

# Recovery from problem gambling: a qualitative study

Final report

Simon Anderson, Fiona Dobbie and Gerda Reith

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# Executive summary

## Introduction

As part of a programme of research aimed at improving the flow of research evidence into policy development, the Gambling Commission funded the **Scottish Centre for Social Research** (ScotCen) and **Dr Gerda Reith** to conduct qualitative research on recovery from problem gambling. This work was based on secondary analysis of data from an existing project, entitled *Situating Problem Gambling*, which is jointly funded by the Responsibility in Gambling Trust (RIGT) and the Economic and Social Research Council (ESRC), and is aimed at placing problem gambling within its social context.

The study uses longitudinal qualitative methods to explore the motivations, attitudes and self-perceptions of gamblers and problem gamblers, drawing out the meanings that gambling has for them, and how this influences behaviour in a series of rich narrative accounts. It is based on a cohort of 50 problem, recovering and recreational gamblers (from across Glasgow), interviewed on three occasions over a period of 20 months. At the point of recruitment to the study, participants could be divided into three main groups: problem gamblers in contact with services (n=15), problem gamblers not in contact with services (n=20) and recreational gamblers (n=15).

## Understanding recovery

The study of recovery from addictive behaviour has seen a shift in recent years away from linear models towards a recognition that the stages of recovery are better viewed as a set of interacting components, and that it is likely that individuals will cycle through these more than once as they attempt to effect sustained recovery. Research on gambling problems is moving towards similarly dynamic models of change. This represents a shift away from a view of problem gambling as a chronic, progressive disorder affecting a minority of individuals towards more fluid models of 'pathways' and 'careers'.<sup>1</sup>

Within this framework the present study has approached 'recovery' as a fluid process, rather than some kind of fixed state, and one which incorporates various types of behaviour and stages of change within it.

Consequently, despite the title of the original invitation to tender, this is not a study of *recovered* problem gamblers, per se. As will be clear from the following analyses, many of those who are 'gambling free' (sometimes for many years) would resist the idea that they can ever be completely 'recovered' from their gambling addiction. For the purposes of this report, our working definition of 'recovery' includes any individuals who have experienced problematic behaviour at some stage in their lives and who have recovered from that at some point.

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<sup>1</sup> Blaszczynski, A and Nower, L (2002) 'A pathways model of gambling and problem gambling' *Addiction* 97 487-499. See Reith, G (2007) 'Situating gambling studies' in *Research and Measurement Issues in Gambling Studies*. G. Smith, D. Hodgins and R. Williams (eds). Academic Press. Elsevier.

### **Realisation and acceptance of problems**

Four broad themes were evident in interviewees' accounts that influenced realisation and/or acceptance of a gambling problem. We have characterised these as '*triggers for change*', '*self-perception*', '*growing out of gambling*' and '*reaching rock bottom*'. Common to all forms of realisation and/or acceptance of a gambling problem, however, was the issue of money.

The relationship between the realisation of problems and action based on that realisation can be complex, and is by no means always causal in the narratives described by our respondents. Although for some, the realisation of problems led to attempts to change behaviour, for others it did not, either in the short or the longer term. Ambivalence is a key theme in many accounts and most interviewees were aware of the problematic character of their gambling some time before they took concrete steps to address it. Even once in contact with treatment or self-help services, many gamblers cling to the 'dream' of a big win – perhaps not surprisingly, given the very serious financial problems many have, by that stage, accrued. Others continue to draw distinctions between the seriousness of different types of gambling – distinctions which may have some validity, but which cut directly across the complete abstinence regime of Gamblers Anonymous (GA) and most other support services.

### **Strategies for stopping and controlling problem gambling**

In terms of routes into treatment and support, it is clear that close friends and family often play a key practical role in identifying services, applying pressure of various kinds and even accompanying gamblers to sessions.

Some interviewees were aware of GA through the experience of other family members or their own knowledge or experience of Alcoholics Anonymous, while others reported seeing phone numbers for GA or GamCare advertised locally. But there was little extant awareness of services other than GA and those in contact with the Renfrewshire Council on Alcohol (RCA) had nearly all been referred through other agencies or professionals. The main barriers to seeking formal help or support mentioned by interviewees were embarrassment about discussing the issue with their GP and a lack of access to appropriate services locally.

GA was figured prominently by interviewees – in large part because several of them were identified through a local GA group, but also because of its role as the most visible support available for those with gambling problems. Current GA members were generally extremely positive about the role of the fellowship in their lives. They highlighted the immediate practical help the fellowship offered at the time of initial crisis, but also the longer-term and deeper impact on their outlook, behaviour and relationship with others. GA was often credited with reawakening a sense of moral purpose in interviewees and clearly played a central role in the lives of many of its members.

But it was also clear that it is not an approach that suits all: there was a suggestion that some women might struggle with the gender balance within most groups; some interviewees found the group setting difficult or 'cliquey'; others found it difficult to come to terms with the moral absolutism of the GA approach.

For some of those who had experienced 'professional' support or treatment, the relationship with their individual counsellor had become extremely important. Others felt the relationship with a counsellor allowed them to be more open than in the group setting of GA.

In other respects, the benefits that individuals said they received from counselling were similar to those from attending GA though there was less of a sense of the counselling providing an overall 'framework for living' of the kind offered by GA and more of an emphasis on the practical aspects of such support.

The research also considered the significance of the informal strategies and supports employed by gamblers. Sometimes these are the unsuccessful precursor to more structured attempts to address a gambling addiction; sometimes they appear to be adequate and to obviate the need for other forms of help or support; and sometimes they are an adjunct to or reinforcement of the kind of help received from elsewhere.

The key theme here is the role of family and close friends, who often took a very active role in helping participants stop or control their gambling, often at the request of the gambler themselves – for example by taking on a 'babysitting' role where they would accompany the respondent when they went out, or taking direct control of the gambler's finances (holding credit cards, managing an 'allowance', etc.). Friends and family also featured prominently in gamblers' strategies for reminding themselves what there is to lose, or the opportunity costs of their gambling expenditure (e.g. holidays, birthday presents, treats for children).

Interviewees also described other attempts to control or stop their gambling without direct recourse to external help. Sometimes these represented attempts to manage their expenditure, and so could be seen as strategies for ensuring that they are able to *continue* to gamble, albeit in a more controlled way. Others sought self-help strategies to help them to stop gambling completely – for some, this involved removing all temptation to gamble; others sought a clearer intellectual understanding of the roots of their compulsive behaviour.

The term 'natural recovery' is often used to describe individuals who appear to have overcome their addiction or problem without recourse to formal interventions. There was some limited evidence of 'natural recovery' from gambling problems without external interventions such as formal counselling or deliberate attempts at behaviour change. In some cases this seemed to be related to growing older, developing new responsibilities and interests and even, in many cases, simply tiring of the activity.

### **Perspectives on the NODS Gambling Screen**

Together with the National Opinion Research Center at the University of Chicago, Dr Rachel Volberg (a consultant to the RIGT/ESRC study) developed a 17-item problem gambling screen, known as the 'National Opinion Research Center DSM-IV Screen' (NODS), based on the diagnostic criteria of the 'Diagnostic and Statistical Manual-fourth edition' (DSM IV). The opportunity was taken to administer the NODS during interviews, and to discuss the questions with participants, especially where their answers appeared to be at odds with their accounts in the qualitative interview itself.

In general, NODS scores were found to be broadly consistent with narrative accounts. The main discrepancy was evident in relation to 'last year' scores for 'recovered' problem gamblers. Although most of this group had not gambled for some time and so were categorised as 'low risk' on the current NODS score, this did not square with their own self-identity which continues to be that of the compulsive gambler.

There was also evidence of other inconsistencies between the NODS and the narrative accounts. In general, these suggested that respondents' feelings about current gambling activity may overshadow their recollections of previous gambling and that 'lifetime' measures tended to underestimate the extent of problems caused by gambling over time. Some specific items also proved difficult for some people to understand. In light of this, some cognitive questions for 5 questions in the NODS screen have been included in the final round of interviewing for the study.

### **Conclusions and implications**

Here we discuss key findings from the research along with potential implications for policy and research (where appropriate).

#### **1) *Role of family and friends in recovery***

One of the most important findings is the role that family and friends occupy in gamblers' attempts to address their behaviour.

#### ***Implications for policy***

The importance of the role of family and friends in relation to recovery suggests that they represent an important target for social education campaigns and support, in their own right. There may be ways to help them to recognise problematic behaviour in those close to them, or to do so sooner, and there may also be practical advice that can help with the financial aftermath of serious gambling problems and the emotional damage that is often wrought by repeated betrayals of trust in close relationships.

#### ***Implications for research***

In research terms, it would be useful to gain a clearer understanding of whom gamblers turn to for help and also about the experiences of friends and family in trying to help individuals to deal with their gambling problems.

#### **2) *Towards a differentiated view of gambling***

It has been argued recently that there is a need for a much more differentiated understanding of gambling – one that takes account, for example, of the variety of gaming preferences and experiences across different sections of the population. But this research also suggests a need to understand the variety of ways in which individual gamblers may see their own behaviour and, in particular, the distinctions they may make between more and less damaging types or patterns of gambling. At the same time, perhaps, our understanding of processes and experiences of recovery needs to be similarly differentiated.

In addition, stopping gambling can clearly mean different things to different individuals. While for some, it involved stopping all gambling activity, for others it meant only stopping temporarily; some wanted to change their behaviour for themselves, others only wanted to persuade other people that they were serious about stopping, and so could only be said to be going through the motions of behaviour change. While this is incompatible with the GA model, a more nuanced approach may better suit some types of gamblers.

***Implications for research***

In research terms, there is a need for work either with particular types of gamblers, or with samples that are large enough to draw meaningful distinctions between these different types of attitudes and experiences.

**3) *Recognising the strengths and the limitations of GA***

GA clearly remains by far the most extensive and well-known form of support available to problem gamblers in Scotland and, for many of its members, plays a hugely significant role. But it is not necessarily suited to all those with serious gambling problems.

***Implications for policy and research***

There is, then, a need for a more sustained examination of the work of GA and other organisations working in this field in order to improve understanding of whom GA ‘works’ and does not work for.

**4) *Realisation and action***

We have seen that individual gamblers arrive at realisation of their problems and take some action to address those problems at different points and through different pathways. Given this diversity – and also the unpredictable character of the triggers or prompts that seem to shift beliefs or behaviours – can anything realistically be done to move people more quickly towards help?

***Implications for policy***

It is possible that advertising could be used more effectively to help move people towards a realisation of their own problem and on to action to address it. Since recognition of one’s own life in the struggles of others appears to be a very powerful theme in gamblers’ accounts of their initial contact with GA and other support agencies, perhaps this could be drawn on in such a context. An emphasis on the impact on others and the possibility of the loss of close relationships might also be useful here.

**5) *Natural Recovery***

This research offers some limited evidence for the notion of ‘natural recovery’ from problem gambling. But perhaps more significantly, it shows the myriad ways in which individuals’ gambling may wax and wane in response to a variety of external stimuli.

The significance of this is not that gambling problems *will* resolve themselves without external support or intervention, but that they do not reside solely within the psychological make-up of individual gamblers.

***Implications for policy***

A greater awareness of the way that situational factors (such as employment, housing, relationships etc.) may help or hinder individuals’ attempts to address their gambling behaviour is long overdue. Understanding of such factors could be used to inform prevention messages, and to help tailor treatment strategies towards situations considered most ‘risky’ and individuals regarded as most ‘at risk’.

**6) NODS**

There is clearly a group of individuals who appear as 'low risk' on the current NODS measure and yet still define themselves through their narrative accounts as compulsive gamblers. This discrepancy points to a subtlety in the range of possible gambling identities which is missed by the screens.

It is also the case that the NODS – and, by extension, other screens – contain items that are understood or answered differently by different individuals, with uncertain consequences for different subgroups and overall prevalence rates based on such measures. Cognitive testing of key NODS questions, which we know have caused comprehension difficulties, has been incorporated into the third sweep of interview and will allow a more detailed exploration of these issues.



# 1 Introduction

## 1.1 Background

In early 2008, the **Scottish Centre for Social Research** (ScotCen) and **Dr Gerda Reith** of Glasgow University were commissioned by the Gambling Commission to conduct qualitative research on recovery from problem gambling. This project forms part of a small programme aimed at improving the flow of available research evidence into policy development.

The study is based on additional analysis of an existing data set, developed as part of a study jointly funded by the Responsibility in Gambling Trust (RIGT) and the Economic and Social Research Council (ESRC) and being carried out by ScotCen and Dr Reith. This wider project, entitled *Situating Problem Gambling*, is aimed at placing problem gambling in its social context; examining it as a particular phase within broader 'gambling careers', which are embedded in social and geographical environments and change over time.

The specific aim of the reanalysis was to address the Gambling Commission's interest in the process of recovery from problem gambling. More specifically, in the original invitation to tender, the Commission identified a need for better understanding of:

- how individuals perceive the start of their gambling problems and what enabled them to deal with those problems
- what they found unhelpful as well as what they found helpful
- how they would have answered the questions on the screens used to assess the incidence of problem gambling<sup>2</sup>

The remainder of this first chapter describes in more detail the original project on which the current work is based. Chapter 2 contains a brief discussion of the concept of 'recovery' from addiction, drawing on work in other areas and considering the usefulness of the label of 'recovered problem gambler'. Chapter 3 looks at when and how individuals come to acknowledge their gambling addiction and at the variety of levers, prompts and triggers that lead them to take action of some kind to address it. This chapter also considers the issue and significance of false starts and relapse. Chapter 4 looks at the specific strategies employed by problem gamblers to stop or control their gambling and at the factors and circumstances that may have helped or hindered those attempts. Chapter 5 offers some preliminary analysis of the usefulness of the NODS screen, based on comparisons between recorded scores and narrative accounts from the interviews and on comments made by gamblers in completing the screen about their understanding or interpretation of the questions. Finally, Chapter 6 will summarise the main themes emerging from the research and highlight potential implications for research and policy.

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<sup>2</sup> The Gambling Commission's Invitation to Tender also identified a further objective, which it was not felt possible to address using the current data set. This related to what gamblers think about legislative and regulatory issues such as prohibition.

