An exploration of how agency and socio-cultural milieu support greater or lesser controlled gambling and recovery from gambling addiction

by

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This work is dedicated to my grandmother, Betty Pyle (1924-2013).
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Abstract
Most gamblers never experience addiction and the majority of those who do eventually recover. This thesis investigates how most maintain control over their gambling and how the majority of those who do experience gambling addiction regain control. Findings are based on 25 qualitative semi-structured interviews with participants who fit one of three ideal-type groups: (i) gamblers who have never experienced addiction; (ii) gamblers who have regained control after experience of gambling addiction; and (iii) gamblers experiencing addiction at time of interview. Participants were recruited who had never engaged in formal treatment because existing research suggests most who experience gambling addiction and/or recovery never to do so.

This study is underpinned by a synthesis of Bourdieusian theory and Foucauldian-inspired governmentality literature which was used to guide the thesis and help explain gambling behaviour. Taking a Foucauldian genealogical approach, the dominant theory of addiction as a biomedical disorder is critiqued and revealed to be myth. Instead, (gambling) addiction is demonstrated to be a social construction which becomes embodied within individuals and thereby influences gambling behaviour. Consequentially, it is shown that research concerning substance use is applicable to the investigation of gambling behaviours.

Given paucity of gambling research, substance-related literature is drawn upon throughout the thesis. Attention is given to research demonstrating regulation over drug use to be influenced by the social settings in which consumption takes place as well as the wider social and cultural milieus in which the lives of actors are embedded. Moreover, particular appreciation is given to literature indicating recovery from addiction to be supported by shifts in socio-cultural milieu. In contrast to most existing addictions/gambling research, the agential capacities of gamblers to shape their own behaviours, albeit in ways heavily constrained by context (or ‘structure’) are emphasised throughout the thesis.
Data revealed various gambling-related strategies to help constrain gambling and minimise harm. These are examined and it is recommended that this knowledge could be used to aid development of more effective ‘harm-reduction’ style interventions and policies in ways which support less harmful patterns of gambling behaviour. However, although valuable, those with greater control tended to rely little on such strategies to manage their gambling. Instead, greater control over gambling and recovery from gambling addiction was found to have less to do with how participants gamble (e.g. whether or not they followed harm-reduction strategies) and far more to do with the wider, non-gambling-related, aspects of their lives and the nature of their subjectivities/dispositions.

Principally influential were found to be the qualities of interviewees’ socio-cultural milieus. Alongside gambling, those with greater control tended to participate in non-gambling-related communities with attendant ways of thinking and cultural expectations (values/norms) that marginalise (heavier) gambling. Drawing on Bourdieusian and Foucauldian governmentality theory, it is argued that, because of their day-to-day participation in such communities/milieus, those with greater control embody mentalities and expectations which discourage riskier gambling behaviour. This, in turn, results in more ‘prudential’ subjectivities which discourage problematic gambling behaviour. Participants who had experienced recovery and many of those who had never experienced addiction revealed long-term reductions in gambling behaviour. Findings suggested these reductions (as well as recovery) to be supported by social and cultural processes, occurring over the life-course, which encourage increased participation in more ‘conventional’ life/milieus and thereby promote alterations in subjectivities in ways more conducive to control.

A dual approach to discouraging problematic gambling behaviour is recommended. Although it is important to promote ‘safer’ ways of gambling (e.g. through promotion of harm-reduction style interventions and by designing gambling environments in ways to support greater constraint), it is also imperative to support the development of lives/milieus and subjectivities more conducive to control (e.g. participation in ‘conventional’ life and access to resources required to do so).

**Keywords**: harm reduction; gambling; addiction; behaviour change; life-course; natural recovery; maturing out; Bourdieu; Foucault; Zinberg; socio-cultural milieu.
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Author’s declaration

At no time during the registration for the degree of Doctor of Philosophy has the author been registered for any other University award without prior agreement of the Graduate Committee. Work submitted for this research degree at the Plymouth University has not formed part of any other degree either at Plymouth University or at another establishment.

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Presentations given

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‘Social-setting and controlled betting’. Ed Pyle (Three minute thesis competition, Plymouth University). March 2014

‘What does problem gambling tell us about the nature of addiction?’. Ed Pyle. (Institute of Health and Community research student conference). January 2013

Selected presentations and conferences (attendance only):

'Understanding the cycle of harm - a community response to abuse, addiction and disclosure'. Mike Peirce. (Research seminar, Plymouth Drug and Alcohol Research Unit). April, 2013

‘Exploring "minimally commercial supply": the small-scale supply of heroin and crack cocaine by user-dealers as a means of supporting a drug habit’. Leah Moyle. (Research seminar, Plymouth Drug and Alcohol Research Unit). March, 2013

‘Drugs in Plymouth Communities’. Gary Wallace. (Research seminar, Plymouth Drug and Alcohol Research Unit). February 2013

‘Does the recovery agenda offer anything new?’ David Best. (Research seminar, Plymouth Drug and Alcohol Research Unit). September 2012

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Introduction: situating the thesis

This chapter introduces and situates this doctoral thesis within the wider academic context. A brief overview of the gambling landscape in the UK is provided with emphasis on pertaining major themes, trends, and contemporary concerns. Influenced by substance addiction literature (Zinberg, 1984), the idea, key to this study, that control over gambling (including addiction recovery) is influenced by the milieus in which the lives of individuals are embedded is introduced. The research questions used to guide the thesis are presented. A summary of the forms that gambling research tends to take is presented with a focus on the limitations of that work which are addressed in the present project. There is then discussion of the potential value of the research before the chapter closes with an outline of the thesis structure.

Defining gambling

‘Gambling’ refers to any activity in which something of monetary value (the wager), typically money, is risked on an uncertain outcome usually with intent or hope of winning back something of greater value than was initially risked (Reith, 2007a; Abbott et al., 2004a; Nower and Blaszczynski, 2008). Gambling activities are diverse and include lotteries, sports betting, bingo, card games, roulette, and various electronic gambling machines (EGMs). Wagers are placed in various physical settings such as those primarily designated for gambling (e.g. betting shops, bingo halls, and casinos), ‘ambient’ places where gambling is not a primary but peripheral activity (e.g. pubs, clubs, and supermarkets), and at some sporting events (e.g. horseracing), or, if placed over the internet, potentially anywhere with connectivity, particularly if a smartphone is used (Abbott, 2006; Orford, 2011; Gainsbury et al., 2012).
Gambling participation in the UK

Gambling is popular in the UK. One study estimated that in the UK during 2010 over 73% of adults (16+) had gambled in the past year and 41% of adults had gambled at least weekly (Wardle et al., 2011a). The National Lottery (NL) is the most popular gambling activity and in 2010 over half of British adults were estimated to have participated in non-NL gambling in the past year (56%; Wardle et al., 2011a). Ascertaining trends in gambling participation is difficult because of methodological differences between population studies, however data from the three-part British Gambling Prevalence Survey (BGPS) series (now discontinued) indicated that the popularity of gambling has remained relatively stable between 1999 and 2010 (73% past year in 2010 and 68% past year in both 2007 and 1999; Wardle et al., 2011a).

Concerns about gambling

While gambling can be a harmless leisure pursuit, for a significant minority participation in gambling can be difficult to manage and/or may contribute to harm not only for themselves but for others close to them (McMillen, 1996; Reith, 2007b; Abbott et al., 2004a; Dickerson, 2003a). Some gamblers report extreme difficulty or failure to resist compulsions to gamble (i.e. gambling addiction) and this often contributes to significant negative consequences or harm (problematic gambling) (see chapter two; Dickerson, 2003a). Predominantly, investigations of gambling difficulties have been concerned with uncovering the causes of problematic gambling behaviours and much of this work has been medical or psychological, premised on the assumption that such behaviour is symptomatic of impaired control caused by an underlying physiological abnormality, mental illness, or dysfunction of thought (Reith, 2007a; see chapter two). Since the 1970s, and especially from the turn of the 21st century, greater accessibility and promotion of gambling has contributed to increasing concern about the negative impact
of gambling on individuals, families, and communities (Abbott et al., 2004a; Reith, 2007a).

Prevalence of problematic gambling in the UK

Despite the popularity of gambling among adults in the UK, estimated rates of problematic gambling are, proportionally, low – consistently less than 1% of the adult population (Wardle et al., 2011a). While evaluation of such estimates is beyond scope of discussion, reflection on how these are produced is salient.

Estimates are produced through survey research designs which incorporate instruments developed to screen for problematic gambling behaviour. These are known as gambling screens. Along with other criticisms (see chapter four), it has been noted that different gambling screens can produce very different estimates of problematic gambling not only when conducted on the same population but on the same respondents (Currie and Cassie, 2007). Moreover there have been concerns that reliance on figures produced through epidemiological studies may underestimate prevalence and harm for various reasons: (1) the surveying of stigmatised behaviours is sensitive to well-known issues such as recruitment bias, non-response/reporting, dishonesty, as well as those surrounding respondent recall and underestimation of behaviour (see chapter four); (2) surveys tend to overlook those aged 15 or younger and estimates of adolescent problematic gambling have, consistently, been greater than those of adults (Griffiths, 2009; Forrest and McHale, 2011); (3) only adults living in private households tend to be surveyed which, by definition, excludes groups such as homeless people and those living in institutions (e.g. prisons) (Wardle et al., 2011a:75) which have been suggested to be more likely to gamble problematically (Abbott et al., 2005; Rogers et al., 2005:7); and (4) it has been estimated that, on average, for every individual who gambles problematically, there may be 8-10 others in their social
network who experience harmful consequences (Lobsinger and Bechett, 1996. Cited in George and Copello, 2011:318). Nonetheless, even if estimates were indicated to be, for example, five times greater, the vast majority of those who gamble would still do so without experiencing significant difficulties.

There is very little evidence that the prevalence of problem gambling has increased much, if at all, in recent years. The British Gambling Prevalence Survey (BGPS) series used a combination of three screening instruments to estimate problem gambling prevalence rates (see Wardle et al., 2011a). Using the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) screen, the BGPS series reported an estimated problematic gambling prevalence rate of 0.6% in 1999 and 2007 and 0.9% in 2010 (Wardle et al., 2011a:11). The authors were keen to point out, however, that though this may appear to indicate a slight rate increase, this was on the margin of statistical significance and quite possibly the result of variability in the data (Wardle et al., 2011a:12). Indeed, through use of different screens included in the same survey (and thus with the same sample) different problematic gambling rates were suggested: the *South Oaks Gambling Screen* (SOGS) indicated a rate of 0.8% in 1999 and its replacement, the *Problem Gambling Severity Index* (PGSI) screen, indicated rates of 0.5% in 2007 and 0.7% in 2010 (Wardle et al., 2011a, Sproston et al., 2000). Furthermore, while the DSM-IV screen indicated a statistically significant increase in problem gambling between 2007 and 2010, the PGSI screen did not (Wardle et al., 2011a:12). Though figures of less than a per cent are a relatively small proportion of the adult population, it is worth noting that even a tenth of a per cent may represent a sizeable number of individuals whose gambling contributes to harm. The BGPS 2010 problem gambling estimated prevalence rate of 0.9% represents 451,000 adults living in Britain (Wardle et al., 2011a).
Gambling landscape in the UK

Deregulation

Over the past century, Western societies have increasingly become characterised by the principals of neoliberalism and consumerism (see chapters one and two; Reith, 2007b). Against this backdrop, from the late 20th century gambling has become increasingly deregulated (see chapter two; Light, 2007; Reith, 2006). Indeed, prior to the 1960s many forms of gambling that are widely marketed today were prohibited (e.g. betting shops, casinos, and bingo halls) and though these were then legalised they were heavily regulated and promotion strictly restricted (Light, 2007; Griffiths and Wood, 2001; Reith, 2006:10). The Gambling Act 2005, implemented in 2007, described as ‘most dramatic reorganisation of the gambling climate the U.K. has ever experienced’ (Reith, 2006:10), removed various restrictions and, in particular, allowed commercial promotion (Light, 2007). An overview of the UK gambling landscape, comprised of ‘land-based’ and internet forms, and including major themes and trends is now provided.

Land-based gambling

Popular land-based gambling provision in the UK includes betting shops, bingo halls, casinos, and electronic gambling machines (EGMs). Despite news reports of a ‘proliferation’ of betting shops in the UK in recent years (e.g. Daily Mail, 2014; BBC, 2014), the number of betting shops have remained relatively stable at around 8,500 (Association of British Bookmakers, 2012) though these do appear to be increasingly clustered on urban thoroughfares rather than on backstreets as had been more the case in past decades (Jones et al., 2000:223; Wardle et al., 2011b). Recent years have seen a diversification of betting shop provision away from more ‘traditional’ track activities (e.g. horse/greyhound racing) to include other activities such as EGMs (Cassidy, 2012a). Numbers of bingo halls have declined from a peak of 1,820 in 1974,
972 in 1993 (Munting, 1996:165), to 646 in 2012 (Gambling Commission, 2012:23). The proportion of offline bingo players in Britain appears to have remained relatively stable over recent years; in 2000, 2007, and 2012 7% of adults were estimated to have played offline bingo in the past year (Wardle et al., 2011a; Wardle et al., 2014). In March 2015 there were 148 casinos in Britain, typically offering table games such as blackjack, roulette, and poker as well as various types of EGMs (Gambling Commission, 2015a). The proportion of the British population who participated in (offline) casino table games in the past year was estimated to be 3% in 1999, 4% in both 2007 and 2010, and 3% in 2012 (Wardle et al., 2011a:25; Wardle et al., 2014:14).

Peripheral gambling

One of the most noticeable changes to the gambling landscape has been the rise of ‘peripheral’ or ‘convenience’ gambling which refers to gambling provision in places not dedicated to gambling (Orford, 2011; Home Office, 2001). EGMs, for example, are situated in places such as pubs, bars, cinemas, clubs, bowling alleys, and motorway service stations and lotteries and scratch cards may be purchased in corner shops and supermarkets (Orford, 2011).

Electronic gambling machines (EGMs)

Recent years have seen a large rise and diversification in EGMs in Britain (Cassidy, 2012a; Turner and Horbay, 2004). Examples include ‘fruit’ machines often found in pubs, as well as crane grab, coin pusher and penny fall machines often found in amusement arcades, and Fixed Odds Betting Terminals (FOBTs) found in betting shops (Orford, 2011). Participation data collected in 2012 suggested that of adults (16+) in England and Scotland in the past year, 7% had gambled on slot machines and
3% had gambled on machines placed in betting shops in the past year (Wardle et al., 2014).

Internet gambling

Since the 1990s gambling has become increasingly available in Britain through the internet (Wood and Williams, 2011; Gainsbury et al., 2015). Increases in participation have been supported by greater accessibility of better quality internet access and adoption of mobile internet technologies including smartphones, mobile applications (‘apps’), 3G/4G and publically accessible Wi-Fi (Gainsbury et al., 2012; Gordon et al., 2015). Data collected in 2012 suggested that 7% of adults (aged 16+) in Britain had gambled online (excluding the National Lottery) in the past year (Wardle et al., 2014).

There is some evidence to suggest that rates of problematic gambling are significantly greater among those who gamble online compared to those who gamble exclusively offline (Wardle et al., 2011a; Wood and Williams, 2009; Hing et al., 2015a). Based on this data, a number of concerns have been raised about online gambling which have been purported to encourage more excessive gambling and increase harm. These include use of ‘digital money’, facilitation of solitary gambling, less scrutiny from others, and so less fear of embarrassment (Hing et al., 2015a). Of chief concern, however, has been greater accessibility facilitated by mobile technologies (Hing et al., 2015a; Gainsbury et al., 2012).

Increased promotion and marketing

The 2005 Gambling Act allowed the commercial promotion and marketing of gambling. Gambling products are advertised widely through mediums including print, television, radio, at sporting events, the internet (e.g. social networking platforms) (Binde, 2014)
and it appears that the volume of gambling advertising to British audiences is rapidly increasing (Ofcom, 2013). Academic discussions of gambling promotion are predominantly negative (Binde, 2014) and concerns have been raised that greater exposure to gambling resulting from increased promotion may encourage greater gambling consumption increasing risk, severity and/or duration of problematic gambling and related harm (Binde, 2009; Hing et al., 2013; Hing et al., 2015b; Thomas et al., 2012a; Lamont et al., 2011). It is worth noting, however, that while those experiencing gambling difficulties often report that advertising and promotion makes control and/or abstinence difficult, studies have not shown that greater exposure to gambling advertising leads to increased gambling consumption or problematic gambling (Griffiths, 2005:15; Binde, 2007:167; Binde, 2009:541; Hing et al., 2015b).

‘Normalisation’

It has been suggested that the contemporary shift towards gambling as a ubiquitous, extensively marketed activity, widely viewed as a legitimate, mainstream, leisure activity has ‘normalised’ gambling (Hing et al., 2015b; Moodie and Reith, 2009). Concerns about normalisation often centre on the view that gambling has the potential to be harmful and so the impression that gambling is ‘normal’ and, by implication, harmless should be avoided (Hing et al., 2013; Lamont, 2011). Normalisation, however, appears inconsistent across disparate forms of gambling and for different individuals. The National Lottery, for example, appears particularly normalised to such an extent that many ‘players’ do not see themselves as gamblers (Reith, 1999:100), whereas gambling on FOBTs, it is reasonable to speculate, may be less so. Research with Australian sport-following males aged 18-30 has suggested sports betting to be a cultural norm whereas sports betting may be less of a cultural expectation for other groups (Gordon et al., 2015).
Research focus and approach

Regulation of gambling behaviour: theories of exposure and adaptation

As just discussed, forms of gambling are extremely accessible in the UK and, to varying degrees, gambling has become a ‘normal’, mainstream, and legitimate leisure activity. Indeed, accessibility and promotion mean that citizens in the UK are among the most exposed to gambling around the world (Shaffer, 2005:1228). There has been concern that greater exposure to gambling leads to greater risk of gambling addiction and harm (Orford, 2005a,b; Productivity Commission, 1999; Gambling Review Body, 2001) – an assumption often referred to as ‘exposure theory’ (Storer et al., 2009; Abbott et al., 2014). Given that accessibility is a precondition of gambling participation and, in turn, for the experience of gambling addiction and gambling-related harm, such assumptions appear reasonable. Exposure theory, however, fails to appreciate that the relationship between exposure (including availability and accessibility) and gambling behaviour and problems is complex and likely mediated by various other influences (Abbott, 2005; Shaffer et al., 2004b; Abbott et al., 2014). At population levels, relationships appear non-linear so that when exposure reaches a certain level further increases do not necessarily lead to increases in rates of consumption and/or problematic gambling (Abbott, 2006). This resonates with the UK context where, despite increasing exposure over the past 15 years or so, population studies have indicated problem gambling prevalence rates to have remained relatively stable (Wardle et al., 2011a).

According to ‘adaptation theory’, through familiarity with gambling, over time, populations and citizens develop adaptations which act to buttress control and ameliorate gambling-related harm so that despite high, even increasing, gambling exposure, rates of participation and problematic gambling prevalence plateau and even decline (Abbott et al., 2014; Abbott, 2006; Storer et al., 2009). These adaptations have been posited to occur both at societal/community levels (e.g. greater public awareness
of problem gambling, expansion and development of mutual help groups, treatment services, and regulatory change) as well as at the individual level such as the development of informal social controls – strategies used by gamblers to manage their gambling (Abbott et al., 2014:987; Storer et al., 2009). Evidence for the adaptation thesis, however, has almost exclusively taken the form of secondary analyses of population and epidemiological survey data and there has been little examination of purported adaptations (Abbott, 2006).

Guiding research questions

The focus of this doctoral thesis is now explicated. Very few of those who gamble, even regularly, experience difficulty of control (addiction) and/or harm and this suggests that, despite exposure, most individuals manage their gambling well (Moore et al., 2012; Toneatto et al., 2008; Slutske et al., 2009; see chapter two). Moreover, most of those who do experience gambling addiction eventually recover – some to abstinence and others to continued, but better controlled, gambling (Reith and Dobbie, 2013; Hodgins and el-Guebaly, 2000; Slutske et al., 2010; see chapter two). However, despite this evidence, there has been very little investigation of how those who gamble without difficulties manage their gambling in ways which support greater control and mitigate or reduce harm (cf. Dzik, 2006; Reith and Dobbie, 2013) or how many of those who do experience difficulty of control and/or harm regain control and/or come to avoid harm.

Though still scant, in comparison, there has been much greater research investigating how the majority of those who use substances do so without experiencing addiction and/or harm and how many of those who experience addiction eventually come to regain control and/or ameliorate harm (Zinberg, 1984; Grund, 1993; Decorte, 2001a; Moore, 1993; Waldorf et al., 1991; Cohen, 1999; see chapter two). Much of this work has been strongly influenced by Zinberg (1984) who sought to understand how and
why some drug users experience difficulties of control and harm by exploring (a) how and why others maintain control without such difficulties as well as (b) how and why yet others regain control and/or mitigate harm.

Drawing on Zinberg’s (1984) approach, this thesis is guided by two research questions:

1. How and why do most of those who gamble never experience gambling addiction or significant harm?
2. How and why do most of those who do experience gambling addiction regain control and ameliorate or come to avoid harm?
Gambling behaviour: a brief overview of existing research

A brief overview of existing gambling research and common themes is now provided (for further detail see chapter three). The aim is not to provide a literature review or in-depth critical discussion but to give a sense of the research landscape within which this doctoral thesis is situated. In comparison to drug use, for example, gambling is a small field that has produced relatively little literature (Reith, 2007a). The field is extremely fragmented and has been studied from within various disciplines and subdisciplines (e.g. medicine, psychiatry, psychology, sociology, anthropology, and economics; McGowan, 2004; Binde, 2009). While there had been very little gambling research published before the 1980s, since the mid-1990s, and particularly in the past decade, gambling publications have gathered pace (McGowan et al., 2000; Reith, 2007a; Binde, 2009). This rise appears to have been encouraged by the expansion of gambling opportunities and concurrent concern about increased negative impact on communities and individuals (Ferentzy and Turner, 2013). Particularly influential was the inclusion of ‘pathological gambling’ into the third edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 1980) as this legitimised problematic gambling behaviour as worthy of study (Bernhard, 2007; Reith, 2007a). These developments, along with the invention of various screening instruments and the rise of epidemiological studies seem to have made the phenomenon of problematic gambling increasingly ‘visible’ and ‘real’ to scientific inquiry (Reith, 2007a:11). In 2007, Reith noted that the number of specialised academic journals, annual conferences, research institutes, and funding bodies dedicated to gambling had grown in the past two decades (Reith, 2007a) and, from the present author’s own familiarity with the field, it appears that such developments are continuing.
Approaches to the study of gambling behaviour

Broadly speaking, the study of gambling behaviour can be differentiated by epistemological position (i.e. *interpretivism* or *positivism*) and discipline, however, it is important to keep in mind that some research is interdisciplinary and/or takes a ‘mixed-methods’ approach (see chapter three). Investigations of gambling behaviour have, predominantly, been grounded in positivism and have approached problematic gambling (including gambling addiction) in terms of the biomedical or psychological (Reith, 2007a; Binde, 2009). Indeed, many approaches have come to view problematic gambling behaviour as caused by both psychological and biological factors (e.g. ‘psychobiological’ models; see Blaszczynski *et al.*, 1986; Roy *et al.*, 1988; Griffiths, 1991). Some epidemiological survey research has noted patterns of problematic gambling to be associated with particular sociodemographic factors and so suggested that various ‘social’ factors increase risk of gambling problematically (e.g. Sproston *et al.*, 2000; Wardle *et al.*, 2011a). Building on psychobiological theories, this work has led to the development of ‘biopsychosocial’ models (e.g. Shaffer *et al.*, 2004a; Orford, 2001a; Blaszczynski and Nower, 2002). However, in spite of an appreciation that problematic gambling often follows particular socio-structural patterning, primacy continues to be afforded to the biological and/or psychological while social factors are treated as having (only) a mediatory influence over what, in effect, is seen as a disorder of the body and/or mind.

This doctorial thesis takes an interpretivist approach (see chapters three and four). It will be argued that the positivist methodologies are inappropriate for the study of gambling behaviour because many influences over human behaviour cannot be quantified (Hanes and Case, 2008; Pitts, 2003; Giddens, 1984). In particular, behaviour is strongly influenced by many cultural phenomena (e.g. values/norms) which make no sense from positivist paradigms and so are inexplicable using such methods (Giddens, 1984; Crotty, 1998; see chapter three). With the exception of a handful of sociological
and anthropological studies, very few studies have examined gambling behaviour from an interpretivist position (Reith, 2007a; Reith and Dobbie, 2011; McGowen, 2004; McGowan et al., 2000). Employing ethnographic methods, some research, for example, has explored gambling cultures through immersion and, sometimes, participation in those cultures (e.g. Newman, 1972; Goffman, 1969; Zola, 1963; Devereux, 1980; Malaby, 2003).

**Common themes and limitations of existing gambling research**

Discussion now turns to the common themes of existing gambling research. Particular emphasis is on the weaknesses of this literature which are addressed in this doctoral thesis thereby illustrating the originality of this study.

**Gambling screens: identifying and measuring gambling harm and addiction**

Studies of gambling behaviour almost always rely on (quantitative) 'gambling screens' to identify experience of problematic gambling and measure severity of the experience (McGowan et al., 2000). Essentially, these screens involve asking individuals whether or not their gambling has contributed to particular predefined harms (known as 'items') who are, subsequently, scored depending on the number of items they affirm (Reith, 2007a; Dickerson, 2003a). At a given threshold the individual is deemed to gamble problematically and is classified as a ‘problem gambler’ (or ‘pathological gambler’ depending on terminology used; Abbott et al., 2004). Indeed, the use of screening instruments is so de rigueur in studies that even much research which would otherwise be well described as interpretivist relies on quantitative gambling screens to identify and classify research participants (e.g. Reith and Dobbie, 2013). As will become clear in chapter four, though gambling screens are not designed to identify experience of gambling addiction and are unsuitable to do so, they are commonly used as such in
research. Not only is the use of harm as proxy for addiction problematic because harm is not always a product of addiction but the experience of gambling-related harm is deeply subjective and does not lend itself to quantification (Griffiths, 2014a; Wakefield, 1997; see chapter four). Moreover, McGowan et al. (2000) have criticised reliance on gambling screens arguing that the methodological diversity of gambling research has been seriously hindered by the acceptance of gambling screens as the (only) accepted technique for identifying problematic gambling behaviour.

Reliance on gambling screens to identify experience of addiction and harm is rejected in this thesis. As will be justified in chapter four and illustrated with empirical data in chapter five, a better way to examine experiences of gambling addiction and gambling related harm is, more simply, to ask if individuals have experienced significant difficulty controlling their gambling (i.e. experienced gambling addiction) and if they felt their gambling to have contributed to significant harm. At this point, however, it is important to clarify that despite various weaknesses (see chapters four and five), screening instruments can still be valuable aids in the clinical assessment of gambling behaviour. To give examples, screens may be used in formal treatment to help clients better understand and reflect on their gambling behaviour, identify individuals who might benefit most from intervention or support, and allocate limited treatment resources more effectively (Taxman et al., 2007). As will be discussed further in later chapters, the argument germane to this thesis, however, is that, in isolation, screening instruments cannot be solely relied upon to identify experience of addiction, harm or lack thereof and so cannot be depended on for the case selection of research participants (see chapters four and five).
Lack of theory in general and as an organising framework in particular

A systematic review of social and cultural gambling research published in 2000 concluded that gambling research had tended to neglect theory and was becoming increasingly atheoretical (McGowan et al., 2000; McGowan, 2004). Where theory is included in gambling publications this tends to be limited to speculation in the discussion sections of published papers (McGowan et al., 2000). Given these points, there have been calls for researchers to use theory to underpin and organise research (McGowan et al., 2000; Shaffer and Korn, 2002). Though these claims and calls were made around fifteen years ago, readings of gambling literature for this thesis suggest that, with few exceptions (e.g. Reith, 2007b), these have not been heeded. Such theoretical parochialism is not confined to the study of gambling behaviour but typifies the naturalistic approaches which characterise addiction research more broadly (Rhodes et al., 2010). In contrast, the present research is heavily influenced and organised by theory. Chapters one, two, three, and four are largely concerned with developing the theoretical, conceptual, and methodological underpinnings/frameworks of the present work.

Focus on gambling problems rather than gambling in general

The study of gambling behaviour, like that of addiction in general, tends to rely exclusively on data gathered from those who have experienced difficulty managing their consumption and/or harm (Reith, 2007a; McGowan 2004; Binde, 2009), the logic being that understanding of problematic consumption is best gained through investigating how and why some individuals come to consume problematically and how and why they came to do so. While this approach is valuable, knowledge that might be used to prevent and ameliorate experience of gambling difficulties can also be gained via examination of those who consume without ever experiencing significant difficulties as well as others who recover from difficulties (Zinberg, 1984; Decorte, 2001a; Waldorf
et al., 1991). As noted earlier and discussed more fully in chapter four, this is the approach broadly taken in this doctoral thesis.

**Approaching individuals as passive and without agency**

Positivist approaches to explaining social action tend to focus on structural forces held to impose upon the individual regardless of any meaning for the actor (Bryman, 2008:15). In biomedical work such forces may have roots in physiology while, in social-science work, forces may be held as aspects of social structure, external to the actor, that impose upon them. This focus on the structural has led to criticism of positivist approaches for neglecting agency and treating behaviour as the product of quantifiable determinants (Popay, 1998; O'Mahony, 2009) so that action becomes regarded as ‘nothing more than a system outcome’ (Kelly and Charlton, 1995:81). Indeed, it has been argued that in much risk factor research there is no place for agency, free-will or self-responsibility because the actor is seen as determined to act by forces outside of their control (O'Mahony, 2009:111). Thus, in most existing gambling research individuals are seen as passive subjects rather than active, thinking, agents. The propensity of most existing gambling research to treat individuals and their actions as passive outcomes is misaligned with a central, generally agreed, premise of contemporary social theory – that individuals, though strongly influenced by structure, also have free-will and agency so that any comprehensive investigation of social action must include examination of both structure and agency (see chapter one). Throughout this thesis, it is appreciated that whilst individuals may be strongly encouraged to act in particular ways by past and present conditions/circumstances, they also have capacity (agency) to make decisions to act otherwise (Giddens, 1984).
Preoccupation with behaviour at the time of data collection and neglect of the processual, dynamic, and longitudinal

In general, gambling research has neglected to appreciate or explore the variability of individuals’ gambling patterns, behaviours, or experiences over their lives. Studies tend not to collect data about individuals’ biographies, how their gambling patterns have changed, and/or how they came to gamble as they do but, rather, only on how they gamble and/or gambling difficulties at the time of data collection. Population/epidemiological survey research, for example, tends to follow a cross-sectional design where quantitative data is solicited from research participants about their lives at the time of data collection to provide a ‘snapshot’ of the gambling patterns and prevalence of problematic gambling (e.g. Sproston et al., 2003). While such studies are often repeated on the same population (albeit with a different sample), providing some indication of gambling-related trends, they reveal nothing about how the gambling of individuals’ changes over time. Notwithstanding this, a few gambling studies have taken a longitudinal approach where the gambling patterns/behaviours of particular interviewees are surveyed over time and these have consistently suggested that the gambling of both non-problematic and problematic gamblers tends to be highly variable with gamblers shifting in and out of heavier and lighter patterns of gambling and indicating that some may shift in and out of periods of problematic gambling (Slutske, 2007) (see chapter two). Quantitative longitudinal research, however, suffers from the general limitations of positivistic approaches which the present research seeks to address through interpretivism (see chapter four). In contrast to most existing gambling research, the present thesis is particularly concerned with the influence of change in aspects of the socio-cultural milieu on gambling behaviour and experience.
Potential value of the research

Knowledge of how gamblers who have never experienced difficulties regulate their gambling and how those who recover do so, could be used to develop interventions and policies which discourage problematic gambling behaviour and support recovery. Such understanding could be used to develop more effective formal treatment interventions (Toneatto et al., 2008; Moore et al., 2012).

Development of public health policies and interventions

Very few of those who experience gambling difficulties seek treatment (Ladouceur, 2005:51; Ladouceur et al., 2009:189) and, of those who do enter treatment, a high proportion drop out prematurely (estimated 30%: Ladouceur, 2005:51; Ladouceur et al., 2001). Poor engagement in treatment might be influenced by factors such as lack of accessibility (e.g. scarce provision, high cost, and lack of awareness), fear of embarrassment, and/or potential for stigmatisation (Hodgins and el-Guebaly, 2000; Reith, 2006; Orford et al., 2003). Moreover, most of those who experience gambling-related difficulties appear often to express a preference to managing their gambling by themselves (Thomas et al., 2010; Hodgins and el-Guebaly, 2000:784). Knowledge produced by this thesis may have potential value in protecting against problematic gambling behaviour as well as in supporting amelioration of difficulties among those who never engage with treatment services or drop out. Such interventions may include public health messages as well as literature and awareness campaigns (Toneatto et al., 2008; Moore et al., 2012). Drawing on drug-use research (Rhodes, 2002), such knowledge might also be used to (re)design gambling environments in ways which reduce harm, support greater control, and remove barriers to recovery.
Thesis structure

In addition to this introduction, this doctoral thesis is structured according to eight chapters. Though rarely made explicit, studies of human behaviour are premised on assumptions relating to the structure-agency ‘problem’ – that is, the extent to which behaviour is determined by forces outside of individual control or is product of free-will (Archer, 1988; Giddens, 1989). This issue is of particular relevance to addiction which appears to involve suppression of personal volition (Valverde, 1998; see chapter two).

Chapter one engages with structure-agency debates to develop a model of social action, fashioned from a synthesis of Bourdieusian and (post)Foucauldian theory, to underpin and guide the research. This chapter provides the theoretical foundations for the thesis and is drawn on in all proceeding chapters.

Chapter two examines the nature of gambling addiction and sets out how the phenomenon is approached in this thesis. Taking a Foucauldian approach, the chapter traces the intertwined histories of addiction and problematic gambling discourses to provide an account of how gambling came to be an addiction. Based on extensive evidence, the dominant biomedical addiction model is problematised, rejected, and a social-constructionist explanation of (gambling) addiction, far more consistent with existing evidence, is presented. It is shown that gambling is no less a genuine addiction than substance addictions and that knowledge of the latter is germane to gambling behaviour. Evidence that most of those who use objects commonly regarded as addictive do not experience addiction and many of those who do so eventually recover without formal treatment is examined. Throughout the chapter it is illustrated that control over consumption (or lack thereof) is influenced by the social and cultural conditions in which individuals’ lives are embedded.
Chapter three provides an overview of gambling research and argues interpretivist approaches to be better suited to investigation of gambling behaviour than positivist ones. The nature of gambling-related harm is explored and the thesis is situated within the harm reduction paradigm while appreciating that harm may also involve reductions in consumption. Of key concern in the chapter is the development of an analytical framework used to structure the empirical data collection and analysis, and this is achieved largely through synthesis of Bourdieusian theory and existing addictions/recovery literature. The framework is comprised of socio-cultural milieu, beliefs, practices, and life-structure.

Chapter four presents the (qualitative) methodology, research design, approach, and methods used. The guiding research questions and aims are detailed and the underlying philosophical positions from which these are addressed explicated. Recruitment via chain referral as well as an online survey is examined and the primary method of data collection, semi-structured interviewing, is critically discussed. Chapter four closes with discussion of how the data collected is analysed and presented in ways which minimise decontextualisation (e.g. through use of vignettes) in later chapters.

Chapters five, six, and seven present the findings and, the latter two chapters, in particular, concern interpretation and discussion of the findings. Rather than a standalone ‘discussion’ chapter, findings are presented alongside discussion as this worked well and is much more in keeping with Bourdieu’s approach (Wacquant, 1989:50).
Chapter five commences with presentation of data collected via the recruitment survey before turning to introduce the 25 interviewees from whom data was collected, their gambling patterns, and trajectories. The chapter closes with discussion of interviewees’ gambling experiences and uses vignettes to illustrate gambling-related biographies and trajectories. Gambling patterns are presented as dynamic with many interviewees suggesting long-term reductions in gambling over their life-courses, which, for those who had experienced addiction, was consistent with ‘natural’ recovery (Waldorf et al., 1991). This sets the scene for more detailed qualitative analyses presented in chapters six and seven.

The presentation and discussion of findings continues with chapter six where the focus is on how gambling-related aspects of interviewees’ lives/milieus and their subjectivities influence gambling behaviour, control, and harm. The chapter begins with presentation of strategies used by interviewees to regulate their gambling and considers the efficacies of those practices before moving to examine influence of mindset and subjectivity. In keeping with the agency-structure position established in chapter one, particular consideration is given to how the qualities of spaces/places influence gambling behaviour and/or support decisions more conducive to constrained and better controlled gambling behaviour.

As with chapter six, chapter seven is concerned with influences on gambling behaviour, control, and harm. However, focus goes beyond the gambling-related to examine aspects of interviewees’ lives/milieus not directly (or obviously) gambling-related. In particular, there is greater focus on how the gambling behaviours of interviewees changed over gambling careers and life-courses. Drawing on Bourdieusian and (post)Foucauldian theory, it is argued that changes in the wider socio-cultural milieus in which individuals are embedded encourage shifts in
subjectivity in ways which motivate reductions in gambling behaviour (including, where applicable, recovery).

Finally, **chapter eight** concludes the thesis and is concerned with the significance and value of the research. As well as discussion of contributions to academia/research, of particular focus is the translation of findings into ideas and recommendations for interventions/policy in ways aimed at supporting greater constraint/control, addiction recovery, and reducing gambling-related harm. In addition, there is a critique of the study and this includes ideas about what might have been done differently with hindsight and with greater resources.
Chapter One: Theoretical framework

This chapter sets the scene for the thesis by providing a theoretical framework from which social action can be understood. This framework will be drawn on throughout the thesis to help explain and interpret gambling behaviour and experiences. The chapter:

1. Explores debates surrounding the structure-agency ‘problem’ and, through critical discussion, presents Bourdieu’s *Theory of Practice* as a suitable model of social action that addresses the ‘structure-agency’ issue.

2. Critically explores the offerings of Foucault and others inspired by Foucauldian thought to the problem of social action. It is argued that (post)Foucauldian theory may be used to supplement the Bourdieusian model thereby locating it within the specific structural elements of contemporary culture. This leads to a synthesis of Bourdieusian and (post)Foucauldian theory which allows behaviour to be explored within the particular historically and culturally situated conditions in which the lives of participants in the present research are embedded.

The chapter is thus broadly dichotomised into the following parts. Part one focuses on two closely related issues which have come to be regarded as central to the analysis of social action (Giddens, 1979): ‘structure-agency’ and ‘objectivism-subjectivism’. This involves exploration of whether behaviour is the result of volition and/or is determined by context/circumstance (Ritzer, 2000) – a dichotomy that clearly resonates with discourses of addiction which are framed in terms of an addicted state, expressed in various ways (i.e. ways of being, e.g. feelings and enactment of particular actions/behaviours), and couched in theories that are essentially about free-will/volition and determinism. It will be argued that understanding of the subjectivities and actions of actors requires both notions of structure (related to determinism) and agency (related to volition) as well as, crucially, how these concepts come together. In summary, full understanding of complex social action requires structure and agency to be viewed in terms of duality. From the presupposition of ontological duality, Bourdieu’s
Theory of Practice is critically examined and presented as a potentially fruitful way of framing (and explaining) experiences and behaviours of addiction.

The transcultural nature of Bourdieu’s theory of practice means that (without alteration) it pays little attention to the particulars and specifics of contemporary cultural conditions that impact on the subjectivities of social actors and influence their actions and experiences. In part two Foucauldian inspired theory is considered in an effort to frame and explore the cultural conditions under which contemporary subjects – and in particular the specific participants in the present research – are constituted and act. The section introduces fundamental Foucauldian concepts of power and knowledge with a particular focus on ‘discourse’. This underpins the theoretical foundations of chapter two where addiction is explored as a social construction heavily influenced by dominant discourse(s). Discussion then turns to focus, more explicitly, on components of governmentality, or the cultural phenomena that shape the conduct of actors specific to contemporary society. Along with discourse these components include approaches to risk, in particular responsibilisation, which are embedded in neoliberal consumer rationalities where the ‘psy’ sciences and experts have come to exert social authority over social life.
Part one: Model of social action

Structure–agency and objectivism-subjectivism dichotomies
Are actors ‘free’ to act without external constraints and are they in control of their own destinies (voluntarism)? Or are actions determined by forces beyond actors’ control (determinism)? In broad terms this is the structure-agency ‘problem’ and its place is not only central to sociology but the lives of every human being (see Archer, 1988:x). As such there has been a long history of attempts to develop theoretical accounts of how actors constitute society while simultaneously being constituent of society (see Archer, 1982:455). Structure-agency approaches have shifted between two main, ‘ideal-type’ (Weber), positions. On the one hand from a structuralist/functionalist position dominant ‘structures’ have been held to operate independently from, and thus regarded as impervious to, human action (see Shilling, 1992:78; Sewell, 1992:2) and to determine that action (usually more by constraint than opportunity) (see Archer, 1988:x). The purest example is Durkheim’s position that human action/behaviour/society is organised by ‘social facts’ and ‘rules’. As Durkheim argued: ‘...social life must be explained, not by the conception of those who participate in it, but by deep causes which lie outside of consciousness’ (Durkheim, 1970 [1897]:250 cited in Bourdieu, 1989:15). Underpinning this thinking is social objectivism: the view that society can be understood as an objective structure, ‘grasped from the outside’, the expressions of which can be materially observed, measured, or mapped independently of the social individuals who operate within it (Wacquant, 1992:8). Objective structures are held to operate independently of the ‘consciousness and will of agents’ and ‘are capable of constraining their practices and their representations’ (Bourdieu, 1989:14). At its logical extreme social phenomena are held to exist ‘out there’ as ‘true’ and ‘accurate’ knowledge (Bourdieu, 1987a:3; Letherby et al., 2013:13). As Bourdieu (1989) points out this kind of objectivism often goes hand-in-hand with the ‘positivist proclivity to conceive of classification as mere ‘operational’ partitions, or as mechanical recording of breaks or ‘objective’ discontinuities’ (1989:15). The point being that ‘otherwise
undifferentiated continuum of the social world' are arbitrarily cut up (Bourdieu, 1987a:3) and only exist as distinct (objective) entities insofar as they are classified and recorded as such. As Sewell (1992) contends, overly structural approaches have tended to treat structures like ‘girders of a building’, ‘reified and treated as primary, hard, and immutable’, where structured events and social processes are mutable within structural constraints ‘like the layout of offices on floors defined by a skeleton of girders’ (Sewell, 1992:2). Those critical of structuralism have argued that actors are treated as ‘cleverly programmed automatons’ (Sewell, 1992:2), ‘mere marionettes’ (Archer, 1988:x), rule-following ‘cultural dopes’ (Garfinkel, 1967:68) and ‘playthings or puppets of reified social systems’ (Stones, 2005:14).

In contrast, from a broadly agential position society is viewed as the sum and product of agent’s individual decisions, actions, and acts of interpretation ‘whereby people jointly construct meaningful lines of (inter)action’ (Wacquant, 2008:267; see also Wacquant, 1992:9). Max Weber (1968 [1922]) held that action was social ‘insofar as the acting individual attaches subjective meaning to his [sic] behaviour’ and ‘subjective meaning takes account of the behaviour of others and is thereby orientated in its course’ (Weber, 1968 [1922]:4. Emphasis added) and thus in order to explain particular acts there needs to be interpretive understanding of the subjective meaning that actors have for those acts (Verstehen) (Weber, 1968 [1922]:9; Swedberg, 2003:283). Similarly, those taking this stance include symbolic interactionists who generally regard ‘social life as an active accomplishment of purposive, knowledgeable actors’ (Giddens, 1979:50). Schutz (1962), for example, argued that through a series of common-sense constructs human beings pre-select and pre-interpret social reality and it ‘is these thought objects constructed of theirs which determine their behaviour by motivating it’ (Schutz, 1962:59. Cited in Bourdieu, 1989:15). To give a final example, the ethnomethodologist Harold Garfinkel saw the social as the accomplishments of actors who continually construct their social world through the ‘organized artful practices of
everyday life’ (Garfinkel, 1967:8). As Wacquant points out, the value of this approach lies in recognising the part of ‘mundane knowledge, subjective meaning, and practical competency in the continual production of society’ (Wacquant, 1992:9). However, as Stones (2005:14) argues, subjectivism removes agents from the wider socio-structural context, reducing social life to the actions of individual agents and their (immediate) interactions. Taking this approach to its logical extreme, class as well as other social phenomena categorised by analysts, are seen as nothing more than ‘constructs of the scientist, with no foundation whatsoever in reality’ (Bourdieu, 1987a:2).

The polarisation of these perspectives resulted in a stalemate: the two sides of the long-running agency-structure debate became ‘virtually impossible to resolve’ (Giddens, 1989:250). Common and sustained criticism of these polarised positions generally took the form that both structure and agency were ‘indispensable in sociological explanation’ (Archer, 1982:455). Rather than treating agency and structure as antinomies (Giddens, 1979:49) there has arisen some consensus that in order to understand social action there must be consideration of both objective structures and subjective interpretations (see e.g. Bourdieu, 1989:15) and appreciation given to the idea that individuals are both ‘free and enchained, capable of shaping [their]...own future and yet confronted by towering, seemingly impersonal, constraints’ (Archer, 1988:x). One of the most influential duality theories to unite structure with agency (and equally, vice versa) is Bourdieu’s Theory of Practice which is now discussed in detail.
Bourdieu's Theory of Practice

I can say that all of my thinking started from this point: how can behaviour be regulated without being the product of obedience to rules?

(Bourdieu, 1987b:65)

Ontology: ‘constructivist structuralism’

For Bourdieu, the ‘goal of sociology is to uncover the most deeply buried structures of different social worlds that make up the social universe, as well as the ‘mechanisms’ that tend to ensure their reproduction and transformation’ (Bourdieu, 1998:1). In Bourdieu’s ‘social universe’ structures have a double life, existing as two objective orders (Wacquant, 1992:7). The first order includes the distribution of material resources and ‘species of capital’ (Wacquant, 1992:7) while the second order refers to the mental schemata that function as symbolic templates for the practical activities (i.e. ‘conduct, thoughts, feelings, and judgements’) of agents (Wacquant, 1992:7). Bourdieu argues that in taking an exclusively objectivist approach (first order), the social scientist constructs objective structures by ‘setting aside’ the ‘subjective representations of the agents’ resulting in constructed objective structures that ‘form the basis for these representations and constitute the structural constraints that bear upon interactions’ (Bourdieu, 1989:15). For Bourdieu, social reality is conceptualised as a space of ongoing individual and collective (daily) struggles ‘which purport to transform or preserve’ structures (Bourdieu, 1989:15) and in order to account for these struggles it is necessary to consider subjective representations (second order) such as individual decisions, action, and acts of interpretation enacted by actors (Bourdieu, 1989:15). By taking either one of these polarised approaches the analyst neglects to consider that ‘agents are both classified and classifiers’ of the social world (Bourdieu, 1987a:2) and thus Bourdieu argues that instead an approach is needed that utilises the ‘epistemic virtues’ of both approaches while ‘skirting the vices of both’ (Wacquant, 1992:7). As Bourdieu holds there to be a dialectical relationship between the objectivist structures and the cognitive and motivating structures which they produce and which produce
them (Bourdieu, 1977:83) any exploration of one is at one and the same time an exploration of the other (Bourdieu, 1998:1). It is this constructivist structuralism (equally 'structuralist constructivism') that Bourdieu considers to be an important principal characterising his work (see Bourdieu 1989:14). This combination of objectivist and subjectivist principles reflects Bourdieu's central concern with accounting for the fact that the actions of agents are neither determined by external social causes nor guided solely by internal reasons (Bourdieu and Wacquant, 1992:136).

Underpinning the principles of constructivist structuralism, Bourdieu argues that:

‘...there exists a correspondence between social structures and mental structures, between the objective divisions of the social world – especially the division into dominant and dominated in the different fields – and the principles of vision and division that agents apply to them’

(Bourdieu, 1998:1)

This correspondence, Bourdieu argues, exists because ‘cumulative exposure to certain social conditions instils […] an ensemble of durable and transposable dispositions that internalize the necessities of the extant social environment, inscribing inside the organism the patterned inertia and constraints of external reality’ (Wacquant, 1992:13). These ‘dispositions’ are what Bourdieu terms the ‘habitus’ – a concept that will be considered in further depth in due course. The relationship between social (objective) structures and cognitive/motivating structures (habitus) is viewed as dialectical by Bourdieu (Bourdieu, 1977:83); objective structures are said to produce these mental structures but mental structures also reproduced by objective structures (Bourdieu, 1977:83):

‘…objectives structures are themselves products of historical practices and are constantly reproduced and transformed by historical practices whose principal is itself the product of structures which it consequently tends to reproduce…’

(Bourdieu, 1977:83)
The basis of this relationship is that the mental structures through which actors apprehend or perceive the social world (the habitus) are ‘essentially the product of internalization of the structures of that world’ (Bourdieu, 1989:18). For the social analyst there must be appreciation that ‘the analysis of objective structures logically carries over into the analysis of subjective dispositions’ (Bourdieu and de Saint Martin, 1982:47). This logic calls for investigation of the objective regularities, the process of internalisation of that objectivity, as well as the perceptual and evaluative schemata (e.g. ‘definitions of the situation, typifications, [and] interpretive procedures’) that agents invest in, and draw upon, in their everyday life (Wacquant, 1992:12; 13).

**Practical concepts**

In contrast to other theorists (e.g. Giddens, 1979), Bourdieu complements theory with practical concepts that were developed through his own empirical research and have been drawn on in the empirical work of others (e.g. Bourgois and Schonberg, 2007; 2009). Bourdieu’s relational logic is both reflected in his central practical concepts as well as the way they relate to form a model of practice. Bourdieu presents his model as formulaically (Bourdieu, 1984 [1979]:101):

\[
\text{[(habitut) \times (capital)] + field = practices}
\]

These concepts form an integrated system of social practice, one where the theoretical concepts of *habitus, capital, field, and practices* cannot be defined in isolation and without reference to one other. Practices produce an environment of objective conditions (or external structures) which result in the reproduction of habitus (through internalisation of external structures), capital, and field. It is the capacity and nature of habitus, through the medium of practice, in relationship with the capital and the environment (field) that makes possible the reproduction of collective history and objective structures (e.g. of language, economy) (Bourdieu, 1977:85). As an aside, Crossley (2001a:96) rightly notes that this formulaic representation is misleading because while it gives the gist of Bourdieu’s theory, it conveys a mechanistic
presentation that lacks meaning and improvisation belonging to the habitus and practices (2001a:96). As will be discussed, Bourdieusian theory is non-mechanistic and far more nuanced than has been suggested by the above formula (see also Bourdieu and Wacquant, 1992:135).

**Habitus**

Bourdieu’s notion of habitus can be regarded as ‘an acquired system of generative schemes objectively adjusted to the particular conditions in which it is constituted’ (Bourdieu, 1977:95). Schemata are ‘deposited’ within human bodies through the internalisation of external structures to take the form of ‘mental and corporal schemata’ (Wacquant, 1992:16) of ‘perception, thought, and action’ (Bourdieu, 1990:54) which provide know-how and competency (Swartz, 2002:625). Thus, schemata that form cognitive and motivating structures are socially constituted within the body (Bourdieu, 1977:76). Embodied within the agents and constituted through unique experience, no two individuals can have an identical habitus (Wainwright et al., 2006:537). Even those from the same (objective) lifestyle grouping (e.g. ‘class’) will have different habitus as they will not have had the same experiences in the same order (Bourdieu, 1990:60). Members of the same grouping are, however, more likely to have confronted more similar situations and experiences than members of heterogeneous lifestyle groupings (Bourdieu, 1990:60). As a result, everyone has a unique habitus but those with similar biographies/experiences have similar habitus. Thus the habitus can be considered ‘collective individuated through embodiment’ (Wacquant, 1992:18). The shared nature of the habitus among those with similar biographies enables ‘practices to be objectively harmonized [collectively] without any calculation or conscious reference to a norm and mutually adjusted in the absence of direct interaction [...] or explicit co-ordination’ (Bourdieu, 1990:59). The habitus only exists (and thus, external structures are only internalised) through the practices of actors, their interactions with each other, and their interactions with the environment (Jenkins, 1992:75). As a result of these ongoing
interactions, the habitus is constantly affected in a way that reinforces or modifies its (mental) structures (Bourdieu and Wacquant, 1992:133) making it durable but still changeable (Bourdieu, 1992:133). As interactions through which the habitus is reinforced or modified, take the form of practice, practice is the medium through which habitus and structure (re)produce one another. As Jenkins puts it, habitus is ‘not just manifest in behaviour, it is an integral part of it (and vice versa)’ (1992:75). It follows then, that in order to understand human behaviour and action, analysis must focus on the medium between habitus and the environment (field), i.e. practice.

While the habitus (in part) produces the social world, which (in part) produces habitus, according to Bourdieu this is not a simple, straightforward, deterministic process: the notion of habitus is designed to help destroy ‘circular and mechanical models’ which propose that ‘structures produce habitus, which determines practices, which reproduces structures’ (Bourdieu and Wacquant, 1992:135). For Bourdieu, it is not external structures that determine thought and action. Rather it is the habitus and its relation to the social field that constrains thought and action. Habitus suggests rather than determines thought and action and thus Bourdieu rejects the idea that social strategy (or action) is directly determined by an agent’s position within the structure (Bourdieu and Wacquant, 1992:135). Thus, the re(production) of social structures is not deterministic because, theoretically, even if it was possible for two agents to have exactly the same habitus, practices would depend on what is going on in their respective fields (see Jenkins, 1992:82). Moreover, to understand the actions of agents, it is not only important to understand the position of the agent in the social space but also how they ‘got there’ and from what original point in the social space (Bourdieu and Wacquant, 1992:136). The future actions of agents are based on perceptual and evaluative schemata (habitus) developed from agents historical interactions (experience) with other agents and the field (see Bourdieu and Wacquant, 1992:137). Thus habitus is innovative, creative, and inventive but in a constrained way
as it is limited by its structures as the result of its embodiment and formation of the social (external) structures that produce it (Wacquant, 1992:19).

A significant aspect of the habitus is its ability to generate strategies that enable 'agents to cope with unforeseen and ever-changing situations' (Bourdieu, 1977:72). This capacity comes from the nature of habitus as 'a system of lasting, transposable dispositions which, function at every moment as a matrix of perceptions, appreciations, and actions' (Bourdieu, 1977:83). The genesis of these 'dispositions' is found in the relationship between habitus and the repetition of practice. The transposable nature of habitus makes possible 'the achievement of infinitely diversified tasks' (Bourdieu, 1977:83). While infinite in its diversity to generate products (thoughts, perceptions, expressions, and actions) the limits of those products are set by 'historically and socially situated conditions of its production' (Bourdieu, 1990:55). But within these limits, the transposable quality of habitus allows it to function and create relevance in contexts and fields other than those within which they were originally constituted (Jenkins, 1992:78). The transposable nature of the habitus allows existing schemata to be modified or adjusted in the wake of new experience (practice).

**Field**

Bourdieu conceptualises the field as space consisting of ‘a network, or a configuration, or objective relations between positions’ (Bourdieu and Wacquant, 1992:97). In Bourdieu's own words:

‘These positions are objectively defined, in their existence and in the determinations they impose upon their occupants [...] by their present and potential situation (situs) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions (domination, subordination, homology, etc.)’
Bourdieu understands 'society' to be an 'ensemble of relatively autonomous spheres of 'play' (Wacquant, 1992:17) (or fields) that interweave to create a kind of web of spaces of struggle over various kinds of valued resources (see Swartz, 1997:47). Though, while fields are in a sense interconnected, they also have a high degree of autonomy from other fields (see Bourdieu, 1996 [1992]:47-112) with their own values and regulatory principles (Wacquant, 1992:17). Thus different species of capital have different hierarchical value across different fields (Bourdieu & Wacquant, 1992:98). As Thompson puts it, each field involves 'specific forms and combinations of capital and value' (Thompson, 1991:25), and these will carry different 'weight' in different fields.

The field is a social space of conflict and competition in which agents struggle, depending on their position within the field, to achieve command, or establish monopoly, over the species of capital effective within it (Wacquant, 1992:17). In this sense it can be considered a kind of competitive marketplace where different species of capital are employed or deployed (Ritzer, 2000:535). Different species of capital are more 'effective' in different fields, to give examples: cultural authority in the artistic field or scientific authority in the scientific field (Wacquant, 1992:17). In the course of continual struggle between agents 'the very shape and divisions of the field become a central stake, because to alter the distribution and relative weight [or hierarchy] of forms of capital is tantamount to modifying the structure of the field' (Wacquant, 1992:18). As a result fields are both dynamic and malleable, avoiding the 'inflexible determinism of classical structuralism' (Wacquant, 1992:18). Despite this malleability, social life is able to retain regular and predictable nature as a result of the habitus and the way it reacts to the field in a 'roughly coherent and systematic manner' (Wacquant, 1992:18). However, it is the field of power (or politics) that is held with the utmost importance because the 'hierarchy of power relationships within the political field serve to structure all the other fields' (Ritzer, 2000:535). In other words, the political field has the power to decree the hierarchy between all forms of authority in the field of power.
(Wacquant, 1992:17-18), and is, therefore, the ‘dominant’ field that affects all other fields.

**Capital**

Forms of capital are accumulated resources appropriated by agents, or groups of agents, which enable meaningful participation in the field (Bourdieu, 1986). According to Bourdieu (1986), social position within the field is conferred through the possession (potential or actual) of resources deemed valuable (i.e. capital) within the particular field. In other words, it is the distributive scarcity of forms of capital that, in large part, afford value (Bourdieu, 1986:84) – if all had the resource with exactly the same qualities then there would be no relative advantage to possession of the resource. The value of resources depends on the field and its structure, in particular the unequal distribution of valued resources (i.e. capital) (Bourdieu, 1986). Bourdieu (1986) presented four forms of cultural capital: economic, social, cultural, and symbolic. Critical of Marx’s propensity to explain social action almost exclusively in economic terms and with a particular interest in the influence of the socio-cultural on action (Bourdieu, 1990), it is perhaps unsurprising that Bourdieu seemed least concerned with economic capital (Bourdieu, 1986).

*Social capital* refers to the ‘actual or potential resources’ that an actor may access through their relationships or (wider) social networks and by virtue of recognised community membership (Bourdieu, 1986). Social connections also constitute capital (resources) because they facilitate access to (collectively owned) capital and, by virtue of common group membership, social obligation between community members (Bourdieu, 1986). As social connections must provide access to other forms of capital (e.g. cultural capital) to be considered social capital, social capital is thus indivisible from other forms of capital (Bourdieu, 1986).
Developing on Bourdieu’s *social capital*, Putnam (2000) asserts two subtypes of social capital: *bonding social capital* and *bridging social capital* (2000:22). The former refers to ‘in-group’ ties which reassert group/community membership while the latter refers to ties to other groups/communities (Putnam, 2000). The significance of these subtypes of social capital is that those who only possess/make use of ties within communities usually have access to more limited resources (capital) than those who possess bridging ties to different groups/communities (Granovetter, 1973; 1983). As the (potential or actual) resources that an actor who does not possess bridging social ties can access tend to be the same as those that others in the same community can access, resources accessed through bonding ties are less likely to be scarce and so may provide little relative advantage (Granovetter, 1983). On the other hand, actors with bridging ties to other groups/communities are better placed to access resources which may be scarce in the communities in which they are immediately and more strongly embedded and thus may have greater advantage over peers.

*Cultural capital* refers to all resources which are embodied within the (individual and collective) habitus largely as dispositions and which are appreciated by those within the community/field as valuable (Bourdieu, 1986). Finally, *symbolic capital* is the outcome of conversion of other forms of capital – the form that other types of capital (e.g. cultural capital) assume when they are recognised (valued) as legitimate resources so that they confer recognition, authority, respect, status, and/or prestige and thus power within the field and over others within it (Bourdieu, 1986; Bourdieu, 1989). As such it should not be thought of so much as a different type of capital but a form that other types of capital might assume.
Practical sense and practice

For Bourdieu, the study of social phenomena from an ‘objective’ or external position means that social life is misrepresented (see Bourdieu, 1977:2; King, 2000:419). The social-scientist observer is ‘excluded from the real play of social activities by the fact that... [they have] no place in the system observed’ (Bourdieu, 1977:1). As an ‘outsider’ the social scientist reduces ‘social relations to commutative relations...and to decoding operations’ (Bourdieu, 1977:1) and thus construct rules, principles and ‘cultural maps [...] by which they orientate themselves around [the] strange cultural landscape’ (King, 2000:419). These come to be treated as ‘evidence for the existence of an objective system of rules which imposes itself remorselessly on social interaction’ (King, 2000:419). In other words, individuals are held to follow and act according to those rules and map, decoded by the outside observer, which served to orientate the observer and make sense of the social phenomena according to the observer’s own outside interpretation (see Bourdieu, 1977).

For Bourdieu, agents do not act according to precise rules and principles. Instead the habitus functions to generate strategies, developed through experience and practice of the social world, which provide agents with a ‘practical sense of things’ or ‘feel for the game’ (Lamaison and Bourdieu, 1986:111). This practical sense operates as a ‘quasi-bodily involvement’ in social circumstances which ‘presupposes no representation either of the body or of the world, still less of their relationship’ (Bourdieu, 1990:66). It, therefore, makes possible anticipation for the future – ‘feel for the game’, or ‘tactical intelligence’ (Bourdieu, 1990:103) – providing meaning for ‘the game’ as well as direction, orientation, and an impending outcome for those who take part (Bourdieu, 1990:66). Guided by an embodied practical sense of things, actors respond to social conditions in a ‘reasonable’ way by providing a sense of which actions are appropriate (and which are not) in a given circumstance (Bourdieu, 1988:782,783; Thompson, 1991:13). Taken for granted, this sense provides ‘an intimate understanding of the
object of the game and the kinds of situations it can throw up’ (King, 2000:419). As such the fit between the habitus and the ‘social world of which it is a product’ has been likened to a ‘fish in water’ in that the fish ‘does not feel the weight of the water’ (Bourdieu and Wacquant, 1992:127). The social world appears self-evident because the very ways of conceptualising it were produced by the habitus (see Bourdieu and Wacquant, 1992:127).

