



THE PROMISE OF ANOTHER SPIN: IDENTITY AND STIGMA AMONG VIDEO
LOTTERY PLAYERS IN ST. JOHN'S, NEWFOUNDLAND AND LABRADOR

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Abstract

Gambling in Canada has expanded in recent decades following two Criminal Code amendments. The growth of this sector has resulted in gambling being accepted as a more mainstream leisure activity with reduced social stigma. Video lottery terminals (VLTs) however are somewhat of an exception. First introduced to Newfoundland and Labrador in 1991, there is evidence that VLT players suffer from social stigmatization, which may be attributable to negative public and media constructions of this form of gambling. Social constructionists argue that what is defined as deviance by public actors is culturally embedded, therefore resulting in many VLT players being aware of, and potentially internalizing, these negative attitudes.

Using concepts from the sociology of deviance, this thesis will map the medicalization of VLT gambling in Canada as a result of a rapid expansion of the gaming sector. Drawing upon observations and interview data with Gamblers Anonymous members in St. John's Newfoundland, the thesis proceeds by answering the following questions: How do VLT players see themselves and their gambling activity? What kinds of stigma do they suffer from as a result of their gambling? What types of management techniques are employed by individuals to ensure that they are able to cope with the label of compulsive gambler?

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Dedication

"To thee who are yet to be..."

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Chapter One: Introduction

"I don't know if I told you this story about going to a local school when they had some kind of a fair on the go, talking about addictions. They invited Alcoholics Anonymous, Narcotics Anonymous, and Gamblers Anonymous; there was an RCMP officer and a whole bunch of other people there. So I went and just outside the door of the gymnasium they had a ticket raffle on the go. After the fair we were standing around and I mentioned to the RCMP officer, 'why didn't you have a little bit of weed here to let the kids take a puff?' He basically looked at me as if to say 'are you for real, do you understand this is illegal,' you know, giving me the once over. I mentioned to the guy from AA 'why didn't you tell the kids that the light beer is okay, just to stay away from the hard beer?' Again, the same kind of reaction. I got them all riled up and they thought I was literally crazy. I said 'it's funny your reaction, but I'm a gambler here representing Gamblers Anonymous, yet you have a ticket raffle going on outside the door. None of you, not one of you, think there is anything wrong with that. Why am I so different?'"

1.1 Introduction

This thesis is a qualitative inquiry into video lottery terminal (VLT) playing in St. John's, Newfoundland and Labrador (NL). The research draws upon observations of a local Gamblers Anonymous (GA) group and twelve semi-structured interviews with past and present members of that group. All members of the GA group struggled with excessive VLT gambling, and were reluctant to speak openly about their problem gambling as they feared stigmatization. Members of the GA group can be defined as inactive gamblers because they are no longer playing VLTs. GA treats excessive gambling as an addiction or a disease that involves a physical dependency that is beyond the control of the individual. GA members believe that while gambling has no physical component it suffers stigmatization that is different from other

addictions. Why do excessive VLT players and members of GA feel as though their addiction is less understood than other types of addictions? Why is VLT playing subject to stigmatization, while other types of gambling are not? The purpose of this study is to describe how excessive gambling came to be treated and labeled as a medical pathology, to explore how the medicalization of VLT gambling in NL is problematic for those who are subject to the label of "gambling addict", and to describe the negative consequences for individuals who self identify as problem gamblers.

In recent years we have witnessed a shift in the definition and associated etiology of some behaviours from acts of deviance to medical problems. While it is not within the scope of this thesis, or within my expertise, to adjudicate whether or not VLT gambling is a legitimate medical problem, I do conclude that those gamblers I met had experienced struggle and hardship from VLT gambling. Sociologists are not interested in determining whether or not the life problems that are defined as medical issues legitimately warrant medical intervention. However, sociologists are interested in the social context and social processes contributing to any expansion in medical jurisdiction over social problems and the social implications of this development. Some sociologists are suspicious of terms such as addict, compulsive gambler or pathological gambler and suggest that they should be used with caution (Fisher, 1993, 447). While I agree with this reservation, throughout the thesis the terms addict, compulsive gambler, and pathological gambler are used out of

necessity. The terms will be used interchangeably, as these descriptors are the words that are used by the members as they self-identify as problem, pathological, or compulsive gamblers in their disclosures and interviews.

