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Insights into gambling : perspectives from self-identified problem gamblers

Barrett, Darlene Frances

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**INSIGHTS INTO GAMBLING: PERSPECTIVES FROM
SELF-IDENTIFIED PROBLEM GAMBLERS**

Darlene Barrett 

**Presented in partial fulfillment of the requirements for the degree of
Master of Social Work**

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ABSTRACT

This study examines the issue of public gambling behavior from the perspective of six self-identified gamblers. All six participants were assessed to ensure that evidence of pathological gambling was present. In depth interviews were conducted with each respondent and the data was compiled and compared. The sample size is small due to the qualitative nature of this research and as such, the results are exploratory and preliminary. Findings from this study suggest that treatment approaches that focus on individual behavioral changes of the problem gambler may have limited effectiveness. The nature and etiology of problem gambling appears to be embedded and sustained in the extended family friend network. A substantial finding within this qualitative study is that family pressure, family participation, family encouragement and family introduction to gambling has an impact on whether or not a gambler develops and maintains a gambling problem. Hence, this study supports other research findings for a biopsychosocial approach to gambling behavior. Furthermore, findings indicate that these problem gamblers see no need to seek treatment which confirms the need to look at the biopsychosocial approach within an environmental context where decisions are made about the type, extensiveness and accessibility that society has to gambling opportunities. Government support for gambling as a significant revenue generator in this neoconservative era where the tax base is dwindling due to a complexity of factors such as aging population, technology replacing labour, and the decoupling of taxable capital assets from profits may prove to have many unintended consequences.

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CHAPTER 1

Introduction

For centuries, many forms of gambling have existed. Yet, until recently pathological gambling was not considered a major social issue. It is a relatively new happening for gambling to be supported and developed by the government. Governments that once outlawed gambling, now have a monopoly and a market where gambling is actively being developed (Abt & McGurrin, 1992; Abt, Smith & Christiansen, 1985; Eadington, 1997). The Canadian gambling industry has matured as a result of changes made to the Criminal Code. The Code of 1892 prohibited gambling in most forms and that included lotteries. In 1969, Quebec introduced Canada's first lottery and the lotteries success indicated that the public found it to be an acceptable manner of gaming. That same year an omnibus bill was passed in the House of Commons legalizing lotteries that were government run. "By 1985, the provinces had successfully lobbied the federal government to ensure a monopoly on gambling" (Azmier & Roach, 2000, p. 3). Ultimately all the provincial governments eventually responded by developing and operating provincially run lotteries. In 1989, the first permanent casino was opened in Manitoba and in 1990 the first video lottery terminals were introduced to bars and stores in New Brunswick. Permanent casinos do not exist in three provinces (Newfoundland, New Brunswick, and Prince Edward Island) and video lottery play has been made available in all except Ontario and British Columbia (Azmier & Roach, 2000). "There are now over 50 permanent casinos, 21,000 slot machines, 38,000 video

lottery terminals, 20,000 annual bingo events, and 44 permanent horse race tracks in CanadaThe growth in the availability and popularity of gambling has produced massive revenue growth for the provinces....The \$5.4 billion that provinces generated from gambling in 1999-2000 nearly matches the \$5.8 billion they raised from alcohol and tobacco taxes combined. If the current upward trends continue, gambling will soon outpace these revenue sources....the increased gambling revenue has proportionally benefited government coffers. In 1969, before provincial governments entered into gambling, charities and exhibition associations shared 100% of all gambling profit in Canada. By 1998, this percentage had been reduced to 18%....” (Azmier & Roach, 2000, p. 3-5).

Canada, U.S.A., New Zealand and Australia are beginning to recognize the social impact of gambling. These countries are experiencing selective widespread legalization of gambling by their governments, where until recently prohibition was the social norm (Eadington, 1997). “Gambling remains a contentious policy issue in Canada. Some view gambling as harmless entertainment that benefits the community by lowering taxes and funding social programs. Others view gambling as a waste of time that exploits for profit those with an addiction. At the root of this divergence of opinion are strongly held ideological positions often based on libertarian attitudes, religious beliefs and personal anecdotal experience” (Azmier, 2001, p. 10).

In order to gain an understanding of the pathological gambler, the literature has focused on studying gamblers that have entered treatment programs, therapy or were recruited through self-help groups, such as Gamblers Anonymous, where the aim is to recover from problem gambling

(Bergler, 1943 & 1958; Blaszczynski, 2000; Custer & Milt, 1985; Galdston, 1960; Jacobs, 1987; McCormick & Taber, 1987; Moran, 1970; Rosenthal, 1995; Taber et al, 1986; Toneatto & Skinner, 2001; Tavares et al, 2001). Very little is known about the lifestyle of practicing gamblers who self identify that gambling is a problem. This current research focuses on how the self-identified problem gambler views problem gambling.

Wildman (1998) has defined gambling as “a conscious, deliberate effort to stake valuables, usually but not always currency, on how some event happens to turn out” (p. 1). For many people, gambling is a form of entertainment that is simply viewed as a fun activity.

Unfortunately, for some others, gambling becomes a form of uncontrollable behavior. As a result, the American Psychiatric Association defined pathological gambling, in 1980, as an impulse control disorder (APA, 1980,). Using the DSM-IV (APA, 1994, p. 618), at least five of the following ten criteria must be met in order to qualify as a pathological gambler.

| | |
|----|--|
| A. | 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) |
| B. | Needs to gamble with increasing amounts of money in order to achieve the desired excitement |
| C. | Has repeated unsuccessful efforts to control, cut back, or stop gambling |
| D. | Is restless or irritable when attempting to cut down or stop gambling |
| E. | Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression) |
| F. | After losing money gambling, often returns another day to get even (“chasing” one’s losses) |
| G. | Lies to family members, therapist, or others to conceal the extent of involvement with gambling |
| H. | Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling |
| I. | Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling |

| | |
|----|---|
| J. | Relies on others to provide money to relieve a desperate financial situation caused by gambling |
|----|---|

Figure 1: Pathological Gambler Identification Criteria

Prevalence estimates, for problem and pathological gambling, are found by randomly sampling the general population to determine the number of people that have a gambling problem at any one time. Azmier's (2001) research estimates that five percent of the Canadian population studied appeared to have some problems with gambling. Adult prevalence rates estimate between one and two percent of the general population experience pathological gambling problems and between two and four percent are at risk of developing gambling problems in the future (Shaffer, Hall & Bilt, 1997). Adolescents are reported to exceed adults in prevalence rates for pathological gambling within the general population. Researchers have found that 4.4% - 7.4% of the adolescent population show clear evidence of pathological gambling and 9.9% - 14.2% are at risk of developing gambling problems (Shaffer & Hall, 1996). Availability to a wider and younger population also raises concerns that the numbers of pathological gamblers will steadily increase (Hargreave & Csiernik, 2000).

In 1996, Becona voiced concerns for the future as significantly high numbers of pathological gamblers are identified as being under the age of thirty. He speculated three main reasons: 1) availability of free time 2) amount of income that is disposable 3) and the first decade of gamblers where gambling has been socially acceptable in their lifetime. Similarly, Volberg's (1996) study found problem gamblers to be under thirty, unmarried, non-Caucasian males that are unlikely to complete high school. An accurate account of the prevalence rate for pathological gambling is difficult to estimate. This may be attributed to the fact that pathological gamblers

tend to deny ever having problems when directly asked if gambling is or has been a problem (Hodgins, Wynne & Makarchuk, 1999). This explanation for low estimations for rates of gambling is corroborated by residents within communities that have newly established casinos who perceive prevalence rates as significantly different from the published prevalence rates. Furthermore, researchers have confirmed that the perception by residents in these communities is that a significant increase in pathological gambling resulted after the establishment of a casino (Stitt, Nichols & Giacomassi, 2000). It stands to reason that the published prevalence rates of problem and pathological gambling can be viewed with a great deal of skepticism.

Considering that gambling is increasingly prevalent in our society, and that problematic gambling continues to rise, this research seeks to understand from gamblers who self-report that they are problem gamblers what factors are associated with the development of gambling problems. In analyzing the data from the participants self-reports, comparisons will be made with the current theories that seek to explain the development and maintenance of pathological gambling.

CHAPTER 2

Literature Review

There are multiple factors involved in why social gamblers develop and maintain gambling problems. Studies have found that pathological gamblers spend more time gambling from the onset, gamble more than once a week, and engage in more forms of gambling than non-problem gamblers (Abbott & Volberg, 1996). They also gamble for longer periods of time, with larger amounts of money (Lesieur, Blume & Zoppa, 1986) and wager weekly on every type of gambling (Volberg, 1996).

Gamblers themselves have reported various reasons for why they engage in gambling.

Pathological gamblers in treatment claim that the drive leading them to continue gambling is the need to be stimulated, to relax or escape from intense emotions, (Jacobs, 1987; Rosenthal, 1986).

Moreover, pathological gamblers claim to gamble in order to secure money quickly and as an easy means of social acceptance (Taber, et al, 1986) but find that once they start gambling, they cannot stop (Jacobs, 1987). Furthermore, Galdston (1960) notes that one problem gambler professed to gamble in order to relieve tension. Whereas, a study of bingo players, by Van Es (1997), determined that eighty-five percent of the players are women and that they gamble for enjoyment, esteem, economics, excitement and escapism.

Historical Psychoanalytic Theoretical Perspective

The early analyst's perspectives provide an historic theoretical framework for examining the reasons for problem gambling. These findings are based primarily on psychoanalytic results taken from a handful of individuals experiencing gambling problems (Bergler, 1943 & 1958; Galdston, 1960; Lindner, 1950; Simmel, 1920; Van Teslaar, 1943). Wildman (1998) contributes to early ideas about causality and gambling by compiling the ideas of the early analysts in a published resource manual known as, *Gambling, an Attempt At Integration*. In reviewing the early literature, Wildman (1998) notes that, "analysts have at various times explained gambling as (a) a substitute for masturbation, (b) a desire to prove that one was not, in fact, powerful enough to be responsible for the father's death, (c) atonement for guilt arising from childhood anal-erotic activity, and (d) a way to punish oneself by losing for general feelings of guilt" (p. 8).

Correspondingly, Lindner (1950) claims that, "gamblers are strongly aggressive persons with huge reservoirs of unconscious hostility and resentment upon which their neurosis feeds and chronic masturbators to boot" (p. 107). Lindner also notes that Freud was the first to discover what he considered this "remarkable" masturbation connection with problem gamblers. In addition, Simmel (1920) informs readers that, "the gambler's passion serves 'auto-erotic gratification', where the playing is fore-pleasure, the gaining orgasm and the loss ejaculation, defecation and castration" (p. 353). Furthermore, Van Teslaar (1943) states that the most important meaning of the game was in relation to sexuality and that homosexuality plays a role.

Likewise, Galdston (1960) suggests that gamblers are neurotics that have unconscious homosexual tendencies.

Whereas Bergler (1943) suggests that gamblers are rebelling against childhood authorities, primarily their parents; “[gambler’s] neurotics unconsciously transfer conflicts experienced with their mother and father to innocent persons whom they unconsciously identify with their parents” (p. 386). He also popularized the notion of the gambler unconsciously wishing to lose (Galdston, 1960). In 1958, Bergler adds the concept of “psychic masochism” where he suggests that gamblers have an unconscious need for humiliation, pain and defeat.

Bergler was the first analyst to attempt a categorization of gamblers. He cites six signs and symptoms of the pathological phenomenon, which are; 1) the gambler habitually takes chances 2) the game precludes all other interests 3) full of optimism and never learns from defeat 4) never stops when winning 5) eventually risks large sums of money and 6) a pleasurable-painful tension (thrill) is experienced during the game (Bergler, 1943).

Since this early historic emphasis on psychoanalytic explanations for gambling, researchers have turned to Cognitive Theory, Behavioral Theory, Cognitive-Behavioral Theory and Addiction Theory in order to better understand the etiology and treatment for problem gambling behaviour. In addition, psychoanalytic theory still has a hold on perspectives on problem gambling behaviour and will be included in this section. This next section includes a separate overview of major components of each of the theories in order to provide an understanding of the unique

features that each theory adds to understanding problem gambling behaviours. However, it should be noted that more recent thinking on the theoretical underpinnings of gambling suggests a more interactive perspective. For example, a prototypical model by Blaszczynski (2002) called the Pathway's Model, integrates environmental factors, as well as, cognitive, personality, biological, developmental and learning theories into one model. Additionally, Griffiths & Delfabbro (2001) suggest a Biopsychosocial Approach to Gambling that integrates the better components of contemporary psychology, biology and sociology. These last two works will be discussed following Addiction Theory and are listed under Recent Interactive Theoretical Approaches.

An Overview of Major Theories on Gambling Behavior¹

Psychodynamic Theory. "Psychodynamic theory suggests that pathological gambling occurs in response to some trigger, often an event which causes psychic pain such as some type of loss, parental or otherwise. The response is to escape or self-medicate in some way through the mechanism of gambling (p. 13)...the behavior represents a means to resolve, or at least cope with, negative emotions. It may also be a response to intimacy, or to a success, which seems undeserved to the gambler. The gambler is seen as trapped in a circular pattern of compulsive behavior..." (Ferris, Wynne & Single, 1999, p. 23). Wildman (1997) proposed that the psychological factors of aggression, sex and guilt affect the development of gambling problems. "While different theorists emphasize different factors, the consensus is that guilt is the most important factor" (Ferris, Wynne & Single, 1999, p. 11). Thus, psychoanalytic theory continues to have a strong hold on views of the etiology of problem gambling behavior. Part of the

attraction may be that psychoanalytic theory focuses on the internal processes that contribute to the development of gambling problems; and thus fits a therapeutic approach which focuses on the negative emotions around guilt that contribute to the development and maintenance of the gambling problem.