## 1.2 'Situating problem gambling': the existing study

At this point, it may be helpful to describe briefly the origins and key features of the original study. In early 2006, ScotCen and Dr Reith were successful in a joint bid to the RIGT/ESRC programme on problem gambling to conduct a longitudinal qualitative study of problem and recovered problem gamblers.

### Conceptual framework

Historically, the study of gambling has been largely dominated by psychological and sometimes medical perspectives. While this has provided useful information about the risk and demographic factors associated with mainly problem gamblers, it has tended to individualise the activity by divorcing it from its social context and has had little to say about the motivations of the majority of regular players.<sup>3</sup> For example, while it is known that socio-economic status, ethnicity, age, gender and education – as well as availability of gambling opportunities, early onset of playing and continuous types of games – are associated with problem gambling<sup>4</sup>, the processes and dynamics underpinning such associations are not well understood.

In addition, very little is known about the broader social processes involved in the development of gambling and problem gambling behaviour - for example, what factors influence behaviour and attitude change, at which points 'natural recovery' might be involved in these cycles, or how any of these might be related to wider social and cultural factors.

The overall aim of the ESRC/RIGT research is, therefore, to place problem gambling in its *social* context, examining it as a particular phase within broader 'gambling careers' which are embedded in social and geographical environments and change over time. In this context, it focuses on key stages of change, such as beginning gambling, moving towards and away from problematic behaviour, entering treatment, and natural recovery.

The study has used longitudinal qualitative methods because of their ability to explore and explain issues in depth and over time, from the perspective of the participants. Through in-depth interviews, the research explores the motivations, attitudes and self-perceptions of gamblers and problem gamblers, drawing out the meanings that gambling has for them, and how this influences behaviour in a series of rich narrative accounts.

### Methods

The ESRC/RIGT research is based on a cohort of 50 problem, recovering and recreational gamblers, interviewed on three occasions over a period of 20 months. In terms of recruitment, the sample was divided into three main groups: problem gamblers in contact with

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<sup>3</sup> See Reith, G. (1999a) *The Age of Chance: Gambling in Western Culture*. Routledge.

<sup>4</sup> See National Research Council. (1999). *Pathological gambling: A critical review*. National Academy Press; Sproston, K., Erens, B. & Orford, J. (2000). *Gambling behaviour in Britain: Results from the British Gambling Prevalence Survey*. National Centre for Social Research; Volberg, R.A. (2001). *When the Chips are Down: Problem Gambling in America*. Century Foundation.

services (n=15), problem gamblers not in contact with services (n=20) and recreational gamblers (n=15). It was recognised that these are not entirely discrete groups, and that some participants will move from one group to another during the course of the study. However, the first subgroup contains approximately 10 'recovering' problem gamblers – i.e. individuals who have been 'gambling free' for between 6 months and 10 years but who still consider themselves to be potentially at risk. Clearly, the views of this group are especially interesting; but the extent to which such views and experiences are distinctive only becomes clear when compared with those of other groups. In addition, our 'recovering' group includes individuals who have managed to stop gambling by a variety of different means: through counselling provided by specialist treatment agencies (e.g. the Renfrewshire Council on Alcohol (RCA), a community-based counselling agency which has a service for people with a gambling problem based in Paisley, Scotland); through forums such as Gamblers Anonymous (GA, a self-help fellowship of problem gamblers based on a 'twelve step' model of recovery); and also through various forms of self-help and 'natural recovery'. We have therefore attempted to address the requirements of the Gambling Commission, in part, through comparison between these different types and experiences of recovery.

Participants were recruited via a number of different channels across Glasgow (the numbers recruited from each are shown in brackets):

- Treatment and support agencies (12)
- Posters/flyers (2)
- Contacts from Dr Reith (3)
- Bingo (10)
- Recruiter (6)
- Bookmakers (5)
- Casino – 4 visits to 2 casinos (7)
- Newspaper advert (5)

Participants were given an information leaflet about the study and asked to complete a screening questionnaire via the telephone. Twenty of the participants were female and thirty male; nine were aged between 18 and 34; twenty-six between 35 and 64; and fifteen were aged 55 or over.

The bulk of the analysis for the Gambling Commission has been based on the 50 interviews conducted at Sweep 1, although some limited use is also made of Sweep 2 data.<sup>5</sup> Interviews at Sweep 1 tended to last around two hours and covered a great deal of ground, including family background, early awareness and experience of gambling, current circumstances, gambling preferences and behaviour, etc. (A fuller account of the interview coverage can be found in Section 3 and a copy of the topic guide in Appendix A.) The Sweep 1 interview also included a full discussion of the gambling screen, the NODS (based on the DSM-IV criteria for problem and pathological gambling). As well as providing an indication of the severity of respondents' gambling problems, discussion around this screen allowed for investigation of individuals' understandings (and misunderstandings) of the measurement criteria themselves.

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<sup>5</sup> Although Sweep 2 interviews are now also largely complete, these have not yet been fully transcribed or 'charted' using Framework, our approach to data management and analysis.

Excerpts from the interviews are referenced with both the participant's unique identifier and the sweep, as well as their gender. Hence the reference [08/2 M] refers to a second sweep interview with participant number 8, who is male.

The report deliberately avoids giving numerical findings<sup>6</sup>, since qualitative research cannot support numerical analysis. This is because purposive sampling seeks to achieve range and diversity among sample members rather than to build a statistically representative sample, and because the questioning methods used are designed to explore issues in depth within individual contexts rather than to generate data that can be analysed numerically. What qualitative research does do is to provide in-depth insight into the range of phenomena, their social context and the associations between issues.

### 1.3 A note on the secondary analysis of qualitative data

Although the secondary analysis of quantitative data is relatively widespread, it is less common in relation to qualitative studies. Nevertheless, the arguments for it are essentially the same: that it can be used 'to generate new knowledge, new hypotheses, or support for existing theories; that it reduces the burden placed on respondents by negating the need to recruit further subjects; and that it allows wider use of data from rare or inaccessible respondents'.<sup>7</sup> To that list can be added the pragmatic considerations that it allows added value to be gleaned from the existing study and enables the same questions to be answered in a shorter period and at a lower cost. A further advantage in relation to this particular project is that the secondary analysis has been conducted by the same team that carried out the original study, thus eliminating the gap between data collector and analyst that is sometimes seen as a barrier to effective secondary uses of qualitative data.

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<sup>6</sup> This excludes chapter 5 which examines NODS scores.

<sup>7</sup> See Heaton, J. (2004) *Reworking Qualitative Data*, London : Sage.

## 2 Understanding 'recovery'

The process of recovery from addictive behaviours has been of interest to researchers for many years: how people recover, why they might fail to do so and how they maintain non-addictive behaviours are crucial questions for public health and health psychology in general. One of the most influential explanations of processes of recovery from problematic behaviour is the 'stages of change' model described by Prochaska and DiClemente<sup>8</sup>. It explains how individuals move through a series of stages - pre-contemplation, contemplation, preparation, action and maintenance – to move away from problematic patterns of behaviour. The stages describe the changes in attitudes as well as behaviours that individuals undergo as they adopt new ways of living. These include changes that are facilitated both with and without formal treatment, and have been applied to a range of behaviours including recovery from drug and alcohol addiction, smoking cessation and the adoption of healthy eating habits. It has been noted, however, that such stages of change are not necessarily linear and that relapse is common in the recovery process. In this sense, the stages are better viewed as a set of interacting components, and it is likely that individuals will cycle through these more than once as they attempt to effect sustained recovery<sup>9</sup>.

The relatively limited research that exists on the development of and recovery from gambling problems is moving towards similarly dynamic models of change. This represents a shift away from a view of problem gambling as a chronic, progressive disorder affecting a minority of individuals towards more fluid models of 'pathways' and 'careers'<sup>10</sup>. It suggests that problematic behaviour is not a static condition, but something that fluctuates throughout individuals' lives, moving through various states of greater or lesser severity as sometimes people gamble more, sometimes less; sometimes experience problems, sometimes not. It is characterised by movement and cycles of behaviour: states that they move in and out of over time, with factors such as availability and social networks influencing these shifts. This view is borne out by prevalence surveys that suggest that although rates of problem gambling remain relatively stable over time, they might encompass different people, who shift in and out of problematic behaviour.

It is within this framework that the present study has approached 'recovery' as a fluid process, rather than some kind of fixed state, and one which incorporates various types of behaviour and stages of change within it. For example, some individuals may develop problems, resolve them, then return to problematic levels of behaviour in a cycle which changes over time. They may or may not perceive behaviour to be problematic at various stages in this process. If we focus only on the 'recovered', we obscure the countless ways in which individuals may try to manage or confront their problems and the inevitable false starts and relapses that accompany such attempts. And yet these, too, may tell us something very important about what motivates people to change and what helps or hinders in their attempts to do so.

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<sup>8</sup> Prochaska, J and DiClemente, C (1983) 'Stages and processes of self-change of smoking: towards an integrative model of change' *Journal of Consulting and Clinical Psychology* 51, 390-395

<sup>9</sup> Di Clemente, C; Prochaska, J and Gibertini, M (1985) 'Self-efficacy and the stages of self-change in smoking' *Cognitive Therapy and Research* 9, 181-200

Consequently, despite the title of the original invitation to tender, this is not a study of *recovered* problem gamblers, per se. As will be clear from the following analyses, many of those who are 'gambling free' (sometimes for many years) would resist the idea that they can ever be completely 'recovered' from their gambling addiction. Especially among those who have addressed their problems through GA, there is a strong belief that the urge to gamble will always remain and that, consequently, they must remain vigilant. Acceptance of the identity of 'recovered problem gambler' would run counter to that – a theme that will be developed in Chapter 4.

So, for the purposes of this report, our working definition of 'recovery' includes any individuals who have experienced problematic behaviour at some stage in their lives and who have recovered from that at some point. They may or may not be without gambling problems at the time of interview. This widens the focus to include individuals from any of the groups mentioned in the methods section who are currently experiencing gambling problems, but who have at some point in the past resolved them. It includes those who are actively addressing their problems, and those who are still gambling, as well as those who have completely stopped,

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<sup>10</sup> Blaszczynski, A and Nower, L (2002) 'A pathways model of gambling and problem gambling' *Addiction* 97 487-499. See Reith, G (2007) 'Situating gambling studies' in *Research and Measurement Issues in Gambling Studies*. G.Smith, D. Hodgins and R. Williams (eds). Academic Press. Elsevier.

## 3 Realisation and acceptance of problems

### 3.1 Introduction

In this chapter, we look at how and at what stage gamblers first realise that their gambling is problematic. We consider the extent to which an awareness of this translates into action to address it and identify the types of processes and triggers that tend to precipitate such action. We also examine the significance of false starts and relapses in the process of recovery.

### 3.2 Perception/realisation of problems

Coming to realise that gambling has become problematic is often the first step to changing that behaviour, although the relationship between the perception or realisation of problems and taking action to address these is by no means always straightforward. We have identified four broad themes, which are discussed below. Common to all forms of realisation and/or acceptance of a gambling problem, however, was the issue of money, which will become evident in the discussion below.

#### Triggers for change

Realisation and or acceptance of a gambling problem was often precipitated by some kind of trigger. Broadly speaking these came in two forms: a specific event which led to realisation; and the role of family members and/or friends in triggering realisation by pointing out the extent of the problem.

#### Events

Triggers through some kind of event were often the result of a specific occurrence which made the respondent realise or accept the extent of their gambling problem. An example comes from a slot machine player who went to great lengths to hide the extent of debt her gambling had caused by making sure she met the postman so her husband never saw any of bills and debt notices:

I used to walk up the street and meet the postman in the morning, get the mail off him before it came through the letter box. I mean the postman, the sight of the postman, if [her husband] was in the house, was pure terror to me in case he [husband] got a letter, he didn't know about anything. I had a pile of letters like that in unpaid bills and everything. [7/1 F]

One day her husband did receive the mail and asked why they had received a sheriff warrant and she was forced to confess and accept the scale of her gambling (even if she didn't want to).

Another respondent's first attempt to stop gambling was precipitated by her husband discovering mortgage arrears caused by excessive playing over some time. This was the first time she admitted her playing was a problem, although this realisation did not, at the first attempt, result in a successful attempt to stop:

I first went to see about getting help because that's when [my husband] discovered ..... how bad it really was, because obviously we had mortgage arrears and he had to get that all sorted out. So...I went to seek help and I went to Gamblers Anonymous for that. [10/1 F]

Some of our respondents' triggers were events that could be described as 'epiphanies': moments of insight into the circumstances of their lives, and the role that gambling had played in contributing to those conditions. Such moments did not necessarily coincide with 'reaching rock bottom', as discussed below, but were sometimes triggered by more mundane situations. For one, this involved a family Christmas dinner. As the respondent sat at the table, he realised that he had not contributed anything - financially or emotionally - to the dinner, or to the family, so preoccupied had he been with gambling:

So it came Christmas Day - I had my two sons and my daughter and our X was married and our X she wasnae married and X wasnae married, X had a girlfriend and we all sat here and that day at that dinner table, that Christmas Day, I contributed nothing financially or any other way to what happened in this house that day. I was beat, I was sitting there and I was trying to make conversation and trying to be funny and pass myself off and I was dressed and I was smart ... and it was probably the worst day of my life that and I sat there and I never even, I didn't even have enough money to give my wife to buy Christmas cards, to buy presents, for food, for nothing, absolutely nothing and that day. And that was Christmas Day, I knew I had a problem with gambling, I knew I had to stop gambling and if I didnae stop gambling my life as I knew it was finished. [3/1 M].

After this revelation, he went to GA and began the first serious attempt to change his behaviour.