This research investigates why VLT addicts are understood differently from other addicts from a societal perspective. It explores the consequences of a socially constructed negative sentiment towards those who are labeled as excessive gamblers. This thesis will illustrate how VLT players see themselves including how they respond to any deviant identity that results, as well as how they cope with the label of compulsive gambler.

1.2 Statement of the Problem

Legalized gambling in Canada has expanded in recent decades following two criminal code amendments. The first amendment in 1969 allowed for legalized government-run lotteries. The second amendment, which occurred in 1985, mandated that gambling law and regulation be an exclusively provincial jurisdiction. This amendment also permitted the implementation of electronic forms of gambling (Morton 2003; Campbell 1997). These legislative changes have contributed to an increase in gambling participation by members of the public. Representative of this growth is the increased accessibility to gambling across the country. As of 2007, Canada's legalized gambling sector consisted of 66 casinos, 28 racinos, over 7,200 electronic gaming machine venues that housed more than 88,000 machines (VLTs and slots), 33,000 lottery ticket outlets and 256 racetracks and tele-theatres

(Cosgrave and Klassen 2009: 3). Another indication of a growing gambling sector is in the impressive government revenues that are generated from gambling expenditures. Gambling revenues in 1992 totaled just \$2.73 billion and have been steadily increasing. By 2008, Canada wide revenues from government run lotteries, VLTs, casinos and slots, horse racing, and charity gambling amounted to almost \$15 billion dollars (Marshall 2009; Canadian Gambling Digest 2008-09). Legalized gambling has increasingly become an important means of revenue generation for government and has produced impressive profits for the state. In 2008, gambling comprised 4.8% of Canada-wide total general revenues, which was a significant increase from 1.9% in 1992 (Marshall 2009).

The 1990's was a significant decade in the history of gambling in Canada due to the 1985 legislative amendment. Although possibly unaware of the social consequences associated with the rapid implementation of electronic betting, many provincial governments were attracted to the revenues produced from computer-based gaming. Subsequently, New Brunswick was the first provincial government to implement electronic gaming, and eventually video lottery terminals were introduced to many Canadian provinces.

Video lottery terminals, most commonly referred to as VLTs are an electronic based pure chance form of gambling that is cash-operated and freestanding. In this type of gambling, winnings are paid out through receipts that are turned in for cash. This differs from another popular form of electronic gambling, slot machines, where

winnings are produced in the form of direct cash payment (Smith and Campbell 2007; Reith 1999: 107-108). Additionally, unlike most slot machines, VLTs in NL are connected by an online network that is controlled by the Atlantic Lottery Corporation (ALC), which was founded by the four Atlantic Provinces in 1976 and has its headquarters in New Brunswick (Davis 2006: 512).

VLTs have an obvious popularity amongst Canadians as is demonstrated by the fact that all but two provinces (British Columbia and Ontario) continue to make the electronic game easily accessible to consumers (Cosgrave and Klassen 2009: 4). Currently there are an estimated 40,000 VLTs in licensed establishments distributed across Canada. Being first introduced to Newfoundland and Labrador (NL) in 1991, there are approximately 2,105 VLT machines that are distributed across 505 venues. Newfoundland and Labrador has the most VLT sites per person in Canada, with an average of one VLT for every 175 people age nineteen and over in the province (Azimer 2005; Market Quest 2009).

The profit sharing agreement between the province of NL and the ALC has changed over the past several years. Initially, 65% of revenues from gambling went to the government, with the site operators receiving 31.5%, and 3.5% being allotted to the ALC for operating expenses. Today, after several revisions to the profit-sharing arrangement in 1994, 1997 and 1998, 75.3% of the first \$400,000 and 80.2% over \$400,000 goes to the provincial government, increasing their annual revenue (Canadian Gaming Association 2006: 10; McKenna 2008: 116).

It should come as no surprise that such a popular form of gambling produces attractive revenues and profits for provincial governments in Canada. In 2008-2009, Canada-wide annual net revenues from VLT's totaled almost \$2 billion dollars (Canadian Gambling Digest 2008-09). Although not the most popular choice amongst gamblers in NL, in 2009 provincial net gambling revenues totaled \$98.3 million, with \$64.8 million, or roughly two-thirds, of that originating from VLT play (Market Quest 2009). Unfortunately with increased participation in gambling activities, some individuals become excessive involved in betting.