Cognitive Theory. From a cognitive theoretical perspective, irrational thinking on the gamblers' part is responsible for maintaining problem gambling behavior (Ladouceur, et al, 1997). It is proposed that the greatest difficulties for many problem gamblers are their thought patterns (Hargreave & Csiernik, 2000). Cognitive theorists indicate that an erroneous belief about the potential profitability of gambling contributes in the development of a gambling problem (Griffiths & Delfabbro, 2000). Irrational values and beliefs protect the gambler from facing problematic gambling behaviors; the most irrational belief of all is that somehow they, the gambler, are exempt from the actual laws of probability and chance (Taber & McCormick, 1987).

Several researchers find cognitive models useful in understanding and treating problem gambling (Toneatto, et al, 1997). For instance, this particular study finds that cognitive distortions, such as superstition, exaggerated self-confidence in gambling abilities and using systems to influence outcomes, replicated findings from previous studies. Thus, a cognitive therapeutic intervention focuses on shifting irrational beliefs about gambling to beliefs that are realistic and rational. For example, "Cognitive therapy is directed toward reframing gambling as an expensive form of entertainment, not an economic venture, in which individuals have no legitimate right to regard

monies lost as rightfully theirs. Emphasis is also placed on clearly identifying gambling as a tax revenue source for the state governments... This approach also assists in eliminating the irrational belief and sense of satisfaction that he is able to 'beat the system' ” (Blaszczynski and Silove, 1995, p. 213).

In contrast, another effective therapeutic cognitive model, Imaginal Desensitisation, focuses on thought processes around natural successes the gambler has previously experienced by choosing not to gamble rather than irrational thought processes of the gambler. (Blaszczynski & Silove, 1995) In particular, the “primary purpose [of Imaginal Desensitization] is to reduce the drive to gamble, the excessive physical tension and arousal, and the persistent preoccupation to gamble evoked by attempts made not to gamble” (p. 216). This therapeutic process involves a visualization technique where patients describe several scenes in which they are motivated to gamble and have managed to prevent themselves from doing so. A quiet room is used where the patient lies down and a five-minute muscle relaxation instruction is provided to start. Once the patient is relaxed they are asked to visualize the first scene where they chose not to gamble for a twenty second period, followed by the next scene for another twenty seconds and so on. The Imaginal Desensitization session concludes with another one or two minutes of relaxation instruction.

Behavioral Theory. From a behavioral theoretical perspective, gambling is a maladaptive learned behavior that can be unlearned using behavior techniques. Examples include Harm Reduction Approach, Classical Operant Condition, and Paradoxical Intention. From the Harm

Reduction Approach, the goal is to reduce the harm associated with gambling by decreasing the amount of time spent gambling. “In the behavioural component, a contract is agreed upon in which the goal of the social worker is to provide the client with rules and boundaries that allow gambling in moderation.” (Hargreave & Csiernik, 2000, p. 75) Through cue-exposure and response-prevention, “... both the number and strength of urges decreased. This suggests that when participants were thoroughly exposed to environmental, cognitive, behavioural, and physiological cues involved in salient gambling situations without obtaining a monetary reward, urges to gamble extinguished resulting in a weakening of the association between gambling triggers and gambling behaviour” (Symes & Nicki, 1997, p. 155).

In classical and operant conditioning, the focus is on redirecting the arousal and excitement experienced by gamblers (Blaszczynski & Silove, 1995). One such treatment, invokes an electric shock to subjects while they are engaging in any form of gambling behavior. The shocks are unpleasant, although not painful. Similarly, the rubber band technique is administered when subjects snap a rubber band on their own wrist to reprimand a gambling thought. The literature finds that aversion therapies offer short-term results in reducing pathological gambling behaviors (Blaszczynski & Silove, 1995).

Conversely, ‘paradoxical intention’ is a technique that has been successfully used by therapist’s to gain control over the therapeutic relationship by ordering the patient to have symptoms (Lester, 1980; Victor & Krug, 1967). The therapist instructs the patient on when and how to bet, causing the gambler to feel controlled. If the gambler disobeys the therapist, the symptom of

gambling is lost. In the event that the gambler obeys, they lose the payoff of being 'bad' (Lester, 1980).

Cognitive-Behavioral Theory. "Cognitive behavioral models build on learning theory, but focus on the role cognitive processes play in the acquisition and maintenance of gambling behavior...The gambling behavior is reinforced on a partial and variable reinforcement schedule, through a combination of financial rewards and heightened physiological arousal levels, which are interpreted by the gambler as excitement" (Ferris, Wynne & Single, 1999, p. 18). "Although there are a number of different cognitive-behavioural models offered, the common thread shared by all is that cognitions affect behavior, that covert thoughts can be brought to conscious awareness and monitored, that maladaptive cognitions can be altered and that altering such cognitions leads to behavioral changes" (Blaszczynski and Silove, 1995, p. 203).

The cognitive-behavioral theory is based on the premise that there is far more to look forward to in life than gambling and focuses on helping gamblers to move forward and concentrate on the future (Hargreave & Csiernik, 2000). Solution Focused Therapy (SFT) and Brief Motivational Intervention (BMI) are two treatment methods based on cognitive-behavioral theories that have been found to be successful in treating gambling problems. Solution Focused Therapy involves having the client make more effectual choices in gambling circumstances in an effort to reduce the harm associated with the problem gambling behavior. Similarly, Brief Motivational Intervention comprises one to three motivational interviewing sessions, where clients are encouraged to resolve their own gambling problem. The client and therapist determine the

numbers of sessions and issues addressed, which may be financial, leisure, problem solving, communication and/or decision-making (Hargreave & Csiernik, 2000).

Addiction Theory. Taber & McCormick (1987) view pathological gambling as an addiction and a disease, as do the Gamblers Anonymous model of self-help. Recently, Langewisch & Frisch (2001) find that gambling, as an addiction, is gaining more and more support from researchers and clinicians.

Pathological gamblers in treatment are found to display similar characteristics to those people who become addicted to alcohol (Custer & Milt, 1985; Galski, 1987). Custer & Milt (1985) observe that both populations lose control and become addicted, have poor self esteem and poor impulse control, a low tolerance for frustration or delay, a need for immediate gratification and a need to escape into illusion. Both groups also need action to get high, experience feelings of inadequacy as a driving force, have a tendency to be anxious, depressed, and use their drug of choice as an analgesic to relieve the pain of low self esteem. Like with alcohol addiction, some researchers claim that gamblers can stop gambling entirely with no more help than what is offered by the Gamblers Anonymous self help program (Taber & McCormick, 1987). Similarly, researchers also find non-assisted recovery to be a major pathway to recovery from gambling problems as study participants cite natural recovery as being preferable to any other treatment modality (Hodgins, Wynne & Makarchuk, 1999).

Jacobs (1987) designed the General Theory of Addictions based on two sets of predisposing factors. The first factor is a unipolar physiological resting state, where the gambler is either depressed or excited. The second is a childhood overshadowed by a sense of rejection by parental figures and feelings of inadequacy and inferiority. According to Jacobs, with both factors in place, a gambler is predisposed to developing an addiction to gambling. Furthermore, there is evidence that multiple addictions, such as alcohol, food, sex and spending, are found within the pathological gambling population (Lesieur & Rosenthal, 1991). One such study establishes that, “Simulated winning for pathological gamblers produced euphoria similar to that created by psychomotor stimulants. This euphoria may be one explanation for gambling’s powerful reinforcing effects, and may explain why, like substance abusers, once an addiction disorder ‘threshold’ is crossed, cross-addiction and polyaddiction are common” (Ciarrocchi, 1987, p. 25). Thus, “to summarize problem gambling from a disease model perspective, it may be said that gambling problems are caused by a physiological predisposition, combined with opportunity or triggers of some sort, after which the individual gets caught in the inevitable progression of the problem” (Ferris, Wynne & Single, 1999, p. 23).

Recent Interactive Theoretical Approaches

Taber has suggested that, “to invest in any single formula would constitute irrational, long-shot gambling on our part since; no matter how useful and internally consistent any single model may be, none yet presented comes anywhere close to covering all human risk taking situations” (Taber, 1987, p. 220). Bearing in mind that pathological gambling involves the interaction between behavioral, cognitive, ecological, developmental and psychophysiological factors, it is

reasonable that to date there is no theory that can identify what causes a social gambler to develop a gambling problem (Blaszczynski & Silove, 1995). Two emerging sets of research that look at interactive theoretical approaches is the work of Griffiths & Delfabbro's (2000) Biopsychosocial Approach and Blaszczynski's (2000) Pathways to Pathological Gambling: Identifying Typologies. From an interactive theoretical approach, theories may be viewed as complementary. Thus, in combination theories may overcome limitations of any individual theory.

Griffiths & Delfabbro (2000) state that there is a multiplicity of psychological factors involved in sustaining problem gambling behaviors. Since all problem gamblers are not the same, they support a biopsychosocial approach embedded in an environmental context which looks at factors involved in the gambling process itself as well as factors external to gambling. The authors identify two diverse types of gamblers. The first type are those who are addicted to gambling itself, playing for the most part, for the excitement or the 'high', to expand social rewards, and to test skill. From these authors perspective an intervention would necessitate identifying the emotional factors prior to the gambling session, as well as, the situational and environmental factors. The second type of gambler is seen to gamble for the purpose of escaping. Gamblers are often socially isolated, as well as depressed and observations indicate that there is often a primary difficulty from which gamblers are attempting to escape. Personal problems, such as, a broken home or a relationship crisis are cited by these two authors. Like Griffiths & Delfabbro, Blaszczynski's Pathways Model views problem gamblers as comprising a heterogeneous population. Problem gambling is associated with an intricate interaction of

genetic, biological, psychological and environmental factors. Gamblers are grouped into three major types: non-pathologically disturbed, emotionally vulnerable, and biologically based impulsivity. Blaszczynski identifies two processes that affect all three of these types of gamblers. The first process is labeled ecological determinants and includes the development and general support for public policies that encourage access and availability of gambling opportunities. The second process has to do with the conditioning that occurs in gambling. A series of wins can reinforce the positive aspects of gambling as a good source of income. Thus, when losses occur, the conditioning process reinforces resolving these losses through gambling.

Besides describing these two processes common to all three types of gamblers, Blaszczynski distinguishes differences between the three types. The non-pathologically disturbed gamblers do not display intrapsychic disturbances and excessive gambling is viewed as the consequence of reduced decision-making strategies and bad judgment. Symptoms of substance dependence, depression, anxiety, chasing losses and preoccupation with gambling, are seen as the end result of financial losses and the consequence of gambling excessively, but not the initial cause of gambling. In contrast, the emotionally disturbed gambler is described as being predisposed psychologically due to susceptibility factors since gamblers are motivated to gamble in order to relieve themselves of specific psychological issues or emotional states. "This subgroup manifests a history of problem gambling in the family, negative developmental experiences, neurotic personality traits and adverse life events. These problems may contribute in a cumulative fashion to produce an emotionally vulnerable gambler" (Blaszczynski, 2000, p. 6). The emotionally disturbed gambler displays an inability to manage and cope with stress, substance abuse, anxiety

and depression. As well, there is a tendency to avoid conflict due to an inability to articulate their emotions frankly and effectively and hence passive aggressive tendencies result. This type of gambler tends to dissociate and gamble as a means of emotional escape by mood altering and narrowed attention. The third gambler type -biologically based impulsivity - is viewed as behaving differently to reward and punishment. They seek out rewarding activities, have a diminished response to punishment and are unable to delay gratification. This behavior does not tend to change when the penalty of their actions are hurting them. “Clinically, impulsive gamblers display a broad spectrum of behavioural problems which are independent of gambling. These problems include substance abuse, suicidality, and irritability, low tolerance for boredom, sensation seeking and criminal behaviours. Poor interpersonal relationships, excessive alcohol and poly-drug experimentation, non-gambling related criminality, and a family history of antisocial behaviour and alcoholism are characteristic of this group. Gambling commences at an early age, rapidly escalates in intensity and severity, occurs in binge episodes and is associated with early gambling-related criminality” (Blaszczynski, 2001, p. 8).

The gambling literature is rich with investigations on predisposing factors. This research supports the Interactive Theoretical approach outlined above where internal and external factors to the gambling process are viewed as key to understanding the context of a biosychosocial approach to problematic gambling behaviour.

Predisposing Factors

Environmental, physiological and personality factors, as well as, cultural and government policy have all been independently studied as predisposing factors. Although various conditions have

been found to be significant within these populations, it has not been determined whether the issues are the cause of or merely associated with pathological gambling (Ladouceur, et al, 1997).

Environmental Factors. Several environmental factors suggested in the literature are; exposure as a child to gambling within the family home (Carlton & Goldstein, 1987; Moran, 1970; Rosenthal, 1995), family stressors in childhood (Carlton & Goldstein, 1987), being the child of a pathological gambler (Lesieur, Blume & Zoppa, 1986; Lesieur, 1988), gambling while young and at more games (Abbott, 1993), experiencing a life history of trauma (Galski, 1987; McCormick & Taber, 1987) and being the child of an alcoholic (Lesieur, Blume & Zoppa, 1986). As well, having successful involvement in gambling prior to legal gambling age is a significant predisposing factor (Abbott & Cramer, 1993; Abbott & Volberg, 1996; Carlton & Goldstein, 1987; Volberg, 1996; Lesieur, Blume & Zoppa, 1986; Wexler & Wexler, 1992).

Families can have a major positive or negative impact on whether or not gambling becomes problematic. Researchers find that accountability to another person has a great influence on a gambler's ability to limit their gambling behavior (Abbott & Volberg, 1996; Baron & Dickerson, 1999). However, spouses, partners, and families who provide bailouts or financially assisting the person with excessive gambling debts may increase the likelihood of pathological gambling problems developing (Lesieur & Blume, 1991). Another finding suggests that it is difficult to motivate a pathological gambler to change and that spouses, partners, and families may need the problem gambler to remain the focus of wrong doing (Lester, 1980). As well, a high rate of marital discord and family related conflicts are common within this population (Ciarrocchi,

1987). Partners of pathological gamblers are also affected by the gambling and often suffer from anxiety, depression, repressed anger and loss of sex drive (Gaudia, 1992). Additional psychosocial factors within the family may include having a sibling that also gambles (Lesieur, Blume & Zoppa, 1986), being introduced to gambling by a family member (Ladouceur, et al, 2000) and gambling being a family affair (Abbott & Cramer, 1993) or a family disorder (Gaudia, 1992). In addition, research points to significant life events as being a threshold to developing pathological gambling problems. Researchers have identified the birth of a child, death of a loved one, alcohol and drug abuse, divorce, job problems or successes, life threatening physical illness and relationship issues as such events. (Lesieur & Rosenthal, 1991). Another finding suggests that pathological gamblers experience more than one major life stressor such as loss, injury or abuse (McCormick & Taber, 1987).