A single event was enough to lead another respondent to the sharp realisation that their gambling was out of control and their life had to change. This time, it came in the form of being refused a bank loan. This individual described behaviour that was increasingly out of control, and living conditions that had become chaotic, but in the midst of this it was the refusal of the loan that made him re-evaluate his circumstances:

This was another kind of turning point, I was refused a loan. I had loans and I put my credit cards on to...into a loan that I was paying back. And I was starting to gamble more and at that this stage I was...I could picture myself in the living room. Something that happened, which is why I am doing the flat now. I hadn't decorated; the flat was a mess, a complete mess. And I had this outside appearance, when I went out of the flat I was Mr Neat-and-Tidy. Perfectly coping well with life, as soon as I went in I hadn't hoovered, I hadn't dusted for years. The place was tidy but it wasn't clean. Uh...and nobody...because I had no social life, nobody came to visit me so I thought I could get away with that. But I had...I mean I was sleeping in a room that had junk all around me. This loan thing, I applied for a loan and this guy came...I can still hear his voice saying sorry Mr X we can't give you that loan. And that was a whoomp! Big fright! That kind of started me on the...I can't remember when that was. But that started me on the road to...something is wrong here. 'Whoa I have got to do something about this!' [31/1 M]

### **The role of friends and family**

Close friends and family often acted as a trigger for change in perception and /or behaviour - either by challenging individuals' gambling behaviour directly, or by representing a lens through which individuals were able to see the effects of their gambling. Often when



respondents realised the effect of their gambling on other people, or realised that they were risking a significant relationship because of their behaviour, they began to reassess what they were doing and view themselves in a new light.

For example, one respondent described how he had been on a 'downward spiral' for years, but only realised just how bad things were when his partner left him with their children:

Yeah, I just went home and there was a note saying that she'd had enough of my gambling. I kinda woke up, I realised and when I looked around there was ... what a mess my life was through gambling. I owed everybody money, I owed thousands and thousands of pounds on credit cards, bank loans. I was in the process of defrauding my partner's name - getting it [...] on the house – just before she left me. [1/1 M]

He describes this time as a moment of 'waking up', or realising the impact of his gambling on those he loved, and it was this that precipitated a change in behaviour and the desire to stop playing for the first time:

Before [then] I was always gambling, I never tried to stop gambling, before my partner left me with the kids then I tried to stop gambling. [1/1 M]

The problematic nature of another respondent's gambling was driven home more directly by his partner pointing out the impact it was having on her and their children. This, together with financial problems brought about by his behaviour, was enough to make him admit the seriousness of the issue to himself for the first time:

Basically I had to admit that I had a problem. I think that was basically as I say going up the road with no wages. Um...and my partner just sitting down and turning and saying to me look you have got a problem. We need to sort out a way that...that it's going to be solved. [48/1 M]

Here, financial problems impacted on a range of relationships: with his partner, his children, and also his friends, whom he stopped going out with due to a lack of money:

[My partner] just turned around and said 'look, you earn the money you spend it the way you want to, but that's two weeks in a row I hadn't been able to take [the children] swimming, or to the pictures' .... And she was like: 'What is going on? You've never gone out with your pals, X [friend] has come here and you haven't went anywhere, obviously you have no money'. [48/1 M]

## Self-perception

A second theme around realisation of a gambling problem we have labelled 'self-perception'. The key difference between this and a trigger is that self-perception appears to be more of a gradual metamorphosis where the individual realises there is a problem – which could be the result of several triggers or not. Again, money often prompted changes in self-perception. Concerns about bills building up, debts being incurred and money borrowed from friends and family and not repaid, were extremely common amongst respondents in our sample. One female bingo player, for example, started to feel she was gambling excessively when she thought about what she could be buying her children with the money instead:

I just felt I was spending a lot of money online and I was thinking, well it's coming up for Christmas and all that as well so the money is better in my bank and getting spent on the children for Christmas and things rather than me sitting there and playing it all away. [24/1 F]

She also realised that the amounts she was gambling were escalating, and that she was beginning to lose control:

I had went onto the online slots; I had put in £20, lost that, put in another £20, lost that, put in another £20, and it ended up [at] £80. I had just thrown it away and I thought 'well wait a minute that could have got him such and such' so I was like 'no, no more'. [24/1 F]

One male sports bettor remembered the moment he realised he had a problem when he was unable to go out socialising with his friends because he had spent his money gambling:

I was just missing out on things and my mates were going, basically, 'get a grip', my mother was saying to me 'get a grip, what are you daein?', basically 'what are you daein' this Saturday night, what are you daein' sitting in a Friday and a Saturday night? 'I am skint'. [13/1 M].

This realisation went hand in hand with a growing concern over his playing patterns, which had escalated into loss-chasing, with a corresponding loss of control over both time and money spent gambling:

I was standing in the bookies [bookmaker's shop] all day basically. I'd get a win [...and...] I would stay in. I would go out when I had the big one but then I could lose that big win in the next two or three days, so that's the reason I had to get a grip. [13/1 M]

Another young male Internet player described how the gradual escalation of his expenditure on gambling made him realise that his motives for playing, as well as the meaning of money itself, was changing, which together generated the realisation that he had developed a problem:

It's more just a progression, you can almost see it happen - you know, you knew you'd gone from putting £10 on every so often to putting big sums of money on and, you know, that's not you. And you were doing it for different reasons, so I think it was more that thing where you've realised that you're ... how far it's changed from when you first started doing it online to what the reasons you were gambling for now. And I think it's once you accept that, that [...] you're now no longer hoping to make £20 pr £30 just as a bit of a laugh and the reason you're about to deposit this money is to try and eat into some of the big amount of money that you owe and that is obviously when you know this is serious as well. [8/1 M]

This recognition of a problem is bound up with this respondent's sense of self-identity: 'you knew you'd gone from putting £10 on every so often to putting big sums of money on *and you know that's not you*'. It could be argued that this individual's behaviour is generating a divergence between what he recognises as his 'regular' self, and an emerging 'gambling', or 'problem gambling' persona, which is separate and out of character. As will be seen in the following chapter, there is an interesting contrast here with the self-identify of the problem gamblers who have spent significant time in contact with GA. For this group, the 'problem

gambling' persona is core to their self-identity, even if they have not gambled for several years.

Changes in self-perception could also be the result of a reductions in income. In particular, a change in routine, such as leaving a job, could lead to a situation of having less money to spend, which in turn highlighted the amounts being spent on gambling and brought home the realisation that, in reduced financial circumstances, such expenditure was no longer tenable.

A bingo player who had previously worked in two jobs became very aware of the amount of money she was spending when she gave up one job and found herself in reduced financial circumstances. The 'shock' of realising her expenditure was enough to make her view her gambling in a new light and contemplate cutting down:

Because I was working in my both jobs [...] I had a lot more money tae spend, I suppose, so I think that's when I was going but now that I've lost ... that I've gave this other job up I need to try and watch what I'm daein' now so I'm thinking 'god, how much money am I spending in there?' cause like my other wage .. the way it worked out, like the now in the job I get £106 a week but when I was doing the week-ends I was paid fortnightly and I was getting £250 then plus my other money from my other job in the one week, so I was just going to the bingo constant, do you know what I mean, so it's a bit shocking'. [19/1 F]

This realisation has prompted her to attempt to change her behaviour, which has not been entirely successful, and appears to be causing her some concern:

I've tried to calm doon a bit because obviously I've lost that other job, so I havenae been going as much – well, I have been going as much but trying not to [...] because I lost that other job I've no got the money tae either so. [19/1 F]

This could be seen as slightly different from the earlier examples. Here, the problem is less a realisation that one's gambling is 'out of control' and more that one's financial circumstances will no longer allow the same level of expenditure. In this respect, it could be seen as no different from any other form of household budgeting (e.g. reducing expenditure on clothes or entertainment). In other words, this is presented as a purely economic problem, rather than a psychological one.

Similarly, a married couple who went to the casino regularly had begun to notice the financial impacts of their gambling since their business had become less profitable, and were starting to become aware of how much they were spending and consider the possibility of cutting down:

Because money has got a bit tighter you know.... When we were busy we had plenty of money - it wasn't much of a consideration because you had money for gambling, or money for something else as well. When we are not that busy you are sort of saying to yourself 'well, [you go to] the casino and spend £20', you say 'I could buy a new pair of trousers', something like that. Sometimes we are just spending all our pocket money and we are not keeping it for anything else or anything like that. I don't need trousers but sometimes you think like that, you know. [34/1 M]

## Growing out of gambling?

A third theme involves what we have termed 'growing out of gambling'. This is often a slow, incremental change in self-perception which creates a change in attitudes. One respondent who had been attending GA without actually managing to cut down or control his gambling gradually began to internalise a new way of thinking about his behaviour and his self. Listening to the stories of others, he began to relate what they were saying to his own life for the first time:

I thought, 'that's horrendous'. Then I started to think...it's horrendous, but are you any better? Then I started being honest with myself. I said, Christ, you're no better than those guys [and I ] came to think you should feel sorry for the ones that don't know they've got a problem. [2/1 M]

It is important that we guard against attempting to view every account of recovery as fitting in to a specific category. Quite simply, some narratives of recovery speak of change 'just happening'. In these, there do not appear to be any obvious causes of change, but rather a less tangible constellation of almost invisible factors that go towards shifting a respondents' view of their behaviour and subtly guiding a change in their behaviour. For example, one respondent described how he had realised the extent of his problems for some time and thought he should try to stop gambling, but had never done anything about it. One day however, this changed: the realisation was much more profound and he finally decided to stop. He notes that there was nothing particularly significant that led to this stage however: on one level, the day was just like any other, and yet on another, this time the impetus for change 'just happened':

\*INT: WAS THERE A DAY THAT YOU CAME TO AND YOU THOUGHT 'THIS HAS GOT TO STOP' OR, OR WHAT HAPPENED?

There was a number of days like that unfortunately and ehm you just ehm it comes to a point when you say that's it now, I said it was probably the fourth one of those in a 6-month period where it sort of happened. There wasn't anything particularly special about that day or anything happened in particular it was just a case of you had to do it and a lot of it is sitting down and pushing your mum and dad again ehm and just keeping that in mind when you can't do it.

\*INT: WAS THERE ANY ONE EVENT THAT TRIGGERED IT THAT MADE YOU THINK ... YOU WOKE UP ONE MORNING AND THOUGHT, 'I'VE GOT A PROBLEM', OR?

Em, I don't actually know, I think it was just, it was a.....it's more just a progression. [8/1 M]

This links to the issue of natural recovery and to the idea that gamblers may simply 'outgrow' their gambling.

## Narratives of despair: reaching 'rock bottom'

Finally, our fourth theme involves the state of 'rock bottom'. Many gamblers talk of reaching 'rock bottom': their lowest point, where they realise the devastating impact gambling has had on their life and feel that they simply cannot go on in the future as they have in the past. This state often precipitates some kind of change (even if not always long lasting) – whether a mental reorientation to their lives and their selves as 'gamblers' and 'problem gamblers', or a

change in behaviour, including for example, seeking help or admitting their problem to other people.

One female respondent describes how she came to a point where she had been continually borrowing and losing money playing slot machines, lying to family and friends, and feeling increasingly out of control. One day she felt overwhelmed by her situation, afraid her husband would discover the extent of her gambling, and planned suicide. But, instead of going through with it, she contacted GA. Although she told us that she had known she had a problem before this point, this was the moment that the realisation tipped over into action and changed her behaviour. She explained:

I had left my mother-in-law's, I had lifted £300, I went into the arcade before I went to my mother-in-law's and I lost £100. I still had £200 and I said 'when I leave X I'll go and I'll pay it'. I didnae, I went up the hoose and I left X a note and I came back out and I met my youngest son and I met my oldest son and they said 'where are you going?'. I says, 'I'm no going anywhere, I'm just back from your granny's and whatever'. He says, 'you don't look right'; I says, 'no, I'm alright'. I had been in the chemist ... three different chemists and I had bought the tablets. I says 'I'll get a train and I'll take a train somewhere naebody knows me and I'll take these tablets' but I came out at the (name of venue) and I don't know what made me go to the phone box at the Cross and get a note of the GA number.

\*INT: SO THIS IS WHEN YOU REALISED THAT YOU HAD A PROBLEM?

Aye.

\*INT: AND SO YOUR OPTIONS WERE

.....

I knew before it, I knew before it that I had a problem and my boys were, they didnae say 'I'm telling my father on you' even my sister says 'I'm telling X on you, you cannae go on like this'.

\*INT: THIS IS A REALISATION THAT YOU HAD A PROBLEM, HOW LONG DID THIS TAKE TO COME ABOUT AND HOW DID YOU GET...?

[It] just caught me like that (*snaps fingers*) it just honestly it just caught me like that.  
[7/1 F]

Another respondent describes how he believed that reaching rock bottom was necessary for him to begin the recovery from problematic gambling. He explained that he had been in and out of GA for ten years without managing to control his behaviour. However, at the age of 37, a range of factors came together to precipitate a crisis. He had given up his job, was in the process of having his home repossessed and was facing court action. In the midst of this, he took his final wage packet into a betting shop, placed his bets and lost it all:

So that, that was I'd put in my resignation and 3 weeks after my resignation went I got my last wage. By this time I had 3 companies had taken out writs against me at the Sheriff Court for non-payment of loans. I had my flat [...] they'd taken out papers to repossess my flat. I got Sheriff Officers at my door just round about that time. My mother was in a horrendous mess because I kept taking her money to bail me out [...] On that particular day I went to the bookmakers, I got my last wage and I went to the bookmakers; there was absolutely no way that I could have won the amount of money that I would need - have needed - to clear up the mess but I still went in and done it and it was just, at the time I hated every minute of gambling and I still went and done it. .... I went to the bookmakers that last day I got paid and I walked out of

there just absolutely beat and I phoned somebody at GA who had befriended me. I mean I first came to GA 25 years ago and I was in and out of there - I didn't want to be here, I didn't want to give up that dream [...] basically but this time I phoned the guy and the guy said 'I'll pick you up in 10 minutes' and he took me to a meeting that night and [...] I've not had a bet since. But I was just absolutely beat and it's getting the idea in your head and admitting you're beat and keeping that in your head on a day-to-day basis'. [54/1 M]

It was the realisation that this time he was 'absolutely beat' that signalled the start of a serious – and successful - attempt to change his behaviour, and, in further discussion, he emphasised the importance of this stage in the process of recovery:

\*INT: SO REALLY FROM 37 BACK TO 27 YOU HAD ALWAYS BEEN IN AND OUT OF GA?