Studies show that according to the Canadian Problem Gambling Index (CPGI) 6.3 percent of adult gamblers are at risk of becoming or are currently problem gamblers (Azimer 2005: 11; Campbell 2009: 80). Simply put, this translates to 1.2 million Canadians indicating signs of excessive gambling. Williams and Wood (2004) state that in Ontario and Alberta 35 and 30 percent respectively of gaming revenues are extracted from moderate to severe problem gamblers. Furthermore, they suggest that these estimates are conservative and they argue that, in actuality, the statistics should be closer to 60% (Williams and Wood 2004; Campbell 2009: 80).

More specifically, in Newfoundland and Labrador (2009) 8.6% of respondents were determined to be at risk (6.2% low-risk and 1.7% moderate risk) or were problem gamblers (0.7% were problem gamblers). Therefore with an adult population of almost 400,000 people, roughly 6,800 are at moderate risk and 2,800 are problem gamblers. Moreover, despite the fact that lottery play was the most

popular form of gambling in the province, 72% of problem gamblers preferred to play VLTs (Market Quest 2009).

An important point to consider when interpreting these statistics is that in a group of VLT players alone, the rates of at-risk and problem gambling were seven times (16.8%) higher than the rates of problem gambling found in the general population (Market Quest 2009: 3-8). Similarly, a provincial study from Nova Scotia's Department of Health (2003) demonstrates that more than 50 percent of self-reported gambling problems are associated with VLT gambling (Schellinck and Schrans 2003). Research indicates that problem gambling in Canada today is largely associated with electronic forms of gambling generally, and VLTs in particular (MacNeil 2009: 142). Therefore, if the majority of revenues to the province are derived from problem gamblers, and problem gamblers are overwhelmingly VLT players, then this revenue is largely coming from excessive VLT gamblers.

In 1996, the Liberal government in NL under the direction of Premier Clyde Wells introduced new regulations to govern gambling in the province to respond to the increase in the number of problem gamblers. These new regulations prohibited the implementation of a casino and ensured that the ALC was responsible for the operation and advertising of gambling in the province. Facing growing concern about the problems associated with VLTs, a reduction plan was introduced to freeze the number of VLTs in the province and to limit VLTs to five terminals per

establishment. Additionally, \$150,000 was allocated to services for problem gamblers in the province (McKenna 2008: 117).

In 2005, the Addiction Treatment Services Association (2005) provided a report on VLT playing in the province that was based on research in various provinces, and not specific to Newfoundland. The report reiterated the need for a freeze on the number of VLTs available and suggested that research be conducted on the prevalence of gambling, so that treatment and prevention initiatives could be undertaken. Additionally, the report stated that the province should adhere to the 1996 commitment that allocated 1% of all VLT operators' net profits to treatment and prevention services. Furthermore, it was recommended that VLTs be removed from family restaurants and that the five-machine limit be enforced (Addiction Treatment Services Association 2005: 10; McKenna 2008: 122).

In response to this report, Premier Danny Williams and the Progressive Conservative government in the 2005-2006 budget allocated \$740,000 to enhancing services for problem gamblers and to raise public awareness of the issues related to gambling. The government promised to hire five new addiction counselors and provide training to front line physicians so that they would be able to identify problem gamblers. A toll-free gambling help line number would be displayed on the screen of the VLT for players who thought they had a problem (McKenna 2008: 124). In 2007, although there was no additional money allocated for gambling services in the province, the government adopted measures that slowed the rate of

play by 30 percent and limited the hours of VLT operation to twelve hours per day. Additionally, clocks were introduced to the screen, and reminders were displayed to deter players from prolonged play (McKenna 2008: 135). These initiatives created the illusion that governments were actively addressing the issue of problem gambling, when in actuality they are suppressing the symptoms of VLT gambling without acknowledging the larger issues regarding addiction.

Conrad and Schneider (1980) in their book, *Deviance and Medicalization: From Badness to Sickness* explain the process that accompanies the medicalization of deviance, whereby deviant behaviours which were once defined as immoral, sinful or criminal are given medical meanings. While the gambler was once regarded as a morally deficient character, in recent decades public attitudes have generally become more tolerant of gambling. With its expanding popularity and glamour in the modern era, the act of placing a bet is no longer considered to be deviant. With increases in play, gambling, once considered a morally deviant activity, is now regarded as a more mainstream leisure activity with reduced social stigma (Dowling, Smith, and Thomas 2006:356). Despite evidence of the mainstreaming of gambling, there is still a social stigma that is associated with particular types of gambling (Preston and Smith 1985; Rosecrance 1985; Bernhard 2007; Preston et al, 1998). Deviance in the context of gambling is the player's inability to self-regulate their betting or gamble responsibly. While moral stigmatization no longer is associated

with gambling as leisure, those who are unable to live up to the social expectation of responsible gambling are subject to stigmatization and even ridicule.