A number of studies also find pathological gamblers to display higher rates of alcohol abuse (Abbott & Volberg, 1996; Dickerson, et al, 1996; Galski, 1987), and significantly higher rates of substance abuse than those people within the general population (Ciarrocchi, 1987; Ladouceur, et al, 1997; Lesieur, 1988; Lesieur & Blume, 1990; Lesieur, Blume & Zoppa, 1986; Lesieur & Rosenthal, 1991; McCormick & Taber, 1987). However, this particular finding has generated some debate among investigators, as Toneatto & Skinner (2001) did not find substance use among those seeking treatment for pathological gambling to be a significant clinical issue. As well, another study was conducted to find if alcohol consumption significantly contributes to impaired control over gambling. This study determines that the level of involvement of the gambler, as in time spent and amount of money spent, does significantly contribute to impaired

control over gambling (Baron & Dickerson, 1999).

A gambler's involvement in criminal behavior is found to escalate along with their involvement in pathological gambling (Lesieur, 1987; Lesieur & Rosenthal, 1991). In 1950, Morehead claims that problem gamblers are looking for risk with little or no regard for outcome, and that continued gambling may lead to eventually cheating or behaving unscrupulously. As well, an interconnection is found between criminal activity and mounting gambling losses among the pathological gambling population (Lesieur, 1987). Among these crimes are check forgery, employee theft, embezzlement, armed robbery, larceny, bookmaking, running con games, fencing stolen goods and hustling at pool, golf, bowling, cards and dice. Other crimes noted are tax evasion, selling drugs, burglary, pimping and loan fraud.

Custer (1987) is of the opinion that pathological gamblers are compelled by psychological factors, resulting in an inability to resist the urge or to control the impulse to gamble. Moreover, there is increasing evidence that gamblers are at risk of developing a psychological dependence after they experience a big win and the urge to gamble begins to increase (Abbott & Volberg, 1996; Custer, 1987; Gaudia, 1992). At this stage, losses mount and gamblers develop the erroneous belief that a win would solve all their problems (Custer, 1984). In this respect, chasing losses and heavy debt loads are found to cause the social gambler to be increasingly preoccupied with gambling (Lesieur, 1988; Lesieur, Blume & Zoppa, 1986). Rosenthal (1986) claims that pathological gamblers ignore the odds and don't stop when losing or ahead of the game. Superstitious beliefs are statistically significant among the probable pathological gamblers

studied, and excitement is found to be higher which may suggest that excitement takes over (Ladouceur, et al, 1997). Additionally, pathological gamblers rely on fate and luck, while using four defense mechanisms to deal with losses or 'bad beats'. Those mechanisms are denial, personalization (which is responded to with anger), external attribution (which will increase superstition) and undoing or chasing losses (Rosenthal, 1995).

In summary, according to Ferris, Wynne & Single (1999) environmental factors may include:

- a family history of gambling, or alcohol or drug dependencies
- exposure to gambling in childhood
- opportunity for the at-risk individual to gamble
- a stimulus from which the individual wishes to escape, i.e. Jacobs' psychic pain
- peers who gamble

However, not all persons who are exposed to one or a combination of these factors becomes a problem gambler. All that can be definitely stated is that there is a strong association among these identified predisposing factors.

Physiological Factors. The literature links the physiological factor of a diagnosis of childhood A.D.D. (Attention Deficit Disorder) to a predisposition towards developing gambling problems in later years (Carlton & Goldstein 1987). Pathological gamblers also experience euphoria, another physiological factor, when they are in action and this can contribute to the development and maintenance of gambling problems (Ciarrocchi, 1987). Gambling euphoria is associated with endorphin release in the brain and withdrawal symptoms can be experienced when gambling

stops as an endorphin deficiency is experienced; gambling is a high similar to drugs and provides the gambler with a 'fix' (Wexler & Wexler, 1992).

A number of studies have found that gamblers experience a high incidence of disassociation while engaged in action (Blaszczynski & MacCallum, 2001; Diskin & Hodgins, 1999; Jacobs, 1987; Lesieur & Rosenthal, 1991; McCormick & Taber, 1987; Rosenthal, 1995). As far back as 1943, Van Teslaar has made the connection between disassociation and pathological gambling by noting that gamblers can forget their physical pains while gambling. Whereas Jacobs (1987) develops a theoretical position for dissociation and reports that, "under conducive environmental conditions, the addictive pattern of behavior becomes the means for simultaneously relieving physiological and psychological tensions in the predisposed individual, thereby permitting the attainment of a dissociative state wherein the addict is freed from his/her usual identity and can indulge in and/or live out wish-fulfilling fantasies" (p. 179).

A relationship between major depression and pathological gambling is consistently revealed in the literature (Ciarrocchi, 1987; Custer & Milt, 1985; Galski, 1987; Ladouceur, et al, 1997; Lesieur, 1988; Lesieur & Blume, 1990; Lesieur & Rosenthal, 1991; Moran, 1970; McCormick & Taber, 1987; Van Teslaar, 1943). Researchers claim that pathological gamblers use gambling as a means of escaping feelings of depression (Abbott & Volberg, 1996; Dickerson, et al, 1996; Lesieur & Blume, 1990), and that pathological gambling populations have a significantly high rate of psychiatric problems (Ciarrocchi, 1987), obsessive personality traits (Abt, Smith & Christiansen, 1985; McCormick & Taber, 1987) and bipolar disorders (Lesieur & Blume, 1990).

Furthermore, significant psychological distress is found within the problem gambling populations (Abbott & Volberg, 1996), as well as stress induced chronic medical conditions (Ciarrocchi, 1987).

A disturbing statistic claims that one in every five pathological gamblers will attempt suicide (Gaudia, 1992). This relationship is noted as early as 1958, when Bergler concludes that gamblers lives often end in suicide. Recent investigators report that suicidal thoughts and attempts are high among pathological gamblers (Ciarrocchi, 1987; Galski, 1987; Lesieur, 1987 & 1988; Lesieur & Blume, 1990; Lesieur & Rosenthal, 1991; McCormick & Taber, 1987).

The gender differences noted by Abbott & Cramer (1993) are that women are known to spend less money than men on gambling and that women play escape games while men tend to play action games. As well, the ratio of pathological gamblers is found to be two females compared to eleven males (Lesieur, Blume & Zoppa, 1986). Other investigators claim that the incidence of pathological gambling is twice as high in men than in women (Lesieur & Rosenthal, 1991). Still, information obtained by investigators finds that men gamble more than women, although the difference is smaller than expected (Albers & Hubl, 1997). To date, researchers find that the number of women developing pathological gambling problems is increasing and that women now account for one third of the pathological gambling population (Tavares, et al, 2001). An increase in the number of slot machines within any given area directly impacts on women in particular as addicted females primarily gamble on gaming machines (Dickerson, et al, 1996). As well, Griffiths (1999) argues that the potential for addiction is inherent in slot machines.

A significant gender difference for women experiencing gambling problems is that their gambling problems tend to surface at an older age when compared to men. However, the progression from social gambling to pathological gambling is faster for women than it is for men (Tavares, et al, 2001). Additionally, female coping styles that are emotion focused (play to forget troubles) appear to increase the incidence of pathological gambling problems for females over the female gamblers who use a problem focused approach. Researchers are uncertain if the results will be the same for the male population of pathological gamblers (Scannell, et al, 2000). As well, a high rate of prescription drug use is found to be significant among female pathological gamblers (Toneatto & Skinner, 2001). Sommers' (1988) findings indicate demographic diversity where pathological gamblers are females, lower income and single young adults. However, this research does not support previous observations that view pathological gamblers as primarily being middle age, middle to upper income, married males.

Personality Factors. There are compelling characteristics found to be dominant within the personality of the pathological gambler. The literature indicates high scores in motivation for excitement, need for stimulation, wanting to feel dynamic and important, as well as, lack of perceived causality between behavior and outcome (Ladouceur, et al, 1997). Additional personality characteristics include a low tolerance for boredom (Custer, 1984), a low frustration level and an expectation for immediate gratification (Gaudia, 1992). Problem gamblers also experience a need for stimulation (Custer, 1984), are self- alienators (Galski, 1987), are attracted to challenges (Custer, 1984) and are a high-energy population (McCormick & Taber, 1987). One investigator characterizes pathological gamblers as being competitive, hard workers, who are

highly intelligent, good athletes and excel as students (Custer, 1984). Others characterize them as perfectionists and workaholics who tend to project blame, have poor self esteem, experience abnormal sleep patterns and have difficulty with structure (McCormick & Taber, 1987).

Custer & Milt (1985) find gamblers in treatment to be extremely dishonest, insensitive to others, poor problem solvers, provocative, manipulative, intolerant people, who want immediate solutions and success. In addition, researchers find that pathological gamblers have a tendency to avoid responsibility, are sensitive to criticism and lack motivation for achievement (Taber, et al, 1986). Abt, Smith & Christiansen (1985) find that pathological gamblers have a tendency to avoid rules, norms of behavior and people that interfere in their lives. As well, pathological gamblers have difficulty with authority and lack discipline (Rosenthal, 1986). One clinician notes four specific problem areas associated with the pathological gambling population. He views his patients as having trouble with omnipotence, confusion over boundary issues, idealization of destructiveness and that they lie (Rosenthal, 1986).

Pathological gamblers are also described as having narcissistic characteristics which are displayed through grandiosity, a low tolerance for criticism, exhibitionism, having unlimited success fantasies and feelings of emptiness (Taber, et al, 1986). In addition, narcissistic personality disorders are cited in research as significantly high among pathological gamblers (Galski, 1987; Rosenthal, 1986; Taber & McCormick, 1987). Rosenthal (1986) notes that pathological gamblers exhibit narcissistic characteristics of omnipotence, splitting, idealizing or devaluing relationships, denial and primitive projection.

Cultural Impact. Studies find that aboriginal people are vulnerable to the development of serious gambling difficulties (Dickerson, et al, 1996; Volberg & Abbott, 1997). Reasons given for increased susceptibility include unemployment, welfare dependence and poverty (Volberg & Abbott, 1997). For example, results from the Firewatch Research Project, finds Alberta's Aboriginal youth prevalence rates to be three times higher than a similar study of non-Aboriginal youth. In addition, research shows that gamblers can develop gambling problems after a venue is opened near their home or workplace (Moran, 1970). This fact raises expansion concerns for indigenous groups as, "policies that promote on-reserve casinos must consider the social costs that may be borne by the local First Nation community. At a minimum, economic development benefits from First Nations casinos should be weighed against emerging research that suggests a real potential for increased levels of problem gambling within First Nations Communities" (Azmier, 2001, p. 19).

Canadian research conducted by the Nechi Institute confirms that gambling has had a negative impact on aboriginal people and on the ability to maintain healthy communities. The Nechi Institute is very supportive of research to further determine the extensiveness of the impact of gambling. The Dreamchaser Study of Aboriginal Adult Gambling Prevalence rates find "Problem gamblers have a lower level of education and a lower income, however probable pathological gamblers have a higher income and are more likely to live on a reserve. Probable pathological gamblers said that they gambled to win, to get out of the house, to forget problems, to be alone, indicating greater alienation" (Nechi Institute, 1999, p. 9).

Two studies conducted in Alberta and Ontario focus on problem bingo gamblers. The Alberta results suggest that gambling starts before the age of nineteen, sixty percent are former drinkers or drug users, thirty-two percent are sick or disabled and seventy-five percent had grief issues. The Ontario results suggest that people with lower incomes have more severe problems with gambling, the more severe the problems the more likely a family member or friend will also have gambling problems; strong feelings of grief are associated with more problems and single parents problems are more severe and more money is spent by the single population.

Government Policy. Moran (1970) makes the claim that pathological gambling develops as a result of both individual characteristics and social influences. One major social influence is the widespread acceptance and promotion of gambling worldwide. With further accessibility and availability, the risk increases for pathological gambling to develop and for prevalence rates to escalate within the general population (Abbott & Cramer, 1993; Ladouceur, 1996; Ladouceur, et al, 1994; Ladouceur, et al, 2000; Shaffer & Hall, 1996). Countries in Europe also are realizing that legalization that has increased access to gambling has resulted in a higher participation rate by the general population in gambling activities. The numbers of pathological gamblers emerging in Germany, Holland & Spain have overwhelmed the authorities as a result of the social costs associated with legalized gambling (Becona, 1996). The social impacts of gambling are excessive gambling and addiction. Where accessibility of gambling is increased, there is an increase not only in the number of regular gamblers, but also an increase in the number of problem gamblers (Griffiths, 1999). Recently Hargreave & Csiernik (2000) note the difficulty that problem gamblers encounter when they attempt to avoid gambling. They state that, "These individuals

find it virtually impossible to avoid gambling, as during the past two decades playing games of chance has become increasingly popular, accessible, and much more morally and socially acceptable in Canadian society” (p. 65).

Moreover, a lack of regulation in advertising gambling entices people who would not normally gamble for entertainment and further increases the risk of larger numbers of gamblers developing pathological gambling problems (Henriksson, 1996). Heavy advertising and promotion by the government, along with increasing the number of venues, increases the incidence of problem gambling (Makella & Tucker, 1993). “By enticing people to spend their money on fantasies, governments are preying on people’s ability to dream and hope” (Goodman, 1995, p. 137). Concerns are voiced by researchers about the states motives for promoting gambling as performing a service (Makela & Tucker, 1993). While it is true that gambling dollars are used to support the charitable sector (Azmier, 2001), it is questionable if the government continues to be a watchdog for the public interest. Some researchers claim that the government is not impartial, as they have a vested interest, which makes the states involvement in gambling immoral and unethical (McGurrin & Abt, 1992).