It is through practice (guided by practical sense) that it is possible for the habitus and objective structures to be (re)produced. The habitus has the capacity to generate and organise individual and collective practices (Bourdieu, 1990:53;54) because it was produced, in part and in the past, by practice itself. In this way the social world is able to continue in a regular and predictable way. While the habitus is the internalisation of the external structures through practice, external structures are the result of the practice enacted by the habitus. In other words, habitus, itself a product of history, is reproduced in though practice, creating more history (Bourdieu, 1990:54). While practices are generated, organised, and regulated by habitus, practices are not the product of ‘obedience to rules’ (Bourdieu, 1990:53). For Bourdieu, rules play a particularly small part in the determination of practices, instead practices are largely determined by the ‘automatism of the habitus’ (Bourdieu, 1990:145). By this, Bourdieu means that practices are produced as a matter of routine by the ‘thoughtlessness of habit or habituation, rather than consciously learned rules or principles’ (Jenkins, 1992:76). This occurs without explicit reference to the schemas of the habitus, and it is for this reason that actors do not necessarily ‘know’ what they are doing and why, and so may not be able to discursively explain their actions. For Bourdieu then, agents do not follow precise rules but act according to their tacit knowledge of their cultural practices which they know ‘better than any set of rules could describe’ (King, 2000:419).
Embodiment and habit

The habitus is an embodied phenomenon (Adams, 2006:514). Bourdieu notes that the ‘social reality’ objectivists speak of is also an object of perception and thus social analysis must focus on this reality as well as the perceptions, perspectives and points of view that agents have of this reality (1989:18). As Crossley points out, Bourdieu’s habitus ‘identifies a central interplay between [the physiological] body and society’ (2001b:95). As ‘structuring structures’ (Bourdieu, 1990:53) the habitus is shaped by the involvement of agents with their social conditions (field) through practice and equally generates the field through practice (see Crossley, 2001b:95). Sediment or residue of past experience, that habitus shapes perception, thought and action and thereby moulds social practice (Crossley, 2001b:83; Wainwright et al., 2006:537). In essence, and in part, the habitus involves the embodiment of social conditions: ‘The cognitive structures which social agents implement in their practical knowledge of the social world are internalised, ‘embodied’ social structures’ (Bourdieu, 1984:470). A central argument throughout Bourdieu (1984), for example, is that individuals unconsciously internalise their objective social conditions embodying dispositions, tastes and practices appropriate with those conditions. Embodying and acting according to these dispositions individuals demonstrate amor fati (a love of destiny) (Bourdieu, 1984:241) fulfilling the ‘appropriate’ role for their social position (King, 2004:41) and in doing so participating in practices that reproduce social conditions.

Particularly relevant to the present thesis is the process through which individuals embody particular structures (e.g. addiction discourse) through experience and act according to those structures. To this end, it is fruitful to explicate habitus further by considering the phenomenological thinking of Merleau-Ponty upon which it is, in part, based (see Bourdieu and Wacquant, 1992; Crossley, 2001b:98-99). Merleau-Ponty argued against explaining meaning and action by reference to conscious reflection asserting, instead, ‘the primacy of practical over reflective forms of being’ (Crossley,
As such agents do not, in the first instance, relate to the world and their own body's in terms of reflective and conscious thought but through practical involvement and mastery (see Crossley, 2001b:100). Action is enacted not through reflection but through pre-reflection of both one's own body and the environment and this, in essence, is the basis for Bourdieu’s notion of 'practical sense'. Crossley (2001b) illustrates Merleau-Ponty's practical sense with word processing where competent typists 'know' where particular keys are on the keyboard in that they can type without consciously locating each key but may be unable to discursively explain where the keys are in the absence of a keyboard (2001b:101-2). This pre-reflective knowledge represents a practical and embodied sense of the environment/space surrounding the individual. Moreover, just as in the example of proficient typing, action requires the coordination of the 'embodied agent' with the self and their world (Crossley, 2001b:102). Particularly scathing of reductionist and mechanistic explanations of human behaviour/action that is most apparent in psychological behaviourism, Merleau-Ponty argued that human behaviour is 'purposive engagement with situations that renders them meaningful' rather than a 'mechanical reflex reaction to external physical stimuli' (Crossley, 2001b:100). Thus habit is not a conditioned, mechanical, response but 'embodied and practical understanding…that manifests itself as action…and that attaches to the world by way of meaning it forms at the interface with it' (Crossley, 2001b:106).
Critique of Bourdieu

As will now be discussed Bourdieu’s theory has been greatly criticised and defended. Space constraints do not allow for an extensive critique so only those criticisms most persuasive and relevant to the present thesis are considered; in particular, accusations of determinism, appreciation of reflexivity, and empirical utility. It is reasoned that the somewhat peripheral inclusion of reflexivity and rational action in theory of practice gives it great flexibility, applicability and transferability.

It has been argued that Bourdieu’s practical concepts are deterministic and inadequate to account for social change (Sewell, 1992:16; Jenkins, 1992; King, 2000:418). In general, claims of determinism are grounded in the interrelatedness of Bourdieu’s practical concepts: external objects (resources) are constructed and given shape by the application of schemas (habitus) through the medium of practices and external objects (resources) construct and give shape to schemas and their application (Bourdieu, 1977:91). Sewell (1992), for example, argues that as ‘habitus, schemas, and resources so powerfully reproduce one another [...] even the most cunning or improvisational actions undertaken by agents necessarily reproduce the structure’ making ‘significant social transformations seem impossible’ (Sewell, 1992:15; see also King, 2000:427) while King (2000) argues that the habitus is directly derived from ‘the socio-economic or structural position in which individuals find themselves’ (King, 2000:423). These criticisms overstep the mark. As Wainwright et al. (2006) argue, the habitus is determining but it is not deterministic (2006:552). Bourdieu’s practical concepts acknowledge that significant social change is indeed relatively rare and appreciate the tendency for the reproduction of actions consistent with those conditions in which it was produced (Swartz, 1997:212) though the model still allows for some change (both at micro and macro levels) and the habitus is not a direct copy of the social context as some argue (e.g. King, 2000:425). The key to understanding how Bourdieu allows for change is in his relational thinking and specifically the ‘encounter’
between habitus and the field (see Swartz, 1997:214). Where opportunities and constraints are similar to the situation in which the dispositions of the habitus were first formed, the ‘habitus will tend to produce practices that correspond to existing structures’ most likely resulting in stasis reproduction (Bourdieu, 1974:5) but where there is mismatch between habitus and structures/situations, change may occur and furthermore where opportunities and constraints of fields change gradually the habitus adapts but with a degree of mismatch between it and the new situation resulting in the deployment of traditional strategies in relation to novel phenomena (Swartz, 1997:213).

Finally, where actors find themselves operating in a field of sharp, rapid change in opportunity structures ‘the expectations of the habitus are frustrated, creating the potential for social crisis’ (Swartz, 1997:213).

Some commentators have read Bourdieu as suggesting that under ‘normal’ circumstances (i.e. where an agent’s habitus fits with the field), action is taken-for-granted, pre-reflexive and entails ‘neither introspection nor calculation’ (Mouzelis, 2007:§1.3) and this has lead to some to argue that Bourdieu’s actors, essentially, ‘unwittingly go about their lives’ without any thought (Sweetman, 2003:529). In fact Bourdieu did not ignore the role of reflexivity and rational calculation but held these components to be much less central to social action arguing that it is only where there is a mismatch between habitus and field that crises ensue and agents engage in reflexivity and rational strategising (see Bourdieu, and Wacquant, 1992:131): ‘consciousness and reflexivity are both cause and symptom of the failure of immediate adaption to the situation’ (Bourdieu, 1987a:11). It should be noted that Bourdieu was interested in the transferability of his theory of social action to other cultures (Bourdieu, 1984) and that reflexivity and utilitarian rationality are cultural components of Western modernity (Alexander, 1995, 1996; Mestrovic 1998); Adams (2003:226) argues that the concepts of self-reflection and rationality (along with other ‘Enlightenment terms’) are normative ways of embedding actors in particular cultural frameworks (Adams,
Research has suggested that even within Western contemporary societies actors engage in different levels of reflexivity and self-monitoring with some actors much more reflective than others (Adams, 2006; Goodman, 2000:161). Bourdieu’s theory of practice relies far less on reflexive self-monitoring and rational thinking and so can be used without assuming that research participants are highly reflexive actors who continually self-monitor and weigh up costs and benefits before acting. Nevertheless, the argument that Bourdieu’s theory, per se, fails to appreciate the influence of reflexivity, rational calculation and conscious on behaviour and everyday life may have some truth. For this reason some (Elder-Vass, 2007; Mouzelis, 2007; Sweetman, 2003 Crossley, 2001a:342) have developed aspects of Bourdiesian theory to address what they see as shortcomings. This means that while Bourdieu’s theory of practice appreciates that most action may not be the production of conscious decisionmaking it does not preclude the idea that actors are confronted with everyday choices that require conscious negotiation and reflexive thought and decision (Elder-Vass, 2007).

Bourdieu avoids ‘pure intellectualism’ by connecting the theoretical and the empirical (Ritzer, 2000:537; see also King, 2004:39). In fact it has been noted that ethnography is the ‘backbone’ of Bourdieu’s work (Bloomaert, 2005:224); throughout Outline of a Theory of Practice Bourdieu grounds his practical concepts with reference to his ethnography of the Kayble People and the English translation of Distinction is described as ‘a sort of ethnography of France’ (Bourdieu, 1986:xi. Cited in Bloomaert, 2005:224). Some other social theorists (e.g. Giddens), on the other hand, make little connection theoretical and empirical concerns, focusing almost exclusively on the former and leaving the development and application of practical concepts to others (see Craib, 1992:72-74). Furthermore, theory of practice has been successfully applied in a number of ethnographies making it potentially applicable to present the thesis. Notable examples include ethnographies of homeless and drug addiction (Bourgois
and Schonberg, 2007; 2009), street crack dealing (Bourgois, 1995), and drug injecting (Parkin and Coomber, 2010; Parkin, 2013).
Part two: Foucauldian structure

While Bourdieusian theory appreciates both structure and agency as duality, it appears – perhaps in part due to the intended transferability of the theory to other cultures – to be a little agentially orientated. A comprehensive framework of social action, however, needs to be located within wider structural elements, *specific to the culture(s) in which agents are embedded*, and which may influence behaviour and constitution human beings as social actors. To address this requirement discussion now turns to consider (post)Foucauldian theory which, as will become clear, has focused on the culturally specific historicities of contemporary Western culture. In this way Foucauldian thought is used to supplement Bourdieusian theory. The following discussion is structured around the concepts of discourse, knowledge and power, all of which are integral to Foucauldian understandings of how actors are socially constituted and their actions are governed.

It is first worth emphasising that it is argued here that much Bourdieusian and Foucauldian theory – despite paucity of literature that has drawn on both theorists (cf. Schlosser, 2013; Threadgold, 2006; Binkley, 2009; Parkin, 2013; Hoy, 1999) – can be complimentary. To be clear, it is not argued that all Bourdieusian and Foucauldian thought is compatible but that some Foucauldian thought soon to be examined, is. Tasked with explaining social action and constitution, there are fundamental commonalities between both schools of thought; both emphasise the view that the social body, experiences and actions are largely influenced by the social context in which the individual lives and that through interaction between the human actor and social, cultural and historical subjectivity becomes constituted largely below the level of consciousness (Hoy, 1999:3). There are, of course, also many differences. In particular, while Bourdieu was concerned with explaining how the social and cultural becomes embodied (or ‘internalised’) within actors (habitus), is socially reproduced (through practice), and with producing a theory to could be applied transculturally
across different cultures (with cultural elements e.g. customs, traditions, ways of perceiving, thinking, acting, etc.), Foucault took a different approach. Rather than using ethnographic methods, Foucault drew on the genealogical method and was concerned with exposing the body as ‘imprinted by history’ (Foucault, 1984:83). Foucault was interested in the ‘historical and cultural dimensions of the body’s situatedness’ and how those dimensions shape the social constitution of actors (Hoy, 1999:6).

**Discourse, knowledge and power**

Key to understanding and applying Foucault’s approach to social action are the concepts of discourse, knowledge and power. According to Foucault it is through discourse that our social reality is constituted via knowledge and power (see Wetherell, 2001:16). Discourse provides meaning and it is through the attachment of meaning that social objects/phenomena come into existence; meaning provided by discourse is a crucial precondition for the very existence of social objects (Wetherell, 2001). As such Foucault states that ‘nothing has any meaning outside of discourse’ (Foucault, 1972) which is not to say that there exists nothing outside of discourse but that all knowledge exists as part of our contemporary discourse (Hall, 1997:44). Crucially discourses are never singular so it makes no sense to talk of discourse in terms of a single statement, text or action but sense to refer to discourse(s) as regularities of action/knowledge which appear across statements, texts, actions and ways of being (Hall, 1997:44). Wherever social objects/events occur in the same style or pattern they are said to be of the same discourse (Hall, 1997:44). We might, for example, talk about the disease model of addiction as discourse that appears consistently across popular thought, scientific literature, diagnostic instruments and shapes the very conduct of members of society (see chapter two). Furthermore, discourses are not transcultural but are culturally/historically specific (Hall, 1997:47; King, 2004:42-44); Foucault (1989 [1961]; 1977), for example, demonstrated that in particular epochs different discursive
Discourses are crucial to the construction of knowledge because discourses define ways of thinking about and acting in response to phenomena as well as acceptable, intelligible and even conceivable ways of communicating, acting and being (Hall, 1997:44). For Foucault knowledge is instrumental and inseparable from power because it allows governance over an object/subject (Foucault 1977 [1975]; King, 2004:46). The human sciences, in particular, represent particular ‘discursive systems’ (Rabinow, 1984:12) which, through the disciplinary techniques of those sciences, produce forms of knowledge which operate to regulate subjects (Foucault, 1977[1975]). According to Foucault (1977[1975]) the carceral system that arose in the West produced a ‘panoptic schema’ that spread throughout the social body resulting in a particular form and power-knowledge relationship which provided the appropriate conditions for the human sciences to emerge (Foucault, 1977 [1975]:93; Smart, 2002:105). The power-knowledge of the panoptic schema ‘does the work of the naturalist […] It makes it possible to draw up differences: among [subjects], to observe the symptoms of each individual’ (Foucault, 1977 [1975]:203) and so functions ‘as a laboratory in so far as it constituted a site for the production of knowledge about those under observation’ (Smart, 2002:88). The disciplinary instruments through which power operates and which are used by the human sciences are: hierarchical observation, normalising judgement and a combination of these in the final instrument, the examination (Foucault, 1977 [1975]:170). Crucially these techniques are grounded in the search for difference and make use of the ‘norm’/average allowing actors to be ranked, classified, compared and differentiated from others (Foucault, 1977 [1975]:183). The norm becomes a reference point which makes it both intelligible and possible to judge subjects in terms of normality and abnormality. Aware of their permanent visibility actors become subject to a ‘normalizing gaze’ that operates to constrain the actions of
actors through a constant pressure to conform to particular expectations/standards (Foucault, 1977 [1975]:182). Thus, knowledge is produced by the human sciences through particular techniques centred on the norm which itself becomes ‘established as a constant principle of coercion’ (Foucault, 1977 [1975]:184).

For Foucault knowledge does not ‘merely record a social reality which already exists’ but rather brings social reality into being (King, 2004:46). Applied in the real world knowledge ‘becomes true’ and with ‘truth’ comes authority to regulate or govern the conduct of others (Foucault, 1977[1975]:27); the possession of knowledge regarded as true legitimises power over others. Foucault rejected the notion of truth as ‘correspondence to facts’ (Searle, 1995:199) that exist in reality and, rather, referred to ‘regimes of truth’ or discourses upon which statements can be distinguished as true or false (Foucault, 1980a:131). Thus, truth defines which knowledge is acceptable and which is not. In this sense knowledge can be thought of in terms of ‘forms of truth’ (Dean, 2001:324), pluralistic, dynamic, provisionally accepted and dependent on the social context to which it is tied rather than truth as progressive development towards a single (and ‘accurate’) understanding of reality (Van de Ven, 2012:1). Truth(s) are not discovered/uncovered but (socially) produced/constructed from particular formations of power, knowledge and discourse (Van de Ven, 2012). Knowledge gathered, and truths produced, through the human sciences are normative in that (as the disciplinary techniques are centred on the norm) ideal expectations and standards of conduct are produced against which actors may be judged and to which they are encouraged to strive (Dean, 2010:17-18). Those who are ‘charged with saying what counts as true’ (Foucault, 1980a:133) are deemed experts who, as possessors of ‘truth’, are imbued with social authority over others. In Madness and Civilisation (1989 [1961]) Foucault argued that the physician came to assume authority over the mad not because of ‘medical skill or power [...] justified by a body of objective knowledge’ (Foucault, 1989 [1961]:257) but rather that of a ‘bearer of reason’ (Smart, 2002:25) or a ‘wise man’
(Foucault, 1989 [1961]:257). The ‘expert’ is essentially a bearer of truth who, as such, is afforded a social authority to advise the actions of actors in an effort to shape those actions. Consistent with Foucault, Dean (2010) argues that as expert/scientific advice is produced through the disciplinary techniques (technologies of normalisation) any attempt to shape conduct in conjunction with particular (normative) standards is a moral endeavour (Dean, 2010:19).

**Governmentality**

For Foucault it is through practices and ways of thinking that we are governed and govern ourselves (Dean, 2010:28). ‘Governmentality’ has been defined as ‘the conduct of conduct’ (Gordon, 1991:2; Foucault, 1982:220-1): a form of activity that affects, shapes, guides, modifies or ‘corrects’ the conduct of some person or persons (Gordon, 1991:2; Burchell, 1996:19; Foucault, 1988). It concerns the actions, behaviour and comportment of the other as well as self-direction, self-guidance, and self-regulation (Dean, 2010:17) and constitutes ‘technologies of the self’ (Foucault, 1988). Governmentality takes many forms marked by interconnections and continuities across all aspects and levels of social life: governmentality can include government of the self, the government of a household, or the government of a state (Burchell, 1996:19; Foucault, 1991:87-104).

Forms of governmentality are relatively coherent and rational ways of organising conduct (Burchell, 1996:19; Foucault, 1988; Rose, 1996:53): formulas, rationalities, or regimes of rule/government (Rose, 1996:39-40; Dean 2010:28). They constitute ‘strategies of regulation’ (Rose, 1996:37) – particular complexes of various components including techniques for the production of truth/knowledge, practical technical and calculative procedures and modes of judgement and sanction (Dean, 2010:28; Rose, 1996:37-9). These complexes may be analysed in terms of ‘idealized schemata’ for
representing reality – ‘a kind of intellectual machinery or apparatus for rendering reality thinkable in such a way that is amenable to political programming’ (Rose, 1996:42). As such governmentality can also be thought of as ‘mentalities’ (Rose, 1996:43; Dean, 2010:24); ‘modes of thought’ (Lemke, 2001:191) or ‘styles of thinking’ (Miller and Rose, 2008:16). For Dean, governmental mentalities refer not to representations of the individual mind/consciousness but ‘bodies of knowledge, belief and opinion’ in which actors are immersed (Dean, 2010:24). It is a collective way of thinking, reasoning or calculating that may draw on formal bodies of (shared) knowledge (Dean, 2010:24); a discursive field in which power is rationalised (Lemke, 2001:191). The concept emphasises that the way we think and govern (act) draws upon various forms of knowledge such as philosophies, theories and ideas that are available to us (Dean, 2010:25) and thus to analyse governmentality ‘is to analyse thought made practical’ (Dean, 2010:27). In other words, actors govern themselves and others according to the knowledge available to them. In liberal polities, Dean (2010:25) notes, our ways of thinking (and acting) ‘are often derived from the human sciences’ (e.g. psychology, economics and medicine) (Dean, 2010:25).

It should be noted that there is no central locus from which the conduct of the other is directed nor is conduct directed ‘from above’. In contrast to the Marxist perspective, where power is centralised, institutionalised, viewed as a resource held by elites and ruling classes and imposed on subjects from above, Foucault argues that the power to govern is created and maintained in more subtle and diffuse ways (McNay, 1994:2). The power to direct conduct is not only exerted upon single subjects but by subjects, actors become both objects and subjects of governmental power (McNay, 1994:85).
Neoliberalism

Foucault holds liberalism to be a particular rationality of government (Rose, 1996:39): a ‘way of doing things that functions as the principle and method for the rationalization of governmental practices’ (Foucault, 1989. Cited in Burchell, 1996:21). Critical to Liberalism is *laissez-faire* (Burchell, 1991:127), the destatization of the central sovereign state and relinquishment of involvement in economic markets as required, according to the principles of liberalism, for optimal economic market function (Burchell, 1996:24). Essential to laissez-faire is for individual interests to be pursued without (state) restriction: actors must be free to engage in rational self-conduct (Burchell, 1996:24). Neoliberalism, like earlier liberalism, is concerned with limiting of state government in economic markets and encouraging the freedom (liberty) of citizens (Burchell, 1996:22) however, in contrast, it involves a shift away from *laissez-faire* to state government that constructs a political, legal and institutional framework for the facilitation of individual freedom as required for free economic exchange to take place (see Burchell, 1996:23). Implicit in this rationality is the premise that various components of society have ‘their own intrinsic mechanisms of self-regulation’ (Rose, 1996:43). While the economic rationality of early liberalism was ‘devoted to exchange and barter’ (Foucault, 2003:27), neoliberalism is concerned with competition (Foucault, 2008:12). Exchange was considered to be natural while competition is held to be artificial and in need of state protection ‘against the tendency for markets to form monopolies’ (Read, 2009:28). This protection involves intervention from the state not directly on the market but on the conditions of the market (Read, 2009:28; Foucault, 2008:139).

It should be emphasised that neoliberalism involves the generalisation of ways of approaching the market economy beyond the economic to all forms of conduct: ‘the promotion of an enterprise culture’ (Burchell, 1996:29). Not only does this generalisation extend beyond the economic but beyond the macro to include micro-
level interaction and the comportment of actors so that the ‘market form’ comes to
‘serve as the organization principle for the state and society’ (Lemke, 2001:200). Rose
(1996) refers to this generalisation as the ‘translation of political programmes’ in the
form of ‘national efficiency, democracy, equality, enterprise’ ‘into ways of seeking to
exercise authority over persons, places and activities in specific locales and practices’
(Rose, 1996:43). As such, Rose (1996) argues that the ‘goals of political, social and
economic authorities’ come to be translated ‘into the choices and commitments of
individuals’ (Rose, 1996:58). This generalisation is extremely broad and pervasive
affecting ‘thought to the point where it has become incorporated into the common-
sense way many of us interpret, live in, and understand the word’ (Harvey, 2007:3).
Rose (1996) notes that the generalisation of political regimes occurs via ‘a range of
technologies that install and support the civilizing project by shaping and governing the
capacities, competencies and wills of subjects, yet are outside the formal control of the
‘public powers’ (Rose, 1996:58).

New prudentialism, risk, and responsibilisation

Neoliberalism, coupled with the emergence of risk technologies, results in the ‘new
prudentialism’ (Dean, 2010:194) – a form of governance that encourages individuals to
become responsible for managing risk (O’Malley, 1996:197). As a technology and in
keeping with the strong constructionist principles of governmentality (Lupton, 2006:85)
risk is not held to exist in the realist sense, ‘in reality’ (Dean, 2010:206; Ewald,
1991:199) but as a rationality, a form of reasoning (Dean, 2010:213) that arose during
the nineteenth century (Miller and Rose, 2008:98) and a way of viewing and dealing
with (what come to be perceived of as) ‘problems’ (O’Malley, 2008:57). Dean (2010)
argues that:
‘Risk is a way [...] of ordering reality, or rendering it into calculable form [...] It is a way of representing events in a certain form so they might be made governable in particular ways, with particular techniques and for particular goals’

(Dean, 2010:206)

As such any phenomena/event has the potential to be a risk (and threat) depending on how it is analysed and considered (Ewald, 1991:199). The human sciences contribute to expert knowledge and discourse that form around phenomenon, making it thinkable in terms of risk and thus constituting that phenomenon as risk (Lupton, 2006:85; Dean, 2010:206). Via the technologies/techniques of normalization and categorisation, knowledge allows particular social groupings to be identified as ‘at risk’ or ‘high risk’ of experiencing a particular problem (Lupton, 2006:87). Crucially, information gathered about risk is used to advise individuals on how they should conduct their lives (Lupton, 2006:88). The rational and responsible neoliberal subject must adopt advice offered (by experts) and change their practices in order to avoid and mitigate risk (Lupton, 2006:88) lest they be viewed as irresponsible, irrational and ultimately feckless. In this way risk (and management of) has become central to the shaping of social action (Miller and Rose, 2008:98).

The move away from Keynesian welfarism toward neoliberalism and new prudentialism has resulted in shift in responsibility for risk management from the state and ‘society’ to the individual who must minimise and avoid risk (O’Malley, 1996). Risk management comes to be shared collectively; technologies such as social insurance, graduated income taxes, and unemployment relief are examples of collective risk management (see O’Malley, 1996:194). Rather than relying on ‘socialized securities’, neoliberal principles hold that it is prudent individuals who should manage risk, if necessary through provisions such as private insurance (O’Malley, 1996:196-7). Risk becomes privatized. As O’Malley (1996) notes prudentialism constitutes:
‘[...] a technology of governance that removes the key conception of regulating individuals by collective risk management, and throws back upon the individual the responsibility for managing risk’

(O’Malley, 1996:197)

It is important to note that while this shift from collective risk management to privatized risk management is partial rather than absolute (O’Malley, 1996) there has, in recent decades, been a general devolution of responsibility for risk to the individual (O’Malley, 1996:204). In healthcare while the UK government continues to provide state provision, provision has narrowed and private medical provision and insurance have increased (O’Malley, 1996:199). Paralleling these changes is the promotion of regimes and routines aimed at encouraging individual self-care by both state and private sector agencies (O’Malley, 1996:199) (e.g. ‘healthy’ eating and ‘responsible’ gambling). It is worth noting that self-care advice/guidance is both normative and grounded in moral presumptions/judgements about what is considered, to give examples, healthy or responsible (Dean, 2010). In this sense the recent proliferation of self-help literature/groups targeted at individual (rather than social/collective) change which may be seen to demonstrate the neoliberal shift towards individual responsibilisation and self-care.

**Consumerism**

Contemporary Western neoliberal societies have been termed ‘consumer societies’ (Miles *et al.*, 2002) in which economies have come to be based on consumption and the provision of services (Reith, 2007b:39). There has been a shift from economies based on production to those based on consumption and provision of services which, in turn, has led social life to become more organised around consumption (Reith, 2007b:39). A ‘consumption ethic’ has arisen characterized by ‘choice, pleasure and
individual expression’ (Ritzer et al., 2001:411; Miles et al., 2002; Bauman, 1989; Reith, 2007b). It is worth noting that consumption values (e.g. hedonism and instant gratification) have often been regarded as opposed, incompatible and even a threat to production values (e.g. rationality and control) (e.g. Weber, 1958[1904]; Veblen, 1994 [1899]; Bell, 1976) while others (Reith, 2007b; Ritzer et al., 2001) have noted that ‘production’ and ‘consumption’ values (e.g. rational and control) are actually compatible, even complementary. Ideal actors must consume in a rational and responsible way, self-regulating their consumption (Reith, 2007b).

Genealogy/constitution of the contemporary subject

Foucault was particularly interested in how human beings become subjects (Foucault, 1982:777) and discussion now turns to how those structural changes in rationality and social thought (i.e. neoliberalism, new prudentialism and responsibilisation) have influenced the constitution of the contemporary subject. As noted, state political rationalities come to be translated in the form of a civilizing project in such a way as to shape subjectivity (Rose, 1996). Indeed for Foucault, particular regimes of power are inextricably linked to subjectivity: government serves as a ‘contact point’ between the ‘technologies of domination’ and the ‘techniques of the self’ which interact to form ‘structures of coercion’ (Foucault, 1980b. Cited in Burchell, 1996:20). As Foucault stated:

‘I think that if one wants to analyze the genealogy of the subject in Western societies, one has to take into account not only techniques of domination but also techniques of the self. Let’s say one has to take into account the interaction of these two types of techniques’ (Foucault, 1980b)

This means that the techniques/practices of the self and the state are neither independent nor reducible to one another (Dean, 2010:21; Burchell, 1996:20-1). While for Foucault the techniques of discipline represent the conditions that facilitate the
techniques of the self (e.g. self-governance/regulation) (Burchell, 1996:21), the (neo)liberal consumer is not merely an object or target of (state) power, determined to act according to the dominant political rationality, but is, at the same time, a partner or accomplice complicit in that rationality (Burchell, 1996:23). The actor is not a passive subject of determined conduct but active because (neo)liberalism and consumerism involve the coercion of actors in such a way so that citizens come ‘to align their particular wills with ends imposed on them’ (Burchell, 1996:119).

‘(Ab)normality’: The ‘ideal’ and ‘deficient’ subject

The ideal (and ‘normal’) contemporary subject acts in partnership with the rationalities of neoliberalism, new prudentialism and consumerism. While the principles of neoliberalism mean that the ideal actor must freely choose to act without state restraint and in line with their own self-interests (Burchell, 1996; Miller and Rose, 2008:18) that is not to say that actors act without restriction, that they are not governed by the political rationalities in which they are embedded. Rather, actors are governed through their freedom and through the choices they must make (Reith, 2007b; Miller and Rose, 2008:18; Rose, 1996:53). The ‘free’ choices actors make are, somewhat paradoxically, shaped by the principals and expectations of governmental rationalities (i.e. neoliberalism, new prudentialism and consumerism). The translation of neoliberal politics/economics to the social domain leads to the economic subject (homo economicus) an actor who continually and rationally weighs up costs and benefits before acting (Lemke, 2001:200). The partial shift towards new prudentialism means that phenomena once seen as social/collective problems come to be recast as individual problems (Rose, 1996:47-50) which actors must approach in terms of problems of ‘self-care’ (Lemke, 2001:201). With guidelines and advice on how to act provided by expertise and offered by experts the rational and responsible subject must act accordingly in order to ‘take prudent risk-managing measures’ (O’Malley, 1996:200), to take care of their self and fulfil a ‘duty to be well’ (Greco, 1993).
context of consumerism the ‘ideal’ ‘free’, rational and responsible actor must govern themselves through *prudent* and *controlled* consumption choices and habits (Reith, 2007b:39) and as such ‘virtues such as self-control, self-discipline, self-denial and will power’ have become ‘qualifications considered important to being ‘normal’, ‘healthy’ human being’ (Peterson and Lupton, 1996:25).

Those individuals who fail to fulfil the (socially constructed) expectations of the ideal/normal subject may be regarded as deficient, flawed, or abnormal. Reith (2007b) has argued that the addiction construct is articulated in oppositional terms to the ‘ideal’/’normal’ contemporary subject. Gambling that is regarded as problematic and out of control, for example, has been viewed in terms of ‘inappropriate consumption’ (Reith, 2007b). Diagnostic screens differentiate problematic gambling (‘abnormal’ gambling) from social/recreational gambling (‘responsible’ or ‘normal’ gambling) through a checklist of symptoms that define problematic gambling in terms such as lack of control and of reason, loss of free-will, dependence on others, inability to manage risk sufficiently and failure to follow expert advice (see Reith, 2007b).

**Reformation of the subject: the ‘psy’ sciences**

From the Foucauldian perspective, the ‘psy’ sciences and forms of therapeutic treatment are concerned with ‘correcting’, ‘problems of abnormality, difference and divergence’ (Miller and Rose, 2008:9). These disciplines and forms of treatment are viewed as technologies which, through various disciplinary techniques (e.g. examination, normalisation and judgement), control behaviour indirectly – and for Foucault insidiously – through the non-physical restraints of moral responsibility and guilt (McNay, 1994:32). (Therapeutic) treatments of the asylum, for example, aimed to instil within subjects bourgeois morals, values, and norms in order to encourage self-restraint with the subject through fostering feelings of guilt and social responsibility
(Foucault, 1989 [1961]). The ‘mad’ were cast as moral offenders in need of reformed attitudes and behaviours (Gutting, 2005:73). Similarly, Reith (2007b) has argued that therapeutic techniques aimed at the contemporary ‘problem’ gambler operate to manage and correct/reform the subject by instilling the principals of wider society (i.e. neoliberal-consumerism) (Reith, 2007b:47). Therapeutic interventions aimed at reforming the ‘problem’ gambler, for example, include forms of counselling directed at increasing self-control over time/money expenditure, at fostering techniques of budgeting and managing risk, and dispelling irrational beliefs/expectations (Reith, 2007b:47). Therapeutic interventions represent forms of neoliberal governance aimed at coercing, shaping and managing subjectivity because they endeavour to facilitate self-control and self-policing so that subjects may be governed ‘at a distance’ (Latour, 1986) through their own capabilities so that others do not have to (Cruickshank, 1996:234). This reasoning has led Miller and Rose (2008:5) to describe various experts of the ‘psy’ sciences as ‘engineers of the human soul’.

The body in Bourdieusian and Foucauldian theory

As the chapter closes it is salient to engage with a general criticism of social theories of action that may be seen as having particular relevance in explaining addiction/recovery – the argument that the body/biology tends to be absent (Shilling, 2003; Weinberg 2002). From my reading of Bourdieu and Foucault this criticism is misplaced. In contrast to much, particularly earlier, social theory criticised for ignoring the body, both Bourdieu and Foucault take seriously the embodiment of the social (Shilling, 2008; White, 2002; Hoy, 1999). The argument that biology/the physiological body is a necessary precondition of subjectivity and action is not at all inconsistent with the argument that the socio-cultural has massive influence over action (Bourdieu, 1984; Foucault, 1984). Hoy (1999) argues that Bourdieu does not deny the role of biology but sees it as ‘intertwined with the social’ (Hoy, 1999:13): according to Hoy’s (1999) reading, Bourdieu’s ‘habitus is precisely the ability to unify what is socially necessary
and what is biologically necessary’ (1999:13). Similarly, Foucault reveals his position when he states:

“We [tend to] believe [...] that the body obeys the exclusive laws of physiology and that it escapes the influence of history, but this too is false. The body is molded by a great many distinct regimes; it is broken down by the rhythms of work, rest, and holidays; it is poisoned by food or values, through eating habits or moral laws [...]”.

(Foucault, 1984:87)

Accusations of biological absence in social theory seem, to me, to miss what social explanations of action aim to achieve. Of utmost importance in explaining human action is not uncovering all the preconditions of action, but explaining why it is that human action is enacted in a particular way rather than in another way. In chapter two it will be argued, on the basis of extensive evidence, that differences in behaviour and action – as exemplified in complex forms such as excessive and/or addictive consumption – are far more explainable in terms of socio-cultural difference and experience rather than biochemical difference.

**Conclusion**

Through careful consideration of the structure-agency problem this chapter has presented a Bourdieusian model of social action which appreciates that social actions are neither determined nor unconstrained and that this theory is useful for understanding behaviours of addiction. As Bourdieusian theory lacks well developed conceptualisation of the specific structural conditions in which social action, reproduction and change occurs, (post)Foucauldian theory was drawn on as a way to explain and explore the cultural conditions under which contemporary subjects are constituted and act – most notably the rationalities of neoliberalism and new prudentialism. It is this Bourdieusian/(post)Foucauldian synthesis that will be used as
the philosophical underpinning for the present research and to explain the actions and experiences of the present research participants. The proceeding chapter (chapter two) is framed heavily around Foucault’s notion of discourse while the following chapter (chapter three) draws extensively on Bourdieusian theory. In chapters six and seven, Bourdieusian and (post)Foucauldian theory is used to interpret findings.
Chapter two: Gambling addiction

In order to investigate gambling addiction, it is first important to establish what gambling addiction is. In this chapter, the dominant contemporary view of addiction as a biomedical disorder is examined and problematised and, based on extensive evidence, it will be demonstrated that gambling addiction, though real, is a culture-bound phenomenon.

The chapter is split into two parts. Part one traces the intertwined histories of addiction, gambling addiction, and problematic gambling discourses. It will be suggested that addiction discourses are the product of particular social and cultural histories that have come to define and render intelligible contemporary (and culturally specific) understandings of addiction (Levine, 1978; Reinarman, 2005). It will be demonstrated that the medical model of addiction owes its existence far more to transformations in social thought rather than to scientific discovery (Reinarman, 2005; Levine, 1978).

Part two demonstrates that the medical model fails to adequately explain loss of control over consumption. Inconsistencies of the medical model are highlighted through sociologically orientated research that focuses beyond the biological and physiological 'parts' of the body. This literature suggests that the experience of addiction, problematic behaviour and the consequences of those behaviours are heavily influenced by (dynamic) social milieu, context and setting (Mead, 1934; Becker, 1967). The phenomenon of recovery will be explored in greater depth, further highlighting failures of the biomedical model to explain the experiences of problematic consumption and addiction, and demonstrating that it is possible for some who experience addiction to bring their consumption under control. In particular, natural recovery and maturing out are explored and discussed. Having discredited the dominant conception of addiction discussion then turns to explain the continuation of the bio-medical model.
(now framed as an ‘addiction myth’). The chapter closes with a discussion of how addiction can be framed in terms consistent with both Bourdieusian and Foucauldian thought as discussed in chapter one. It will be demonstrated that a logical way to understand addiction is as the embodiment of discourse and of the social conditions in which actors are embedded.

**Part one: The discursive construction of problematic/abnormal gambling as an ‘addiction’**

On the one hand, gambling is considered a mainstream recreational activity and legitimate use of time and money that is unproblematic and, often in the case of lotteries, even benefits society by supporting ‘good causes’ (McMillen, 1996:15; Reith, 2007b:35-36). On the other hand, gambling can be viewed as an addiction: a (seemingly) ‘uncontrollable’ behaviour with harmful consequences for gamblers, their families, communities and society (Dickerson, 2003a:197; Dickerson et al., 1997; Blaszczynski and Nower, 2002:487). Contemporary understandings of the latter are diverse leading Wildman to remark on ‘a true scientific mess’ (1999:ii) and Reith to reflect on a ‘messy overlapping of discourses’ (2007b:38). Complexity aside, there has been a general move toward incorporating problematic gambling as a *bona fide* addiction along with substance addictions (e.g. Shaffer, 2004a; Orford, 2001b). The contemporary prevailing view takes the form of the biomedical model where particular (problematic) patterns of substance and non-substance based consumption are ascribed factors such as genetic abnormalities and neurotransmitter (dys)function as ‘causes’ of addiction. There has, however, been resistance from those who maintain that substance use is a fundamental element of addiction (e.g. National Institute on Drug Abuse) and others who suggest that drug use *per se* is more ‘addictive’ than behaviours that do not involve drugs (see Robinson and Berridge, 2003:46). This resistance appears rooted in pharmacological determinism: the presupposition that particular pharmacological properties cause individuals to experience addiction.
Addiction and problematic gambling

Rooted in positivism, materialism, and biochemical reductionism, human action has tended to be treated as consequential of biology and stimulus: ‘affectual and habitual bodily reactions to events’ (Shilling, 2008:2). In past explanations of addiction it was held that substance based stimuli have the power to cause addiction characterised by loss of control or compulsion. However, evidence that not all those who ingested particular substances experienced addiction shifted investigation from the substance to the body/mind (Weinberg, 2000). It is in this context that the dominant understanding of addiction has come to be an internal biochemical ‘disease’ or disorder (see Reinarman, 2005:307) that can involve both substance and non-substance stimuli (e.g. Shaffer 2004a; Orford. 2001b). As an internal disorder, cause has been conventionally located in the body, in the mind, in the soul, or in some combination of these (Room, 1985:134) and scientific explanations have wavered back and forth between physiology and psychology or a combination of the two (Room, 1985:134). Despite these shifts, the bedrock of the concept of ‘addiction’ remains loss of control over the object of addiction, behaviour, and a person’s life (see Room, 1985:135; Room, 2003:225). The dominant understanding of gambling addiction (and often problematic gambling) has come to be that which is caused by biochemical/physiological processes, abnormality or ‘pathology’ (disease) that can be illuminated through reductionist medical examination (see Bernhard, 2007:9; Castellani, 2000:59-66). In this vein, research has focused on biochemical factors such as neurophysiological pathways (e.g. Blanco et al., 2000; Blum et al., 1995) and genetic markers (e.g. Comings et al., 1996). To a lesser extent, some research has looked to the psychological to explore the influence of cognitive factors such as irrational thinking (e.g. Griffiths, 1994), impulsivity, and compulsivity (e.g. Blaszczynski, 1999). As such the aetiology of gambling addiction has

1 Reductionism is the ‘assumption that complex problems are solvable are solvable by dividing them into smaller, simpler, and thus traceable units’ (Ahn et al., 2006:709). Reductionism has been the predominant paradigm in science and medicine over the past centuries (Ahn et al., 2006:709). See Edwards (1994) for reflection on reductionism and addiction.
come to be seen in terms of a biomedical or psychological disorder, or a combination of both (see e.g. Griffiths, 1991:347).

The view that particular feelings and behaviours of addiction are determined by ‘internal’ disorders (whether cognitive or biochemical) has been subjected to sustained and persuasive criticism. This chapter will engage with this criticism, problematising the prevailing view that addiction is determined by factors limited to the properties of the stimulus, physiology of the player, and/or structural characteristics of gambling activities. In this vein a social history of addiction and problematic gambling is provided in order to show that these constructs and the very idea of loss of control to which they refer are artefacts of social-context, prevailing rationalities/mentalities (Rose, 1996), and the prominent voices of particular individuals/institutions (see e.g. Levine, 1978; Reinarman, 2005; Bernhard, 2007; Castellani, 2000). As Bernhard (2007) points out, contemporary understandings of addiction are not autonomous creations (Mills, 1959:151) that appeared on the discursive scene but are grounded in historical and social context (Bernhard, 2007:9).

**Constructivist account of addiction and problematic gambling**

In order to understand how problematic gambling came to be viewed as an addiction characterised by loss of control the genealogies of these constructs must be explored. ‘Addiction’ as a biomedical construct has its roots in changing views of alcohol use (Levine, 1978; Room, 2003; Reinarman, 2005; Valverde, 1998) and has come to incorporate a range of substance and non-substance orientated behaviours (Reinarman, 2005). Prior to the latter half of 18th century, in the UK drinking and intoxication were part of everyday life ‘neither especially troublesome nor stigmatised’ partaken by clergymen and others (Levine, 1978:145-151. See also: Reinarman, 2005; Room, 2003). Views on gambling were not as permissive: throughout the Middle Ages
gambling had been prohibited on account that it diverted efforts away from state interests, though at the same time gambling was not seen as particularly sinful and even the Catholic Church allowed gambling at Christmas (Reith, 1999:5).

The Protestant Reformation had significant implications for understandings of the self and ideas about how lives should be conducted. Actors became viewed as autonomous individuals, capable of navigating their own freedom and responsible for their own actions (see Cohen, 2000²). The Protestant Ethic (Weber, 1958) meant that it became imperative for individuals to live ascetic lives characterised by the disciplined and rational pursuit of money (Weber, 1958:72). In order to succeed and survive individuals were required to self-regulate their own activities (Levine, 1978:164; Weber, 1958). Activities such as drinking and gambling contravened ascetic lifestyles and thus were viewed in terms of vice and sin engaged in by individuals of their own free-will (see Levine, 1978). Gambling, in particular, contravenes protestant ideals of deferred gratification based on diligent labour, investment (Reith, 2007b:34), systematic saving, and ascetic consumption (Abt, 1996:184). Industrialisation further increased the problematic status of both alcohol and gambling. The need for an economically productive workforce meant that time became increasingly precious: a commodity to be spent ‘productively’ and not ‘squandered’ gambling or drinking (Room, 2003:226; Reith, 1999:5). Moreover, the physiological effects of alcohol were increasingly seen as problematic for economic productivity (McMurran, 1994:6) and increased population mobility stretched and weakened social support networks so that the fortunes of families relied more heavily on the self-control of the husband/father than in pre-industrial society (Room, 2003:222). In short moral opposition towards particular behaviours arose out of shifting understandings of the self and notions of self-control in response to changing world-views and industrialisation.

² Others have also noted the rise of the autonomous individual in one way or another, e.g.: Weber, 1958; Elias, 1994 [1939]; Foucault, 1984.
Substance addiction

Prior to medicalisation a whole host of ‘vices’ (e.g. gambling, smoking, drinking, sexual excesses, and greediness for profit) were viewed in terms of sin, and little distinction was made between vices in terms of materiality (i.e. substance or non-substance) (Berridge and Edwards, 1981:142-143). However, the 19th century saw the transformation of alcohol use from sin engaged in by autonomous individuals with free-will to disease characterised by loss of control. In his explanation of drunkenness, Dr. Benjamin Rush provided the foundations for the medical conception of addiction (see Levine, 1978:151). Rush identified alcohol as the causal agent of the ‘disease’ of alcoholism, characterised by loss of control over drinking, and proposed abstinence as the only cure for the condition (Levine, 1978:152). Alcohol was seen as inherently addictive and thus the ‘drunkard’ was seen as a victim of ubiquitous customary drinking (Levine, 1978:152). The disease model came to be incorporated into the ideology of the temperance movement (Levine, 1978:153) so that intemperance was seen both as sin and as disease kept at bay only by abstinence (Levine, 1978:157). Room (2003) notes that the temperance movement established as ‘fact’ the idea that drinking causes negative consequences and argued that the addiction construct (as loss of control) was used to explain why, despite ‘knowing’ the harm their drinking caused, not all drinkers stopped drinking (2003:224).

Opium consumption, too, began to be increasingly seen as problematic and became incorporated with alcohol into the addiction construct. Tensions between Britain and China over the opium trade (culminating in the opium wars) as well as growing animosity toward Chinese immigrants (who usually ran the opium dens), and who in difficult economic times were perceived to work harder and for lower wages than non-immigrants contributed to negative views of opium use (McMurran, 1994:8,12; Szasz, 1976:76-77). In Britain, the medical profession became increasingly interested in, and
assumed greater authority over, substance use. The death of the Earl of Mar in 1828, whose life insurer failed to pay out after arguing that opium eating had shortened the Earl’s life (Berridge, 1979:71), along with cases of infant deaths that came to be attributed to the practice of calming/sedating babies with opium, prompted medical investigations into opium use and led to greater restrictions over opium distribution in 1868 (see McMurrnan, 1994:8). In keeping with Rush’s disease model, particular substances came to be seen as inherently addictive with the power to remove self-control. The understanding that alcohol was inherently addicting became particularly problematic as most knew from their own experience that relatively few drinkers become alcoholics (see Reinarman, 2005:308; Levine, 1978:162). A new paradigm that better explained alcoholism and ‘excessive’ consumption of other substances was needed. In the last quarter of the nineteenth-century medical science was providing greater understanding of physical conditions such as typhoid and cholera (Berridge, 1999:150) – presumed ‘proof’ in the ability of medical science to understand and provide solutions (even cures) for individual ailments (see Berridge, 1999:150; McMurrnan, 1994:2). Consequently, all human behaviour was understood to have a biological cause explainable by material science and its associated principles (see McMurrnan, 1994:2). Those afflicted with addiction were held to have a physiological disorder or ‘disease’ that compelled them to behave as addicts (McMurrnan, 1994:2). This not only seemed to explain addiction as having a biological basis (and in doing so, asserted the authority of the medical profession) but also explained why it was that some could use alcohol and become addicted whilst others did not. Thus the source of addiction was no longer held to be a property of the drug per se but of the individual (Levine, 1978:162). Addiction came to be seen as a medical condition that afflicted some and not others. With the rise of medical science it seemed reasonable that aetiology of addiction was to be found within the biology of the individual and thus required medical investigation and that medical treatment could be developed (Weinberg, 2000:606).
Gambling addiction

The construction of problematic gambling as an addiction followed a different but intertwined path to that of substance addictions. It was not until the early 20th century that psychoanalysts made attempts to explain excessive gambling as anything other than a moral or legal problem (Rosecrance, 1985:276). Freud (1928) analysed Dostoevsky’s semi-biographical novel *The Gambler* and concluded that gambling was a form of self-punishment provoked by oedipal guilt and other psychoanalysts extended the Freudian explanation to other gamblers (Rosecrance, 1985:276). Bergler (1943; 1958) analysed several individuals who reported gambling problems and concluded that excessive gambling was not the conscious and rational choice of criminal deviants but irrational behaviour driven by unconscious desire to lose (Rosecrance, 1985:277) driven by illness, sickness, and neurosis (Castellani, 2000:24; see also Bergler, 1958:vii). As such Bergler (1958) held that gamblers required medical treatment rather than moral condemnation (Rosecrance, 1985:277). In the same year as Bergler’s *The Psychology of Gambling* (1958) was published, Gamblers Anonymous (GA) was established modelled on Alcoholics Anonymous (AA) and embraced Bergler’s ideas with the doctrine:

‘We, at Gamblers Anonymous, believe our gambling problem is an emotional illness, progressive in nature, which no amount of human will-power can stop or control’


In 1969 members of GA approached Robert Custer for help with members experiencing severe psychological problems which in turn led to the establishment of the first in-patient treatment centre for problematic gamblers in 1972 (Rosecrance, 1985:278; Campbell and Smith, 2003:130; Taber *et al.*, 1987; Bernhard, 2007:12). Building on experience treating individuals with alcohol problems, Custer based the treatment programme on one that had been used to treat alcoholics (Custer and Milt, 1985:218). In the 1970’s proponents of the medical model rejected Bergler’s
unconscious desire to lose’ theory but retained the idea that problematic gamblers lost control of their gambling (Rosecrance, 1985:278) and as such Lesieur reconceptualised the problematic gambler in terms of the ‘compulsive gambler’ characterised by loss of control (Lesieur, 1977). The 1980s marked the legitimisation of problematic gambling as bona fide medical disorder when, in 1980, ‘pathological gambling’ became formally classified in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) as an impulse control disorder characterised as ‘a chronic and progressive failure to resist impulses to gamble, and gambling behavior that compromises, and disrupts, or damages personal, family, or vocational pursuits’ (APA, 1980:291). It is difficult to overestimate the significance of this inclusion. Described as ‘the bible of psychiatric assessment’ (Bernhard, 2007:12-13) the DSM facilitated and legitimised a shift in responsibility from the individual to the illness over which the individual has no control (see Rosecrance, 1985:278). This allowed medical insurance pay-outs to be secured (Reith, 2007a:11), more treatment services to be made available funded by government (Castellani, 2000), and for ‘pathological gambling’ to be used as defence in criminal justice proceedings (Castellani, 2000). It has been pointed out that, with very little research (clinical or otherwise) available, the diagnostic criteria were heavily based on Custer’s clinical observations rather than rigorous empirical research (Bernhard, 2007:12) and criteria were not tested before inclusion (National Research Council, 1999:25).

The DSM-III criteria for pathological gambling (APA, 1980) were heavily criticised and focus on the similarities between the characteristics of pathological gambling and psychoactive substance dependence saw the reclassification and remodelling of diagnostic criteria in terms of the latter (Reith, 2007a:10; Lesieur and Rosenthal, 1991:7). In fact the criteria for the DSM-III-R (3rd ed., revised) were, for the most part, literally copied from the criteria of substance dependence (National Research Council, 1999:12) with the ‘use of a substance’ substituted with ‘gambling’ (National Research Council, 1999:12).
Council, 1999:25). With the exception of ‘chasing losses’, all diagnostic criteria had ‘counterpart in the diagnosis of alcohol, heroin, cocaine and other forms of drug dependence’ (Lesieur and Rosenthal, 1991:8). The DSM-III pathological gambling criteria were further criticised within the criminal justice literature for too often allowing the misuse of the insanity defence (see e.g. Cunnien, 1985; Rachlin et al., 1986; Rubin, 1982; all cited in Castellani, 2000:54) with the phrase ‘unable to resist impulses to gamble’ (APA, 1980:291) being seen as particularly subject to misuse as criminal defence (Castellani, 2000:54). While the DSM-IV revision continued the trend toward understanding problematic gambling as similar to substance use (see Castellani, 2000:55) and despite sharing many diagnostic criteria, pathological gambling remained characterised as an impulse control disorder classified apart from substance use (Abbott et al., 2004a:78; Petry, 2006) until the publication of the DSM-5 in 2013 where it was renamed ‘gambling disorder’ and classified in a category along with substance addictions (Petry et al., 2013). This reclassification is congruent with a continuing trend toward conceptualising a wide range of problematic behaviours as addictions regardless of the materiality of the object consumed. Other examples of this trend can be found in models of addiction as a ‘syndrome’ (Shaffer, 2004a) and as an ‘excessive appetite’ (Orford, 2001b).

**Addiction, neoliberalism, and self-control**

As has been discussed the core of the addiction construct is loss of control (Fraser et al., 2014:38). Room (1985) emphasises that the experience of addiction (as loss of control) is culturally specific because beliefs and norms regarding both the addiction construct and comportment/behaviour are historically and culturally specific. The definition, intelligibility, and experience of addiction is dependent on an organisation of society grounded in particular historical and cultural conditions where lack of self-control is problematic and seen as a sign of weakness and where ‘morality, success and respectability’ come to be attributed ‘to the power of a disciplined will’ (i.e. self-
control) (Lemert, 1951. Cited in Room, 1985:135). These are exactly the cultural conditions of neoliberalism and new prudentialism (see chapter one) where thought came to be structured in terms of particular beliefs, norms, and expectations about comportment and society centred on the individual and self-control. As has been pointed out, gambling had been viewed as problematic because it contravened the tenets of the protestant work ethic. In production-centred economies (such as emerged in the industrial revolution) ‘rational use of time and money through diligent labor, investment and self-discipline’ was paramount (Reith, 2007b:34) and so the ‘ideal’ and ‘normal’ citizen embodied strict values of asceticism and control (Reith, 2004:285). Today gambling tends seen as both a legitimate leisure activity (‘normal’ gambling) and as a problem characterised by loss of control (‘abnormal’ gambling).

Reith (2004; 2007b) argues that the shift toward viewing particular patterns of gambling as normal and other patterns as abnormal has been shaped by secularisation and the weakening of moral anti-gambling arguments as well as the move towards neoliberal consumer societies. In consumption-based economies the ideal (and ‘normal’) citizen comes to embody a different set of values to those of production; ‘instant gratification’ (Reith, 2004:285), ‘self-fulfilment, hedonism, and desire’ (Reith, 2007b:39). The neoliberal subject, however, cannot act without self-control, far from it. As was discussed in chapter one, neoliberalism requires subjects to govern their own actions and actively engage in risk avoidance strategies. Those who fail in this endeavour are deemed deficient, deviant and ultimately ‘abnormal’. It has been argued that the tensions between neoliberal self-control and consumerism represent a ‘paradox’ represented by ‘contradictions of consumption’ where freedom and choice becomes an obligation through which individuals must govern themselves (Reith, 2004:285; Reith, 2007b). On the one hand ‘citizenship is [...] manifested through the free exercise of personal choice among a variety of marketed options’ (Rose, 1999:230) with individuals encouraged ‘to carve out a lifestyle and identity’ from those options (Reith,
2004:285) while on the other hand individuals must ‘subjugate aspects of themselves, to mould their subjective states and inner desires’ (Reith, 2004:285) in accordance with the values of ‘rational discipline’, (self)control, and restraint (Reith, 2007b:40). It is worth noting that neoliberal values such as autonomy, rationality, self-control/governance and responsibility for one’s own life are completely opposed to the view of the ‘problem’ gambler as set out in the criteria of screening instruments which encompass ‘dependence, irrationality, lack of self-control, and an irresponsible attitude to money, family, and work relations’ (Reith, 2007b:41).

**Part one summary**

Discussion in this chapter so far has suggested that the constructs of addiction and problematic gambling emerged under particular social and historical conditions. The biomedical addiction construct, that is the idea that material interactions between substance/activities and biology could cause loss of control, arose at a particular time and in Western societies where Enlightenment thinking, the Protestant Reformation, and the industrial revolution created a social milieu in which individualism became the taken for granted frame of reference and the fate of people and society became increasingly dependent on self-control (Reinarman, 2004:311; Levine, 1978: Room, 2003:222). In fact, Room (2003) goes further to point out that addiction as loss of self-control only makes sense in cultural conditions where individualism is taken for granted and much less sense where individual aspirations and autonomy is subordinate to collective interests (2003:226). The search for a medical explanation for loss of control was not sparked by the identification of biological or psychological problem but by a moral one. Loss of control continues to be problematic in neoliberal consumer societies where reduction in external control (or governance) creates an impetus for individuals to self-regulate. Consistent with the constructivist account provided here, it has been argued that ‘addiction’ is more a social accomplishment – the convergence of particular
conditions, actors, and institutions – than the product of scientific discovery (Reinarman, 2005. see also e.g. Levine, 1978; Room, 2003; Cohen, 2000). The following discussion will support this view by highlighting the inconsistencies that arise when the biomedical model is used to explain addiction. At this point, and as will be further explained later, it is prudent to stress that the use of constructionism to explain the experiences and consequences of addiction does not mean that addiction does not ‘exist’, it is not an extremely compelling experience, that individuals do not feel addicted, or that addiction does not have extremely negative consequences for people’s lives and those in their social networks (see Reinarman, 2005:307).
Part two: Problematising the biomedical addiction model

For many researchers, substance use is not central to the addictive state (Orford, 2001b; Shaffer et al., 2004a; Fraser et al, 2014). In part two, I will problematise models of addiction grounded in pharmacological and biochemical determinism. The former refers to the argument that the pharmacological properties of substances ultimately cause loss of control over consumption of those substances (Reinarman and Levine, 1997:8). In the past it was claimed that particular substances (e.g. alcohol and heroin) have the power to instantly addict anyone (Weinberg, 2000:2; Reinarman and Levine, 1997:4; Levine, 1978) however anecdotal and empirical evidence from some who used without experiencing addiction discredited this view (Weinberg, 2000). As a result, a more complex but equally determinist claim came to be: repeated use of substances over a particular (invisible and person-specific) threshold causes biological change(s) resulting in addiction (see e.g. Washington, 1989:57). Again this claim has been discredited. Lindesmith (1938) observed that post-surgery hospital patients, while administered with sufficient doses of morphine to produce physiological withdrawal symptoms, did not experience addiction after leaving hospital (Lindesmith, 1938; Weinberg, 2002:3; Davies, 1997:47). Lindesmith (1938) argued that while these individuals experienced withdrawal symptoms, they did not attribute those symptoms to having been administered morphine and thus did not yearn for more of the drug (Lindesmith, 1938:3). Similarly, Alexander (2001) has pointed to evidence that it is very rare for those who use patient-controlled analgesia (PCA) machines (where hospital patients self-administer morphine for pain relief) to experience addiction (2001:2). Alexander (2001) also notes that while throughout much of the 20th Century British physicians widely prescribed heroin to medicate coughs, diarrhoea, and chronic pain, analysis of medical statistics concerning iatrogenic addiction found that there was ‘a virtual absence of addicts created by this singular medical practice’ (Trebach, 1982:83. Cited in Alexander, 2001) – quite simply, no evidence was found to support the idea that practice of prescribing heroin caused addiction. Zinberg (1984) showed the
existence of regular and controlled heroin users and found that of the 60% he was able to reinterview 12-24 months later: 49% were using heroin at the same level, 27% had reduced use to below the criteria for regular use, and 13% were using more (Zinberg, 1984:71). Zinberg’s work showed that impaired control was not an inevitable outcome of substance use. Difficulty of control over objects that do not involve pharmacologically active substances further problematises pharmacological determinism and in this respect problematic gambling has been termed ‘the biggest challenge’ to pharmacological model of addiction (Orford, 2001b:3).

Clearly, substance use does not cause addiction and if gambling is regarded as an addiction, substance use is not essential for addiction. The realisation that drug use per se does not determine addiction – that some people use without becoming addicted while others become addicted (Kalant, 2009:785) – shifted the search for addiction aetiology away from the pharmacological properties of substances to bodily factors (body/mind) (see Weinberg, 2000:2). Addiction came to be framed in terms of a vulnerability that affects some but not others (Alexander, 2001; Kalant, 2009:785). However, no biomedical research whether focused on genes or particular brain pathways has been able to explain why some individuals become addicted while others do not (see Reinarman, 2005:309). As will be indicated in the following discussion, the reductionist principles of medical investigation can never fully explain complex behaviours because they fail to consider the socio-cultural milieu, contexts, and settings, packed with social meaning, in which the lives of individuals are embedded.

**Socio-cultural milieu and meaning**

The consumption of substances may result in particular physiological effects determined by the actions between pharmacology and biology. Physiological effects such as heart and respiratory rates, chemicals in the blood and secretion of hormones
are observable and can be objectively measured (Becker, 1967:164). Conversely, subjective experiences, such as feelings of loss of control, are not determined by the stimulus-physiology relationship and can only be sought by asking the individual how they feel (see Becker, 1967:164). Subjective experience depends on meaning whereas physiological effects do not and as such there can never be a physiological medical test for addiction. As Mead (1934) points out, meaning is not a property of an object (whether substance, activity or the body) but is *lodged with the object* ‘as the person acquires a conception of the kind of action that can be taken with, toward, by and for it’ (Cited in Becker, 1967:166). To illustrate, in *Becoming a Marihuana User* Becker (1953) found that for his sample of cannabis users the cannabis ‘high’ was not determined by the pharmacological effects of the drug but was strongly influenced by the meaning the drug has for the user. Neophyte cannabis users learned from more experienced and knowledgeable users the ‘correct’ method of smoking, to attribute particular effects to drug use, and how to recognise and single out particular effects as pleasurable (1953:237-239). In his study of LSD use, Becker added that the experience of drug use depends greatly on how others define its effects (Becker, 1967:165).

Despite having the same physiological effects ethnographic research indicates that the same drug (or non-substance activity e.g. gambling activity) can have different meaning for different people and, as a consequence, may be experienced differently by different people (Becker, 1967:165; MacAndrew and Edgerton, 1969). Evidence that not all cultures make a causal connection between particular behaviours (for example drinking) and loss of control or other consequences (Reinarman, 2005:311) has led some to argue that addiction is a ‘culture-bound’ phenomenon only experienced where specific cultural conditions and particular patterns of beliefs and norms exist (Room, 1985:136; See also Room, 2003; Reinarman, 2005:311; Levine, 1978). MacAndrew and Edgerton (1969) examined ‘drunken comportment’ across different cultures and found wide variations in the experiences and behaviours of those who had used
alcohol (1969:84). They argued that people’s experiences and behaviours depended on...

