimes the desire to win back money makes the original loss seem “less bad.” It’s just a “losing streak,” or the money can be recouped easily. Chasing losses can seem like the logical thing to do. In order to persevere or look good in the eyes of others, gambling can be seen as the only alternative.

The emphasis on subjective perception persists in this section. At the same time, the fallaciousness of the beliefs spurring disorderly gambling behaviour is indirectly evoked through the use of distancing devices (“chasing losses can *seem* like the logical thing to do”; “gambling can *be seen* as the only alternative) which reduce the truth value of the propositions they frame, thereby opening the door to alternative perspectives. It is noteworthy also that care is taken to maintain shared common ground with the reader by acknowledging the fact that the behaviour of pathological gamblers maintains a kind of apparent rationality. In other words, the reader is not *told* that their behaviour is illogical, but is led to realize its irrationality through a process of self-discovery.

The next section brings to conclusion the argumentation strategy developed throughout the text.

- (12) Losing doesn’t feel good. It’s human nature to resent losses and to take it personally. It’s understandable that you want to prove to yourself or others that you didn’t make the wrong decision. In this case, chasing seems logical to undo the negative. But gambling is not like other areas where perseverance pays off. The more you risk the more you hurt yourself. Over time, people often borrow money to recoup losses. Continued gambling leads to still more losses and more borrowing. The more money borrowed, the greater the commitment to more gambling to gain enough money to pay off the debt. If you stop chasing, you lose both money and self-esteem.

Again, shared common ground is maintained through reference to the “logicality” of the addict’s behaviour. Such reference is functional to winning his/her cooperation in the co-construction of problem gambling, which is arrived at – finally – through the application of a pragmatic argument which exposes the fallacy of the previous ones.

The closing section of the campaign equates perseverance of the wrong type with loss of control, while emphasising the positive outcomes of persevering in desirable behaviours:

- (13) The good news is that the feeling of wanting to chase is your warning signal. Chasing is a sign of losing control, and when the feeling arises it means that it is time to take a break from gambling. Remember, your chance of winning after a loss is no better than before. The best way to avoid chasing is to never break the first rule of gambling: do not gamble more than you can lose. Be honest with yourself. What are the limits that you can live with? How much can you lose so that you can wake up the next day feeling as good as the day before? Set a loss amount that you wouldn’t feel bad about losing in a day, and stick to it. Think about another area where you probably know people who are trying to change their behaviours – like trying to losing weight. Yes, that chocolate cake tastes and feels amazing for the couple of minutes you are eating it. However, that enjoyment is short-lived when you realize you are sabotaging those things that are important to you.....those things that are worth perseverance.

The text includes advice which suggests that loss of control can be avoided and rational thinking recovered. The problem gambler is not immediately labelled as a pathological subject, but is rather encouraged to self-diagnose his/her problem and ask for help if needed. In line with the strategy of co-construction adopted, the site does not proceed to full medicalization in the same page. Rather, the reader needs to actively decide to move on to the next stage by clicking on another red arrow bearing the words “Need help?”. Medicalization, therefore, is not imposed upon the sufferer, but selected by him/her as an act of free will.

## 5. Shifting the focus: breaking the barrier to self-diagnosis and the “Gambling Too Much?” campaign

The two campaigns discussed above provide examples of different approaches to the medicalization of problem gambling. While the US NCPG campaign focuses on problem gambling as a public health issue and assumes its pathological nature (with an approach which is institution-initiated and medically oriented), the Canadian campaign is centred on cooperative co-construction of a pathological behaviour located on a cline between rationality and control. Both campaigns acknowledge that problem gamblers may resist pathologization, and indirectly recognize that social stigma may be a contributing factor in their reluctance to seek help, frequently mentioning the possibility of seeking help under conditions of anonymity. Neither, however, explicitly addresses the topic of social stigmatization.

It has been pointed out at the beginning of this chapter (§2) that as part of the process of medicalization, deviant behaviours are reframed as illnesses, thereby moving from morally deplorable conducts to medical conditions worthy of sympathy. Pathologization is therefore closely linked to de-stigmatisation. Indeed, the medicalization process both fosters and is accelerated by de-stigmatization: as a condition ceases to be considered a moral flaw, social acceptance is furthered, which in turns leads sinners-turned-sufferers to seek help. On the contrary, not only the actual persistence of social stigma, but also its perceived endurance represents an obstacle to the voluntary acceptance of one's pathological condition.