Despite the popularity of electronic gambling, there is evidence that VLT players suffer social stigmatization that may be attributable to an increase in negative media attention and public sentiment. Throughout the past decade media discourses have contributed to the creation of an alarming view of electronic forms of gambling, branding them as addictive and harmful. News stories in the province often refer to VLTs as "crack cocaine" (LaRocque 2004) and "the most harmful form of gambling" (Collins 2005)." Furthermore, an unsympathetic public believes that placing a bet is a conscious decision and that those who gamble excessively should make better choices (MacNeil, 2008). Social constructionists suggest that what is defined as deviance by public actors is culturally embedded, resulting in many VLT players being aware of, and potentially internalizing, these negative media constructions.

1.3 Gambling Research

The Canadian literature on legalized gambling has not included any focus on VLT gambling in particular. More importantly, very little is known about the labeling processes and the stigma-laden consequences associated with VLT gambling. The most detailed academic research to date has essentially been historical and legalistic in its content, emphasizing the developments in Canadian gaming policy from Confederation to the present day. This research illustrates a change in public

sentiment that allowed gambling to evolve from an illegal activity to an accepted pastime (Campbell and Smith 1998; Campbell, Hartnagel and Smith 2005; Morton 2003; Cosgrave 2006; Cosgrave and Klassen 2009). With a liberal public attitude and an expanding gambling field, governments have mainstreamed betting and have recruited a large majority of middle class people who had never before gambled (Goodman 1995: 135-136; McKenna 2008: 207).

A substantial study by Campbell, Hartnagel, and Smith (2005) was carried out for the Law Commission of Canada. It details the criminal laws that allow provincial governments to conveniently control and manage lottery schemes including VLTs. The research discusses the two Criminal Code amendments that were responsible for the expansion and mainstreaming of gambling as a leisure activity. Campbell et al. also summarise the problems associated with enforcing the criminal prohibitions against gambling. A categorization of gambling related crime, that also includes crimes associated with the legalized gambling sector, is presented in their work. Some attention is given to problem gambling and pathological gambling as an issue that requires further consideration by researchers and governments.

Other major contributions (Cosgrave and Klassen 2001; Cosgrave 2006; Cosgrave and Klassen 2009) highlight the idea that the legalization of gambling by the state has produced a redefinition of an activity previously defined as deviant in this country and in other jurisdictions. The shift in social attitudes with respect to

gambling demonstrates the emergence of a consumer culture closely associated with a social and economic morality of spending. This marks a shift away from traditional social values tied to the Protestant work ethic, such as saving and frugality.

Other Canadian academic studies have generally explored more specialized topics with little, if any, connection to the micro-social aspects of VLT gambling. Some of these specialized topics include gambling-related crime (Smith, Hartnagel and Wynne 2009; McMullan and Perrier 2003, 2007), the evolution of aboriginal gambling (Belanger 2006), the experiences of problem gamblers (Tepperman 2009), revenue extracted from problem gamblers (Williams and Wood 2004), youth and gambling (Derevensky and Gupta 2004); internet gambling (Wood and Williams 2007); and gambling spending by Canadian households (MacDonald, McMullan, and Perrier 2004).

Furthermore, the two most detailed works to date on VLT gambling are not grounded in the sociological study of deviance and did not specifically employ sociological concepts and theories in their analysis. In one work, political scientist McKenna (2008) provided a detailed description of the policy development that accompanied the implementation of VLTs in the four Atlantic Provinces. He questions the ability of governments, in their conflicted position as operator and beneficiary, to properly regulate VLT gambling in the wake of growing concerns about problem gambling. The second study, conducted by anthropologist Reade Davis (2000, 2006), involved primary data collection in NL. Using concepts mainly

from the sociology of work and economic development, Davis illustrates how gambling was used as a means by which people living in marginalized regions aimed to generate new collective means and symbolically resist societal norms and government policy. Davis's research shed light on how gambling served as a way of demonstrating local connections and how people put interpersonal relationships before individual ambition. Rather than adhering to government programmes that suggested residents relocate and find work outside of the community, participants bonded together and resisted relocating by VLT gambling. Heavy VLT gambling was a convenient way for people living in a small fishery-dependent region to cope with government efforts to downsize and restructure the industry.