‘...what their society ‘knows’ about drunkenness; and, accepting and acting upon the understandings thus imparted on them, they become the living confirmation on their society's teachings’

(MacAndrew and Edgerton, 1969:88. Original emphasis)

Social-setting and control

Consistent with an interactionist perspective (Mead, 1934), Becker (1967) argued that meanings ‘lodged’ with the same physical object (in Becker’s case a ‘drug’) not only differ between people but between the same people in different social contexts and settings so that a given individual’s subjective experience of the same object (drug) may differ between different contexts and settings (Becker, 1967:165). As Reinarman and Levine (1997) point out, two drinks at a New Year’s Eve party tend to have very different effects to the same two drinks at a wake (1997:12). The path-breaking research of two scientists, Lee Robins and Norman Zinberg, problematised the biomedical addiction model and, in particular, highlighted the influence of social context and setting over patterns of consumption and addiction (Zinberg, 1984; Robins et al., 1974a). These two researchers have had great impact on addictions research and as their work was seminal in the construction of the research proposal for the present thesis it is worth examining their work further and in some depth, beginning with Robins.

Robins: Vietnam veterans’ recovery from addiction

In 1971 there were rumours and reports of extensive heroin use among American soldiers serving in Vietnam and almost immediately thereafter the military screened the urine of returning servicemen for drug use prior to their scheduled departure from Vietnam (Robins et al., 1974a; Robins, 1993). The urines of 10.5% of soldiers
screened indicated drug use in the period immediately preceding the test (Robins et al., 1974a:38; Robins and Slobodyan, 2003:1054). This appeared to indicate very high addiction rates and led to widespread concern about the impact of many ‘chronically’ addicted servicemen returning to the US (Robins et al., 1974a:38). Robins was commissioned to evaluate these concerns and to ascertain how many veterans would require treatment through a follow-up study of the veterans (Robins et al., 1974a:38).

Empirical analyses were drawn from two waves of fieldwork (Robins and Slobodyan, 2003) with participants drawn from two samples: (i) veterans whose urine had tested positive for narcotics before their departure from Vietnam (ii) and the wider population of Vietnam veterans. 8-12 months after their return from Vietnam those selected to participate were sought for interview and a urine sample (Robins et al., 1974a:39). Only 19% of participants were still on active military service at the time of their follow-up interview with the remainder having been out of service for an average of seven months (Robins et al., 1974a:39); the vast majority of participant veterans had returned to their settings from which they had left 2-3 years before for military service (Robins et al., 1974a:39). The first wave of follow-up interviews suggested that: 34% of all army enlisted men had tried heroin whilst in Vietnam (any narcotic: 43%), 19% of all enlisted men reported heroin addiction whilst in Vietnam and 20% reported addiction to any narcotic whilst in Vietnam (Robins et al, 2010 [1977]:203; Robins et al., 1974b:241; Robins et al., 1994:240). Those interviews also suggested that since returning from Vietnam only 10% had used narcotics and, particularly noteworthy, those who reported heroin addiction dropped from 19% to 1% (the second and final wave of follow-up interviews at 3 years after the veterans returned suggested addiction to be at 2% of veterans; Robins et al., 2010[1977]:206). Urine screens supported participant reports about subsequent use in the US and there was practically no evidence of deception over use (Robins et al., 2010[1977]).
If, as this data seemed to indicate, addiction among the total sample of participants fell from 19% to 1% then, as Robins et al. point out, this suggests an unprecedented remission rate of over 90% (1974a:39): much higher than those reportedly achieved among treatment populations\(^3\) (Robins et al., 2010 [1977]). Moreover, interviews at 3 years post departure from Vietnam indicated that half of all veterans who had previously reported heroin addiction while in Vietnam had used heroin within 2 years after departure from Vietnam but only one-eighth reported experiencing (re)addiction (Robins et al., 2010 [1977]:207). In fact, these final interviews suggested that, only 12% of those who had been addicted in Vietnam had experienced addiction post-Vietnam and their (re)addiction ‘had usually been very brief’ (Robins, 1993:1045). This suggested, Robins et al. (2010 [1977]) argued and in contrast to the biomedical model, that it is possible for individuals who have experienced heroin addiction to use heroin without experiencing (re)addiction (2010:207). Lastly, only one-quarter of those ex-addicts reported that they had felt like taking narcotics and only 4% reported having experienced ‘a craving’ (Robins et al., 2010 [1977]:207). Craving, Robins et al. (2010 [1977]) contend, was relatively rare among the veterans after they had returned to the US (2010 [1977]:207). It has been argued by many (Robins, 1993; e.g. Zinberg, 1984), that the veterans’ experience of addiction in Vietnam and subsequent recovery on their return to the US was largely the result in shifts in social-context and setting\(^4\).

The data from Robins’ research was in many ways inconsistent with the biomedical addiction model, ‘common sense’ beliefs about addiction in general and, in particular,

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\(^3\) Remission and relapse rates vary but research has pointed to a ‘revolving door’ of treatment to describe the propensity of many who experience treatment to continually relapse and cycle in and out of treatment (McCarty et al., 2000).

\(^4\) Robins (1993) has argued that her data did not support the social-setting thesis, though her interpretation appears to have a lot to do with Robins’ simplistic conception of ‘setting’ situated within a behaviourist framework and psychological research about stimulus-response relationships. In Robins (1993), for example, it is argued that the approval/disapproval of friends/family probably had an influence over veterans drug use but is clear from her work that Robins did not view social-relationships as an aspect of setting.
beliefs about heroin use (Robins, 1993). As such there was widespread resistance to the acceptance of Robins’ findings; many of the press and research community, for example, were sceptical and resisted changing beliefs about heroin as a uniquely dangerous drug, which would quickly lead to addiction, that was virtually incurable (Robins, 1993:1047). The study attracted two main criticisms. Firstly that the veterans ‘were never really addicted’ (Robins, 1993:1047) – many commentators clung so hard to the belief that addiction is life-long that they gave the tautological argument that if an ‘addict’ goes on to recover then they were not really addicted in the first place (Heyman, 2013:32). Robins et al. (1974a) engaged directly with this criticism and argued convincingly that the veterans were indeed experiencing addiction with all those who self-reported addiction having used a narcotic more than five times, 80% of self-reporters stating that they had used regularly for 6 months whilst in Vietnam and 97% of self-reporters stating that they had experienced withdrawal symptoms that lasted more than 2 days (1974a:42). Other criticisms argued that the data was simply wrong and ranged from academic fraud – including accusations that the research, data, and/or findings had been tailored or manipulated so as to exonerate the government/military from involvement in the addiction of many servicemen (Robins, 1993:1047) – to the argument that there must have been much greater prevalence of addiction among veterans than Robins and collaborators had reported (Robins, 1993:1047). There is no room for an in-depth discussion of Robins’ responses to these criticisms here but she provided extremely convincing rebuttals to her critics, those who rubbished her data and to accusations of fraud, which suggest high integrity of the data and findings (see Robins, 1993). In any case even if Robins’ data was overstated and/or exaggerated for any reason or if the data was, indeed, ‘a fluke’ (Robins, 1993) – and there is absolutely no evidence that this is the case – the rates of recovery suggested by her sample were so high and the rates of relapse back into addiction so low (even among non-abstaining ex-addicts) that even if those rates were two or three times ‘worse’ then the data would still indicate much greater outcomes than
comparable data reported in treatment populations (Robins, 1993; Hunt and Bespalec, 1974).

Zinberg: Drug, set, and setting

Zinberg (1984) attributed the high levels of use and addiction among enlisted men to the Vietnam War setting, arguing that it was this that had led those who would not otherwise have used to heroin to use and become addicted (Zinberg, 1984:12). Zinberg argued that mutual hatred between the Vietnamese and American soldiers and the conditions of war meant that ‘American troops were easily attracted to any activity, including drug use, that blotted out the outside world’ (Zinberg, 1984:x). Heavily exposed to (cheap) heroin, 85% of Robin’s sample reported that they had been offered heroin whilst in Vietnam, often soon after arrival (Robins et al., 2010 [1977]:203). As the heroin that was available to soldiers tended to be far more potent and less expensive than in the US, smoking and snorting were effective methods of use and this probably made consumption far more attractive than if injection had been the primary mode of administration (Zinberg, 1984:13; Robins and Slobodyan, 2003:1054).

Zinberg (1984) attributed the high incidence of veterans’ recovery to the shift in setting arguing that once users were removed from the ‘bad’ social-setting heroin use virtually ceased (Zinberg, 1984:xi). When war veterans returned to the US they moved back to a setting of less exposure and decreased availability (as heroin was more expensive) and decreased potency which made smoking impractical (Zinberg, 1984:13). But, crucially, Zinberg (1984) argued that addiction was not only influenced by market conditions (i.e. availability of cheaper, purer, heroin) but by socio-cultural conditions. While researching the ‘British system’ of heroin maintenance Zinberg noted differences between British and American heroin addicts (Zinberg, 1984:ix-x). American addicts, it seemed to Zinberg, were debilitated by their addiction and were regarded as a major
cause of social problems. British addicts, on the other hand, seemed to fit into two ‘types’: firstly, those which managed to function adequately and even successfully, and secondly those which behaved in an uncontrolled way and did great harm to themselves but, unlike the stereotypical American ‘junkie’, neither of these types were seen as a source of social problems (Zinberg, 1984:ix-x). Zinberg attributed the differences he noted between American and British addicts to be product of the different social/cultural and legal attitudes toward heroin between the respective nations. In comparison to the US, heroin was legal in Britain and users were not regarded as particularly deviant and it was this context that, Zinberg argued, allowed some British users carry on with their lives as ‘normal’ while others viewed themselves as defective, adopting a ‘junkie’ lifestyle (Zinberg, 1984:x). Building on this experience and drawing on the work of Becker (1953; 1967) and Robins (1973), Zinberg (1984) provided strong evidence that control over object consumption is heavily influenced by social context and setting. As this project takes lead from Zinberg (1984), his model and findings are more fully discussed in chapter three as way of framing the conceptual framework for data collection, however suffice to say here that Zinberg’s research indicated that social-setting, and in particular informal sanctions (rules) and rituals, were instrumental in control over object consumption and that shifts of controlled and uncontrolled consumption were associated with shifts in and out of social-setting.

Recovery

The phenomenon of recovery problematises the view that experiences of addiction are always chronic and progressive. Robins (1973) not only found that many of those who had experienced addiction could abstain from the object of their addiction but, crucially, the vast majority abstained without ever desiring to use and only 4% ever experienced cravings (Robins et al., 2010 [1977]:207). Similarly, Zinberg (1984) found that many of those who had experienced substantial difficulty of control went on to consume in a controlled way. If it is accepted, as it is in this thesis, that central to addiction is loss of
control then it would be hard to deny that the majority of Robins’ (1973) and Zinberg’s (1984) participants recovered from addiction. More recent research has suggested the existence of ‘ex-addicts’ who maintain non-compulsive use of cocaine (e.g. Waldorf et al., 1991), alcohol (e.g. Heather and Robertson, 1983; Lloyd and Salzberg, 1975) and gambling respective of the object(s) of their previous addiction(s). With regard to ex-gambling addicts who still gamble, two case studies are of notable interest (Dickerson and Weeks, 1979; Rankin, 1982) both of which reported positive outcomes for treating problematic gamblers with a controlled treatment goal. Empirical evidence for controlled gambling is presented by Blaszczynski et al.’s (1991) follow-up study of individuals who had completed a behavioural treatment program between two and nine years earlier. Of the 63 participants followed up: 18 classified themselves as abstinent, 25 classified themselves as controlled gamblers (i.e. still gambling but without reporting feeling unable to control and without experiencing negative financial consequences), and 20 reported uncontrolled gambling (1991:304). In another study, Dowling and Smith (2007) offered controlled gambling as a treatment option/goal (along with abstinence) to 85 women beginning cognitive and behavioural therapy for problematic gambling (Ladouceur et al., 2009:190): one-third (34%) chose controlled gambling as a treatment goal (Dowling and Smith, 2007:340). Those who chose controlled gambling gave reasons such as the belief that abstinence may be unrealistic or overwhelming, enjoying gambling, and a desire to be able to cope with situations involving gambling (Dowling and Smith, 2007:340. Cited in Ladouceur et al., 2009:190).

There is good evidence to indicate that whether or not an individual can consume in a controlled way post-addiction depends on the extent to which individuals believe (or could be persuaded to believe that) it is possible (Decorte, 2001a:318; Orford and Keddie, 1986:72-3). A study by Dowling and Smith (2007) is particularly applicable because findings suggested that those who chose an abstinence treatment goal were significantly more likely to believe that problematic gambling is an uncontrollable
disease and feel they would never (again) be able to gamble in a controlled way (Dowling and Smith, 2007:340;343). Further credence comes from Decorte’s (2001a) controlled cocaine users who seemed to possess ‘a vocabulary of controlled drug use with which to conceive and articulate normative expectations of controlled use’ (2001a:318). As el-Guebaly (2005:267) notes, in general, research tends to support the hypothesis that treatment outcomes are influenced by the degree to which the individual believes in the necessity of the outcome (e.g. abstinence/controlled consumption). The idea that belief about addiction – and in particular if and how addiction can be overcome – influences recovery/treatment outcomes chimes particularly well with the previously discussed thesis that addiction is a social construction embodied by individuals and which impels agents perceptions/feelings/actions in ways consistent with the addiction construct.

While the prevailing view among researchers, the public, and those ‘in recovery’ is that ‘abstinence’ underpins recovery (see Laudet, 2007; Betty Ford Institute, 2007:221; Centre for Substance Abuse Treatment, 2009:1) it is apparent from the discussion above that recovery ‘in the absence of abstinence’ (Slutske et al., 2010) is possible, perhaps even likely (Zinberg, 1984). Regardless of whether or not abstinence or continued-but-controlled-use is a long-term recovery goal, recovery appears not a single event but an ongoing process (UK Drug Policy Commission Group, 2008; Best, 2012b; Best and Lubman, 2012; DiClemente, 2003). Some research conducted with those in treatment has suggested that the process of bringing consumption under control often takes many years and is characterised by periods of loss of control (or ‘relapse’) (Prochaska and DiClemente, 1983; DiClemente, 2003): Simpson and Sells (1990:243), for example, reported an average recovery time (defined as abstinence) of addiction to opiates of 9.9 years with a range of 1-35 years. It is interesting that such individuals do not experience rapid recovery akin to the Vietnam veterans and though there may be many differences between those veterans and those in treatment, the
latter are unlikely to have experienced such a monumental shift in socio-cultural context that those veterans did.

While sustained controlled non-problematic consumption is possible many might argue that abstinence is more desirable. Some quantitative research has suggested, for example, that most of those seeking treatment tend to want abstinence (McKeganey et al., 2004) but qualitative research has found a much wider range of treatment aspirations including complete abstinence, abstinence from some drugs and not others, controlled consumption, abstinence for a certain period but not for good, as well as recovery goals that extend far beyond object consumption such as improving relationships, acquiring material possessions and achieving better health (Neale et al., 2011:191-2). Consistent with these heterogeneous aspirations, recent years have seen a rise of the recovery advocacy movement which has looked beyond conceptualising recovery only in terms of control (mainly abstinence) over object consumption to include principles such as quality of life and wellbeing (Best, 2012b). The point being abstinence, or even sustained but controlled use, in itself does not constitute improvement in lived experience. Even where abstinence is the goal the recovery process may include a period of continued consumption: ‘warm turkey’ (see Miller and Page, 1991). Furthermore, recovery goals may change over time and after a period of controlled consumption the individual may (or may not) wish to seek abstinence. A great deal of research suggests that ‘one-size-fits-all’ treatment approaches are inappropriate (Ashton, 2011).

**Pathways to recovery**

Recovery is a uniquely personal experience with many different (and not necessarily exclusive) paths (Deegan, 1988). Broadly speaking pathways have been dichotomised into recovery with formal treatment and recovery without treatment (or ‘natural
recovery’). While a variety of formal treatment options have been developed to treat problematic gambling/gambling addiction access to this treatment is limited (see Reith, 2006:73; Orford et al., 2003:227), the majority of those who experience gambling problems never seek treatment and for those that do most never complete (Reith, 2006:71-2). Research has found natural recovery to both abstinence and sustained controlled use to be a common pathway away from substance addiction (Biernacki, 1986; Waldorf et al., 1991; Toneatto et al., 1999; Stewart, 1999; Cunningham, 1999; Sobell et al., 2000; Vaillant, 2003; Robins, 2010; Mariezcurrena, 1994) and gambling addiction (Slutske, 2006; Hodgins and El-Guebaly, 2000; Slutske et al., 2010). (Quantitative) prevalence surveys have for some time noted the existence of individuals who fulfil particular criteria for lifetime problematic gambling but do not fulfil the criteria for past year problematic gambling (see e.g. Bland et al., 1993; Hodgins et al., 1999; Abbott et al., 2004b; Slutske, 2006). Slutske (2006), for example, analysed two US national prevalence surveys and found that an average of 36%-39% of individuals diagnosed with lifetime problematic gambling had not experienced gambling-related problems in the past year and that only 7%-12% of these individuals ever sought treatment or attended GA. Thus, Slutske (2006) suggests that 33%-36% of those identified as problematic (pathological) gamblers recovered ‘naturally’ (see Slutske, 2006:300). Adding to this evidence longitudinal research has suggested that problematic/addictive gambling behaviour may be episodic and fluid rather than chronic and static. LaPlante et al. (2008) reviewed five longitudinal studies of gambling behaviour and found that problematic gambling behaviour is extremely variable with individuals moving ‘in and out of more severe and less severe levels’ of problematic gambling (LaPlante et al., 2008:52). More recently a 5-year qualitative longitudinal study series (Reith and Dobbie, 2011; 2012; 2013) supported this finding, suggesting change be the norm in gambling behaviour with most moving in and out of periods of heavier and reduced gambling and in and out of periods of problematic gambling (2013:11-12). This research suggested variability in gambling behaviour to be influenced by the gambler’s social and cultural context (Reith and Dobbie, 2013:12).
‘Natural recovery’ and ‘maturing out’ of addiction

It appears that most who experience addiction recovery do so without formal treatment, perhaps continuing to consume with greater control or ceasing consumption completely (Zinberg, 1984; Winick, 1962; Waldorf et al., 1991) which, as noted, is often referred to as ‘natural recovery’ (Waldorf et al., 1991). Noting that recovery without treatment happens in concert with aging, some literature has, synonymously, referred to natural recovery as ‘maturing out’ (e.g. Prins, 2008; Winick, 1962). Use of the latter to refer to all recovery in lieu of treatment has been criticised, however, as even though all recovery happens over time and thus with age, not all recovery may be shaped by aging and/or aptly described as supported by ‘maturation’ (Waldorf et al., 1991). Sociologically orientated research has asserted natural recovery to be strongly influenced or supported by change in actors’ lives such as transformations in social relationships, employment and living circumstances (Waldorf et al., 1991). The addiction/recovery experience of the Vietnam veterans (Robins, 1973) appeared supported by rapid shifts in context but these contextual shifts and, ultimately, in and out of addiction, did not appear to be shaped by the contextual processes suggested to occur over life-courses and thus with age (Quintero, 2000; Moore, 1993). Though influence of contextual change in and out of war settings on addiction/recovery is, arguably, quite unique, literature has asserted more common but still relatively rapid changes in socio-cultural milieu to influence addiction/recovery. Moving home from one geographical area to another, for example, has been suggested to lead to changes in social networks that might influence consumption, perhaps supporting greater or lesser control over object consumption (Waldorf et al., 1991; Zinberg, 1984) but such a shift in living circumstances may not be appositely described as ‘maturing out’ if moving home was not encouraged by social or cultural processes (Moore, 1993; Quintero, 2000) that exert influence on subjectivity in concert with aging. On the other hand, contextual changes that might occur with starting a family and that facilitate recovery, for example, might be well termed ‘maturing out’ if viewed as a culturally expected (and encouraged) happening in a given individuals life-course. To clarify, from a sociological perspective,
‘maturing out’ does not refer to behaviour change perceived as caused by the aging body in isolation from the socio-cultural context, but, to change that occurs between actor (subject) and their position within the socio-cultural milieu in which they are embedded that happen in concert with aging. Examples might include changes to culturally specific expectations about appropriate/inappropriate behaviour or about how one should live as they get older (see chapter seven).

Indeed, consistent with a sociological interpretation of ‘maturing out’, addiction and recovery appears to tend to happen in young (or ‘emerging’) adulthood and some have explained this largely to be because it is during this time that individual’s lives are most changeable (Quintero, 2000; Verges et al., 2012). It appears that it is during emerging/young adulthood that there tends to be a dense (temporal) spacing of culturally established/expected life-events (e.g. marriage, parenthood, starting a career and so forth) which seems, in comparison to later life, to lead to greater changeability in lives and circumstance (Roberts et al. 2006; Glenn, 1980; Donovan et al., 1983; Luong et al., 2011; Hartup and Stevens, 1997:358). Moreover, psychological literature (Glenn, 1980; Caspi and Roberts, 2001), noting that individual’s cultural expectations (values/norms), though relatively stable (Roberts et al., 2006), tend to be more variable in adolescence/young adulthood before becoming more stable into middle and older age (Roberts et al. 2006; Glenn, 1980; Donovan et al., 1983), has asserted changeability of expectations not to be product of aging, per se, but changes in living context.

5 Typically aged in 20’s or early 30’s (Quintero, 2000; Verges et al., 2012); that is not to say that addiction does not occur and persist among those older, but onset and recurrence is less usual (Verges et al., 2012). In fact, when those older do experience addiction there is good evidence that duration tends to persist longer than for those younger (Verges et al., 2012; Kerr et al., 2002; Johnstone et al., 1996).

6 Akin to dispositions of Bourdieu’s habitus, expectations may be durable but still subject to change (Bourdieu, 1992:133) – more malleable when younger and more reified with age.
In practice, though, it might be difficult to distinguish between natural recovery that is, or is not, supported by socio-cultural processes that occur alongside aging. As behaviour change (e.g. recovery) cannot be disentangled from time, all recovery (and change in general) happens alongside aging (and the socio-cultural processes that go along with aging). Moreover, situational change (e.g. moving home) may be both supported by circumstance and by changing cultural expectations that occur with age. Nonetheless, it may be useful to distinguish between ‘natural recovery’ and the ‘maturing out’ as ‘abstract typifications’ – constructs that highlight particular aspects of actor’s lives that are of particular interest to the research (Ashley and Orenstein, 1998:287-288).
Why does the biomedical addiction concept endure?

Taking a constructivist approach it has been shown that the biomedical addiction construct arose out of particular historical and social circumstances and worldviews. Research that problematises this construct has been presented, suggesting that ‘addiction’ as loss of control is not caused by the pharmacological effects of substances and/or physiological abnormalities. This paradox (where the dominant scientific model is not supported by evidence) has led some to consider why it is that the biomedical addiction construct endures (e.g. Hammersley and Reid, 2002; Davies, 1997; Alexander, 2001; Peele, 1985; Weinberg, 2000). Davies (1997) has argued that the biomedical addiction construct is a functional ‘myth’ – a way of making sense of the world (Davies, 1997) – which provides rationale and justification for particular feelings and actions so that reason and responsibility can be attributed to addiction rather than the rational choices of the individual (see Hammersley and Reid, 2002:15). In Davies’ (1997) view people use and continue to use drugs in a purposive way not because they are compelled to by pharmacological/physiological factors but because they want to and, given the choices available to them, they find no adequate reason for not doing so (1997:xii). Davies (1997) argues that ‘addiction’ provides individuals with explanation for continued consumption despite negative consequences and for actions that conflict with social norms (e.g. loss of control, theft). As such it absolves the individual, transferring responsibility to a perceived internal condition over which they have no control. Similarly, the concept of addiction is functional for a wide range of other stakeholders. For friends/families of ‘addicts’, addiction provides an explanation for their behaviour (Davies, 1992). As Hammersley and Reid (2002:13) have argued, the biomedical notion of addiction seems to endure, in part, because of its continual functionality for a wide range of groups: the media gain good stories; politicians have safe campaign issues; those involved in producing and trafficking controlled drugs benefit from enhanced profits; and by targeting drug user-dealers law enforcement is tackling ‘crime’ and the perceived causes of acquisitive/violent crime. Similarly, Hammersley and Reid (2002:15) point out that the pharmaceutical and ‘biotechnology’
industries gain from the biomedical addiction construct in that it creates an impetus to develop/market ‘less addictive’ drugs and justifies the (highly profitable) biomedical quest for an addiction ‘cure’ (Hammersley and Reid, 2002:15). Hammersley and Reid (2002) have extended the myth argument by arguing that it serves particular cultural functions: in Western cultures where self-control is championed, addiction serves as an illustration of how not to behave (2002:19-20).

Other research has looked beyond functional accounts of addiction to argue that the biomedical model perpetuates and is reproduced as a result of institutionalisation, internalisation, and embodiment. Reinarman (2005), for example, points out that the process of identifying one’s self as addicted involves learning the language of addiction and recovery and retrospectively interpreting one’s behaviour and feelings in terms of the medical addiction model (2005:315). As such the addiction construct becomes a kind of lens through which individuals reinterpret their self and actions. Weinberg (2000) has argued that those seeking formal treatment services (and 12 step movements) are required to assume an addict identity characterised by loss of control, to argue anything else constitutes ‘denial’ (2000:611). Similarly, Rice (1992) has demonstrated how those in addiction self-help groups draw on addiction/recovery lexicon to (re)construct a narrative of their lives in terms of the bio-medical model of addiction. Furthermore, Reinarman (2005) notes that the addiction myth perpetuates through performative practice where ‘addicts’ and ‘ex-addicts’ tell and retell their ‘life stories according to the grammatical and syntactical rules of disease discourse that they have come to learn’ (Reinarman, 2005:315) continually reaffirming their (biomedically) addicted identity and in doing so discursively reproducing the addiction construct to others (Weinberg, 2000; Reinarman, 2005:315). This performative practice does not only occur among and between those ‘in treatment’ but also to the wider community when those who are ‘in recovery’ are asked to speak in schools and to the media as ‘experts’ on addiction because they have ‘been there’ (Reinarman 2005:315).
Addiction myths (and addict stereotypes) are also promulgated, reified and reproduced through mass media forms of storytelling and constitute flexible and functional narrative devices (Room, 2003). These myths and stereotypes communicate ideas held to represent phenomena that in reality are extremely complex in a generalised, (over)simplified and organised way (Lippmann, 1965; Dyer, 1979). Through the use of particular signifiers in media texts, audiences notice (addict stereotypical) traits and then ‘fill in the blanks” from their existing (and socially constructed) knowledge (Lippmann, 1965; Cape, 2003) which is heavily influenced by addiction myth. The overarching image of the addiction narrative is one of degradation and the addict character signifies that the individual will do terrible things for no reason other than they are addicted, have lost control and are willing to do anything to consume to object of their addiction: they will lie, cheat and will harm and kill others and often themselves (Room, 2003:229). In addition for the storyteller, addiction serves as ‘an extremely serviceable plot motivator’ that ‘allows the most outlandish and outrageous situation, episode, or action [to] be made believable by portraying one of the characters as an addict’ (Room, 2003:229). It can explain both failure and evildoing and ultimately can be used to explain the otherwise inexplicable (Room, 2003:229). Fictional film and television drama, in particular, have been noted for perpetuating and reproducing addiction myths (Cape, 2003). For instance, while withdrawal from opiate dependence may well be often by an extremely unpleasant and difficult experience it is often exaggerated in film (Cape, 2003:166). In the popular film Trainspotting, for example, a character undergoes withdrawal from opioids in such a way that is not seen in reality – from vivid hallucinations and tortured screaming (Cape, 2003:164-5). In Requiem for a Dream, described by its director as a ‘horror film’ in which ‘addiction’ is the monster (Gingold, 2000:57; Grist, 2007:124), drug use quickly descends into addiction and the tragic downfall of each of the main characters: one is forced into sex work to pay for heroin, another is incarcerated and has his sceptic arm amputated as a direct result of
injecting heroin, while another is involuntarily committed to a psychiatric ward, is given electroconvulsive therapy, and loses her mind. As Stevenson has noted, addiction themed movies ‘serve as incubators and conduits of myth for modern audiences’ (2000:11).

The (re)telling of addiction myths, exaggerations and stereotypes are far from confined to ‘fictional’ mediums. Many have noted that the news media perpetuate and reproduce addiction myths and stereotypes (Taylor, 2008; Reinarman and Levine, 2004). The fact that, for example, most who experience heroin addiction are able to function normally in both personal and professional lives (Boland, 2008:179) and are actually employed is completely ‘alien’ to the news media and ‘goes against the simplified and stereotyped imagery presented by them’ (Taylor, 2008:376). Reinarman and Levine (2004), for example, have suggested that the American news media have continually propagated the myth that crack cocaine is instantly addictive. Recent news reports have widely reported that in the US illicit methamphetamine use results in instant addiction and causes a whole range of negative physiological deformities including what has been dubbed “meth mouth” (extreme tooth decay) and often presents ‘before and after’ photos (Hart et al., 2014). What the news does not report is that there is no evidence that reported deformities are caused by smoking methamphetamine and that the drug is regularly prescribed for attention-deficit hyperactive disorder (ADHD) (Hart et al., 2014).

Another reason for the persistence of the biomedical addiction model may be found in the dominance of naturalistic science (including medicine) and its core principles of reductionism and materialism (see Edwards, 1994; Peele, 1981). From this position complex problems are held to be solvable through division into smaller and simpler (physical) units so that addiction is held to be caused by physiological parts explainable
Accordingly, if addiction as loss of control is ‘real’ then from this framework it must be linked to a measurable physiological change (see Hammersley and Reid, 2002:23). As Reith (2004) has noted medical and psychiatric approaches have attempted to locate cause within the physical body in cell biology, cortical functioning, and genes (see Reith, 2004:291). Reductionist materialism constitutes a mechanistic and deterministic worldview: human beings are held akin to clockwork mechanisms the functioning of which can be understood by understanding the functioning of constituent parts (see Mazzocchi, 2008:10). The idea that addiction exists only as part of shared understandings (See Cohen, 2000:590), rooted in subjective experience (see Edwards, 1994:9), and that does not have a physical (material) cause makes no sense from a reductionist and materialist framework. As Peele (1985) has argued the persistence of the biomedical addiction construct results from ‘reluctance to formulate scientific concepts about behaviour that include subjective perceptions, cultural and individual values, and notions of self-control and other personality-based differences’ (1985:3).

Social constructionism and materialism

Evidence has been presented to suggest that addiction is a socially constructed, culture-bound, phenomenon. As this chapter closes it is important to highlight that constructionist accounts of addiction do not deny the influence of materialism/biology in the experience of addiction but do suggest that addiction cannot reside outside of subjectivity. From a realist perspective, constructionist accounts, in general, have been criticised for ignoring, even denying, materiality but this is not necessarily the case (Elder-Vass, 2012; Hacking, 2000). Fraser et al. (2014) contend that social constructs ‘are distinct from the reality of biology […] which pre-exists and remains ontologically separate’ (2014:130). As Room (1984) argues, constructionists should not ‘discount objective realities’ as there is a ‘dialectic between social definitions and material circumstances’ (1984:10). Social action, however socially constructed, involves
objective, material, conditions, and consequences. Some, for example, have pointed to the production of dopamine – part of the brain’s so-called reward system (Kalant, 2009:783) – as the source of addiction (e.g. Potenza, 2008) arguing that people will repeat anything that ‘turns on […] dopamine neurons’ (Kolata, 2002. Cited in Reinerman, 2005:309). However, as Reinerman (2005) goes on to point out, neuroscience has found that dopamine is produced when individuals engage in a whole host of behaviours including looking at beautiful faces (Aharon et al., 2001), cooperation, trust, and generosity (Angier, 2002). Moreover, to argue that a particular object causes the production of dopamine which itself causes addiction neglects to appreciate the role of perception, interpretation, and meaning. While some research has found gambling wins and near misses to increase dopamine levels (e.g. Chase and Clark, 2010) this research fails to appreciate that wins and near misses are particular outcomes that have been ascribed with particular meanings: without meaning a win would not be a win, or a near-miss a near-miss. The presentation of addiction in terms of the discursive (i.e. as a social construction) emphasises the social constitutedness of behaviour which, in light of the evidence presented in this chapter, seems to better explain the phenomenon of addiction than theories based entirely on materialism and determinism while at the same time appreciating that (so-called) behaviours of addiction involve the biological (body) and the material. This is consistent with Bourdieusian and Foucauldian thought (see chapter one), which appreciates that while biology remains a pre-condition of human behaviour but it is far from the only condition. The chapter will now conclude with discussion that frames that chapter within Foucauldian and Bourdieusian thought.
A Bourdieusian-Foucauldian framework: the embodiment of addiction discourse through practice

As Fraser et al. (2014:5) note, much of the critical addictions literature rooted in the social constructionist tradition has been ‘deeply influenced’ by Foucauldian thought. The parallels between constructionist explanations of addiction (such as those presented in this chapter) and Foucauldian thought (chapter one) are clear. The constructionist accounts of addiction presented in this chapter, for example, emphasise the cultural histories of present-day understandings of addiction and this approach resonates strongly with Foucault’s historical and genealogical methodology. Some of the more nuanced constructionist accounts are more obviously aligned with (post)Foucauldian theory in that they explicitly locate contemporary understandings and discourses of addiction within more general ways of thinking, rationalities, or what Foucault called (govern)mentality (Rose, 1996:43; see chapter one). The aforementioned works of Reith (2007b), Room (1985) and Levine (1978), to give examples, do not merely provide a historical account of addiction discourse but locate contemporary understandings within rationalities such as consumerism, neoliberalism, prudentialism and responsibilisation – all of which can be located within (post)Foucauldian governmentality – and even go as far to argue that it is only from within these rationalities that the contemporary addiction construct, as loss of control, comes to be intelligible (Room, 1985; Weinberg, 2011).

Moreover, from a Foucauldian perspective addiction may be thought of as therapeutic (and so political) discourse which classifies, normalises and so disciplines subjects (Fraser et al., 2014:5). Addiction can be seen as a (socially constructed) disorder, a state of being, that promotes, even requires, action on the conduct of others through therapeutic/medical intervention in an effort to shape ‘subjectivity based on prudential consumption and responsible citizenship’ (Fraser et al., 2014:27). From this perspective, addiction discourse constitutes a technology of government; it comes to
be a rationale for intervention/reshaping subjectivity. This practical government can take various forms including work on the self which may be fostered by 12-step groups and forms of counselling – an aim often being for the subject to internalise particular codes of conduct and beliefs about the self concerning normality and ideal citizenship (Fraser et al., 2014:27).

Fraser et al. (2014) emphasise that the need to appreciate addiction in both terms of embodied experience as well the discursive and argue that addiction exists as ‘a subjective reality, which is made and re-made in cultural practice’ (Fraser et al., 2014:134). Accordingly, addiction comes to be seen not merely as a construct or field of knowledge but as something that is experienced through social action informed by multiple discourses that shape subjectivity (such as those of neoliberalism, new prudentialism, and consumerism discussed in chapter one). In this task Bourdieu’s theory of practice (Bourdieu, 1977) may be useful. In chapter one, it was discussed that the Bourdieusian habitus involves the embodiment (or internalisation) of social conditions or structures (Bourdieu, 1984:470) which may include (cultural) beliefs about addiction. The Foucauldian discussion of governmentality, neoliberalism and new prudentialism in chapter one and addiction discourse in this chapter is essentially a discussion of wider structural conditions in which, according to Bourdieu, the habitus of agents are formed and continually reshaped through ongoing interaction with structural conditions, which, in turn, reconstitute/shape the structural conditions which come to bear on future action.

Consistent with Foucauldian and Bourdieusian thought is research suggesting that those who experience addiction tend to assume an ‘addict identity’ and (re)construct their biographies and (re)interpret/frame behaviour according to dominant (biochemical/disease) addiction discourse (Weinberg, 2000; Rice, 1992; Reinarman,
Reinarman (2005), for example, argues that the addiction construct perpetuates through *performative practice* where ‘addicts’ and ‘ex-addicts’, having embodied addiction as disease discourse, continually tell their life stories according to the grammatical and syntactical rules of that discourse. By synthesising Bourdieusian and Foucauldian thought, the criticism that explanations of addiction which take an exclusively discursive/constructionist approach fail to adequately appreciate addiction as a (lived) experience (Weinberg, 2002) is allayed. As such, the present thesis holds that understandings of addiction must go beyond discourse to appreciate that addiction is both discursive *and* informs the experiences, perceptions and actions of individuals who are, simultaneously, objects of discourse and (re)creators of discourse. This allows an embodied approach to understanding addiction as experience situated within, and potentially influenced by, discourse/social structure. Moreover, the application of Bourdieu’s theory of practice to addiction as an embodied phenomenon allows it possible to treat the consumption, craving and addiction as precognitive, prereflexive and embodied rather than interpretive and disembodied but at the same time meaningful. As such, addiction can, on the one hand, be considered a social construction that is not caused by any intrinsic property of body or ‘stimuli’ but that, on the other, involves cravings that are ‘real’, experienced, not immediately under the agents control and extremely difficult to resist.
Conclusion

This chapter has established how gambling addiction is approached in this doctoral thesis. Taking a broadly Foucauldian approach, it has been demonstrated that addiction discourses (including those of gambling) are product of particular cultural histories that have come to define and render intelligible contemporary (and culturally specific) understandings of addiction (Levine, 1978; Reinarman, 2005). The *sine qua non* of addiction, loss of control (Fraser *et al.*, 2014:38), has been discussed in the context of neoliberalism and new prudentialism (see chapter one) and it has been illustrated that this defining characteristic exists as a ‘problem’ largely because of cultural conditions where lack of self-control as well as failures to act ‘responsibly’ and of risk management are seen as abnormal and problematic.

The dominant contemporary view of addiction as biomedical disorder has been examined and rejected because of numerous inconsistencies between the medical model and empirical evidence. Addiction recovery, in particular, was explored in depth thereby demonstrating that most who experience addiction eventually bring their consumption under control without formal treatment – a phenomenon often termed ‘natural recovery’ and ‘maturing out’. Of particular focus was that some who experience addiction appear to recover by bringing their consumption under greater control in lieu of abstinence and that control as well as recovery is influenced by the social conditions of individuals’ lives.

Having discredited the dominant conception of addiction discussion then turned to explain the continuation of that model. In particular, it was argued that addiction myths become embodied, internalised and reproduced through interactions between agent and the other. Individuals come to learn addiction/recovery language, ways of thinking and being from the cultural milieu so that ‘addicts’ come to (re)interpret their
biographies through the addiction lens and some then tell and retell their stories in the wider community further disseminating addiction myths (Reinarman, 2005; Weinberg, 2000). In addition, it was argued that the endurance of the medical model might be explained by the dominance and authority of naturalistic science (including medicine) over the body (and behaviour), and its core principles of reductionism and materialism which preclude inclusion of theories based on non-material irreducible phenomena such as subjective perceptions, experiences, meaning, and cultural values. The chapter closed with discussion of how addiction can logically be framed in terms consistent with both Bourdieusian and Foucauldian thought. The following chapter (chapter three) sets out the conceptual framework that will be drawn on for the empirical work and analyses.
Chapter three: Research approach and conceptual framework

This chapter sets out the conceptual framework used to structure the empirical data collection, analysis, and the interpretation of findings. It is split into two parts. Part one provides a brief overview of gambling research and argues interpretivist approaches to be better suited to explanation of gambling behaviour than positivist approaches. It then turns to explore the nature of gambling-related harm before situating the thesis within the harm reduction paradigm. Harm reduction is asserted to have significant strengths over abstinence-focused approaches, in part, because it is often concerned with making environmental changes that support reductions in harm. Situated within that paradigm, the ‘risk environment’ approach is critically examined as an effective way of exploring gambling-related risk and harm in a way that also appreciates interplay between factors that may have influence but which might not be directly, or obviously, gambling related. Building on part one, in part two the conceptual framework is developed and presented. Strongly influenced by the works of Zinberg (1984) and Bourdieu (1989; chapter one), and supplemented with additional sociological and behaviour change literature, this framework is comprised of socio-cultural milieu, beliefs, practices, and life-structure.
Part one: Gambling research and harm reduction

Existing gambling research: an overview of approaches
A brief overview of existing gambling research and common themes is now provided. The aim is not to provide an in-depth literature review, but to examine current approaches and thereby provide justification for the interpretivist approach taken in this doctoral thesis (see chapter four). It is divided by epistemological position (i.e. interpretivism or positivism) and discipline for clarity, however, it is important to keep in mind that some research is interdisciplinary and may not be confined to one epistemology (e.g. mixed methods).

Positivist gambling research
Most gambling research (Reith, 2007a), consistent with addictions research in general (Edwards, 1994), is modelled on naturalistic science and thus takes a positivist approach in which the principles of objectivism, reductionism, determinism, and empiricism are core (Delanty, 1997; Wainwright and Forbes, 2000; Mazzocchi, 2008). Within this paradigm, behaviours and states of addiction are approached in terms of objective truth, distinct from subjectivity, explainable through division of phenomena which are, often, suggested to determine (cause) addiction (Edwards, 1994). In positivist science, only phenomena observable and measurable (quantifiable) can be investigated and, given the emphasis on reductionism, phenomena must be examined in isolation from context (Mazzocchi, 2008).

Positivist disciplinary approaches: biomedical, psychological, and epidemiological
Most positivist gambling research has taken a biomedical or psychological approach (Reith, 2007a; Binde, 2009). Biomedical approaches focusing on genes and other aspects of physiology or pharmacology have failed to provide empirical evidence to explain addiction (Reinarman, 2005; see chapter two). Most psychological gambling
research can be broadly described as clinical or cognitive. Clinical work uses artificial experiments to identify ‘stimuli’ that elicit (subjective) feelings of compulsion, sensation, and arousal which, it is purported, encourage gambling behaviour, perhaps to the extent that it becomes problematic (Reith, 2007a; e.g. Parke and Griffiths, 2007). Of particular focus have been the design of gambling activities (e.g. speed of ‘play’ or sound effects of machines) and qualities of the immediate environment (e.g. lighting, music, or lack of windows) (e.g. Delfabbro and Winefield, 1999; Dickerson, 1993; Griffiths, 1993; Fisher, 1999; Dixon and Schreiber, 2004; Blaszczynski et al., 2005a).

Cognitive work is focused on the relationship between gambling difficulties and the ways that those who experience these difficulties think (e.g. misunderstandings about probability and illusions of control; Reith, 2007a; Toneatto and Nguyen, 2007). Many approaches view problematic gambling (including gambling addiction) as caused by both psychological and biological factors: ‘psychobiological’ models (e.g. see Blaszczynski et al., 1986; Roy et al., 1988; Griffiths, 1991).

Other research has looked beyond the biological and psychological to more ‘social’ factors. Often, taking the form of epidemiological survey research, population studies generally collect (quantitative) data about gambling patterns (e.g. frequency of gambling, gambling expenditure, and forms gambling activities participated in), incidence/prevalence rates of problematic gambling (via a screening instrument), and sociodemographic information (e.g. age, gender, and socioeconomic status) (Sproston et al., 2000; Wardle et al., 2011a; Johansson et al., 2009). With this information, relationships between factors are isolated and explored (Reith, 2007a) and such studies have suggested particular patterns of gambling and prevalence of problematic gambling to be associated with specific sociodemographic factors (e.g. Wardle et al., 2011a). Building on explanations that hold biological and psychological factors to contribute to problematic gambling, literature suggesting patterning according to social factors has led to the development of ‘biopsychosocial’ theories such as the ‘syndrome’
Interpretivist approaches

In contrast, relatively little gambling research has taken an interpretivist approach using qualitative, ethnographic, methods (Reith, 2007a; Reith and Dobbie, 2011; McGowen, 2004; McGowan et al., 2000). Though data is usually collected from research participants, the ultimate subject of interpretivist gambling work tends to be the immediate settings in which gambling takes place and/or the wider (socio-cultural) context (including features such as class and gender) which are held to shape gambling behaviour and experience (Reith, 2007a).

Interpretivism is far better suited to the investigation of complex human behaviours and subjective experiences (e.g. gambling addiction) than positivism (Hanes and Case, 2008:7-8; Pitts, 2003:82-83). In particular, only that which can be quantified can be explored from within positivist epistemology but it appears that many influences on human behaviour do not lend themselves to quantification (Webster et al., 2006; France and Utting, 2005). Dynamic and interactive processes come to be (poorly) represented as static and unitary factors while social phenomena such as culture, meaning, experience, and biography that shape action are ignored because of difficulties (or impossibilities) in representing these statistically (Haines and Case, 2008). Moreover, positivistic approaches usually assume (statistical) associations...
between a factor (or sets of factors) and a particular outcome (e.g. problematic gambling) to be causal when any relationship may be far more nuanced, complex, and subject to interplay in ways that cannot be accounted for by quantitative methods (Kemshall et al., 2006). In order to understand human behaviour, interpretivist approaches examine the very phenomena that positivism cannot such as meaning, culture, and context along with the particular cultural and historical conditions that have shaped those aspects (Crotty, 1998) which, as illustrated in chapters one and two, shape behaviour.
Gambling harm and harm reduction

As will be discussed shortly, this study takes a harm reduction approach but before this it is worth considering the nature of gambling harms.

Gambling-related harm

Gambling harms refer to outcomes associated with gambling regarded as negative or undesirable (Lenton and Single, 1998:214,218; Dickson et al., 2004:236) and research has identified and listed a large number of harms across a variety of levels (e.g. individual, family, community). Harms tend to be treated as objective and caused solely by gambling behaviour with examples including: psychological problems such as anxiety, depression and suicidal thoughts; interpersonal problems such as arguments and relationship breakdown; employment problems such as job loss or poor productivity; financial harms such as debt; and legal problems such as criminal behaviour (Productivity Commission, 1999:18). In such cases gambling behaviour may well be a significant factor contributing to harm and in some (perhaps even many) cases if an individual controls, reduces or even abstains from gambling then harm may well be reduced or alleviated and quality of life improved. The experience of harm, however, is far more complex than most addictions and (problem) gambling research suggests and it is important to realise gambling behaviour per se cannot be the sole cause of harm. It is clear from the examples listed above that harm cannot be understood in isolation from cultural and contextual factors or from non-gambling related aspects of lives.

‘Harm’ is open to subjective interpretation, judgements, and moral assessments (Keane, 2003:228) which are influenced by wider cultural norms, beliefs, and values (Ball, 2007:686) and so what constitutes harm may be different in different contexts (Collins et al., 2012:8). Take, for example, a fictitious individual who reports difficulty in controlling her gambling, spends much of the day gambling, loses her job, is unable to pay her mortgage and gets into debt, argues with her spouse about gambling and
experiences marital breakdown, becomes stigmatised by friends, family and others and attempts suicide. In this example (similar experiences of which may be extremely rare and atypical of those who experience difficulty controlling their gambling) gambling may be seen as, directly or indirectly ‘causing’ a whole host of harms but none of these harms are solely caused by gambling behaviour. As Neal et al. (2005:39) point out, while marital breakdown may often be ostensibly attributed to financial and time pressures which may, in turn, be attributed to gambling, such pressures and breakdown may arise in spite of gambling. Accordingly, it seems that experience of harm is strongly dependent on the nature of the gambler’s life and circumstances as well as their gambling behaviour: greater time spent gambling may be more problematic for someone with a job that requires greater time commitment; equal financial gambling losses may be more problematic for someone with less income/greater financial commitments; marital breakdown attributed to gambling not only requires a spouse but a relationship which is in some way affected by gambling. In short, the same patterns of gambling may not contribute to harm for one person but may do so for another and, as will become clearer in chapters four and five, this makes the objective identification of harm impossible. Nonetheless, even though the experience of harm is dependent on many other influences (e.g. socio-cultural and economic conditions), there is widespread consensus that, in particular, spending ‘more’ money and ‘greater’ time gambling are significant contributors to gambling-related harm (Neal et al., 2005).
Harm reduction approaches

Harm reduction perspectives hold that reduction (and/or prevention) of harm is more important than a reduction in consumption *per se* (Riley and O'Hare, 2000). That is not to say harm reduction strategies may not involve, even encourage, reductions in consumption but that this is only appropriate if it minimises harm (see Lenton and Single, 1998). In contrast to those abstinence-orientated, harm reduction approaches emphasise that significant improvements in quality of life and reductions in harm may be achieved in the absence of abstinence (Blaszczynski, 1998; Ladouceur *et al*., 2009:189). That said, reductions in harm and such improvements might stem from efforts to reduce consumption (Grund *et al*., 2013) and so may also be considered harm reduction strategies (so long as they do not increase harm). Departing from approaches rooted in moral attitudes toward gambling (see chapter two), harm reduction strives for a non-judgmental approach (Erickson *et al*., 1997; Mugford, 1993) so that consumption is neither seen as intrinsically ‘bad’ or ‘good’ (Strang, 1993:4) and moral judgements are avoided with regard to use, level of use, or mode of use (Riley and O'Hare, 2000:6). In fact some consumption at a societal level (whether substance use or gambling) is held to be inevitable (Riley and O'Hare, 2000:6) and so rather than striving for absolute and unachievable abstinence-orientated ideals, pragmatic and evidence-based solutions to achieving reductions in harm are sought (Keane, 2003:228; Tammi and Hurme, 2007:86; Collins *et al*., 2012).

While harm reduction is a relatively new formal approach, attempts to reduce harm without abstinence have been practiced for centuries (Ball, 2007:685): traditional use of opium in Asia as well as hallucinogen and coca use in Latin America has been guided by ceremonies, rituals and taboos that protect individual and community health (WHO, 1999); in the 18th and 19th centuries registered ‘addicts' in European colonies in Asia were provided with opium (Spear, 1994); following the ‘British System' in the early 20th century doctors provided opiates to those experiencing dependency (Spear, 1994); and
in the 1960’s magazines published in North America and Europe advised on less hazardous drug use (Stimson, 1994).

Risk environment framework

Grounded in the harm reduction paradigm, this thesis draws on a risk environment approach which holds that risks and harms are shaped by the social context in which individuals live (Rhodes, 2009:193; Rhodes, 2002:91). As risks and harms are held to result from interactions between individuals and their environments, environments come to be conceptualised as ‘risk environments’: spaces made up of various factors exogenous to the individual that interplay to increase or reduce risk and chance of harm (see Rhodes, 2002; Rhodes, 2009; Rhodes et al., 2005; Rhodes and Simic, 2005). The approach aims to reveal how aspects of space/place influence risk and harm so that (better) environmental interventions can be designed and implemented to create ‘enabling environments’ for harm reduction (Rhodes, 2002:91). Unlike ‘traditional’ public health/harm reduction approaches, consideration is not only given to factors directly related to the risky and potentially harmful activity in question (e.g. gambling) but also to factors that do not directly relate to the activity (see Rhodes, 2002:88). For example, the influence of housing policy on drug harms (Pearson, 1987. Cited in Rhodes, 2002:88).

Reading of the academic gambling literature, to date, indicates a lack of appreciation given to the notion that factors not directly related to gambling may influence patterns of gambling behaviour and/or experience of gambling-related harm. Of exception, is recent qualitative longitudinal research investigating patterns of stability and change in gambling behaviour (Reith and Dobbie, 2013) which indicated that shifts in and out of problematic periods of gambling may be associated with changes in the material and social context in which day-to-day lives are played out. This includes significant life
events (e.g. bereavement, caring for the sick, losing/changing job, birth of a child, starting/ending a relationship, moving home); financial circumstances; employment; interpersonal relationships; and availability of recreational activities. While that research did not seek to explore how these factors interplay, findings suggested that in some cases a combination of factors might come together to influence shifts in and out of problematic gambling (see Reith and Dobbie, 2013:5;10-11).

Harm reduction: agency and promotion of control

Harm reduction approaches have been criticised for tendency to marginalise the agential capacities of those who consume potentially harmful objects and for failing to appreciate that implementation of strategies which make use of such capacities may be effective in reducing harm (Grund et al., 2013; Zuffa and Ronconi, 2015). Indeed, continued belief in (or, at best, agnosticism about) addiction as a biomedical disorder (see chapter two) often means that harm reduction approaches (policies/interventions) frame those who experience addiction as, for all intents and purposes, completely powerless to regulate their consumption and incapable of coming to control their consumption (Zuffa and Ronconi, 2015; Grund et al., 2013).

As was discussed in chapter two, however, most of those who consume drugs or gamble do not experience addiction and even those who do so do not suffer complete loss of control (Grund, 1993). Those who experience addiction still retain some agency over how they consume the object of question, albeit agency heavily constrained and impaired by the embodiment of addiction (Davies, 1997; see chapter two). Moreover, most who experience addiction usually regain control/recover eventually and a significant proportion appear do so in lieu abstinence (see chapter two). These points, however, tend not to be reflected in harm reduction approaches (Zuffa and Ronconi, 2015) – controlled consumption, for example, tends not to be offered as a treatment goal in formal services and, where it is, this is usually only as stepping stone toward
abstinence (Dowling and Smith, 2007) – and Grund et al. (2013) purport that, as a consequence, policies, interventions, and treatments have tended to marginalise efforts to garner or support greater (self)control.

Drawing on the risk environment approach, interventions might be developed to facilitate enabling environments which not only reduce harm through risk reduction but, also, through promotion of ‘skills, cultures and strategies’ of control (Grund et al., 2013:4). Indeed, Cohen (1999), for example, has argued against prohibitive drug laws for inhibiting self-regulation as well as increasing harm, and called for legal frameworks that facilitate the emergence of conditions which allow individuals to ‘maximise his or her considerable powers of control’ over consumption (Cohen, 1999:231).
Part two: conceptual framework

Research suggests that aspects of the immediate setting and wider socio-cultural milieu influence control over consumption as well as outcomes (e.g. harms) (Zinberg, 1984; Harding and Zinberg, 1977; Moore, 1993; Decorte, 2001a; Grund, 1993; Waldorf et al., 1991). According to Zinberg’s thesis, control over drug consumption is ‘chiefly’ supported by ‘social-setting’, comprised of two components: ‘rituals’ and ‘social-sanctions’ (collectively ‘informal social controls’) (Harding and Zinberg, 1977:111; Zinberg, 1984:5). Zinberg argued that the rituals of controlled users buttress, reinforce and symbolise controlling beliefs (i.e. beliefs were found to be consistent with rituals) and while the rituals of ‘compulsive’ users (those who found control more difficult) were often found to be the same as those of controlled users, ‘compulsive’ users tended to subscribe to different beliefs (Harding and Zinberg, 1977:12). Zinberg interpreted this finding as suggesting that beliefs are better at ‘predicting’ control over use than rituals (1977:12). Some who have developed on Zinberg’s initial framework have also added ‘life-structure’ (Moore, 1993; Grund, 1993), noting that the way an actor’s life is organised might also influence control over consumption and/or related harm. The task in the remainder of the chapter is to develop on Zinberg’s model (including additions by other researchers) with Bourdieusian and other sociological theory as well as other academic literature to create the conceptual framework for this thesis. This task involves deconstructing the existing concepts of others (including Zinberg), twisting and shaping them to form the new framework.

Analytical constructs: socio-cultural milieu, beliefs, practices, and life-structure

It is important to keep in mind that Zinberg’s concepts of ‘social-setting’, ‘social-sanctions’ and ‘rituals’ as well as those of ‘socio-cultural milieu’, ‘beliefs’, ‘practices’ and ‘life-structure’, as form the framework in this study, are (discursive) constructs. They exist as ‘ideas’ and analytical tools used to explore, investigate and explain phenomena. Through the following discussion it will become clear that these constructs
have been defined and operationalised in many disparate ways. Rather than seeking ‘correct’ definitions, discussion will explore how constructs have been operationalised so that the new framework may be produced and constructs operationalised in a logical and effective way that fruitfully facilitates investigation of gambling related control and harm. That being said, while the analytical constructs are flexible allowing for some conceptual (re)shaping and (re)defining it would make little sense to deviate significantly from the commonly understood principles of the respective concepts.

**Practices: rituals and patterns of action**

Zinberg and colleagues (Zinberg, 1984; Harding and Zinberg, 1977) argued that drug users adhere to ‘stylized, prescribed behavior’ patterns surrounding the use of a drug’ including ‘methods of procuring, and administering the drug, the selection of physical and social settings for use, the activities after the drug has been administered, and the ways of preventing untoward drug effects’ (Zinberg, 1984:5). These behavioural patterns are referred to by Zinberg as ‘rituals’ and using this language it is the ‘ritualisation’ of drug use that Zinberg suggested to influence control over consumption. As will be discussed and justified shortly, the concept of ‘practice’ is used in this thesis over ‘rituals’. Firstly, however, it is important to emphasise that both Zinberg’s ‘rituals’ and Bourdieusian ‘practices’ as used in the present thesis go beyond that of ‘habit’, whether conceptualised as a mechanical response to objective conditions in the Pavlovian sense or as *minute* sequences of actions preformed repeatedly (Swidler, 1986). Instead, Zinberg’s ‘ritual’, as with Bourdieu’s ‘practice’, does not refer to ‘one-off’ actions but to patterns, regularities, and sequences of action (Zinberg, 1984; Swidler, 1986; Bourdieu, 1977).
The key problem with use of ‘ritual’ instead of ‘practice’ concerns issues surrounding subjective meaning. Generally speaking, rituals are considered practices with greater symbolic and affective meaning for those who engaged in them and can be contrasted with more routinised practices which tend to be regarded more instrumental and subconscious\(^7\) (Fiese et al., 2002:382; Denham, 2003:307; Corbin, 1999. Cited in Clark, 2000:128S). Distinction between ritualistic and non-ritualistic practices based on the presence or absence of (symbolic) meaning is, however, problematic in a number of ways. One issue to be considered is for whom must action be meaningful for it to be considered meaningful? Implicit in much classical anthropological/sociological literature, for example, is a view that ‘subjects’ are unable to interpret their ritualistic action ‘correctly’ (e.g. Malinowski, 1948; Radcliffe-Brown, 1952. Cited in Grund, 1993:10) and, instead, it is the role of the observer-analyst to interpret whether action is ‘meaningful’ and thus ritualistic. From this perspective, rituals come to be repeated actions upon which meaning is imposed by ‘outside’ observer-analysts. However, as Bourdieu argues, in order to explain the actions of an actor there must be understanding of the meaning those actions have for the actor and from their perspective (Bourdieu, 1977:1-2). Indeed, there is some contemporary consensus that meaning is to be found in the individual’s subjective experience rather than in that imposed by the observer-analyst (Fiese et al., 2002).

Another difficulty in separating ritual from non-ritual practices in terms of meaning is that all practices involve meaning to some extent. For Bourdieu (1990) all action is meaningful because actors bring to the present situation past experience, knowledge, and meaning developed through past interaction. If practical action is always meaningful interaction then practices are never meaningless, hence (complete) absence/presence of meaning cannot be relied on to delineate between ritual and non-ritual practices. Of course, it might be argued that rituals are practices with greater

\(^7\) In this thesis ‘subconscious’ is used to mean that which the actor may not have a high level of awareness; meaning can exist outside of the actor’s awareness (Goffman, 1967).
meaning for the actor. This, however, is also problematic in two key ways. Firstly, it is
difficult, if not impossible, to measure meaning because meaning does not lend itself to
quantification (Bryman, 2008:16) and even if possible at what ‘level’ of
‘meaningfulness’ would a practice be considered a ritual? Secondly, social theorists
have argued that meaning often exists outside of the actor’s awareness (Bourdieu,
1990; Goffman, 1967) and so subjects may be unable to explain that meaning to others
(e.g. a researcher). Indeed, integral to Bourdieu’s notion of ‘practice sense’ is the idea
that actors are rarely aware of, or reflect on, the meaning they bring to the present
situation (see Bourdieu, and Wacquant, 1992:131). Given all this, in the present thesis,
‘practices’ refer to repeated patterns of action.

Relationships often exist between practices and harm. With regard to physiological
health, for example, some practices might protect against illness (e.g. teeth cleaning
and exercise; Gillman et al., 2000) while others might facilitate better management of
existing health conditions (e.g. weekly vacuuming for asthma; Fiese et al., 2005:171),
and some practices may damage health (e.g. smoking tobacco). With regard to
gambling, some practices such as holding back and not (re)gambling high-value casino
chip and setting spending limits have been suggested to reduce financial losses and so
harm (Dzik, 2006).

**Beliefs: cultural expectations, rules, and conscious beliefs**

In addition to patterns of action, Zinberg’s thesis holds control over consumption to be
influenced by informal ‘social-sanctions’: norms regarding use, largely unspoken values
or rules of conduct and (conscious) beliefs all of which shared by a group (Harding and
Zinberg, 1977; Zinberg, 1984). This doctoral thesis, however, rejects use of ‘social-
sanctions’ to refer to these cultural phenomena preferring, instead, to refer to them as
(shared/cultural) ‘beliefs’. This will be justified before turning to examine each of these
(often overlapping) cultural phenomena in turn and to set out how they are used in this
study.
Rejection of ‘social-sanctions’

The ‘social sanctions’ concept is avoided in this doctoral thesis because it is inconsistent with the primarily Bourdieusian approach to social action used to frame this study. The term implies a standpoint where individuals rationally (and thus reflexively) weigh up the costs and benefits of particular courses of action before deciding how to act and, accordingly, choose to act in ways which avoid unwanted/negative social reactions (i.e. costs e.g. disapproval/disdain) and/or solicit positive social reactions (i.e. benefits e.g. approval, status, or respect) (Coleman, 1987). Essentially, this is a form of rational choice theory (RCT) (see Scott, 2000; Coleman, 1987) whereby the subject is viewed in terms of *homo economicus* (see chapter one; Lemke, 2001). Bourdieu, however, was explicit in the main purpose of his habitus concept to break with the philosophy of *homo economicus* as explanation of human action and argued very little action to be governed by purposive and rational calculation (Bourdieu, 1992). Instead, behaviour tends to be precognitive, pre-reflexive, and encouraged by a ‘practical sense’ – a tacit and informal awareness of how one should act in conjunction with the present situation (Lamaison and Bourdieu, 1986:111; Bourdieu, 1992:120-121; see chapter one). This does not preclude, however, the idea that some action may be instrumental, purposive, and calculative (see Wacquant, 1989:45). Actors may come to possess what could be termed a ‘rational habitus’ so that more of their behaviour is product of rational, reflexive, decisionmaking:

‘the art of estimating and taking chances, the ability to anticipate through a kind of practical induction, [and] the capacity to bet on the possible against the probable for a measured risk […]are constituted] under definite social and economic conditions’

(Bourdieu, 1992:124)
Cultural expectations (values and norms)

Parsons (1966) distinguished between norms and values (for Parsons, collectively ‘normative agreements’) arguing that these constructs exist as shared ‘cultural objects’ which, through socialisation, function to determine and maintain social order, structure and social life (Spates, 1983:30; Parsons and Shils, 1951:165). For Parsons (1966), norms are tied to particular situations and circumstances, determining specific ways of acting (and thinking) in given situations, while values are held to operate at a higher level of abstraction providing general reference for thought and action (Spates, 1983:32). According to Parsons, values are objects appealed to for the ‘ultimate rationales of action’ (Spates, 1983:28), that act to govern social order (see Spates, 1983:30) and are embodied in specific ways of acting through norms (Parsons, 1951[1991]:170).