Researchers find that the poor spend a larger percentage of their income on gambling than people in middle-income groups (Abbott & Cramer, 1993; Goodman, 1995). “For the poor who have few alternative ways to invest, gambling is seen less as play and more as a serious chance to transform their lives” (Goodman, 1995, p. 38). However, there is some ongoing debate on this issue. For example, the study by Albers & Hubl (1997) obtains results which deny that

pathological gambling is the domain of the poor and unemployed. Similarly, another study finds that people from all income levels gamble, yet those in lower income groups are less likely to gamble than those in the higher income groups (Abbott & Cramer, 1993). Volberg (1996) also agrees that a lower income is not a significant indicator that gambling problems will develop.

Researchers continue to claim that more gamblers are at risk of developing gambling problems as the public increasingly views gambling as a 'harmless' activity (Walker & Dickerson, 1996). One researcher makes the comparison with regards to societal warnings to the dangers associated with drug/alcohol abuse and tobacco use that the government promotes and funds (Gaudia, 1992). There are no such warnings publicized for the potential pathological gambler that starts out gambling as a perceived 'healthy' recreational activity. The public is only hearing one slanted version of what to expect when they do gamble. A study conducted in 1993 stipulates that the public wants more gambling opportunities and will participate in more gambling when given the opportunity to do so (Abbott & Cramer, 1993). It may be that the public is confused by the messages being promoted in the gaming market and by the realities that exist within communities after a local casino has been established. Azmier (2001) recommends that the federal government sponsor a national review of gambling activity in Canada that is separate from the provincial research studies. In 1985, the federal government turned gambling responsibilities over to the provincial governments. Today the federal government collects \$50 million annually from the provinces in gambling revenue. In Azmier's Final Report (2001), he recommends that the responsibility to assess the impact of the 1985 agreement on Canadians be with the federal government. "When the federal government vacated its role in developing gambling policy and

turned the sole operation of lottery schemes over to the provinces in 1985, legalized gambling in Canada was nothing like it is today. As revenues have increased so has federal responsibility to assess the impact of that agreement” (p. 20).

Conclusion. While there is extensive research on problem gambling, there appears to be a lack of studies examining problem and pathological gambling from a qualitative perspective using self-report data. This research study aims to better understand the gamblers’ own opinion of why pathological gambling develops. This qualitative analysis of problem gambling by six self-identified problem gamblers will produce additional information as to the factors associated with developing a gambling problem. An additional goal is to compare the opinions of self-reported problem gamblers with the theories developed by professionals in the gambling field.

¹For a detailed review of the theoretical models of gambling behaviors refer to Wildman (1997) and Ferris, Wynne & Single (1999).

Chapter 3

METHOD

Introduction

The purpose of this qualitative study is to explore the meaning that self identified problem gamblers attach to their gambling behaviors. Recommendations for future research will be based upon the findings of the study.

Subjects

Initially, the Casino in Thunder Bay was asked if they would post an advertisement seeking volunteers. They refused to be involved. Subsequently, volunteers were recruited through mailing a letter to fifty churches within the City of Thunder Bay and ten First Nation Communities within the Treaty Three Area requesting that the advertisement for volunteers be posted. (Appendix A)

Eight self-identified problem gamblers from the general public volunteered to participate in the present study. The first two volunteers interested in the study did not follow through to arrange an assessment interview and were excluded as a result.

An initial assessment interview was administered with the remaining six volunteers prior to scheduling an in-depth interview. Assessments were conducted by telephone upon inquiry by the volunteers about the study or soon thereafter. Each volunteer was assessed using the *South Oakes Gambling Screen* (SOGS) (Lesieur & Blume, 1987), *GA's 20 Questions* and the *DSM-IV Criteria* (APA, 1994) to ensure that signs of problem or pathological gambling were present. Five of the six volunteers met the problem or pathological gambling criteria on all the tools administered and thus were included in the study. One participant scored 2 on the DSM-IV Criteria and did not meet the score of 5 to be viewed as a pathological gambler. However, this volunteer did score 9 on GA's 20 Questions and 7 on South Oakes Gambling Screen and the scores indicate probable pathological gambling problems. As such, this volunteer was included in the present study. Subjects ranged in age from thirty-five to fifty-nine years with a mean age of forty-six years.

Resources

- *Standard consent forms* outlining the purpose and requirements of the study were used (Appendix B).
- The *South Oakes Gambling Screen* is a twenty item self-report questionnaire widely administered to screen for problem and pathological gambling (Appendix C). A score of five or more is a sign of probable pathological gambling.
- The *DSM-IV Criteria* consist of ten questions that address persistent and recurrent maladaptive gambling behavior which are indicated by a positive response to five or more of the ten criteria (Appendix D).

- *GA's 20 Questions* is another self-report questionnaire used to screen for gambling problems where a score of seven or more is a sign of compulsive gambling (Appendix E).

Procedure

Assessment Interview. All of the volunteers were assessed to ensure that they met the criteria for problem or pathological gambling. Actual scores on the SOGS ranged from seven to eighteen, with a mean SOGS score of 12.8. These scores are high above the threshold of five for probable pathological gambling. The *DSM IV Criteria* scores ranged from two to nine, with a mean score of 6.8. The one participant who scored two, which is below the cut off score of five for maladaptive gambling behavior, was included because of the strong scores on the SOGS and the *GA's 20 Questions*, which indicate probable pathological gambling. Again, these responses are above the five for maladaptive gambling behavior. Scores on *GA's 20 Questions* ranged from nine to twenty, with a mean score of 14.2 that is slightly more than double the score of seven or more for a sign of compulsive gambling. These six volunteers all had accurately self-assessed that they had a gambling problem. Following the completion of this gambling assessment, an in depth interview time was scheduled with each of the problem gambling volunteers.

In-depth Interview. Individual interviews were conducted with participants in various locations. Two were conducted in an apartment where one of the volunteers resided. One was conducted at a Day Care where the participant worked. The last three interviews were conducted at an office setting in a nearby community.

All the interviews were taped in an attempt to capture the full meaning of each respondent's answers. Questions were asked using an open-ended answering format style. A gambling profile adopted from the Windsor Regional Gambling Services (Appendix F) questioned initial gambling experiences, present gambling behaviors, reasons for gambling, descriptions of a big win, chasing behaviors, timing and circumstances surrounding problem gambling and periods of abstinence. Following the gambling profile, Durand Jacobs' *5 Dissociative Questions* (Appendix G) were administered. Answering yes to even one of the five questions indicates a sign of risk that a gambler may be dissociating while gambling. Jacobs' (2000) five questions were designed to access the dissociative feelings among addicted populations. In addition, the interview schedule included questions directly related to specific gambling behaviors (Appendix H). Finally, questions were posed that were explicitly related to gambling research results found within the literature (Appendix I).

CHAPTER 4

Results

This data was analyzed using a constant comparison method of analysis and analytic induction. All six participants were interviewed and the tape recordings were transcribed and read several times to develop an overall understanding of the participants' responses. The major objective of analyzing the data using this method is to maximize validity through comparing and contrasting the answers provided by each participant. A constant comparison was achieved by rereading all the transcripts to extend a broad understanding of the participant's responses. Throughout this data analysis, each participant is consistently identified by number i.e. Participant 1, Participant 2 through to Participant 6.

The researcher's goal is to reflect on the relationship among the open-ended questions posed to the subjects and the data is then appropriately coded. The participants' responses were used to create categories. The taped interviews and transcribed data were revisited to ensure that the data fit the categories proposed. Lastly, the current literature on problem and pathological gambling was used to enhance the understanding of the data and the themes that emerged.

Today's problem gambler does not resemble the stereotypical gambler that was characteristic in 1960 as being middle aged males, middle class and white businessmen. Young parents,

grandparents, childless males, middle-aged females and all nationalities are represented as problem gamblers. This research study has a broad representation of many of these same characteristics within the sample of the six self-identified problem gambling participants.

Profile Summary

Presented below in Table 1 is a profile of the six participants that volunteered in this qualitative research study that aims to understand the reasons why some gamblers develop gambling problems.

| Participant | Sex, Age & Ethnicity | Family Status | Occupation | Income | Smoking |
|-------------|--------------------------------------|-----------------------------------|-----------------------------|-------------------|---------|
| One | Male 40 years old Caucasian | Divorced • No Children | Unemployed On assistance | Under \$30,000 | Yes |
| Two | Male 45 years old Caucasian | Divorced • No Children | Disability Pension | Under \$30,000 | Yes |
| Three | Male 43 years old Aboriginal | Separated • 4 Step Children | Part-time Employment | Under \$30,000 | Yes |
| Four | Female 35 years old Aboriginal | Married • 3 Small Children | Daycare Worker | Over \$50,000 | Yes |

| | | | | | |
|------|--------------------------------------|--------------------------------------|--|-------------------|-----|
| Five | Female 52 years old Aboriginal | Common Law • Adult Children | Part-time Employment And Student | Under \$30,000 | Yes |
| Six | Female 59 years old Aboriginal | Married • Adult Children | Education Counsellor | Over \$50,000 | No |

Table 1: Demographic Characteristics of Study Participants

Similarities: All of the participants are middle age or older. All the male gamblers are in their early to mid-forties, have no children of their own, and no longer live with a partner. Whereas, the female gamblers are either married or living in a common law relationship; and have raised or are raising children of their own. All six self-identified problem gambling participants were married at one point; only two of them are currently married. All six have been employed in the past; yet, only two-work fulltime today, two-work part time and two no longer work at all. All are educated below the university level and five of the six participants smoke. The two married participants have a combined family income and earn over \$50,000 a year, whereas the remaining four single participants live on less than \$30,000 a year.

Differences: The female gamblers range in age from thirty-five years to fifty-nine years. Four of the six participants are Aboriginal and live in First Nation Communities where family and community are vital aspects of their daily lives. The two Caucasian male participants are alienated from their families and their communities.

Introduction to Gambling

During the qualitative interviews the Participants were asked to reflect on how they were introduced to gambling and about the nature of their initial gambling experiences.

| Participant | Who introduced you gambling? | Initial Gambling Experience |
|-------------|--|--|
| One | <ul style="list-style-type: none"> • Parents <p>“It was around my home. There was a poker night. My father and mother would play.”</p> | <ul style="list-style-type: none"> • Early Teens <p>“It was fun back then.”</p> |
| Two | <ul style="list-style-type: none"> • Friend’s of the Family <p>“My Dad’s friends.”</p> | <ul style="list-style-type: none"> • Early Teens <p>“I guess probably crib. We used to play for points or candies or something.”</p> |
| Three | <ul style="list-style-type: none"> • Family <p>“My cousin and her husband. They were going for a double pay out. The jackpot was paying double, under a thousand at Keno.”</p> | <ul style="list-style-type: none"> • Late Thirties <p>“It was about five years ago...at Keno...with my cousin and her husband.”</p> |
| Four | <ul style="list-style-type: none"> • Family <p>“Probably my family because we used to play as a family on weekends, my grandma, my mom, my aunts, cousins.”</p> | <ul style="list-style-type: none"> • Middle Teens <p>“I would say bingo or card playing, we used to play poker.”</p> |

| | | |
|------|--|--|
| Five | <ul style="list-style-type: none"> • Family <p>“My ex who is dead. We were common law.”</p> | <ul style="list-style-type: none"> • Early Thirties <p>“I just started off with bingo, two or three cards, yearly or bi-yearly monster bingos”</p> |
| Six | <ul style="list-style-type: none"> • Friend <p>“My friend from town...took me to bingo.”</p> <ul style="list-style-type: none"> • Husband <p>“ To the casino two years ago.”</p> | <ul style="list-style-type: none"> • Early Thirties <p>“I played bingo one or two times a month until two years ago... to the casino two years ago.”</p> |

Table 2: Participant Responses to Early Gambling Experiences and Who Introduced Them To Gambling.

Four of the six participants in the study were introduced to gambling by a family member and two by friends. Family members and friends appear to encourage and promote gambling as a form of play or entertainment. The three participants that experienced gambling in their homes at young ages also began to gamble themselves in their early to late teens. The three participants that did not experience gambling in their home growing up did not gamble until they were adults in their thirties.

The three participants that began to gamble in their early to late thirties also have problems that are directly related to their partners' gambling. As well, Participant 4 began gambling in her teens and also has issues directly related to gambling with her partner. The participants explain it this way.

“...if I tell my husband, let’s go home ah? You’ll see him starting; ‘Everybody’s looking at you.’ They’ll just look at you out of the corner like that so I just let it be”
(Participant 6).

“If I don’t go gambling with him, my relationship would soon be...he thrives on taking me here and there. I get mileage dollars and meal money to go too different meetings” (Participant 5).

“My partner still wanted to gamble after the job loss. She was angry that she could not go out. We split up almost immediately after the job loss” (Participant 3).

“I don’t go overboard with my bingo. I have a limit to my game. But when I started to give him my own money and say here go bet on this. I kind of noticed that I am getting just as bad. I am using him to play with my money. I started thinking I should be the one sitting there. I have got to pay this bill, but I just kept playing” (Participant 4).