I'd been in and out for probably 10 years, yeah.

\*INT: SO WHAT MADE THE DIFFERENCE AT 37 WHEN YOU WENT BACK AND YOU'D BE COMING SOLIDLY EVER SINCE, WHAT DO YOU THINK WAS THE DIFFERENCE?

Ehm, as I say I think everybody's got to reach their rock bottom and maybe I had just reached my rock bottom.[54/1 M]

### 3.3 The relationship between realisation and action

The relationship between the realisation of problems and action based on that realisation can be complex, and is by no means always causal in the narratives described by our respondents. Although for some, the realisation of problems led to attempts to change behaviour, for others it did not, either in the short or the longer term.

For example, running up a credit card bill of £700 was enough to make one individual realise that he had a problem, but interestingly, he contrasts *knowing* he had a problem with *accepting* it, and more specifically, accepting that the money lost was not going to be recovered. It appears to be this disjunction that accounts for the lack of action to remedy this problem in the short term:

Probably within about eight months of my first gambling online I realised there was a problem. It probably took me about a year and a half to accept that I had a problem, so deep down I knew there was major issues and I was going down a really rocky road but to actually accept that it was a whole different thing and even after going to counselling and saying it to people, still really didn't accept it and it's that, the acceptance part of not only having a problem but accepting that you're not going to get back what you've lost and accepting that. [8/1 M]

Another individual described how he had known for a long time that he was a compulsive gambler, but didn't want to do anything about it.

Um, I mean I knew for a long, long time I was a compulsive gambler but didn't want to do something about it. [54/1 M]

He had been in and out of GA for over ten years: the first time was simply to make his mother think he was serious about stopping gambling in order to acquire money from her to pay his

gambling debts, but the final attempt was serious. This second – ultimately successful – attempt to stop was brought about by increasing financial problems that he could no longer deal with, and a sense that his entire life had spiralled out of control. However, what is notable here is that it was this respondent's increasing debt and the general problems that accumulated over ten years of excessive playing, rather than any desire to control his gambling in itself, that brought him to this stage of action. On its own, the simple realisation of problems was not enough, and co-existed with uncontrolled behaviour for many years.

When asked when he first realised he had a gambling problem, one respondent who had made numerous attempts to stop, replied that it had been a long time ago:

I suppose when I started to steal - whether you were stealing for the gambling, or stealing to give back to your mother - you knew you were doing wrong but justifying it. It's a complicated scenario .... When you steal you know you are doing wrong, but you can justify it under certain degrees and yeah the gambling spiralled out of control years ago. [9/1 M]

So, although on one level he knew he had a gambling problem, he did nothing about it for many years and retrospectively realises that he spent a long time justifying his behaviour. As he put it: 'I did have a problem gambling but I didn't really want to admit it'.

In all of these accounts, there is a disjunction between knowledge/ realisation of a problem and action to address it. So, it is not simply the case that realising one's behaviour has become problematic (whether prompted by material triggers, internal processes, a combination or no one thing) is the first step towards addressing it: for many of our respondents, the road to recovery is not so straightforward.

## Ambivalence

A theme that emerged from some of our respondents' narratives, and which is related to the distinction between realisation and action, relates to the ambivalence many individuals felt about stopping or controlling their gambling. Quite simply, many did not really want to stop gambling, even though they realised they might have a problem. Important but subtle distinctions emerged: between those who expressed a genuine desire to stop, and those who simply felt they 'should'; between those who wanted to stop completely, and those who simply wanted to cut down or control their playing for a period of time; between those who wanted to change their behaviour for themselves, and those who were doing it for someone else, or for instrumental reasons, such as to win sympathy, to 'prove' they had problems, or to get rewards in prison.

Many individuals talked of attempting to stop or cut down their gambling for someone else, usually a spouse. For example, one sports bettor described how he went to see a private counsellor at the insistence of his wife:

Well, I went to the counsellor maybe just to satisfy my wife. I don't know. Because she was very good but I was just...I was just going there and not even paying any attention. I was just going there; I wasn't really committed when I was going there. Although I would stop gambling maybe for a month or whatever, but I wasn't being honest with everybody, I wasn't really committed. [14/1 M]

Another described an attempt to get help for his gambling which was really part of a larger effort to save his marriage:

I went once to Gamblers Anonymous to try to hold on to my marriage.

\*INT: YOU WERE TRYING TO...?

Hold on to my marriage. We went once, she came to a meeting once, I never went back.

\* INT: WHY NOT?

Just didn't get anything out of it.....I don't know if I wanted to get help, I think it was just to keep the marriage going.

\* INT: RIGHT. SO YOU DIDN'T NECESSARILY WANT TO STOP?

No. I only went once; it kept her off my back for a wee while. [9/1 M]

The second time this individual tried to control his playing was equally instrumental, and was an attempt to get the rewards of early parole and visitors in prison.

Another respondent first went to GA when he was 19, at his mother's insistence. He did not stop gambling, however, and went on to develop serious gambling problems over the course of the next ten years:

\* INT: SO WHY DID YOU GO TO GA THEN?

My mother thought it would be a good idea because she thought I had a problem. She phoned up and had heard about it, or I don't know if she spoke to my father or what, but she knew or she was telling me that I had a problem and when I went there, I then heard all these kind of stories and realised that yes, I do – I did have a problem.

\* INT: SO BEFORE YOU WENT THERE DID YOU THINK YOU HAD A PROBLEM?

No. I didn't realise it was a problem at all. I didn't think I had any sort of a problem. It didn't concern me – I mean, I didn't – I wasn't looking outside of the box. [45/1 M]

He went for a short time, which was just long enough to convince his family that he recognised he had a problem and was willing to change:

\* INT: SO HOW LONG WERE YOU IN GA FOR AT THIS POINT?

Not very long. I went for a couple of weeks and it was like I'd convinced myself that – oh, I understand. I'm quite – I mean, it's annoying – I'm a very honest person but equally I'm very deceitful and particularly to those that are closest because you – because they want to know you or they want to trust you then it's easier then to be more deceitful. And when you say – oh, I understand – that because I'm quite articulate and quite intelligent and you can then relate what's happened of an evening, then you can go back, then – I understand the problem – it's not a problem any more – I don't need to go any more, sort of thing. [45/1 M]

Another interviewee said she had first attended GA largely to 'prove' to her family that she was serious about addressing her gambling; another to demonstrate to the Housing Department that he was deserving of help.



In each case outlined above, respondents describe simply going through the motions of help-seeking and behaviour change, but without real commitment, and each attempt described here was unsuccessful. So, ironically, although it is often true that other people are often responsible for highlighting the problematic nature of many of our respondents' behaviour, to them the desire to placate significant others does not always seem to be sufficient to enable behaviour change to take place.

As noted above, ambivalence is a key feature of many accounts: for various reasons, many individuals are not wholeheartedly committed to stopping gambling. For example, even when respondent X realised he had a problem and was actively trying to stop gambling by attending GA meetings, he still held a concurrent set of beliefs that he was a skilled player who was on the point of winning his way out of his financial problems:

You see although it was a problem I always still had the thought in my head that I could get the big win and ..... I thought I was a good gambler eh I, I, when I look back on my life I would go this spell losing and I always used to count everything I lost and I had to win that back and I would bet something with bigger odds or some, and eventually I would get that winner that would win me back [my money]. [54/1 M]

Another displayed a similar kind of ambivalence, outlining how he knew he had a problem, wanted to stop playing, but did not feel he had the time to get help:

\* INT: SO AT THE MOMENT ARE YOU GOING TO GAMBLERS ANONYMOUS OR ...?

No, nothing – absolutely nothing. I haven't got the time to be doing anything about that. And nor do I particularly feel – I would – if there was a – if there was a GA in the area, I probably would go 'cos I know I should go because I can't stop myself. I don't want to be doing this gambling, even though I enjoy it and I think I'm pretty good at the poker. It's ALL I'm doing. I just wish I was able to control it better because I can't control it and I know that. [45/1 M]

Sometimes, interviewees made implicit distinctions between different forms of gambling – distinctions that would, of course, be anathema in the context of most self-help and treatment settings. One individual who is trying to stop gambling and had attended GA in the past and was still receiving counselling, spoke confidently about controlling his playing. But at the same time, expressed a concern that he could not stop gambling completely just yet, as he needed the money to pay off his car first, which he estimated may take a year:

I'm scared to give up the fruit machines because eh, I don't know I just .. I've got myself into so much money problems again that I need to play the fruit machines to get me out every month.

\* INT: THAT'S YOUR INCOME, THAT'S WHERE YOU GET YOUR MONEY FROM OKAY.

Yeah but ... eh I was wanting to change but I just can't change you know the situation I'm in until I get rid of my debt then I can change because ... I've got a little bit owing on my car and they'll take my car, I've got .. I'm just still under the pressure like I was under when I was gambling except I'm not gambling so much but I always intended to go back to GA you know and give up the fruit machines for good.

\* INT: AND YOU WILL GIVE UP FRUIT MACHINES WHEN YOU CAN GET RID OF THIS DEBT?

Yeah.

\* INT: HOW LONG DO YOU THINK IT WILL TAKE YOU TO CLEAR YOUR DEBT OFF?

Eh I don't know, maybe a year anyway, well more than a year, well the main ones, the other ones I could get help wi you know. [1/1 M]

There appears to be something fundamentally contradictory about this individual acknowledging his inability to control his gambling and wanting to stop, but at the same time believing that he is about to win, and wanting to continue gambling. In practice, however, this reflects a distinction between what he sees as his problem gambling (in casinos and on fixed odds betting terminals) and his non-problematic gambling (on fruit machines).

This points to a wider issue about different understandings of what it might mean to 'stop' or 'recover' from gambling. While such phrases are typically associated with complete abstinence, some gamblers clearly operate with more nuanced understandings of what it might mean to address their problems. Whether such understandings are realistic or naïve (and borne out of denial, as proponents of GA would undoubtedly maintain) is open to question. This is an issue that is returned to in the conclusion.

# 4 Strategies for stopping and controlling problem gambling

## 4.1 Introduction

In this chapter we look at the concrete steps that gamblers take to cut down, control or stop their gambling behaviour. In particular, we look at: what gamblers' experiences of organised help (such as GA and RCA) tell us about routes into and out of services, and about the barriers and facilitators to their effective use; the aspects of such services which gamblers find more or less useful, or more or less difficult; the main strategies that gamblers employ in order to control their gambling; and at the role of friends and family in facilitating formal treatment or providing alternative support.

Of the original cohort of 50 gamblers, 12 were directly recruited from treatment services – 7 from GA and 5 from the RCA,. Of course, several of those who were currently in contact with GA had also had contact with other services, and vice versa. In addition, some of those who were not currently in contact with either GA or a treatment provider had been at some point in the past. The analysis in this chapter draws on interviews with all those with any experience of such services and not simply on interviews with those directly recruited through such channels.

It should be emphasised that we are unable to offer any quantitative evidence about the most commonly used forms of help and support and also that the study was not set up to evaluate the effectiveness of such services. Rather, the aim was to place this form of help-seeking within the context of individuals' wider gambling careers; to understand better the factors that might promote or hinder such actions; and to offer some insight into the experience of different forms of help and support from the perspective of gamblers themselves.

## 4.2 Routes into treatment

In the previous chapter, we looked at 'tipping points' – the points at which individuals acknowledge their gambling problems and begin actively to address them – whether precipitated by crisis, 'epiphany' or a more gradual shift in mindset. We revisit that theme briefly here in relation to formal support. The focus here is less on motivations than logistics – for example, how did individuals find out about local services and how did they set about accessing them?

We have already seen that close friends and family often play a key role in triggering an acknowledgement of gambling problems. It is also clear that they often play a key practical role in identifying services, applying pressure of various kinds and even accompanying gamblers to sessions.

For some, there was an existing awareness of GA, through the experience of other family members or through knowledge or experience of Alcoholics Anonymous. Others reported seeing phone numbers for GA or GamCare advertised locally (e.g. at the GP's surgery, in phone boxes, a bookmaker's or a free paper). In general, though, it is clear that there was

little extant awareness of services other than GA. It was noticeable, for example, that those in contact with the RCA had nearly all been referred through other agencies or professionals – e.g. housing services, GP, psychologist.

The main barriers to seeking formal help or support mentioned by interviewees were embarrassment about discussing the issue with their GP and a lack of access to appropriate services locally.

### 4.3 Experiences of treatment

Our sample had experience of a range of treatment modalities, including self help through Gamblers Anonymous, counselling through the RCA Trust, and counselling in other, non-specialist gambling settings.

#### Experiences of Gamblers Anonymous

GA figured prominently in the accounts of our interviewees – in large part because several of them were identified through a local GA group, but also because of its role as the most visible support available for those with gambling problems. Current GA members were generally extremely positive about the role of the fellowship in their lives; there was, however, also some criticism from others who had tried the GA approach.

A number of key themes are evident in interviewees' accounts of what they had gained from involvement in GA. Several talked, for example, about the relief of discovering, in the group setting, that other people shared the same thought processes, impulses and problems. In general, among this group, GA was credited as giving people back a sense of control over their lives, through reawakening a sense of moral purpose:

[W]hat a relief, what a relief to go into that room and think 'I'm not alone here, all these people in this room have done the same thing I've done, we're all in the same boat' and see the weight that was lifted off my shoulders, it was excellent, the people are so nice and so caring and ... it was the best thing I ever done was going to GA. [7/1 F]

[Y]ou don't know what you're expecting when you go into the room and you're thinking it's going to be down and outs and it's gonnae be like naebody's; but it's people, you're sitting wi' people that's exact the same as you are and they tell you it's an illness and they only ask you to stop gambling a day at a time; they don't shout and bawl and demand and whatever and you listen to other people's stories and you say 'how do they know about me, how do they know I done that?' [6/1 F]

I think it's with going to meetings constantly – you get a conscience. You don't lie to people now. It was quite easy for me when I was gambling to deceive people. I could talk to you and tell you a bare-faced lie. Knowing I was going to get found out but I would blame it on somebody else. Or I would steal, you know, I would cheat, borrow money. [2/2 F]

But beyond this sense of connection or identification with others, many of those who had attended GA saw it as offering something both practical and profound. At a practical level, it often helped to re-establish a sense of control over their own lives – but it did so, in part, by reawakening a sense of moral purpose. As one of the interviewees, cited below, put it: 'you get a conscience'.