Parsons’ concepts of values that exist at a higher level of abstraction, making them trans-situational, and norms which are tied to particular situations and circumstances are generally agreed today (Hitlin and Piliavin, 2004:361; Spates, 1983:32). Moreover, there is some consensus that norms and values reflect the desirability of actions (see Parsons, 1937:75; Roccas et al., 2002:790) – which actions are considered good/bad or appropriate/inappropriate (Fine, 2001). Values, in particular, have come to be conceived in terms of ‘moral compass’ (see Hitlin and Piliavin, 2004:362) and have been termed ‘societal standards’ (Fine, 2001:139). Combining desirability with level of abstraction informs the general contemporary view that norms refer to the means of action tied to situation and what ‘ought’ to be done while values refer to desirable ends as based on personal/cultural ideals that transcend present situation (see Hitlin and Pilavin 2004:361). Notions of desirability are, of course, relative to the social and cultural setting in which they are embedded and the context in which they are talked about; norms and values are neither inherently ‘good’ nor ‘bad’ other than how others define them (Fine, 2001:142). While norms, then, are about the acceptability of action,
or obligation to act, or not act, in particular ways (Marini, 2000; Parsons, 1937:35), values refer more to feelings of attraction or repulsion to particular courses of action or choices (Marini, 2000).

While, theoretically, making distinction between values and norms may seem a valuable way to develop the concepts from Zinberg’s framework so that they might be used to explore influence over (gambling) behaviour and experience, practically, distinction may be difficult and add little to the argument of this thesis. Given the high abstractness of values, actors may be unaware of them (Hitlin and Piliavin, 2004; Marini, 2000:2828; Opp, 2001:102) and unable to express them other than through norms. Pragmatically, it was decided that values and norms would be referred to in the present thesis collectively as 'cultural expectations'.

**Rules**

Values and norms are sometimes regarded as forms of cultural rules (Gibbs, 1965; Interis, 2011). For this study, however, rules are used to refer to explicit, self-imposed (though often culturally derived), regulations directed at governing conduct. More so than cultural expectations, agents are likely to be aware of the rules they hold and so may be better to report them discursively. Existing substance use focused literature has revealed that drug users often hold rules about their drug use such as the amount of substance used, frequency of use, and circumstances in which they will or will not use (e.g. not at work) and has argued such rules to support greater control and/or reduce harm (Zinberg, 1984; Decorte 2001a; Warburton et al., 2005). Given this, it is likely that those who gamble also hold rules related to their gambling such as circumstances in which they will or will not gamble, how much money they will gamble, and who they will gamble with.
**Conscious beliefs**

In addition to cultural expectations, ‘belief’, particularly in popular thought, is often used to refer to (conscious) propositions or ideas endorsed by an actor (e.g. Devine, 1989; Preston and Epley, 2005). The concept is, of course, very similar to, and overlaps with, cultural expectations; it would be reasonable to refer to beliefs about how one should act, for example, as cultural expectations. (Indeed, the encompassing nature of ‘beliefs’ is the rationale for collectively referring to values/norms, rules, and conscious beliefs as ‘beliefs’). However, in this study conscious beliefs are used to refer to ideas that might be considered, in common usage, to be ‘fact’ (but which may or may not be). Examples relevant to this doctoral thesis may include understandings about the nature of probability, superstition and belief in ‘luck’, how gambling machines work, the successfulness of particular gambling strategies, ideas about whether or not control can be exerted over games of pure chance, or whether or not one is ‘addicted’. Indeed, much cognitive gambling research has suggested relationships between the holding of ‘erroneous’ beliefs and problematic gambling (see Orford et al., 2003:126-133).

**Relationship between ‘practices’ and ‘beliefs’**

At this point, it is worth clarifying how the relationship between ‘practices’ (i.e. as patterns of action and behaviour) and ‘beliefs’ (i.e. cultural expectations, conscious beliefs, and rules) is approached in this study. In keeping with Bourdieusian theory, such beliefs, even when ‘held’ or embodied, are not viewed as determining practices (behaviour) (see chapter one). Instead, they provide agents with a repertoire that they draw on, almost always pre-reflexively and with little thought, to construct strategies of action (i.e. patterned practices or behaviour) (Swidler, 1986). From Bourdieu’s viewpoint such beliefs (and according to Bourdieu, values/norms far more so than consciously held rules) *shape the capacities for action rather than determine action* by providing individuals with a practical sense that guides and encourages particular

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8 In this thesis ‘conscious’ is used to mean aware.
actions (Swidler, 1986; Bourdieu, 1987). As a consequence, while individuals may, most often, act in accordance with their ‘beliefs’ (e.g. cultural expectations) they may not always do so.

**Life-structure**

Drug users do not engage only in drug use but participate in a whole host of activities such as eating, preparing meals, and paying bills as well, the totality of which Cohen refers to as an actor’s ‘field of engagements’ (1999:230). Building on Zinberg’s (1984) framework, Grund (1993) adds *life-structure* – the regularly occurring patterns of activities that shape and constrain daily lives such as social relationships, commitments, responsibilities and obligations and argues that the organisation of daily life around such engagements constrains drug use and supports greater control. Indeed, other research has also concluded that life-structure can influence control over drug use. Based on a comparative study between cocaine users with greater and lesser control, Waldorf *et al.* (1991), for example, suggested that those with greater control had lives structured around non-drug related activities, particularly those related to ‘meaningful’ roles and ‘positive’ identities. On the other hand, having lives which lack non-drug related engagements and which are organised around drug related activities appears associated with lesser control. Nettleton *et al.* (2011) interviewed individuals seeking recovery from heroin addiction and found that although their daily lives were very structured, that structuring was around heroin consumption, avoidance of withdrawal symptoms, and strategies aimed at acquiring heroin. Given all this, it stands to reason that shifts in life-structures away from those organised around more problematic activities may support greater control.

**Socio-cultural milieu**

Research suggests that control over consumption is influenced by the socio-cultural conditions in which the actor is embedded and acts (Zinberg, 1984; Moore, 1993;
Maloff et al., 1980). According to Zinberg (1984) the social-setting influences drug use behaviour by facilitating the development of practices (for Zinberg, rituals) and various cultural beliefs (for Zinberg, social sanctions) which are themselves embedded in the social-setting and act as specific mechanisms to influence control over consumption (Zinberg, 1984:5). Zinberg's (1984) conception of social-setting refers to the immediate social-situation, friendship patterns, peer groups, actual episode of consumption and the wider beliefs, values, norms, and rules brought by particular social groups.

Based on longitudinal ethnographic research concerning drug using careers, Moore (1993) has argued that Zinberg’s ‘social-setting’ construct is narrow and treats social contexts as static scenes that actors move in and out of. An analytical construct with better explanatory power over behaviour, Moore (1993) proposes, is the ‘social and cultural milieu’ in which consumption takes place and in which the individual and their life is embedded (Moore, 1993:413). By ‘milieu’ Moore (1993) emphasises that socio-cultural contexts are characterised by fluidity, dynamism and change so that individuals are not merely moving through static ‘social-settings’ but in and out of ever-changing milieus which not only influence behaviour but are, at the same time, constitutive of behaviour. This fluidity, Moore (1993) suggests, arises from two interplaying processes: social processes and cultural processes. Social processes relate to the dynamic nature of social relationships which tend to be short-lived and characterised by change as social ties constantly form, reform, and lapse with changes to employment, sexual partners, residence, and leisure styles resulting in groups with constantly changing structures (Moore, 1993). Cultural processes refer to the continual creation and transmission of cultural resources (e.g. ideas and meanings) within and between groups that allow behaviours to become socially meaningful (Moore, 1993).
Essentially, then, *socio-cultural milieu* can be thought of as spaces comprised of dynamic social relationships and cultural understandings and, thus resonates strongly with Bourdieu’s notion of ‘fields’ – dynamic spaces comprised of social relationships through which those who participate within those spaces access cultural resources (capital) provided therein (e.g. worldviews and cultural expectations; see chapter one). Indeed, Moore’s (1993) idea that behaviour is influenced by socio-cultural processes is supported by more recent work suggesting that behaviours and values/norms spread through social networks via ‘social contagion’ so that the behaviours and values/norms of an individual are affected by those they are connected to (Christakis and Fowler, 2013). Indeed, research has suggested that cessation from tobacco smoking, for example, spreads through social networks and that this may be, in part, due to transmission of values/norms about smoking through social ties (Christakis and Fowler, 2008).

**Use of the conceptual framework**

As the chapter closes it is worth clarifying how the conceptual framework will be used. It has been developed to aid data collection and analysis and, as such, aspects relating to those components are of particular focus throughout the empirical work. It is important, however, that this study is not overly constrained by the framework. If, for example, data collection and analysis suggest other aspects, not included in the framework, to support control, recovery, and/or harm reduction then these will also be presented and discussed. Moreover, it might be that some constituents of the framework are implicated to have greater influence than others or that aspects appreciated little in extant literature have influence, and in such events, it makes sense that greater attention is given to those phenomena in this thesis.
Conclusion

This chapter has provided an overview of existing approaches to gambling research and argued that the overwhelmingly positivistic nature of most of this work has limitations for the investigation of complex social behaviours (e.g. gambling). In particular, positivist approaches marginalise the nuances and complexities of lived experience, process, and context, examinations of which are necessary to make sense of social action and so an interpretivist approach which can account for such phenomena is more appropriate for understanding behaviour. The nature of gambling-related harm has then been examined and it was argued that whether or not gambling contributes to harm depends largely on the particular circumstances of the gambler’s life and circumstances. A harm reduction approach which appreciates that reductions in gambling patterns and promotion of greater control may reduce harm is presented as a pragmatic way of supporting control and facilitating recovery. Finally, drawing on the work of Zinberg (1984) and Bourdieu (1990), an analytical framework has been developed and presented in order to frame the empirical work and analysis: socio-cultural milieu, beliefs, practices, and life-structure. The next chapter (chapter four) develops and presents the methodology and practical methods.
Chapter four: Methodology and methods

This chapter provides expositions of the research design, approach, the methods used, and details how the data is analysed and presented in following chapters. After setting out the research questions and aims, discussion turns to the ‘philosophical’ (ontological, epistemological, and methodological) positions from which they will be addressed. This establishes the foundations for the data collection methods which begins with presentation of the tripartite participant typology used for recruitment and analysis: (i) *experiencing addiction*; (ii) *regained control*; (iii) *never experienced addiction*. The recruitment strategies are then critically discussed. Keeping in mind that as a result of both the stigmatisation of gambling (particularly gambling deemed addictive or problematic) and the lack of a sampling frame gamblers constitute a hidden and hard-to-reach population, strategies that were used to ensure the recruitment of participants who fulfil the criteria for the participant typologies are set out and evaluated. Recruitment strategies include an online survey advertised through social media platforms and in newspapers as well as chain referral techniques. Next, the primary method of data collection, semi-structured interviewing, is presented with specific discussion of the interview schedule and how it was developed from existing addictions and gambling research. There is then an examination of how the research adheres to ethical guidelines and as well as other measures used to safeguard participant welfare. The chapter closes by detailing and justifying how the data is analysed and presented in following chapters in ways which champion the holistic approach taken in his thesis.
Research questions and aims

Zinberg (1984) sought to understand how and why some drug users experience difficulties of control and harm by exploring how and why others maintain control without such difficulties as well as how and why yet others regain control and/or mitigate harm. Drawing on this approach, this thesis seeks to explore two fundamental research questions:

1. How and why do most of those who gamble never experience gambling addiction or significant harm?
2. How and why do most of those who do experience gambling addiction regain control and ameliorate or come to avoid harm?

Such knowledge would be valuable in various ways (see introduction to thesis) but, briefly, it might be used to design policies and interventions to facilitate and support greater control as well as reduction of harm among both those who have never experienced addiction (particularly neophyte gamblers) and those seeking to better regulate their gambling (including among those experiencing addiction).

As existing literature has suggested those aspects of gamblers’ lives presented in the conceptual framework (chapter three) – social relationships and cultural expectations (socio-cultural milieu), life-structure, beliefs, and practices – likely to be influential, these are of main focus along with any other influences implicated in data collection/analysis. Also of focus is how aspects of the more immediate setting (i.e. gambling spaces/places) influence control over gambling and harm. Given the theoretical position developed in chapter one, particular attention is paid to exploring influences on agency and ‘better’ decisionmaking.

The principal aim of the research is to:

- Explore how the wider circumstances/aspects of gambler’s lives (particularly social relationships, cultural expectations, life-structure, beliefs, and practices)
and qualities of immediate gambling setting (space/place) influence control over gambling and experience of harm.

This is deconstructed into these sub-aims:

- Explore how those with greater control over their gambling and who avoid harm manage to regulate their gambling in this way with particular focus on the influence of their social relationships, cultural expectations, life-structure, beliefs, and practices.

- Explore how those who experience significant difficulty of control over their gambling (i.e. addiction) come to regain control and ameliorate harm with particular focus on the influence of their social relationships, cultural expectations, life-structure, beliefs, and practices.

**Philosophical positioning**

In chapter two it was argued that addiction does not exist as a material condition, as the outcome of mechanistic material processes, or independently of subjectivity, perception, conception, and experience. Instead, a constructionist account presented addiction as a culturally and historically specific phenomenon which comes to be embodied within actors. In keeping with this constructionist approach the ontological and epistemological assumptions of the present research design are now introduced.

Ontology relates to the nature/reality of the (social) world (Hay, 2007:83; Furlong and Marsh, 2010:185). The ontological position taken in this thesis could be broadly described as a moderate form of idealism. While there are many idealist positions, all hold that an understanding of the world is dependent on the mind and on interpretation (see Williams and May, 1996:59-60). Although extreme forms of monistic idealism (e.g.
‘absolute idealism’ or ‘subjective idealism’) are associated with immaterialism, that is the denial of material existence independent of the human mind (see Grayling, 2005:166), more moderate idealism does not preclude the realist supposition that ‘things’ exist outside of human consciousness (see Callahan, 2010:868) that have real effects, not directly perceivable (see Callahan, 2010:870) but is at the same time consistent with the premise that we cannot ‘truly’ know anything separate from our perception of it (Williams and May, 1996:60). This ontological position, like any other, cannot be ‘proven’ and is highly contested (see Furlong and Marsh, 2010:186) but it makes sense in the context of literature presented in earlier chapters. According to idealism the mind is instrumental in shaping what we ‘know’ and what it is possible to know and our knowledge of the world cannot be divorced from our perception and understanding of it. As such idealist doctrine stands in stark contrast to the objectivist claim that reality exists independently of (perceiving) subjects and that it is possible to achieve (true) knowledge of that reality ‘when a subject correctly mirrors or represents objective reality’ (Bernstein, 1983:9. Emphasis added).

Given this ontological position, what can be known about the ‘nature’ of particular of behaviours and how can such behaviours be explored? This thesis draws on social constructionist epistemology. Constructionism, in keeping with idealism, holds that ‘what we take to be objective knowledge and truth is the result of perspective’ (Schwandt, 1994:125). Rather than being ‘discovered’, knowledge, truth, and meaning are constructed and come into existence through social interaction (Schwandt, 1994:125; Crotty, 1998:43; Lincoln and Guba, 1985:80). Though radical constructionism may claim that no real world exists independently of ‘human mental activity’ (Bruner, 1986:95), more moderate forms argue that an independent reality exists but that the ‘knowing’ of this reality cannot be divorced from the human mind (see Elder-Vass, 2012; Schwandt, 1994:126). Accordingly, constructionists question the application of a methodological framework grounded in ‘objectivism, empirical
realism, objective truth, and essentialism’ to human inquiry and emphasise ‘the world of experience as it is lived, felt, [and] undergone by social actors’ (see Schwandt, 1994:125).

The central constructionist argument is that the ways in which we ‘collectively think and communicate about the world affect the way that the world is’ (Elder-Vass, 2012:4). Something is socially constructed if thinking about the phenomena differently changes the very nature of the construction (Hacking, 2000:6-7) as indicated by the culturally specific nature of addiction (see chapter two). Shared cultural practices and understandings have the power to influence human action and behaviour (see Elder-Vass, 2012:38-9) and thus constructionism, like interpretivism, is concerned with understanding ‘lived experience from the point of view of those who live it’ (Schwandt, 1994:118). By taking an idealistic ontology the immaterial reality of (gambling) addiction is emphasised without denying that feelings and behaviours involve material objects (such as the body). As such, priority is given to the idea that gambling addiction cannot exist without meaning, interpretation, and understanding and is ultimately experiential. By taking a constructionist epistemology the influence of history and cultural norms/values on ways of being and acting is highlighted.
Methodology

Qualitative social research often takes an interpretive approach to inquiry (Denzin and Lincoln, 1994:2). As emphasised by Schütz's social phenomenology, qualitative research is often consistent with the idea that it is subjective interpretation and meaning that impels action and thus in order to understand behaviour there needs to be understanding from the perspective of those people under study (Schütz, 1962:59): ‘[i]n-depth understanding of the phenomena in question’ requires making sense of, or interpreting, ‘phenomena in terms of the meanings people bring to them’ in natural social settings (Denzin and Lincoln, 1994:2). Accordingly, qualitative research often emphasises the socially constructed nature of reality and as interpretivist research involves the researcher’s interpretation of the interpretation of those under study, the relationship between the researcher and what is being studied is often highlighted as well as the value-laden nature of inquiry (Denzin and Lincoln, 1994:4).

Kelle (1997:4.2) notes the common misconception that qualitative research is merely an ‘inductive endeavour’ where ‘qualitative researchers approach their empirical field without any theoretical concepts whatsoever’ (Kelle, 1997:4.2). In their influential methodological text The Discovery of Grounded Theory (1967), Kelle (1997) notes that Glaser and Strauss encourage researchers ‘literally to ignore the literature of theory and fact on the area under study, in order to assure that the emergence of categories will not be contaminated...’ (1967:37. Cited in Kelle, 1997:4.2), the idea being that new theories emerge from the data without influence from existing theory (see Seale, 1999:23). Frankly, this is not possible as the observer’s mind, formed though experience, is always instrumental in structuring observation and perception (Seale, 1999:23). A common philosophical critique of inductivism, particularly consistent with constructionism as outlined above, is that previous knowledge and preconceptions are integral to (scientific) observation (Kelle, 1997:4.2). As Seale notes, ‘all observation is driven by pre-existing theories or values which determine both how objects are
constituted in sense experience and why some objects are selected rather than others’ (Seale, 1999:23). In keeping with deductive logic (Lincoln et al., 2011:105) the conceptual framework presented in chapter three is grounded in existing theory concerning social action as well as more practical work concerning behaviour change and addiction. Breaking from conventional deductivism, existing knowledge is not used in this thesis to produce testable hypotheses (Lincoln et al., 2011:105) but to provide a conceptual/analytical framework through which to orientate and ‘guide’ enquiry (see chapter three).

**Ensuring quality**

There is little consensus about how to assess the quality of qualitative research (Seale, 1999:32-50; Hammersley, 2007). A significant issue is that qualitative research actually refers to ‘a plurality of approaches’ which ‘are often regarded as incommensurable paradigms’ with ‘divergent theoretical, methodological and value assumptions’ (Hammersley, 2007:292). The theoretical assumptions of the present thesis in particular (ontological idealism and epistemological constructionism) have significant implications with regard to quality assessment in that, as Seale (1999:32) highlights, with ‘no possibility of direct knowledge of the world’ and the existence of ‘multiple realities…constructed by different minds, the imposition of criteria is no more than an attempt to gain an artificial consensus’ (Seale, 1999:32). Internal validity, for example, is particularly problematic when the notion of a single absolute truth is rejected (i.e. relativism) (Seale, 1999).

Nevertheless, Lincoln and Guba (1985; 1994) propose a number of principles that can be adhered to in an effort to provide reliable and valid research outputs: credibility, transferability, dependability, and confirmability. Lincoln and Guba (1985) recommend
that checking data with participants (‘member checks’) increases the likelihood of achieving ‘credible’ findings (1985:314-316). In this thesis interview questions often served to check responses given by participants in preceding questions. Transferability relates to the applicability of findings in other contexts and requires that a detailed description of the setting studied is provided so that readers have sufficient information to judge the applicability of findings to other settings (Seale, 1999:45; Lincoln and Guba, 1985:316). Participants were sought because of their relevance to the research questions rather than any form of, or desire for, representativeness. Dependability involves providing an ‘audit trail’: documenting data, methods, and decisions made during the project (Seale, 1999:45; Lincoln and Guba, 1985:316-318). Essentially this is about transparency: by clearly documenting vital aspects of the research process, as in this study, readers can act as ‘auditors’ examining the process and assessing whether findings/conclusions are justified (see Lincoln and Guba, 1985:317-318). In the present research the nature of doctoral supervision by experienced social researchers along with Plymouth University’s research ethical review process helped ensure that ‘proper’ research procedures were followed. The presentation of an audit trail also goes some way to establishing ‘confirmability’ of the data (Lincoln and Guba, 1985:318). The keeping of a reflexive record whereby the researcher records information about self and research method is a way of ensuring credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985:327). The key point being that reflexivity provides information about the ‘human instrument’ (researcher) that is integral to entire research process (Lincoln and Guba, 1985:327). To this end brief reflexive annotations were noted on interview scripts which comprised of the researcher’s written reflections on the interview and any ideas or interesting themes that the researcher felt relevant.
Methods

**Survey**
Recruitment and screening of potentially valuable participants

**Interviewing**
Semi-structured in-depth interviews with twenty-five interviewees: nineteen were recruited from survey respondents and six were recruited through chain referral and/or from the researcher’s social-networks.

Never experienced addiction $n=13$
Regained control (and still gamble) $n=9$
Experiencing addiction $n=3$

**Figure 4.1:** Data collection methods at a glance

**Participant typology**

**Identifying control over gambling and significant gambling-related harm**
The present research was primarily concerned with comparative analysis between members of the three ideal-types: (i) never experienced addiction; (ii) regained control; and (iii) experiencing addiction. The framing of the research within the harm-reduction paradigm, with the intention of exploring contextual influences on gambling-related harm, also means that there was a need to explore experience of harm. Thus identification of valuable participants for further analysis relied on two dimensions: first and foremost, control so that experience of gambling addiction (or lack thereof) could be ascertained and, secondly, harm so that experience of significant negative consequences contributed to by gambling (or lack thereof) could be ascertained.

Members of the *never experienced addiction* group were of particular interest as literature suggests that constituents of the conceptual framework developed in chapter
three (i.e. socio-cultural milieu, beliefs, life-structure, and practices) characteristic of
their lives encourage greater control and constraint as well as prevent or impede harm
(see chapters two and three). Similarly, members of the regained control group were of
interest because (re)instatement of control and shifts away from harm may be
supported by changes in aspects of the conceptual framework towards those which
encourage greater control. Finally, interviewees identified as members of the
experiencing addiction group were sought in order to compare those aspects of their
lives with those characteristic of the other ideal-types who appear more effective in
controlling/constraining gambling and mitigating/preventing harm.

Problematic gambling and gambling addiction: related but not interchangeable
constructs
Crucial for the creation of a meaningful typology in the present research was to avoid
the near ubiquitous conflation of control (e.g. gambling addiction) with harm (e.g.
problematic gambling). While much existing literature treats these concepts as
synonymous and interchangeable, some commentators have cautioned that they might
be better understood and operationalised as analytically distinct (Griffiths, 2014a;
Wakefield, 1997). Conflation is pervasive with numerous news articles (Morrison, 2014;
BBC, 2012; Ramesh, 2013) and much peer-reviewed academic research (Becoña,
1993; Orford et al., 1996) supporting claims about ‘gambling addiction’ on data
produced using screening instruments developed to identify presence/absence of
problematic gambling (i.e. as an ‘objective’ measure of harm). In news media this
conflation is clear and tends to manifest itself through the presentation of figures
collected using a ‘problem gambling’ screen which are then used to base claims about
gambling addiction. In academic publications conflation tends to be more subtle and
implicit. Some peer-reviewed academic research, for instance, purports to focus on
gambling ‘addiction’ but then presents data collected using problem gambling screens
alongside so that either (a) claims about gambling addiction are explicitly informed by
data collected using ‘problem gambling’ screens or (b) it is implied that this data is evidence of addiction (e.g. Laansoo and Niit, 2009). The latter is more subtle whereby the interchangeability of ‘problem gambling’ and ‘gambling addiction’ lays in the authorial/editorial decision to include ‘problem gambling’ data in a discussion about gambling addiction. The choice of dissemination platform may also further encourage conflation as research concerning problematic gambling, which in many instances does not even mention ‘gambling addiction’ nor explicitly claim to concern addiction/loss of self-control, tend to be published in addiction focused journals such as ‘Addiction, Research and Theory’ and ‘Addiction’ (e.g. Liu et al., 2013; Toneatto, 2008).

The treatment and recovery sector propagates conflation through a tendency to use problematic gambling screens as part of their admissions procedures (Griffiths et al., 2001:164). To be clear, it is not argued here that the dimensions of control and harm may not practically often, even usually, be intimately related. After all, difficulty of control may often lead to harm, and harm may often be the result of difficulty in controlling gambling. It is, of course, unlikely that someone would seek and participate in treatment unless they perceived their gambling to contribute to significant harm (i.e. was problematic) and experienced significant difficulty of self-control. Part of the reason for the interchangeable use of these terms is, perhaps, grounded in the logic that, given free-will, individuals will act in a rational way so that any behaviour that has greater cost than benefit is avoided (see chapter three). Nevertheless, as existing literature (Griffiths, 2014a; Wakefield, 1997) indicates that the experiences of loss of self-control and harm do not always go together, it was important to develop a typology for comparative analysis that avoided conflate the two dimensions.
Rejection of reliance on established diagnostic criteria to identify addiction

Though literature suggests that experience of harm may not always be evidence of difficulty of control (Wakefield, 1997:640; Griffiths, 2014), when the methods were conceptualised and the recruitment survey and interview script developed it was (naïvely, though reasonably) assumed, consistent with nearly all existing gambling research, that gambling which contributes to significant harm for the gambler is (always) the result of significant difficulty of self-control (i.e. gambling addiction).

Following this logic it was reasoned that widely used classification instruments (or ‘screens’) designed to identify and categorise those who gamble problematically through asking about ‘objectively’ defined ‘harms’ could be confidently relied on for case selection. That is, to identify: those experiencing gambling addiction at time of interview (experiencing addiction); those who had previously experienced significant difficulty of control but who had since regained control (regained control), and gamblers who had never experienced significant difficulty of control (never experienced addiction).

Based on the reasoning just described, a gambling screen widely used in research and assessment, The National Opinion Research Center (NORC) Diagnostic Screen for Gambling Disorders (NODS) and two brief derivatives, the NODS-CLiP and NODS PERC9, were included in the recruitment survey as well as the interview schedule. To check reliability participants were also asked, separately and more directly, if they felt that their gambling had been problematic (as indication of harm) and whether or not they had found it difficult to control their gambling (as indication of addiction). As interviews commenced it became clear that while the screens did tend to identify those who reported significant difficulty controlling their gambling (and did not capture those who did not report as such), screen responses were not always consistent with subjective responses about experience of harm and difficulty of control (or addiction)

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9 ‘Control, Lying, and Preoccupation’ (CLiP); ‘Preoccupation and Escape as well as Chasing and Risked Relationships’ (PERC)
(see chapter five). As such, it was felt that the NODS could not be solely relied upon as evidence of addiction and/or harm.

At this point, it is important to emphasise that the decision not to rely on gambling screens for the case selection and classification of participants does not mean that screening instruments such as those just described are useless. In interviews, for example, the NODS questions often prompted participants into revealing further insights into their gambling patterns and experiences of control and harm. In addition, screening tools can be valuable aids in the clinical assessment of behaviour and can help allocate limited resources more effectively to those in greatest need (Taxman et al., 2007). With regard to epidemiological research, problem gambling screens may be helpful in providing rough estimates of the experience of problematic gambling in populations and can be used to explore changes in rates of harm over time (e.g. Wardle et al. 2011a). This information, for example, might then be used to justify and target public health interventions aimed at ameliorating gambling-related harm.

**Analytical constructs for control: the ideal tripartite typology**

Weber’s ‘ideal-type’ concept (Weber, 1949 [1904]) was used to classify participants. The rationale behind using an ideal typology is based on research which has highlighted the shortcomings of nosology to treat diagnostic criteria as discrete and concrete (Wiggins and Schwartz, 1994; Schwartz et al., 1989) as well as those who caution against the propensity of addictions research to think only in dichotomous terms (e.g. addicted/not-addicted and problematic/non-problematic) and who suggest that it makes better sense to think of control and harm as continuums (Weinberg, 2013; Grund et al., 2013; Peele, 2001) with theoretical extremes that do not exist in reality (e.g. complete control at one end and absolutely no control at the other). This allows the threefold typology of *never experienced addiction*, *regained control*, and *experiencing addiction* to be treated as ‘mental’ constructs that have ‘conceptual purity’ but ‘[may not] be found empirically anywhere in reality’ (Weber, 1949[1904]:90). As
such, types of gambler are considered ‘abstract typifications’, constructs that highlight particular aspects of actor’s lives that are of particular interest to the research (Ashley and Orenstein, 1998:287-288). These classifications are heuristic rather than descriptive (Philips, 2002:94) and aid in the identification of valuable gamblers as to aid recruitment, further investigation and for comparison. Based on evidence that addiction is first and foremost a subjective experience (see chapter two), it was decided that the best way to ascertain whether or not a participant had experienced addiction was to discuss at interview whether or not they felt they had experienced difficulty in controlling their gambling. Similarly, consistent with this, and keeping in mind that which is harmful seems dependent on the qualities of a given actor’s life (see Wakefield, 1997), it was also decided that the best way to identify experience of harm was to discuss at interview whether or not they felt that their gambling had resulted in harm.

Although lived experience cannot be reduced to analytical constructs (Schütz, 1982), that is not to say that the ideal-types developed to aid the empirical work have no basis in reality. Rather, the ideal-types broadly relate to the experiences of particular participants so that those classified as *experiencing addiction*, for example, will have experienced significant difficulty in controlling their gambling in order to be classified as such. Moreover, it is worth noting that constructs such as ‘addiction’ and ‘problem’/‘pathological’ gambling are also, simultaneously, general concepts (without strict criteria) that have meaning for participants. In other words, not only are the constructs meaningful in terms of the research but also for the participant in their own perceptions/worldview. Participants may use concepts such as problem or pathological gambling as a frame of reference through which to view/interpret their selves and their actions while bringing to that interpretation discourse as socially/culturally constructed.

In keeping with Bourdieu’s (1987) discussion of social-class classifications, classifications of addiction and harm do not exist as readymade categories ‘out there’,
the product of scientific discovery, but at the same time are more than subjective constructs of the observer or just ‘theoretical artefacts [...] obtained by arbitrarily cutting up the otherwise undifferentiated continuum of the social world’ (Bourdieu, 1987:4).

The operationalisation of each ideal-type is provided in table 4.1. When operationalising *experiencing addiction* it was decided that this should involve difficulty controlling gambling *between* gambling sessions rather than merely *within* sessions. This is consistent with existing research which has argued that chasing losses\(^{10}\) *between* sessions is much more likely to be associated with addiction and to lead to harm (O’Connor and Dickerson, 2003; Dickerson, 2003; Lesieur, 1984). In fact O’Connor and Dickerson (2003) have argued that chasing losses within sessions is quite common and seldom problematic while Lesieur (1984) stated that it was the long-term chase that distinguished ‘compulsive’ from non-compulsive gamblers\(^{11}\). Dickerson (2003) has even argued that difficulty of control *within* sessions may be a ‘common’ experience for non-addicted regular players and may be ‘an integral part of the pleasurable experience of gambling’ (Dickerson, 2003). This is not to say that chasing losses within sessions is conducive to constraint or may not lead to harm (e.g. financial loss) but *distinct instances* of excessive, less constrained, gambling appears not necessarily indicative of addiction.

\(^{10}\) Chasing losses (colloquially, ‘chasing’) is where gamblers continue gambling in an attempt to recover past gambling losses (O’Connor and Dickerson, 2003:360; Lesieur, 1984:360).

\(^{11}\) The distinction is also built into the DSM criteria (item 6 in DSM-5) which asks whether or not having lost money gambling, the gambler ‘often returns another day to get even’ – an affirmative response contributing to a diagnosis of a ‘gambling disorder’ (APA, 2013) (or ‘pathological gambling’ in previous DSM iterations [NCRG, 2013]).
Table 4.1 Typologies defined: never experienced addiction; regained control; experiencing addiction

<table>
<thead>
<tr>
<th>Ideal-type</th>
<th>Ideal-type criteria for inclusion</th>
<th>How well the characteristics of those interviewed met or departed from the ideal-type criteria (see chapter five)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never experienced addiction</td>
<td>Reports having never experienced loss of control between gambling sessions.</td>
<td>All thirteen interviewees reported never having had difficulty controlling gambling between sessions.</td>
</tr>
<tr>
<td>( (n=13) )</td>
<td>Gamblers who exhibit a range of gambling frequencies per week</td>
<td>Reported frequencies ranged between once a week and 10+ per week (see table 5.4, chapter five).</td>
</tr>
<tr>
<td></td>
<td>Reports typically gambling at least weekly</td>
<td>One interviewee reported typically gambling less than once a week.</td>
</tr>
<tr>
<td>Regained control ( (n=9) )</td>
<td>Reports being in control of gambling for 3 months prior to interview but has experienced periods where they found it difficult to control gambling between sessions.</td>
<td>All 9 interviewees reported being in control for 3 months prior to interview but before this had experienced periods where they found it difficult to control gambling between sessions.</td>
</tr>
<tr>
<td></td>
<td>Reports typically gambling at least weekly</td>
<td>Two interviewees reported gambling less than weekly</td>
</tr>
<tr>
<td></td>
<td>Gamblers who exhibit a range of gambling frequencies per week</td>
<td>In addition to the two interviewees who reported gambling less than weekly, other frequencies per week ranged from 3 times a week to over 10 times per week</td>
</tr>
<tr>
<td>Experiencing addiction ( (n=3) )</td>
<td>Reports gambling in the past 3 months.</td>
<td>2 interviewees reported gambling in the three months prior to interview. The other indicated having been abstinent for many months (but did not specify how many)</td>
</tr>
<tr>
<td></td>
<td>Reports difficulty controlling gambling between sessions during 3 months prior to interview.</td>
<td>All interviewees indicated difficulty controlling gambling between sessions.</td>
</tr>
<tr>
<td></td>
<td>Gambles at least weekly but as the gambling of those experiencing addiction may be particularly chaotic/irregular and some may be trying (and often succeeding for long time periods) to gamble less often (or not at all), this may be a difficult criterion to fulfil.</td>
<td>One interviewee reported gambling less than once a week; one reported twice a week; and the other 10+ per week</td>
</tr>
</tbody>
</table>
Recruitment

Hidden and hard-to-reach participants

Those who engage in stigmatised activities, such as recreational drug use or gambling, are normatively regarded by researchers as hidden and hard-to-reach meaning that they are difficult to identify and recruit as research participants (Duncan et al., 2003). Numerous factors contribute to this with those not involved in formal treatment, in particular, being less visible and harder to reach. While gambling, in general, seems to be becoming increasingly normalised (Reith, 2007a) and British attitudes appear to be becoming more positive, research suggests that the general public view of gambling is more negative than it is positive (Wardle et al., 2011a:132) and gambling that is perceived to be excessive/problematic is particularly stigmatised (Hing et al., 2014). As the stigmatisation of gambling difficulties often results in embarrassment, shame and deters treatment seeking/participation (Hing et al., 2013; Holdsworth et al., 2013) it is reasonable to suggest that gamblers may have been discouraged from taking part in the present research. Despite assurances of anonymity and confidentiality some gamblers, like members of other stigmatised populations, may have felt threatened by the prospect of research participation (Heckathorn, 1997:174), perceiving risk that their gambling practices might be revealed with detrimental consequence (e.g. embarrassment or shame) and so chose not to participate in the research. Moreover, those who did participate may have a vested interest to present their gambling in ways that maintain a ‘positive’ image; e.g. they may downplay their gambling spend if they feel that this could be perceived by others as unfavourable.

Alongside (potential for) stigmatisation and the desire of some to keep their gambling behaviour hidden there are various other factors that contribute to difficulties in identifying and recruiting gambling participants for research. In particular, gambling participation is more visible for some activities (e.g. offline casino activities) than for others (e.g. online gambling in private homes). Many providers do not maintain customer records (e.g. slot-machines, off-line National Lottery) and those providers that
do (e.g. casinos, online bookmakers) are unlikely to disclose the identities/contact details of customers to external agencies/researchers. While some researchers have negotiated access to commercial gambling spaces/places and players within them (e.g. Cassidy, 2012a; Moodie and Reith, 2009; Reith and Dobbie, 2011), permission from providers may be difficult to obtain and an increasing amount of gambling takes place ‘remotely’ away from physical gambling-specific sites/venues (Griffiths et al., 2006; Wardle et al., 2011a). Furthermore, any recruitment from gambling places is likely to lead to recruitment bias towards those who frequent those places more often and for greater durations. Much existing ‘addictions’ research, as well as (problem) gambling research, has relied on participants recruited from captive populations such as students and those in treatment (Waldorf et al., 1991:284-285). However, it is likely that such individuals represent a very small proportion of those who gamble and experience gambling problems. In particular, as the vast majority of those who experience gambling difficulties never seek or engage with formal treatment (Reith, 2006:71-2) it is reasonable to suggest that the experiences, gambling patterns and problem severity of individuals in treatment might be qualitatively different from the vast majority of less-visible problematic and non-problematic non-treatment populations of gamblers. As will be discussed while recruitment is not designed to yield ‘generalisable’ data, the data should be as ‘transferable’ as possible and with this in mind, recruitment techniques aim to seek participants beyond student and treatment populations – though the participation of these groups is not excluded. A significant recruitment challenge, then, is to reach ‘non-captive’ gamblers whose activities may not only be hidden due to their gambling patterns (e.g. gambling only in private spaces) but may also have vested interest in keeping their gambling hidden and thus purposefully hide their gambling from public view. As will be discussed this challenge was addressed through recruitment via an online survey and chain referral techniques.
Recruitment procedures: survey and chain referral

In line with recommendations from Duncan et al. (2003), a bricolage of recruitment strategies were used in an effort to achieve a good number and variability of respondents. Most research participants were recruited for interview through an online survey the main objective of which was to identify and screen for gamblers who fulfil criteria for any of the ideal-types (see table 4.1) so that they may be recruited for interview. A series of adverts on local news media and social media sought to make gamblers aware of the research/survey and provided details of how to take part. All adverts included a web-link direct to the online survey and adverts placed in offline printed news media also included a phone number so that the survey could also be completed offline (no respondents chose this option). On following the web-link potential respondents were made aware that to take part they need to be actively participating in gambling and be aged 18 years and older. These eligibility criteria were purposively broad to avoid excluding/discouraging potentially valuable participants. In addition, the survey link provided assurances of confidentiality, anonymity and made explicit the right to withdraw from the research at any time. Respondents were informed that if they were invited to interview and participated they would be offered a £10 reciprocity payment. They were also told that if they wished they could have this paid to a third-party as research suggests that some people may give their money to others for safe keeping if they feel they are unable to control spending (Reith and Dobbie, 2013).

The survey form is briefly deconstructed below and can be found in Appendix A though suffice to say here that it was designed to fulfil two main aims: (i) to identify potentially valuable participants for interview and (ii) to gather contact information so that survey respondents could be invited to interview. The former aim was met through the following objectives, to: (a) gather information on frequency of gambling so that participants with a range of gambling patterns could be identified/recruited; (b) establish whether or not individual respondents felt that they had been in control of their gambling in their lifetime and in the past 3-months allowing those who have regained control but who still gamble to be identified.
Survey targeting

In line with existing research (Zinberg, 1984; Alvarez et al., 2003), advertisements were used to reach participants, provide them with an overview of the research, and inform them of the opportunity to participate. Adverts were designed to reduce barriers to participation by clearly explaining participation requirements and allaying privacy concerns by asserting anonymity and confidentiality. Initially, all interviews were to be conducted face-to-face, however, as will be discussed shortly, this proved logistically problematic and most interviews were conducted over the phone and one via online video conference. Nevertheless, as interviews were initially to be conducted face-to-face it was pragmatic to target gamblers residing in and around Plymouth. In the first instance, the research and survey were advertised in three feature articles published in the local press – both print and online. Print versions had a UK total estimated circulation of 81,000 and covered Devon, Cornwall and parts of Somerset and Dorset (Western Morning News/Plymouth Herald). While a number of studies have successfully advertised for hidden populations of research participants in newspapers and magazines (e.g. Zinberg, 1984; Powell, 1973), this method stimulated very few survey responses in the present research (11 responses). The research and survey were also advertised in an announcement on the staff intranet at Plymouth University. The ubiquity of the internet and, in particular, the rise of online surveys have provided further ways to reach hidden populations (e.g. illicit drug users; OCD sufferers; men who have sex with men) (Coomber, 1997; Elford et al., 2004; Williams et al., 2012). A common approach has been to advertise web-hosted surveys in online spaces (e.g. newsgroups, forums, websites thought to be frequented by the target population [see Miller et al., 2007; Parrott, et al., 2002]). The recent rise in social media has provided further online spaces in which to advertise research and recruit survey respondents (e.g. Ramo et al., 2010; Williams et al., 2012), though very little research has examined social networking websites as a recruitment tool (Brickman-Bhatta, 2012:58). The research and survey was advertised using two popular social networking platforms in
the UK, Facebook and Twitter (Kapp, 2013). There were 266 survey respondents (see chapter five). For the most part it was not possible to disaggregate responses stimulated by the different recruitment strategies as the survey did not ask how respondents found out about the research and advertising through the mediums was largely conducted simultaneously. Methods of recruitment via social networking platforms are now discussed.

**Recruitment via Facebook**

Advertising through the Facebook platform has shown utility in recruiting participants for health research (Fenner, 2012). In order to use Facebook, users must provide various demographic data (e.g. age, gender, location) along with information about their interests and activities (Fenner, 2012). Using this information, Facebook allows advertisers to target adverts to those who fulfil particular demographic and interest target criteria (Fenner, 2012). A Facebook advert was created (see figure 4.1 below) and targeted toward Facebook users who presented as (i) living in and within a 10 mile radius of Plymouth, (ii) aged 18 years or older, along with (iii) each of the following criteria in turn: (a) reports interest in gambling (any); (b) reports interest in sport (any); (c) reports interest in gaming (social/online). The third set of criteria was included because of a limited research budget. Every time a Facebook user clicked the survey link the project was billed. Over the course of the Facebook advertising campaign the advert was clicked on 326 times at a cost of £75: thus each Facebook advert click had cost an average of £0.23. It was felt that without restricting targeting to those demographics thought to be most likely to be gamblers and who may be more likely to gamble regularly, a greater proportion of less valuable respondents may have clicked the link (perhaps just out of curiosity rather than to take part) thereby using up the research budget. As those who completed the survey may have been directed through advertising on various platforms including Twitter and as it cannot be known how each survey respondent followed the survey link, it cannot be known how many of the 326 Facebook users who clicked on the advert completed the survey.
Recruitment via Twitter

The Twitter platform allows a user to create a ‘profile’ and subscribe to information published by other users (termed ‘following’). Default Twitter settings are such that when one user subscribes to another user’s updates (i.e. ‘follows’ another user) the latter user is notified of the subscription and the existence of the subscriber’s profile. A Twitter profile was created for the research project (see figure 4.2) that contained a link to further information about the research and to the survey. In order to make potentially valuable survey respondents and interview participants aware of the Twitter profile (and thus the research) Twitter users who subscribe to updates from two major local casinos in the South West were subscribed to. The aim was to alert Twitter using gamblers in the South West to the research encouraging them to complete the survey.

Figure 4.2: Facebook advert for recruitment
Figure 4.3: Twitter Profile for recruitment

Chain referral recruitment
While adverts were targeted towards gamblers in Plymouth and the South West, a few survey respondents and subsequently interview participants were located elsewhere. One survey respondent and interviewee, for example, was a British expatriate located in Warsaw while another respondent and interviewee was located in Worcestershire, UK. One reason for the geographical spread of participants is that survey web-link was easily shared online (Best and Krueger, 2008:221) to those outside of the South West. Six interviewees were recruited through ‘chain referral’ (Fricker, 2008:200). At interview all participants were asked if they knew of any other regular gamblers and if so to pass on contact details of the researcher and ask them to get in contact. These ‘referred gamblers’ were then assessed to see if they fulfilled the relevant inclusion criteria and then invited to interview; two participants were recruited in this way (Waldorf et al.,
While some have criticised chain referral techniques for producing socially connected and often homogeneous participants (Faugier and Sargeant, 1997), the method has been successfully and extensively used to research sensitive issues and hidden populations (Biernacki and Waldorf, 1981:141).

Survey design and screening

The chief function of the survey was to identify (screen for) and recruit valuable participants for interview. The full survey script is included in Appendix A. Questions 1 and 2 identified active gamblers as required for the project. It was decided that individuals who gamble only on the National Lottery would be excluded as these tend not to find lottery play difficult to control or problematic (Griffiths, 2012b). Questions 3, 4 and 5 were designed to collect information about gambling patterns so that respondents with a range of gambling patterns could be invited to interview. Question 6 was designed to establish whether or not respondents felt in control of their gambling. Question 7 was designed to gather some initial information about the ways in which gamblers manage their gambling so that this information could be used to inform construction of the interview schedule. Questions 8-13, inclusive, are a combination of the two existing brief versions of the full NODS (‘NODS CLiP’ and ‘NODS PERC’) and were included in an effort to establish ‘lifetime’ and current problematic gambling status (past-3-months) which, at the time when data collection instruments were developed, were not only held to correspond to subjective experience of significant harm but also the absence/presence of addiction. As discussed earlier in this chapter and in illustrated in Chapter five, it became apparent that screening instruments cannot be solely relied upon in this way. As such while NODS scores were considered, and while the full NODS served at interview to encourage discussion of the experience of gambling-related harm, greater reliance was placed on subjective self-reports of experience of harm and substantial difficult of control. Question 14 was crucial to the
identification of potential interviewees that might fulfil the ‘ideal-type’ groups (see table 4.1). It explored whether respondents had:

a) Experienced difficulty controlling their gambling within the three months prior to survey (indicating ‘experiencing addiction’ classification);

b) Experienced difficulty controlling their gambling at some point in their lives but not within three months prior to survey (indicating ‘regained control’ classification); and

c) Never experienced periods of difficulty controlling their gambling (indicating ‘never experienced addiction’ classification).

Question 15 was designed to indicate whether or not respondents felt they had experienced gambling-related harm and was relied on instead of the NODS. Finally, questions 16 and 17 were designed to gather the contact details of valuable and potential participants who express interest in taking part in an interview.

Critique of the screening survey

In order to reduce the proportion of respondents abandoning the survey mid-completion it was purposefully short (Lumsden, 2007:44; Best and Krueger, 2008:222) and most respondents took between 3-4 minutes to complete it. The survey did not aim to collect in-depth qualitative data but, instead, surface data which was used to identify and gather the contact details of potentially valuable participants. This functional brevity excluded demographic questions as, at the time of survey construction and survey data collection, demographic attributes were not considered important by the researcher for recruiting gamblers. Valuable participants were to be identified according to those aforementioned typologies which required information about gambling behaviours/patterns and experiences rather than demographic attributes. This omission meant that when it came to invite a selection of survey respondents to interview it was not possible to purposefully invite individuals with a variety of demographic characteristics (e.g. age and ethnicity). Where respondents left contact details it was
generally possible to establish whether they were male or female (giving indication of
gender) and this suggested that very few females/women left contact details and fewer
still might fit the ideal-type criteria. While it cannot be known for sure, there is no
reason to suggest that those who left their contact details and were invited to interview
differed, demographically, from those who filled out the survey, did not leave their
contact details, and/or declined to be interviewed.

Recruitment and data collection through online self-completed surveys has numerous
strengths. While stigmatisation may reduce the willingness of some to disclose their
gambling and/or report it in ways they perceive to be more socially acceptable, there is
some evidence to suggest that online survey respondents are less likely to respond
with socially desirable answers (Joinson, 1999:437; Rhodes et al., 2003:68). One
explanation for greater disclosure online may be that respondents perceive a
heightened level of anonymity compared with participants of offline research (Hewson
and Laurent, 2008:60). Greater anonymity may contribute to a more balanced
researcher-participant power relationship which tends to be skewed toward the
researcher (Hewson and Laurent, 2008:60). This may help marginalised groups feel
more empowered making them more forthcoming with responses, open, and honest,
particularly where sensitive topics are discussed (Hewson and Laurent, 2008:60;
Vehovar and Manfreda, 2008:179). Further strengths relate to the self-administration of
the online survey. As no researcher needed to be present to administer the survey,
respondents were likely able to complete it at a time convenient for them, at their own
pace, and with an increased sense of privacy (Vehovar and Manfreda, 2008:179;
Hewson and Laurent, 2008:60). These points are compounded by the placement of
survey advertising on social media and news media – i.e. spaces that the individual is
relatively likely to occupy when they have time to complete the survey.
The incorporation of automated skip patterns reduced the need for respondent instructions thus reducing reliance on the respondent (see Rhodes et al., 2003:69), ameliorating respondent fatigue, and potentially improving numbers of complete responses (Vehovar and Manfreda, 2008:178-9). The survey design further aimed to reduce missing data by (i) preventing respondents from progressing to a new page of survey questions without having answered questions on the current page and (ii) submitting and saving data each time the respondent moved between pages so that even where respondent terminated the survey early at least some data was collected (Best and Krueger, 2008:225). These measures were important as the identification of valuable respondents required as much data as possible and no questions were felt to be superfluous. Moreover, in comparison to paper self-completion surveys, respondents were unable to answer ‘incorrectly’ by, for example, ticking more than one option when only one was required (Rhodes et al., 2003:69). A particular strength was that responses were automatically exported into digital spreadsheet formats for analysis, reducing possibility of human data entry error (Rhodes et al., 2003:69; Schillewaert et al., 1998; Schmidt, 1997:279), and aiding the identification of potentially valuable participants.

Critique of recruitment strategies: transferability and applicability
The recruitment strategy was necessarily purposive meaning that only those individuals most relevant to the research aims/questions were sought (Bryman, 2008:415). An oft-rehearsed criticism of purposive sampling is that it leads to research findings that not generalisable (Bryman, 2008:415), however the present research aims do not require generalisability but, rather, applicability as met by the transferability of data/findings (Krefting, 1991:216). Research meets the criterion of transferability where there is a good degree of similarity or ‘goodness of fit’ between the research contexts and contexts that research findings are applied to (Krefting, 1991:216). In order for others to assess transferability this thesis clearly and transparently describes the research
process including methods, findings, and conclusions so that those wishing to transfer elements of the present research to similar settings/contexts can do so (Lincoln and Guba, 1985; Krefting, 1991). Alongside deep, transparent and clear description of the research process, potential of transferability to a greater variety of contexts can be heightened through recruiting participants whose lives are embedded in different contexts and who have different experiences (Krefting, 1991) and, as such, it is worth briefly examining the constraints on the heterogeneity of participants that may have resulted from the recruitment strategy.

Many potential participants (i.e. those who fulfil the criteria in table 4.1) will not have been made aware of the research such as those who do not use Facebook/Twitter or read local newspapers and this raises the question: are those gamblers who became aware of the research and then took part qualitatively different from other gamblers? As awareness of the present research was heavily garnered through online advertising (e.g. Facebook/Twitter/University Intranet) and as existing research has suggested recruitment through online research has often led to participants that tend to be male and better educated than those recruited through offline methods (Miller et al., 2007:170; Duncan et al., 2003; Coomber; 1997), it is quite possible that the experiences (and lives/milieus) of those individuals who became aware of the research, completed the survey and were subsequently recruited to interview tended to be quite different from gamblers who do not use online platforms, use them less often, or were otherwise were not made aware of the research. Having said this, research concerning drug-use in the US indicates that drug-users recruited using the internet tend to be more representative of the general population than clinical samples (Nicholson et al., 1999). This suggests that while gamblers recruited through the internet may not be representative of the wider gambling population, they may still be more representative than clinical populations on which most addictions research is based. Focusing on the use of Twitter as a recruitment strategy, only those who ‘follow’ the two gambling
providers in the South West may have been made aware of the research and on Facebook only those who fulfilled the Facebook advertising target criteria. Moreover, only a very small proportion of those who fulfilled the Facebook target criteria were actually shown the advert due to budget restrictions. It should also be noted that only a proportion of those who became aware of the research took part; participants were self-selecting. This raises another question: are those who were aware but chose not to take part qualitatively different from those who were made aware and took part? This cannot be known as nothing is known about those who became aware but did not take part. Finally, just less than half (48%) of all survey respondents who completed the survey provided contact details and agreed to be contacted for interview. This raises a further relevant question: did those who did not provide contact details differ from those who did? As noted in chapter five, there was no evidence that they were but with very limited information this question is difficult to address. In terms of typical gambling frequencies as well as experience of addiction or harm there was no indication of significant difference (see chapter five).

**Interviewing**

Through semi-structured interviewing information was gathered concerning each gambler’s (dynamic) socio-cultural milieu, life-structure, practices, and beliefs. The main rationale for using this method is that, consistent with constructivist ontology, it has shown utility and value in previous addictions research in exploring these elements (Zinberg, 1984; Waldorf et al., 1991). As little is known about how gamblers control their gambling or how those who experience gambling addiction regain control, an overly structured interview was deemed too constraining. While questions were preformulated based on existing addictions/behaviour change literature (chapter two), in conjunction with the conceptual framework (chapter three), questions were designed to elicit ‘open’ responses encouraging interviewees to respond on their own terms and allowed freedom to deviate from the schedule required so that potentially fruitful lines of
enquiry could be explored as they arose (May, 2001:122-3). Nevertheless, as each interviewee was asked more or less for the same information comparisons could be made between accounts (May, 2001:123).

Survey respondents whose responses suggested that they fulfil the criteria for valuable participants (table 4.1), had left contact details, and who had agreed to be interviewed were invited to interview. Twenty-five semi-structured interviews were conducted: 13 ‘never experienced addiction’; 9 ‘regained control’; and 3 ‘experiencing addiction’. Interviews lasted between 30-120 minutes (most lasted approximately 60 minutes) and were audio recorded and transcribed by the researcher. Participants were offered £10 compensation for their time and knowledge (which could be paid to a third-party where the participant wished). Seven interviews were conducted face-to-face, one by video link over the internet and most, 17, were conducted over the telephone.

The interview schedule
In line with best practice (Lumsden, 2007), the interview schedule was piloted on research colleagues in order to identify any poorly worded questions or potential sources of misunderstanding and with this feedback some questions were reworded but no significant alterations were made. The full interview schedule is included in Appendix C. Separated into seven parts, part one began with a brief set of questions regarding demographics and life structure/living situation to build an initial picture of the participant and their life. Part two encouraged gamblers to tell their ‘gambling story’ – a retrospective account of their gambling experiences including how they started gambling regularly and how they learned to gamble – an approach that has proved valuable in previous gambling research (e.g. Reith and Dobbie, 2011; 2012; 2013). Part three gathered information about past and present gambling practices and sought to investigate how these were embedded in immediate social-spaces and physical-
places as well as wider social relationships. In particular discussion focused on the
dynamism of social relationships as consistent with a processural conception of milieu
(Moore, 1993) and whether these changes were associated with changes in gambling
patterns, control and/or harm. Part four gathered information about the structure and
routines of interviewees’ lives and how these facets compare when gambling and not
gambling thereby building on research suggesting that routines influence behavioural
change/habitual action (e.g. Nettleton et al., 2011). For those who have experienced
periods in which they found it difficult to control their gambling and/or experienced
gambling-related harm, participants were asked about how daily routines differed
between these periods. Discussion in part five focused on issues of control such as
regulation of gambling as well as loss of control. Questions were directed towards
sources of support and routines as well as strategies aimed at ‘winning’, controlling
time/money spent gambling and reducing gambling-related harm. Part six focused on
uncovering gambling beliefs (conscious beliefs, rules, values, and norms) through
directing discussion toward: advice for gambling ‘safely’/non-problematically; signs that
someone cannot control their gambling or has a gambling problem; and explicitly
asking about personal gambling rules. Finally, part seven included the full NODS
gambling screen and served to facilitate discussion about the experiences of control
over gambling and gambling-related harm. It should be noted that the final schedule
(Appendix C) was only used as loose guide to direct discussion; often later questions
were answered when interviewees provided an account of their gambling story and so
these were not asked again or were asked only to elicit clarification. Also, questions
that did not apply to the interviewee were not asked.

**Practical issues**
Initially, interviews were planned to be conducted face-to-face however it became clear
that many participants were unable or unwilling to engage in discussion in-person and
that face-to-face interviewing would be unpractical due to budget and time constraints.
Many potential interviewees suggested that they did not have the time to participate in an interview in person while a few initially agreed only to cancel later. Instead, the majority of interviews were undertaken by telephone and this had some advantages over face-to-face interviewing. Pragmatically, telephone interviewing seemed more convenient for participants and may have increased participant engagement/compliance in interviewing – few cancelled or rearranged the telephone interviews. Research has indicated that telephone interviewing may produce data that is just as rich as that produced through face-to-face interviewing (Elwood and Martin, 2000). It has been argued, for example, that in face-to-face interviewing power is skewed toward the interviewer often leading the interviewee to feel less knowledgeable, hold back discussion, and ultimately provide less in-depth responses (Elwood and Martin, 2000). To disrupt such power inequality research has suggested that participants be interviewed in their own homes (Oberhauser, 1997; Falconer-Al Hindi, 1997) as was often the case when interviewees in the present project were interviewed over the phone. There is also some evidence to suggest that when compared to face-to-face interviewing interviewees are more ‘honest’ and reveal more in telephone interviews, particularly for stigmatised behaviours and sensitive topics (see Trier-Bieniek, 2012). Of those interviews that were undertaken face-to-face, three were undertaken in participant’s homes, three in a private room in the university library and one in a coffee shop.

**Ethical considerations**

Ethical approval for the research was granted by the *Human Health Research Ethics Committee* at *Plymouth University* in November 2012 and the research adhered to the ethical guidelines as published by the British Sociological Association (BSA, 2002). The following discussion demonstrates how the research adhered to examples of BSA ethical principles. Potential participants were given clear information about the purpose of the research and how the data was to be used. This provided participants with the
information required to provide informed consent to take part in the research (BSA principle 17). Survey respondents were provided with this information via a web-link and those taking part in interviews were given this information verbally or by email when interviews were arranged. It was made explicit that participants had the right to withdraw from the research at any time, did not have to answer any questions they did not want to, and did not have to provide any reasons for these decisions (BSA Principle 17). All interviewees were asked if they were comfortable for the interview to be audio recorded and were informed that recordings would be deleted on completion of the research (BSA Principle 18). Researchers have responsibility to ensure that participant wellbeing is not adversely affected by the research and to protect sensitivity and privacy (BSA Principle 13) – a principle closely linked to respect for confidentiality and anonymity (BSA Principle 34). All participants and the data provided/colllected were protected by appropriate anonymising; participants were given pseudonyms and descriptions were general enough so that neither was identifiable from research outputs. All confidential information (survey responses, interview audio recordings and identifiers, interview transcripts) were stored in a password protected computer (BSA Principle 36; Kraut et al., 2004; Nosek et al., 2002); only the researcher knew the identities of survey respondents and those interviewed except where participants were recruited via chain referral but in these instances all discussion was kept confidential. In addition, all interview participants were given an information sheet in person or by email that detailed support services for problematic gambling should they wish to seek advice or support for their gambling. In order to reduce risk to researcher safety (BSA Principle 8) interviews conducted face-to-face were undertaken in public/semi-public places. The researcher informed a fellow colleague of the fieldwork, where it was to take place as well as start and estimated finish time. The researcher also carried a mobile phone and ‘checked in’ with this colleague at predetermined times to notify of fieldwork progress and when the fieldwork session concluded.
While research conducted online can draw on general ethical guidelines largely developed for offline use (Vehovar and Manfreda, 2008; Ess, 2002), the nature of online research requires some special consideration (Eynon et al., 2008). One example is informed consent. Where data collection involves direct, real-time, dialogue with a researcher it is relatively easy to check whether or not participants are fully informed (Eynon et al., 2008); in face-to-face interviews, for instance, participants can ask the researcher questions about the goals of the research, what is required of participation, how participant data will be stored and so forth and the researcher can check that the participant is fully informed on these and other relevant issues (Eynon et al., 2008:29; Anderson, 1998). In contrast, it may be more difficult for online survey respondents to clarify any questions and the researcher to check respondents are fully informed (Eynon et al., 2008). In an effort to minimise any misunderstanding and safeguard informed consent as much as possible, clear and concise information about the research was included on the survey webpage along with the researchers contact details should any respondents which to ask any questions/clarify any information.

**Analysis and presentation of data**

Discussion will shortly turn to how the data was analysed but the subject of analysis is first clarified. As no research techniques allow people, their biographies, and behaviours, to be ‘totally known’, analysis must draw instead on a collection of research *artefacts* constructed during the research process which represent each participant: the ‘case’ or ‘whole’ (Hollway and Jefferson, 2000:69). For this thesis each ‘whole’ included all those sources relating to that particular participant: survey responses; interview artefacts including audio recordings and derived written sources (e.g. transcripts/quotes) *as well as* the interviews of others who mentioned that participant (applicable in cases where an interviewee knew another interviewee) in addition to the reflexive notes and memories of the interviewer. These data are not *the*
participant but are representative of the participant, their dynamic milieus, experiences, life-structure, beliefs and practices (Hollway and Jefferson, 2000).

Data should be organised and managed in a logical way to aid interpretation and analysis (Coffey and Atkinson, 1996:26). While there are many approaches to qualitative data management and analysis the process usually involves assigning codes to particular segments/chunks of data according to categories that are predefined ( deductive coding) and/or generated from the researcher’s engagement with the data (inductive coding) (see Coffey and Atkinson, 1996). The present research uses both deductive coding as based on the conceptual framework set out in chapter three as well as inductive coding to identify ‘themes’ and patterns that emerged from the data. Both approaches require the analyst to impose codes upon the data which represent conceptual and discursive links between the data and the researcher’s theoretical concepts (Seidel and Kelle, 1995:52). Data management in the present thesis drew less on ‘code and retrieve’ techniques and more on ‘referential’ coding, the former characterised by reductionism, fragmentation, and usually decontextualisation while the latter directs the analyst to data in situ, is grounded in holism, and emphasises context making it more in keeping with the methodological principles of qualitative research (see Coffey and Atkinson, 1996:27-30; Coffey et al., 1996; Kelle, 2004). The analytical challenge is in focusing on aspects of individual cases that influence behaviour, control, and harm while appreciating that these aspects are better understood with relation to other aspects of the whole including the wider context in which the lives of individuals and their actions are embedded.