Reasons for Gambling and Present Gambling Practices

During the qualitative interviews the participants were asked to indicate the reasons why they gamble and what their gambling behavior consists of at the present time.

| Participant | Why do you gamble? | Present gambling behavior |
|--------------------|--|---|
| One | <ul style="list-style-type: none"> • Competition <p>“Winning money. Winning back what I have lost is always in the back of my mind.”</p> | <ul style="list-style-type: none"> • Daily <p>“...daily I am either buying a Proline ticket or a 649 or one of them Nevada tickets, bingo scratch card. Anything. Or go to the pool hall...I’ll just take</p> |

| | | |
|-------|---|---|
| | | the beer money.” “It is not as bad because I don’t have that big wad of money anymore...It is bad but just a lower extreme.” |
| Two | <ul style="list-style-type: none"> • Recognition <p>“I play pool quite a bit. People look at it and look at you like you are good; you know what you are doing. There is some respect there.”</p> | <ul style="list-style-type: none"> • Several times a month <p>“The more you know the better, I didn’t really like games that were strictly luck...blackjack I get into sometimes...Slots I dumped some money...chess has been down for the last couple of months...blackjack in homes...and I bet on jeopardy.”</p> |
| Three | <ul style="list-style-type: none"> • Fun <p>“Well I thought I was having fun. It seems that a lot of the other people I was with, that it was what they were doing. It was the plan for the following weekend.”</p> | <ul style="list-style-type: none"> • Three times in the past 8 months <p>“I gambled last weekend and didn’t feel too good about it...I really didn’t do any serious gambling in the last couple of years because finances haven’t been great.”</p> |
| Four | <ul style="list-style-type: none"> • Winning <p>“Double your money, winning the big jackpot.”</p> | <ul style="list-style-type: none"> • Once or twice a week <p>“I am mostly into bingo. Bingo and coaching my husband in blackjack and roulette...I started seeing people</p> |

| | | |
|------|--|--|
| | | winning...So I told my husband to take my money and place a bet.” |
| Five | <ul style="list-style-type: none"> • Being with the crowd <p>“Just traveling there and being with the crowd...seems to be the in thing to do.”</p> | <ul style="list-style-type: none"> • Once or twice a week <p>“Probably once a week now. Once a week for the past three weeks...the casino...play slots.” “Or it could be him...Are we going to bingo tonight? We are always out bingoing...”</p> |
| Six | <ul style="list-style-type: none"> • I just don’t know <p>“We do have enough money for our bills and stuff like that with our wages. What we have left over, we head out with...it seems my husband just wants to go to the casino.”</p> | <ul style="list-style-type: none"> • Once or twice a week <p>“Go to bingo one or two times a week...go to the casino once a month and spend 3 days, gambling all night...sleep in the car for a few hours.”</p> |

Table 3: Participant Responses To Reasons For Gambling And Present Gambling Behavior.

The question why do you gamble provided a variety of answers that are all very different.

Participant 1 cites competition; yet chasing his losses is the commentary that follows. Participant 2 enjoys the recognition he receives from others that are watching him perform. Participant 3 thinks that he is having fun and is still uncertain that his gambling is any different from a social or recreational gambler. *I don’t think so. I didn’t think so at that time. I never really thought*

about it lately either...It seems like the same people are always there. Participant 4 cites winning and continues to have the expectation that it is possible to double the paycheck by gambling. Participant 5 claims that being with the crowd is why she gambles. Participant 6 has limited insight into why it is that she gambles. Her claim is that pressure from her partner or friends causes her to gamble over choosing other activities. *There is always someone saying, are you going to the casino this weekend? Are you going to ride with us?*

Present gambling behaviors vary from three times in eight months to daily. Participant 1 and Participant 2 are currently residing in a community that has a casino and access to opportunities to gamble is therefore increased. They also have limited incomes at this point in their lives, along with Participant 3. This lack of funds protects them from gambling heavily. Participant 3, Participant 4, Participant 5 and Participant 6 have to travel at least one to two hours outside of their communities to attend bingo or two to three hours to gamble at a casino. Several of the participants that travel a couple of hours to gamble at casinos comment on the fact that they stay overnight or for several days to gamble and often travel home after gambling without having any sleep.

In the words of the participants:

“A whole group of us would be the same way. I remember too, a couple of days later after spending most of twenty-four to thirty-six hours at the casino laughing about the money that was lost” (Participant 3).

“...go to the casino once a month and spend three days, gambling all night...sleep in the car for a few hours...You’re not resting, tired. Come home late Sunday night,

tired” (Participant 6).

“We were staying longer than we had planned. We told the babysitter we would be home by eleven thirty p.m. or twelve a.m. and we would end up staying until it closes at two a.m. and get home at four a.m.” (Participant 4).

“They just scoffed at me ‘cause I don’t spend as much as they do or they don’t go for a whole weekend or to go to maybe five or six different casinos. Spend a lot of gas money; sleeping in cars and stuff like that...And I would get stuck there. That is what I hated about it. Two or three days” (Participant 5).

Experiences of Big Wins and Chasing Losses

During the qualitative interviews the participants were asked whether or not they had experienced a big win while gambling and if they chase their losses.

| Participant | Have you experienced a big win? | Do you chase your losses? |
|-------------|--|--|
| One | <ul style="list-style-type: none"> • Yes, \$1,600 <p>“A card game called guts...they didn’t have no money to keep going. So I was lucky I got to leave, right?”</p> | <ul style="list-style-type: none"> • Yes <p>“Because when I lose I am a poor sport, I want my money back. I don’t want you to have my dough.”</p> |
| Two | <ul style="list-style-type: none"> • Yes, \$12,000 & \$5,000 ones <p>“Pool and chess. I won consistent on chess when I got paychecks. Our paychecks were usually \$1,100 or</p> | <ul style="list-style-type: none"> • Yes <p>“You always try getting it back.”</p> |

| | | |
|-------|--|--|
| | \$1,200 per cheque.” | |
| Three | <p>• Yes, \$2,500</p> <p>“There was one \$2,500 jackpot that I won one night... While that machine was being emptied... I put money into a machine beside it, I won another \$400... an hour after that I hit another jackpot of \$1700. This was all in American money.”</p> | <p>• Yes</p> <p>“Usually after I couldn’t sleep and I usually went away and thought about winning it back.”</p> |
| Four | <p>• Yes, \$1,000</p> <p>“It would probably be a jackpot... one year ago maybe.”</p> | <p>• Yes</p> <p>“I did last night. I think I might and win back the money I lost...”</p> |
| Five | <p>• Yes, \$2,250</p> <p>“Yeah, about five years ago I won \$2,250. It was my first big win.”</p> | <p>• No</p> <p>“I know, I am being realistic here, you can’t go back and win the money. The more you try to win the more you lose.”</p> |
| Six | <p>• Yes, \$2,700</p> <p>“I won one time in Manitoba, \$2,700... I won \$2,500 American over a year ago... \$1,200 American... 3 months ago.”</p> | <p>• No</p> <p>“I think get real.” “Well, we always lost. But I always say to myself that’s it, I’m going to stay at home. But sooner or later my</p> |

| | |
|--|-----------------------|
| | husband would say..." |
|--|-----------------------|

Table 4: Participant Responses To Experiences Of Big Wins And Chasing Losses.

Each of the six participants had experienced a big win at one point in time and they each commented that winning was related to an increase in their gambling.

"When you win take your money and run, but I can't do that" (Participant 1).

"You always want to get it back. When you do get it back and if you do get it back, you just keep going for more anyways. It is the nature of the beast" (Participant 2).

"Right away I started getting too crazy with it. Trying to get another jackpot that quick...It was too the point that I'd dream about the next win" (Participant 3).

"Mostly on paydays. We can go double our pay...Like last night, see I was thinking I don't have no money, but I thought it just might be my lucky night. Maybe I might win...there was a jackpot of \$30,000 and one of the big winners was right beside me. So that is kind of the experience that triggers it" (Participant 4).

"Probably just a rush...just before I go in. Like a heady feeling, gonna win or something" (Participant 5).

"The slot machines...Seems like I want to enjoy it, the win...if you win, you think you are going to win all the time. If you see somebody win, you think that you are going to win too" (Participant 6).

Four of the six participants claim that they tend to chase after their losses. Whereas, Participant 5 and Participant 6 do not think that they try and win back money that they lose while gambling. Participant 6 claims that she would not go back to the casino at all after losing. However, her husband is persistent that they return.

Circumstances for Gambling and Distinguishing Behaviors Between Problem Gambling and Social Gambling.

During the qualitative interviews the participants were asked to consider under what circumstances they would most likely gamble and what they think distinguishes their gambling behavior from that of a social or recreational gambler.

| Participant | Under what circumstances are you most likely to gamble? | What do you think distinguishes your gambling behavior from that of a social or recreational gambler? |
|--------------------|--|--|
| One | "If I am depressed, mad." | "Cause I can't get away. I can't go there with a specific amount and when it is gone, stop. When it is gone I will take some out and spend." |
| Two | "When I have money. Other than that any circumstances. It is always interesting." | "They can go in there and do it forever. Play for a match, that's a fun time. It's not a business. They can take it or leave it. They can get up and walk away at any time." |
| Three | "If there is a group of people going I would usually go. But not if I was going there myself." | "I never really thought about it. I didn't think there was a difference." "I never really thought about it lately either." |

| | | |
|------|---|---|
| Four | “Mostly on paydays. We can go double our pay.” | “The only one difference I think is that I am starting to realize the consequences of the gambling. Some don’t ever realize. I can see some of spouse’s friends there at roulette. They can win \$3,000 playing and won’t realize.” |
| Five | “I guess a couple of weekends I’ve been avoiding moving.” | “A social or recreational gambler tries a variety of ways of entertainment. Bowling, movies; gambling is just a small part of recreational activities. They don’t make it their sole form of recreation.” |
| Six | “When people call me.” | “Well, they just say, yup, just say no.” |

Table 5: Participant Responses to Circumstances For Gambling And Distinguishing Behaviors Between Problem Gambling and Social Gambling.

Participant 1 and Participant 5 are more likely to gamble when depressed and when avoiding a particular activity respectively. Participants 2 and 4 are most likely to gamble when they have money on them; whereas, Participants 3 and 6 are more likely to gamble when a group is planning a gambling trip. When asked what distinguishes their gambling behavior from that of a social gambler, Participant 1, Participant 2, Participant 5 and Participant 6 commented that social gamblers have the capacity to limit themselves by saying no, trying other forms of entertainment, and by limiting the time and money they spend. Participants 3 and 4 made reference to their

friends and patrons that they see regularly at casinos and they view them as social gamblers and in all likelihood they are problem gamblers as well.

The Relationships between Drinking, Drugs and Gambling

During the qualitative interviews the participants were asked whether or not they drank alcohol or used drugs and if they gambled while under the influence of drugs or alcohol.

| Participant | Drinking/Drugs | Do you gamble under the influence of alcohol or drugs? |
|--------------------|---|---|
| One | Clean & sober 6 months | Oh yeah “Oh yeah... say about 10 years.” “Gambling always came first. Go and have a few beers, play cards...” |
| Two | Active drug problem Methadone Maintenance Program | Oh yeah “Not so much drink but I have been doing heroine for almost three years. I like doing my smash and after that everything is okay. It is copasetic.” |
| Three | Sober 8 years | No |
| Four | Active drinking problem | No “It keeps me away from drinking.” (Gambles at a casino that does not serve alcohol.) |
| Five | Sober 12 years | No |
| Six | Sober 22 years | No |

Table 6: Participant Responses To Drinking And Drug History And Whether Participants Gamble Under The Influence Of Alcohol Or Drugs.

Participant 4 views her gambling as a means of remaining sober; *“I drink once in awhile but it keeps me out of every weekend drinking. I drink once every three or four months so it keeps me busy on weekends.”* In contrast, Participant 1 drank and used drugs while gambling and has continued to gamble even though he has been clean and sober for six months. Participant 2 has a past and present history of being under the influence of drugs when he gambles. Three of the six participants have been sober for eight, twelve and twenty-two years and as such, no longer gamble under the influence of alcohol or drugs.

Association of Gambling with Mental Health and Criminal Behavior

During the qualitative interviews the participants were asked to comment on issues that relate to their mental health and history of criminal behavior that may impact their gambling behavior.

| Participant | Mental Health | Criminal Behavior |
|--------------------|---|---|
| One | Borderline bipolar, suicide attempts | Jail time; in and out for 12 years (crimes related to gambling behavior) |
| Two | Depression, anger problems & suicide attempts | Jail time; in and out for 16 years (crimes related to gambling behavior) |
| Three | Anxiety & depression | None |
| Four | Loss of interest in sporting & family events | Wrote a bad cheque on 4 different occasions |

| | | |
|------|--|---|
| | | (crime related to gambling behavior, not charged with the offence) (Lost banking privileges for 3 months) |
| Five | Grieving recent loss of mother | None |
| Six | Loss of interest in cultural and family events | None |

Table 7: Participant Responses To Mental Health And Criminal Behavior.

Three of the six participants have been treated and medicated for mental health issues that are related to their gambling problem and range from depression, anxiety, anger and suicidal attempts. Two participants have lost their interest in family, cultural or sporting events as a result of gambling. One participant has recently increased the amount of time that she spends gambling in order to cope with the death of her mother.

Three of the six participants have committed illegal acts that are directly related to their gambling behavior. *“Over people not wanting to pay...you start small, like pool, you go to a pool hall and if you are a good player, you fish in some people, right? You start off small, five, ten, twenty and then you find somebody and you get it up to fifty or one hundred bucks a game. And they will start losing. Not everybody is a good sport and they will take their money back off the table. Then you have to fight for your dough” (Participant 1).*

Factors Contributing to Gambling Behavior

During the qualitative interviews the participants were asked to reflect on what factors contributed to their developing a gambling problem.

| Participant | What factors contributed to your developing a gambling problem? |
|-------------|---|
| One | <ul style="list-style-type: none"> • It was me that was out of control <p>“I just liked to gamble. I wasn’t a very good gambler. Still not I guess.”</p> |
| Two | <ul style="list-style-type: none"> • I just always did it <p>“I used to wonder about that. It was almost like it was a part of everything. It wasn’t any separate incident. I just always did it. I would bet on the number of telephone poles in the next thirty miles or something like that. Or how far or how level. Just any old thing. It was fun to do.”</p> |
| Three | <ul style="list-style-type: none"> • Gambling with partner or groups of friends <p>“My partner still wanted to gamble after the job loss...we split up almost immediately after the job loss.” “Probably the idea that being able to win money was exciting and I think that the people who introduced me to it were always talking about it that it was a lot of fun. That’s pretty well what the state of my mind was then. Fun and excitement.</p> |
| Four | <ul style="list-style-type: none"> • Gambling with partner or groups of friends <p>“It’s like I’m enabling or care-taking, or co-dependent, to make the other person happy and then I’m happy too because I gave in to go.”</p> |
| Five | <ul style="list-style-type: none"> • Gambling with partner |

| | |
|-----|---|
| | “It seems like we are feeding off each other; me and my partner. He wants to go and says lets go to the casino? Okay!” |
| Six | <ul style="list-style-type: none"> • Gambling with partner or groups of friends <p>“When people call me...Somebody will ask...Are you going somewhere tonight? And that makes you really want too after that.” “It was an overnight trip to a casino. One of them was my Mom. They planned to have me take them there for a couple of hours. I didn’t have that much money...5 in the morning we left...Then all of a sudden the fog just lifted and I slide right in the ditch...could’ve wrecked my van...my mother.”</p> |

Table 8: Participant Responses To Factors Contributing To The Development Of A Gambling Problem.