Sociological contributions to the field of gambling studies have been somewhat limited (Bernhard and Preston 2007). The first sociologist to study gambling, Edward Devereux (1949), researched race track bettors. From the functionalistic perspective, he argued that gambling gives primarily lower class people hope that they may escape from the economic stress that accompanies life in a capitalistic world. Therefore, according to Devereux, gambling provides a safety-valve function whereby gamblers feel they are able to exercise a degree of choice in their lives. Conflict and Marxist sociologists view gambling largely as an activity whereby the more privileged and elite in society are able to exploit the masses (Frey 1984; Aasved 2003: 29-33). A common observation by such analysts is that gambling revenues are a regressive form of voluntary taxation on people of lower

socio-economic status. People from this underprivileged group are thought to gamble more often as they are intrigued by the possibility of winning money (Wisman 2006; Casey 2003, 2006).

More contemporary sociological approaches to gambling research highlight the conflicted position of the state as the regulator, beneficiary, and marketer of gambling. With an increase in the accessibility of gambling there is also an increase in the social fallout associated with increased betting. Highly publicized excessive gambling has resulted in governments developing and implementing problem gambling treatment and prevention programmes. Drawing upon Foucault's concepts of governance and governmentality, theorists believe that these programmes are developed solely to individualize and pathologize problem gambling so that the blame is centered on the individual, rather than addressing the larger social aspect of eliminating this type of gambling. Faced with the prospect of forfeiting the impressive revenues generated from VLT gambling, it is more beneficial and cost efficient for governments to introduce these programmes, which create the illusion that the state is addressing the issue. By doing this, governments can continue to use gambling as a form of revenue generation and expand its role in gambling markets (Cosgrave 2010; Barmaki 2010; Kingma 2004). However, these studies are methodologically limited in that they do not engage directly with the gamblers. Therefore the players' voice is often lost in the macro-oriented approach to research.

Interactionist, micro-oriented, explanations of gambling often describe the positive social rewards of gambling for individual players. Goffman's classic arguments about the impression management potential of some forms of gambling (e.g., poker) are commonly noted (Goffman 1969; Aasved 2003: 68). While several small-group interactionist studies have been employed in relation to casino and horse-race gamblers (Rosecrance 1988; Neal 1998), poker players (Hayano 1984); and youth fruit machine players (Fisher 1993), nothing similar has been done in respect to VLT players in Canada. Some researchers (Barmaki 2010; Cosgrave and Klassen 2001) contend that much of the Canadian literature has been micro-oriented in nature, and dominated by the fields of psychology. Psychological studies tend to use micro-oriented quantitative research design, which masks the subjective and personal stories of gamblers. Such an emphasis, it is argued, results in the need for larger, socially based research on gambling. While I agree that psychology's dominance over gambling research is problematic, I would argue that micro-oriented qualitative social research is largely absent. The current research examining gambling from a societal perspective has often left those experiencing the problem out of the research process altogether.

Interactionism, as a micro-level approach to research, focuses on the face to face exchanges between people in social settings. Interactionist researchers believe that in order to explain social behaviour one must understand the subjective meanings that people attach to their social circumstances. By emphasizing and

understanding the subjective meanings that people attach to behaviour in small social settings, interactionists are able to present unique and sometimes unpopular viewpoints of deviant subcultures. In turn, this leads to an alternative understanding, which may be the bases for an increase in tolerance of those who are different from others.

This project uses concepts from the interactionist tradition to explore problem gambling as a socially constructed label applied to excessive gamblers. While there is no guiding literature on VLT gambling and stigmatization, I use concepts from the interactionist perspective (i.e., career model, stigmatization, moral entrepreneurs, impression management, identity, master status) to guide the reader through the thesis. Becker (1963) states that deviance results from the imposition of a set of rules that are created by those in positions of power when are then applied to others in an effort to label them as outsiders. Often times, the act itself is not deviant, but the act is sanctioned as an infraction of the rules. Goffman (1963) outlines three types of stigmatization that can discredit an individual's identity: bodily, moral, or tribal. In the case of VLT gambling, moral stigmatization is applied to those who are defined as addicts.