The coding of data segments is a common starting point for analysis (Coffey and Atkinson, 1996:22-23). The researcher applies ‘factual’ codes (Kelle, 2004:455) to fragments of data (often passages of text) which are then assumed (or grouped) under
particular categories (see Coffey and Atkinson, 2000). This coding-by-fragmentation represents a bottom-up approach and is primarily focused on small parts of the text which become grouped together under categories or themes (Coffey and Atkinson, 1996; Hollway and Jefferson, 2000). Analysis in this thesis took a more holistic, top down, approach beginning with the ‘whole’ in an effort to facilitate better understanding of aspects of the ‘whole’ fit together (Hollway and Jefferson, 2000). For each interviewee, a collection of documents were produced that included all materials related to them: survey data, interview transcript, and reflexive notes made by the interviewer. Codes, themes and notes were then annotated onto documents rather than being removed from documents and categorised. This approach was felt to be more consistent with the principles of this thesis which emphasise that behaviour is best understood in context.

Data presentation: vignettes and contextual descriptions

In the following chapter, a selection of vignettes (short case studies) are used to describe interviewee experiences and prelude later discussion (chapters six and seven) about how aspects of interviewees’ lives (including those of the conceptual framework; chapter three) influence their gambling behaviour and shifts thereof. The gives some context by providing background information about their lives, how aspects of their lives fit together, experiences, and, in particular, the sequentiality of happenings within biographies (Stake, 1995; Yin, 2014; Brewer, 2003). The presentation of narrative as the starting point for further written findings and discussion is not only consistent with the general principles of this thesis but with the approach to analysis starting with the ‘whole’ before examining features of the whole.

In chapters six and seven, there is greater focus on how different aspects of interviewees lives influence their gambling behaviour and (greater/lesser) control.
However, though this doctoral thesis champions a holistic approach to inquiry, clear written, scientific communication of findings, necessary for transferability, requires that aspects be analysed and presented separately. As such there is tension between avoiding decontextualisation and with reporting findings in a useful and valuable way. Although this paradox cannot be completely resolved, it is ameliorated in chapters six and seven through signposting between findings and by presenting influential aspects with background descriptions from interviewees’ lives thereby providing context and reference to notable associations between aspects.

Conclusion

This chapter has examined and critiqued the research design and approach. The research questions and aims used to guide the thesis were presented and the underlying philosophical positions from which these are addressed explicated. In particular, a qualitative methodology and use of semi-structured interviewing have been justified as appropriate. Participants who fulfil one of three sets criteria were identified as potentially valuable sources of data that could be used to address the research questions and aims. These criteria form the ideal-typology which is used to guide recruitment and to frame data analyses: (i) experiencing addiction; (ii) regained control; (ii) never experienced addiction (see table 4.1). It was argued that though significant harm may, by in large, go with addiction this may not necessarily be the case and so experience of gambling-related harm, often captured through use of gambling screens, cannot be relied on to categorise participants into those ideal type groups. Instead, it was argued that asking individuals whether or not they have experienced significant difficulty of control and if their gambling has been problematic is a better strategy for uncovering experience of addiction and/or harm (at least for the purposes of this thesis). Strategies used to recruit interviewees who fit those ideal types were discussed and critiqued. The primary recruitment method was discussed; an online survey that
gathered (self-reported) information about gambling patterns and experiences as well as contact details so that those who indicated fit with the ideal-type criteria could be identified and invited to interview. Some interviewees were also recruited via chain referral. After discussion of adherence to ethical principles, the chapter concluded by setting out how the data is analysed and presented in the following chapters. With chapter five, the presentation of the findings commences.
Chapter five: introducing the interviewees, gambling patterns, and trajectories

This chapter begins the presentation of findings and introduces the interviewees. It is split into two parts. Leading on from arguments in chapter four, part one begins by using interview data to illustrate that experience of harm is better identified (at least among the present interviewees) through simply asking whether or not interviewees feel their gambling has been problematic and/or contributed to harm rather than via a screening instrument. Then, again building on chapter four and illustrated using interview data, it is argued that the experiences of addiction and harm are best considered distinct and should not be used as proxy for one another because, despite addiction, the circumstances of some interviewee’s lives may impede harm. These discussions justify the decision, presented in chapter four, not to rely on gambling screens to identify experience of harm or addiction. Following this, part one closes with presentation of the demographic characteristics and gambling patterns of interviewees at time of interview. This serves to introduce the interviewees and provide a sense of who they are.

Part two sets the scene for more detailed qualitative analyses presented in chapters six and seven. It examines how the gambling behaviours of interviewees changed over their lives and uses vignettes constructed from interviews to illustrate trajectories of gambling careers. These vignettes emphasise changes in gambling behaviour (or lack thereof) to be influenced by changes (or lack thereof) in the wider circumstances of interviewees lives. As will become clear, most interviewees suggested their gambling patterns to be variable and there was a trend toward reduced and increasingly constrained gambling over gambling careers (even among those who had never experienced addiction).
Part one: Introducing the interviewees

This chapter introduces the 25 interviewees before the main analyses are presented in chapters six and seven. There were 206 survey respondents who completed the survey and fulfilled the survey eligibility criteria (see chapter four). This produced 99 respondents who agreed to be contacted for interview and, of these, 19 were interviewed. The remaining six interviewees were recruited through chain referral, five through the researcher’s social network and the other through that of another survey-recruited interviewee. Individuals were invited to interview on the basis that they indicated ‘fit’ with the ideal-type criteria (table 4.1) – respondents on the basis that their survey data and chain referrals on the basis of an informal discussion with the researcher.

Use of survey data and rationale for including survey analysis as an appendix

Analysis of the survey data is included in an appendix (Appendix D) rather than in the main thesis body. There are two main rationales for this. First and foremost, the research questions and aims of the thesis are best addressed through qualitative analysis of interview data rather than analysis of the quantitative data produced from survey responses (see chapter four). As such, if the survey analysis presented in Appendix D was included in the main body then it would have distracted from the ‘flow’ of the thesis with little benefit because that data did not address the research aims/questions. Secondly and more practically, there is a strict word limit imposed on the main body of thesis and had the survey analysis text presented in Appendix D been incorporated into the main text then this limit would have been exceeded. It would, perhaps, have been possible to edit-down the survey analysis but then it would have been less thorough (and poorer for it) or it would, on the other hand, have been possible to edit-down other parts of the thesis to make space for the survey analysis but this would have reduced text arguably more relevant to the research questions and
Ethically, it was important that the survey data was made available alongside the thesis submission (rather than left out completely). The research methods and procedures of studies should be presented clearly and transparently not only so that reviewers and critics (as well as PhD examiners!) have information required to evaluate the research processes but as a matter of record and so that others taking lead from the research are able to develop on the recruitment methods in future work (Van den Eynden et al., 2011). Moreover, the survey recruitment method consumed a reasonable amount of time and money – alongside a great deal of the researcher’s (funded) time, there were other costs met by a research grant including survey hosting and advertising (all funded by a stipend and a research expenses budget; see ‘acknowledgements’). Given that the research has been ‘paid for’ and used valuable resources, it makes sense, particularly from a ‘return on investment’ viewpoint to enhance the research by presenting/sharing the survey data with the thesis (albeit as an appendix because it has a supporting function in this thesis) (Van den Eynden et al., 2011). A further point is that the survey analysis is produced from the responses of survey respondents who have offered their time/data without compensation – indeed it is possible (probable, even) that some respondents were motivated to complete the survey because they wanted to contribute directly to a study advertised as having potential to better understand gambling behaviour and support recovery for others. It is reasonable to argue, then, that as these respondents have provided their data, the researcher has an
obligation to make use of and share that data (as has been done in this study). Ethically, the present author is satisfied with the decision to include the survey analysis as an appendix.

Addiction and harm: avoiding conflation

Prior to introducing the interviewees, however, it is worth returning to the problem of measuring gambling-related harm objectively and of using harm as proxy for addiction (see chapter four). Though gambling screens are de rigueur for identifying experiences of gambling addiction and harm (McGowan et al., 2000; see chapter four), as will be illustrated, the screen used in the survey and at interview was suggested to be insufficient for the identification of addiction and harm among the present interviewees.

As discussed in chapter four, when the methods and research instruments were designed it was assumed that (a) experience of harm is objectively identifiable as well as measurable and (b) that experience of significant gambling-related harm and gambling addiction (always) co-occur. Based on these assumptions, and consistent with existing gambling literature, the NORC DSM-IV Screen for Gambling Problems (NODS) was incorporated into both the survey script and interview schedule in an effort to classify individuals according to addiction status alongside more general questions about control and harm designed, specifically, for this study to check reliability (chapter four). Interviewees, however, suggested the situation to be far more complex. As will be demonstrated, not only did interviews indicate that the NODS could not, in itself, be relied upon to identify (subjective) experience of significant harm (or lack thereof), but that significant harm (whether subjectively reported by the interviewee or ‘objectively’ classified via NODS) could not be relied on to evidence addiction.
Consistency between self-reported experience of harm and ‘objectively’ identified harm

Interviews suggested that identification of problem gambling (i.e. harm) through the NODS was not always consistent with self-reported experience of significant harm. Comparison between self-reported problem gambling and NODS-identified problem gambling is presented in table 5.1 and this shows that although those who reported their gambling to have been problematic tended to be captured by the NODS, the NODS failed to identify two additional interviewees who also reported their gambling to have been problematic.

Table 5.1: NODS identification of problem gambling against whether or not interviewees felt their gambling to have been problematic

<table>
<thead>
<tr>
<th>NODS classification</th>
<th>Self-reported problem gambling</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experienced problem gambling</td>
<td>Never experienced problem gambling</td>
</tr>
<tr>
<td>Experienced problem gambling</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Never experienced problem gambling</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

Had there been interviewees identified by the NODS as ‘problem gamblers’ who did not self-report problematic gambling then an obvious assumption may have been that these interviewees were being deceptive or ‘in denial’ about their gambling. The reverse, however, is a little harder to explain away. Further examination of these two cases indicated that their gambling behaviour was a significant contributor to their experience of harm, thereby problematising reliance on the NODS (and perhaps other quantitative diagnostic instruments) to identify experience of harm. Keith’s case, now discussed, exemplifies the issue well.

Keith (regained control) scored two on the lifetime NODS (less than half the score needed to reach the NODS problem gambling threshold of five; see chapter four). However, he indicated that he felt his gambling to have been excessive and, although
reportedly not financially harmful, to have led to arguments with his wife, who disapproved of the time he was spending gambling, resulting in “sort of a shit relationship”. Some might argue that Keith’s gambling was not really problematic – perhaps, for example, his wife was overly scathing of his gambling patterns – but this would fail to appreciate that perception is fundamental to experience and that many harms are dependent on social context (see chapter two). His wife’s opinion of his gambling was certainly integral to Keith’s view of his gambling as problematic but in every conceivable scenario the experience of gambling-related harm involves that which is beyond gambling patterns to include cultural expectations such as the opinions of others (Wakefield, 1997; see chapter three). As such, this doctoral study draws on self-reported subjective experience of harm rather than the NODS thereby including all those who fulfilled the NODS criteria as well as the additional two interviewees who also reported experiencing gambling-related harm. This approach is consistent with the philosophical underpinnings of the present research which are grounded in experience and subjectivity (see chapters one-four).

Addiction and experience of harm

Although usually the case, interviews indicated that subjective reports of harm (problem gambling) did not always co-occur with significant difficulty of control (addiction). Though lifetime reports of addiction and problem gambling did co-occur (see table 5.2), when the ‘past three months’ timeframe was used there was disparity (see table 5.3).

Table 5.2: Reports of addiction compared against reports of problem gambling (harm). Lifetime version.

<table>
<thead>
<tr>
<th>Reports of gambling problem (i.e. harm)</th>
<th>Experience of addiction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experienced</td>
<td>Never experienced</td>
</tr>
<tr>
<td>Experienced problem</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Never felt problem</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>
Table 5.3: Reports addiction compared against reports of problem gambling (harm). Past three months version.

<table>
<thead>
<tr>
<th>Reports of gambling problem (i.e. harm)</th>
<th>Experience of addiction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Experiencing addiction</td>
<td>Regained control</td>
</tr>
<tr>
<td>Problem gambler</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Ex-problem gambler</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Never experienced problem</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

All interviewees who did not self-report having experienced problem gambling (harm) also did not report having experienced addiction. Most (n=9; 81.82%) of those who self-reported experience of problem gambling in their lives but not in the past three months, also reported having experienced addiction in their lives but not in the past three months. The two interviewees\(^{12}\) who bucked this trend suggested that while they were experiencing gambling addiction at time of interview their gambling had not contributed to harm within the past three months prior to interview. Though, at first, this seems contradictory – how can someone experience significant difficulty controlling their gambling and not experience significant harm alongside? – on closer inspection it seems that this inconsistency is resultant of particular life circumstances which impede (or protect against) experience of harm, even where that participant has significant difficulty controlling their gambling. Rosie (experiencing addiction), for example, indicated that life-structure and circumstance could protect against harm even when experiencing significant difficulty controlling her gambling. At the time of interview, Rosie lived with her mother and her only ‘essential’ living expense was rent for which she had implemented strategies for preventing harm such as paying rent by direct debit on payday before she could spend the money elsewhere (e.g. gambling).

\(^{12}\) ‘Carl’ and ‘Rosie’
Interviewees

Demographics
Most interviewees were male: 21 (84%) compared with 4 (16%) female. All interviewees were classified as ‘White British’. Ages ranged from 20 to 54 years (range: 34) with a median age of 28. The mean age was 31 (SD=9.52 years). In terms of employment status three interviewees were unemployed, one for many years, one for a matter of weeks, and one was on long-term sick leave. One interviewee was a full-time undergraduate student and 21 were employed full-time. Reported employment included: an account manager, a government officer, a paralegal, an administrator, a teaching assistant, a carpenter, engineers, retail and sales staff, bar work and a personal trainer. Two interviewees were serving in the Royal Navy and another previously in the army. There was wide variation in employed interviewees reported incomes: from £9,600 to £70,000 (range= £60,400), a median of £28,500 a mean of £29,600 (SD=£17,800). The hours typically worked per week ranged from 25 to 90 (range=65) with a median of 41 and a mean of 46 (SD=14). Interviewees had a wide range of highest formal educational attainments: seven reported having GCSEs, six reported having undergraduate degrees one of whom began but did not finish PhD study, one had a postgraduate teaching qualification, six reported having A-levels, four reported having various vocational industry qualifications. Only one reported no formal qualifications.

Over half (56%, n=14) of the 25 interviewees lived in Plymouth (UK) and the surrounding area at the time of interview and many of these had lived in the area for over a decade, some for their entire lives. Additionally, five interviewees lived in South Buckinghamshire where the researcher has links and were recruited there through the researcher’s network(s). One interviewee was a UK expatriate who had been living in Warsaw for 21 years, another lived elsewhere in South Devon, two interviewees lived in rural Cornwall, and the remaining two interviewees were based in Worcestershire and Bristol. Interviewees displayed a wide variety of living situations. Two lived alone,
five lived in shared accommodation (e.g. shared house/flat with friends), eight lived with partners and/or children, six reported having children, and seven reported living with parent(s), for the most part reflecting cultural expectations about age.

**Comparisons between ideal types**

Concern now turns to description of the demographic/social characteristics of interviewees by ideal-type (*experiencing addiction*, having *regained control* and *never experienced addiction*) is now provided. Given the limitations of the research design and of qualitative data (see chapter four), representativeness or generalisability is neither sought nor claimed; discussion only serves to introduce the interviewees.

**Age and gender**

Three participants were identified as *experiencing addiction*: Rosie, Sampson and Carl aged 20, 21 and 36 respectively (median=21 years). Of the nine who indicated having *regained control* all were male and the median age was higher at 31; the youngest was aged 20 and the oldest 40 aged (range=20 years). Of the 13 identified as having *never experienced addiction* three were female and 10 were male. The median age was 28, higher than those *experiencing addiction* but lower than the *regained control* group; the youngest was aged 23 and the oldest was aged 54 (range=31 years).

**Geography and living circumstances**

Two of those *experiencing addiction*, Rosie and Sampson, had lived in Plymouth for their whole lives while the other, Carl, lived in a rural coastal Devon town after growing up in Coventry. At the time of interview all lived with parent(s). Rosie had never lived away from her mother and Sampson never away from his parents/family home. Carl had lived with his then wife but since their divorce had moved back and forth between his parents and other accommodation.
Of the nine who had *regained control*, seven lived in Plymouth with one of these, Richard, an undergraduate student, returning to his family home in Wales outside of term-time. One lived in rural Cornwall and the other lived in a mid-sized town in south Buckinghamshire. Three had been domiciled for their entire lives in the area where they lived at the time of interview and some of the others had relocated hundreds of miles (but still within the UK) from where they had grown up.

Of the 13 who indicated never having experienced addiction, five were living in Plymouth, four in south Buckinghamshire, one was a British ex-patriate living in Poland and the other three were living elsewhere in England.

Among both those who had *regained control* and who had *never experienced addiction*, a wide range of living situations were reported including: house shares with friends as well as living with a partner and/or with children. While all those *experiencing addiction* were living with a parent at the time of interview, none of those who had *regained control* were doing so at the time of interview and four of those who had *never experienced addiction* were living with their parents. None of those *experiencing addiction* lived alone, only one of the *regained control* group was living alone and two of those who had *never experienced addiction* lived alone.

**Employment and income**

All those *experiencing addiction* were employed: Rosie had two part-time jobs, one as bar staff in a local pub and the other as a primary school teaching assistant; Sampson was undertaking a nautical electrical engineering apprenticeship; and Carl worked as a project manager in social care. Sampson reported an annual income of £9,600 working 40 hours a week. Rosie did not report her income but worked a total of 58 hours a week. Carl reported an annual income of £37,500 working 37.5 hours a week.

With regard to those who had *regained control*, all were employed or in full-time education with the exception of Jacob, who was unemployed, and Scott, who was on
long-term sick leave from secondary school teaching. The median number of hours worked was 45 and the median yearly income was £22,000.

For those who had never experienced addiction, with the exception of Wallace who had been made redundant shortly before interview, all were employed. The median number of hours worked was 40 per week and the median yearly income was £28,500.

Gambling frequency
Interviewees exhibited a range of gambling patterns. Table 5.4 presents the gambling frequencies that were reported for each ideal-type.

<table>
<thead>
<tr>
<th>Ideal-type</th>
<th>Experiencing addiction</th>
<th>Regained control</th>
<th>Never experienced addiction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gambling times per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1*</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>10 or more</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>9</td>
<td>13</td>
<td>25</td>
</tr>
</tbody>
</table>

*Of those who reported typically gambling less than once per week: one reported gambling once a month; another reported gambling once every three months; another reported long-term abstinence; and the other reported trying to be abstinent but typically only managing to do so for a few months at a time.

Gambling activities and experience of control
Members of all groups reported engaging in various gambling activities, both online and offline/over-the-counter, using various platforms (e.g. mobile/smartphone, tablet, PC/laptop, in person) and various types of bet. Activities included: betting on sports such as horseracing, football, and tennis; casinos activities such as roulette, blackjack.
and poker; video roulette on FOBTs in betting shops; scratch-cards and National Lottery; and fruit-machines/slot machines. Types of bets regularly placed included: accumulator/parlay bets, 'straight' bets on single outcomes, and in-play betting. At the ideal-type group level it was not possible to identify particular gambling activities, mediums for placing bets, or types of wagering that differed between the three groups.

Among those who had experienced addiction, none were found to have ever experienced difficulty controlling all of the gambling activities they engaged in but, rather, typically reported having experienced difficulties with one activity in particular. Moreover, the activities over which some had difficulty controlling their gambling and the activities over which the same individuals had control differed between participants – it was not possible to identify gambling activities that were particularly associated with difficulty of control. This can be exemplified through examination of members of the experiencing addiction group. Carl, for example, reported that he had gambled on many activities including the National Lottery draws, scratch cards, horseracing and "online any form of gambling you can think of" including poker and roulette but that he only found it difficult to control fruit-machine play. Similarly, Sampson reported placing football bets online numerous times a week without any difficulty of control but found it very difficult to control his roulette play, both offline in the casino and video roulette in the betting shop. Finally, Rosie reported buying occasional scratch-cards, and regularly playing roulette, blackjack and poker all in the casino and the latter in the pub too, as well as fruit-machines, however, she reported that she only found blackjack and fruit-machine play difficult to control, the latter particularly so. Similar experiences were noted among those who had regained control: Richard, for example, had greater control over fruit-machine gambling but less so over online sports betting while Andy, in direct opposition, had little control over fruit machine gambling but experienced no difficulties with football betting. This suggests that, for the present sample, the activity per se has little influence of the extent to which it is controlled.
Part two: gambling careers and wider biographies

Discussion now turns to introduce the gambling careers and trajectories of interviewees as situated within their wider biographies, thereby prefacing more thorough qualitative investigation in later chapters (chapters six and seven). Consistent with existing research (Reith and Dobbie, 2013), most interviewees suggested variable gambling patterns that were subject to change. It will become clear that, among the present sample (most of whom were recruited because they had regained control or had never experienced addiction despite periods of regular gambling), there was a trend for gambling behaviour to become increasing constrained over their gambling careers.

The main task is to elucidate gambling pathways, characteristic of gambling careers (particularly those towards more constrained and better controlled gambling), and demonstrate that these are associated with (and supported by) wider shifts (or lack thereof) in the lives of participants. Within each ideal-type, subtypes of gambling trajectories are identified according to similarities/differences of gambling experience. Each subtype is illustrated with a single interview constructed vignette, used to demonstrate that shifts in gambling patterns (or lack thereof) concerted with wider changes in the lives of interviewees (or lack thereof). At this point in the thesis, the aim is not to provide in-depth analysis or discussion of how shifts in circumstances relate to shifts in gambling behaviour and greater/lesser control but merely to indicate that there appears to be association that is more closely examined in later chapters.
Trajectories: ideal-types and subtypes

‘Regained control’ ideal-type

Most \((n=6)\) of those categorised as having \textit{regained control} indicated their recoveries to involve abstinence from the particular gambling activity with which they had experienced addiction, while others \((n=3)\) reported that they still continued to gamble on those activities but with reduced frequency, duration, financial expenditure, and, by definition, with greater control. Most of the \textit{regained control} group suggested having sustained control in the long-term; of the nine members, six indicated having not experienced difficulty of control for over a year (including two who indicated not having experienced difficulty for at least 10 years despite continuing to gamble). The other three indicated having experienced addiction within 12 months prior to interview but, by condition of ideal-type criteria (table 4.1), not within three months prior. The stability of the recoveries of these three interviewees is less certain and there was indication that the recovery of least one of these was quite precarious (\textit{Jacob}).

As will be indicated in this section and discussed in greater depth in proceeding chapters, recovery was implicated to be (best) supported by \textit{wider, non-gambling related, changes in interviewees’ lives} (e.g. shifting cultural expectations, social relationships, life-structure, and engagements; see chapter seven). For the most part, changes to gambling patterns did not appear to result from the individual purposefully and directly implementing changes to their gambling but, rather, were result of unintended consequences of non-gambling change in their wider lives.

Regained control subtypes

All members of the \textit{regained control} group recovered without formal intervention. Two broad natural recovery pathways were identified: (1) more rapid recovery supported by more drastic life changes evocative of the recoveries of the Vietnam veterans (see chapter two; Robins, 1973; Zinberg, 1984); and (2) more gradual recovery that seemed
to be supported by slower, subtle and more incremental life changes in keeping with ‘maturing out’ (Winick, 1962; 1964; see chapter two). Literature has suggested it possible for some to experience multiple recoveries from gambling difficulties (Reith and Dobbie, 2013) and, consistent with this, one interviewee (Tom) indicated experiencing recovery best characterised by the former (subtype one recovery), sustaining control for a few years, experiencing another period of addiction, and then recovery better characterised by the latter (subtype two recovery).

**Subtype one: Rapid recovery supported by drastic life changes**

Four recoveries were suggested to be strongly supported by drastic changes in social circumstances such as: the death of a parent (Jacob); changing employment, moving home, and break up of a romantic relationship (Roger); moving to a new home hundreds of miles away to start a new life (Tom); and leaving university to return home for the summer before returning to new living circumstances (Richard). In these cases, circumstantial change disrupted and led to changes in social relationships, routines, life-structures engagements which appeared to impact on gambling patterns in constraining ways. Figure 5.1 illustrates how drastic life changes encouraged recovery. Interestingly, it appeared that although many had struggled to constrain their gambling before those drastic changes in their lives, with these life-changes positive shifts in gambling behaviour were almost consequential and tended to occur without the individual putting much effort into trying to modify their gambling.
‘Roger’

15 years prior to interview, Roger decided to split from his girlfriend. He moved out of the house they both shared and owned (subject to mortgage) and resigned from employment as a computer engineer at a company his (ex) girlfriend’s father owned. Roger quickly found new employment and met his wife with whom he established a family. At time of interview he was living with his wife and their two teenage children.

**Experience of gambling addiction**

Further back, when Roger joined his (then) girlfriend’s father’s company as a computer engineer, he began socialising with colleagues after work at a casino. Soon into the 2-3 year period during which he worked at the company, it became routine for Roger to gamble with work colleagues every day after work. With work colleagues, he would often eat in the casino restaurant before they spent the evening playing roulette and blackjack.

Over the course of “around 2 years” his casino gambling led to considerable debt. With both money borrowed for gambling – including cashing bad cheques in the casino, running up an authorised overdraft, and taking out loans to cover these debts – as well as substantial interest incurred on that credit, Roger amassed a total debt of “around £30,000”. At the time of interview, roughly 15 years later, Roger reported that he was still paying off this debt to his mother as his parents had paid his creditors after he stopped gambling. Over the 2 year period in which he amassed this debt, his interview suggested that he had tried, on numerous occasions, to constrain his gambling but was unsuccessful.

**Recovery**

Roger’s interview suggested that resignation from work discouraged him from visiting the casino and he stopped gambling. Roger reported that he “didn’t step foot in the casino […] for easily ten years” and, at the time of interview, visits the casino around 3 times a year with his wife mainly to watch entertainment provided by the casino. On these occasions he reports that he and his wife often gamble but it is very controlled and “he’d be lucky” if on such occasions his wife allows him “£20 to play with”. At the time of interview, Roger reported that his gambling was not problematic and he has not felt compulsion to gamble since he met his wife.

*Interview suggested that although his debt was around £30,000, Roger borrowed £4,000 – thus most of his debt was financial interest.*

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**Figure 5.1** Vignette: drastic life changes and rapid recovery (regained control subtype one)
Subtype two: gradual recoveries supported by slower and more incremental life changes

The recoveries of most interviewees, however, did not appear to have resulted from drastic life changes but, rather, appeared encouraged by more subtle and incremental non-gambling related life changes often consistent with the social and cultural processes that underlie ‘maturing out’ (see chapters two and seven). These included shifts in cultural expectations about self-comportment and a propensity for social relationships to become less gambling orientated, both of which went with alterations in self-identity that occurred over the life-course, and all of which tended to have constraining influence over gambling. The vignette in figure 5.2 illustrates the case of Tom who experienced a drastic recovery (subtype one) followed by a more gradual recovery (subtype two). It is the latter which is emphasised.
Background

Tom, aged 39 at the time of interview, is employed as an engineer and has lived in Plymouth for over 10 years after growing up near Liverpool. For the 10 years preceding interview Tom has lived with his wife, stepdaughter, and occasionally his daughter when she comes to stay.

Gambling experience

At the time of interview, Tom estimated routinely gambling £20-£30 a week and tending to confine his gambling to the weekend. This gambling tended to take the form of one or two parlay/accumulator football bets totalling £5 or £10 each and placed once or twice a week in the betting shop; the occasional £1 on a greyhound race if there happens to be one on when he is in the shop when placing his football bets; some online roulette play (usually totalling £10) if he works overtime on a Friday and he is not very busy at work; and typically once every couple of months visiting the casino, with friends, playing roulette and/or blackjack. Tom's interview indicated that he has not found these patterns of gambling problematic or difficult to control. He has, however, experienced addiction with fruit-machine gambling but not at the time of interview.

Tom reported experiencing gambling from an early age, recalling playing ‘pitch and toss’ at school and later, aged 15 or 16, gambling in arcades regularly. Some of his school friends’ parents owned greyhounds and he reported that he often attended greyhound races a couple of days a week after school, betting 50p s on races. Aged around 18 he reported starting to bet regularly in betting shops with friends.

Soon after, he “really got into” fruit-machines and, after experiencing a period of what he perceives to have been problematic and addictive patterns of fruit-machine gambling, Tom moved to Plymouth where his fruit-machine gambling “just fizzled out”. Tom indicated that despite having experienced difficulty controlling fruit-machine gambling, after moving to Plymouth he abstained from gambling for “maybe a year or two” without putting effort into constraining his gambling: “I just didn’t bother [gambling]”. Tom indicated that his geographical move “changed a lot of things, gambling being one of them”. There was a sense that Tom’s geographical move disrupted many aspects of his life, not just that gambling related, and that he experienced a drastic change in his life which supported a recovery from fruit-machine addiction.

Addiction and recovery via ‘maturing out’

Tom’s interview suggested that he later experienced another period of problematic gambling, addiction, and subsequent recovery. Tom noted that while the move from Liverpool to Plymouth “got me out of the stupid fruit-machine” gambling for at least 2 years he later returned to fruit-machine gambling for a short period and indicated that he, again, found this difficult to control. Tom’s experience of recovery from fruit-machine gambling after he had moved to Plymouth provided a strong sense that changes in his life, as he has aged, have constrained his fruit-machine gambling. In terms of accessibility, his interview suggested that he has come to visit places/spaces with fruit-machines (e.g. pubs) much
less as he has aged and if he does it tends more to be with his family who, he reported, he would not gamble on the fruit-machine in front of:

“If I’m in the pub or whatever with the family I wouldn’t go and play on the fruit-machine not because I wouldn’t want them to see me gambling but because I wouldn’t want them sitting there in the corner on their own. I’m there with them and I’m not going to walk away from them just to put money in the machine”.

Moreover, Tom reasoned that he had “totally slowed down and reduced” his gambling in general because “I’ve got more responsibilities now” including “family, mortgage [and] work commitments”. He contrasted these circumstances to those which characterised his life when his gambling was more excessive, reporting that then he was a “young single lad”, “had no responsibilities, lived at home with my parents […] and there was nothing to hold me back […] I could do what I want, I wasn’t too fussed about work because jobs were ‘two-a-penny’ back then. Just did what you wanted”.

*Tom experienced two recoveries from gambling addiction. His first fitted the drastic change and rapid recovery subtype while his second recovery seemed to be much slower and fitted with the processes of maturing out. Though both recoveries are discussed in the vignette, it is primarily used to illustrate the subtype of more subtle and slower change consistent with ‘maturing out’.

Figure 5.2 Vignette: slower recovery supported by subtle and slower life changes (regained control subtype two)
‘Never experienced addiction’ ideal-type

Interviewees who had *never experienced addiction* also indicated regulation of their gambling behaviour to be supported by non-gambling aspects of their lives. In keeping with *regained control* members, influential aspects included cultural expectations, social relationships, and life-structures (see chapter seven).

‘Never experienced addiction’ subtypes

Two broad experiential subtypes were identified: (1) long-term reductions of gambling indicated to be supported by wider, non-gambling, related changes in individuals’ lives and which seemed to constrain/suppress gambling behaviour; and (2) long-term consistency of gambling patterns which were indicated to be supported by stability (i.e. relative lack of change) in individuals’ wider lives.

Subtype one: gradual reductions in gambling patterns

Some interviewees who reported never experiencing addiction suggested that in the years prior to interview their gambling patterns had, in general, declined and that these reductions were supported by gradual, non-gambling changes in their lives. Though some suggested that they had purposefully sought to reduce their gambling because of changes to their lives (e.g. meeting a new partner or buying a house), others indicated that reductions in gambling were not product of decisions to change their gambling behaviour but that wider changes in their lives/milieu had an indirect and often unintended consequence of constraining gambling-related practices. An example of this subtype is provided by the account constructed from Steven’s interview (figure 5.3).
Background

Steven, aged 27 at interview, was an engineer in the Royal Navy who had lived in Plymouth for his whole life. He reported dividing his time between ‘off-shore’ (at sea) with work (sometimes for months at a time), ‘shore-side’ in Plymouth where he would sometimes stay in navy accommodation, and in the home he owns with his fiancée.

Gambling experience

Steven reported being introduced to various card games by family members and played from a young age. Aged 16, he regularly played Euchre for a local pub league. His parents taught him to play poker and for much of his teens up until the time of interview he reported poker gambling regularly, both with friends at private ‘poker nights’ at home and in more formal casino tournaments. While Steven reported some experience with other gambling forms including fruit-machines, scratch cards, and casino blackjack, it was (offline) poker that had been the most constant and regular activity he had engaged in. Aged 18 onwards, he and friends visited casinos on evenings out to socialise and play blackjack. However, Steven reported such visits to have become increasingly rare in recent years. Steven reported that while there have, in the past, been occasions when, on reflection, he had spent more gambling on nights out than he would have liked to, he believes that he has never experienced periods of gambling that have been addictive, problematic, or harmful.

Reduction in gambling

At interview, Steven indicated a general trend towards more reduced gambling in recent years. He suggested this decline to have been supported by the reducing casino attendance of his friends and because his social network has become increasingly characterised by a greater proportion of people who do not gamble regularly. Steven also reported that since meeting his fiancée, a few years prior to interview, his gambling has reduced substantially. In particular, over the prior 12 months he reported that his poker gambling had “really curtailed off” – he had “played about 4 times in the 6 months prior” which contrasted greatly to when he used to play “3 or 4 times a month” further in the past. When asked about why he feels that his gambling patterns have reduced recently, Steven reported:

“I think it’s since buying the house for me, I think buying the house I know that I can’t afford to piss it all up. We’re getting married in February, […] and that means more to me than gambling ever would. So perhaps it’s just a case of I know that I’d be letting my other half down, and myself, if I blew it all up the shit due to going to the casino she’d have my nuts on the chopping board”

Steven went on:

“I work away every other night and I couldn’t justify in my head saying to the missus ‘right I’m going to disappear tonight’. You know, I’m home tonight and I won’t be
home tomorrow night so if I was to nip out the casino tonight and play poker and not come back till 2 am when she is already in bed so perhaps that’s another reason why I’ve slowed down a little bit. Socially I don’t think that’s acceptable to me and my other half. I know she wouldn’t mind if I did it every now and again but at the same time I don’t really want to test that water too hard”

**Figure 5.3 Vignette: gradual reduction in gambling patterns (never experienced addiction subtype one)**

**Subtype two: long-term stability of gambling patterns**

Others indicated relative stability of gambling over the long-term but that over the short-term their gambling fluctuated depending on non-gambling practices, commitments, and accessibility of gambling events (e.g. some reported placing sports bets regularly only during the English football/soccer season during which the fieldwork was undertaken). Interviews suggested that both these short-term fluctuations and long-term stability of gambling patterns were supported by short-term variability and long-term consistency of living circumstances. An example of this subtype is provided by the account constructed from Kate’s interview (figure 5.4).
**Background**

Kate, aged 54 at interview, has lived in Plymouth for over 30 years. She has two sons, one of whom she lives with, is divorced and was single at the time of interview. Kate is employed full-time as an events planner for a large business. She plays online poker regularly.

**Gambling experience**

Kate reported growing up around some gambling; her father used to place weekly small stake horse racing bets such as “10p each-way” bets on a Saturday and she reported attending Epsom Derby once a year with her family. Other than online poker, Kate reported little gambling participation; she used to play the National Lottery regularly but stopped and had on a few occasions attended bingo with friends.

Discovering online poker through interactive television 4 years prior to interview, Kate reported poker gambling quite regularly ever since. While growing up she reported having regularly played card games with her family and suggested that this knowledge allowed her to learn poker with ease. While Kate’s interview indicated her patterns of poker gambling to have been relatively stable over the few years prior to interview, she also indicated that the regularity of her poker gambling was heavily influenced by other happenings in her life. In the summer, for example, Kate reported tending to play much less poker because she then enjoys being outside in the garden and going walking. With the interview conducted in summer she reported that she had not gambled for 4 days, however, in winter, Kate reported tending to play poker every evening. There was a strong sense that Kate’s patterns of play were restricted by everyday living practices such as spending time with her sons and household chores:

“My children will come first before gambling, even now when they’re 27 and 24. Bills have to be paid and it’s not a question of ‘oh I’m not going to pay that bill this month’ because I want to gamble more; It’s never even come up. […] It’s just how I’ve played for 4 years – all my bills are paid, there’s food in the cupboard. I go to work, I come home and nothing changes. It’s just instead of sitting in front of the telly, I’ll have a game of poker – That’s how I see it”

**Figure 5.4** Vignette: long-term stability of gambling patterns (never experienced addiction subtype two)

‘Experiencing addiction’ ideal-type

With only three interviewees indicating experience of addiction at time of interview, identification of defining themes and patterns was challenging. Nonetheless, the experiences of one interviewee, in particular, Carl, appeared distinctive. In contrast with other members of the group, Carl had participated in formal treatment, reported a far
longer gambling career (the entirety of which he indicated difficulty of control), and exhibited a strong sense of embarrassment and stigma conspicuously absent from others in the group. A vignette constructed from Carl’s interview is presented in figure 5.5.
Background

Carl, aged 36 at time of interview, worked full-time and lived in a coastal town in South-West England. At the time of interview, he had been lodging with his parents for approximately 2 years and, prior to this, had lived with his (now) ex-wife and their baby daughter. Carl was the only interviewee to have participated in formal treatment and considered himself a fruit-machine “addict” despite having been abstinent for an unspecified number of months (possibly years) prior to interview.

Gambling patterns and experience of addiction

Until his teens, Carl reported little experience of gambling. No other family members of his have regularly gambled or had experienced difficulties. While Carl stated having participated in numerous non-fruit machine gambling activities, he had never done so regularly and never found any activity other than fruit machines to be problematic.

When Carl began working full-time aged 18, he reported that he started gambling on fruit-machines and that this quickly became “every spare minute of every day, every time I had a bit of money, and I did that until when I was 30”. Whilst it is unlikely that Carl was attempting to deceive, it is important not to take that statement literally. Carl was able to move out of home aged 18, almost certainly paying various living costs alongside his gambling and he was able to maintain a relationship with his girlfriend who later became his wife. So while it does appear that during periods of gambling difficulties Carl spent a lot of time and money gambling, it is very unlikely to have been “every spare minute” or all his money.

Carl indicated that his patterns of fruit-machine gambling had fluctuated over the years and that he had often achieved periods of abstinence followed by returns to heavier and less controlled patterns of gambling. He reported having spent more money gambling than he could afford, often gambling with credit, and so had incurred significant debt. At interview, Carl reported that he had recently organised debt repayments incurred through gambling and was paying over £1000 a month towards this. He revealed that there had been times, about ten years prior to interview, when he felt that he “didn’t have anything to live for” and had come very close to committing suicide on a couple of occasions. He reasoned that his gambling difficulties had contributed to this way of thinking.

At the time of interview he reported that he was abstinent from fruit-machines and suggested that he had been so for many months prior to interview. Nonetheless, Carl was adamant that, despite abstinence, he was still “an addict”, constantly finding it difficult to control compulsions to gamble:

“[…] I may not be physically gambling but it certainly consumes my brain […] It’s still a problem for me. That’s the one thing I need to make clear, it’s still a massive problem for me”

Contextual influences

Carl suggested that his patterns of fruit-machine gambling had not been stable or constant
but highly variable over his gambling career. There was a strong sense that this variability had been influenced by changes to non-gambling aspects of his life such as changes to employment and living circumstances (e.g. when he moved out of his parents’ home, got married, became a father, got divorced, and moved back in with his parents).

An example of the influence of context on his gambling life is provided by his work life. Carl indicated that depending on his weekday work duties, his employment practices and routines had, at times, discouraged, and at other times facilitated compulsive gambling thoughts and gambling practices. In the past, for example, he reported having worked shift patterns that meant having time off during ‘normal’ work hours when most others are working. With little to occupy him during his time off as well as knowing that he would be relatively unlikely to be seen gambling, he reported feeling greater temptation to gamble and less discouraged. More recently he began to follow more ‘normal’ working hours and indicated that this discouraged gambling because he was less able to gamble without being seen by those that know him. However, at the time of interview, Carl reported that he had recently been promoted to a management position and this had reduced various gambling constraints by increasing the flexibility of his working hours and involving travel away from home which, he felt, had increased temptation to gamble.

**Experience of treatment**

Carl was the only interviewee to have participated in formal treatment for gambling addiction, including: hypnosis, various forms of counselling, gamblers anonymous as well as a 6-month residential treatment programme. Consistent with existing research (Reith and Dobbie, 2012:518), there was a strong sense that this may have led Carl to (re)frame his self and experiences in terms of addiction-as-disease and 12-step philosophy, continuing to perceive himself as an addict despite abstinence.

**Stigma and embarrassment**

Also unique among interviewees was the extent to which Carl reported experience of stigma and embarrassment related to gambling practices and to his self as a perceived gambling addict. Carl reported relying quite heavily on others – friends, family, and the pub landlord – to prevent him from fruit-machine gambling and stated that others knowing about his addiction led to embarrassment:

> “It’s embarrassing because virtually everyone in my life knows about my gambling. And as soon as they seem me going anywhere or doing anything – or whatever it could be anything, they start questioning me […] and I find that very difficult when people start questioning me and start looking at me and it’s quite soul destroying”.

Similarly, when Carl revealed that his parent’s managed his finances to help constrain his gambling he remarked that it was “child’s stuff, embarrassing really, but it keeps me safe”.

**Figure 5.5** Vignette: experiencing addiction and engagement in formal treatment (subtype one)
Despite abstinence, Carl continued to perceive himself as “addicted” because, he reasoned, he regularly continued to feel compulsion to gamble. As noted in Carl’s vignette, there was some sense that participation in formal treatment may have led him to embody addiction-as-disease philosophy, contributing to his self-perception as an abstinent addict. Also noted in Carl’s vignette was a strong sense that control over his gambling was supported by his circumstances and life-structure – sometimes in the direction of constraint and sometimes not. In contrast, Sampson’s experience of gambling addiction resonated strongly with the other member of the group, Rosie. Aged 21 and 20, respectively, both indicated having had a relatively short regular gambling career, beginning at aged 18, but for most of which they had indicated experiencing significant difficulty of control. The living costs of both were heavily subsidised by their parent(s) and although Rosie worked a total of 50 hours a week in two part-time jobs, she reported paying her mother quite a small proportion of her income as rent. Sampson reported that while he had paid some rent to his parents in the past, by agreement he no longer did so. Both indicated similar experiences whereby they had begun gambling regularly with friends, but had quite quickly come to experience difficulty of control. The fact that gambling was a central activity in their friendships and socialising routines, in particular, seemed to encourage gambling and discourage constraint.
‘Sampson’

Sampson was aged 21 at interview and employed as an apprentice engineer. He had always lived in Plymouth with his mother, father, and sister. He did not know of anyone else in his family who has ever gambled regularly or experienced difficulties.

Gambling experience

At the time of interview, Sampson reported regularly placing football bets (both online and in betting shop) and frequently gambling on offline casino roulette as well as video roulette in the betting shop. He stated buying an occasional scratch card but asserted that it was only roulette (both video and casino/offline) that he had found difficult to control. The interview was conducted on a Friday afternoon and Sampson reported that he had lost £90 on video roulette earlier that day. While Sampson stated regularly gambling on online soccer, estimating that he placed between three and eight parlay/accumulator £2 bets per week, tending to spend around £10 per week, he reported this to be “quite well controlled” and not problematic.

Sampson first started visiting the casino aged 18 with friends and quickly began playing roulette regularly. At the time of interview, he reported when in the casino tending not to play any non-roulette activities and that although he feels that his roulette gambling has been problematic and difficult to control for some time prior to interview, it has been particularly so within the past year.

Context/circumstances

Sampson reported that all of his close friends regularly gamble in the casino, online and at the betting shop. His girlfriend, however, does not gamble and would prefer him not to do so either; while in the past she had accompanied him to the casino and betting shop, she has come to do so less often. Sampson reported that he frequently gambles behind his girlfriend’s back and sometimes lies to her about his gambling.

When Sampson first started gambling he indicated that he would always visit the casino and betting shop with others rather than alone. However, at the time of interview, though he reported still tending to visit the casino and betting shop with others, sometimes he does visit alone (he estimated 25% of the time alone). With regard to casino, gambling he also reported that there are times when he continues to gamble after his friends have left the casino but on many occasions others will stay with him until early hours after entering the casino in the early evening.

Sampson stated having three friends who also partake in regular visits to the casino and betting shop, indicating that gambling (and related practices) had, at the time of interview, become “quite a sociable thing”. He felt that one of these friends also finds it difficult to control their gambling (not interviewed). Sampson described much of his roulette gambling as quite spontaneous and reported that if visiting town he will often pop into the betting shop and play video roulette. On work days he asserted his gambling to be far more constrained, not gambling during work hours, but, after work, sometimes meeting friends at the betting shop.

Figure 5.6 Vignette: experiencing addiction and no engagement in formal treatment (subtype two)
Conclusion
This chapter has provided an overview of the interviewees, their demographic characteristics, and gambling patterns. Vignettes have been presented to illustrate trajectories of gambling careers and indicate that gambling behaviour is strongly concomitant with (and as will be argued in chapter seven, supported by) wider aspects and circumstances of their lives. Shifts in these aspects/circumstances have been implicated to concert with changes in gambling behaviour while, on the other hand, consistency of these aspects/circumstances has been suggested to go with stability of gambling behaviour. More specifically, among the present interviewees (most of who were recruited because they exhibited greater control over gambling behaviour), such shifts were indicated to encourage positive changes in gambling behaviour. Closer examination of the influence of the wider, non-gambling, aspects and circumstances in which interviewees are embedded is the focus of chapter seven. First, chapter six, consistent with Zinberg (1984), focuses on the aspects of lives/milieu which are more directly related to gambling, the immediate (gambling) context and short-term behaviour.
Chapter six: Gambling-related influences on gambling behaviour

The thesis now turns to more in-depth qualitative analyses of interview data. The focus of this chapter is on aspects of lives directly related to gambling while the focus of chapter seven is on wider, non-gambling, related aspects of lives which were suggested to influence gambling behaviour, control, and harm. Consistent with the structure-agency theoretical underpinnings of the thesis (including rejection of structural determinism; see chapter one), particular consideration is given to how aspects influence decisionmaking via impact on the conditions in which gambling-related decisions are made. Drawing on the conceptual framework (see chapter three), the chapter begins with discussion of gambling-related practices and strategies suggested to influence gambling behaviour. The chief focus is on practices more conducive to constraint and ameliorating of harm but there is also discussion of practices which were revealed to be less constraining and riskier in terms of harm. The chapter then moves to examine the influence of aspects related to mindset and subjectivity/disposition on gambling behaviour. Drawing on the conceptual framework, again, there are sections devoted to gambling-related rules and conscious beliefs (i.e. understandings about luck and probability). References to cultural expectations and some conscious beliefs are made throughout the chapter because it often made for better clarity and readability to discuss these alongside other aspects (particularly practices) with which they resonate. As the chapter closes, discussion turns to consider how interviewees approached gambling and risk and, accordingly, two forms of habitus are deduced: a prudential habitus defined by a more cautious, more constrained and less risky approach to gambling and a prodigal habitus defined by a less constrained and more excessive approach.
Part one: practices

Constraining practices

Interviewees indicated enacting various practices to constrain their gambling and mitigate related harm. Consistent with existing research (Moore et al., 2012; Thomas et al., 2010), very common were practices aimed at better managing and reducing spending during gambling sessions.

Holding back and not (re)gambling winnings

Several interviewees reported that when gambling they would refrain from (re)gambling winnings. Some who reported gambling with casino chips offline (most commonly blackjack or roulette) stated that if they won and received higher value casino chips they would hold these back before cashing them in at the end of the gambling session – a strategy that seemed to constrain losses (Dzik, 2006). Tom (regained control) reported that on rare visits to the casino (typically once every two months at time of interview) he puts any chips won to one side, out of sight.

“I give it to the wife so she’ll put it in her pocket or whatever. Or I’ll put it in my pocket myself or give it to a mate to put away. [...] I’m not aware of how much they’re holding just ‘that it’s a £25 chip, put it away’. Once I’ve lost the other chips on the table I’ll go and cash the black chips in”

Tom, regained control

In Tom’s case there was suggestion that the practice coincided with the bringing of his gambling under control as he reported not having practiced it when he was experiencing addiction. Roger (regained control) also reported holding back higher value casino chips, and although he explained that he tended to do so at the time he had significant difficulty controlling his gambling, there was a sense that the practice constrained his gambling and spending, reducing financial harm.
"If I was having a particularly good run and I won a stack of chips [...] [the croupier] may have given me one £25 token. That £25 or £10 token, whatever it was, would always go in my pocket and it would never get put back on the table. Even if I had £100 cash in my pocket, the cash would get spent and the tokens would stay in my pocket until the end of the night and then they would get changed up"

Roger, regained control

So although Roger followed the practice when experiencing difficulties, it did appear to support gambling less problematic than it might have otherwise been. Nonetheless, Roger disclosed that having since regained control and reduced his gambling significantly he no longer engages in the practice. Having decreased the sizes of his wagers he reported that he is “very unlikely to win [...] anything significant”, preventing the winning of higher-value chips. The interviews of Tom and Roger suggest that the holding back high value chips as a harm-reduction strategy might be double-edged. The practice may, on the one hand, constrain financial losses but at the same time it requires the gambling of higher value wagers and/or on riskier odds. As such it is unlikely to be a valuable strategy for those who engage in more modest, less risky gambling and, in fact, might actually increase harm for such individuals as they would need to engage in financially riskier patterns of gambling to make use of it.

Bankroll management strategies
Common among poker gambling participants were bankroll management strategies – the setting aside of an amount of money, the ‘bankroll’, exclusively for gambling and the limiting of wager sizes to a maximum proportion of that bankroll (Nazarewicz, 2012; Recher and Griffiths, 2012). In the event of a win, the value of that win tends to be added to the bankroll so that the actual maximum amount of money that can be wagered increases but, on the other hand, in the event of a loss the actual maximum wager is decreased (Nazarewicz, 2012; Recher and Griffiths, 2012). The maximum
proportion of the bankroll that may be wagered remains constant (Nazarewicz, 2012; Recher and Griffiths, 2012). Although the proportion of the bankroll that may be wagered may differ depending on the specifics of the particular strategy and, sometimes, the type of poker tournament played, one participant, Scott (regained control), recommended that a poker gambler should always have 100 maximum 'buy-ins' (or 'stakes' depending on the type of poker game) in their bankroll:

“So say you’re paying $5 tournaments you should have $500 in your account and then if it goes below that then you drop down to $3 and so on”

Scott, regained control

Some poker gambling interviewees suggested that their poker skills and adherence to bankroll management strategies had led their poker to become self-financing and allowed them to continue poker gambling, long-term, without having to add additional funds to their online poker accounts. As Scott (regained control) continued:

“I deposited just over two years ago and made a couple of small withdrawals from it and never had to redeposit and I’ve got probably 5 or 6 times what I put on in the first place still available to me on the [web]site so it’s not making me a huge amount of money but it’s a hobby that finances itself”.

Scott, regained control, emphasis added

Some literature has suggested that poker gamblers who experience financial harms are less likely to use a bankroll management strategy (Griffiths et al., 2010). Avoidance of financial loss, even profitability, however, does not necessarily preclude experience of harm. Gambling-related harm can also stem from (excessive) time spent gambling and, as such, existing research has suggested that some experience of poker-related harm despite profitability (Griffiths et al., 2010; Wood et al., 2007). In preventing the poker gambler from ‘going bust’ (Recher and Griffiths, 2012:17), bankroll management strategies may actually increase harms stemming from time spent gambling because
the individual can keep poker gambling for much longer than would be the case if they no longer had money needed to gamble. Exemplifying this argument is the case of Scott (regained control) who suggested that even when he was experiencing difficulty controlling his gambling he continued to follow a bankroll management strategy. Scott reported that his gambling had not been problematic because of poker losses (indeed he stated his poker to be financially profitable) but because of the time he spent gambling which, he suggested, negatively affected his health, eating, and sleeping as well as his relationships with others, in particular with his girlfriend. Of course, it could be argued that financial losses might be more harmful than excessive time spent gambling and if, for a given individual, this is the case then bankroll management strategies may reduce overall harm.

‘Grinding’

Like some other poker gamblers, Josh (never experienced addiction), who reported poker as his only gambling activity, stated following a bankroll management strategy and that his poker had become self-financing. He referred to his “style” of poker gambling as “grinding” – a strategy of wagering small stakes in an effort to slowly amass or ‘grind out’ profit through repetitive, low-risk play as per ‘the daily grind’ (Radburn and Horsley, 2011). Any wins and losses are likely to be smaller than those who play more ‘aggressive’, higher stakes and riskier poker (Radburn and Horsley, 2011). Although grinding may not, necessarily, involve bankroll management – individuals, perhaps, choosing only to gamble what they consider to be small wagers regardless of a bankroll – Josh reported that the maximum stake he was prepared to place in a poker game was 5% of his $500 bankroll ($25) but that it was sometimes less and he tended to wager 1-2¢ or 5-10¢ per poker hand. Scott’s (regained control) poker strategy also reflected the grinding ethos:
“I try and take the less risk and take small pots, regular small pots, instead of flipping bigger pots. I’d rather accumulate chips over a long period of time rather than take big risks and win a big pot or bust”

*Scott*, regained control

Wagering small stakes is likely to impede financial harm, particularly when used in conjunction with bankroll management, but, as with bankroll strategies, grinding is unlikely to mitigate harms that may arise from time spent gambling. In fact, it is quite possible that grinding could increase time-related harm because of its reliance on slow, repetitive and drawn out patterns of gambling.

**Limiting money spent gambling by limiting (online) deposits**

Most gambling, even among poker players, is, of course, not self-financing and over time individuals almost always ‘lose’ financially (i.e. it costs them money) (Walker, 1992). Gambling literature reports that some gamblers set a maximum budget that can be spent gambling over a specified timeframe (Hing *et al*., 2015c). Kate (never experienced addiction), for example, stated limiting the money she deposited into her online poker account to £25 a month thereby not only limiting financial cost but reducing the time she spent gambling. Kate reported that if she had “dropped” (lost) £25 in the present month poker gambling then she will cease playing until the following month.

It is commonplace for online gambling providers to provide their customers with options to set deposit limits on their gambling accounts (Nelson *et al*., 2008). Keith (regained control), for example, reported that when he was finding it difficult to control his gambling he prearranged limits with various gambling providers with whom he had a
gambling account\textsuperscript{13}. However, he reported that having multiple accounts allowed him frequently to chase losses and spend more gambling than he would have preferred. Although in Keith’s case, prearranged limits seemed to fail because he would frequently reach those limits and gamble elsewhere, such limits may have had some usefulness for him, impeding further gambling and/or prompting reflection that might have discouraged decisions to gamble further. Further research is needed to evaluate the effectiveness of prearranged gambling limits in reducing harm.

\textbf{Bankroll management style practices among non-poker players}

While reports of bankroll management style strategies were uncommon among non-poker gamblers, there were some who indicated practices loosely evocative of the ethos. Martin, who reported predominantly betting shop horse race gambling, stated that he:

\textquote{[...]} might increase my bets slightly say if I’m having a good day to fivers a race and that but if I have a few losers I’ll go back to £2"

\textit{Martin, never experienced addiction}

Although reminiscent of bankroll management, Martin’s practice was much less sophisticated, less exacting and in all likelihood less effective at constraining spending than stricter poker bankroll management strategies as with no set bankroll figure, for example, there can be no proportional maximum wager. That is not to say it is ineffective in constraining losses. Following such a strategy does provide rough spending limits and contrasts with ‘chasing’ practices that will be discussed later (e.g. the ‘martingale’ strategy).

\textbf{Restricting access to money: constructing obstacles to future gambling}

Many participants reported enacting strategies aimed at restricting access to their own money in order to reduce money spent gambling.

\textsuperscript{13} At time of interview Keith had closed down all but one of his online gambling accounts.
Carrying limited money

A relatively common strategy, particularly among those who reported having experienced difficulty constraining their gambling, was to carry a limited amount of cash. Andy (regained control), for example, disclosed that in an effort to manage his spending on fruit-machines in pubs having reduced the amount of money he carries on evenings out. Andy indicated that the lack of an ATM (automated teller machine) in or near the pub that he frequents impedes access to additional money and so constrains his gambling. Indeed, scant research indicates that greater access to ATMs in gambling venues leads to increased gambling expenditure, particularly for those who gamble problematically (McMillen et al., 2004), and that removal of ATMs leads to reduced gambling expenditure both among those experiencing difficulties and those who are not (Thomas et al., 2013).

Leaving bankcards at home or elsewhere

As well as carrying limited money, some interviewees, particularly those who had experienced difficulty of control, reported leaving bankcards at home (Reith and Dobbie, 2013) or in their car. Stuart (regained control), for example, revealed that at the time when he was finding control difficult:

“I would never take my bankcard out with me. That was just to reduce the risk and the temptation”

Though this practice was not always as effective as Stuart wished because:

“[...] there was always so many times when I would spend the whole lot, I’d run home to get my card and go back chasing my money”.

Stuart, regained control
Giving funds to others to look after or manage

Some interviewees, and again particularly those who reported some difficulty of control over their gambling, asserted temporarily giving money or bankcards to others for safekeeping to help constrain gambling. When asked if there was anything he did to limit his gambling, Sampson stated:

“Yeah before we go out I say to my friends don’t give [lend] me any money […] If I’ve got my bankcard I give it to them and [say] ‘don’t give me my bankcard’ […] so that I can’t spend any more money […]”

However, Sampson went on to indicate that this practice was not always particularly effective:

“[…] but most of the time they give it [bankcard] back to me anyway”

Sampson, experiencing addiction

Some interviewees relied on practical support from family to manage their money and thus impede their gambling as well as reduce harm. Carl (experiencing addiction), for example, reported that at the time of interview he had given his parents responsibility for managing his money and that they would give him a weekly allowance from this (Anderson et al., 2009). Similarly, Jacob (regained control) reported that, in the past when he had found it difficult to control his gambling, his mother had taken control of his money and would then feed him money as required. Jacob reported that he was happy with this arrangement as it kept his gambling “sensible” but that after his mother died he found it extremely difficult to manage his money and constrain his gambling. As such, while it is reasonable to suggest that relying on others to constrain money spent gambling may be useful for those experiencing addiction, such constraints may eventually be removed leaving those who find control difficult at greater risk of gambling-related harm.
Effectiveness of constructing obstacles to future gambling

At first, it may seem that those strategies, just described, aimed at constructing obstacles to future gambling (i.e. carrying limited money; leaving bankcards elsewhere; and temporarily giving money to others to look after) were ineffective because they were often surmounted. However, though these strategies were often less effective than the interviewee wished, interviews suggested that they still reduced gambling and, often, encouraged more positive decisionmaking. Although Rosie, for example, reported “normally” going back to her car to get her bankcard before returning to the casino to continue gambling, she did not always do so. Similarly, though Sampson revealed leaving his bankcard(s) in his car and that he would often leave the casino to get these cards with the intention of going back to continue gambling, he disclosed that the process of returning to his car provided time for reflection and that, sometimes, he would change his mind: “[...] half the time when you’re coming back [with the bankcard] you think ‘no, I better not’” before reporting that he then may not gamble further. Sampson also indicated that while on other occasions he might give his bankcard to a friend, also at the casino, who would tend to give it back if he asked for it, the practice may provide an extra barrier to further gambling as Sampson reported not always asking for his bankcard back, describing it as a “hassle” to do so.

The effectiveness of such strategies is undoubtedly influenced by the qualities of the social/physical setting. Had it been more difficult for Stuart to return home, he may have been even less likely to return to the casino with additional money; had Sampson’s friends refused to return his bankcard he may have been unable to gamble further; and had Rosie parked further away from the casino, she may have been less likely to leave and return to the casino with more money. Though interviews indicated those with greater difficulty often relied quite heavily on strategies aimed at hindering gambling (and reducing financial harm), such practices did not entirely replace but supported control. All of the strategies just mentioned require interviewees to use their
agency to restructure their (future) gambling environments (e.g. restricting immediate access to funds) in an effort to hinder future gambling.
Taking breaks

Interviewees suggested taking breaks from gambling to constrain gambling behaviour. Though it may appear commonsense that breaking constrains gambling – after all, by definition, during breaks the individual is not gambling – closer examination of data uncovers further detail about why breaks are undertaken and how it supports more positive decisionmaking about gambling behaviour.

Taking breaks within gambling sessions

Some interviewees reported taking breaks within gambling sessions, slowing down the pace of their gambling. Scott (regained control), for example, reported that when he used to smoke tobacco and was at a casino he would go outside for a cigarette or if he was at home playing poker he would get up and go to the window or outside to smoke. In these cases, smoking provided a break from gambling. After having given up smoking, he reported that when taking a break from online poker gambling he would watch television or do some household chores. Scott emphasised a belief that the taking of breaks is important when gambling, particularly during poker:

“[...] there’s always something you can do to take some time out and I think that’s important – especially with poker where if you get knocked out sometimes you need to take a break and sort your mind-set out whether it’s 5 minutes or sometimes it’s better just to turn it off for the night. [...] You need to do that to reset your Brain otherwise it’s a slippery slope from [pause] your mind-set goes the wrong way and then that doesn’t help”

Scott, regained control

The taking of breaks was suggested to be directly influenced by the immediate physical and social conditions of the gambling environment. Depending on casino policy, drinking was implicated to encourage gambling breaks. For example, at time of data collection there were two main casinos in Plymouth; in ‘Casino A’ drinks were not permitted at gaming tables and gamblers who wanted to drink must do so at the bar or
in other designated areas, while in the other casino, ‘Casino B’, drinks were permitted at gaming tables as long as gamblers use trolley tables and do not place drinks on the gaming tables. Furthermore, Casino B allowed gamblers to order drinks via waiting staff who then serve drinks at the gaming tables while Casino A did not provide this service. It is likely that Casino A’s policy of not allowing drinks at gambling tables slows down gambling as gamblers who want a drink must leave the gaming area to do so. Ross (never experienced addiction) reported that because he regularly frequented Casino B, rather than A, where “drinks are brought to you at the table […] the majority of the time [he will be] sat at the tables” and indicated that this led to fewer breaks.