GA's highly structured approach also appeared to offer a framework that yielded benefits beyond those simply associated with desistance from gambling – a 'manual for living', as one interviewee put it. Implicit in this was the sense that the "12 steps" help to overcome 'selfishness' and develop a sensitivity to others. Developing the theme of conscience mentioned above, others commented on how their relationships with family and friends had been transformed. In the following extract, an interviewee recalls an exchange with his mother-in-law, with whom he had previously had a very difficult relationship:

It was a Monday night, I was going to my GA meeting and [mother-in-law] came to the back gate there and she shouted me back. And she had her purse and she pulled a pound coin out of her purse and she says, 'go and put that in the meeting tonight and tell the people at GA thanks very much for the way you treat my daughter [now]'. And I got in the car and just burst into tears but that's what this [has] done for my relationship with other people [...] and me and her became the best of friends. [4/1 M]

Another talked about the sense of purpose he had been given through making himself available to help others:

[It's] nice to think I've done a wee bit to help these people get better, it's nice to see people getting better. Eh, if everybody just said 'oh well I'm fine now' and walked away, who is going to help the guys out there that need help? [54/2 M]

Others credited GA with giving them a new-found confidence, freedom from fear or a sense of self-acceptance. Friendships and relationships forged within the group setting were also a recurrent theme. Sometimes interviewees referred to individuals who had been especially important to them at times of crisis. But even more striking were the accounts of whole social lives built around the GA 'family':

I go once a week to my own meeting but I can go to other meetings [...] I don't drive but there's other members that will take me to meetings every night of the week if I want to go.....I've got GA contact every day cause I talk to somebody on the phone and I meet somebody up the town that's in the fellowship. [6/1 M]

It is clear that this immersion acts to continually reinforce abstinence, through reminding individuals of who – at heart – they really are (problem gamblers) and what is at stake (everything). The following extracts convey this sense of a group of people collectively acknowledging their difference from 'normal people', and emphasises the risks associated with leaving the fellowship:

I left maybe thinking I can do it on my own or I don't have to be bothered going to these places every week. [...] I think because I wasn't in the fellowship anymore, I wasn't surrounded by people [...] because in the meeting you are reminded every day, reminded everyday. Different people come in telling their stories, what they have lost, what they have done. [...] and part of the meeting is you know somebody would tell their...it's what we call therapy. Tell their stories and you have common, you identify with him; something that you have done, that he has done, you know. this is the place for you, you can stay off gambling. One day at a time, you are a compulsive gambler, you will always be a compulsive gambler. Because if you go back you just take off from where you left off. [14/2 M]

I had to shatter that delusion that I could ever gamble or drink normally and that was a big, big part in my recovery – I had to shatter that delusion that I could ever go back to doing those two things normally again. [03/2 M]

Current GA members were, for the most part, overwhelmingly positive about their experience of the fellowship. But there were also some critical voices, especially among those who were not current members. In general, it is clear that the GA model does not suit everyone. There was a suggestion, for example, that women might struggle with what can be a very male-dominated environment, though in the following example this seems to have acted as a motivating factor:

[It's] quite hard for women, I sat in a room in X for three years with 16 men and I was the only woman and I heard one of them saying 'she'll no last long' and I says to them 'you and naebody else is gonna drag me oot o' here, I'm staying here'. [6/1 F]

Others were resistant to the idea of discussing their problems in such a setting, either because they lacked the confidence to do so, felt uncomfortable or simply did not find the discussion 'constructive':

Because I felt at GA all they did was...we sat around the table, everybody spoke, but other ones you would see them sitting giggling at things that were said and I just thought that's not helping anyone. If someone is there and they have maybe got low self-esteem and they are in and they see somebody giggling and that, that's going to put them off. [10/1 F]

We went to Gambler's Anonymous once and...[...] I just went this isnae for me. I don't know why it wasnae for me I just didn't like the thought of having to sit and listen to other people's problems. And having to...knowing at some point they are going to ask you your problems and I just thought this isnae for me.

It's a dependency like they have families and all that, it become an entire life kind of.

\*INT: SO HOW LONG DID YOU GO TO GAMBLERS ANONYMOUS FOR?

A few meetings. I couldn't [...] because their stories, it's not just constructive reflection, it depresses you. [47/1 M]

The concept's great - I just felt you were pressured from time to time to contribute more than maybe you wanted. Whereas you would go as a new member, there's people been there for many, many years and you're sort of thrust into the, thrust into the spotlight if you like. And I've not got a problem talking about my problem but in that type of environment it was, it was slightly different and I just felt it just I didn't feel as comfortable as I did with my counselling one-to-one where I felt I could really just be completely open. [8/2 M]

There was also an indication that the absolutist approach, which emphasised total cessation of all gambling activity, of GA could be difficult for some people; it is largely desistance-based rather than a harm-minimisation approach. One interviewee said that he found it hard to be honest about his activities, since he did not see all aspects of his gaming as problematic, and struggled with what he termed the 'judgemental' aspects of GA:

I am still playing the machines so it's difficult for me to go to GA because it's just ... there's people in GA that wouldn't toss a coin you know, they're not going to play a fruit machine so I just don't need it, trying to explain to them you know. (2/1 M)

It is also incompatible with an understanding of one's problems as being 'dealt with' or 'in the past'. For one woman, the continual emphasis on risk of relapse at GA (mentioned above) was off-putting:

I'm still so motivated and I have been for 4 years: I'm not going to gamble again. I know deep, deep down I'm not going to gamble. But in GA, they'll say to you, 'you don't know that', you know, and they start putting wee doubts in your mind. You don't know that, but I do know it, I do know it. [7/2 F]

Two other interviewees made specific criticisms relating to the ability of GA to support those with Internet gambling problems and the extent to which it was able to take a 'whole life' perspective and offer support in relation to housing, debt and other practical issues.

## Experiences of counselling

Although most of those who had experienced individual counselling for their gambling problems had done so via the RCA, which specialises in providing support to problem gamblers, a small number had also spoken to counsellors in other settings. One participant who had done this had found the experience frustrating since the person they had spoken to lacked understanding of gambling and so had 'just talked' to them. While not wishing to generalise too widely from this one case, it does highlight the potential limitations of using generic counselling services to address problem gambling.

Feedback on the individual counselling received through the RCA was, by contrast, generally extremely positive and it is clear that, for some people, the relationship with their individual counsellor had become extremely important. One person, for example, explained that she partly resisted the temptation to gamble by thinking about how she would be letting down her counsellor if she did. Another explained that the relationship he had built up with his counsellor allowed him to be more open than he would feel comfortable being in the group setting of GA:

[RCA counsellor] probably knows mair about me than anybody else in the whole world, you know. It's amazing how that that can come round about just by sitting here and he knows and I tell him I purposely tell him and I know fine well that he knows mair about me than anybody else, even my mother. It's amazing that that can get to that and I feel comfortable with that and I feel happy with that and I feel safe in the knowledge that that's between [him] and I. I really do appreciate [...] the advice that I get fae him, I really do appreciate it so. [49/2 M]

Generally speaking, the benefits that individuals said they received from counselling were similar to those from attending GA – for example, a 'sense of relief' or 'weight lifted' as a result of being able to talk freely and openly about their gambling; a source of ongoing help and support to which they could turn at points at which they found themselves tempted to gamble. There was, however, less of a sense of the counselling providing an overall 'framework for living' of the kind offered by GA and more of an emphasis on the practical aspects of such support – e.g. help with debt and 'signposting' to other services, such as housing.

One person who had attended a non-GA group for compulsive gamblers talked about how it had made them feel good to be able to 'give something back' or help other people. Even if attendance at the group did not address their gambling problems directly, they felt that it made them feel better about themselves and, as such, reduced the likelihood that they would gamble:

It made me feel good, I was giving something for a change and not being a waster as you are when you spend years of gambling. [1/2 M]

Some of those interviewed had experience of private clinics or counselling, which either they or a family member had paid for. For one interviewee, however, the fact that the counselling provided by RCA was free was important as it removed a potential pressure associated with the expense of treatment:

You go there because you want to go there and you'll, you'll tell them exactly what it is, you know, because it's not, you're not worrying about someone else paying a fee for that or shelling out more money. [8/2 M]

#### 4.4 Informal recovery and control strategies

So far, we have focused on views and experiences of group-based and individual counselling available to those with gambling problems, as the severity of many people's problems often necessitates some kind of external or formal support, whether through the self-help 'fellowship' model of GA or the professional counselling offered by the RCA. At the same time, however, it is important to recognise that individuals can and do employ various informal strategies, either as an alternative or a complement to formal help. Sometimes, these are the unsuccessful precursor to more structured attempts to address a gambling addiction; sometimes they appear to be adequate and to obviate the need for other forms of help or support; and sometimes they are an adjunct to or reinforcement of the kind of help received from elsewhere.

Two main themes emerged in relation to this: the role of other people and individual strategies of control.

#### The role of other people in stopping or controlling gambling

Family members and friends often took a very active role in helping participants stop or control their gambling, often at the request of the gambler themselves. One of the ways in which they were involved was taking on a 'minding' role where they would accompany the respondent, for example when they went out shopping, to make sure they would not be tempted to gamble. Such accounts were especially common among female interviewees:

I would find it difficult if I went [shopping] myself but I always make sure I have got someone with me....I take my mum, or my mother-in-law, or my friend because they all know now. [10/1 F]

When I go out wi my pals and we're going in somewhere and there's fruit machines or anything, there's two at the front, two at each side and two at the back. [6/1 F]



It was common for family members (mainly parents, spouses and partners) to take on responsibility for participants' finances to ensure they did not spend their money gambling. Examples of the action they took included: bank cards being taken away and small amounts of 'pocket money' being given to the respondent; taking control of mortgage/rent payments; and arranging for money to be paid directly into a bank account rather than the respondent being given cash. It was also common for respondents to tell their family and friends not to give them any money:

I tried like...for a period - my mum had my cards and that and...this was maybe a couple of years ago for five or six months. My mum had my cards and my dad went in on pay day - he lifted me £150 when we went in, he got £150 worth of fivers and I got given £5 every day. The fiver was to get me to my work and my lunch so for five months, that's how I lived. [12/1 M]

The last example of the way in which family featured in participants' accounts of how they tried to address their problems is as a reminder of what matters or what there is to lose. Several, for example, referred to situations in which they thought about the money they could spend on their children, or nieces and nephews, if they were able to stop or control their gambling:

I've got pictures of my nieces throughout on the computer, so you would just look, you know things like that, if you do this [gamble online] you can't take them out, you know at the weekend and things like that. [8/1 M]

## Control and self-help strategies

Interviewees also described attempts to control or stop their gambling without direct recourse to external help. Sometimes these represented attempts to manage their expenditure, and so could be seen as strategies for ensuring that they are able to *continue* to gamble, albeit in a more controlled way. Others sought self-help strategies to help them to stop gambling completely.

Examples of the former included making a conscious decision to take only a set amount of money to gambling venues and to leave bank and credit cards at home so that, even if they were tempted to gamble more, they would not have the means to do so. Others limited the amount of time they spent in gambling venues - e.g. only going to bingo in the morning, not all day. More stringent approaches included steps to remove themselves from temptation, for example by getting rid of their home computers or installing software which blocked access to gambling websites:

I bought a program called Gamblock which I put onto my PC and which stopped me getting access to gambling sites and I couldn't gamble. [45/1 M]

Less commonly, individuals embarked on a more reflective path, seeking to better understand or document their behaviour with a view to conquering their urge to gamble. Examples of the types of strategies employed here included reading self-help books on addiction, writing a journal, looking for help on the internet or seeking to help others with a gambling problem.

## 4.5 The evidence for 'natural recovery'

Some studies have suggested that the majority of players who experience problems, especially those of a less severe nature, recover from them on their own, and that most problem gamblers never seek treatment. The term 'natural recovery' has been used to describe those individuals who appear to overcome their gambling problems without recourse to formal interventions. Such processes of natural recovery have been the subject of some limited research, which, although unable to identify factors that predict change, has suggested that changing social relationships, financial problems and family interventions, as well as experiential factors such as life crises, may act as catalysts for change<sup>11</sup>. In addition, it has been pointed out that it may be the case that individuals with a range of co-morbid problems (such as drinking and drug use), may receive treatment for one or more of these, which in turn may impact upon their recovery from gambling problems<sup>12</sup>. We did not specifically ask respondents about separate treatments for other co-existing conditions and, such possible interconnections, if existent, would appear to be complex.

This study also found that some respondents appeared to simply 'recover' from gambling problems without external interventions such as formal counselling or deliberate attempts at behaviour change. In some cases this seemed to be related to growing older, developing new responsibilities and interests and even, in many cases, simply tiring of the activity. For example, one 64-year-old contrasted the way he plays now with his style of playing when he was younger, describing his younger self as being 'reckless' and his latter style as being characterised by willpower, setting limits and only spending what he can afford:

It's a bit of willpower I suppose at the end of the day ehm you know I'm not going to say that years ago I didn't do that [spend 'excessively'] you know when I was a bit younger and had a bit more money about me I was a bit more reckless you know. [...] When, when I got married I never went to the races for years my wife wasn't into it. I never went to the casino these days, but when you're on your own you're free to do what you want - you're a free agent and you get back to your old ways of, old ways of ... wasting money shall we say. [52/1 M]

A small number of other interviewees also offered evidence of 'maturing out' of gambling<sup>13</sup>. As one put it, 'I think you get you fill of it' [2/1 M], while another talked of having put it 'behind' him [33/1 M]. In general, these were not people who would currently be categorised as 'problem gamblers', though most would have had episodes of problematic behaviour at some point in their lives.

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<sup>11</sup> Nathan, P.E. (2003). 'The role of natural recovery in alcoholism and pathological gambling'. *Journal of Gambling Studies*, 19 (3), 279-286; Hodgins, D.C. & el-Guebaly, N. (2000). 'Natural and treatment-assisted recovery from gambling problems: a comparison of resolved and active gamblers'. *Addiction*, 95, 777-789; Slutske, W (2006) 'Natural recovery and treatment seeking in pathological gambling: results of two U.S national surveys' *Am J Psychiatry* 163:297-302..