Most deviants go through stages of primary and secondary acts of deviance (Lemert 1951), that results in public labeling and stigmatization that have negative social consequences for the individual. Many deviants come to integrate these negative labels into their self-concept and identities, which leads to them moving

further into deviant behaviour, and choosing to surround themselves with others who share similar experiences and can understand and sympathize with them. The individual finds it difficult to be recognized as anything but a deviant and therefore this label becomes a master status that governs all public interactions. Furthermore, the label becomes a self-fulfilling prophecy in that most deviants believe that they cannot overcome their deviant lifestyles. In an attempt to conceal the negative labels associated with their behaviours, deviants often engage in techniques of impression management whereby they present a different persona in public company, or on the front-stage, with others. Only when they are surrounded by like-minded individuals who share similar experiences are they able to display their true selves.

Tannenbaum (1938) began to explain the process of becoming deviant. Later, the career model (Goffman 1961) has been used extensively in the deviance literature to explain the contingencies and turning points that accompany the life of a deviant from the stages of beginning, maintenance, and departure.

A sociology of gambling (Frey 1984; Aasved 2003) attempts to challenge both traditional and more recent efforts to psychologize gambling that basically treats this behaviour as individual sickness and disease or medicalizes the behaviour (Bergler 1957; Volberg et al, 1996; Ladouceur 1996; Derevensky and Gupta 2004). There is sociological research that challenges the medicalization of other behaviours, but little that examines the medicalization of gambling. One study that is critical of the medicalization of gambling examines horse racing as functional for

society providing a safety valve function for gamblers (Rosecrance 1985). While this may be true for these particular types of betting, the research was conducted before the introduction of electronic forms of gambling. Other studies that problematize the medicalization of gambling, discuss how Gamblers Anonymous groups are able to homogenize experiences by adopting and drawing up medical discourse to explain excessive betting (Preston and Smith 1985; Turner and Saunders; Rossol 2001). Neither of these studies focuses specifically on VLT gambling, nor are they concerned with the stigmatization that accompanies labeling VLT gambling as addiction.

Methodologically, with the exception of Davis (2000), academic studies of VLTs that have incorporated both prolonged observation and in-depth interviews with a small group of participants have rarely been attempted. Much of the Canadian literature on VLT gambling derives largely from secondary data sources, such as, annual household surveys by Statistics Canada (Marshall 2009), which produce only limited information about VLT gambling (i.e., demographics). Other general sources of information about VLTs come from the gambling industry itself (Canadian Gambling Digest 2008-2009), from government policy documents and local media reports (McKenna 2008), from a review of criminal occurrence reports and lottery corporation records (McMullan and Perrier 2003, 2007), and from secondary analysis of previously collected research findings (Smith and Campbell 2007).

1.4 Social Relevance and Policy Implications

An exploratory study of VLTs in this province is an important and timely venture for a number of reasons related to policy development. Firstly, there exists only one major primary research study on VLT play in NL. This study (Davis 2000) represents a different temporal and geographical context, as well as a different conceptual approach to my research. Aside from the sole piece of academic research, government has conducted two gambling prevalence studies in an attempt to gain insight into the gambling situation specific to this province (Market Quest 2005, 2009). Prior to these studies, government relied on data from other Canadian provinces to develop and implement programmes and services for excessive gambling. Relying on data from outside of the province has resulted in some problems related to addressing the needs of VLT players in NL. This lack of impartial academic research has left government policy unchallenged with consequence that gambling has expanded without consideration of the public good. Prevalence studies, funded by government, do little to impartially represent the social cost of gambling (McKenna, 2008: 10-11). In this province, there is no provincial lottery commission or gaming corporation. Control over the operation of VLTs rests in the Department of Finance, who are less interested in the problems associated with gambling, and more attentive to revenue generated from an expanding gambling sector. The responsibility for gambling problems falls within the Department of Health and Community services, leaving two government departments (Finance and

Health) in a conflicted position operating with different interests and goals in mind (MacNeil 2009).

Secondly, the popularity of VLT gambling is reflected in the impressive number of VLT machines in NL, the revenues produced for the government from this type of gambling, and the amount of money that is contributed to government revenues specifically from problem gamblers. With the signs of social problems associated with excessive VLT gambling, government has medicalized excessive betting. By medicalizing excessive betting governments can continue to engage in the gambling markets, without taking social responsibility for the resultant problems. Government funded research (i.e., psychological studies) usually support the assumption that excessive gamblers are to blame for their behaviour, rather than holding the government responsible for its promotion of a harmful type of gambling. Little research has been critical of these state-sponsored programmes.