It is therefore crucially important for the successful medicalization of gambling that both responsible gambling and problem gambling be normalized, and their perceived deviancy reduced to normalcy, the latter also including pathological behaviours. Such normalization in the service of self-diagnosed medicalization (where applicable) is the objective of an Australian campaign launched in 2014 and called "Gambling too much?". The campaign is entrusted to posters featuring tableaux of seemingly carefree everyday life beneath whose surface lurks the menace of gambling addiction. In one of them, a pub scene, two flies exchange the following lines:

- (14) "Bet you can't pick the one who's gambling too much?"  
"Bet you're right".

Below the dialogue is a caption which states:

- (15) They say Aussies will bet on anything. Even two flies climbing up a wall. It's no surprise then that anyone can get it over their head. Maybe it's you? Free and confidential help is available.

The humorous tone of the advertisement belies its serious purpose. The text of the caption frames gambling as a behaviour which is typical of Australian people (a general category to which the addressee belongs), thereby establishing a shared common ground. The risk of problem gambling is seen as a natural consequence ("It's no surprise") of the passion for betting which characterizes the general population. By saying that "anyone" can be affected, the text reinforces the idea that gambling problems are not the result of a flawed character, but are rather the unintended, but nonetheless widespread, consequence of largely innocuous behaviours getting out of control.

The campaign attempts to remove persisting remnants of (perceived) social stigma from gambling addiction by suggesting that nobody is immune. In so doing, it relies on a strategy which is typical of campaigns aimed at promoting social acceptance for mental illnesses, thereby paving the way for the complete medicalization of problem gambling.

Thus, the campaign successfully decouples deviant behaviour from moral/social condemnation – a crucial step in the medicalization of deviance which appears to be here in the process of being accomplished.

## 6. Conclusions

Problem gambling is a type of deviant behaviour which has been progressively medicalized over the last fifty years. A clear sign of this medicalization is the progressive adoption of disease-related terminology to refer to socially unacceptable aspects of gambling.

Labelling of this kind reflects (and at the same time warrants) the adoption of a medicalization-oriented discursive framework for the interpretation of unlicensed gambling behaviour. This is reflected in the wording of many gambling-awareness campaigns (“awareness” having replaced alternative, morally negatively charged labels such as ‘anti-gambling campaigns’), which focuses on the identification of symptoms of problem gambling and on the need to seek professional assistance, often of a medical kind, to overcome the problem. The linguistic strategies deployed in the labelling of pathological gambling rely on dissociative techniques aimed at differentiating problem gambling from responsible gambling, with a recent discernible trend towards alternative lexicalizations associated with negative and positive prosody respectively (problem gambling vs responsible gaming).

The institutionalization of excessive gambling as a disease appears to be complete in the majority of the gambling awareness materials considered, as illustrated in the analysis of the US NCPG campaign, where the definition of problem gambling is institution-initiated and maintained. Elsewhere, as in the Canadian “Stop The Chase” campaign, medicalization is interactionally co-constructed with the active contribution of the patient/sufferer. Elsewhere still – and this is the case of the Australian “Gambling too much?” campaign – issues of social stigma (which must be overcome for the medicalization process to be accomplished) are addressed.

These preliminary findings suggest that there are various stages and strategies in the medicalization of problem gambling, and that all of them are featured in gambling awareness campaigns. In some cases, resistance to full medicalization is discernable. When this is the case, rational arguments are put forth aimed at persuading the potential sufferer of the irrationality of certain gambling behaviours, in a bid to prevent the loss of control which is associated with problem gambling. Insofar as medicalization implies de-reponsibilization, resistance to it also indicates that greater importance is attributed to individual responsibility. It is also possible that different degrees of medicalization are associated with different treatment policies – whether drug based or counselling oriented. Varying cultural attitudes to medicalization may also be involved. Further investigations

focusing on cross-cultural and diachronic differences are needed in order to better understand the phenomenon.

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