**Taking breaks between gambling sessions**

Some interviewees, all of who were either members of the never experienced addiction or regained control groups, talked about a need to take time off between gambling sessions. This was particularly the case among poker playing interviewees who tended to suggest that taking days off from gambling could be beneficial to improving their poker gambling/strategy by helping them to make better, soberer, decisions. The purposeful taking of breaks between sessions was not, however, uncommon among non-poker gamblers. Maya (never experienced addiction), for example, reported that if she "loses a lot" then she “will take a break from betting for a few days” while, Evan (never experienced addiction) recommended that:

"[…] as soon as you feel you’re on a losing streak maybe it is time to give it a break for a couple of days and come back on the weekend"

*Evan, never experienced addiction*

Though the excerpts above suggest breaks to be performed with intent to support more positive gambling decisions, interviews indicated breaks far more often to be non-purposive and consequence of engagement in other commitments (though this was not
stated explicitly). As will be discussed further in chapter seven, data suggested that having life-structures which included non-gambling obligations appeared to constrain gambling. In meeting commitments to non-gambling-related obligations, resources (e.g. time/money) are directed away from gambling, constraining and breaking up gambling sessions. This results in time away from gambling and, for some, may provide space to reflect on gambling practices leading to more ‘positive’ decisionmaking. The chapter now turns to explore practices less conducive to constraint.
Practices less constraining

Interviews also revealed some gambling practices to be less conducive to constraint and riskier in terms of harm. Although, as will become clear, members of the never experienced addiction and regained control groups indicated that such actions were not confined to periods of lesser control, the interviews of participants experiencing addiction at time of interview and the reports of those who had regained control concerning past experiences suggested that practices less conducive to control were, unsurprisingly, more common and enacted to a far greater magnitude during such periods.

Chasing losses

Chasing losses (or ‘chasing’) refers to attempts to recover past gambling losses through further gambling and often involves placing progressively larger bets and/or choosing to gamble with riskier odds so that any win yields larger return(s) needed to quickly recover losses (Dickerson, 1984:133; Walker, 1992:86; O’Connor and Dickerson, 2003:360; Lesieur, 1977:360). Literature has, however, noted distinction between the chasing of losses between gambling sessions (e.g. returning another day to recoup losses) and chasing losses within sessions (O’Connor and Dickerson, 2003:360) and while both types of chasing may not be conducive to constraint and may increase risk of harm, it has been argued that it is chasing losses between sessions that is much more likely to be associated with addiction and harm (O’Connor and Dickerson, 2003). In fact, Lesieur (1977) purported that it was the ‘long-term chase’ that distinguished ‘compulsive’ from non-compulsive gamblers while O’Connor and Dickerson (2003) argued that chasing within sessions to be quite common and usually unproblematic. In short, it has been argued that, while not indicative of constraint (e.g. financial losses), discrete and infrequent instances of excessive and less constrained gambling are not necessarily indicative of addiction.
It was common for interviewees to indicate chasing losses both within and between sessions during periods of addiction. Sampson (experiencing addiction) described his gambling as:

“[…] just endless. Just plugging money in places trying to like to seep back [recover] money that I’ve lost […] when you are losing a lot of money to draw more money out to try and get back and then when you are so far down you just keep going trying to get your money back”

Sampson, experiencing addiction

Chasing losses: increasing size of bets and gambling on riskier odds

In contrast to strategies of bankroll management (i.e. where wagers are reduced in response to losses), some interviewees reported increasing the size of their wagers and/or, less commonly, wagering on riskier odds in an attempt to quickly recoup or ‘chase’ losses within sessions. Members of the regained control and experiencing addiction groups suggested such practices to be particularly prevalent during periods of lesser control. Tom (regained control) illustrated these forms of chasing with reference to another gambler known to him:

“I know one lad who, he’s quite ‘wedged up’ [has/carries a lot of money], he might [bet] £100 on a football game and if he loses it he might look at the next football game and go ‘well if those odds mean that I put £200 on and I win then I win that £100 back’. So he’ll end up £300 in debt or level”

Tom, regained control

Some interviewees reported ‘doubling-up’ wagers in order to recover losses – a strategy that one participant, Felix (never experienced addiction) who was scathing of the practice, referred to as the ‘martingale strategy’ whereby if a player losses a wager they will continually double their wager on each subsequent bet so that any win recoups previous losses in addition to that wager (see Walker, 1992:86; O’Connor and Dickerson, 2003:361). Felix explained that following this strategy with an initial £10
wager would mean that 8 or 9 losses in succession would result in having to stake, and potentially lose, thousands of pounds. While, theoretically, losses may eventually be recouped, the strategy soon becomes unsustainable because the gambler very quickly runs out of money to gamble with or is forced to wager money that they do not have (i.e. credit) and so may incur debt. Performing ‘doubling-up’ strategies, then, is likely to increase risk of harm resulting from financial loss. Most participants who reported ‘doubling-up’ did so while playing roulette on odds that were close to even (e.g. red/black; odds/evens) but, as usually the case, with odds in favour of the gambling provider (house edge; Dzik, 2006). While doubling up strategies were asserted to be most common during periods of lesser control, some (though relatively few) of those who had not experienced difficulties also reported doubling up in the pursuit of past losses. Maya (never experienced addiction), for example, reported occasionally ‘doubling-up’ wagers after a loss on roulette, however, she would only do so up to the value of £10 and cautioned against “getting sucked into the idea that you can win your money back”. There were no reports of the martingale strategy being deployed over numerous gambling sessions (i.e. chasing between sessions) and this may well be because, as noted, the strategy becomes unsustainable very quickly.

**Chasing losses: ‘in-running’ betting**

Some interviewees indicated chasing losses through ‘in-running’ gambling. Also known and marketed as ‘in-play’ or ‘live’ betting, in-running bets are most often placed on sporting events and are almost always placed over the internet (Gambling Commission, 2009; Parke and Griffiths, 2007; Griffiths and Auer, 2013). The hallmark of in-running betting is wagering after that event has started and as it progresses, allowing the gambler to place numerous and, possibly, contradictory bets as the event unfolds (Parke and Griffiths, 2007; Gambling Commission, 2009). In spite of very little existing research, commentators have expressed concern that in-running gambling circumvents various structural constraints inherent in more ‘traditional’ sports betting
(e.g. inability to chase losses within an event) that act to constrain gambling opportunities and so may lead to heavier and more problematic gambling (Parke and Griffiths, 2007; Griffiths and Auer, 2013). It is not claimed here that in-running gambling necessarily encourages heavier gambling, problematic gambling, or gambling addiction (although Griffiths and Auer (2013) do go as far as to purport that it does) but it is fair to say that in-running gambling removes structural constraints that might otherwise constrain gambling.

Two interviewees reported engaging in in-running gambling, Maya (never experienced addiction) and Keith (regained control). Each reported only doing so on football/soccer matches, indicated that they had done so when chasing losses, and stated that they tended, in addition, to bet on the event before it started. Maya reported that after placing soccer bets she may place some in-running bets while following the match:

“[…] depending on how those are going, I’ll do the in-play bets. If they [original bet(s), placed before the event begins] don’t look like they are going to win then I’ll do in-play bets to try to win more. If I’m going to lose I’ll place in play bets to counter the fact that I’m going to lose”

Maya, never experienced addiction

Similarly, Keith reported that he had engaged in a comparable practice when his gambling was more excessive, problematic and when he was experiencing difficulty of control.

“[…] say now for example, if I lost a bet […] let’s say last night, the ‘Man United’ game; say I had van Persie [football player] to score the first [goal]. I used to go onto one of my other accounts and put it on again [van Persie to score next] and if he didn’t I’d go on another account and do the exact same thing again”

Keith, regained control
Chasing losses, reflection, and promotion of poor decisionmaking

Although engaging in chasing practices are fundamentally practices of lesser constraint, a common theme in interviewees with those who had experienced lesser control was that losing money led to circumstances which impaired ‘better’ decisionmaking and encouraged decisions to gamble further thereby leading to an escalation of financial harm. Reflecting on past experiences, Andy (regained control), for example, asserted:

“I put a tenner in [to the fruit-machine] and just think ‘oh that’ll do, it’s a tenner’ but the thing is as soon as you lose it you think [pause] the next thing I’m about £40 or £50 down and I’m chasing now big time and all I’m trying to do then is get my money back […] It’s called the red mist”

Andy, regained control, emphasis added

Similarly reflecting back on past experience, Brian (regained control) revealed how making incremental decisions can lead to a situation which discourages desistance:

“With gambling if you walk in there and say you’re going to come out twenty pounds worse off, well you think that I can’t afford to lose twenty quid. But you are never losing twenty-quid in a single decision. Each decision is a quid, maybe. So being £13 down makes no difference at all but that extra quid – I might win back a tenner and that does make a difference. Being £14 instead of £15 is fine, virtually the same thing. And you keep doing that in small increments and suddenly you’ve lost money that you can’t afford”

Brain, regained control

Implicit in the excerpts above is the negative influence that reflection on previous losses can have for some gamblers. Indeed, as will now be discussed, the practice of recording gambling expenditure can promote chasing practices and thus increase risk of harm for some.
Keeping track of expenditure and promotion of loss chasing

Although problematic gamblers are often advised to keep records of their gambling expenditure and patterns to discourage gambling and reduce harm (e.g. Aquarius, 2014), some interviewees who had experienced difficulty controlling their gambling indicated that this could contribute to poorer decisionmaking.

Richard (regained control), for example, reported that at the time of addiction he would keep a short-term record of his wins/losses (covering a few days) but, rather than reflecting on losses and constraining his gambling, he treated gambling losses as a “score” – a target figure to recoup through gambling. Richard reported that the more money he lost gambling, the more he increased his wagers because, he reasoned, he needed any potential wins to be larger to recoup increasing losses. Similarly, Sampson (experiencing addiction) reported that he kept a rough figure in mind of how much he had lost gambling and treated this as a figure to recoup through further gambling. As Sampson reported:

“[…] it’s only a figure of the last time […] because all the little wins in between I don’t really count because I know I’ve done nothing useful with that money […] this week I’ve won more than I lost but I’ve just taken no notice of that cos I’m not feeling the benefit of any extra money at all […] the only way it’s going to fix it is if I win a few hundred pounds so [that] I have got a big chunk of money to go put somewhere like, pay something off if you know what I mean rather than just having the odd […] like even having £100 I wouldn’t go and put that £100 away [in bank]”

Sampson, experiencing addiction

These excerpts suggest that, at least for some, keeping track of losses may not support decisions to constrain gambling as might be assumed. Indeed, quite surprising was that those with greater control tended not to report reflecting on losses (though, of course, this may not mean that they did not).
Cultural expectations about chasing losses

Along with reporting whether or not they engaged in loss chasing, some interviewees revealed beliefs and opinions about those practices. In general, there was widespread disdain for chasing losses between sessions. Kate (never experienced addiction), for example, reported:

“I often wonder at how these people become embroiled in gambling to the extent that they don’t care – they’d spend money to try to win money back that they’ve lost and I think ‘you’re on the road to nowhere’“

Kate, never experienced addiction

Indeed, even interviewees who indicated experience of addiction and engaged in between-session chasing were scathing of it. Sampson (experiencing addiction), for example, revealed that while he did not think that gamblers should chase losses between sessions, he frequently did so. When questioned further, Sampson reasoned that because he had lost money gambling, wanted to recoup it, and perceived little other way of doing so quickly, further gambling was a sort of ‘necessary evil’ required to regain losses. With regard to chasing losses within sessions, cultural expectations were more mixed. Some reported chasing practices to be unacceptable. Tom (regained control), for example, asserted such practices were indicative of problematic gambling:

“I think you’ve got an issue once you start chasing things”

Tom, regained control

Others, however, indicated that chasing within sessions was permissible within limits. Maya (never experienced addiction), for example, reported occasionally ‘doubling-up’ wagers after roulette losses but stipulated that only being prepared to do so up to the value of £10 and cautioned against “getting sucked into the idea that you can win your money back”.

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Gambling practices reflection

Before this chapter turns to examine the gambling-related mindset, subjectivities, and dispositions of interviewees, it is worth discussing further some notable points relating to gambling practices.

Although some practices were identified as intrinsically riskier or less risky in terms of harm (e.g. the placing of smaller wagers is less risky in terms of financial harm than placing larger ones), interviews also emphasised that practices could influence gambling behaviour by contributing to future circumstances in ways which encourage decisions to engage in gambling practices which are less/more risky in terms of harm.

The practice of leaving bankcards outside of the gambling setting, for example, was suggested by interviewees to help support later decisions not to engage in loss chasing while, on the other hand, some indicated that that keeping track of losses could encourage decisions to chase losses thereby increasing risk of harm.

Secondly, although data indicated numerous gambling practices that, when enacted, often constrained gambling and supported control, it appeared that those with greater control relied little on these to regulate their gambling. As will now be explained, this suggests that while such practices may still be useful, better managed gambling may be little attributable to the enactment of such practices. Indeed, such strategies were least often reported by interviewees who had never experienced addiction indicating that many regulate their gambling without recourse gambling practices. Whilst, on the one hand, this might be unsurprising as without experience of difficulties, gamblers may have little need or motivation to impose constraints, on the other hand, this seems to conflict with existing substance-focused research which has suggested the nature of consumption-related practices to be a prime factor in degree of control over drug use (Zinberg, 1984; Decorte, 2001). Reports of those constraining practices described earlier were far more common among members of the regained control group. Nevertheless, (re)instatement of control for these interviewees, however, seemed little attributable to such practices because these interviewees tended to assert that they
had engaged in the same constraining strategies during periods of addiction and that they continued to do so after achieving greater lasting control. This, too, conflicts with the existing literature (Zinberg, 1984; Decorte, 2001) in the way just mentioned. Indeed, as will become clearer in chapter seven, greater/lesser control as well as shifts thereof (e.g. recovery) appeared to be far more influenced by qualities of subjectivities and the wider circumstances of interviewees lives than by the nature of gambling practices.

To be clear, while in terms of addiction and recovery those practices identified as constraining appeared to have little impact, this is not to say that those strategies were not valuable in limiting gambling within sessions and so reducing harm. Indeed, constraining practices were implicated to have value both during periods of addiction and during periods of greater control. Though interviewees suggested regularly spending far more money than they wished during periods of addiction, it was not uncommon for members of both the never experienced addiction and regained control groups to assert often spending more money gambling than they later wished they had at time of interview\(^{14}\) (albeit, perhaps, to a lesser extent) and to indicate that constraining practices helped safeguard against this.

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\(^{14}\) Spending more money in a gambling session than, on reflection, someone wished they had is not necessary indicative of significant loss of control (i.e. addiction). This is comparable to someone who does not drink addictively but might, on occasion, consume more alcohol on an evening than they come to wish they had when they wake up the next day.
Part two: Gambling-related mindset, subjectivities, and dispositions

The chapter now turns explore aspects related to mind-set and subjectivity including rules about gambling, (conscious) beliefs and (mis)understandings about probability and luck, before turning to consider how interviewees approached risk and the gambling wager. As will become clear, some interviewees appeared to possess a more ‘prodigal’ habitus more associated with difficulties and others a more ‘prudential’ habitus which seemed less so.

Rules about gambling

Interviewees revealed numerous rules about gambling. Constraints on this doctoral thesis do not allow for discussion of all these rules and so what follows, instead, is a general discussion with focus on which ideal-types reported them and whether or not any association between greater or lesser control was suggested. Nonetheless, rules are paraphrased and presented in Appendix E for the interested reader.

Members of the never experienced addiction group tended to report relatively few and quite uniform rules. Particularly common was the oft-repeated maxim ‘don’t gamble [or spend] more than you can afford to lose’ along with other rules about spending limits. Members of the regained control group, in contrast, tended to report a greater diversity of rules which were more nuanced and framed within their past personal experiences of difficulties. This is likely because, having experienced difficulties in the past, members of the regained control group developed rules based on those difficulties. Roger (regained control), for example, ruled to never gamble with credit because he had done so in the past and incurred significant debt. To give another example, Scott, who suggested that excessive time spent poker gambling had, in the past, negatively

15 Though widely reported, there was a sense that this phrase had little meaning for interviewees or that they had ever really considered the sentiment.
affected his health and led to arguments and conflict with loved ones, stated, “it’s [gambling/poker] not your life, it’s a little part of it” alluding to the importance he later came to place on non-gambling aspects of his life.

Interviews with members of the experiencing addiction and regained control groups indicated that, during periods of addiction, interviewees often tried to implement prohibitive rules that were routinely violated. When asked what advice he might give to others who were experiencing difficulty of control, for example, Sampson (experiencing addiction) retorted “don’t do it! [gamble]”, a sentiment echoed by the other two experiencing addiction at time of interview. With regard to spending limits, to give further examples, while most of those with greater control tended to report that they occasionally spent more gambling than they had originally planned, those who found it difficult to control their gambling tended to report regularly spending far more than they had planned (if they had planned to gamble at all). Rosie (experiencing addiction), for example, indicated that at the time of interview she had a rule to spend £3 each session on a pub fruit-machine but that she usually spent much more. Brian (regained control) reported that he tried to implement many gambling rules when he was experiencing addiction, but that he frequently contravened them:

“Back in the past [when gambling problematically] there would have been lots of rules and all of them broken. You set the rules to protect yourself but if you’ve got a problem then you’ll always break the rules, I think”

Brian (regained control)

Rules reportedly held by members of the regained control group at time of interview tended not to be prohibitive but still constraining. This is unsurprising as there was an emphasis on recruiting those who were actively/regularly gambling – if individuals who had regained control through abstinence were recruited then more prohibitive rules may have been reported.
There was little indication that rules were particularly effective in governing gambling behaviour. The finding that members of the *never experienced addiction* group reported few rules yet managed their gambling well and that those experiencing difficulty of control routinely contravened their rules suggests that gambling behaviour tends not to be regulated through obedience to rules. Indeed, the repeated failures of those experiencing difficulties to regulate their gambling by recourse of rules suggest rules to be relatively poor at managing behaviour (at least among those with difficulty of control). These findings resonate strongly with Bourdieu (1987b) who argued that behaviour is not product of regulation to rules but develops through an integrated model whereby, outside of agents’ awareness and reflection, past experiences come to shape their ways of thinking (habitus) thereby motivating particular courses of future behaviour (see chapter one).

Moreover, failure to report a rule does not mean that an interviewee contravened the sentiment as exemplified by the rule, reported by Roger (regained control), not to gamble with credit. Though members of the *never experienced addiction* group did not report this rule, there was no indication that any of that group had acted on the contrary. Rather than (consciously) holding and reflecting on a rule to prevent interviewees from doing so, gambling with credit was, it is reasonable to suggest, just something that they would not do (or, perhaps, even think to do). Interpreted through Bourdieu (1987b), such a course of action may lay outside of a given individual’s expectations for self-conduct – outside their habitus and their *practice sense* (see chapter one) – so that it is not even considered as a potential course of action. Brian (regained control) who, as recently discussed, reporting contravening many previously held rules about gambling when he was experiencing difficulties gives credence to these ideas, indicating that his more controlled gambling was not regulated by recourse of rules at time of interview:
“I don’t think I have any rules really [...] There’s not a cast-iron rule. There’s no set rule about going to the bookies, I just don’t”

Brian, regained control (emphasis added)

Beliefs: (mis)understandings about probability and ‘luck’

Some existing gambling research (Joukhador, 2004; Ohtsuka and Chan, 2010) has focused on the influence of erroneous beliefs about probability and ‘luck’ on problematic gambling, discussion now turns to explore how the reports of interviewees resonate with that literature. Members of all ideal-types indicated erroneous understandings about probability and gambling. Interviewees who referred to ‘luck’ did so to mean the experience of favourable outcomes which may not easily have occurred, and/or were unlikely to happen, and where the gambler has little or no control over those outcomes (Pritchard and Smith, 2004; Levy, 2012; Gunther, 2009). Beyond this, participants referred to ‘luck’ with reference to superstition and/or probability.

Superstitious luck (belief in the existence of a supernatural/mystical force that somehow determines favourable outcomes; Vyse, 1997) is, of course, fallacious, and existing research has suggested a link between the holding such beliefs and problematic gambling (Joukhador, 2004; Ohtsuka and Chan, 2010). Among the present interviewees, however, there was scant indication that during periods of lesser control there was a greater tendency to hold such beliefs. Indeed, some indicted that superstition influenced their gambling behaviour during periods of greater control. Jacob (regained control), for example, recommended that if someone feels “lucky”, then they should “do it” [gamble] but if someone does not feel lucky then “don’t do it […] sometimes a gut instinct always works but sometimes we don’t listen to it”. Some interviewees reported carrying out particular actions and rationalising that they were lucky. Victoria (never experienced addiction), for example, reported that when playing roulette she always puts at least one chip on her “lucky number which is 22” while
Maya (never experienced addiction) reported that she only uses one online gambling provider because “I think it's lucky to use the same one”. Given that existing literature suggests association between erroneous/superstitious beliefs and problematic gambling, it is quite surprising that members of all ideal-types indicated such beliefs. It is worth noting, however, that interviewees were not asked explicitly about any superstitious beliefs and as those who mentioned them were not pressed on such beliefs, it is quite unclear how strongly these were held or if they ‘really’ believed in them. Most interviewees, however, did not indicate superstitious beliefs and some explicitly rejected them. When Felix (never experienced addiction), for example, was asked about any gambling rules he holds he berated superstition among gamblers by sarcastically replying: “If I haven't got my lucky red sock on?!”. Most interviewees who mentioned luck did so when referring to statistical probability – favourable outcomes, the result of chance (Pritchard and Smith, 2004) and, in general, there was little evidence to indicate misunderstandings about probability among interviewees (though interviewees were specifically asked or pressed about their understandings).

**Approach to risk**

Some interviewees suggested that they were, or had been, encouraged to gamble by desire to engage in risky practices. While these participants may, in part, have been motivated by the potential of financial reward, some indicated desire to put at risk what they already have. For some of these, it appeared that the more valuable the wager and the riskier the bet, the greater the thrill and attraction to the activity. This resonates strongly with edgework theory (Lyng, 2005), concerned with voluntary risk taking for pleasure. According to Lyng (2005) for some it is ‘the intensively seductive character of the experience itself’ that encourages engagement in risky edgework activities. Brian (regained control), for example, reflecting on his past experience of addiction, appreciated that for some:
“Part of the excitement comes where you’re risking money that you can’t quite afford because the rewards are obviously bigger and it’s kind of exciting and dangerous”

Brian, regained control, emphasised added

This was echoed by Rosie (experiencing addiction) who stated that “there’s something quite exciting about risking a sum of money”. Brian reported that since he had brought his gambling under control he had become more “risk-averse”:

“[…] something changed where […] I’m [now] very risk averse. For example, even when paying for the parking [to attend the interview] I paid for 2 hours even though you [the interviewer] said it would be less than 1 hour but it’s a risk and gamble […]”

Brian, regained control

Though the very fact that Brian continued to participate in poker gambling suggests that he may not be as risk averse as he implies, he suggested that his gambling style, at time of interview, was far less risky in terms of odds and money wagered than at the time he was experiencing difficulty managing his betting shop gambling.

Preference for riskier (higher) odds

Some interviewees reported rejecting lower, less risky odds, and choosing to gamble on events where higher, riskier odds were offered by the bookmaker. Victoria (never experienced addiction), for example, stated that when playing blackjack often betting on the “top 3 box” (a side bet) – an option where if the cards dealt combine to make certain poker hands a larger return on the wager is paid. Victoria appreciated that such an outcome is very unlikely and in doing so her wager is at much greater risk than if she was playing common blackjack but nevertheless reported: “I’ll just play it anyway because it makes it a bit more exciting”. Some gamblers tended only to gamble on
instances where the bookmaker offers relatively high (risky) odds. Maya (never experienced addiction), for example, reported that “If there’s good [high] odds I might put something on, if not I won’t bother”. A commonly reported form of betting among interviewees of all ideal-types involved combining two or more individual wagers into a single bet known as a ‘parlay’ or an accumulator bet (Grant, 2013). Combining numerous single bets in this way increases the amount of money that might be won but, as the success of the bet depends on the correct prediction of all outcomes, it also increases risk of failure and financial loss (Grant, 2013). Some, however, rejected riskier odds thereby, ceteris paribus, reducing (but not mitigating) risk of losses. Martin (never experienced addiction), for example, reported:

“It’s not often I do ‘accers’ [accumulator bets] either because that is putting all your eggs in one basket. You only have to have one loser on that and then that’s it, you’re done. Then you’ve lost the lot! it’s not a wise bet; I don’t think so anyway”

*Martin*, never experienced addiction (original emphasis)

**Preference for smaller wagers**

A preference for riskier odds, *per se*, however, was necessarily harmful. Indeed, those with greater control often reported balancing riskier odds with lower value wagers in ways which offset (financial) harm. Scott (regained control), for example, asserted himself to be, at time of interview, “very much a small bet, long odds type of [sports] gambler”. Some other interviewees, and particularly those with better regulated gambling, adhered to styles of gambling that involved *both* smaller wagers and less risky odds. Steven (never experienced addiction), for example, reported preferring small wager gambling and avoided roulette because “the odds are too high”.


Approaching the wager: financial investment or leisure fee

Interviewees indicated thinking about the wager in two broad ways: in terms of investment and, on the other hand, as a fee for engaging in gambling as a leisure activity (similar to paying to visit the cinema or go bowling) (Dzik, 2006). These two ways of viewing wagers were not necessarily mutually exclusive as, in general, interviews indicated that participants tended to regard the wager as simultaneously investment and fee. Nonetheless, as will become clear, the approaching of the wager more in terms of the latter appeared more conducive to control than more in terms of the former.

The wager as a leisure fee

Some interviewees, particularly those who indicated greater control, tended to regard wagers more as a fee but with an added potential that they may win some money. Though they often reported the possibility of winning money to be exciting, emphasis was placed on gambling as an ‘end in itself’ rather than on the potential for monetary return. Such an approach resonates with existing research suggesting that while the potential to win money can, for some, increase the excitement of gambling (Gilovich and Douglas, 1986), some gamblers are willing to pay financially for that excitement regardless of winning or losing (Bruce and Johnson, 1995). Victoria (never experienced addiction), for example, reported:

“I see it [poker] as a game. More like I would pay £10 to go bowling, I would pay £10 to play poker. You don’t win anything when you go bowling but you enjoy it and you have fun. I wouldn’t go bowling and then if I didn’t win go ‘I’ve got to play again, I’ve got to play again’ because you just don’t think of it like that do you?”

Victoria, never experienced addiction
The wager as a financial investment

There was a sense that more controlled gamblers tended not to believe that gambling was an effective way of making money in the long-term or that it was extremely unlikely, if not impossible, to do so. Wallace (never experienced addiction) expressed surprise at the notion of regular gamblers winning more than they were spending:

“[…], of course, I’d say yeah, I’m spending more than I’m winning but I’d like to find any gambler who makes more money then I need their [phone] number!”

Wallace, never experienced addiction

Interviews with members of the experiencing addiction and regained control groups indicated tendency for wagers to be approached in terms of investment during periods of lesser control. It has already been noted that interviewees reported it commonplace to chase losses during periods of gambling-related difficulties and those doing so, it is reasonable to suggest, are essentially treating each wager as an investment. In addition, it was also quite common for interviewees with lesser control to indicate having viewed gambling as a way to make discernible profit and so wagers as investments in this sense.

Such indications were not necessarily explicit in interviewee’s reports but often gleaned from a tendency for the interviewee to discuss, often at length and in detail, the potential financial rewards of gambling to a far greater extent than those who indicated greater control and less experience of harm. Sampson (experiencing addiction) reasoned that, at time of interview, he was attracted by the prospect of financial returns and to win back losses:

“Any time you think about it and you’re a bit skint you think ‘oh might be able to get a bit of extra money here’ [by gambling] and then when you’ve lost it’s like, ‘shit, I need that money back now!’ […] when you are losing a lot of money you draw more money out to try and get back and the when you are so far down you just keep going trying to get your money back”.

Sampson, experiencing addiction
Among members of the regained control group there were reports of having believed, during times of difficulty of control, gambling to be a way of making discernible profit. Brian (regained control), for example, asserted that when “hooked” he thought he could “beat the system” and, declaring an aptitude for mathematics, had approached gambling as “a mathematical problem to solve” in an effort to “beat the system”. Brian reported:

“My brother said that 1 in 2000 gamblers in the bookies are making money so the idea of becoming that 1 in 2000 – it seems a status thing and kudos to yourself that you can be that special person”

*Brian*, regained control

Although in the past Brian reported having believed that his brother was profiting from gambling, at the time of interview he no longer believed that this had been the case. Brian also stated no longer believing that there was a ‘system’ to ‘beat’ and that it was not feasible to make discernible profit gambling. A similar experience was reported by Stuart (regained control) who indicated that during his difficulty of control he also believed that he could make money gambling. Stuart rationalised that in the past he gambled, in part, to try to make money:

“There were times when I had less money, which sounds silly, where I’d gamble more because I wanted to get more. I wanted to have the spare money. I thought that gambling was the answer to not being able to have the things I wanted. So, before, when I didn’t have a lot of money, when I was in between jobs, that was a time – and I’ve spoken to quite a few people who agree the same as well – it’s when you’re down in your luck in life that seems to be the time that you’re looking for a lucky break and that’s the reason they’re gambling”

*Stuart*, regained control
Gambling subjectivities: prudential and prodigal habitus

Synthesising findings about how interviewees approached gambling approached gambling with Bourdieusian theory (see chapter one), distinction can be made between two pure forms of habitus:

*Prudential habitus* – characterised by a more cautious approach to gambling where the gambler prefers smaller sized wagers, lower odds and views the wager less as an investment and more as a leisure fee.

*Prodigal habitus* – characterised by a riskier approach to gambling where the gambler prefers larger sized wagers, higher odds and approaches the wager more as a way to make money. Those with a more prodigal habitus appeared particularly attracted by a desire to put at risk what they already possessed.

Unsurprisingly, a propensity towards more cautious gambling (i.e. embodiment of a prudential habitus) tended to be associated with gambling that was greater controlled while propensity towards riskier gambling (i.e. embodiment of a prodigal habitus) appeared more associated with gambling that was lesser controlled.

**Prudential habitus**

According to Bourdieusian theory, an individual’s habitus is the embodiment of particular dispositions arising from their past experience, providing the ‘practical sense’ necessary to negotiate new situations (see chapter one; Bourdieu, 1977). Kate (never experienced addiction) indicated a prudential gambling habitus throughout her interview. Kate reported:

“Even if I’ve got a massive bankroll I won’t go into the big [poker] tournaments [...] I still will not pay $12 or $20 to enter a tournament. It’s not in my nature. [...] to me that’s a waste of money, I can get just as much pleasure playing the $2 or the $4 as I can at $20"

*Kate, never experienced addiction*
Even when a child, Kate indicated that she embodied a more prudential approach to gambling, stating that though on family holidays to seaside she would play penny arcade games, she would always keep and “never” re-gamble any winnings. Interviewees appeared to indicate consistency with their wider (non-gambling related) expectations and practices (e.g. how they approached managed other finances). After expressing perplexity that some gamblers chase losses, she reported:

“[…] money has always been tight […] I always wanted to take my kids on holiday and I had to work very hard at being able to afford that. So money to me is something that I can’t just throw away”

*Kate*, never experienced addiction

Again consistent with Bourdieusian theory, Kate’s statement above emphasises that her *prudential* disposition was influenced by her situation and experience of living with little money which, it appears, encouraged her to embody expectations (value/norms) against more profligate spending. Echoing Kate’s disclosure that it was not in her ‘nature’ to gamble in what could be described as a more profligate way, when Ross (never experienced addiction) was asked about how he managed to control his gambling while (in his view) some of his friends had great difficulty, he reported “[...] I’m a bit more restrained and a bit stingy with my money, to put in bluntly”.

A similarly cautious approach to gambling was also exemplified by Scott (regained control). Although Scott had experienced addiction and harm stemming from excessive time gambling, adherence to strict bankroll management meant that he mitigated financial gambling-related harm. Scott indicated disposition toward prioritising non-gambling spending over gambling, reporting that:

“Some people might think ‘If I gamble the last £10 on this and I win then I can pay that’ whereas I would think ‘well that the last £10 can at least be used towards it’”

*Scott*, regained control
Scott’s more prudential dispositions and gambling practices (strict bankroll management) also appeared consistent with, and perhaps influenced by, experience in the ‘field’. Scott had not worked for three years at the time of interview due to illness and reported that this meant he had to be “frugal” whereas, reflecting back to when he was working, he stated:

“I had a decent enough disposable income so I did play higher stakes before and I probably took more risks […] I would be prepared to put larger bets on”

Scott, regained control

Prodigal habitus

Similarly, there was a sense that many of those who engaged in more prodigal gambling, associated with lesser control, indicated more profligate non-gambling spending. It must be noted, however, that as recruitment focused on individuals with greater control there is far less data on which to base this assertion. Nonetheless, Rosie (experiencing addiction) suggested embodiment of a prodigal habitus. Rosie reported employment of over 50 hours per week and indicated paying relatively little rent to her mother (£200 as her only necessary monthly outgoing). However, she reported that “as soon as I have money it tends to go in the first couple of days” and that while some of her money does get spent gambling, the rest gets spent on what she perceived to be “everyday items”. Similarly, Sampson (experiencing addiction) reported that if even when he has lost money gambling he will still continue to spend money on other activities:

“[…] if I get annoyed that I’ve lost money during the week and then I’ll be like ‘Nah, I still want to do this’ […] I think I’m still going to do the stuff I want to do because I’m not going to hold back now”

Sampson, experiencing addiction
Conclusion

This chapter has been concerned with how gambling-related aspects of interviewees' lives and subjectivities influence regulation of gambling behaviour and/or harm. Practices indicated by interviewees to constrain gambling and, to a lesser extent, other practices indicated to be less constraining have been presented and discussed. Although many of the practices, themselves, constitute less/more constrained gambling behaviours, other strategies have been discussed whereby individuals purposefully restructure their gambling environments in ways to impede future decisions to engage in excessive gambling (e.g. not bringing bankcards into gambling settings). Examination of such practices has been neglected in existing gambling literature and, as will become clearer in chapter eight, knowledge of these strategies may be used to reduce harm and support greater control among gamblers. However, findings also suggested that greater control may be little attributable to such practices because those who had never experienced addiction tended not to engage in practices aimed at constraining gambling and those who experienced recovery reported enacting constraining practices when they were experiencing addiction. Indeed, as will be discussed in chapter seven, data suggested greater/lesser control and addiction recovery to be far more influenced by wider, non-gambling, aspects of interviewees lives and changes thereof than influenced by the particulars of gambling practices.

The second half of the chapter focused on aspects of mindset including rules, superstitious beliefs, and understandings about probability as well as approaches to gambling and disposition toward risk. Though rules may have some value for helping to constrain gambling, data suggested that those with greater control tended to rely little on rules to regulate their gambling. It was reasoned that gambling-related rules have limited power for governing gambling behaviour. Drawing on Bourdieu, it was argued that data indicated two forms of habitus. Firstly, a more prudential habitus characterised by a more cautious approach to gambling and which appeared to support
greater constraint and more controlled gambling and, secondly, a more prodigal habitus characterised by riskier patterns of gambling and which appeared to discourage constraint and support less well-controlled gambling. In the penultimate chapter (chapter seven), there is a greater focus on shifts in gambling behaviour and on how wider, non-gambling related, aspects of interviewee’s lives influence control.
Chapter seven: wider influences on gambling behaviour

Chapter seven continues presentation of the qualitative findings. While chapter six focused on aspects directly related to gambling, this chapter is largely concerned with wider aspects of lives and milieus not directly (or obviously) gambling-related. More specifically, the focus is on how those wider aspects, particularly those included in the conceptual framework (see chapter three), influence gambling behaviour and how changes in those aspects encourage shifts in behaviour (including recovery). As such there is far greater emphasis on behaviour change in this chapter than in the preceding one. In addition to the conceptual framework, Bourdieusian theory is used to frame and aid discussion and, where appropriate, reference is made to (post)Foucauldian theory (particularly governmentality literature).

Initially the chapter was to be structured according to the conceptual framework (chapter three; i.e. socio-cultural milieu, beliefs, practices, and life-structure), however, analysis indicated these features to be so greatly intertwined that it made little sense to discuss them separately. After a brief recap of the gambling-related behavioural trajectories of interviewees (see chapter five), discussion, drawing on Bourdieu, is focused on the influence of ‘field’ participation on gambling behaviour. As will become clear, interviewees indicated coming to participate in different fields over their lives and, in doing so, came to access ‘new’ socio-cultural resources from which they (re)shaped their subjectivities and behaviours in ways more supportive of control and constraint.

Discussion then turns to life-structure as interviewees indicated the organisation of their lives, their routines, obligations, and practices to have particular influence over the gambling behaviour and greater/lesser control. This discussion is situated after that of fields because life-structures appeared heavily dependent on field participation; it is through social participation that individuals arrange their lives.
Next, the nature and influence of subjectivities (including habitus) on greater/lesser control over gambling is explored. This is situated after discussion of fields because although, consistent with Bourdieusian theory, interviewees indicated interplaying influence between their socio-cultural spaces of participation (fields), subjectivity (habitus), and behaviour (practices), it was shifts into new fields which prompted shifts in habitus and practices (including gambling behaviour). Nonetheless, interplay between field, habitus, and behaviour is appreciated throughout discussion with signposting where appropriate. As the chapter closes, discussion turns to the social and cultural processes (constituents of the socio-cultural milieu) suggested to underlie shifts in field participation, subjectivity (habitus), and ultimately, reductions in gambling behaviour among those who experienced addiction and others who had not.

Gambling trajectories: change and stability
As first discussed in chapter five, interviewees with greater control (i.e. members of the regained control and never experienced addiction groups) revealed their gambling careers to have followed various trajectories:

**Regained control:**

1. *Rapid recovery* associated with drastic change in their lives/milieus.
2. *Gradual recovery* associated with slower and more incremental change in their lives/milieus.

**Never experienced addiction:**

1. *Gradual reduction in gambling patterns* associated with slower and more incremental change in their lives/milieus.
2. *Stability* of gambling *patterns* associated with lack of change in their lives/milieus.

With the exception of some of the never experienced addiction group whose gambling patterns were relatively stable, interviewees with greater control indicated tendency for
their gambling behaviour to decrease over the long-term. This is consistent with literature which has noted over the adult life-courses of those who consume objects of addiction tendency towards reduced and more constrained consumption among those who experience addiction and/or who consume problematically as well as those who consume with greater control and avoid experience of problems (Quintero, 2000). Although there appears to be increasing academic appreciation that those who experience addiction tend, eventually, to achieve better control over their consumption, usually without formal intervention (e.g. natural recovery; see chapter two), less appreciated and discussed is the tendency toward greater constraint among those who consume addiction objects without ever experiencing significant difficulties. As will become clear, regardless of whether or not an interviewee had experienced addiction, shifts in gambling behaviour went in concert with wider changes in the qualities of individuals' lives (consistent with Moore, 1993; Zinberg, 1984; Quintero, 2000; see chapter two). These included changes in social relationships (social capital) and cultural expectations (cultural capital) – constituents of socio-cultural milieu (Moore, 1993) – as well as changes in self-identities, and life-structures. As will also become clear, those whose gambling changed more gradually suggested such shifts to be supported by incremental changes in these aspects while those whose gambling changed more rapidly were suggested to be supported by swifter shifts in those aspects (e.g. as facilitated by migration).

While long-term shifts in gambling behaviour appeared supported by change in the wider qualities of individuals’ lives, (relative) stability of gambling behaviour was indicated to be influenced by lack of such change. For some of these interviewees, particularly those younger, stability of lives/milieu over gambling careers was, in large part, reflective of relatively short gambling careers. Other interviewees, particularly those older, indicated their lives to be characterised by relative stability in which gambling was a regular engagement among many other engagements.
Field participation

Society is comprised of innumerable fields (communities or socio-cultural spaces) each structured according to particular regulatory principles, including forms of capital, which differ and have different value in disparate fields (chapter one; Wacquant, 1992; Swartz, 2002; Thompson, 1991). These regulatory principles represent external structures that, through an actor’s participation (practices) within pertaining fields, become embodied as mental dispositions within their habitus, thereby encouraging particular future behaviours (Swartz, 1997; Bourdieu, 1984). The habitus, though durable, is plastic so that with new experience and participation in these different fields the habitus is continually (though usually gradually) restructured (Bourdieu, 1984) thus encouraging shifts in subjectivity as well as behaviour change. In short, this means that the particular qualities of fields in which actors have participated (e.g. cultural capital) influence the subjectivity and behaviour of members (i.e. who they are and what they do) and that participation in new fields can influence shifts in subjectivity and behaviour.

As will be illustrated with interview excerpts, interviewees indicated propensity for reductions in, and increasing constraint over, gambling behaviour often to be supported by transitions into fields with cultural expectations for comportment and subjectivity (regulatory principles) which marginalise and problematise more excessive time spent gambling. Examples of such fields included those pertaining to parenthood, being a spouse/partner, and forms of employment/professions all of which involved engagements and cultural expectations which constrain gambling. Interviewees often referred to engagements pertaining to these fields in terms of ‘responsibilities’, ‘commitments’ and ‘obligations’.
Participation in gambling fields

Interviewees indicated membership of different gambling fields including *sports betting communities* – encompassing soccer betting communities and horserace betting communities – and *poker gambling communities*. Consistent with existing literature (Reith and Dobbie, 2011; Gordon *et al.*, 2015), participation in these communities was suggested to involve various forms of gambling-related cultural capital (e.g. sports knowledge, understanding of betting types, and knowledge of poker strategies). As addictions/recovery literature indicates possession of capital to constitute investment in pertaining fields which encourages deeper participation, greater consumption of central objects, and discourages constraint as well as recovery (Reith and Dobbie, 2011; Bourgois, 1995; Waldorf *et al.*, 1991), it would be reasonable to posit that possession of gambling-related capital among the present interviewees – and in particular capital highly valued (i.e. ‘symbolic’ capital; see chapter one) in gambling fields – would encourage more excessive gambling and be less supportive of control thereby encouraging addiction, harm, and impeding recovery.

Perhaps surprisingly, however, interviewees gave little indication that lesser (or greater) control was associated with greater possession of gambling-related capital. In terms of technical gambling knowledge (a form of cultural capital), for example, it was common for interviewees of all ideal-types to express quite in-depth knowledge as exemplified through use of the following terminology. Horse-racing gamblers referred

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16 Though membership did not always appear mutually exclusive, interviewees tended to indicate greater participation in one particular community. While gambling community membership could be subcategorised further, this is not necessary for the present thesis (or possible, given space restrictions). Sports bettors, for example, could be categorised according to mode of placing bets, over the internet or in the betting shop, while poker gamblers could be categorised according to whether or not they tended to engage in poker online, in pubs, or in casinos.

17 It is neither necessary to define these terms here nor explore the nuances and differences between the capital pertaining to different gambling communities, but rather salient to appreciate that membership of, and position within, gambling communities involves cultural (and symbolic) capital.
to placing various types of bets including “placepots”, “lucky 15s”, and “yankees” as well as betting at “the tote” on “the rails” while some poker gambling interviewees referred to “grinding”, “buy-ins”, “rebuys”, “freezeout”, being “on tilt”, experiencing “bad beats”, and various poker “hands” (e.g. “royal flush”). Moreover, it was common for interviewees to indicate that they regarded gambling knowledge and competencies as valuable. Martin (never experienced addiction), for example, indicated his knowledge and skill pertaining to horse-racing ‘form’\(^\text{18}\) to be well regarded and commanding of respect among others in the betting shop:

“And I taught myself; how to read form and things like that and it’s just come with experience and now I can look at papers and where I get some people asking in the betting shop, ‘what does that mean?’ or whatever. There is nothing I don’t know and I mean nothing I don’t know about reading form but that’s taken years and years of practice and reading and things like that”

\emph{Martin}, never experienced addiction (interviewee’s emphasis)

Nevertheless, there was some sense that placing high value on gambling-related resources encourages gambling. Members of the \emph{regained control} group often suggested that at the time of their difficulties they had placed much greater value on gambling and related capital (e.g. technical knowledge and/or skill) than they did at time of interview. Brian (regained control), for example, indicated at the time of his difficulties believing that a minority of “special” gamblers were able to make consistent profit through betting shop gambling and that this conferred respect and “kudos”. However, by time of interview, Brian had not only dispensed with the idea that it was possible to make consistent profit betting shop gambling but that even individuals who might be making money gambling would command greater respect by engaging in more ‘legitimate’ employment:

“[… ] if you can make money from poker you can probably make even more money elsewhere […] If you’ve got a brain that can beat that and make lots of

\(^\text{18}\) In horseracing ‘form’ refers to a various information about a horse, the jockey, and record of performance in past races, often published in newspapers in print form and online, and usually in the form of racecards (Racing Post, 2013).
money then you can probably make more money somewhere else. [...] In something that’s a lot more respected anyway [...] you could do better elsewhere in something where you do not have to hide it from your friends.”

_Brian_, regained control (emphasis added)

**Participation in non-gambling and more ‘conventional’ fields**

Among the present interviewees, it was not so much possession and valuing of gambling-related capital or participation in gambling fields that influenced and explained differences in control, but participation (or lack thereof) in non-gambling, often more ‘conventional’, fields as well as inequalities of conventional (or non-gambling) forms of capital.

As will be illustrated, those with greater control over their gambling were more deeply embedded in non-gambling life (fields), possessed a great deal of conventional capital, and appeared to more greatly value those resources (and aspects of their lives) over those related to gambling _despite_ possession of gambling capital and continued (though usually lessening) participation in gambling communities. This resonates with substance literature which has suggested that possession of resources valued in fields where consumption of objects of addiction is not central, or even where such consumption is criticised, as well as greater participation in such fields can constrain consumption, discourage consumption difficulties (e.g. addiction and harm) and encourage recovery _despite_ possession of resources valued in fields pertaining to objects of addiction (Waldorf _et al._, 1991; Cloud and Granfield, 2008; Gibson _et al._, 2004; Hughes, 2007; Biernacki, 1986).

In terms of behaviour change, the propensity of members of both the _regained control_ and _never experienced addiction_ groups towards increasing constraint (see chapter
five) was indicated to be supported by greater participation in a variation of non-gambling life/fields (e.g. parenthood or employment), attendant accumulation of non-gambling capital and, simultaneously, placing increasing value on that capital. With these changes, interviewees appeared to participate less in gambling life/fields and, though they still possessed much gambling related capital (e.g. technical knowledge), this capital became devalued relative to non-gambling capital. There were, however, general differences between members of the never experienced addiction and regained control groups in these terms. Firstly, those who had never experienced addiction tended to indicate that they had always placed greater value on non-gambling aspects of their lives over gambling while those who had regained control tended to indicate that recovery involved coming to value non-gambling aspects over gambling. Secondly, interviewees who indicated addiction recovery (i.e. members of the regained control group) often indicated having experienced greater detachment from non-gambling life than members of the never experienced addiction group and that this isolation had occurred alongside their gambling difficulties. That said, their detachment often appeared to have been mild and, throughout their difficulties, they seemed to have maintained some participation in non-gambling life that might have eased their recovery (by providing access to resources that helped them to regain control).

Brian (regained control), for example, indicated that at the time of his gambling difficulties he possessed little conventional capital and spent much of his time gambling. During periods when he was experiencing difficulty of control, Brian was either unemployed or worked in low skilled, poorly paid, employment and lodged with his sister who provided him with one meal a day. Brian engaged in very few activities beyond gambling and tended to place very little value on those he did engage in compared to gambling activities. For example, he marginalised eating:

19 In comparison to the isolation that some problematic substance users may experience (cf. Neale et al., 2011; McIntosh and McKeganey, 2001).
“I could feed myself on a fiver for two weeks. When I was getting that meal a day I didn’t ever buy food”

Brian, regained control

Much of Brian’s time was spent in the betting shop with other gamblers. His recovery involved various changes in non-gambling aspects of his life that resulted in a life less characterised by, and orientated around, gambling. He met and married his wife, became a homeowner, started a business, and became a parent to three children. Thus he came to participate in a multiplicity of non-gambling fields such as marriage, parenthood, and employment, where gambling has little place. His interview suggests that he came to value participation in these fields over gambling and so prioritised these non-gambling aspects of his life.

Steven (never experienced addiction), aged 27 at interview, indicated long having participated in card games and other forms of gambling. During childhood he recalled playing Newmarket and Rummy with family, learning to play poker with his parents, and throughout his teens and up until interview playing poker with friends/family. Aged 16 he played Euchre for a local pub league and aged 18 up until interview, regularly, though increasingly less so, participated in casino poker tournaments. Despite frequent participation in gambling fields (particularly poker), Steven indicated gambling to have always been only one aspect of his life among many others including employment, spending time with family, and various interests/hobbies including rugby (which he later replaced with golf because he felt injury would jeopardise his naval career) and mountain biking (which he reported being “quite big into”). At the time of interview, he had been employed as an aircraft engineer for an unspecified number of years in the Royal Navy, who were sponsoring his study for an engineering degree, was planning a wedding with his fiancée with whom he had been in a relationship for nine years and had recently become a homeowner.
Steven’s gambling, just like most other members of the never experienced addiction group, was in decline and has become increasingly marginalised and subordinate to other aspects of his life. Reductions in his gambling appeared to concert with greater participation in various non-gambling engagements and resources (e.g. employment, social relationships less orientated around gambling, and engineering qualification) on which he placed greater value and prioritised over gambling.

**Forms of employment: examples of conventional fields**

Interviewees referred to participation in numerous non-gambling fields that impacted on their gambling behaviour (e.g. parenthood, spousehood, and being a university student). Due to the space constraints of this thesis, rather than discussing participation in numerous non-gambling fields, employment was chosen as an example because it was widely discussed during interviews and was indicated to have strong influence over gambling. Literature has suggested that employment tends to constrain, or discourage, risky or deviant practices often in subtle, indirect and usually unintended, ways and usually encourages addiction recovery (Nasir et al., 2011; 2014; Waldorf et al., 1991). Although, consistent with this, interviewees mostly suggested their employment to support greater control over gambling, some also indicated employment to encourage gambling. As will be illustrated, the influence of employment seemed quite dependent on the cultural expectations to which specific employment facilitated access (e.g. whether or not there was a gambling culture at work).

**Cultural expectations attached to employment supportive of control**

Most interviewees, of all ideal-types, reported not gambling while working or alongside employment practices and, for the few who had done so, this tended to have been infrequent. Even those employed at time of their gambling difficulties tended not to indicate having gambled while working but, rather, structuring their gambling around
employment-related practices. It could be assumed that, particularly for those experiencing difficulties, employment constrains gambling because, when ‘at work’, actors are physically unable to gamble. Employment, however, does not remove an individual’s capability to gamble. With the exception of the few interviewees employed in the armed forces\textsuperscript{20}, it is reasonable to suggest that interviewees were not physically incapable of leaving their workplace/space to gamble or, for those with the resources required to place bets using mobile devices, placing bets without leaving work. A more reasonable explanation is that cultural expectations, lodged with employment, tend to constrain and discourage gambling, supporting greater control.

**Belief that it is inappropriate to gambling while working**

Supporting greater control, interviewees appeared to hold cultural expectations that rejected gambling practices while working. Kate (never experienced addiction), for instance, expressed it inappropriate to gamble during the working day and suggested that this might be a sign of gambling difficulties while, Evan (never experienced addiction), similarly, reported that he did not think it was very ‘professional’ to gamble or discuss gambling at work and refrained from doing either.

**Belief that employment should take precedence over gambling**

Interviews with members of all ideal-type groups indicated greater control (even during periods of lesser control) to be supported by holding expectations that employment should take precedence over gambling. Not only did this seem to discourage gambling while working but also to constrain time available for gambling while not at work. Scott (regained control), who worked as a teacher but was on long-term sick leave at time of interview, for example, reported:

\textsuperscript{20} For some interviewees, particularly those who were in the Army or Navy, it seemed practically, almost impossible, to gamble while working. Keith (regained control), for example, reported that being offshore in a submarine precluded gambling opportunities, especially, he emphasised, with no internet connectivity.
“I just didn’t have the time to be putting in the hours playing poker because I was at work and then I was marking and planning at home in the evenings […] I couldn’t stay up in to 2 or 3 in the morning if a tournament was on that late because [I] had to be in work [later that morning]”

Scott, regained control

Similarly, Greg (never experienced addiction) asserted that leaving university and entering full-time employment discouraged his poker gambling:

“[…] working full time I also played less and less and poker to the point now where I don’t really do [gamble] anything apart from the very occasional flutter”

Greg, never experienced addiction

Employment communities and brokering access to capital

Employment was suggested often to facilitate formation of relationships which brokered access to capital, the particular qualities of which influenced gambling behaviour (even outside of time spent working). Though there is some academic consensus that employment tends to discourage addiction, encourage control, support recovery, and impede experience of harm by facilitating access to social networks which broker access to more ‘conventional’ (i.e. non-deviant) capital (Nasir et al., 2014; Cloud and Granfield, 2008), less appreciated appears to be that, as indicated by present interviewees, some employment can also broker capital which encourages deviant behaviour (e.g. gambling) and/or discourage constraint.

Indeed, some interviewees indicated that their employment had facilitated access to social networks where gambling was quite central, which provided access to cultural resources and encouraged practices as well as routines (constituents of life-structure) which seemed to encourage gambling, particularly where there seemed a strong gambling culture in the workplace. Roger (regained control), for example, reported that
he started a new job where colleagues would routinely visit a casino after work and that this introduced him to casino gambling which became problematic for him. Roger indicated that through gambling and socialising with work colleagues he met other regular casinogoers and there “ended up about 10 or 15 of us” for who it was “the norm” to regularly attend the casino after work. Through gambling with others in this “little world”, Roger reported learning how to gamble.

Moreover, two interviewees, both serving in the Royal Navy, suggested there to be a strong gambling culture at work and that commercial gambling was a regular social activity during free time. Keith (regained control), a submariner, reported:

“Being in the Navy definitely has an effect [on encouraging gambling] because it’s more accepted and part of the community […] everybody sort of gambles”

Keith, regained control

To give a final example, Rosie (experiencing addiction) indicated that it was through watching others gambling on fruit-machines while she was working in a pub that she became interested in fruit-machine gambling which became problematic for her.
Life-structure

It is reasonable to suggest that community membership and the socio-cultural resources facilitated by field participation has influence over the organisation of the lives of individuals. Employment, parenthood, being a student, to give examples, come with engagements that must be integrated into the organisation of daily lives if they are to be met.

Lives structured around non-gambling engagements support greater control

As noted in chapter three, some addictions/recovery research has suggested that a given actor’s life-structure may influence control over consumption and/or experience of related harm (Moore, 1993; Grund, 1993; Cohen, 1999). As will be illustrated, interviewees with greater regular engagement in more numerous non-gambling activities indicated greater control and constraint over their gambling. Where such engagements were related to an aspect of their life perceived to be particularly meaningful (or, more precisely, that was more valued than gambling) these activities were more supportive of controlled gambling. These included engagements relating to friends/family, employment, housing, as well as other leisure activities and were, often, quite mundane such as paying bills, buying food and preparing meals. This parallels existing literature which has suggested that involvement in more prosaic and everyday activities, often marginalised during the experience of addiction (Nettleton et al., 2011), buttresses constraint and control (Cohen, 1999). Interviewees with greater control often talked about such aspects of their lives in terms of priorities, responsibilities and/or commitments, although, they tended not to do so in terms of burden.

Felix (never experienced addiction) reported numerous non-gambling engagements: regularly spending time with his son, socialising weekly with friends, playing football weekly, going running four times weekly, and membership of a running club. At the
time of interview, Felix had been a British expatriate in Warsaw for over 20 years and reported regularly attending social events with other expatriates. Similarly, Kate (never experienced addiction) reported prioritising non-gambling commitments and, in particular, emphasised that these took financial precedence over gambling:

“My children come first before gambling, even now when they’re 27 and 24. Bills have to be paid and it’s not a question of ‘oh I’m not going to pay that bill this month’ because I want to gamble more; It’s never even come up. […] It’s just how I’ve played for 4 years – all my bills are paid, there’s food in the cupboard”

Kate, never experienced addiction

Interviewees with greater control indicated that the prioritisation of non-gambling engagements prompted those individuals to direct time and money more towards (those) related non-gambling aspects and less towards gambling. Though these interviewees tended not to structure their time and money purposefully in order to better manage their gambling, the non-gambling prioritisation of time and money had unintended and latent consequence of doing so. The financial priorities of more controlled gamblers included those which might reasonably be considered more ‘essential’ living costs (e.g. utility bills, rent/mortgage, and food), social relationships (e.g. friends/family), as well as other leisure activities. The prioritisation of various non-gambling financial costs appeared supported by beliefs that meeting those costs were more essential or important than gambling. Some interviewees (all indicating control of their gambling at time of interview), for example, indicated that they felt it inappropriate to gamble if money was ‘tight’ (i.e. the individual had little discretionary income), was in debt, and/or was struggling to meet financial obligations. Andy (regained control) reported that he believed a friend “clearly” has “a [gambling] problem” indicated by difficulty to meet financial obligations and frequent borrowing of money from others (which his friend often fails to repay) despite continued heavy spending on fruit-machines.
Life-structures which lacked or marginalised non-gambling engagements were associated with lesser control

Lesser control appeared often supported by a relative lack of non-gambling related engagements. Sampson (experiencing addiction), for example, lived with, and was supported by, his parents and so had few of the more mundane commitments (e.g. paying bills) that some other interviewees had. Sampson rationalised:

“It’s just I haven’t really got a hobby so I enjoy doing that [gambling] so that’s something for me to do. I’ve got a lot of spare time around work and on the weekend”

Sampson, experiencing addiction

Some interviewees framed lack of engagements as lack of ‘responsibilities’. Quite common among the interviews of those who had regained control were reports of having had (or at least having perceived) few responsibilities at the time of addiction. Tom (regained control), for example, reported:

“I was a young single lad. Errm used to just knock around with me mates, had no responsibilities, lived at home with my parents, yer’know, and there was nothing to hold me back, yer’know. I could do what I want. I wasn’t too fussed about work [...] just did what [I] wanted”

Tom, regained control

It often appeared not necessarily lack of non-gambling engagements that characterised the life-structures of those with lesser control, but marginalisation of existing engagements, some of which might reasonably be considered more ‘essential’ obligations and ‘living’ costs, so that these became viewed with less (immediate) priority than gambling. Carl (experiencing addiction), for example, reported that during times when he found constraint most difficult he prioritised gambling over eating:
“I wouldn’t eat regularly, I’d go two or three days without eating really; maybe a packet of crisps or go to Tesco and try to find the cheapest food you can, a packet of biscuits or whatever [..]”

Carl, experiencing addiction

Changing life-structures and shifts toward greater control

As discussed, interviewees’ life-structures were not static but dynamic, changing over life-courses. Reductions in gambling among those who had never experienced addiction and others who had regained control (as well as recovery for the latter), appeared associated with a restructuring of individual’s lives to include greater non-gambling engagements. This appeared most effective where these engagements were perceived by the interviewee as important and regarded in terms of responsibilities, commitments and priorities.

Brian (regained control), for example, suggested that at the time when he was experiencing addiction he had few non-gambling interests and engaged in few non-gambling activities. During this time, Brian was either unemployed or in low skilled work and was lodging with his sister who provided him with food and accommodation in return for babysitting her daughter whilst she worked nights. In the proceeding period up until time of interview, Brian brought his gambling under control alongside drastic changes in his life-structure. At the time of interview, Brian was married, had three children, “lots of pets”, and had started his own business. He asserted that starting the business, in particular, had supported reductions in his gambling:

“Since I started the business it’s probably less than half, maybe even a quarter, of what it used to be. Much less, some days go by where I don’t play. Before the business started I was unemployed for a long time and I played poker every day”.

Brian, regained control
Likewise, Stuart (regained control) indicated that his shift towards more constrained gambling was supported by greater engagement in more conventional activities. As well as time spent working, Stuart explained:

“I spend a lot of time with the family nowadays and partner’s family [pause]. We go [to the] gym five times a week now as well so that’s something to stop me gambling a lot; going to the gym straight from work till about 7 or 8 O’clock so it [gambling] doesn’t even come into my head now”

Stuart, regained control

Congruent with the finding that shifts toward a life-structure more characterised by non-gambling activities was supportive of greater control, Scott (regained control), reflecting on his own past gambling difficulties, urged gamblers to: “find ways of not letting it [gambling] take over your life. It’s not your life, it’s a little part of it”.

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Habitus restructuring through shifts in field participation

As previously stated, through participation in different fields, the regulatory principles of those fields come to (re)structure the individual’s habitus thereby influencing future behaviour (practice) (see chapter one; Bourdieu, 1989). Though scant, and tending not to employ Bourdieusian theory21, some addictions and deviancy literatures have argued that the qualities of socio-cultural spaces in which the individual is embedded have strong influence over subjectivity (often framed as ‘identity’ rather than ‘habitus’ e.g. Hughes, 2007; Neale et al., 2011; Waldorf et al., 1991) and thereby influence behaviour in general and consumption of addiction objects in particular (Sampson and Laub, 1992; Cloud and Granfield, 2008).

At this point it is worth mentioning that though existing research has far more often referred to ‘identity’ than ‘habitus’, the two concepts are very similar. Indeed, in Bourdieusian orientated research those two concepts are often treated synonymous (e.g. Abrahams and Ingram, 2013; Hughes, 2007). Both are constructed through social participation, shaped by qualities of socio-cultural context, influence behaviour (practice), and have a durable plasticity influenced by changes in the socio-cultural conditions of the actor’s life (Lawler, 2014; Shilling, 2008). Just as individuals continually (re)construct their habitus from the capital accessible within their fields of participation (Bourdieu, 1984), actors continually (re)construct their self-identity(ies) from the (valued) resources available within their context/milieus (Koski-Jannes, 2002; Hughes, 2007; Neale et al., 2011; Waldorf et al., 1991). Given these parallels, as existing addictions/deviancy literature explicitly refers to ‘(self)identity’ rather than ‘habitus’, and because interviews emphasised association between gambling behaviour and identity/roles, ‘self-identity’ is drawn on in the present discussion to help better understand and explain the gambling related behaviour of interviewees.