Thirdly, medical and counseling professionals in the province were trained to address excessive gambling in the same way that they address other addictions. In the upcoming chapters I will explain how and why this is problematic for gamblers, and how programmes have been developed without an adequate understanding of the diverse characteristics of VLT players. Approaching excessive VLT play by mirroring approaches to alcohol and substance abuse is problematic for the gamblers and for the public's understanding of the behaviour. I recommend that a more holistic approach to address VLT problems is needed, and that simply relying

on self-reporting is not the best way to address excessive gambling among the population.

Fourthly, while government is in a contradictory position as both the regulator and beneficiary of gambling in general, and VLTs in particular, it is up to researchers to conduct impartial studies of VLT play. To date few people have questioned VLT gamblers about their opinions and suggestions regarding social policy, prevention measures, and the programmes that seek to regulate and control them. Therefore, there is little feedback from the gamblers themselves about whether the programmes and services, reduction plans, and prevention techniques are beneficial. Through this research, I argue that including VLT gamblers' unique perspective in policy development would encourage a more diverse understanding of their distinct problems in the community and in the workplace.

Moreover, media attention that represents excessive VLT gambling in a negative light has an adverse effect on the players who are subject to the label of 'problem gambler'. Due to the insufficient qualitative data on VLT gamblers in the province, the stigma laden consequences that result from labeling behaviours as addictive are largely not understood. Branding excessive gambling as addiction has resulted in the labeling and silencing of VLT players in NL as they feel they are misunderstood deviants who are negatively judged because of their problem. This study outlines how VLT players are able to manage their deviant identities.

Fifthly, not all gambling is treated equally. Governments eagerly pursued the opportunity to introduce electronic gambling to the province, being attracted to the lucrative revenues produced from this type of gambling. Many provinces have begun to offer online gambling sites to their citizens due to the immense amount of Canadian dollars that are being lost to overseas gambling operations. Faced with a provincial election and a changing economic climate in NL, governments need to be cautious when deciding to introduce new forms of gambling without knowing the long term consequences associated with new forms of betting.

This case study updates the current information base on VLT players in Newfoundland and Labrador, and adds an interactionist perspective to the sociological study of VLT gambling with regard to deviant social status, labeling processes, stigma, and management techniques. It also reviews the effectiveness of the current programmes and services offered in the province. Furthermore, it makes a methodological contribution by obtaining detailed information about VLT players through direct observation of a GA group, and by questioning players about their gaming activity.

1.5 Gamblers Anonymous

This project draws upon observation and interview data with past and present members of Gamblers Anonymous (GA). A local GA group in St. John's was used as a convenience sample of inactive VLT players. GA held its first meeting in Los Angeles, California in 1957. Following the framework of Alcoholics Anonymous

(AA), GA uses the twelve step programme so that members are able to help themselves and others to recover from 'the illness' of compulsive gambling (Rossol, 2001: 320). Two men who were struggling with a gambling obsession formed the group. They found that upon meeting regularly, they could bring about the necessary changes in their behaviour and identities that were needed to cease their excessive gambling. These changes could be accomplished by utilizing the same spiritual principles that AA used to address other compulsive behaviours.

The only requirement for membership in GA is the desire to stop gambling. Similarly to the AA programme, GA uses organizational literature to guide its programme, and to advocate its philosophy about the cessation of excessive gambling (Rudy 1986). Although a central GA organization exists, each chapter can vary substantially from other chapters. Similar to AA, GA groups distribute and discuss various readings, published by the central GA office, during meetings.

1.6 Overview of the Forthcoming Chapters

In the upcoming chapters I discuss the relevant gambling literature, the methodological process utilized for the research, my research findings, and several policy recommendations. Chapter two will provide an overview of Canadian gambling research in general, and VLT research more specifically. Furthermore, I discuss how professional models of gambling have moved from a moral to a medical model of addiction based on the initial and continuing research from the field of

psychology. I will outline the gaps in the literature and the theoretical frameworks used in gambling research to date.