Four of the six Participants claim that gambling with their partner and groups of friends is a contributing factor in developing a gambling problem. This factor may also be more typical of First Nation Communities that tend to engage in activities in groups, particularly outside their community.

Etiology of Problem Gambling Behavior

During the qualitative interviews the participants were asked to consider if anything in particular had directly or indirectly influenced them to gamble problematically.

| Participant | Can you recall anything in particular that directly or indirectly influenced you to gamble problematically? |
|--------------------|--|
| One | <ul style="list-style-type: none"> • Maybe ‘cause I was just a bad little bugger |

| | |
|-------|--|
| | <p>“I was bad, the black sheep of the five. I was the one that was out of control. The one being sent home by the school, in trouble with the police, I guess I fit right with the gambling to come after all that.”</p> |
| Two | <p>• The winning and how okay it was.</p> <p>“Everybody looked up to you. It wasn’t a problem with anybody. It was an okay thing to do.”</p> |
| Three | <p>• Chasing the losses.</p> |
| Four | <p>• It is when you win.</p> <p>“Even if it is just \$100. Like on roulette he has won \$1500 in one night. It is when you win you think maybe...I am behind on this bill so let’s go try it. To me that’s it. It got me into the gambling. Now that I understand, it’s still tough.”</p> |
| Five | <p>• Negative Feelings</p> <p>“I didn’t have no place else to go when I got angry at my spouse; or my mom or anything.”</p> |
| Six | <p>• I guess myself...I feel that when my husband wanted to go, I wanted to go too.</p> <p>“If somebody calls, ah and remind us there of which way we are going for gambling. Then it sticks to your mind that there are people going and it makes you want to go.”</p> |

Table 9: Participants Responses To What Directly Or Indirectly Influenced Problem Gambling Behavior.

Two participants claim that winning influences them to gamble problematically and one participant believes that chasing the losses is what hooked him. Participant 1 is of the opinion that he is in trouble from day one and that gambling problems just came naturally. Participant 5 claims that her negative feelings towards family members influenced her to gamble problematically. Whereas, Participant 6 explains that her husband and neighbors directly influence her in wanting to gamble.

Association between Personal Harm and Gambling

During the qualitative interviews, the participants were asked if their gambling has caused them any personal harm.

| Participant | Has your gambling caused you any personal harm? |
|--------------------|--|
| One | <ul style="list-style-type: none"> • “Yeah.” <p>“I guess it has given me a little low self esteem, to a point, because I will deny it if you back me up into a corner, right? But somebody that knows they have a problem and keep doing it, has got some kind of problem.”</p> |
| Two | <ul style="list-style-type: none"> • “Yeah, lots.” <p>“Well the last overdose, I lost parts of my body. I have ongoing problems, I am going to be crippled the rest of my life. Indirectly I have Hep-C.</p> <p>Depression, I think has been a big part of it. A lot of physical problems from the lack of not being able to take care of myself.”</p> |
| Three | <ul style="list-style-type: none"> • “Financial, depression, anxiety.” <p>“I guess there was anger there too.”</p> |

| | |
|------|--|
| Four | <ul style="list-style-type: none"> • “My physical part of me.” <p>“Before I used to play volleyball, I used to play ice hockey in the winter and now I don’t get any physical exercise...I just sit there and smoke and eat.”</p> |
| Five | <ul style="list-style-type: none"> • “ I don’t know.” |
| Six | <ul style="list-style-type: none"> • “I just feel that the kids...They also mention my grandkids.” <p>“Not being with them. I gotta figure out myself that it’s not there anymore. Don’t go to pow-wow’s. I say how come you guys didn’t go to the pow-wow? Well, you’re not there and not watching us dance.”</p> |

Table 10: Participant Responses To Personal Harm Caused By Gambling.

Five of the six participants believe that gambling has caused them personal harm. The harm ranges from lowered self-esteem, mental health, and physical inactivity and missing out on family gatherings. Participant 6 is not able to determine whether or not she had experienced any physical harm as a result of gambling.

Comparative Weight Given to Gambling

During the qualitative interviews, the participants were asked to reflect on whether or not there was a time when no activity or person was as important or rewarding as gambling.

| Participant | Was there ever a time when no activity or person was as important or rewarding as your gambling? |
|--------------------|--|
| One | <ul style="list-style-type: none"> • Yeah <p>“At the height of my gambling, when everybody was at wits end and I</p> |

| | |
|-------|--|
| | wouldn't listen...It built up to that point. It took 10 years or more to come to a head. I was totally off the wall. I didn't give a shit." |
| Two | <ul style="list-style-type: none"> • Yeah <p>"I would never have admitted before but yeah."</p> |
| Three | <ul style="list-style-type: none"> • Yes <p>"There wasn't anybody; there was only gambling or the jackpot."</p> |
| Four | <ul style="list-style-type: none"> • Yeah <p>"Over the past year. At first I kind of would tell him you go ahead and go tonight, but after awhile I'd get excited to go to bingo. I used to think of my kids first but more and more of my time if I have the money then and I will go spending."</p> |
| Five | <ul style="list-style-type: none"> • Yeah <p>"When there is something happening on the res. Some sort of activity taking place in the evening or if the kids, my adult children, want to play baseball or tournaments or whatever. Instead of me going to go watch them, oh, I am off to bingo! 56 numbers tonight so definitely I'll go."</p> |
| Six | <ul style="list-style-type: none"> • Yes <p>"Especially birthdays and special occasions."</p> |

Table 11: Participant Responses To Was There Ever A Time When No Activity Or Person Was As Important Or Rewarding As Your Gambling.

All six participants claim that there was a time when no other person or activity was as important to them as gambling.

Assessment of Plans to Quit Gambling and Reasons for Continuing to Gamble Even When Self-Report Problems With Gambling

During the qualitative interviews, the participants were asked to comment on whether or not they have plans to quit gambling in the future; and if gambling is causing problems for them, why do they continue to gamble?

| Participant | Do you have plans to quit gambling in the future? | If gambling is causing problems for you why do you continue to gamble? |
|--------------------|---|--|
| One | <p>Yes</p> <p>“I am going to look into it back at the Smith...I am doing quite well in my other recovery from alcohol and that...I am going Wednesday and I am going to have a little talk and see if they can help me out.”</p> | <p>“It is a disease and I recognize it as one, but you have to be a gambler to know how I fell...”</p> |
| Two | <p>Yeah, yeah</p> <p>“I really want to. I am trying now. I am working on it now.”</p> | <p>“I don’t want to continue. I am tired. I am tired of the life, tired of living it.”</p> |
| Three | <p>Yeah</p> <p>“Stay out of the casinos for sure.”</p> | <p>“I wouldn’t think that I would go there for long periods of time. I</p> |

| | | |
|------|--|--|
| | | <p>may go for an hour. But I know how I felt the last time. I was in for an hour and that's enough eh? It's a lot easier a lot of times just to walk through go through the buffet line, or whatever and see who's there."</p> |
| Four | <p>I would like too.</p> <p>"Right now the way I see it, it is impossible...I think bingo will always be there...now as soon as I get money I have to gamble. But before in the past it was only if I had money. That is the way I would like to get back too."</p> | <p>"Like last night, see I was thinking I don't have no money, but I thought it just might be my lucky night. Maybe I might win."</p> |
| Five | <p>No I don't...I thought about it.</p> <p>"But then I guess it would be the same old stinking thinking like a junkie. What am I ever going to do if I ever quit drinking? I will never have a social life. I might as well be dead if I quit drinking."</p> | <p>"I guess it is just an excitement, challenge or something. To relieve boredom, I suppose."</p> |
| Six | <p>(She Laughed)</p> | <p>"Well...I think if my husband</p> |

| | | |
|--|------------------------------------|--|
| | “Actually makes you really think.” | wants to go sometime...Just straight gambling, that’s all. Go to see a doctor and then we gamble...” |
|--|------------------------------------|--|

Table 12: Participant Responses To Do You Have Plans To Quit Gambling In The Future And Why Do You Continue To Gamble If Gambling Is Causing Problems For You.

Participant 1, Participant 2 and Participant 3 all say that they want to quit gambling in the future and have taken steps to stop gambling in the future. Participant 4 and Participant 6 are unclear about their intentions for future gambling. Participant 5 is clear that she does not consider quitting. Participant 3 contradicts himself by saying he wishes to stay out of casinos in order to quit in the future; yet, he is periodically still going to casinos and trying to limit himself, which he is managing at this time due to his lack of funds. Participant 6 clearly blames her husband for why she continues to gamble.

Responses to Jacob’s Dissociation Scale

During the qualitative interviews, the participants were asked five questions that determined whether or not they were dissociating while gambling.

| Dissociation Questions | No | Yes |
|--|-----------|------------|
| Do you lose all track of time while gambling? | 1 | 5 |
| Do you ever feel like a different person? | 4 | 2 |
| Do you feel like you have been in a trance? | 1 | 5 |
| Do you feel like you are watching yourself gamble? | 3 | 3 |

| | | |
|--|---|---|
| Do you experience memory blackouts while gambling? | 4 | 2 |
|--|---|---|

Table 13: Participant Responses To Jacob's 5 Dissociation Questions.

Responses to Jacobs' five questions on dissociation while gambling ranged from two to four affirmative answers with a mean range of three. Answering yes to one or more of these five questions indicates that a gambler is showing signs of dissociating while gambling, therefore all six participants are showing signs of dissociating.

Summary

This qualitative study aims to better understand the gamblers' opinions on why they developed pathological gambling problems. The two Caucasian participants claim that gambling is something that came naturally to them at an early age. *"I just liked to gamble"* (Participant 1) and *"I just always did it"* (Participant 2). Whereas, the four Aboriginal participants claim that gambling with their partner contributes to the development of a gambling problem. Three of the Aboriginal participants also find that gambling with groups and/or friends from their community, also contributes to the development of gambling problems.

All six participants cite different reasons for why they each believe that they gamble. Two reasons focus on financial matters; and four reasons speak to the social nature of gambling. For example, Participant 1 gambles for competition with the aim of winning back losses; Participant 2 is looking for recognition and respect from others by gambling; Participant 3 wants to have fun with the group that travels to the casino; Participant 4 is planning to win money by gambling; Participant 5 goes to casinos to be with the crowd that meets there; and Participant 6 blames her

gambling on her spouse wanting to go to a casino.

When asked to indicate any direct or indirect influences that may have contributed to the development of a gambling problem the participants again provide a variety of reasons. Two participants claim that winning influences the development of a gambling problem; another cites chasing losses; another suggests that it was natural that gambling problems developed as getting into trouble is just part of his living experience since childhood; another gambles to relieve negative feelings; and one participant claims that her partner and community members constantly asking her to go to the casino influences the development of a gambling problem. Thus, two participants are lured by financial aspects of gambling and the other four state reasons related to self-esteem.

The circumstances under which the participants are most likely to gamble include when they have money (two participants), when a group plans a trip to the casino (two participants), when depressed or mad (one participant), and when trying to avoid doing something that is not pleasant (one participant).

When asked why they continue to gamble if gambling is causing problems for them, the participants demonstrate quite a range of behaviours, but they all point to a continuation of gambling with the exception of Participant 2 who claims that he does not want to live that life anymore and is feeling tired of living that life. Their responses substantiate the social nature of gambling, the victimization perspective, and the strong power of financial need. For example,

Participant 1 says he gambles because it is a disease and that a person has to be a gambling addict to understand. Participant 3 has reduced his gambling as a result of lack of funds and continues to frequent casinos, hoping that he will not return to gambling problematically. Participant 4 gambles when she is short on funds in an effort to win money. Participant 5 gambles to relieve herself of boredom. Participant 6 believes that she gambles because her husband doesn't want to do anything besides gamble all the time.

CHAPTER 5

Discussion

Several themes emerged from Tables one through thirteen, concerning family, community, culture, gender, accessibility and personality. The themes of family promotion and participation in gambling, the psychological dimension of gambling, emergent differences and predisposing factors will be discussed utilizing illustrative examples from the interviews.

Introduction To Gambling. Three of the six participants began to gamble in their early teens and first experienced gambling within their family home when they were children. The remaining three participants did not gamble until the age of thirty. Two of these three participants were introduced to gambling by their partners and the other participant was introduced to gambling by family members.

Family Promotion and Participation in Gambling. All six participants have had significant involvement with family members in regards to their gambling. Four of the six participants gamble with their partners and/or with relatives. Family members appear to encourage and promote gambling as a form of play or entertainment. Family involvement and promotion of gambling is significantly high within this sample.

Gambling With Partners. Four of the six participants gamble with their partners. Two of the participants did not gamble until they were thirty and their partners had first introduced them to gambling. Four of the six participants' gambling habits have been complicated by the fact that their partners also gamble and do not appear to have any intention to quit gambling in the near future.

“I am starting to think about it more with the bills not going anywhere. Money. And it makes me sad that my spouse is doing these things too. It's kind of hard for me to watch him too” (Participant 4).

“There's this one time we lost \$1800. That's when that one time he took off...he went to another casino. He said, you should've come with me; I almost won it back” (Participant 6).

“Are we going to bingo tonight? I don't feel like it sometimes, but he seems he gets kinda moody when I don't wanna go...we are always out bingoing or whatever” (Participant 5).