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21 Some addictions/recovery research has drawn on Bourdieu’s practical concepts, most notably species of capital (e.g. Cloud and Granfield, 2008), but very little work has employed Bourdieu’s theoretical model and/or practical concepts beyond capital (cf. Hughes, 2007).
Shifty in identity and alterations in embodied cultural expectations

Unsurprisingly, given the recruitment focus on active gamblers (see chapter four), interviewees of all ideal-types tended to hold gambling as part of their self-identity. Nevertheless, consistent with existing addictions/recovery literature (Waldorf et al., 1991; Grund, 1993; Decorte, 2011), interviews suggested greater control to be supported by possession of multiple non-gambling self-identities, encouraged by attendant participation in associated non-gambling fields, so that gambling was a smaller part of who they perceived themselves to be.

Lesser control, on the other hand, appeared to be supported by having fewer non-gambling identities so that gambling was a comparatively greater part of their sense of self. Indeed, interviewees indicated the tendency for increasing constraint among both those who have never experienced addiction and others who regained control (including recovery for the latter) to involve accumulation of non-gambling self-identities over time so that gambling became increasingly less central to sense of self. It is salient to point out that though there appears to be association between identity and behaviour (Hughes, 2007), literature suggests it not to be self-identity, per se, that supports regulation of addiction objects but, largely, the concomitant embodied expectations for behaviour and subjectivity, both for the self and for others (Sampson and Laub, 1992; Quintero, 2000). Indeed, that literature indicates shifts in deviant behaviour (e.g. addiction recovery) to be strongly influenced by shifts in embodied expectations (values/norms) which concert with identity change (Sampson and Laub, 1992; Quintero, 2000).

Indeed, as will be illustrated with interview excerpts, interviews indicated changes in identities and embodied cultural expectations to be associated with changes in gambling behaviour including, in particular, propensity towards greater
control/constraint as well as reductions among members of the never experienced addiction and regained control groups (including recovery for the latter). Steven (never experienced addiction), for example, suggested that becoming a homeowner and a partner encouraged him to constrain and reduce his gambling:

“I think it’s since buying the house for me, I think buying the house I know that I can’t afford to piss it all up [lose a lot of money gambling]”

“Perhaps it’s just a case of I know that I’d be letting my other half down, and myself, if I blew it all up the shit due to going to the casino”

Steven, never experienced addiction

Another interviewee emphasised that changes in self-identity and social roles went with shifts in self-expectations about the appropriateness of gambling behaviour. Reflecting on a period of less constrained gambling, Tom (regained control) reported that having “no responsibilities [...] there was nothing to hold me back”, however in more recent years:

“I’ve totally slowed down and reduced [my gambling]. Just because I’ve got more responsibilities now [...] [such as] family, mortgage, [and] work commitments [...] I know I’ve got commitments that I can’t just drop”

Tom, regained control

Absence of identity(ies) damaged through gambling

Literature suggests addiction and stigmatisation to usually go together, and that through experience of stigmatisation those who experience addiction come to embody an identity marked (or ‘spoiled’; Goffman, 1963) (McIntosh and McKeganey, 2001). Stigmatisation is particularly problematic for those experiencing addiction because concomitant marginalisation often constricts social networks (Dinos et al., 2004; Markowitz, 1998), hindering access to the sorts of socio-cultural resources that facilitate participation in ‘conventional’ (e.g. non-gambling) fields/life which might
support control, addiction recovery, and discourage harm (Waldorf et al., 1991; Cloud and Granfield, 2008). Given all this, it is unsurprising that members of the *never experienced addiction* group did not indicate having felt stigmatised because of their gambling or ever having held an identity marked by it.

More surprisingly, interviewees who experienced addiction recovery (i.e. members of the *regained control* group), many of whom, in the past, appeared to have participated relatively little in non-gambling life/fields, also tended not to indicate experience of stigmatisation or embodiment of an identity marked by gambling. Although lack of such reports among those who have recovered from addiction is a little hard to explain (given that addiction, stigma, and a marked identity are usually held to co-occur; McIntosh and McKeeganey, 2001), two reasonable explanations are now proposed, both of which may have supported control and recovery.\(^{22}\)

Firstly, despite addiction and *relative* lack of participation in non-gambling life, some may simply have not have experienced stigmatisation at all or only mildly so. In comparison to others who experience addiction and greater marginalisation, members of the *regained control* group may, as a consequence, have been better able to maintain non-gambling relationships and at least some participation in conventional life/fields thereby providing access to more conventional capital which eased their recovery (Waldorf et al., 1991; Cloud and Granfield, 2008). Echoing Warburton et al. (2005:53), lack of stigmatisation may, for some interviewees, have been due to success in keeping their difficulties hidden as indicated by Stuart (regained control): “I never let anyone know about it [gambling difficulties]”.

Secondly, as literature suggests addiction recovery to involve a shift from a ‘negative’ (discredited) self-identity to a ‘positive’ (or ‘unspoiled’) self-identity (Waldorf and Biernacki, 1981; Biernacki, 1986; McIntosh and McKeeganey, 2001), some members of

\(^{22}\) It is worth noting, however, that as interviewees were not pressed on experience of marginalisation or on self-identity, it is difficult to explore these speculations with high certainty.
the *regained control* group may, by time of interview, have transcended a self-identity damaged through gambling and so did not express having experienced such a self-identity when interviewed. In this case it might be that by relinquishing a previously held negative identity recovery may have been eased.

**Social distancing: rejection of stigmatised self-identity and marginalising others**

Although, for those subject, social disapproval (e.g. in the form stigmatisation) is harmful because it impedes and discourages constraint over addiction objects (Cloud and Granfield, 2008; Hing *et al.*, 2015a), some of the present interviewees, consistent with other literature (Decorte, 2001a), indicated that disapproval of ‘the other’ may actually support control for the disapprovers. For context, some research suggests that controlled drug users often compare their present selves and behaviours with those of other users and/or their past selves (Decorte, 2001a; Neale *et al.*, 2011). These others/past selves, perceived to consume inappropriately, become viewed as ‘counter examples’ which, in illustrating *how not* to be(have), help the disapprover to define appropriate consumption and so avoid consuming inappropriately (Decorte, 2001a). Interviewees with greater control reported tendency to reflect on counter examples – which included the gambling of others, past selves, and stereotypes of problematic gamblers – to support their own control. Steven (never experienced addiction), for example, seemingly reflecting on nobody in particular, asserted:

> “Nobody wants to be ‘that guy’, who has his house repossessed because of gambling”

*Steven, never experienced addiction*

<sup>23</sup>Neale *et al.* (2011) point out that the process of separating one’s self, actions, and ultimately life from ‘the other’ perceived as negative has been variously referred to as ‘othering’ (Rødner, 2005), ‘distancing’ (Gibson *et al.*, 2004; McIntosh and McKeganey, 2000), and ‘downward comparison’ (Simmonds and Coomber, 2009).
Similarly, when talking about frequenters of his local betting shop, Herbert (never experienced addiction) referred to “nutters” while Brian (regained control) referred to regulars in a betting shop he used to frequent as “idiots”. To give a final example, Andy (regained control), comparing his gambling behaviour at time of interview with that of his past as well as current behaviour of a friend, indicated that distancing helped to maintain his constraint:

“I’ve got one friend who I’d say is problematic [...] [it] was just like, ‘well that used to be me’. He was one of the people that made me realise I was just putting far too much [money] in [to the fruit-machines] – it just wasn’t good [...] Every time I see him it does sort of help me. I just know that I don’t want to be that person again”.

*Andy, regained control*

With regard to gambling-related control, stigmatisation, then, appears to be double-edged. While subjection to denigration appears to be deleterious and un conducive to control, access to ‘counter examples’ may help set boundaries of appropriate (gambling) behaviour thereby supporting control, at least for those who are not the example.
Absence of enduring ‘addict’ identities

In chapter two, addiction was presented as a culture-bound phenomenon, the intelligibility and experience of which relies on specific cultural expectations and beliefs (including theories/‘truths’) (Room, 1985; Reinarian, 2005; Levine, 1978; MacAndrew and Edgerton, 1969). Synthesising Bourdieusian and Foucauldian thought, addiction was argued to be a discursive construction that comes to be experienced by some through the embodiment of addiction discourse whereby the principles of addiction become instilled within their habitus. Literature suggests a tendency for the embodiment of addiction to involve a (re)interpretation of self and biography so that the actor comes to possess an addiction-related identity and act in accordance with the expectations of addiction embodied within them (Weinberg, 2000; Reinarian, 2005).

Unsurprisingly, members of the never experienced addiction group did not indicate having ever embodied an ‘addict’ identity. Perception of having experienced addiction and/or having embodied an ‘addict’ identity, on the other hand, was more mixed among members of the regained control group. More surprising was that though members of the regained control group suggested, by definition (see chapter four), significant difficulty of control between gambling sessions in the past but at time of interview no longer, relatively few talked of having been ‘addicted’ or that they had been an ‘addict’. Indeed, mention of addiction and use of addiction/recovery lexicon was notably absent from interviews (cf. Reinarian, 2005).

Two reasonable explanations as to why those who had regained control tended not to report having experienced addiction and/or having held an ‘addict’ self-identity are proposed. Firstly, it might be that some, although having experienced significant difficulties limiting time/money spent gambling, never perceived such difficulties as
associated with personal experience of addiction or an ‘addict’ self-identity\textsuperscript{24}. If so, absence of an addict identity may have supported control (Warburton \textit{et al.}, 2005) and/or eased shifts towards greater control (Reith and Dobbie, 2012). Secondly, it might be that some did perceive, at some point, perhaps during the time when they had difficulty controlling their gambling, that they were experiencing addiction and/or thought of themselves as an ‘addict’ but had dispensed with such beliefs by time of interview. This is consistent with existing literature suggesting natural recovery to occur more readily when those who once experienced addiction relinquish past addiction-related identities, whether through recovery of past, non-addict, identities and/or the creation of new, non-addict, identities (Hughes, 2007; Reith and Dobbie, 2012). Indeed, this is illustrated with the case of Keith (regained control) who, although indicated once believing he was addicted, came to be less sure after achieving greater control:

“If you’d asked me 4 or 5 years ago if I was addicted to gambling, I would have said yes. When I was spending £200 or £300 on it and watching it [football] all night […] I’ve lied to my wife if she asked me if I’d got a bet on I’d say no. I’d be sitting there checking my bets on my phone so I spose yeah I was addicted”

\textbf{But you don’t think you’re addicted now?} (interviewer)

“No. I’m not sure if I was addicted because when she [his wife] told me to stop I just closed my account the same day and didn’t do it for about a year or something and then I eventually got back into it”

\textit{Keith, regained control}

With only three interviewees who, at time of interview, indicated experiencing addiction, it is difficult to draw conclusions and make comparisons with other groups (see chapter

\textsuperscript{24} There may be numerous explanations for this. One is that, while difficulty of control may be considered the distinguishing mark of addiction (see chapter two; Fraser \textit{et al.}, 2014:38), the stereotypical ‘addict’ connotes many other negative characteristics such as willingness to do anything whatsoever in order to consume to object in question – to cheat, harm and, perhaps, kill others (Room, 2003:229) – while the stereotypical problematic gambler may, more specifically, be regarded as dishonest, irresponsible, greedy and aggressive (Horch and Hodgins, 2013) all of which may not be consistent with the self-identities of interviewees.
five for discussion) in terms of embodying an ‘addict’ identity (or lack thereof). However, the only interviewee to have reported participation in formal treatment, ‘Carl’ (experiencing addiction), was, also, the only interviewee to, emphatically, refer to himself as an “addict”. While another, Sampson (experiencing addiction), mentioned addiction only once in his 45+ minute interview – “I must be addicted to it or something because I keep going back and losing money” – Carl referred to his “addiction” throughout and was adamant that he was still “an addict” despite having maintained abstinence for many months prior to interview. This is consistent with the assertion of existing literature that the adoption of an addict identity appears particularly apparent among those who engage in formal treatment in which the addiction-as-disease model is part (e.g. Gamblers Anonymous) (Reith and Dobbie, 2012).
Socio-cultural processes and shifts in habitus

Throughout this chapter, particularly during discussion of transitions between fields and
doing of habitus reformation, it has been noted that shifts in interviewees’ social relationships
and cultural expectations concerted with changes in gambling behaviour. Interviewees
whose gambling had become increasing reduced and constrained indicated their social
networks to have developed in ways to become less gambling related and that they
had come to embody cultural expectations more constraining of gambling, particularly
as they participated more in non-gambling fields. Discussion now examines more
closely the social and cultural processes that participants indicated to influence greater
or lesser control over their gambling across their gambling careers.

Social processes

Interviewees indicated that various social processes led to gambling networks
becoming less characterised by gambling. Many reported, over their gambling careers,
lessening engagement with others who gamble while, simultaneously, forming new
relationships less characterised by gambling. This resonates with literature suggesting
that, over life-courses, relationships orientated around deviant practices and/or objects
of potential addiction often decay and more conventionally orientated relationships tend
to form (Moore, 1993; Laub and Sampson, 1993; Quintero, 2000). Keith (regained
control), for example, reported:

“I don’t go out as much with the Navy boys now. Before my wife moved to
Plymouth [when interviewee was living with others in Navy accommodation] we
used to go to the casino every single day after work […] I probably gambled a
lot more then than I ever did"

Keith, regained control
The forming of new, valued, romantic relationships seemed to have particular influence in constraining gambling:

**Do you think that changes in your circles of friends have had any influence over your gambling?** (Interviewer)

“Meeting the missus is probably the big one. She knew I went to the casino, she knew I played a lot of poker and stuff but if you lose big then it really is hard on the relationship […] so I started doing perhaps a little bit less or at least bring the stakes down or be a little more controlled and disciplined in what I was doing from month to month”

*Steven*, never experienced addiction

Steven went on to assert that though his fiancée did not particularly approve of his gambling, she tolerated it within limits. Given that the relationship “means more to [him] than gambling ever would”, Steven reported that he would not gamble more heavily. In line with existing literature (Laub and Sampson, 1993; Waldorf *et al.*, 1991), Steven indicated that the risk of losing a valued, non-gambling orientated, relationship encouraged greater constraint.

In addition, there were indications that reductions in gambling were supported by a propensity for existing relationships to be become less gambling-related over time. Steven (never experienced addiction), for example, reported:

“The lads that I used to go the casino with a lot are probably going to the casino less […] your social groups do change and I’ve probably got more friends now that don’t gamble as much”

*Steven*, never experienced addiction

Literature suggests that a common strategy for controlling/quitting substance use among those experiencing addiction is to avoid ‘using’ friends and to (re)form ‘non-
using’ (i.e. non-drug related) ties (Waldorf et al., 1991:205-6). Although interviewees did not report purposefully avoiding gamblers in an effort to control their gambling, the social processes just described led interviewees to socialise less with others who gamble and less in gambling spaces/places.

**Rapid changes in social relationships**

Though many interviewees indicated that incremental changes in their relationships had supported gradual shifts in gambling behaviour (e.g. decay of gambling-orientated relationships), some suggested that more drastic shifts in their social networks influenced more rapid changes in gambling behaviour. Migration, for example, was indicated to encourage a breaking of old relationships and the formation of new ones. Tom (regained control), for example, experienced significant difficulty controlling his gambling while living in Liverpool, but when he moved to Plymouth, leaving behind old friendships and forming new ones, his gambling “kind of just fizzled out a bit”. His geographical move appeared to involve a restructuring of his social network from one where gambling was a relatively central practice to one where it was not. Of course, changes to social networks resulting from geographical moves might lead to social relationships which encourage rather than discourage gambling depending on the nature of new relationships. Scott (regained control) who had experienced difficulty controlling his poker gambling, for example, reported that he only started poker gambling after he moved to Cornwall, formed relationships with others who happened to be poker gamblers, and became part of poker communities both online and with others in a local pub league.

**Cultural processes and shifts in habitus**

In keeping with Bourdieu’s premise that social relationships facilitate access to cultural capital which become embodied in the habitus and thereby influence behaviour (Bourdieu, 1984), reductions in gambling and shifts towards greater control among
interviewees were found to be supported by a propensity for social relationships to change in ways which facilitated access to particular cultural expectations and rationalities/mentalities (ways of thinking) which marginalised/discouraged (heavier) gambling. In other words, over life-courses there was a tendency for interviewees to increase participation in fields (socio-cultural spaces) which problematised (more excessive) gambling and encouraged non-gambling behaviour.

Consistent with Bourdieu (1984), data suggested that through becoming embedded in such fields interviewees came to align their own, embodied, cultural expectations and ways of thinking with those of their fields thereby motivating courses of action which precluded heavier and more excessive gambling. As has been alluded to throughout this chapter, the fields in which interviewees came to participate in (e.g. parenthood, employment, and marriage) tended to be those characterised by the governing rationalities/mentalities of wider contemporary society (e.g. responsibility, acting ‘rationally’, and risk management; Foucault 1984; Dean, 2010). Reductions in gambling were suggested to concert with bringing their personal cultural expectations more in line with those rationalities; that is, towards greater self-control/discipline, adversity to risk, dependability, and responsibility. Reflecting back on discussion of habitus in chapter six, there was a tendency for reductions in gambling and shifts towards greater control to involve a shift towards a more ‘prudential’ habitus more constraining of gambling as exemplified by Brian (regained control) who reported becoming more “risk averse” and Tom (regained control) who asserted becoming more “responsible” as he came to participate more in non-gambling life and organised his life more around non-gambling related engagements.

25 This is consistent with psychological literature that suggests tendency for personalities to change in this way with age (Littlefield et al., 2009:361; Johnson et al., 2007; Roberts et al., 2001).
These findings are consistent with Cloud and Granfield’s (2008) assertion that addiction recovery involves embodiment of new systems of meaning (e.g. new values/norms and worldviews) that discourage deviancy, but adds that such shifts in embodied meaning also encourage greater constraint for those who consume in lieu of addiction and indicates that the construction of new meaning may be a ‘typical’ part of the life-course.

**Resonance of findings with the ‘life-course’ perspective**

Members of the *regained control* and *never experienced addiction* groups indicated a tendency for their gambling behaviour to reduce in the long-term, over their adult gambling careers and thus over their life-courses. Data indicated these shifts in gambling behaviour to be concomitant with wider changes in these gamblers’ lives and, in particular, changes in the socio-cultural milieus (or fields) in which their lives were embedded. At the same time, a few members of the *never experienced addiction* group indicated that their gambling patterns had remained relatively stable over their adult gambling careers (and thus over their life-courses) and data indicated this behavioural consistency to be supported by stability of socio-cultural milieu.

These findings complement and take credence from the life-course perspective developed from longitudinal research on criminal deviancy (Glueck and Glueck, 1950; Glueck and Glueck, 1968; Laub and Sampson, 2003; Sampson and Laub, 2005). Based on longitudinal data pertaining to a group of offenders aged between ten and seventeen in 1940 and following these individuals up until aged 70, Laub and Sampson (2003) found that not only did the offending of these juvenile offenders tend to reduce with age (the vast majority coming to desist in middle adulthood) but that criminal desistence was associated with various life-events (e.g. marriage, participation in military service, shifts in employment, and residential change) which were interpreted as ‘turning points’ (Sampson and Laub, 2005). Laub and Sampson (2003) concluded
that such life-events motivated desistence by supporting shifts in lives/circumstances, identity, and held values/norms in ways which discourage recidivist behaviour. Essentially, this is what data collected from the interviewees of this study about their gambling careers also illustrated. Consistent with Quintero’s (2000) research examining ‘aging out’ of problem drinking, the present thesis suggests that the processes conceptualised by the life-course perspective resonate well with those which encourage reductions in gambling behaviour as well as natural recovery from gambling addiction.

Social Identity Theory (SIT) and the Social Identity Model of Recovery (SIMOR)26

Although the findings have been interpreted according to the sociologically orientated theoretical framework developed in chapter one, it is worth noting that what has been presented in this chapter largely complements a recently developed model of addiction recovery, the Social Identity Model of Recovery (SIMOR) (Best et al., 2016). Rooted in social psychology, the SIMOR is strongly influenced by Social Identity Theory (SIT) which holds that a given agent’s identity is largely shaped by their membership of the social groups/communities in which they participate/interact (Tajfel, 1982; Turner, 1991; Pearce, 2013). According to SIT, individuals construct their self-identities not only through their perception of group membership but rejection of membership of other groups/communities – in part, individuals define who they are by who they perceive/believe themselves not to be (Tajfel and Turner, 1979). More specifically, according to SIT it is not self-identity, per se, that influences behaviour but the values/norms that go with embodiment of self-identities derived from group/community membership. Although the terms and language used differ, it is clear to see the similarities between SIT and the theoretical framework (particularly Bourdieusian

26 The text in this section was added post-viva as an amendment recommended by PhD examiners.
aspects; see chapter one). According to both frameworks, subjectivity/self-identity is held to be constructed from socio-cultural resources (e.g. cultural capital; value/norms; ways of thinking/rationalities) made accessible through group/community (or ‘field’) membership and these resources are held, though embodiment, to influence future behaviour/practices.

Developed from SIT and existing addictions/recovery research (in particular literature which has emphasised recovery to involve identity change), the SIMOR explains addiction recovery as largely resulting from changes in group membership/participation which bring forth resources supportive of recovery (e.g. practical/emotional support, valuable information, and ‘recovery’ values) and involves transition away from addiction-related identities towards identities supportive of recovery (Best et al., 2016). The formation of new relationships with other individuals who are not experiencing addiction and/or consuming/using problematically is viewed as key to recovery as it is these which facilitate connection to recovery communities and access to recovery capital (Best et al., 2016).

Essentially, then, the SIMOR appreciates the processes of recovery to be very similar to those which have been presented in this chapter (and which will be recapped shortly; conclusion and summary of key findings). One difference, however, is that data analysed for this thesis emphasises that such processes do not only support addiction recovery but shifts towards less and more constrained gambling among those who never gamble problematically as well. Given the parallels between SIT and SIMOR, on the one hand, and the present thesis, on the other, the reader may question why it is that those models have not been drawn upon more heavily to guide the research and interpret the findings. Firstly, the SIMOR model was first published towards the end of the production of this doctoral thesis, after the theoretical and conceptual frameworks
had been developed, the data had been collected and analysed, and most of the thesis had been written. In fact, the present author only became aware of the model during the PhD viva. Nevertheless, it is comforting that the processes of recovery identified in the present thesis complement so well other work produced independently.

Secondly, although the principles of SIT were familiar to the present author as they strongly resonate with Bourdieusian and much sociological theory in general, SIT as a formal theory was unfamiliar (despite having studied sociology for over 10 years). This is, perhaps, unsurprising given Jenkins’ (2014) remark that one of the most ‘striking things’ about the social identity approach is its ‘isolation from scholarship outside of social psychology’ particularly from anthropology and sociology where others (e.g. Goffman) had developed very similar ideas long before SIT (Jenkins, 2014:118). Despite the similarities between Bourdieu’s work, on the one hand, and the developers of SIT (Tajef and Turner, 1979; Turner, 1991) on the other, and the fact that both were writing for much of the same period, a reading of the literature suggests that neither cited the other. Though a social psychologist familiar with SIT may, quite reasonably, question why this chapter has not drawn more heavily on SIT (or why mention of it was absent in earlier drafts of this thesis), a sociologist familiar with Bourdieusian theory may, similarly and just as reasonably, question why much existing SIT-orientated literature does not draw on Bourdieu’s or other sociological theory despite strong resonance. Nevertheless, the application of SIT and SIMOR models may be a fruitful focus of future research/publications. For example, the SIT premise that agents construct their identities by rejection of group membership fits well with the suggestion that greater control over gambling may be supported by social distancing – that is, reflection on, and rejection of, ‘counter examples’ as indicated by interviewees and in existing addictions/recovery literature (Decorte, 2001a; Neale et al., 2011). Moreover, the findings of this thesis may be used to develop the SIMOR further. For example, the finding that shifts in group membership bring forth new engagements which encourage
life-structures to change in ways which influence control and/or harm would be an addition worth considering in the SIMOR.

**Agency and structure**

It has been stressed throughout this thesis that although behaviour is strongly influenced by the circumstances in which actors are embedded and in which they act, behaviour/actions also, simultaneously, contribute to, and (re)shape circumstances. Moreover, it has also been emphasised that this behaviour-structure relationship is not that of deterministic reciprocity because actors have capacity to make decisions (i.e. agency), albeit decisions that might be heavily constrained by structural conditions (see chapter one). Indeed, discussion in chapter six illustrated how some made use of their agential capacities by (purposefully) deploying strategies in order to restructure their (immediate) circumstances in ways more supportive of future control (often by making future gambling more difficult e.g. restricting short-term access to money) thereby constraining gambling and reducing harm.

Chapter seven has also emphasised that the wider circumstances of the lives of interviewees influenced their gambling behaviour but as of yet there has been little discussion of the role that agency/decisionmaking play in shaping such conditions. Interviews suggested that such wider, non-gambling related, changes in their lives tended not to be product of purposeful decisions aimed at supporting control or changing gambling behaviour but, instead, often latent and unintended consequences of decisions to make other changes in their lives such as to move home, to start a new romantic relationship, or, perhaps (if planned!), to become a parent. In other instances such ‘structural’ changes were implicated to be less product of decisionmaking and more consequence of imposition – Jacob (regained control), for example, experienced
a period of gambling difficulties after his mother, who had been managing his finances, died.

Furthermore, although behaviour is shaped by both structure and agency (Bourdieu, 1984), data indicated that, with regard to gambling behaviour, structure may well have primacy. Shifts in the wider circumstances of interviewees’ lives appeared so influential over control that though members of the regained control group often reported that they had experienced periods when they had struggled greatly and failed to bring their gambling under control, with changes in wider aspects of their lives, shifts in gambling behaviour followed often with little effort directed at making behaviour changes.

Conclusion and summary of key findings

This chapter has illustrated gambling behaviour and control to be strongly influenced by the wider, non-gambling related, qualities of interviewees’ lives and their subjectivities/dispositions. Given the breadth of findings presented in this chapter it is worth summarising those most salient before moving on.

Chiefly influential over gambling were found to be the qualities of the socio-cultural milieus (or fields) in which lives were embedded. Those with greater control were generally found to participate more in non-gambling and often more ‘conventional’ fields, where rationalities (collective ways of thinking) and cultural expectations marginalised gambling and problematised heavier gambling, and were found to have social networks where gambling featured less. Alongside these more ‘structural’ aspects, those with greater control tended to express mentalities (embodied ways of thinking) and cultural expectations more consistent with the cultural milieus in which they were embedded. Drawing on Bourdieusian theory, it was argued that it was through day-to-day participation in such fields that interviewees with greater control had
come embody those cultural expectations/rationalities so that those principles became integral to their subjectivity thereby constituting a more ‘prudential’ habitus (see chapter six). As a result, their ways of thinking and acting (including gambling behaviour) were broadly consistent with the fields in which they participate and so they were discouraged from engaging in heavier, and so riskier and more problematic, gambling.

As first noted in chapter five, there was propensity for reductions in gambling over the gambling careers of both interviewees who had regained control and others who had never experienced addiction. Explaining these behavioural changes was of particular focus in this chapter. It was deduced that the same socio-cultural processes were largely responsible for long-term reductions in gambling among members of both these groups and this implies that the processes of natural recovery may be the same as those processes which bring about reductions in gambling for those who never experience difficulties. Interviewees revealed, over their life-courses, tendency toward increased participation in more ‘conventional’ fields characterised by the ways of thinking and cultural expectations just described. With these more ‘structural’ changes, interviewees came to more greatly (re)align their ways of thinking and expectations with those of these more conventional fields thereby motivating shifts toward more constrained gambling behaviour and greater control (particularly for those who had experienced addiction). Particularly supportive of reductions in gambling behaviour, as well as shifts towards greater control (including recovery), appeared to be tendency for gambling to feature less and less in social networks over life-courses as older, more gambling focused, relationships decayed or changed and new relationships where gambling had little place formed.

Having lives structured more around non-gambling engagements was found to support more constrained and controlled gambling. Often engagements appeared quite mundane such as paying bills, going to work, and preparing meals in addition to
hobbies, exercise, and spending time with friends/family. Particularly constraining appeared to be having engagements which interviewees viewed with importance (or, more precisely, with greater importance than gambling engagements) and which they framed in terms of ‘responsibility’ or ‘commitment’. Moreover, data suggested that life-structures such as these were dependent on participation in more conventional life as this was suggested to bring with it engagements that interviewees incorporated into their lives. Reductions in gambling as well as recovery were suggested to involve accumulation of non-gambling engagements and/or coming to view engagements as just described. Those who had experienced addiction recovery often reported having marginalised activities such as eating, paying bills and socialising with others during difficulties but no longer doing so after regaining control. There was a sense that through greater participation in more conventional life not only did interviewees accumulate non-gambling engagements but they came to view those engagements with greater importance (i.e. in terms of responsibility and commitment).

More constrained and better regulated gambling was suggested to be supported by possession of multiple, non-gambling related, self-identities so that ‘gambling’ was a relatively small part of sense of self. As was argued earlier, possession of more conventional self-identities involves embodiment of mentalities and cultural expectations about how one should (be)have which act to dissuade from (heavier) gambling. Drawing on Bourdieu (1984), it was discussed that the formation of non-gambling identities involves taking on social roles garnered through participation in non-gambling life. Interviewees who experienced addiction recovery often indicated that through increasing participation in non-gambling areas of life they came to embody greater multiplicities of non-gambling identities and that gambling had become decreasingly central to their sense of self.
Interviewees tended not to indicate having experienced stigmatisation or marginalisation as a result of their gambling. While this was expected among those who had never experienced addiction, it was unexpected among those who had experienced addiction because literature suggests addiction and stigmatisation often to go together resulting in marginalisation (McIntosh and McKeganey, 2001). Whatever the reasons for non-reporting of stigmatisation/marginalisation (see earlier discussion), it was posited that lack of stigmatisation may have eased recovery for those who experienced difficulties because marginalisation would likely have impeded participation in more conventional life and access to the very resources which support greater control. Surprisingly, interviewees who indicated periods of significant difficulties controlling their gambling and were thus identified in this study as having experienced addiction tended not to report, explicitly, having been “addicted”. It was argued that this was because interviewees tended not to ever have think of themselves as addicted and so did not embody the principles of addiction (see chapter two). As such they did not ever consider themselves as afflicted with a chronic condition or that they were completely powerless to regulate their consumption and this may have supported their recovery. Moreover, some who had thought of themselves as addicted appeared to have relinquished their once-held ‘addict’ identity and, in doing so, may have been better able to regain control. In the next chapter the thesis is concluded.
Chapter eight: Conclusions and implications

This final chapter examines the significance and value of the thesis. The key findings are examined and there is discussion of how these might be used to develop interventions/policies which promote better controlled gambling, recovery from gambling addiction and reductions in gambling-related harm. Afterwards, the theoretical and conceptual frameworks (see chapters one and three) that were developed to guide data collection, analysis and interpretation are re-examined. Improvements to the conceptual framework are suggested to aid future research. Discussion then turns to critique the study. The limitations of the research are examined and reflection is provided about what might have been done differently with hindsight, greater resources, and with the knowledge now possessed by the author. The chapter closes with ideas for future research which could follow the thesis.

Key findings and implications

This thesis has investigated (a) how and why most of those who gamble never experience gambling addiction and significant harm and (b) how and why most of those who do experience gambling addiction come to regain control and ameliorate or avoid harm. Drawing on sociological theory (see chapter one) and drug-use literature (see chapter two), the focus has been on how greater/lesser control and harm is influenced by aspects of social-setting and socio-cultural milieu and, taking lead from others (Zinberg, 1984; Moore, 1993), how shifts in those aspects encourage recovery from gambling addiction. Discussion now turns to highlight the key findings of the thesis and discuss how these may be used to support greater control and reduce gambling-related harm.
Findings, implications and recommendations to reduce harm among both those who are, and are not, experiencing addiction

The immediate gambling setting was found to influence gambling behaviour and had potential to encourage more constrained gambling as well as impede harm (see chapter six). Indeed, interviewees (both those who were experiencing addiction and those who were not) revealed exploiting the structure(s) of gambling environments in ways to better manage their gambling, often by incorporating qualities of setting into strategies aimed at supporting greater constraint and ameliorating/mitigating harm. Some of these strategies were found to be effective while others were found to be more detrimental. Practices effective at supporting control and mitigating harm included: not (re)gambling winnings; various ‘bankroll management’ style strategies; ‘grinding’; and limiting the amount of money that may be gambled over a specified timeframe. Some other strategies, though often aimed at reducing harm, actually increased harm. These included ‘chasing’ strategies aimed at recouping losses as well as gambling ‘systems’ (e.g. the ‘neighbours’ roulette system or ‘martingale’ strategy) which some interviewees believed to provide advantage (e.g. increase winnings) but which did not appear to do so and acted to encourage more excessive gambling.

Given lack of research concerning strategies that support control and reduce harm (cf. Moore et al., 2012; Blaszczynski et al., 2014), insight provided by this thesis might be drawn on to develop policies and interventions which encourage greater control and/or positive gambling strategies (e.g. bankroll management) and discourage lesser control and/or harmful gambling practices (e.g. chasing practices). It is vital to emphasise, however, the need for rigorous evaluation of policies and interventions before implementation in order to ameliorate any latent/unintended negative consequences which might increase harm. Any suggestions for interventions and policy asserted herein, then, are presented as potential recommendations pending evaluation.
Implications and recommendations: education

Practices, skills and competencies more supportive of better regulated and less harmful gambling might be promoted through educational strategies. This could involve the dissemination of effectual strategies whilst explicating the ineffectiveness and dangerousness of others. This would likely not only be beneficial to those who gamble (including, though not limited to, those experiencing difficulties/addiction) but also to those who have never gambled (or do so occasionally) as some of these will come to gamble frequently in future (and are at risk of gambling addiction/harm). Although how individuals might be educated in such skills/competencies is not of primary focus in this thesis, some discussion of the challenges involved is now provided.

Providing education/information to those who seek recovery support may be relatively straightforward as this can be offered in formal treatment or through self-help provision online, however very few of those who experience difficulties seek support (Reith, 2006) and, as those who do tend only to do so after they have experienced significant harm (Weinstock et al., 2011), many treatment-seekers are likely to benefit from such education/information long before they seek help. Gamblers who do not seek formal support (including both those who experience difficulties/addiction and those who do not) but who might also benefit are likely more difficult to target. Whilst, at present, information tends to be provided in land-based gambling venues (e.g. in the form of posters, stickers, and leaflets) (Moodie and Reith, 2009), there is suggestion that few, even among those experiencing difficulties, pay attention to the content of this information let alone modify their behaviour in response (Monaghan and Blaszczynski, 2010). Perhaps most difficult to target, are those who do not gamble but may eventually do so.
The issue of who provides education/information should be considered as this may influence effectiveness. In the UK, gambling research, education, treatment and support is largely (indeed, almost exclusively) funded directly or indirectly by voluntary donations from commercial gambling providers (George and Bowden-Jones, 2016). This arrangement has been criticised as open to conflict of interest (George and Copello, 2011). For example, one UK-registered charity, the ‘Young Gamblers Educational Trust’, with a mission statement to ‘inform, educate and safeguard young people against problematic gambling’, was recently criticised in news media for accepting donations directly from gambling providers (including Gala Group, Bet365, Paddy Power, and Caesars Entertainment) and for having trustees with commercial gambling interests (Grierson, 2016). Regardless of whether or not a commercial gambling funding source influences educational content, the perception that it does might negatively impact on effectiveness. If, for example, the principles of bankroll management are presented to individuals in a programme funded in such a way then it might be believed that the strategy supports the (financial) interests of commercial gambling business and not the gambler. Perhaps, then, the gambler thinks that bankroll management reduces the amount of money that gambling providers pay out as winnings? They might then consider purposefully acting in direct opposition to ‘beat the bookie’ and so decide to place larger wagers more conducive to harm.

Implications and recommendations: (re)designing gambling environments to reduce harm among both those who are, and are not, experiencing addiction

Drawing on the risk environment approach (see chapter three; Rhodes, 2009), a complementary way of encouraging greater constraint and reducing gambling-related harm (among both those who are experiencing addiction and those who are not) is to (re)design environments in ways that support the development and performance of ‘positive’ gambling practices (e.g. bankroll management) and which discourage the development and performance of more deleterious ones (e.g. chasing losses). Whilst
this would obviously have value for those experiencing significant difficulties, spaces
designed in such a way might also benefit those who might otherwise come to
erperience difficulties in future. Based on the findings of this thesis, some ideas about
how gambling environments may be (re)designed will now be briefly discussed and
prominent issues and potential challenges are highlighted.

**Ensure that gambling providers accept smaller wagers**

While recently there have been discussions about decreasing the maximum size of
wagers permitted in order to reduce harm (Ramesh, 2014; Parke and Parke, 2013),
findings from this thesis suggest that removing restrictions on the *minimum size of
wagers might also be beneficial*. As discussed in chapter six, some interviewees who
gamble online reported that they tended to wager bets of a few pence (in poker this
was termed ‘grinding’) and that this supports more constrained gambling expenditure
and impedes financial harm. Interviewees indicated the placing of smaller wagers,
particularly those of less than a £1, to be the preserve of online gambling – bets placed
in offline settings (e.g. betting shops and casinos) tended not to constitute a few pence.
Two factors may discourage (or prohibit) the placing of smaller bets which may be
addressed to encourage safer gambling environments. Firstly, some providers and
even the UK gambling regulator (the Gambling Commission) imposes minimum wagers
on activities. For example, the minimum stake on ‘category C’ gambling machines,
which includes ‘fruit-machines’ often found in pubs, is currently set at £1 (Gambling
Commission, 2016:4). Secondly, cultural expectations in gambling venues may
discourage placing bets of a few pence. For example, it may be regarded as ‘cheap’ for
individuals to place relatively small bets or it may not be seen as ‘worthwhile’ to do so if
the gambler has taken the time/effort to visit the betting shop.
Support for bankroll management strategies

As discussed in chapter six, adherence to bankroll management strategies among poker gamblers supports greater constraint, minimises financial losses, and is likely to have a similar positive effect when employed by those gambling on other non-poker activities. One way of supporting and promoting use of bankroll management strategies beyond poker in online spaces might be by building into the website/user interface an option to allow customers to limit wagers to a proportion of the funds in their gambling account(s). As well as entering a monetary figure for the bet (as is currently the case), an option may be provided to place, for example, 5% of the balance of the online gambling account. Adhering to this strategy, any losses would mean reductions in the size of wagers thereby reducing potential for financial harm.

Restrict access to money within gambling settings

A common strategy reported by members of the regained control and experiencing addiction groups to limit gambling and thereby reduce (financial) harm during periods of addiction was to restrict access to money during gambling sessions. Some casino-going interviewees, for instance, reported that they had often carried only a pre-specified amount of cash on evenings out when they planned to visit a gambling venue (or thought that they might end up doing so) and had left bankcards elsewhere (e.g. at home or in the car) or given them to others to look after. As discussed in chapter six, though this did not always prevent further gambling (e.g. some reported on occasion going home to get bankcards before returning to the casino) it hindered it, slowing it down, and provided space for reflection which sometimes led to desistence (at least for that session).

It is reasonable to assert, then, that by restricting access to cash withdrawal/debit facilities greater constraint would be supported, benefiting those who experience
difficulties (and, perhaps, those who do not but might prefer to gamble less). This might be achieved through limiting access to money within gambling venues by removing ATMs from gambling-focused venues and precluding use of debit/credit cards for gambling. Indeed, despite lack of evaluative research (cf. Thomas et al., 2013), the removal of ATMs has been adopted by many betting shop chains in the UK (albeit voluntarily rather than by statutory requirement) (Parke et al., 2014). Nonetheless, these betting shops still tend to accept bets by debit/credit cards and so, in practice, the effectiveness of ATM absence may have little influence unless those facilities are also removed. Based on interview data, it is reasonable to suggest that designing gambling environments so that gamblers must leave the gambling venue if they are to gain additional funds required for further gambling may not only slow down gambling but provide space for reflection and so support better gambling decisions (e.g. to end the gambling session or to reduce wagers). It is important that this intervention is thoroughly evaluated, however, as it may be that some gamblers will carry extra cash to compensate for restricted access to money, thereby perhaps increasing rather than reducing harm.

**Strengthen existing ‘budgeting’ facilities offered by providers**

Some interviewees reported making use of deposit limit\(^{27}\) facilities offered by online gambling providers to restrict the amount of money that could be spent over a pre-specified time period. A significant problem with limit-setting facilities is that they can be easily subverted (Blaszczynski et al., 2014) as was demonstrated by Keith (regained control) who, during periods of difficulty/addiction, often switched between different online gambling providers after reaching his arranged deposit limit with each provider (see chapter six).

\(^{27}\) Where the amount of money that can be transferred into an online gambling account is limited (Nelson et al., 2008)
One way of strengthening the effectiveness of existing facilities might be to discourage online gamblers from having multiple accounts thereby impeding the ease of which those limiting facilities may be undermined. Interviewees did not appear motivated to open multiple accounts in order to circumvent pre-set limits but to exploit one-off ‘welcome bonus’ promotions offered to new customers. They were then left with gambling accounts with different providers, impeding the effectiveness of any constraints they put on those accounts (e.g. deposit limits) because they were able, easily and quickly, to switch between gambling accounts. If introductory incentives/promotions were not offered to new customers then gamblers may be less likely to open accounts with various providers thereby supporting greater constraint. Another, complementary, suggestion might be to encourage bank providers to offer facilities to limit transfers to gambling providers. From the author’s personal experience, it is far easier, simpler and quicker to open gambling accounts with different providers than it is to open multiple bank accounts. This may add an extra hindrance to gambling beyond pre-determined limits, particularly if used in conjunction with those facilities already offered by gambling providers.

**Encourage breaks during gambling sessions**

Interviews suggested taking breaks within gambling sessions to support greater control by slowing down gambling and providing time for (better) decisionmaking (see chapter six). The availability of other, non-gambling, activities in the gambling space as well as non-gambling sub-spaces (e.g. seating away from gambling activities) where time could be taken out from gambling was indicated to support break-taking and so greater constraint. As such, the provision of non-gambling activities and separate (but nearby) non-gambling spaces which encourage gamblers to take breaks is likely to be beneficial. However, this recommendation requires particular scrutiny as it might be that this provision discourages individuals from leaving gambling places, thereby
encouraging heavier gambling for some, or that it makes it more difficult for those experiencing addiction to avoid gambling places if they are attempting to do so.

Challenges with (re)designing gambling environments and developing effective interventions

As will now briefly be examined, there are many issues and challenges involved in (re)designing gambling environments to support greater control and to reduce harm. These include concerns about civil liberties, resistance from gambling providers, rapidly changing gambling landscapes and propensity for online providers to be based overseas and so often outside of regulatory reach.

Impact on civil liberties

Many of the suggestions for safer gambling environments presented in this chapter impact, to varying extents, on civil liberties. The removal of cash withdrawal facilities (e.g. ATMs or debit/credit card use) within gambling venues, for example, would impact not only those wishing to constrain their gambling but also on those who do not wish to do so (whether or not they are experiencing difficulties). The question of whether or not it is reasonable to inconvenience the latter majority to benefit the former minority is a valid one and further evaluative/cost-benefit research is required to inform such a debate. Most tenable, arguably, would be interventions that benefit those seeking to better regulate their gambling but which have little or no inconvenience on those who are not. Offering facilities on bank accounts to limit transfers to gambling providers, for example, are unlikely to impede the liberty of the latter.

Indeed, another suggestion considered during the writing of this thesis was the removal of cash withdrawal facilities nearby gambling venues. However, as gambling venues tend to be situated in town centres and on high-streets/thoroughfares (Jones et al.,
2000; Wardle et al., 2011b) where lack of access to money would likely have negative impact on those not gambling and on non-gambling businesses, this would be untenable.

**Resistance from gambling providers**

Given that those experiencing gambling difficulties are estimated to contribute much more to gambling revenues, per capita, than those who are not (Productivity Commission, 2010), interventions which reduce harm (and support greater control) are likely to impact negatively on those revenues (Williams et al., 2007; Blaszczynski, 2011; Livingstone and Adams, 2016). Indeed, some measures such as the removal of ATMs from gambling venues, have been suggested to reduce revenues from customers who do not experience difficulties as well (Thomas et al., 2013). Moreover, the (re)designing of gambling spaces as well as the implementation (and operation) of programs aimed at supporting control and reducing harm is likely an additional financial cost for providers and so will have further negative impact on profits (Ladouceur et al., 2016). As commercial enterprises, it is reasonable to suggest, then, that such implementations may be problematic in terms of profit for gambling providers and thereby represent a conflict of interest leading the most effective interventions to be resisted. Indeed, some research has indicated that even when harm-reduction interventions (e.g. ‘responsible gambling’ signage) are statutory and condition of license, these are often flouted (Moodie and Reith, 2009). As such, there is a pressing need to ensure compliance with responsible gambling codes and/or regulatory requirements (Ladouceur et al., 2016).

**Offshore online gambling and regulatory compliance**

In June 2016, there were 2,459 gambling websites that accept gambling from the UK. These are mostly based offshore (Online Casino City, 2016) and so outside of the regulatory control of individual states (Gainsbury, 2010). Given this, it is difficult to
encourage offshore online providers to adhere to regulation pertaining to the markets in which they provide services (Ladouceur et al., 2016) and, due to the nature of the internet, very difficult to prevent citizens accessing unregulated websites (Gainsbury and Wood, 2011). In the UK, gambling providers who adhere to consumer protection codes are afforded advertising privileges over those which do not (Gainsbury, 2010). Additional incentives should be found to ensure that providers adhere to harm-reduction codes.

**Fast-changing commercial gambling environments: outdated research and superseded recommendations**

The propensity for commercial gambling environments to change rapidly with technological, marketing, and other innovations (Gainsbury and Wood, 2011), leading to changes in how individuals interact with, and gamble within, those environments contributes to difficulties in ensuring that interventions and strategies remain effective (Ladouceur et al., 2016). Indeed, over time, once effectual policies, interventions and strategies might not merely become ineffective but deleterious contributing to harm. As such, there is great need for continual (re)evaluation of regulations/interventions (Ladouceur et al., 2016). Considered and thorough research and evaluation is often, however, a slow process. It takes time to develop proposals, secure funding, undertake, write-up, and disseminate/publish research with qualitative studies, arguably better suited to the evaluation of interventions, particularly time-consuming. Moreover, the translation of research into ‘practice’ (i.e. interventions/policies) also tends to be a slow process (Mallonée et al., 2006) which may be compounded by resistance from gambling providers and other stakeholders (e.g. governments who benefit from gambling taxation). A particular challenge, then, is to produce timely research which is also rigorous.
Influence of wider milieu, circumstances and subjectivity on self-regulation of gambling and addiction recovery

Beyond the gambling-specific, interviewees of all ideal-types revealed the wider aspects of their lives/milieus as well as the nature of their subjectivities to have strong influence over the regulation of their gambling and attendant experience of harm (or lack thereof). Indeed, as will be become clear, wider qualities of lives and subjectivities were found to be far more influential over self-regulation than aspects of immediate gambling spaces and gambling practices just discussed. Shortly, recommendations for interventions aimed at promoting socio-cultural milieus and subjectivities supportive of control, addiction recovery and harm-reduction will be presented. First, however, it is worth recapping on the findings/discussion presented in chapter seven.

Socio-cultural milieu and processes

Particularly fundamental to interviewees’ gambling regulation were found to be the nature of their social networks as well as the rationalities (ways of thinking) and cultural expectations (values/norms) to which those relationships provide access. Those with better control tended to:

- have social networks less characterised by gambling (i.e. gambling-related activities were not central in their social relationships) and;
- participate deeper in communities (or fields) strongly characterised by rationalities and cultural expectations more discouraging and marginalising of (heavier) gambling behaviour.

Members of both the never experienced addiction and regained control groups indicated lasting reductions in gambling behaviour, including shifts towards greater constraint and control concomitant with recovery, to be underpinned by social and cultural processes which resulted in interviewees’ socio-cultural milieus becoming more like those bullet-pointed above. Over their life-course (and thus over gambling careers),

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the social networks of members of these groups tended to become less characterised by gambling activities with greater participation in communities which more strongly featured rationalities, expectations more discouraging of (heavier) gambling. Members of the *regained control* group suggested that recovery, in particular, tended to involve shifting from a state of relative detachment/isolation from non-gambling life during periods of difficulty to one of increased participation in more ‘conventional’ life better characterised by the dominant, contemporary, rationalities described in chapter one.

**Subjectivity: embodied rationalities, expectations and identities**

As argued in chapter one, the character of an individual's subjectivity (habitus) is strongly influenced by the past and present circumstances of their lives (e.g. socio-cultural milieu) and thereby shapes behaviour/actions. Consistent with this, those with greater control tended to express subjectivities better aligned with rationalities and expectations more characteristic of the ‘conventional’ communities in which they were embedded and participate. In short, those with greater control tended to:

- embody more ‘prudential’ style mentalities (rationalities) and cultural expectations which conflicted with, discouraged and marginalised (heavier) gambling.

- embody sense of self (often characterised by multiplicities of non-gambling identities) where gambling was a relatively small part.

Lasting reductions in gambling behaviour, including shifts towards greater constraint and control concomitant with recovery, were suggested to involve alterations in subjectivity to be more like those bullet-pointed above. In particular, members of the *regained control* group (i.e. interviewees who experienced recovery) often indicated transformations of subjectivity and mentalities away from the more prodigal and towards the more prudential.
Life-structure

Interviews indicated life-structures more characterised by, and organised around, non-gambling, and often quite prosaic, engagements to support more constrained and controlled gambling, especially where these were perceived by the agent as meaningful, important, and in terms of priorities, responsibilities and commitments (see chapter seven). Members of both the never experienced addiction and regained control groups suggested reductions in gambling and shifts towards greater control (including recovery) to involve accumulation of non-gambling engagements, (re)organisation of life-structure around those, and coming to view those (new and existing) engagements in terms as just described.

Dominance of wider milieu and subjectivity over the gambling specific

As noted earlier, findings revealed that though particular gambling strategies and qualities of gambling settings were valuable in constraining gambling and reducing harm, far more influential over better regulated gambling were found to be qualities of interviewees’ subjectivities (including self-identity) and their wider milieus (including life-structure). The dominance of these, wider, non-gambling specific aspects is illustrated in two main ways.

Firstly, members of the regained control group often reported that they had employed the same gambling strategies aimed at supporting greater constraint and reducing harm both at time of interview and during periods of difficulties. Indeed, in spite of such strategies, these participants indicated that they struggled and failed to bring their gambling behaviour under greater control until the advent of wider, non-gambling related, changes in the circumstances of their lives (e.g. shifts in social networks to become less gambling focused) and in their subjectivities (e.g. coming to more greatly embody ways of thinking and cultural expectations which marginalise/problematise gambling) (see chapter seven).
Secondly, data revealed differentiation between greater and lesser control to have far more to do with inequalities of conventional capital and degrees of participation in non-gambling life than possession of gambling capital and participation in gambling life (see chapter seven). Greater participation in non-gambling life and possession of the means to participate therein (e.g. conventional capital) appeared to support greater control and dissuade from heavier gambling. Interviewees who experienced recovery tended to report having lacked more conventional capital and participation in non-gambling life during periods of difficulties relative to when they had regained control by time of interview.

**Recommendations to promote milieus and subjectivities which protect against gambling difficulties and encourage recovery among those experiencing addiction**

As has been discussed, this thesis has uncovered qualities of milieus and subjectivities supportive of greater control and explicated how changes in such qualities encourage shifts toward better controlled gambling (including addiction recovery). This knowledge may not only be used to aid development of interventions and policies which promote lives and subjectivities discouraging of addiction but also interventions/policies which support recovery among those who do experience addiction. Some ideas and recommendations for such interventions/policies are now offered.

**Encourage participation in non-gambling life and the formation of non-gambling relationships**

Interview data emphasised that in order to protect against experience of gambling difficulties and support addiction recovery, it is imperative that individuals (both gamblers and non-gamblers as well as those experiencing addiction and those not) participate regularly in non-gambling life and, in particular, within groups/communities which feature expectations that marginalise gambling. Those experiencing addiction,
as well as those who are not, should be encouraged to maintain engagement in non-gambling life and those experiencing addiction, in particular, must be supported to deepen such participation.

Through greater participation in non-gambling communities, individuals will be better able to access resources (or recovery capital; Cloud and Granfield, 2008) which promote greater control, prevent slippage into addiction and support addiction recovery. Isolation from conventional life should be discouraged as, consistent with the past experiences of some members of the regained control group, research suggests isolation and social exclusion to increase risk of dependency and addiction (Duffy and Baldwin, 2013; Waldorf et al., 1991) as well as to impede recovery (Buchanan, 2004). As will be discussed further shortly, interventions that promote participation in non-gambling life and facilitate the formation of social ties are likely to support the formation subjectivities/identities and life-structures of the nature that interviewees suggested to be supportive of control and recovery.

Regardless of how greater participation in more conventional life is promoted, of utmost importance is that accessible opportunities exist for individuals to engage in non-gambling related life/social groups and develop meaningful non-gambling related relationships. Those who are at greatest risk of addiction, and who may less readily recover ‘naturally’, are often aptly described as disadvantaged (Buchanan, 2004) and this raises two further important considerations. Firstly, and not least because problematic gambling often leads to financial harm (Dickerson, 2003), those who might benefit most from services/interventions may be little able to pay for services/interventions and so support should be free at the point of use. Secondly, those who would benefit most are also more likely to be those who lack employment-related capital/skills and so any interventions aimed at promoting social connectedness which also help develop such resources would likely be doubly beneficial (not only
might employment-related training facilitate the formation of social ties within training sessions, but such services would help individuals to develop the resources required to engage in employment-related communities and this, in turn, is likely to facilitate the formation of non-gambling related social ties supportive of recovery/control).

Recommendations for services which would help support recovery and protect against addiction could include:

- Provision of employment-related workshops in community spaces (e.g. community centres/libraries). As well as supporting the formation of non-gambling related relationships (and thereby facilitating social/recovery capital), this could help individuals develop resources needed to access employment and so access the social networks that go with employment. Such workshops could include those aimed at developing IT skills or supporting CV writing.

- ‘Coffee’ mornings/afternoons and other ‘meet-up’ style events.

- Schemes aimed at developing civic engagement/voluntary work in the local community.

- Support for the development of local interest groups (e.g. sports groups or DIY groups).

It would also be worth proactively targeting more disadvantaged individuals who are at greater risk of gambling addiction in an effort to encourage greater community participation and the development of wider social networks. Information about interventions could be made available in GP services, community centres, debt advice services, at Citizens Advice charities and so forth.
Support subjectivities which discourage (heavier) gambling and promote recovery

Consistent with existing literature (Best et al., 2016; Tajfel and Turner, 1979), findings from this thesis have indicated that with greater participation in non-gambling related social groups/communities, individuals come to develop non-gambling orientated subjectivities/identities more supportive of control and recovery. In other words, with participation in more conventional/non-gambling life, positive shifts in subjectivity/self-identity tend to follow. Largely, this appears to be because through such participation individuals come to (re)align their own mentalities (ways of thinking) and cultural expectations (values/norms) for comportment with those more constraining of gambling which are championed in those groups/communities (see chapter seven).

Whilst the most effective way of encouraging the development of subjectivities and embodiment of mentalities/expectations more supportive of control/recovery may well be to encourage conventional participation, there may be complementary ways to support these processes. One idea, for example, is to encourage those in formal treatment to spend time reflecting on their non-gambling participation and to think about themselves as belonging to the group in question. Doing so may support the development of non-gambling identities.

Promote life-structures organised around non-gambling engagements

Findings suggest that having everyday lives structured more around non-gambling engagements (and less around gambling-related ones) is more conducive to control and supportive of recovery (see chapter seven). In order to promote recovery for those experiencing addiction and to protect others from experiencing addiction in the first place, individuals/gamblers should be encouraged to gain and maintain non-gambling engagements, think of these in terms of responsibilities or commitments, and organise
their lives around these. Many such engagements are likely to go with greater participation in non-gambling life as previously recommended.

This recommendation, particularly with regard to gamblers already experiencing difficulties, however, requires caution. Some of those who experience difficulties may not lack non-gambling engagements but, instead, might be marginalising and failing to meet existing ones (see chapter seven). Moreover, while it did not appear the case among the present interviewees, literature has suggested that some are motivated to gamble more heavily as a way to cope with ‘everyday stresses’ and to ‘escape’ from these (Wood and Griffiths, 2007:109). Given these points, it is likely that some, and perhaps those who experience the most significant difficulties, might need extra support to manage non-gambling engagements including those which might seem more mundane/prosaic (e.g. buying and preparing food or paying bills). Without this, it is possible that the promotion of non-gambling engagements/commitments could, for some, be counterproductive, perhaps encouraging gambling and increasing harm. For those engaged in formal treatment, then, it might be worth developing interventions (e.g. workshops) which support such everyday engagements.

Other strengths of promoting lives and subjectivities more conducive to control

As well as being more effective in support control, impeding harm, and encouraging behaviour change (e.g. recovery; see chapter seven), the recommendations just provided go some way to addressing many of the challenges involved in (re)designing gambling environments that were discussed earlier. Firstly, they rely little on gambling providers to adhere to, and implement, interventions. Although, ethically, providers should be held responsible for supporting greater control and reducing harm and so must be encouraged (or forced) to engage in such efforts, as was discussed earlier,
gambling providers undoubtedly have vested interest in resisting many interventions aimed at reducing harm and supporting control because of negative impact on revenues. As such, gambling providers may seek to attenuate or pervert implementation of interventions in ways which limit effectiveness or, perhaps, increase harm. Encouraging the development of wider lives and subjectivities which discourage gambling difficulties would help protect gamblers against the resistance of providers to effective interventions/policies.

Secondly, those recommendations reduce reliance on the qualities of gambling environments to constrain gambling behaviour. As such, gamblers may be less vulnerable to shifts in gambling environments which might remove external constraints on gambling that some may rely on to regulate their gambling. In other words, by encouraging the development of lives more supportive of greater control and protective against addictive/problematic consumption, individuals are better placed to weather changes in gambling environments than if their gambling was heavily reliant on qualities of the gambling environment.

Finally, the development of lives/milieus and subjectivities supportive of better regulated and less harmful gambling is likely to have wide-ranging positive influence on other aspects of lives far beyond gambling. An abundance of evidence has indicated that greater participation in wider social life improves wellbeing and quality of life in a myriad of ways. It has been consistently shown, for example, that social connectedness supports better mental and physical health (Umberson and Montez, 2010) and provides access to resources such as social/practical support as well as valuable information (e.g. about employment and other opportunities) which can improve quality of life in general (Smith and Christakis, 2008; Granovetter, 1973). Furthermore, although not the case among the present interviewees, literature has
consistently suggested it common for those with gambling difficulties to experience other addictions and mental health problems concurrently (Lorains et al., 2011) and so shifts in lives/milieu which ameliorate gambling problems may also have positive impact on these.

It is important to be clear that the dominance of wider aspects of lives and subjectivities does not mean that attempts to support ‘better’ gambling strategies or ‘safer’ gambling environments (such as those discussed earlier) are not extremely important for these can reduce harm and support constraint, but it does mean that, alongside those endeavours, it is crucial that efforts are made to encourage the development of wider lives/circumstances and subjectivities in ways which promote greater control (including recovery), discourage more excessive gambling, and ameliorate concomitant harm.

**Reflections on the application of the theoretical and conceptual frameworks (including implications for future work)**

The thesis has been underpinned and guided by theoretical and conceptual frameworks (developed in chapters one and three respectively). The application of these to the interview data will now be reflected upon.

**Reflections on the theoretical framework: a Bourdieusian-Foucauldian synthesis**

The theoretical framework, constructed from social theory and taking the form of a Bourdieusian-Foucauldian synthesis, set the scene for how (gambling) behaviour and addiction was approached throughout the thesis. To develop the framework, Bourdieu’s model of social action was supplemented with two bodies of Foucauldian-inspired literature: (i) (post)Foucauldian governmentality literature (see chapter one) and (ii)
literature presenting addiction as a culture-bound, socially constructed phenomenon (see chapter two). In taking this approach, the experience of addiction was approached as the embodiment of addiction discourse and dominant contemporary ways of thinking or ‘rationalities’ (e.g. neoliberalism, new prudentialism and responsibilisation).

The theoretical framework proved extremely valuable in the thesis and, in particular, for the interpretation of gambling behaviour. The Bourdieusian concepts of *habitus*, *practice*, *species of capital* (including *social*, *cultural*, and *symbolic*), and *field* were used to analyse and interpret data gathered from interviews (see chapter seven in particular). As discussed in chapter seven, a central finding of the thesis was that reductions in gambling behaviour (as well as recovery) were strongly promoted by a propensity for interviewees to participate more deeply in more ‘conventional’ (and non-gambling related) *fields* over their life-courses. This appeared to be largely because changes toward deeper participation in non-gambling *fields* propagated shifts in subjectivities/dispositions (*‘habitus’*) to become more marginalising of (heavier) gambling as, through that participation, interviewees indicated coming to embody the dominant cultural expectations and ways of thinking (rationalities/mentalities) that characterise those more ‘conventional’ fields. It is in this way that the theoretical model, synthesising both Bourdieusian and Foucauldian theory, was used to interpret and analyse interview data.

The Bourdieusian-Foucauldian theoretical framework has potential to support future studies of behaviour and behavioural change with little, if any, amendment. Beyond gambling, this would most obviously include a host of other behaviours involving both substance and non-substance objects of addiction. Indeed, beyond addictive behaviours, the theoretical framework might be usefully applied to many other social behaviours.
Reflections on the conceptual framework

The conceptual framework used to guide data collection, interpretation, and analysis was developed from Bourdieusian theory as well as existing behaviour change and addictions literature (see chapter three). It comprised of:

- **Practices** – all patterns of action (e.g. gambling rituals).

- **Socio-cultural milieu** – the dynamic social and cultural conditions/milieus in which the lives of agents are embedded. This includes shifting social relationships and changing cultural expectations both of which are constituents of the milieus/fields in which agents carry out their day-to-day lives.

- **Life-structure** – the organisation of agents daily lives including their ‘field of engagements’ (Cohen, 1999:230).

- **Beliefs** – (embodied) cultural expectations as well as rules and conscious beliefs/understandings held by agents.

The conceptual framework was first applied in the development of the interview schedule (see chapter four). Interview questions and topics focused predominantly on relationships between gambling (including changes thereof) and the various components of the conceptual framework described above (see Appendix C), the aim being to examine how those aspects of interviewees’ lives influence gambling and how changes in those aspects influence shifts in gambling behaviour (including those which might support recovery from gambling addiction). The resulting interview data was then analysed and presented according to the conceptual framework across chapters six and seven. Aspects of the conceptual framework focused on in chapter six included *practices, rules, and conscious beliefs* and aspects focused on in chapter seven included *life-structure and socio-cultural milieu*.