<sup>12</sup> Afifi, T.O, Cox, B.J and Sreen, J (2006) 'Gambling-related problems are chronic and persist for the majority of individuals with a lifetime diagnosis of pathological gambling' *Am J Psychiatry* 163:7

<sup>13</sup> For a discussion of this idea in relation to heroin addiction and alcoholism, see Charles Winick, 1962, 'Maturing Out of Narcotic Addiction,' *Bulletin on Narcotics*, 14, 1-7.

# 5 Perspectives on the NODS Gambling Screen

## 5.1 Introduction

This chapter looks at how participants answered the NODS gambling screen and will address the following questions:

- How do scores from the screen appear to compare with narrative accounts of gambling?
- How do individual answers to the screen appear to compare with narrative accounts of gambling?
- How does comprehension and understanding vary across respondents and what impact does this have on their answer and score?

It should be emphasised that the main purpose of using the NODS screen was to help classify type of gambler and monitor any change through the course of the study. Interviews were not intended to assess systematically the NODS screen, though the final round of fieldwork does include some formal cognitive interviewing focused on the NODS questions.

## 5.2 The NODS gambling screen: background

Because pathological gamblers make up such a small percentage of the population, researchers often have to sample thousands of individuals to obtain a sample that is large enough to allow detailed and reliable analysis. In addition, most gambling screens are long – generally around twenty questions – which makes population-based research into gambling time consuming and expensive.

Together with the National Opinion Research Center at the University of Chicago, Dr Rachel Volberg (a consultant to the present study) developed a 17-item problem gambling screen, known as the NODS, based on the diagnostic criteria of the DSM-IV. The full set of questions is listed in Appendix C. Based on affirmative answers to the 17 questions, individuals are classified as follows:

0 criteria:	low risk
1 – 2 criteria:	at risk
3 – 4 criteria:	problem gambler
5+ criteria:	pathological gambler

This screen has been validated in the U.S., and has proved to be an extremely reliable means of identifying pathological gamblers. Overall, it seems to act as a simple, cost-effective and efficient method of identifying such individuals in the community<sup>14</sup>.

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<sup>14</sup> Gerstein, D; Volberg, R; Toce, M et al (1999) Gambling Impact and Behaviour Study: Report to the National Gambling Impact Study Commission. Chicago: National Opinion Research Center

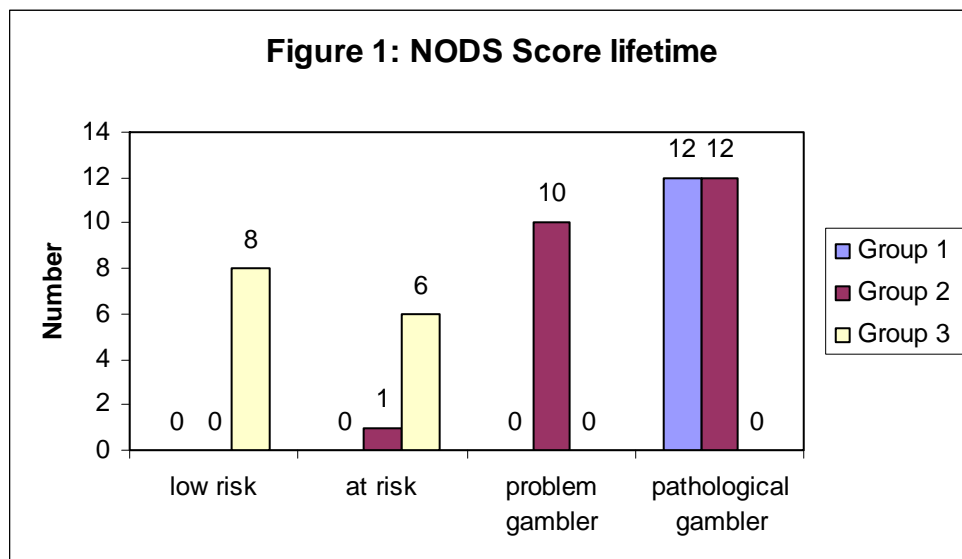
### 5.3 NODS scores of study participants

The NODS questionnaire gives 2 scores; a lifetime score and a score for the past year. Overall, NODS scores compared favourably with narratives emerging from individual interviews and were broadly as expected.

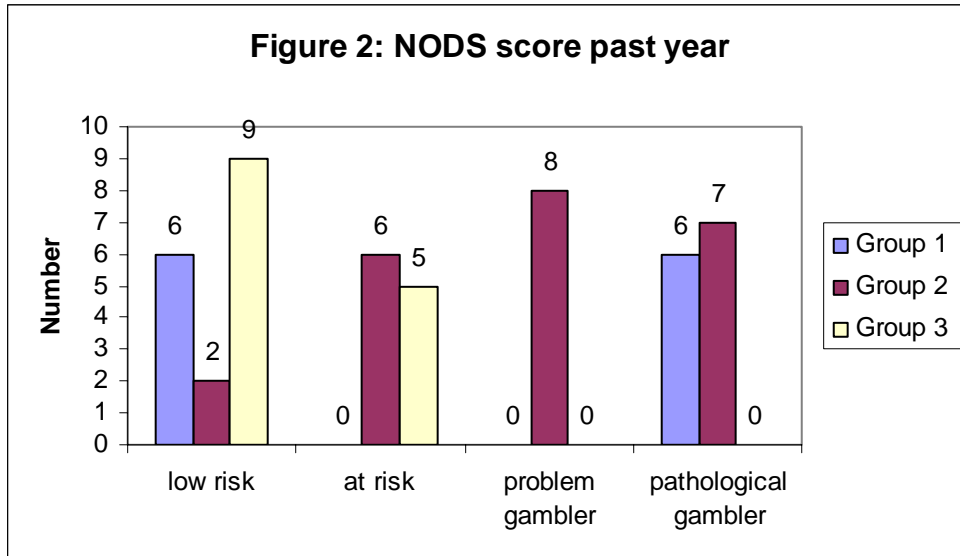
Looking first at lifetime NODS scores (figure 1), we can see that, unsurprisingly, respondents in group 1 (*problem gamblers in contact with services*) and group 2 (*problem gamblers not in contact with services*) were more likely to be found in the problem or pathological gambler category than the recreational gamblers of group 3. However, when scores for the past year were examined there was a noticeable shift for group 1, with half of this group moving out of the pathological gambling bracket into 'low risk'. This raises an interesting question - why do participants in group 1, who appear as 'low risk' on the past year NODS measurement, still define themselves (through their narrative accounts) as compulsive gamblers? The most probable explanation is that these respondents are longstanding members of GA and have effectively stopped gambling, but will always classify themselves as 'compulsive gamblers' because they believe they will never be 'cured' of their addiction.

The other half of group 1 were receiving help for their gambling but were still active gamblers, with their NODS score suggesting they were still 'pathological gamblers'.

There were also shifts in group 2, with more moving into the 'at risk' or 'low risk' category. The likely explanation or reason for this is that although they were not receiving external support to control their gambling they were trying to control their gambling themselves using the various tools and strategies mentioned in chapter 4. Recreational gamblers (group 3) continued to be found in the 'at risk' or 'low risk' classification.



Note: one respondent did not complete a NODS questionnaire



Note: one respondent did not complete a NODS questionnaire

#### 5.4 NODS scores versus narrative accounts

We have already established that in general NODS scores were what we would expect based on narrative accounts. But is the same picture found when looking more closely at the answers to specific NODS questions? For this part of the analysis, we compared answers to the NODS questions with narrative accounts – for example, we asked respondents if they had ever engaged in any criminal activity to fund their gambling and compared this with their NODS answer.

In general answers to NODS questions were in line with the story emerging through narrative accounts, although there were examples of clear inconsistencies. For example, in response to the NODS question, *‘Has your gambling ever caused you repeated problems in your relationships with any of your family members or friends?’*, one interviewee replied no; and yet, from the transcript, it is clear that their gambling had caused repeated problems with their family, so much so that they decided to go to GA to prove that they were serious about stopping gambling:

So after a month, I come home and that wasnae very pleasant, he [respondent’s partner] said I had to stay here [at home] and all we did was fight and argue .....understandably X [respondent’s partner] was still very angry and I think it nearly knocked him to another nervous breakdown ‘cause he started accusing me of different things, you know trying to kill him, trying to kill my son and you know just different things. [07/1F]

Another respondent said during his interview that he had not worried about his level of gambling:

\*INT: HAVE YOU EVER WANTED TO GET HELP WITH IT [HIS GAMBLING]?

Respondent: Not really. Because I’m not, see with me, I can stop tomorrow or today, it’s really up to me... I can stop. I will still go to there as a social... have a couple of drinks and that, see people, but I wouldn’t gamble. If I say to myself, not to gamble

then I won't. Because I didn't used to gamble. I used to just watch people play, that's it. [50/1M]

But when asked the NODS question, had he ever *'tried to cut down or control his gambling in this last year'* he replied yes. This then prompted further questioning by the interviewer as his narrative account suggested that his gambling was controlled and he was not concerned about his level of play and could stop:

\*INT: THAT'S GREAT. THANK YOU. THERE WAS JUST ONE [NODS QUESTION] I WANTED TO COME BACK ON – YOU SAID THAT YOU HAD TRIED TO CUT DOWN OR CONTROL YOUR GAMBLING IN THE PAST YEAR AND I DON'T THINK WE'VE TOUCHED ON THAT.

Respondent: Oh.

\*INT: WHY DID YOU DO THAT? TRY TO CONTROL IT OR CUT IT DOWN?

Respondent: I don't know. Because I mean I was like (pause) . I don't know, I was probably going bad about gambling you know? I was going the wrong paths and I was just choosing what was right for me.

\*INT: SO WERE YOU WORRIED ABOUT IT AT THAT POINT?

Respondent: Definitely. [50/1M]

A final example comes from a bingo player who told us during her interview that the amount of time and money she spent playing mini bingo had upset her daughter. As she put it: 'I get a row for doing it so much, so I have really cut down.' But when asked the NODS question *'has your gambling ever caused you repeated problems in your relationship with any of your family members or friends'* she replied no.

We also found that some NODS answers were not what we would have expected based on a review of individual narratives. For example, when respondent X was asked *'have there ever been periods lasting more than two weeks when you have spent a lot of time thinking about ways of getting money to gamble with'* their response was no. But looking back at their narrative account it is obvious that at one point, in their gambling career, they did spend a great amount of time trying to find money to gamble with and it was the focus of their day-to-day life, so it is fair to assume that the answer should have been yes. A possible explanation for this discrepancy is that, at the time of the interview, they were not gambling and did not fully understand the meaning of the question – i.e. the question asks about the past and not the present – *'have there ever been'*. This also appeared to be the case with another interviewee who was a member of GA and had not gambled for 5 years. When asked the same question, they replied 'no', which meant the interviewer had to clarify that the question covered a longer time frame.

\*INT: HAVE THERE BEEN PERIODS LASTING MORE THAN TWO WEEKS WHEN YOU SPENT A LOT OF TIME THINKING ABOUT WAYS OF GETTING MONEY TO GAMBLE WITH?

Respondent: No.

\*INT: OKAY NOW THIS IS WHEN YOU WERE A GAMBLER, HAVE THERE EVER BEEN PERIODS WHEN YOU NEEDED TO GAMBLE WITH INCREASING AMOUNTS OR MAKE LARGER BETS THAN BEFORE IN ORDER TO GET THE SAME FEELING OF EXCITEMENT ?

Respondent: Aye.

\*INT: HAVE YOU EVER TRIED TO STOP,CUT DOWN OR CONTROL YOUR GAMBLING?

Respondent: Yes, when I was gambling, aye. [06/1F]

Another example came from a respondent who was asked *'have you ever tried to stop, cut down or control your gambling'*, to which they replied no but the interviewer was then able to probe more on their answer because they knew the respondent had been to GA and had therefore obviously tried to cut down or control their gambling:

\*INT: HAVE YOU EVER TRIED TO STOP, CUT DOWN OR CONTROL YOUR GAMBLING?

Respondent: No.

\*INT: BUT YOU SAID YOU WENT TO GA DIDN'T YOU?

Respondent: Oh...right so this is overall?

\*INT: YES.

Respondent: Sorry yes, yes, yes. [14/1M]

There is no evidence to suggest that these inconsistencies arose from a desire to hide the truth – indeed, the openness with which participants described their gambling during the main interview suggests the opposite. It does, however, suggest that the present may overshadow the past and that 'lifetime' measures may tend to underestimate the extent of individual problems. It should also be remembered that the interviews were typically very long (averaging around 2 hours) and participants did not have the luxury of reviewing their narrative accounts before answering yes or no to the NODS questions.

## 5.5 NODS comprehension and interpretation

We have seen that, overall, there was a high degree of congruence between individual NODS scores and narrative accounts. We have also argued that, where inconsistencies arose, these appeared to result from a misunderstanding of time frames (i.e. answering with reference to the present rather than 'ever') rather than a blatant misrepresentation of the truth. In this final section, we highlight some of the other ways in which it appears that individual NODS questions may have been misinterpreted.

We found that some of the NODS questions were not easy to understand and some respondents struggled to give a clear yes or no answer. As a consequence, interviewers were often asked to clarify what the question meant or to repeat the question:

\*INT: ON ONE OR MORE OF THE TIMES WHEN YOU TRIED TO STOP, CUT DOWN OR CONTROL YOUR GAMBLING WERE YOU RESTLESS OR IRRITABLE?

Respondent: Yes.

\*INT: AND HAS THIS HAPPENED IN THE PAST YEAR?