Participation in Gambling. Three of the participants have reduced their gambling substantially due to a lack of funds as a result of unemployment. One of the three unemployed gamblers gambles daily and will resort to buying scratch tickets if necessary, in order to meet the daily desire to gamble. One participant gambles several times a month and the other has only gambled three times in eight months. These three participants have reduced their gambling substantially due to a lack of funds.

The remaining three participants gamble once or twice a week. These three participants have to drive from one to two hours in order to have access to gambling opportunities. The incidence of gambling for four of the six participants would likely increase if the opportunity to gamble daily was readily accessible.

Psychological Dimension of Gambling

The comments from the six participants in this qualitative study support the literature in regards to indicating that females tend to gamble as a means of escape and males tend to gamble for the action. Furthermore, all six participants have experienced a big win and their comments indicate that gambling increases following the big win. Four of the six participants claim to chase their losses, whereas the remaining two Participants deny chasing their losses. Three of the six participants indicate a variety of reasons for blaming others for their gambling and all six participants express irrational beliefs in relation to their gambling. As well, all six participants experience a time when gambling excludes any and all other activities.

Escape/Action. Two of the participants gamble in order to escape and they are female. Two of the participants gamble for the action and they are male. The remaining two gamble for both the action and in order to escape and one participant is male and the other participant is female.

“Probably more of an escape, to me it’s like my free time to.” (Participant 4).

“Mostly for the action and the excitement” (Participant 3).

“Probably both at time.” (Participant 1).

Anticipation of Winning & Experiencing A Big Win. All six participants have experienced a big win and find that their gambling has increased as a result of the big win.

“I will win a good chunk, a couple of hundred bucks and it will more or less cover what I have lost. So I am breaking even, I am never ever winning in all actuality. But I still play” (Participant 1.)

“I kept pressing repeat, repeat and finally something, a V, and that thing started flashing and I looked and it says home pay call 26,060 nickels it said. That’s 1300 bucks. I won! I says. I go to go and tell my old man, come here, come here, look what I won, 1300 dollar.” (Participant 5).

“Like last night, see I was thinking I don’t have no money, but I thought it just might be my lucky night. Maybe I might win” (Participant 4).

“I go to the casino and I think that I will win.” (Participant 6).

“Right away I started getting too crazy with it. Trying to get another jackpot that quick” (Participant 3).

“You always want to get it back”(Participant 2).

Chasing Losses. Four of the six participants claim to chase their losses after losing money while gambling.

“Yes I did last night. I think I might go and win back the money I lost, but now I am starting to realize I have gone over the jackpot”(Participant 4).

“I remember doing that quite a bit. A whole group of us would be the same way. I remember too, a couple of days later after spending most of twenty-four to thirty-six

hours at the casino laughing about the money that was lost. I never admitted it, but I pretended it wasn't anything" (Participant 3).

"All the time" (Participant 1).

"You always try getting it back" (Participant 2).

Blaming Others. Three of the six participants have comments that imply that their partners were somehow also responsible for their excessive gambling. These three participants were all female. One male participant also had difficulties in his past relationship that related to his partner wanting to gamble. One participant also feels pressured by friends to gamble and does not appear to know how to say no to them.

"I was just in a workshop in Manitoba for four days and people were asking me to go. I'd say okay. That's when I dialed the help line" (Participant 6).

"I usually go because he wants to go. He's got his favorite. Cass Lake. And now it seems like it is becoming my favorite because that's where I win more" (Participant 5).

"Even though I wanted to go to Pow-wow's, it seems my husband just wants to go to the casino" (Participant 6).

"If I don't gamble? If I get the right help it would be a lot better but for myself it is kind of hard if my spouse doesn't want to. He isn't the kind of person that doesn't think he has any problems" (Participant 4).

"My partner still wanted to gamble after the job loss. She was angry that she could not go out. We split up almost immediately after the job loss" (Participant 3).

Irrational Beliefs. All six participants express beliefs that are irrational in regards to their gambling behaviors.

“...it seemed like it was being able to get the patterns, out guessing the machine to get the patterns or not.” (Participant 3)

“I usually do collections. Beat people up. Steal. I am just like a collection agency except they have a license and I don’t.” (Participant 2)

“Mostly on paydays. We can go double our pay.” (Participant 4)

“I maximize my losses. If I lost 100 bucks in Canadian, I would tell people that I lost 180 bucks in American.” (Participant 5)

“Well if you win, you think you are going to win all the time. If you see somebody win, you think that you are going to win too.” (Participant 6)

““I am a high-risk person. If I feel lucky when I am there that night or I just feel lucky tonight, I am going to win, that it is my turn...I will go play high risk.” (Participant 1)

Accessibility. Two participants live in a community where a casino is accessible to them on a daily basis. Due to a lack of sufficient funds, gambling at the casino is not a daily risk. Four First Nation participants travel from one and a half hours to three hours to get to the nearest casino. They tend to travel in groups or with partners and travel home after gambling for long periods of time without adequate rest. The risk of having an accident while traveling home is increased due to inadequate rest.

Emergent Differences

This study found differences in gambling as a result of gender, culture and accessibility.

Gender. The three male participants are single and do not have their own biological children.

The three female participants are married or common law and have their own biological children.

The three male participants have reduced their gambling as a direct result of limited incomes due to unemployment and disability. The male participants all claim to want to quit in the future yet are still actively gambling. The three female participants are all employed and do not intend to quit gambling now or in the future.

The female participants all gamble for the purpose of escaping and one female participant also gambles for the action. The male participants all gamble for the action and one male participant also gambles in order to escape.

The three female participants have children that are impacted by their mother's gambling. Two participants children are older and these family members complain that gambling is more important than family activities, which include their grandchildren. One female participant has young children and she claims they do not have the quality time that was once available when gambling was not a priority.

Culture. Two of the six Participants are Caucasian and are unemployed and in active in

treatment programs for drug and alcohol dependency problems. Both Caucasian males had childhood behavior problems and were in reform school in adolescence and in jail as a result of illegal activity. The two Caucasian participants are alienated from their families and communities. The four First Nation participants gamble with their partners and gamble with groups that travel together to casinos and/or bingo outside their home communities.

“...it seems that we just have to be in Ontario or Manitoba and then we would stop and spend three days. If we go to Thunder Bay for a workshop and lack of sleep and you can't concentrate...” (Participant 6).

Gambling Excludes All Other Activities. All six participants claim that there was a time when no person or activity was as important or as rewarding as their gambling.

“There wasn't anybody; there was only gambling or the jackpot” (Participant 3).

“I used to think of my kids first, but more and more of my time if I have the money then I will go spending” (Participant 4).

Predisposing Factors

This qualitative study with six self identified pathological gamblers found predisposing factors in the area of dual and/or triple diagnoses, early exposure to gambling, dissociation and criminal behavior.

Dual and/or Triple Diagnosis. All six participants are pathological gamblers and all six Participants are either current or past alcohol and/or drug abusers. Two participants have

psychiatric diagnoses as well. Three participants do not gamble while under the influence of alcohol since they have been sober for many years. Two participants gamble while under the influence of drugs and/or alcohol. One participant gambles in an effort to keep herself and her husband sober.

Smoking. Five of the six participants smoke cigarettes.

Early Exposure to Gambling. The three participants that experienced gambling in their homes at a young age, began to gamble themselves in their early teens. The three participants that were not exposed to gambling at a young age in their homes, did not gamble until they were adults in their thirties.

Dissociation. All six Participants dissociate to one degree or another while gambling. Five of the six participants lost all track of time while gambling and feel as though they have been in a trance while gambling. Among the five dissociative items, losing all track of time and feeling as though in a trance ranked the highest among the six participants in the study.

“At first I was more energetic, all set to win and I was winning at first. But I never really seemed to know when to leave there. And when not winning started and it went wrong, it started pretty soon; we had been there all night.” (Participant 3).

“Oh yeah, especially when I’m at the casino. I get wondering around there and I have burned out five or six hours. Go in at daylight and come out and it is pitch black. Walk in there in the afternoon...” (Participant 1).

“That’s what I said about when we are there at a casino. They ask what time is it and I say I don’t know. I don’t even look at a clock when I’m there” (Participant 6).

“Not aware of anything. It is hard to explain. I don’t eat and stuff like that. It is just not knowing, not aware of things. Not eating and stuff like that because it is not a necessity. You’re saying like going to the washroom. I don’t pee in my pants or anything like that but I will put it off as long as I possibly can” (Participant 2).

“Sometimes, like I’ll say, I think I won last week and I don’t even remember if I really did...to me that is kind of a blackout” (Participant 4).

“Um uh, especially if at keno or electronic; they’re all electronic. Certain types of keno game.”(Participant 5).

Criminal Behavior. Three of the six participants broke the law in order to continue their gambling behavior. Two of those participants also broke the law for reasons not related to their gambling and were in trouble with the law during their adolescence. Three of the six participants do not have legal problems.

Theories of Gambling Behavior

Blaszczynski’s Pathways to Pathological Gambling: Identifying Typologies (2000) is an interactive theoretical model, which appropriately assists in explaining the etiology behind the problem gambling behaviour of the six participants in this study. The problem gambling behaviour of Participants 1 and Participant 2 is most closely aligned with Blaszczynski’s biologically-based impulsivity gambler. Gamblers who fit into this category of Blaszczynski’s

typology exhibit traits such as substance abuse, low tolerance for boredom, sensation seeking, poor interpersonal relationships, alcoholism and gambling at an early age. This type of gambler does not respond well to interventions, has poor compliance rates and is seldom motivated to seek treatment. Their gambling commences at an early age and quickly escalates. It occurs in binge type episodes and is linked with early gambling related crimes. Treatment recommendations include cognitive behavioral interventions aimed at controlling the impulse to gamble. Coping skills, problem solving, stress management, attendance to attention and organizational deficits, as well, as emotional liabilities are also recommended. If Participant 1 or Participant 2 are looking for treatment in order to stop gambling problematically, abstinence would be the recommended treatment goal.

Participant 3, Participant 4, Participant 5 and Participant 6 exhibit many of the characteristics found in Blaszczynski's description of the emotionally disturbed gambler where gambling becomes a means to relieve oneself of specific psychological issues or emotional states. For this type of gambler, dissociation is highly evident and gambling is a means of emotional escape. Other related traits include inability to manage and cope with stress, and a tendency to avoid conflict as a result of an inability to articulate emotions. They often behave in a passive aggressive manner or engage in avoidance behaviors. Gambling is a means of engaging in an emotional escape by mood altering, dissociation or narrowed attention. Jacobs (2000) findings on dissociation supports an addictive pattern of behavior position where gambling is chosen by problem gamblers in order to "escape" from internal and external stress and to experience an "altered state" of awareness through gambling. Treatment recommendations include

psychotherapy, problem solving and stress management, which attends to internal conflicts and improving self-image and self-esteem. Abstinence would be the treatment recommendation if Participant 3, Participant 4, Participant 5 or Participant 6 are requesting help in order to stop gambling problematically.

All six participants plan to continue gambling. The male participants did claim to want to quit gambling in the future, yet several comments suggest that gambling is something that they each intend to continue doing.

“I wouldn't think that I would go there for long periods of time. I may go for an hour. But I know how I felt the last time...It's a lot easier a lot of times just to walk through, go through the buffet line, or whatever and see who's there. I see some of my friends and they don't look too happy. They may be happy to see me there. They have been up for long periods of time.” (Participant 3).

“That is one of the problems with treatments I think...everybody is different. That is what makes this world so wonderful. That is why nothing ever works usually. Because what makes my clock tick might not be for somebody else...” (Participant 2).

“For me, the casino is where I want to be, that's what I like. So If I am not at the casino it is because I don't have enough to get there, so I am at the local store, betting on Proline or I am at the pool hall because I can do that because I don't need as much money...” (Participant 1).

The three female participants also did not have any concrete plans to quit gambling in the future.

Participant 4 fully intends to continue gambling and has no intentions of quitting in the near future. Participant 3, as well as Participant 6, are ambivalent about future plans to quit gambling and mention the difficulty they encounter due to their partners plans to continue gambling.

Concluding Remarks

Both the interactive theories of Griffiths and Delfabbro (2000) and Blaszczynski (2000) emphasize that a biopsychosocial approach to gambling must be viewed within the context of the environment. Blaszczynski (2000) views his typology of gambler types embedded in ecological determinants that include the development and general support for public policies that enhance access to and availability of gambling. Certainly in the last few decades there have been rapid changes in the Canadian society in both attitudes about gambling and in the use of gambling as a legitimate and substantive source of government revenue. Generally, gambling is no longer viewed as immoral. In addition, with the widespread acceptance and accessibility, all are more susceptible to developing gambling problems in the future (Lorenz, 1987). Changes in the 1960's and 1970's within the women's movement and civil rights movement, caused a change in the type of gambler that's seen today; pathological gambling is truly a "democratic illness striking old, young, men, women, rich, poor, all races, religions & cultures" (Lorenz, 1987, pg. 72).

Additional research is required to answer questions as to how the public will be impacted by continued expansion of gambling, particularly additional casinos and VLT's (video lottery terminals). The asocial nature of technology and the asocial nature of slot machine gambling, further increases the risk of pathological problems developing in those who gamble alone

(Griffiths, 1999). There has been increasing evidence that a large percentage of pathological gamblers (44%) started out gambling alone, seeing a casino as a place where people can go on their own and not stand out (Ladouceur, et al, 2000).

In further support of the tug of ecological determinants on gambling, McCormick & Taber (1987), "...do not think that pathological gambling is the product of a compulsive, addictive or gambling personality. It is a product of some personality flaw or flaws operating in the context of gambling availability in a society which sanctions and even admires the risk-taker" (pg. 36).

A substantial finding within this qualitative study by six self-identified problem gamblers, is that family pressure, family participation, family encouragement and/or family introduction to gambling has an impact on whether or not a gambler develops and/or maintains a gambling problem. Hence, additional research that focuses on the impact of family on gambling behavior may prove very fruitful.

It was not possible to utilize participant observation in the data analysis due to the geographical complexity of where the participants gamble. The failure to observe the participants while gambling limits the researcher's ability to contextualize the responses of the participants.