The conceptual framework proved a very useful tool for examining and explaining gambling behaviour as qualities of most components were found to influence gambling
patterns, control (including recovery) and harm. However, interview data indicated that not all aspects of the conceptual framework explained control over gambling behaviour equally. Aspects of socio-cultural milieu, for example, appeared to have great influence over gambling-related control and recovery while there was practically no evidence found that gambling-related rules influence control thereby suggesting rules to be poor tools for regulating behaviour (see chapters six and seven). The organisation of the lives of interviewees (i.e. life-structure), to give another example, was suggested to have strong influence over control and recovery whilst gambling-related beliefs (including understandings about probability) appeared to have little influence in terms of control. To summarise, whilst the conceptual framework proved a powerful tool to explain gambling behaviour, some components appeared to have greater explanatory power than others.

The conclusion that gambling-related rules have little influence over behaviour might, on the one hand, be very surprising as authors of studies examining control over other addictive behaviours have concluded rules to be important ‘determinants’ in the self-regulation of addiction objects (see chapter six. e.g. Zinberg, 1984; Grund, 1993). However, on the other hand, it is consistent with Bourdieu’s argument that behaviour tends to be pre-reflexive, arising from a ‘practical sense’ rather than conscious rule-following (Bourdieu, 1987b; chapter one). Given this inconsistency, further research is needed to examine the impact of personally held rules on the regulation of gambling behaviour, addiction and recovery.

**Improvements to the conceptual framework**

The use of the conceptual framework to collect and analyse data highlighted two ways in which it may be developed to better support investigation of gambling and other behaviours. Firstly, in retrospect, the conceptual framework lumped together the
concepts of *cultural expectations* (values/norms), *rules*, and *conscious beliefs* under the umbrella of ‘beliefs’. Although all these objects might be considered phenomena closely related to mindset/disposition, analysis suggested that, among the interviewees, embodied *cultural expectations* (values/norms) explained gambling behaviour and control far better/more than rules and (gambling-related) conscious beliefs. As this became clear during analysis, differentiation between these phenomena was made in the presentation of findings and in discussion (see chapters six and seven). However, if the conceptual framework is used in future studies it should be modified from the outset to more strongly distinguish between those objects. Secondly, although ‘self-identity’ was not included in the conceptual framework, interviewees suggested sense of self to be particularly influential over gambling-related behaviour and control. Again, while this was appreciated in the analysis, omission from the conceptual framework meant that it was not a prime focus during data collection/interviewing. Future studies of gambling behaviour (and of social behaviour in general) should be designed to examine the influence of self-identity and, to this end, if the conceptual framework is to be used in future research then self-identity should be added as a component.

**Few members of the experiencing addiction group: implications for testing of the theoretical and conceptual frameworks**

As the focus of the thesis was on how greater control over gambling is maintained and how recovery is supported, recruitment focused on those with greater control at time of interview (i.e. those who had *never experienced addiction* and those who had *regained control*). For this reason, relatively few interviewees were sought who were *experiencing addiction* (indeed, only three such interviewees were recruited). Consequentially, examinations of lesser control relied more heavily on reports provided by members of the *regained control* group about their experiences of addiction than on the reports of the *experiencing addiction* group. Though this worked well, it does mean
that the theoretical and conceptual frameworks have been little tested on those experiencing gambling addiction and if this had been done different findings may have been produced (it cannot be known in which ways). The application of the (revised) theoretical/conceptual frameworks to those experiencing addiction would be a suitable focus of future research in order to examine how well those models explain lesser control among such individuals.

In summary, both the theoretical and conceptual frameworks developed to guide the empirical work and analysis in the present thesis have potential to support future studies of behaviour and behaviour change. Beyond gambling, these frameworks could most obviously be used to study behaviours involving both substance and non-substance objects of addiction. Indeed, beyond addictive behaviours, the frameworks might be usefully applied to many other social behaviours so long as they are approached as influenced by social and cultural conditions. Whilst both frameworks proved valuable tools, the conceptual framework would benefit from some modification, as just described, to improve its usefulness and explanatory power in future studies.
Study critique

The chapter now turns reflect on the limitations of the project and consider what, with hindsight, might have been done differently. Positivistic research designs, employing probability sampling techniques, yielding quantitative, reproducible, generalisable data and findings are usually regarded as the standard against which interpretivist, qualitative, designs are compared (Hammersley, 1992a;b; Martin and Stenner, 2004). From this standpoint, the lack of replicability, generalisability, and objectivity in the present research may be viewed as shortcomings. As these general issues have been extensively discussed by others (e.g. Bryman, 2008) there is little to be gained by repeating arguments here, but suffice to say that the framing of these characteristics as weaknesses is largely dependent on value judgements about the ideals of (social) scientific endeavour and of what constitutes ‘quality’ evidence. Nevertheless, as was argued in chapter four, an interpretivist, qualitative, research design was chosen to be more appropriate than positivistic designs for investigating the complexities of gambling behaviour as was the focus in the present study.

Demographic homo/heterogeneity of participants

All interviewees self-identified as ‘White British’ and all but three as men. The lack of women interviewees is likely largely reflective of the recruitment focus on regular gamblers, who tend to be men, as well as on those who had experienced gambling difficulties who, again, are overwhelmingly men (Wardle et al., 2011a). Similarly, the ethnic homogeneity of interviewees is probably product of recruitment strategies targeting gamblers domiciled in South Devon where there is a relatively small proportion of non-white British residents compared to other regions in England (Smith, 2010) and likely compounded by the fact that gambling participation rates appear highest among ‘White British’ individuals when compared with other ethnic classifications (Wardle et al., 2011a). With regard to age, though there was relative
variation, interviewees tended to be in their twenties or, to a lesser extent, thirties, and no interviewees were aged 55 years or older\textsuperscript{28}. Homogeneity of ethnicity and gender, as well as bias towards younger adults, may be viewed as a limitation as with greater diversity in those terms additional issues may have been revealed leading to more varied findings with greater transferability to a wider range of contexts. Nonetheless, it is a strength as the research provides deeper focus on those with particular characteristics thereby increasing transferability to those with similar experiences and characteristics. With regard to other demographic characteristics, there was far more diversity. Interviewees reported a range of educational attainments, employment, incomes, and living situations (see chapter five).

**Reliance on self-report**

**Honesty at interview**

The study relied heavily on honest, open and frank discussion with interviewees. A particular concern when interviewing individuals about their participation in stigmatised behaviours is that they often have vested interest in downplaying, or keeping hidden, stigmatised or embarrassing behaviour for fear of soliciting negative reactions that might occur if their actions/feelings are revealed (Napper \textit{et al.}, 2010) and so may be reticent about their gambling behaviour, experiences, and any harmful consequences (see chapter four). Although such issues may have influenced discussion at interview, assurances of anonymity and confidentiality were given to encourage honesty (see chapter four) and no indication of deliberate deception among the reports of interviewees was noted. Indeed, there was a sense that most interviewees were forthcoming, open and some appeared to delight in an opportunity to talk about their gambling and experiences. Nonetheless, throughout the research process it was

\textsuperscript{28} Fourteen interviewees were in their 20s, six in their 30s, three in their 40s and two in their early 50s.
appreciated that interviewee statements should be examined in context and not always taken literally.

Reliance on recall

Findings relied on the ability of interviewees to recall information about past experiences and behaviour, often relating to periods/events years prior to interview. The reliability of memory, however, is often limited – experiences/events may be forgotten, misremembered or be (re)interpreted differently with hindsight/retrospectively (Dex, 1995). Indeed, comparisons between behavioural tracking data pertaining to online gambling accounts and self-report data have indicated that individuals have limited ability to recollect specifics of their gambling behaviour (e.g. figures such as money lost/spent, money won, or duration of gambling sessions) (Braverman et al., 2014). The thesis findings, however, relied little on finer details (e.g. monetary values, time periods, dates, etc.) but, instead, on broader, less specific, information about gambling behaviour, experiences, and living circumstances which may be less open to inaccuracies and recall bias. Nevertheless, asking interviewees retrospective questions about gambling experiences was the only feasible way to examine how their gambling behaviour, feelings, and living circumstances had changed over their gambling careers.

What might have been done differently with hindsight or more resources?

Better designed data collection instruments

Though not completely unfamiliar with the literature, the thesis author was not particularly well-read in addiction/recovery, gambling, drug use, or behaviour change literature when the data collection instruments (i.e. survey script and interview schedule) were designed and the interviews conducted. Greater knowledge in these areas would, undoubtedly, have contributed to better designed survey and interview
scripts. For example, with greater knowledge of life-course literature, interview questions might have been directed more towards understanding how social and cultural processes influence shifts in gambling behaviour.

Inclusion of more interviewees experiencing addiction at time of interview and those who had experienced addiction for longer

As the focus of this thesis was on exploring how those with greater control manage their gambling, proportionally few interviewees (a total of three) experiencing gambling addiction were recruited for comparison. Initially, there was planned to be roughly 50 interviewees including approximately 10 who were experiencing addiction at time of interview. However, as the thesis took an exploratory approach, largely because of an absence of literature about how gamblers regulate their gambling, mitigate harm, and come to recover, interviews needed to be quite comprehensive (and thus, lengthy). As a result, interviewees averaged 1:04hrs and produced a considerable amount of transcription work as well as qualitative data to be managed and analysed. Given time constraints on the project, it was decided that the number of potential interviewees (including those experiencing addiction) be reduced. A second reason for the lack of interviewees experiencing addiction is that relatively few respondents of the recruitment survey provided responses suggestive of addiction (at time of survey completion) and of these only a proportion indicated interest in a follow-up interview and agreed to take part. Although reports provided by members of the regained control group about their experiences of difficulties/addiction were drawn on during examinations of lesser control, it would have been valuable to examine experience of lesser control by recourse of more data gathered from more individuals experiencing addiction at time of interview.
Of the three interviewees who were identified as experiencing addiction at time of interview, two indicated relatively short gambling careers and shorter still durations of gambling difficulties. Given that most who experience gambling addiction recover (see chapter two), it would have been interesting to recruit interviewees who have failed to recover for a relatively long period (e.g. twenty years or so) in order to explore if there is anything about their lives, circumstances, or biographies which impedes recovery. This would be a valuable focus of future research.

Directions for future research

As a result of the exploratory nature of this thesis, many areas have been touched upon that, if investigated further, would produce knowledge that could be used to ameliorate gambling difficulties. Although ideas for future research have been signposted throughout the thesis, and in this chapter, in particular, a standalone section is provided here to emphasise salient directions/subjects.

Evaluation of recommendations

There is pressing need for rigorous evaluation of interventions aimed at reducing harm and supporting greater control in order to minimise risk of unintended, negative, consequences. Indeed, it is not only the recommendations of this thesis that must be evaluated but those made by others as well as interventions/policies already implemented as these have tended to be based on the commonsense of commentators and policymakers rather than on sound evidence or evaluation (Blaszczynski et al., 2004; Ladouceur et al., 2016). This is exemplified by the oft-recommended harm-reduction practice of logging gambling expenditure which, among the present interviewees, appeared to increase rather than reduce harm by encouraging loss chasing (see chapter six). It is also important that evaluative work draws on data
collected in ‘natural’ gambling settings rather than under artificial conditions. Too often, gambling data is collected using laboratory-based experiments which produce findings with little ecological validity. Indeed, Reith (2007a) notes that gambling data collected through use of laboratory experiments often conflicts with data collected in real-life settings (see e.g. Anderson and Brown, 1984).

**Implementation of recommendations**

In order to have impact, the recommendations of this thesis must not only reduce harm and support control but must be implemented in such a way as to be effective. Though this is obvious, in some areas of public health (e.g. relating to problematic drug use) there has often been a policy-implementation gap where the effectiveness of otherwise good policy is undermined by poor implementation (Randall, 2011). Further research should examine how strategies demonstrated to be effective in reducing harm and supporting control can be best implemented. Examples of questions that might be considered include: are media campaigns a good way of promoting gambling-related harm-reduction practices? Is legislation needed to ensure that gambling providers support harm-reduction strategies, or is voluntary compliance enough? How can any resistance from gambling providers to harm-reduction strategies be minimised or prevented? As Williams et al. (2012) state, the effectiveness of gambling-related harm-reduction interventions is ‘very much dependent on how it is applied’ (2012:64).

**Examination of the relationship between addiction and harm**

In chapter four it was noted that gambling-related harm is, by and large, used as proxy for gambling addiction and that this is problematic because those whose gambling contributes to significant harm may not always be experiencing addiction. Indeed, under some circumstances, impaired self-control (addiction) might not result in significant harm if, for example, an individual’s life is structured in such a way that their
circumstances prevent harm. Having another assume management of money and/or pay for one’s living costs, for example, may impede harm despite impaired self-control. Furthermore, those whose experience of gambling-related harm is largely due to difficulties managing their behaviour may benefit from different interventions to those whose gambling contributes to experience of gambling-related harm despite having greater control. Given these issues, further research is needed to examine the dimensions of control and harm and to explore how they interplay. In particular, it would be valuable to explore ways of identifying addiction without relying on harm and of differentiating between problematic gamblers with greater and lesser control.

Examine in greater depth the processes of natural recovery

Although research suggests that those who experience addiction tend to recover and do so, by and large, in lieu of formal treatment there has been very little work exploring how ‘natural recovery’ occurs (cf. Waldorf et al., 1991; see chapter two). The present study helps fill this knowledge gap by suggesting that such recoveries might largely be encouraged by social and cultural processes, characteristic of ‘typical’ life-course progression, which lead to wider changes in the lives/milieus of individuals and thereby discourage ‘addictive’ behaviour via reformations of subjectivity (e.g. shifts in embodied cultural expectations and ways of thinking). Further knowledge about how recovery occurs would be valuable to help develop strategies and policies better supportive and promoting of recovery processes. In particular, research should explore why some fail to recover from gambling addiction whilst most do so. Are there, for example, aspects of their lives/milieus or subjectivities which hinder the socio-cultural processes of recovery? Moreover, is it possible to speed up the underlying processes of natural recovery in order to reduce duration of gambling addiction? And if so, how?
Development of better techniques for recruiting gamblers for research

The recruitment of participants who engage in stigmatised behaviours such as gambling can be challenging and a hindrance in behavioural research. Gamblers often represent ‘hidden’ and ‘hard-to-reach’ participants with those not in formal treatment less visible and so harder to recruit (see chapter four). Indeed, gambling research has tended to base findings on data collected from more visible and accessible gamblers. The subjects of gambling studies have, more often than not, been problem gamblers involved in treatment, members of self-help groups, or psychology students (who are often expected to participate in studies as part of their university course) (Gainsbury et al., 2014b; Bernhard, 2010). However, the extent to which findings based on data collected from members of these ‘captive’, visible, and more accessible groups resonate with the experiences of the majority gamblers is highly questionable (Bernhard, 2010). Gainsbury et al. (2014b), for example, have found that even when demographic differences are controlled for, the gambling behaviours of student gamblers differ significantly from gamblers in the ‘general population’. Consistent with concerns about drug use research (Decorte, 2011), the basing of findings/data on such a small minority whose experiences are likely very different from the experiences of most gamblers impacts on the transferability/usefulness of research. Given these points, the quality of gambling research (and, indeed, research into other stigmatised behaviours) is largely dependent on techniques effective in recruiting hidden and hard-to-reach participants and future work must develop these.

‘Snowball’ or ‘chain referral’ sampling has long proved useful in the recruitment of hidden and hard-to-reach participants (e.g. drug use; Waldorf et al., 1991) and was used in this study (see chapter four). However, although chain referral techniques have potential to recruit gamblers whose experiences are more in keeping with the majority of those who are not students and do not participate in treatment, snowball techniques have weaknesses. Beyond general criticisms of non-probability sampling (Bryman,
2008), the tendency for homophily in social networks (McPherson et al., 2001) may result in recruitment of interviewees with similar characteristics and experiences to one another thereby producing narrower data and reducing transferability of data/findings. Moreover, snowball techniques may have better utility in examining drug use over gambling because access to illicit drugs is often predicted upon social ties (relationships may often be prerequisite of drug supply; Coomber and Moyle, 2014). Although social networks may well be instrumental in beginning gambling (Reith and Dobbie, 2011), gamblers are not reliant on ‘supply’ relationships and so may not maintain close ties to others thereby making them less reachable using chain referral techniques. This study, however, relied little on chain referral techniques and it may well be that, despite homophily, such techniques still produce data more transferable than those based on members of ‘captive’ groups.

Implications of the survey recruitment method for future projects

As discussed in chapter four, an online survey, advertised in local print media and on social networking websites, was the primary method used to recruit gamblers who had never engaged directly with formal treatment services for interview29. Specifically, the survey was designed to aid the recruitment of interviewees who fit with one of three ideal-types of gamblers: (i) never experienced addiction; (ii) regained control; and (iii) experiencing addiction (see chapter four for further detail about the survey and recruitment procedures). Whilst it did collect some (quantitative) data on gambling patterns and experiences, it was not used to collect data to directly support the findings and conclusions of the research – essentially it was used to produce a list of gamblers from which interviewees could be recruited. The survey recruitment method proved extremely useful and resulted in interviewees who provided valuable data. The following discussion serves to reflect on the survey recruitment method with focus on

29 Although recruitment focused on interviewees who had not participated in formal treatment, one interviewee (a member of the experiencing addiction group) had done so (see chapter five).
examining use of this method in future research/studies (particularly where non-
treatment, non-captive and/or non-student populations are sought who are
underrepresented in existing research; see chapter four).

The recruitment method proved extremely valuable in recruiting participants who may
reasonably be regarded as ‘hidden’ or ‘hard-to-reach’. As well as for the recruitment of
gamblers, the online survey technique could be used in future studies to recruit other
non-captive and hidden/hard-to-reach participants who are not engaged with treatment
services (e.g. individuals struggling with mental health difficulties as well as
recreational and/or problematic drug users). For example, the present author recently
co-authored a study which used an online survey, advertised on social media
platforms, to recruit interviewees who use novel psychoactive substances (Coomber
and Pyle, 2015). The online survey recruitment method used in this thesis would,
undoubtedly, be valuable in future studies.

Researchers must be mindful, however, that use of internet methods to recruit
participants will bias recruitment towards internet users and precludes non-internet
users (see chapter four). As such, researchers who recruit via an online survey would
be well advised to consider other, non-internet, recruitment methods alongside.
Moreover, it should be emphasised that the nature of participants recruited via an
online survey depends on how, and in which online spaces, the survey is promoted.
For example, as the survey was targeted at gamblers ‘in general’, relatively few
respondents were suggested to be experiencing difficulties at the time of their survey
submission (because most gamblers do not experience difficulties) thereby leading to a
small ‘pool’ of respondents experiencing addiction who could be invited to interview\textsuperscript{30}.

\textsuperscript{30} Of the 206 survey respondents who reported whether or not they had found it difficult to
control their gambling, only 9 (4.3\%) survey respondents provided contact details to be
contacted for interview and indicated experiencing difficulty controlling their gambling within 3
However, if the survey had been promoted on online platforms/spaces frequented by those seeking help for gambling difficulties (e.g. internet forums aimed at providing support for problematic gambling) then this would have been far more likely to produce greater proportions/numbers of survey respondents experiencing addiction. In short, the success of the online survey recruitment method depends heavily on how and where the survey is promoted and such considerations must be taken into account by researchers taking such an approach in future studies.

Use of social media for participant recruitment

This study is one of a recent explosion to use social media to target stigmatised and hard-to-reach populations such as those experiencing addiction (Ramo et al., 2014; Thornton et al., 2015; Bold et al., 2016), and, seemingly, the only study to date to have used social media to recruit interviewees for gambling research. Although this produced participants with varied demographic characteristics and gambling patterns (see chapter five), in other ways it is likely to have produced quite a limited group (e.g. those who use social media) (see chapter four). Future research might explore further the utility of social media to recruit participants for gambling research. Some researchers have collaborated with gambling providers to recruit participants (Reith and Dobbie, 2013; Cassidy, 2014) and despite difficulties negotiating access to providers’ customers, this is a valuable strategy with potential to produce useful data/findings. As such, future research would likely benefit from greater collaboration with gambling providers to gain access to their customers.
Conclusion

This chapter has concluded the thesis. The significance and value of the research have been emphasised. In particular, key findings were presented and translated into recommendations aimed at protecting against experience of gambling addiction, reducing harm, and supporting recovery from gambling addiction. Drawing findings presented in chapters six and seven together, a dual strategy was called for in order to ameliorate and protect against experience of gambling difficulties. Greater control and reduction in harm should be facilitated, on the one hand, through promotion of ‘safer’ gambling practices and by (re)designing environments in ways more supportive of those practices and, on the other, through encouraging the development of wider lives and subjectivities discouraging of problematic gambling and supportive of addiction recovery. The theoretical and conceptual frameworks developed for the thesis have been examined and the study has been critiqued. Limitations of the research have been examined and reflection provided on what might have been done differently with hindsight and greater resources. The chapter closed with ideas for future research.
References


Alexander, B. (2001). The myth of drug-induced addiction. a paper delivered to the Canadian Senate, (pp. 1-9).


Orford, J. (2011). *An unsafe bet?: The dangerous rise of gambling and the debate we should be having*. Chichester: John Wiley & Sons Ltd.


Appendices

Appendix A: Recruitment survey script

Welcome

This research aims to better understand engagement with gambling. For more information about the project click here and select the 'research' tab. For media coverage click here.

Anyone who participates in any form of gambling can take part (examples: bingo, scratch cards, card games, fruit machines, arcades/casinos, sports and any others).

There are 17 questions and it takes around 5 minutes to complete. You will remain anonymous and all information will be kept confidential.

For further information email Ed Pyle from Plymouth University: ed.pyle@plymouth.ac.uk

1. Have you ever gambled on activities other than the National Lottery?
   - Yes
   - No

   (If no, skip to Q3)

2. In the past 3 months have you gambled on any activities other than the National Lottery?
   - Yes
   - No

3. How would you describe your patterns of gambling? (select most relevant)

   I gamble at least:
   - Once a week
   - Once a fortnight
   - Once a month
   - Once every three months
   - Twice a year
   - Once a year
   - Less than once a year
   - Never

   (If any response except ‘once a week’, skip to Q5)
4. On average, how many times a week do you gamble on activities other than the National Lottery?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

5. Would you say that you do not gamble for a while but every now and again have gambling 'session'?

- Yes
- No

6. When you gamble would you say that you are in control of your gambling?

- Yes. Complete control
- Some control
- No. No control

7. Do you have any ways of managing or controlling your gambling? Please explain

(Examples might include: setting aside money just for gambling; not gambling while drinking; gambling with other people or gambling alone; avoiding particular places or games...).

8. Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?

- Yes, in my lifetime
- Yes, in the past 3 months
- No. Never

9. Have you tried to stop, cut down, or control your gambling?

- Yes, in my lifetime
- Yes, in the past 3 months
- No. Never

10. Have you gambled as a way to escape from personal problems?

- Yes, in my lifetime
- Yes, in the past 3 months
- No. Never

11. Has there been a period when, if you lost money gambling one day, you would return another day to get even?
12. Have you lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?
- [ ] Yes, in my lifetime
- [ ] Yes, in the past 3 months
- [ ] No. Never

13. Has your gambling caused serious or repeated problems in your relationships with any of your family members or friends?
- [ ] Yes, in my lifetime
- [ ] Yes, in the past 3 months
- [ ] No. Never

14. Have you found it difficult to control your gambling?
- [ ] Yes, in my lifetime
- [ ] Yes, in the past 3 months
- [ ] No. Never

15. Have you felt that you have a gambling problem?
- [ ] Yes, in my lifetime
- [ ] Yes, in the past 3 months
- [ ] No. Never

16. Would you be willing to discuss your experiences of gambling further?
- [ ] Yes*
- [ ] No

*You will be compensated £10 for your time and knowledge. Conversations will be informal. You can change your mind at any time without reason.

Note: compensation can be provided to a third-party (e.g. family member/friend) if you prefer. The identities of people taking part will be kept anonymous and information gathered will be confidential.

17. Please provide contact details. Note: you do not have to provide your full name

Name (only for contact purposes):
Phone no/email:
Town/City:

18. You can withdraw at any time without giving reason. Thank you!
   Do you have any comments that you would like to add?
Appendix B: Interviewee information sheet

- The identity of all participants is completely confidential and will not be passed on to anyone else.
- The information collected will be anonymised and no individual will be recognisable from the research.
- The aim of the research is to better understand people's engagement with gambling.

About the interview
Thank you for agreeing to take part in this interview. It will focus on your experiences of gambling and your circumstances in general. The interview will last approximately 45 minutes and on completion you will receive £10 for your time and knowledge (this money can be paid to a third-party if you wish). Everything we discuss – and even the fact that you have participated – is confidential. Neither your name nor any other identifying information will be included in any research outputs. With your permission, I would like to audio-record the interview. The recording will be typed out and your name will not be included on the transcription. The recording will be deleted after the research is finished.

Do I have to take part?
It is up to you whether you take part or not. If you take part and change your mind and decide you don’t want to be involved any more then you can withdraw your information at any time without giving any reason for this.

What does the interview involve?
The 'interview' can be thought of as an informal discussion guided by some pre-defined questions. Questions focus on your gambling experiences and your broad circumstances/lifestyle. It will last for around 45 minutes and you will receive a contribution of £10 for completing the interview (this can be paid to a third party if you wish).

What are the benefits of taking part in the research?
This information could be used in interventions with problem gamblers to help them to bring their gambling under control. It potentially could be used to inform government policy related to gambling with a view to reduce the likelihood of risk and harm related to problem gambling.
Who will see the information I have given? Will I be identified in the written reports from the study?

All information received from participants will be treated with the strictest confidence. As the principle researcher I will ensure all names and details are made anonymous and you can be sure that absolutely no details will be passed on to anyone else. You will not be identifiable from the research and all place names and recognisable elements will be changed. I will not tell anyone that you have taken part. All recordings will be destroyed after the research has finished.

Please Note: If you agree to take part you will be advised

I have a responsibility towards your own and others' well-being while you are involved in the research. If you tell me that you are committing harm to yourself or others then I have a duty to make this known.

Further information about the research

The research is being conducted by a PhD researcher called Ed Pyle from Plymouth University.

For more information contact: ed.pyle@plymouth.ac.uk or call 01752 586985
Sources of support for problem gambling

GamCare
If you have questions or concerns about your own gambling or about that of a friend or family member you can contact GamCare [www.gamcare.org](http://www.gamcare.org).

GamCare offers free and confidential support, information and advice on problem gambling either via telephone 0808 8020 133, online, forums and chatrooms as well as a texting service. It can also include direction to chat room forums and printed information depending on what you need and when.

GamCare can refer you to other sources of help and also tell you what support may be available locally. This can include referral to sources of help about money and debt advice, along with identifying other suitable forms of personal help such as counselling, and crisis support. GamCare also offers free face-to-face and online counselling for those affected by a gambling problem either directly or via its network of treatment providers across Britain.

Gamblers Anonymous
Gamblers Anonymous is a group of men and women who have joined together to tackle their own gambling problem and help others do the same. The website provides advice for problematic gamblers and their families: [www.gamblersanonymous.org.uk](http://www.gamblersanonymous.org.uk/).

Gambling Therapy
Gambling Therapy is run by the Gordon Moody Association and offers a multilingual service, making help and support accessible should your first language not be English. Their services include online advice and practical and emotional support for individuals through a helpline, online support groups, a forum, and a database of useful resources.

[www.gamblingtherapy.org.uk](http://www.gamblingtherapy.org.uk)
Appendix C: Interview schedule

Demographics

1. Name/identification ___________
2. Gender: Male Female
3. Age _______
4. Ethnicity________
5. Occupation/ Education/How do you spend time ___________
   a. Full/part-time?
6. Days a week worked (mean)_________ Hours a week worked (mean)__________
7. Household income (approx. before tax): __________ (Weekly/Monthly/Yearly. del as appropriate)
8. Highest educational attainment __________________________
9. Locality________ How long lived here? _________
10. Residence: Who lives in your household?
    a. What relationship are they to you? (dependents/family; friends...)
    b. How long have you lived like this?
11. Do you have any other family close by?

12. Kind of accommodation________________________ (e.g. house/flat etc.).
    a. Type of lease________________ (e.g. rent/ownership/shared house/managed accommodation)
13. Marital/relationship status/partner __________

Gambling history/career – Gambling ‘story’

14. Could you talk me through your ‘gambling story’?
   a. When did you first gamble? (What type of gambling?; Where?; Who with?)
   b. (If early experience was with family) was gambling an integral and ‘routine’ part of family life? Was it a ‘social’ activity?
   c. When did you first start gambling regularly? (What type of gambling? Where? Who with?)

15. Where did you learn how to gamble? (Did someone teach you?; Not just rules but strategies too) (Prompts: friends; family; work colleagues etc.).
16. Have you ever sought information about how to gamble? (Prompts: online; forums; books; TV; radio; friends/family?)

17. What do you (or did you like) about gambling?

18. Why did/do you continue to gamble? (Prompts: enjoyment; make money…).

Gambling patterns

The following questions concern your current and past gambling patterns with a specific focus on how your gambling has changed.

19. What gambling activities do you currently participate in and what activities have you participated in, in the past?

National lottery; Another Lottery; Scratch-cards; Football Pools; Bingo; Slot/fruit machines; Fixed odds betting terminals; Horse races; Dog races; Sports betting (which Betting on non-sports; Casino games; Poker at pub/club; Private betting; Online slot machine; Other__________

20. (If current/past differ) then why is this? (Prompts: Why do you no longer participate in them?; Why do you participate in different activities now?).

21. How do you place bets? Did this differ in the past? Over-the-counter; Online (Wifi/wired); mobile; telephone; postal; interactive television; other

22. Where do you currently place bets? Where in the past? Home; Work; supermarket; Casino; betting shop; online.

23. When and how frequently do you take part in current activities? (Note for each activity)

| Activity | When and time of day (e.g. weekdays/weekends during the day/ evening…). | Frequency (how often day/week) | Description (e.g. large infrequent bets / small frequent bets)
<table>
<thead>
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</tbody>
</table>

359
Prompts: Are there some times during the day, week, month, or season when you’re inclined to participate in a particular form of gambling over another form?

_____________________________________________________________________

24. Have these patterns (i.e. when/how frequently) differed in the past? (Note for each activity)

<table>
<thead>
<tr>
<th>Activity</th>
<th>When and time of day (e.g. weekdays/weekends during the day/evening…).</th>
<th>Frequency (how often day/week)</th>
<th>Description (e.g. large infrequent bets / small frequent bets)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Size?</td>
</tr>
</tbody>
</table>

Prompts: were there some times during the day, week, month, or season when you were inclined to participate in a particular form of gambling over another form?

_____________________________________________________________________

25. What type of bets do you place? And have you placed in the past?

<table>
<thead>
<tr>
<th>Betting types</th>
<th>Currently</th>
<th>Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight bet on overall outcome</td>
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<td></td>
</tr>
<tr>
<td>Parlay/accumulator bet (i.e. predicting the outcomes of multiple events)</td>
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<tr>
<td>Spread-betting</td>
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<tr>
<td>In-play betting (i.e. laying bets while event is in-play)</td>
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<td></td>
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<tr>
<td>Betting on various outcomes within an event (e.g. goal in last X minutes; X player will score)</td>
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<td></td>
</tr>
</tbody>
</table>

a. Why these types of bets?__________________________________________________

26. Have you ever spent whole days gambling?
    a. Or part of the day gambling?
    Recently or in the past?

_____________________________________________________________________

27. When you gamble is gambling the focal activity or is it secondary? (Prompts: for example when going to the pub).
28. Is your gambling planned or is it spontaneous?
   a. Has this always been the case?

29. How long have you followed your current pattern of gambling?________ (Weeks)
   a. Does your gambling follow a consistent pattern or does it vary?
      (Prompt: Some weeks do you gamble more frequently than other weeks?)
      Was this the same in the past? Talk me through any changes…..

b. Do you think these patterns are influenced by anything?
   (Prompt: working patterns; other responsibilities/commitments; finances; sporting events etc.).
   [Prompts: geographical move? (proximity; accessibility); change in social circle; change in friends; starting new job/school/education; change in health; having children, becoming carer; breaking up relationships/starting relationships; change in interests; changes in domestic or living situation?]

30. How often do you think about or plan bets/gambling?
   a. In the past have you thought about or planned bets/gambling more often than you do now?

(Gambling places/spaces)

(Immediate social-setting/space)

I am interested in how your circumstances, friendships and relationships have changed – particularly since you started gambling. This is the focus of the following questions.

31. Do you have any friends who gamble?
   a. Do you have friends who do not gamble?
   b. Of those who currently gamble (or have done in the past) would you say that any gamble problematically? Or have gambled problematically in the past?

32. Does anyone in your family gamble? (Prompts: what type of gambling)
   a. To your knowledge, has anyone in your family gambled problematically?
### 33. Who do you currently gamble with?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Regularly</th>
<th>Mostly</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
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<tr>
<td>Friends</td>
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<tr>
<td>Work colleague</td>
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<td>‘Partner’</td>
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<td>Acquaintance</td>
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<td>Strangers</td>
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<td>Family members</td>
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<td>Mix</td>
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<td>Give details:</td>
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</table>

b. (If friends/acquaintances) How did you first meet these people? *(Prompt: school friends; work colleagues etc.)*. [How long have you known them].

### 34. (If friends/acquaintances) Do you spend time doing non-gambling activities with these friends/acquaintances?

### 35. Thinking back to past gambling, have you continued to gamble with the same people or have those you gamble with changed over time?

a. **How has this changed?**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Regularly</th>
<th>Mostly</th>
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<td>Friends</td>
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<td>Strangers</td>
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<tr>
<td>Family members</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mix</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give details:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 36. When you gamble in the past, would you say that you had a higher or lower proportion of friends who gamble than you do now?

**Prompts:**

a. Do you think this is because your friends have started/stopped gambling?

b. OR because your friendship group has changed?

c. Another reason?
37. You said you currently gamble with [insert relationship ‘types’ here – Q33], is this a single social ‘group’ that you gamble with or various different groups of people?

a. Have you always had a **single core group** of people that you gamble with?

b. (If a single core group) **how do the people in this group know each other?**
   *(Prompts: school; employment; residence…)*

c. Do they/would they gamble or socialise together without you?

38. At the ‘gambling event’ do you gamble with these people?

   a. Do you arrive with these people or meet them there?
   b. Do you tend to all leave together or leave separately at different times?
      Has this always been the case?

39. Are there any specific gambling activities that you avoid?

   a. Why?

40. Do you think that being in the presence of different people influences the way you gamble?

   **Prompts:**

   a. Are there any social situations that you avoid when gambling?
      *(Prompts): gambling with opposite sex; with friends/family; with particular friends or family*

   b. Are there some places that you would gamble with particular people but not with others?
      *(Who/what relationship? Why is this?)*

   c. Are there some gambling activities that you participate in with particular people but not with others?
      *(Who/what relationship? What activities? Why is this?)*

   d. When you gamble with particular people do you:
      i. Spend more money gambling than with others?
         *(Who/what relationship? Why is this?)*
      ii. Spend more time gambling than with others?
         *(Who/what relationship? Why is this?)*
41. (If have friends/family who do not gamble) Do you gamble in the presence of non-gambling friends/family members etc.?

_____________________________________________________________________

42. Has anyone (e.g. friends/family) tried to constrain or control your gambling (e.g. in terms or money or time spent)?
   a. How did they do this?
_____________________________________________________________________
   b. How did you react to this?
_____________________________________________________________________

(Places)

43. You mentioned that you gamble in [insert place(s)]. Are there any places where you would not gamble? (Probe: why?)

_____________________________________________________________________

44. (If mobile gambles) in what places do you gamble? (Prompts: e.g. work? on public transport? home?)

_____________________________________________________________________

And in what situations? (Prompts: When waiting for something/killing time? when in the presence of others? Alone?)
   a. Are there places where you do not/would not gamble on mobile?
   b. Are there particular (social-)situations where you would/would not gamble?

_____________________________________________________________________

45. (If mobile gambles) What services to you use to gamble? (Prompts: gambling apps; Facebook website/app; book-makers websites…) [Get detail]

_____________________________________________________________________

46. (If non-mobile internet gambling) in what places do you gamble? (Prompts: e.g. work; home)

_____________________________________________________________________

And in what situations? (Prompts: When waiting for something/killing time?; when in the presence of others? Alone?)

_____________________________________________________________________

47. You said that you gamble in ______ [place] on ______ [activity]. If you were to go to _______ [another place where gambling is peripheral – e.g. bowling alley or motorway services], do you think that you would gamble there?

_____________________________________________________________________

364
(Immediate physical-setting/place)

48. Do you use any recreational drugs/medication when gambling? Or have you in the past?
   a. Why? (Prompts: helps relax; socialise; etc.).
   b. Do you think that this has any influence on control over your gambling?
   c. Do you think that it has any influence over how you gamble? (e.g. how much money/time spent etc).

49. Do you drink alcohol when you gamble? Or have you in the past?
   a. If yes (currently), do you think this influences your control over gambling?
   b. If no (have in past), do you think this influenced control over your gambling?
   c. If no (never), why?
(Wider physical-setting/place)

50. Do you have ‘easy’ access to gambling?
   a. Do you live/work near places with gambling? (Whether focal activity such as bookmakers or peripheral activity such as in a pub).
      Have you always?/How has your access changed?

   b. Do you have access to the internet at work or home?; do you gamble online?
      If access to internet and do not gamble, then…why?

51. Do you have to go out of your way to gamble/bet?/Make a ‘special effort’ to gamble?
   (e.g. deviate from your normal routine [work/shopping/home etc.]).
   a. Do you have to travel far in order to gamble?
   b. Has this always been the case?; Or has this changed over time? [e.g. was it a constraint once and now less so?].

(Changes in environment – most applicable to those who have been gambling pre-gambling act 2005)

52. Since you started gambling have you noted any changes in the gambling environment?
   (e.g. 24 hour opening hours; mobile gambling; TV gambling; advertising; internet access; geographical move; opening of new gambling provision)
   a. Do you think any of these changes have impacted on how you gamble? (Or made it more difficult for you to control your gambling?)

   b. How have you coped with (overcome/reacted to) these changes?

Routines / structure of lifestyle

The following questions focus on the structure of your life and how gambling fits into it.

53. Talk me through a typical day? (Prompts: How is it structured? Do you have ‘particular’ routines?).
   a. Typical day when you gamble?

   b. How does this compare to a day when you do not gamble?

54. How do you spend time when not working?
(Prompts: Watch films/TV/radio; cooking; sporting events; gambling; any hobbies/past-times?).

  a. **Where** do you spend your time?

55. How does gambling fit into your life?
(Probe: does gambling fit around other commitments/responsibilities or do other commitments fit around gambling?)

Control: regulation, loss, and regaining control

56. Have you found it difficult to control your gambling?

☐ Yes, in my lifetime  ☐ Yes, in the past 3 months  ☐ No. Never

(IF yes...)

  a. Have you experienced numerous periods of impaired control? (or loss of control) How long did these periods last?
  b. Have you experienced:
     i. Periods of heavier gambling?
     ii. Periods of lighter gambling?
     iii. Periods of cessation/abstinence?

57. Have you felt that you have a gambling problem?

☐ Yes, in my lifetime  ☐ Yes, in the past 3 months  ☐ No. Never

58. (If experienced and recovered from periods of problematic gambling) how do your **routines** compare to when you were gambling problematically?

59. (If experienced and recovered from periods of problematic gambling)
Have your **domestic circumstances** (e.g. living situation) changed at all compared to when you gambled problematically?

60. Have you ever tried to stop, cut down, or control your gambling? (*NODS Q4*)

☐ Yes, in my lifetime  ☐ Yes, in the past 3 months  ☐ No. Never
a. (If ‘Yes’)...  
   i. Cut down or Stop?  
   ii. Why?; What motivated you?  

b. How successful was this? Can you describe what you did?  

61. (If reports experiencing impaired control...) Were there any periods after you experienced impaired control where you regained control and continued to gamble?  
   a. How did you regain control?  

62. Have you ever received any help/support for problematic gambling?  
   Prompts:  
   a. Could include asking friends/family to look after money  
   b. Self-help: e.g. books; internet; forums.  
   c. Support groups: e.g. GA  
   d. Formal treatment/counselling/ CBT etc.  

63. Did you seek this support?  

64. Was this support effective? (e.g. if friends and family, were they supportive?)
[Gamblers who acknowledge loss of control ONLY]

65. Could you talk me through how you initially lost control of your gambling/gambled problematically?
   a. Were there any wider social circumstances/life events associated with this problematic gambling?  
   (Prompt: did anything in your life change apart from gambling? e.g. changes in social-relationships/meeting new friends; moving; bereavement; marriage; work etc.).

66. When you were gambling problematically was there anything that made it more difficult to stop gambling problematically?
   i. Social circumstances? (e.g. social-relationships; relationships with people who still gamble/gamble heavily)
   ii. Life-events (e.g. bereavement; marriage; health problems etc.)
   iii. Working patterns; new job/responsibilities

67. Were there any gambling or non-gambling factors that made control attempts easier (/helped you to bring your gambling under control?) (Prompts: working patterns, relationships).

[Those who have experienced periods of problematic gambling/loss of control and periods of regained control]

68. Could you tell me about how you regained control over your gambling?
   a. Do you think that the change from problematic to non-problematic gambling was associated with any particular events/changes in circumstances in your life?  
   (Prompts: changes in social-relationships/meeting new friends; moving; bereavement; marriage etc.).

[Those who have never experience period(s) of problematic gambling]

69. You have reported never having experienced periods of problematic gambling. Is this correct?

70. Some people are unable to gamble without problems; why do you think you have managed to gamble without it becoming problematic while others cannot?

Management/regulation techniques/strategies

71. When you gamble are there any other activities that you engage/participate in?  
   (e.g. talking to people, drinking, smoking, watching others gamble, engaging in non-gambling activities, taking breaks from gambling etc.).

72. Is there anything you do in an effort to keep to financial limits or spend less?
a. *(Prompts: e.g. not using debit or credit cards; not borrowing money; not exceeding your own set 'buy-in' limits...).*

---

73. **Financial provision:**
   a. Do you take debit cards/credit cards/cash when you gamble?
   b. Do you set financial limits on your gambling? [Do you stick to these? how do you know you have stuck to them?]
   c. Is there anything that makes sticking to financial limits difficult? *(Prompts: encouragement to gamble from others; alcohol; access to cash machines).*

---

74. **Time provision**
   a. Do you set time limits on your gambling [Do you stick to these?]
   b. Is there anything that makes sticking to these limits difficult? *(Prompts: encouragement from others; alcohol).*

---

75. Is there anything you do to keep within gambling time-limits? *(Prompts: keep an eye on the time?).*

---

76. How do you decide when to stop gambling? *(Prompts: time exceeded; responsibilities e.g. work/children; financial limits; boredom)*

---

77. Do you have any strategies aimed at winning in *[insert activity participant engages in]* or any other gambling activities?

---

78. Do you have any strategies aimed at reducing losses? (E.g. watching fruit machines to see which one has not paid out (yet) [which may not be effective]).

---

79. Some find that engaging in non-gambling activities (e.g. reading, TV, video-games...) are effective ways of 'distracting' from gambling. Do you use any similar 'distraction' strategies?
Gambling Rules/Sanctions

80. Do you have any personal rules about when you will or will not gamble? (Prompt: e.g. never at particular times of the day e.g. lunchtime; never when their kids are around)

What is the purpose of these rules?

81. Do you have any advice on how to gamble ‘safely’/ reduce harm/ stay in control? Prompt: If someone you knew was about to start gambling on [participant’s main gambling activity] what advice would you give?

82. Do you know of anyone who gambles problematically? (Prompt: Can be the present-self for problematic gamblers and the past-self for ex-problem gamblers)
   a. If yes. Can you explain what signs there are that someone might be a problematic gambler? Prompt: In other words, how do you know whether or not someone is in control of their gambling or is a problematic gambler? (or how do you know whether or not someone is a problematic gambler/addicted to gambling or not?)

   b. How would you know if someone is a problematic gambler or could not control their gambling without asking them? (Prompt: what are visual signs of uncontrolled gambling? What behavioural signs are there of controlled/uncontrolled problematic/non-problematic gambling?)
Gambling screen (NODS full)

1. Have there been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences or planning out future gambling ventures or bets?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

2. Have there ever been periods lasting two weeks or longer when you spent a lot of time thinking about ways of getting money to gamble with?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

3. Have there ever been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order to get the same feeling of excitement?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

4. Have you ever tried to stop, cut down, or control your gambling?
   - YES GO TO 5; NO GO TO 8
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

5. On one or more of the times when you tried to stop, cut down, or control your gambling, were you restless or irritable?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

6. Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?
   - YES GO TO 7; NO GO TO 8
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

7. Has this happened three or more times?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never

8. Have you ever gambled as a way to escape from personal problems?
   - Yes, in my lifetime
   - Yes, in the past 3 months
   - No. Never
9. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression?
   ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

10. Has there ever been a period when, if you lost money gambling one day, you would return another day to get even?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

11. Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

   YES GO TO 12; NO GO TO 13

12. Has this happened three or more times?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

13. Have you ever written a bad check or taken something that didn't belong to you from family members or anyone else in order to pay for your gambling?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

14. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

15. (ANSWER ONLY IF YOU ARE IN SCHOOL [full-time education]) Has your gambling caused you any problems in school, such as missing classes or days of school or your grades dropping?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never

16. Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?
    ☐ Yes, in my lifetime ☐ Yes, in the past 3 months ☐ No. Never
17. Have you ever needed to ask family members or anyone else to loan you money or otherwise bail you out of a desperate money situation that was largely caused by your gambling?

☐ Yes, in my lifetime  ☐ Yes, in the past 3 months  ☐ No. Never

18. Have you experienced any addictions? (Prompt: now or in the past?) [E.g. Tobacco; alcohol; illicit drugs]

_____________________________________________________________________

Finishing

19. Is there anything that you would like to add?

_____________________________________________________________________

Thanks for taking part! [Give compensation].
Appendix D: Supplementary survey analysis

This appendix details the findings of the online survey which was used to recruit most (19 of 25) of the interviewees. The survey collected quantitative data about gambling patterns and though analyses of this data have value (e.g. providing indication of the gambling patterns of potential interviewees), the project aims are better addressed through qualitative analysis of interview data (see chapter four). As such, survey analysis is presented here for the interested reader rather than in the main text of the thesis.

The survey analyses:

1. Provide overview of reported gambling patterns and experiences of gambling difficulties (difficulty of control and/or harm) among survey respondents with particular emphasis on those who agreed to be contacted for interview as it was these that interviewees were primarily drawn.

2. Explore any evidence that gambling patterns and difficulties differed between two groups:
   a. Respondents who chose to remain anonymous and did not agree to be contacted for interview;
   b. Respondents who left contact details and expressed interest in being interviewed.

As will be discussed, these groups did not differ in terms of statistical significance according to reported gambling frequency, experience of difficulty of control, and/or experience of problematic gambling. Those who reported typically gambling 10 times or more per week were *slightly* more likely to report difficulty controlling their gambling and/or felt their gambling was problematic and those who reported difficulty controlling their gambling and/or problematic gambling were, perhaps surprisingly, *more likely* to provide contact details and agree to be contacted for interview though this difference was not statistically significant.
The survey did not gather demographic data and while this data may have been useful to ensure that interviewees with a range of demographic characteristics were recruited it was not crucial to the aims and objectives of the present research (see chapter four). It is held that far more important than recruitment on the basis of demographic characteristics was according to gambling patterns and indication of experiences of control/harm. The survey fulfilled this objective by facilitating the recruitment of gamblers according to the ideal-type criteria with a range of gambling patterns including those engaged in heavier and others in lighter patterns of gambling.

Survey responses

There were 266 responses. Of these 15 were removed because they only answered the first question and 12 were removed because they had never gambled on activities other than the National Lottery\(^{31}\) leaving 239 remaining cases on which analysis was conducted. Of these, 206 respondents completed the entire survey while 33 dropped out leading to missing data. Some of the 206 respondents who completed the survey skipped questions which contributed to more missing data, though this was minimised by designing the survey so that many of the questions were compulsory for progression through the survey and submission of data (Best and Krueger, 2008).

206 respondents reported whether or not they had found it difficult to control their gambling. Of these:

- 16 (7.8%) reported that they had experienced difficulty controlling their gambling in the 3 months prior to survey;
- 38 (18.4%) reported that they had experienced difficulty controlling their gambling in their lifetime but not in the 3 months prior to survey;

\(^{31}\) It was decided that individuals who only gamble on the National Lottery would be excluded as research suggests that individuals rarely find this difficult to control (see chapter four; Griffiths, 2012b).
• 152 (73.8%) reported that they had never experienced difficulty controlling their gambling. These groups give an indication of addiction experience. It is reasonable to suggest that many of those who reported experiencing difficulty controlling their gambling within the 3 months prior to survey were likely to be experiencing addiction; many of those who reported having difficulty controlling their gambling in the past but not within the 3 months prior to survey were likely to have regained control; and many of those who reported never having experienced difficulty controlling their gambling were unlikely to have ever experienced gambling addiction. That said, survey responses were not relied upon as evidence of experience of addiction – addiction experience and categorisation into the idea-type groups was accomplished through interview. Nonetheless, when all those survey respondents who were identified as potentially valuable interviewees took part in interview, interviews revealed that their addiction status was consistent with what their survey responses had indicated. The addiction status of the survey respondents who did not take part in interview cannot be known.
Frequency of gambling

In order to recruit interviewees with a range of gambling patterns, survey respondents were asked how often they typically gamble (see table D.1 below). 94 (39.3%) reported gambling at least once a week.

Table D.1 Typically reported frequency of gambling among survey respondents

<table>
<thead>
<tr>
<th>Gambling pattern. At least…</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>12</td>
<td>5.0</td>
</tr>
<tr>
<td>Once a year</td>
<td>15</td>
<td>6.3</td>
</tr>
<tr>
<td>Twice a year</td>
<td>12</td>
<td>5.0</td>
</tr>
<tr>
<td>Once every three months</td>
<td>28</td>
<td>11.7</td>
</tr>
<tr>
<td>Once a month</td>
<td>39</td>
<td>16.3</td>
</tr>
<tr>
<td>Once a fortnight</td>
<td>37</td>
<td>15.5</td>
</tr>
<tr>
<td>Once a week</td>
<td>94</td>
<td>39.3</td>
</tr>
<tr>
<td>Total (n)</td>
<td>239</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table D.2 (below) shows how many times a week those who reported gambling at least once a week reported typically gambling. Just under a quarter of respondents (23.3%, n=21) respondents reported gambling 10 or more times per week.

Table D.2 Number of times a week respondents who gamble at least once a week typically gamble

<table>
<thead>
<tr>
<th>Number of times a week</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>10.6</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>17.0</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
<td>18.1</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>13.8</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>6.4</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>10</td>
<td>21</td>
<td>22.3</td>
</tr>
<tr>
<td>Total (n)</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

**NB:** 4 respondents who reported gambling at least once a week did not specify how many times a week they typically gamble and no respondents reported gambling 8 or 9 times per week.
Comparison between typical frequency of gambling per week and reports of difficulty controlling gambling

It would be reasonable to expect that those who had experienced difficulty controlling their gambling gamble more often. To explore this, comparison was made between reported typical frequency of gambling per week and reported experience of control over gambling. A total of 75 respondents reported how many times they typically gamble per week and whether or not they had experienced difficulty controlling their gambling (see table D.3 below).

Table D.3 Experience of control over gambling compared with typical gambling frequency per week

<table>
<thead>
<tr>
<th>Frequency of gambling per week</th>
<th>Control over gambling</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Experienced difficulty of control within past 3 months</td>
<td>Experienced period of difficulty of control but not in past 3 months</td>
<td>Never experienced loss of control</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>11.76</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>20</td>
<td>3</td>
<td>17.65</td>
<td>9</td>
</tr>
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<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>11.76</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>17.65</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>5.88</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>11.76</td>
<td>2</td>
</tr>
<tr>
<td>10+</td>
<td>3</td>
<td>30</td>
<td>4</td>
<td>23.53</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100</td>
<td>17</td>
<td>100</td>
<td>48</td>
</tr>
</tbody>
</table>

**NB**: No respondents reported gambling 8 or 9 times a week

Bivariate analyses

Pearson's chi-square test was used to explore the relationship between (i) reported typical frequency of gambling per week and (ii) reported difficulty of control over gambling. The rationale was to investigate whether or not there was any indication that experience of difficulty of control (or lack thereof) differed, significantly, in terms of frequency of gambling among survey respondents. Restrictions on the use of the chi-
square test\textsuperscript{32} required that the full 8 categories of frequency of gambling per week variable be collapsed (Bryman and Cramer, 2011:150) and this was done by dichotomising the frequency of gambling per week variable into (i) 1-5 times per week and (ii) 6-10+ times per week. The results ($\chi^2 = 2.018$, 2 d.f. and $p>0.05$ [0.365]) suggested that, for the sample of 75 respondents (table D.3, above), no statistically significant difference in the relationship between frequency per week gambling and experience of difficulty controlling their gambling was indicated.

This may be surprising because it suggests that, for the survey respondents, lack of a strong association between reported typical gambling frequency and experience of difficulty of control over gambling (or lack thereof). This does not necessarily mean that there was no association but that if there was, it was very small and not indicated to be strong enough to be statistically significant. While there were too few respondents who reported gambling typically 10+ per week and who reported indication of experience of control over gambling for statistically significant comparisons to be made with others who reported different typical frequencies, analysis did indicate that a slightly greater proportion of respondents who reported having experienced difficulty controlling their gambling within the past 3 months reported gambling 10+ times a week at time of interview: 30%, compared with 23.53% of those who reported having experienced difficulty of control in the past (beyond 3 months prior to interview) and with 18.75% of those who reported lack of difficulty controlling their gambling. Particularly interesting was that analysis suggested that there were some respondents ($n=9$) who indicated typically gambling 10+ times per week but who reported never having had difficulty controlling their gambling, as well as others ($n=4$) who indicated typically gambling 10+ times per week and have regained control. Thus survey responses provided the first indication from the present data that there may exist what might be described as more frequent gamblers many of whom have never experienced difficulty controlling their gambling and some of whom appear to have regained control after a period of difficulty.

\textbf{Potential interviewees}

\textbf{Survey respondents}

To aid interviewee recruitment, the survey solicited contact details and expression of interest in taking part in a follow-up interview. A total of 105 respondents provided contact details and, of these, 99 indicated that they would be willing to be contacted for

\textsuperscript{32} That is, the criterion to have a maximum of expected cell frequencies of 5 or greater (Bryman and Cramer, 2011).
interview. Of the 6 respondents who left contact details but did not wish to be contacted for interview survey there were no indications that this was because they were experiencing addiction and for this reason preferred not to take part: 3 reported never experiencing difficulty controlling their gambling, 3 reported experiencing difficulty controlling their gambling in their lifetime, but not in the 3 months prior to survey (and so none reported experiencing difficulty controlling their gambling within the 3 months prior to survey). Table D.4 (below) compares the typical gambling patterns of those 99 who agreed to be contacted for follow-up interview and the 140 who did not leave contact details/did not agree to be contacted for interview in an effort to ascertain whether the gambling patterns of these two groups differed.

Table D.4 Comparison of patterns of gambling among survey respondents who agreed to follow-up interview and those who did not leave contact details/did not agree to be contacted for follow-up interview

<table>
<thead>
<tr>
<th>Gambling pattern. Typically at least...</th>
<th>Survey respondents who agreed to be contacted for follow-up and left contact details</th>
<th>Those who did not agree to be contacted for follow-up/did not leave contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Once a week</td>
<td>46</td>
<td>46.5</td>
</tr>
<tr>
<td>Once a fortnight</td>
<td>19</td>
<td>19.2</td>
</tr>
<tr>
<td>Once a month</td>
<td>16</td>
<td>16.2</td>
</tr>
<tr>
<td>Once every three months</td>
<td>9</td>
<td>9.1</td>
</tr>
<tr>
<td>Twice a year</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>Once a year</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total (n)</td>
<td>99</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table D.5 (below) shows how many times a week those who gamble at least once a week typically gamble for both those who agreed to be contacted for follow-up interview and those who did not.
Table D.5 Number of times a week respondents who gamble at least once a week gamble

<table>
<thead>
<tr>
<th>Number of times a week</th>
<th>Survey respondents who agreed to be contacted for follow-up and left contact details</th>
<th>Those who did not agree to be contacted for follow-up/did not leave contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>6.67</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>15.55</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>17.77</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>8.88</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>6.66</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>6.66</td>
</tr>
<tr>
<td>10+</td>
<td>8</td>
<td>17.78</td>
</tr>
<tr>
<td>Total (n)</td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

NB: one respondent reported typically gambling once a week but did not report how many times and so is missing.

**Bivariate analyses**

Pearson’s chi-square test was used in order to explore the relationship between (i) reported typical frequency of gambling per week and (ii) whether or not respondents agreed provided contact details and agreed to be contacted for interview. This was to investigate whether or not there was any evidence that those who agreed to be contacted for follow-up interview differed, significantly, in terms of frequency of gambling. Due to aforementioned expected cell frequency restriction on use of the chi-square test, the full 8 category of frequency of gambling per week variable was collapsed (Bryman and Cramer, 2011:150) by dichotomising the frequency of gambling per week variable into (i) 1-5 times per week and (ii) 6-10+ times per week. Results ($\chi^2 = 0.00$, 1 d.f. and p>0.05 [1.00]) suggested that, for these 90 respondents (see table D.5, above), no statistically significant difference in the relationship between agreement to be contacted for follow-up interview and typical frequency of gambling per week dichotomised as 1-5 times per week and 6-10+ times per week was indicated.
It was also possible to investigate the relationship between agreement to be contacted for follow-up interview and reported typical frequency of gambling per week as dichotomised into (i) 1-9 times per week and (ii) 10+ times per week while maintaining the maximum of 20% expected frequencies of greater than five criterion\(^{33}\). This allowed exploration of whether or not there was significant difference between these two categories of typical gambling frequency in terms of agreement to be contacted for follow-up interview but, again, indicated no statistically significant difference between the variables (\(\chi^2=1.553, 1 \text{ d.f. and } p>0.05 \[0.213]\)).

While any differences were not great enough to be statistically significant, for those who reported gambling 10+ times per week, most, 61.90% \((n=13)\), did not agree to be contacted for follow-up interview. It might have been reasonable to posit that these respondents did not wish to be interviewed because of potential for embarrassment or shame, however, as of these thirteen: 5 did not complete the survey (and thus did not report their experiences of control nor reach the option to leave contact details); 6 reported that they had never experienced difficulty controlling their gambling; and 2 reported having found it difficult to control their gambling within 3 months prior to survey (and none reported having experienced difficulty of control in their lifetime but not in the 3 months prior to interview), it appears that most who indicated typically gambling 10+ per week had never experienced addiction and that only 2 were experiencing addiction at the time of survey. This suggests that potential for stigmatisation or shame was probably not a significant reason for declining to take part in interview. Indeed, while not a statistically significant association, analysis of all 90 respondents who reported whether or not they agreed to be contacted for interview, and who reported their experience of control over gambling, suggested that both those who had experienced difficulty controlling their gambling in the 3 months prior to survey

\(^{33}\) It was not possible to categorise/dichotomise responses in the same way with reported experience of difficulty controlling gambling as the dependent variable because this increased the number of expected cell frequencies greater than 5 over the 20% of all cells threshold.
and/or in their lifetime were actually *more likely* to agree to be contacted for interview than those who reported never having experienced any difficulty. Over half (56.25%) of those who had experienced difficulty controlling their gambling in the 3 months prior to survey agreed to be contacted for interview and a similar proportion (55.25%) of those who reported difficulty controlling their gambling in their lifetime (but not in the 3 months prior to survey) agreed to be contacted for interview. Proportionally less (45.39%) of those who had never experienced difficulty of control agreed to be contacted for interview.
## Appendix E: Rules aimed at constraining gambling and/or reducing gambling related harm

### Table E.1 Rules aimed at constraining gambling and/or reducing gambling related harm

<table>
<thead>
<tr>
<th>Rule (paraphrased)</th>
<th>Reported by members of...</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never experienced addiction</td>
<td>Regained control</td>
<td>Experiencing addiction</td>
</tr>
<tr>
<td><strong>Gambling spending limits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have in mind a spending limit when gambling and keep to it</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Carry a pre-specified sum of money when going gambling and do not spend more</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Only gamble what you are prepared to lose</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Follow strict bankroll management wagering limits (poker gamblers only)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not spend more than you can afford to lose</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use deposit limit functionality offered by online gambling providers</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Do not chase losses/Do not ‘double up’ wagers after losses</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Have only one online gambling account</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>If you win, take the money and stop gambling.</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>General money management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget for living expenses</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay bills and other living expenses before gambling</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Never gamble with credit (e.g. loans or overdraft)</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

*Table continued on next page*
<table>
<thead>
<tr>
<th>Rule (paraphrased)</th>
<th>Reported by members of...group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never experienced addiction</td>
</tr>
<tr>
<td>Mind-set related rules</td>
<td></td>
</tr>
<tr>
<td>Treat gambling expenditure like other leisure expenditure</td>
<td>✓</td>
</tr>
<tr>
<td>Do not gamble with a view to make money</td>
<td>✓</td>
</tr>
<tr>
<td>Always keep in mind that you might lose</td>
<td>✓</td>
</tr>
<tr>
<td>Do not gamble if you are relying on winnings</td>
<td></td>
</tr>
<tr>
<td>Assume you are going to lose</td>
<td></td>
</tr>
<tr>
<td>Keep gambling fun; do not gamble unless you enjoy it</td>
<td></td>
</tr>
<tr>
<td>Keep in mind that some of the enjoyment comes from risking what you cannot afford to lose</td>
<td></td>
</tr>
<tr>
<td>Social-context/setting</td>
<td></td>
</tr>
<tr>
<td>If recovering from gambling addiction, break relationships with friends if they gamble</td>
<td></td>
</tr>
<tr>
<td>Do not let gambling ‘take over’ your life.</td>
<td></td>
</tr>
<tr>
<td>Prohibitive rules</td>
<td></td>
</tr>
<tr>
<td>Do not gamble at all</td>
<td></td>
</tr>
<tr>
<td>If experienced a gambling problem in the past, avoid the activity with which you had the problem</td>
<td></td>
</tr>
</tbody>
</table>