Respondent: No. Sorry, is that restless, irritable or is it to do with gambling? [04/1M]

These problems could be a result of the way we administered the questionnaire – i.e. interviewer-administered rather than self-completion. Some of the NODS questions are rather long and it was clear that sometimes the respondent had lost the gist of the question. That said, while some might find it easier to digest a written version of the question, others – most obviously, those with poorer literacy skills – might find it more difficult:

\*INT: HAVE THERE BEEN PERIODS LASTING MORE THAN TWO WEEKS WHEN YOU HAVE SPENT A LOT OF TIME THINKING ABOUT YOUR GAMBLING EXPERIENCES OR PLANNING FUTURE GAMBLING?

Respondent: Uh...would you repeat that? [02/1M]

It was clear that plumping for a yes or no answer could also be difficult, and some respondents felt the need to justify their answer with additional explanation:

\*INT: HAS THERE EVER BEEN A PERIOD WHEN IF YOU LOST MONEY GAMBLING ONE DAY YOU WOULD OFTEN RETURN ANOTHER DAY TO GET EVEN?

Respondent: I would definitely return, well I don't know, there's a bit of yes and no in that question, I would often return the next day to gamble but not to get even. [42/1M]

There were also some specific NODS questions that respondents clearly struggled with or interpreted in different ways. For example, when respondents were asked, '*Have you ever lied to family members, friends, or others about how much you gamble or how much you lost on gambling?*', it was clear that definitions of what it meant to lie varied. Some said they never lied because they never discussed their gambling with their family or saw it as 'none of their business'. Others had never lied about how much they lost but had lied about how much they won:

\*INT: HAVE YOU EVER LIED TO FAMILY MEMBERS, FRIENDS OR OTHERS ABOUT HOW MUCH YOU GAMBLE OR HOW MUCH YOU'VE LOST ON GAMBLING?

Respondent: No.

\*INT: OKAY

Respondent: I've lied about winning.

\*INT: LIED ABOUT WINNING?



Respondent: Aye, like if I win sometimes my ma will say 'did you win at the bingo?' I say 'no' so she cannae say 'so what did you dae wi your money then'. [19/1F]

Another question that created difficulty was, '*Have you ever needed to ask family members or anyone else to loan you money, or otherwise bail you out of a desperate situation that was largely caused by your gambling?*' It was clear that some respondents struggled to understand the meaning of 'a desperate situation' and this led to uncertainty in their answer or a request for clarification from the interviewer:

\*INT: HAVE YOU EVER NEEDED TO ASK FAMILY MEMBERS OR ANYONE ELSE TO LOAN YOU MONEY OR OTHERWISE BAIL YOU OUT OF A DESPERATE SITUATION THAT WAS LARGELY CAUSED BY YOUR GAMBLING?

Respondent: Well I've borrowed money for gambling, does that count in that one? [24/1F]

In light of these problems, we have introduced some cognitive questions for five questions in the NODS screen which we know have caused comprehension difficulties and have resulted in problems deciding on a straightforward yes or no answer. These will be included in the final round of interviews which is currently underway.

## 6 Conclusions and implications

In this final chapter, we summarise some of the key themes emerging from the study and highlight possible implications for policy and/or further research.

### 6.1 The role of family and friends

One of the most important findings is the role that family and friends occupy in gamblers' attempts to address their behaviour. Sometimes the gambler simply comes to see the damaging effects of their gambling on those close to them and this provides sufficient motivation to seek help. But, more commonly, partners, relatives and friends take on a much more active role – for example, intervening directly to threaten or cajole; provide information; or offer practical support of various kinds to allow individuals to access appropriate help. Even more striking is the role that partners and family members take in monitoring and controlling gamblers' expenditure – for example, by holding all credit and debit cards, accompanying them on shopping expeditions, or logging all spending. At the same time, we also outlined how this on its own was not always enough to facilitate behaviour change, and that the active role of family and friends had to be accompanied by genuine commitment, on the part of the gambler, to stopping problematic behaviour.

#### ***Implications for policy***

What are the implications of this for policy and support services? At the very least, it suggests that partners and relatives of gamblers represent an important target for social education campaigns and support in their own right. While problem gamblers often take much longer than those around them to recognise the destructive aspects of their behaviour, family and friends may sometimes be reluctant to challenge that behaviour or fail to recognise it for what it is. There may be ways to help them to do so, or to do so sooner. There may also be practical advice that can help with the financial aftermath of serious gambling problems and the emotional damage that is often wrought by repeated betrayals of trust in close relationships.

#### ***Implications for research***

In research terms, it would be useful to gain a clearer understanding of whom gamblers turn to for help and also about the experiences of friends and family of trying to help individuals to deal with their gambling problems.

### 6.2 Towards a differentiated view of gambling

It has been argued recently that there is a need for a much more differentiated understanding of gambling – one that takes account, for example, of the variety of gaming preferences and experiences across different sections of the population. But the research also suggests a need to understand the variety of ways in which individual gamblers may see their own behaviour and, in particular, the distinctions they may make between more and less damaging types or patterns of gambling. While some people clearly exhibit compulsive tendencies in relation to any form of gambling (as one interviewee put it, 'I'd bet on two raindrops on a window pane'), others are far more discriminating and either have no interest

at all in particular forms of gambling, or are able to engage with these in non-problematic ways.

At the same time, it can be argued that understandings of processes and experiences of recovery needs to be similarly differentiated. The model of recovery that we have been working on throughout this report is based on the concept of a fluid process rather than a fixed state, with respondents moving in and out of various stages of problematic behaviour over time, in response to changes in a variety of external and internal factors.

Moreover, at the level of individual experience, 'stopping gambling' can clearly mean different things to different individuals. While for some, it involved stopping all gambling activity, for others it meant only stopping temporarily; some genuinely wanted to change their behaviour for themselves, others only wanted to persuade other people that they were serious about stopping, and so could only be said to be going through the motions of behaviour change.

These kinds of distinctions are clearly incompatible with the GA model, which is underlined by a static view of problematic behaviour and recovery, and which emphasises the fundamental importance of not only abstaining but staying away from *all* forms of gambling. There may, however, be room for a more nuanced approach.

### **Implications for research**

In research terms, there is a need for work either with particular types of gamblers, or with samples that are large enough to draw meaningful distinctions between these different types of attitudes and experiences.

## **6.3 Recognising the strengths and the limitations of GA**

On that note, this work has served to highlight a number of important things about the GA fellowship model of support for problem gamblers. To begin with, it can be noted that the prevalence survey from 2001 found that GA was by far the best known form of support for problem gamblers in Britain, with over half the sample having heard of the fellowship, while other forms of help such as GamCare, were virtually unknown<sup>15</sup>. We also found similar recognition amongst our sample, with respondents generally more aware of GA than of counselling services such as the RCA. For many of its members, GA plays a hugely significant role, giving them not only short-term help to break the cycles of their gambling behaviour but also long-term strategies for addressing broader issues in their lives and a sense of collective support in moments of crisis. But it is also clear that it is not suited to all those with serious gambling problems. Other research on GA in Scotland has found very high dropout rates among attendees, and low levels of 'success', measured in terms of long-term abstinence from gambling<sup>16</sup>. However, the author of these studies also pointed to the positive

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<sup>15</sup> Sproston, K; Erens, B and Orford, J (2000) *Gambling behaviour in Britain: results from the British Gambling Prevalence Survey*. London: National Centre for Social Research

<sup>16</sup> Brown, R.I.F (1985) The effectiveness of Gamblers Anonymous. In W.R Eadington (ed) *The Gambling Studies: Proceedings of the 6<sup>th</sup> National Conference on Gambling and Risk Taking*. Reno: University of Nevada; Brown, R.I.F (1986b) 'Dropouts and continuers in Gamblers Anonymous: life context and other factors' *Journal of Gambling Behavior* 2, 130-140; Brown, R.I.F (1987a) 'Dropouts and continuers in Gamblers Anonymous II: analysis of free style accounts of experiences with GA' *Journal of Gambling Behavior* 3, 68-79; Brown, R.I.F (1987b) 'Dropouts and continuers in Gamblers Anonymous III: some

effects of G.A , in terms of positive impacts on attendees' lives, regardless of whether or not they managed to stop gambling, and argued for a more holistic approach, in terms of overall quality of life, in assessing the benefits of the organisation.

This was not, in itself, a study or evaluation of self-help or treatment responses to problem gambling. As such, it was somewhat limited in its ability to explore the effectiveness of such responses or the ways in which they may impact on individuals' lives.

#### ***Implications for policy and research***

There is, then, a need for a more sustained examination of the work of GA and other organisations working in this field. In particular, we need to understand for whom GA 'works' and for whom it does not. Are there particular types of gamblers who are less likely to be aware of GA, less likely to attend and less likely to stay in the programme? If so, why is this, what are the consequences for these groups and are they able to access suitable support elsewhere? We have seen, for example, that GA remains a very male-dominated environment. Understanding women's reactions to and experiences of the organisation is perhaps a priority. We have also seen that, for some people, the group-based, confessional setting can be off-putting. Are there particular types of gamblers (e.g. those who lead more solitary lives, or whose problems are Internet-based) for whom this is the case?

## **6.4 Prompting realisation and action**

We saw that the perception and realisation of problems is a crucial first step to changing behaviour. Important factors related to this include material issues, such as concerns about money and the impacts of behaviour on other people, as well as triggers for change (either a specific event/occurrence or a gradual process of self-realisation). However, we noted that the relationship between realisation and action is not straightforward, and is marked by various degrees of ambivalence on the part of players themselves. We have seen that individual gamblers arrive at a realisation of their problems and at action to address those problems at different points and through different pathways. Given this diversity – and also the unpredictable character of the triggers or prompts that seem to shift beliefs or behaviours – can anything realistically be done to move people more quickly towards help? Or is it simply a case of waiting until 'the time is right' for each individual gambler? In relation to any addiction, it is a commonplace to note that the individual has to *want* to change. What can be done to stimulate or nourish such an aspiration?

#### ***Implications for policy***

It is possible that advertising could be used more effectively to help move people towards a realisation of their own problem and on to action to address it. Since recognition of one's own life in the struggles of others appears to be a very powerful theme in gamblers' accounts of their initial contact with GA and other support agencies, perhaps this could be drawn on in such a context. An emphasis on the impact on others and the possibility of the loss of close relationships might also be useful here.

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possible specific reasons for dropout' *Journal of Gambling Behavior* 3, 137-151; Brown, R.I.F (1987c) 'Dropouts and continuers in Gamblers Anonymous IV: evaluation and summary' *Journal of Gambling Behavior* 3, 202-210

### ***Implications for research***

Further analysis of the existing data set – especially over the course of the three interviews – should lead to an improved understanding of the tipping points in gamblers' views of their own behaviour and in the actions that they take to address it.

## **6.5 The usefulness of the concept of 'natural recovery'**

What evidence does the research offer for the notion of 'natural recovery' from problem gambling? To some extent, this depends on what is meant by the term. Some people with serious gambling problems undoubtedly do manage to deal with their addiction without recourse to outside help, or simply 'mature out' of their addiction, but these people are few and far between. For most, the confessional aspects of treatment or self-help groups are an important part of acknowledging – and so dealing with – the problem. That said, it is clear that gamblers do not maintain the same pitch of activity throughout their lives and that their gambling does wax and wane in response to a variety of external stimuli. But these processes are highly individualised and unpredictable. Sometimes, for example, a new job leads to more gambling – either because it takes people into settings in which they are tempted or because it gives them greater disposable income. For others, employment is associated with a reduction in gambling, either because it gives them a new focus and direction, or simply because it leaves them with little free time. Personal trauma, like bereavement, may have similarly unpredictable effects. While some people 'lose it' after the death of a loved one and embark on a heightened gambling spree, others lose interest in gaming altogether. What is clear, however, is that familial ties and events (a new partner, the birth of a grandchild, etc.) have the potential to inhibit gambling activity, while the loss of such ties or the experience of other dislocations to everyday life can create stresses to which some people respond by gambling.

### ***Implications for policy***

The significance of this is not that gambling problems *will* resolve themselves without external support or intervention, but that they do not reside solely within the psychological make-up of individual gamblers. A greater awareness of the way that situational factors (such as employment, housing, relationships etc.) may help or hinder individuals' attempts to address their gambling behaviour is long overdue. Understanding of such factors could be used to inform prevention messages, and to help tailor treatment strategies towards situations considered most 'risky' and individuals regarded as most 'at risk'.

## **6.6 Implications for the NODS and other screens**

What is the implication for the NODS of the slippage found between past and present in many gamblers sense of self-identity? There is clearly a group of individuals who appear as 'low risk' on the current NODS measure and yet still define themselves through their narrative accounts as compulsive gamblers. This discrepancy points to a subtlety in the range of possible gambling identities which is missed by the screens. Indeed, if one accepts the notion that it is not possible to be a recovered problem gambler, only a problem gambler 'in recovery', then one might argue that the scale of the problem is greater than that suggested by prevalence studies, since these typically count only current gamblers in their tallies. In doing so, they arguably underestimate the number of individuals (and, by extension, families) whose lives continue to be shaped by gambling and its effects.

It is also the case that the NODS – and, by extension, other screens – contain items that are understood or answered differently by different individuals. If, as seems likely, such differences in interpretation are not random but reflect subgroup differences (e.g. in levels of educational attainment), this will have implications for the accuracy and usefulness of the screens as a whole. The cognitive work focused on the NODS questions at the third sweep of the project will allow a more detailed exploration of these issues.

# Appendix A: Topic Guide for Sweep 1

The Interview aims to explore:

- Participant background; e.g. employment, home, family etc.,
- The reasons why people gamble
- The frequency of gambling
- The factors associated with high or low periods of gambling activity
- Attitudes to winning or losing
- Views of the future

## **Introduction**

### *Background Information*

- Introduce self and ScotCen/Glasgow University
- Background to study, funded by the Responsibility in Gambling Trust and the Economic and Social Research Council
- Purpose of study – to explore the experiences and motivations of a range of different gamblers, and look at how these can change over time. As well as the place that gambling has in people's lives.
- Explain that this is one of three interviews and that we would like to come back and talk to them in 10 months and then again in another 10 months

### *Interview Format*

- Format of depth interview (open questions, hearing their views)
- No right or wrong answers – their views are important
- Confidentiality and limits around disclosures of harm
- Withdrawal at any time from interview as whole, or in not answering particular questions
- Timing of interview (around one and half hours)
- Thank-you payment

### *Recording of Interview*

- Digital recording of interviews – check they are happy with this
- Report, use of quotations, anonymisation
- Check if have any questions?
- Check if happy to proceed?