Government support for gambling as a significant revenue generator in this neoconservative era where the tax base is dwindling due to a complexity of factors such as aging population, technology replacing labor, and the decoupling of taxable capitals assets from profits may prove

to have many unintended consequences. The six self-identified problem gamblers in this study are ambivalent about entirely quitting gambling and are not highly motivated to seek treatment.

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APPENDIX A

*Riverside Community Counselling Services, 110 Victoria Avenue,
Fort Frances, ON P9A 2B7
Telephone: (807) 274-4807 FAX (807) 274-1799*

February 22, 2001

Rev Jack White
Broadway United Church
1303 Broadmore Avenue
Thunder Bay, ON P7E 5X7

Dear Rev White:

I am writing to introduce myself and request assistance in recruiting volunteers to participate in a research study on problem gambling. My name is Darlene Barrett and I am one of Ontario's 45 designated Problem Gambling Counsellors. I am employed in Fort Frances and for the past three years I have been working part-time on my Master's Degree in Social Work. My focus has been on gambling and I have been having difficulty recruiting problem gamblers from this area to complete my research. My goal is to add to the present research using information that is based on the unique experiences of problem gamblers.

Thunder Bay has recently opened a casino and it is likely that community members may begin to experience problems with their gambling tendencies. It is for this reason that I am writing to the local churches in Thunder Bay. I would appreciate it if you could post the *WANTED* advertisement on the bulletin board used for the congregation.

If you have any questions that require clarification, I can be contacted at Riverside Community Counselling Services during the day at (807) 274-4807. I will follow-up with a telephone call in a few weeks. Thank you in advance for your support.

Sincerely,

Darlene Barrett
Problem Gambling Counsellor
Riverside Community Counselling

lmq/db

Enc.

WANTED

People who believe they have a problem with gambling and would be interested in participating in a research study. Gamblers will be asked to share the experiences that led them to becoming a problem gambler and to explain what life is like for them now. The information that you share may be used by one of our counsellors participating in a graduate research study at Lakehead University on “How Does a Gambler Know When Their Gambling Has Become a Problem?” You will be asked how your life has been affected by gambling through a personal interview. You will be compensated for your time.

Interested persons are asked to contact Darlene in Fort Frances at Riverside Community Problem Gambling Services at (807) 274-4807 or a message can be left at the Social Work Department at Lakehead University (807) 343-8576 and I will get back to you.

APPENDIX B

(Letterhead on Original)

Dear Participant:

Thank you for agreeing to participate in this study on, **AN INVESTIGATION OF PROBLEM GAMBLING AS VIEWED BY THE SELF-IDENTIFIED PROBLEM GAMBLER?**

Dr. Connie Nelson of Lakehead University, has agreed to supervise Darlene Barrett in conducting this study on practising problem gamblers.

I would like to spend several hours with you while you are engaged in gambling so that I can learn first hand about your activities. I would also like to hold a interview with you and to have you complete a questionnaire.

Very little is known about the lifestyle of practising gamblers who self-identify that gambling has become a problem. Research has primarily been conducted on those gamblers that are attempting to recover from problem gambling. The data gathered from this study may be helpful in assisting decision makers with further recommendations about whether or not to continue expanding gambling opportunities for the general public. Also the research will expand the knowledge required by clinicians and researchers to adequately provide services to this population of clientele.

All information that you provide will remain confidential. All interaction will be reported as aggregate data. However, the findings of this study will be made available to you at Riverside Community Counselling Services in Fort Frances, upon completion of the project. A copy will be placed at the Fort Frances Public Library. Also, data will be stored for a seven year period and Dr. Connie Nelson will be responsible to ensure the safety and privacy of the documented data.

I look forward to your participation in this research study. Please mail your consent form to me as soon as possible. If you have any questions or concerns about this study, I can be reached at work (807-274-4807) during the day. A message can be left on voice mail if you are calling in the evening or if I am not available to speak to you personally.

I have attached a list of contact agencies and phone numbers in Northwestern Ontario and the Ontario Problem Gambling Helpline, in the event that issues arise for you or a significant other as a result of your participation in this gambling study. Thank you in advance for your interest and cooperation.

Sincerely,

Darlene Barrett

CONSENT FORM

My signature on this sheet indicate I agree to participate in a study by Darlene Barrett on, **AN INVESTIGATION OF PROBLEM GAMBLING AS VIEWED BY THE SELF-IDENTIFIED PROBLEM GAMBLER?** My signature also indicates that I understand the following:

1. I am a volunteer and can withdraw at any time from the study.
2. There is no apparent risk of physical or psychological harm.
3. The data I provide will be kept confidential.
4. I will receive a summary of the study, upon request, following the completion of the study.

I have received explanations about the nature of the study, its purpose, and procedures.

Signature of Participant

Date

APPENDIX C

South Oaks Gambling Screen

1. Please indicate which of the following types of gambling you have done in your lifetime.
 - a. Play cards for money
 - b. Bet on horses, dogs, or other animals (at) TB, the track, or with a bookie
 - c. Bet on sports (parlay cards, with bookie or at Jai Alai)
 - d. Played dice games, including craps, over and under, or other dice games
 - e. Went to a casino (legal or otherwise)
 - f. Played the numbers or bet on lotteries
 - g. Played bingo
 - h. Played the stock and/or commodities market
 - i. Played slot machines, poker machines, or other gambling machines
 - j. Bowled, shot pool, played gold, or other game of skill for money
 - k. Pull tabs or "paper" games other than lotteries
 - l. Some form of gambling not listed above

2. What is the largest amount of money you have ever gambled with on any one day?

| | |
|---|--|
| <input type="checkbox"/> never have gambled | <input type="checkbox"/> more than \$100 up to \$1000 |
| <input type="checkbox"/> \$1 or less | <input type="checkbox"/> more than \$1000 up to \$10,000 |
| <input type="checkbox"/> more than \$1 up to \$10 | <input type="checkbox"/> more than \$10,000 |
| <input type="checkbox"/> more than \$10 up to \$100 | |

3. Check which of the following people in your life has (or had) a gambling problem.

| | | | | |
|--|---|--|--|---------------------------------|
| <input type="checkbox"/> father | <input type="checkbox"/> mother | <input type="checkbox"/> a brother or sister | <input type="checkbox"/> a grandparent | <input type="checkbox"/> spouse |
| <input type="checkbox"/> my child(ren) | <input type="checkbox"/> another relative | <input type="checkbox"/> a friend or someone important | | |

4. When you gamble, how often do you go back another day to win back money you have lost?

| | | |
|--|--|--|
| <input type="checkbox"/> never | <input type="checkbox"/> some of the time (less than half the time I lose) | <input type="checkbox"/> most of the time I lose |
| <input type="checkbox"/> every time I lose | | |

5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?

| | | |
|--------------------------------|--|--|
| <input type="checkbox"/> never | <input type="checkbox"/> yes, less than half the time I lost | <input type="checkbox"/> yes, most of the time |
|--------------------------------|--|--|

6. Do you feel you have ever had a problem with betting or money gambling?

| | | |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> yes, in the past, but not now |
|-----------------------------|------------------------------|--|

7. Did you ever gamble more than you intended to?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

8. Have people criticized your betting or told you that you had a gambling problem,

regardless of whether or not you thought it was true?

yes no

9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?

yes no

10. Have you ever felt like you would like to stop betting money or gambling, but didn't think you could?

yes no

11. Have you ever hidden betting slips, lottery tickets, gambling money, IOU's or other sign of betting or gambling from your spouse, children or other important people in your life?

yes no

12. Have you ever argued with people you live with over how you handle money?

yes no

13. If you answered yes to question 12, have money arguments ever centred on your gambling?

yes no

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?

yes no

15. Have you ever lost time from work (or school) due to betting money or gambling?

yes no

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from?

- a. from household money
- b. from your spouse
- c. from other relatives or in-laws
- d. from banks, loan companies, or credit unions
- e. from credit cards
- f. from loan sharks
- g. you cashed in stocks, bonds or other securities
- h. you sold personal or family property
- i. you borrowed on your checking account (passed bad checks)
- j. you have (had) a credit line with a bookie
- k. you have (had) a credit line with a casino

APPENDIX D

DSM IV CRITERIA

If someone experiences five or more of the ten criteria, they are considered to have persistent and current maladaptive gambling behavior:

- 1) Is preoccupied with gambling.
- 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 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 in gambling.
- 8) Has committed illegal acts such as forgery, fraud or embezzlement to finance gambling.
- 9) Has jeopardized or lost a significant relationship, job, or education or career opportunity because of gambling.
- 10) Relies on others to provide money to relieve a desperate financial situation caused by gambling.

APPENDIX E

Gambler's Anonymous 20 Questions

1. Did you ever lose time from work due to gambling?
2. Has gambling ever made you home life unhappy?
3. Did gambling affect your reputation?
4. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing, did you feel you must return as soon as possible and win back your losses?
8. After a win, did you ever have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditures?
13. Did gambling make you careless about the welfare of your family?
14. Did you ever gamble longer than you planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance your gambling?
17. Did gambling cause you to have difficulty sleeping?
18. Do arguments, disappointments, or frustrations create within you an urge to gamble?
19. Did you have an urge to celebrate good fortune by a few hours of gambling?
20. Have you ever considered self-destruction as a result of your gambling?

• **Most compulsive gamblers will answer yes to at least seven of these questions.**

APPENDIX F

**WINDSOR REGIONAL
PROBLEM GAMBLING SERVICES**

CLIENT GAMBLING PROFILE

CLIENT NAME: _____ **D.O.B.** _____

Initial Gambling Experience:

Who introduced client to gambling?

Present gambling behavior: (frequency/amount/time spent)

Reason for gambling:

Type of Gambler: **Action** **Escape**

Describe "big win": (when/how much)

Chasing:

When did client first think their gambling was problematic? Why?

Factors relating to onset of problem gambling:

- | | |
|---|---|
| <input type="checkbox"/> relationship problems | <input type="checkbox"/> physical illness |
| <input type="checkbox"/> recent/past death | <input type="checkbox"/> psychological illness |
| <input type="checkbox"/> separation/divorce | <input type="checkbox"/> employment difficulties |
| <input type="checkbox"/> birth of a child | <input type="checkbox"/> other _____ |

DSM IV: _____ **S.O.G.S. SCORE** _____

APPENDIX G

Jacobs' 5 Dissociative Questions

While Gambling:

- 1. Do you lose all track of time?**
- 2. Do you ever feel like a different person?**
- 3. Do you feel like you've been in a trance?**
- 4. Do you feel like you're watching yourself gamble?**
- 5. Do you experience memory blackout while gambling?**

APPENDIX H

Interview Schedule Questions

1. How many years have you been gambling?
2. How many of those years have you been gambling problematically?
3. At what point did you realize that gambling was becoming a problem for you?
4. What were the signs that indicated that gambling had become a problem?
5. Why did you initially begin gambling?
6. What exact behaviors caused you to view yourself as a problem gambler?
7. What does being a problem gambler mean to you? What type of gambling has been the greatest problem for you? What is it about this game that makes you choose it?
8. What are the other types of gambling that had been a problem for you?
9. How much money, on average, do you wager each time you gamble?
10. Under what circumstances are you most likely to gamble?
11. How do you feel just before you decide to gamble?
12. How do you feel just after you gamble?
13. What have been the positive consequences of your gambling?
14. What have been the negative consequences of your gambling?
15. What do you estimate that your total financial loss has been because of gambling?
16. Do you gamble when you are under the influence of alcohol or drugs?
17. Do you drink or use drugs when you are gambling?
18. What do you think distinguishes your gambling behavior from that of a social or recreational gambler?
19. Throughout your gambling history, were others aware that gambling was a problem in your life?
20. Has anyone in your past or present been harmed by your gambling?
21. Can you recall anything in particular that may have directly or indirectly influenced you in gambling problematically?
22. Has your gambling caused you any personal harm?
23. Have you any plans to quit gambling entirely in the future?
24. Whether yes or no, how do you foresee your life changing in the future?
25. In your opinion, do you feel it is necessary for problem gamblers to quit gambling entirely in order to recover from having a gambling problem?
26. What are your reasons to continue gambling if it is causing problems in your life?
27. What impact do you think the increase in gambling establishments across the country will have on individuals and their families?
28. What is your opinion of the government involvement in monitoring, profiting and promoting gambling?
29. Do you think there are safe forms of gambling, even for problem gamblers? If so, what are they?
30. If you had the opportunity to tell a social gambler just one thing, what would you say?
31. Have you ever quit gambling for extended periods of time? If so, when and for how long?
32. Have you ever wanted to see help to quit problem gambling entirely? If so, when? What were the reasons for gambling again?
33. Does access to gambling opportunities affect how often you gamble?

APPENDIX I

Questions About Research Findings

As a result of your gambling have you ever experienced:

- Drug or alcohol problems?
- Treatment attended? If so, where? When?
- Workplace impact? Lateness? Absenteeism? Productivity?
- Psychiatric Illness? Depression? A.D.D.? Anxiety?
- Illegal activities? Fraud? Theft? Forgery?
- Medical Costs? Insomnia? Stomach Ache? Headaches?
- Suicide Attempts
- Gambling Debt? Estimated Lifetime debt?

Have you ever experienced any of these traits?

1. An abundance of energy
2. Unreasonable optimism
3. Risk taking, especially in financial ventures
4. Restless and irritable when not gambling
5. Change in personality as a result of gambling
6. Can be hypercritical and often blame others for gambling losses
7. Avoid conflict over gambling by lying, distorting and/or exaggerating
8. Brags about winnings and minimizes losses
9. Remorseful over losses yet increase amounts wagered

Have you ever asked for help for your gambling problem from the following sources?

1. Inpatient or outpatient treatment programs
2. Counselling agency
3. Self help meetings
4. On line self help support
5. Crisis Line

1. Has your self-esteem been tied to whether or not you are winning or losing?
2. Did you ever experience a big win? When? How much?
3. Did it cause you to want to gamble even more?
4. Was there ever a time when no activity or person was as important or rewarding as your gambling?