### *Consent*

- Obtain signed consent

## 1. Background

The aim here is to create a picture of the participant to help put their participation in gambling in context. The kind of question you could ask to get this section started is – ‘Tell me a bit about yourself?’

- Current housing/ living circumstances/ views on the local area
- Length of time in current housing (and recent history if moved recently)
- Who else lives in the household and what is participant’s relationship to other household members?
- Day-to-day activities (including general idea re. employment; sources of income if unemployed/ social activities and participation in local community)
- Local support networks (partner, family and friends, parent(s), guardian, carer)
- Education history, e.g. highest qualification achieved?
- Proximity to a gambling venue – where is it and how do they get there?
- Have any members of the family taken part in gambling? Probe for who and the level of activity.
- Any significant life events in the past 6 months, 12 months?

## 2. Gambling

This section is trying to get a history of participant gambling activity – we want to know when they first started and why. The kind of question you could ask to get this section started is – ‘When did you first hear about/become aware of gambling? Then you could follow this up with ‘Tell me about your first gambling experience’

### *Circumstances surrounding first gambling activity*

- When did they first become aware of gambling? Early recollections of family members/others gambling. Was it part of childhood/upbringing?
- When did they first gamble? - Expand – describe first gambling experience/s, and the general situation around it. This will include:
  - Who with?
  - Why?
  - What games?
  - What did they like/dislike about it?

### *Motivation for continuation and current gambling activity*

- When did they next play and why?
- What types of games do they play now? [if they don’t play any more ask retrospectively]
- How often do they play – any particular time of day, day of the week?
- Who do they play with and why?
- What influences their decision to play – e.g. mood, money, social activity, is the activity planned or spontaneous?
- What do they like and dislike about playing (try and get more detail on this by asking them to tell you about their best and worst gambling experience)?
- Amount of time and money spent on gambling (try to get an idea of the average amount spent per session and per week. How often do they play, and for how long each session? Probe – perceptions of own gambling; e.g. do they think the amount of money and time spent gambling is high or low?



- Attitudes to winning and losing - how do they feel when they win or lose?
- Ideas about luck and chance – e.g. do they think winning is down to luck/chances or do they think there is skill/strategy/or game plan that can make them win – can the outcome of the game/event be controlled? Have they any superstitions? How do they play?
- Do they have a set amount of money to spend? Do they set time limits? If they are winning when do they stop placing bets?

### **3. Influencing factors**

In this section we want to learn more about participant background to see what influences, if any, have an impact on their level of gambling activity. We want to build a picture of respondents' social circumstances, how these might change, and how this might affect their gambling as well as how gambling could affect their social circumstances. For example, does gambling affect their job, relationships family, etc., and vice versa. You could start by asking – 'I'd like to know a bit more about how gambling fits into your life in general does it affect your family, work....'

- Patterns of employment. Change, gain, loss of job, periods of unemployment.
- Personal relations and social life. Marriage, separation, birth of kids, deaths, membership of various social groups
- Financial ups and downs. Any debt? How much?
- Moving home, job, - have there been any changes in the last six months? How stressful was this? Did their level of gambling change during this period?
- Any problems with alcohol or drugs? (A way to ask this could be – 'Some people we've spoken to have problems with alcohol or drugs, has this ever been a problem for you?')

### **4. Perception / Realisation of problems**

These questions are exploring whether participants think they have a problem with gambling or not. The way you approach this will depend on who you are interviewing. If you are interviewing someone who has sought help for their gambling it's obvious that they know they have (or had) a problem – so you won't need to ask whether they thought they had a problem or not just go straight into the questions under 'if yes'. However if you're speaking to someone who is not getting help or is just a regular/heavy player you'll need to suss out whether they think they have a problem or not first. You could approach this by saying 'Have you ever worried about your gambling?'

If yes –

- When did they realise they had a problem/ or first start to worry? How long did this take? [probe: full for the background on this. Try to get a sense of how they see themselves; eg as a 'gambler', 'problem gambler', etc]
- What triggered this?
- Impacts of behaviour on family, friends, work, finances, etc
- Had they ever engaged in any criminal activity to fund their gambling?
- Attempts to stop gambling and / or reduce playing – strategies, etc – how successful? Has playing reduced over time?
- How many attempts to stop?
- Ever sought help for gambling problems? If not, why not – barriers to treatment. [note-you don't need to ask this of gamblers who have sought help (group 1)].

If no,

- Why?
- Impacts of behaviour on family, friends, work, finances, etc
- Criminal activity?
- Has their playing reduced over time?

**5 . Additional question for group 1 only**

The following question should be asked only to those who are in group 1 (participants who have sought help for their gambling)

Seeking of help

- How did they find help?
- Any barriers to finding help?
- What help do they have now / have had in the past?
- Has their playing reduced over time? If yes, have they done this on their own or with professional help?
- Have they ever engaged in any criminal activity to fund their gambling?

**6. Attitudes**

You'll need to introduce this section as it's moving away from a chatty approach to asking more specific questions. You'll need to read out the following statements and ask the participant to expand on why they gave their answer. There is a show card for the answer options in your pack you can use if you want. A possible way you could approach this is to say 'Up until now we've been talking generally about your gambling - now I'm going to read you some specific statements and I'd like you to tell me whether you strongly agree, agree, neither agree or disagree, disagree or strongly disagree.'

*How strongly do you agree or disagree with the following statements?*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
I have little control over things that happen to me					
There's really no way I can solve some of the problems I have					
I often feel helpless in dealing with the problems of life					
Sometimes I feel that I am being pushed around in life					
What happens to me in the future mostly depends upon me					

**7. Complete full NODS questionnaire if appropriate**

## **8. Closing questions**

This section is setting the scene for the follow-up interviews, a way to get them started could be 'What do you think you'll be doing when I come back and speak to you in 10 months?' You could then follow this up with 'What would you like to be doing?'

- What do they think they'll be doing at the next interview?
- What would they like to be doing?
- Do they plan for the future?
- How important is gambling to them? How would they feel if they couldn't gamble again?

## **Essential information**

If you've not covered this already make sure you've asked about:

- Education
- Employment status
- Level of income (show participant show card A and ask them to say which number corresponds with their income)

## **9. Any other comments/questions?**

## Appendix B: Example Case Studies

### Respondent A

Respondent A is a white male aged 39. He was recruited to the study via a treatment agency and classified as a 'problem gambler seeking help.' He is currently in receipt of welfare benefit, and lives alone in a Housing Association flat.

His first experience of gambling was playing on fruit machines as a child on family holidays. He cannot remember any family members who gambled and did not grow up in an environment in which gambling was common.

He started to gamble regularly in his early teens where he would run away with a friend, and gamble on fruit machines. This progressed to robbing fruit machines and in his late teens he served a jail sentence for robbery. As he grew older he started to gamble on horses and was frequently in the bookies (short for bookmaker's shop). His gambling became a serious problem in his mid-thirties when he started to play Fixed Odds Betting Terminals (roulette) in the bookie's. This appeared to accelerate his level of gambling in both casinos and betting shops and he started going on gambling 'benders' where he wouldn't stop until he ran out of money. These often coincided with periods of excessive drinking.

After a time, this pattern of 'binge' gambling had serious consequences: his wife and two children left; he ran up debt in his own name and that of his wife; he stole from family and friends; and would take out loans, hire purchases agreements (so he could sell the goods on) and credit cards that he couldn't afford. Eventually he got a conviction for fraud and is currently trying to pay of his debt. He is unable to hold down a job and suffers from depression and anxiety and smokes cannabis to help sleep. His self-esteem is extremely low.

He has attended GA and took comfort from the discovery that he was not the only one in this predicament, but felt he could not continue going to meetings because he was unable to give up gambling on fruit machines and, therefore, had to lie to members which he did not want to do. At the time of interview, he was attending a counselling service for problem gamblers and trying to extend the period in which he remained gambling free but 'benders' were still a common occurrence.

## Respondent B

Respondent B is a white male in his late 30s. He was recruited to the study in a casino and, at first interview, was classified as a 'problem gambler not seeking help.' He lives on benefits, alone in a Housing Association flat. His first awareness of gambling was watching Saturday afternoon horse racing and wrestling with his dad. In his early to late teens he started playing fruit machines with his friends in the pub. He can not remember any family members who gambled and did not grow up in a gambling environment.

In his mid to late 20s he started his own business and enjoyed moderate success. His first experience of a casino was in his mid 30s when he went with his business partner. At first, he liked the status of the casino - he enjoyed wearing his business suit, shirt and tie and the respect he felt from the casino staff - and described himself as being in 'awe of the place'. He started going once a week and was more interested in telling people where he had been rather than trying to win money through gambling. His gambling was controlled and causing no problems.

A couple of years later, B's company went into liquidation, he separated from his wife and moved into a bedsit. He then started a bar job, working long hours, often finishing late in the evening. To wind down he started going to the casino to gamble, have a few drinks and enjoy the 'Cheers factor' where people knew his name and he could find someone to talk to. This developed into a spell of going every night and spending more money gambling and drinking. It came to a head when he found out his ex-wife had a new partner and he went on a two week 'bender' of drinking and gambling. With the help of his family he was able to curtail his gambling and drinking and made the decision to move away from the area so that it would be harder to go to the casino.

At his second interview, he had stopped going to the casino completely, but was also unemployed and living in a flat with his rent paid by the Local Authority, so could not afford to go. He still played on fruit machines every couple of weeks but was only spending a small amount of money and showed no signs of problem playing.

By the time of his last interview he was still unemployed and living off benefits. He had recently lost communication with ex-wife and was unable to see his children and was waiting on the outcome of legal case to provide him access. At the same time he stopped seeing his children he started spending more money on fruit machines in arcades, as he believed there was no point keeping his money because he could not spend it on his kids. He had also been told that he was drinking too much and, despite not seeing his drinking as problematic, he wanted to cut down as it would help with his court case. He mostly played in arcades, because they do not sell alcohol and this helps control his drinking. He is aware that he is wasting his unemployment benefit on machines but has no intention of stopping until he gets a job, which he was actively trying to find.

## **Respondent C**

Respondent C is white male, in his late 40s. He was recruited to the study via self-referral from a newspaper advert. He works full-time as a civil servant and lives alone. His first experience of gambling was putting lines on, in the bookies, for his boss in his first job aged 17. At this time he had no interest in betting and thought the betting shop was 'just a lot of noise'.

By 18 he had put on his first horse racing bet and started to play fruit machines in pubs. He has continued to put small horse racing bets on at the weekend and occasionally play on fruit machines. At some point in his 30s he joined the casino and now goes every week or so. At first interview, he was classed a 'recreational controlled gambler'.

Since taking part in the study he has reported two occasions where he has worried about his gambling and had taken steps to control it. The first occasion was when he ran up credit card debt (through casino gambling) that he struggled to pay. At the time he was drinking to excess and had not realised the debt he was acquiring. When he recognised his problem he stopped going to the casino and attended Alcoholics Anonymous. Once he felt in more control he went back to the casino and continued to gamble without running up debt he could not afford.

The second occasion occurred when he started playing Fixed Odds Betting Terminals, which were in the bookie's. He quickly amassed debt that he could not afford and had to get a bank loan to clear it. He stopped playing them in order to pay of the debt, but has recently started to play them again, but this time he sets a limit on how much money he can spend.

## Appendix C: The NODS questionnaire

1. Have there been periods lasting more than 2 weeks when you spent a lot of time thinking about your gambling experiences or planning future ones?

Yes

No

- 1A. *IF 1 YES* Has this happened in the past year?

Yes

No

2. Have there ever been periods lasting more than 2 weeks when you spent a lot of time thinking about ways of getting money to gamble with?

Yes

No

- 2A. *IF 2 YES* Has this happened in the past year?

Yes

No

3. Have there ever been periods when you needed to gamble with increasing amounts, or make larger bets than before, in order to get the same feeling of excitement?

Yes

No

- 3A. *IF 3 YES* Has this happened in the past year?

Yes

No

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

Yes

GO TO 5

No

GO TO 8

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

No

- 5A. *IF 5 YES* Has this happened in the past year?

Yes

No

6. Have you ever tried *but not succeeded* in stopping, cutting down, or controlling your gambling?

Yes

GO TO 7

No

GO TO 8

7. Has this happened three or more times?  
Yes  
No
- 7A. *IF 7 YES* Has this happened in the past year?  
Yes  
No
8. Have you ever gambled as a way to escape from personal problems?  
Yes  
No
- 8A. *IF 8 YES* Has this happened in the past year?  
Yes  
No
9. Have you ever gambled to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?  
Yes  
No
- 9A. *IF 9 YES* Has this happened in the past year?  
Yes  
No
10. Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even?  
Yes  
No
- 10A. *IF 10 YES* Has this happened in the past year?  
Yes  
No
11. Have you ever lied to family members, friends, or others about how much you gamble or how much you lost on gambling?  
Yes GO TO 12  
No GO TO 13
12. IF YES: Has this happened three or more times?  
Yes  
No
- 12A. *IF 12 YES* Has this happened in the past year?  
Yes  
No



13. Have you ever written a bad cheque or taken money that didn't belong to you, from family members or anyone else, in order to pay for your gambling?

Yes

No

- 13A. *IF 13 YES* Has this happened in the past year?

Yes

No

14. Have you ever done **anything else** that could have got you in trouble with the law, in order to pay for your gambling?

Yes

No

- 14A. *IF 14 YES* Has this happened in the past year?

Yes

No

15. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?

Yes

No

- 15A. *IF 15 YES* Has this happened in the past year?

Yes

No

16. Has your gambling ever caused you any problems in college /university or to have trouble with your job, to lose a job, or miss out on an important job or career opportunity?

Yes

No

- 16A. *IF 16 YES* Has this happened in the past year?

Yes

No

17. Have you ever needed to ask family members or anyone else to loan you money, or otherwise bail you out of a desperate situation that was largely caused by your gambling?

Yes

No

- 17A. *IF 17 YES* Has this happened in the past year?

Yes

No