Chapter three will outline the research design and methodology used in this project, the challenges that were encountered when gaining access to a sensitive population, and the demographics of GA members. I also explain why I have chosen NOT to use pseudonyms or other descriptors throughout the thesis. In order to ensure that all identities are concealed I use GA member as a synonymous term to refer to all participants. Chapter Four, discusses how and why the medicalization of gambling is problematic for VLT players. I will describe the public misunderstanding of excessive gambling and how members of GA feel that their compulsion is considered and understood differently from other addictions. Additionally this chapter, based on the career model, will outline the stages of excessive VLT gambling from initial motivations, to managing the habit, to hitting rock bottom. Chapter five will review the treatment services available in the province and the members' experiences with these programmes. Chapter five will also present the mechanisms and strategies used by individuals to cope with their deviant identities, thus enabling them to function in a mainstreamed gambling culture. The final chapter will outline suggestions for public policy revisions and improvement as it pertains to VLT playing. These recommendations will serve to inform responsible gambling initiatives, treatment programmes, and workplace policies. Furthermore, I will outline and suggest future trajectories for gambling research in this province.

Lastly, I remind the reader of the sensitive nature of this research and of the great courage it took for the participants to share their stories. They have trusted that I not misrepresent their trials and tribulations with VLT playing. Therefore, I will conclude this introductory chapter, with the ritual that concluded all GA meetings:

*Whom you see here
What you hear here
When you leave here
Let it stay here*

Chapter Two: The Medicalization of Gambling

"...[the] sinners of yesterday are the problem gamblers of today" (Bernhard 2007:30).

2.1 Introduction

The purpose of this chapter is to use the relevant Canadian literature to: (i) explain the process that accompanied the medicalization of gambling addiction in Canada; (ii) illustrate the dominance of psychological research on gambling in Canada; (iii) explain why government continues to offer gambling that is harmful to Canadians; (iv) review the literature on video lottery terminals in Canada and identify gaps in the existing research, while pointing out which gaps my thesis will address. The literature in this chapter is selective rather than exhaustive as it is related to the analysis of the data collected.

2.2 Evolution of Gambling Law and Regulation in Canada

The main Canadian literature on gambling in Canada has been historical and legalistic in its coverage, emphasizing the developments in Canadian gambling policy in recent decades. With its introduction in 1892, the *Criminal Code of Canada* stipulated that gambling in Canada was prohibited. Despite a prohibition on gambling, Susan Morton (2003), when mapping the evolution of gambling from 1919-1969, explains that Canadians' attitudes towards gambling were ambivalent and citizens showed little protest to betting. Canadians were actively engaged in placing bets and although gambling was officially illegal, it went on and was largely

unreported to police (2003: 5). Canadians' perception of gambling began to shift after World War One, as peoples' ideas surrounding the values of work, family, and faith began to change. As a result of the changing public sentiment, gambling enforcement was relaxed and eventually the *Criminal Code* was amended in response to public lobbying that reflected a movement away from protestant attitudes and values (Cosgrave 2006).

There had been many minor exceptions made to the *Criminal Code* to allow for small scale gambling amongst Canadians after the First World War, and these small legislative changes were crucial to the beginning of decriminalization and the legalization of gambling in 1969. Prior to 1969, government's role in gambling was to ensure compliance with the *Criminal Code* prohibiting illegal gambling, and to preside over horseracing and pure-chance games related to charities, churches, or local fairs and fundraising efforts (Smith and Campbell 2007: 87). As a result of this first major amendment to the *Criminal Code*, authority over gambling was transferred to provincial governments authorizing them to conduct gambling games, such as lotteries, alone or in partnership with other governments. Moreover, provinces now had the authority to allow community-based non-profit organizations to operate gambling under provincial license (Campbell 2009:71).

The decision to finally legalize lotteries and gambling in Canada is largely associated with the need to generate revenue for the 1976 Olympic Games in Montreal. Cosgrave (2009) explains that "[t]he spread of legalized gambling in

Canada (and elsewhere) since the 1960s and 1970s... was instigated by governments as an economic policy solution to the problem of revenue generation, where traditional methods...[were] not viewed as feasible" (Cosgrave 2009: 49). With the decriminalization of gambling, public sentiment towards betting continued to evolve and eventually the public came to view gambling as an acceptable form of leisure and entertainment. To provincial and federal governments in Canada, gambling was regarded as appropriate and necessary way to fund the Canadian welfare state as lucrative profits were being generated from leisurely betting (McMillen 1996).

A second amendment to the Criminal Code occurred in 1985. The 1985 amendment transferred all control of lotteries and other gambling initiatives to provincial governments (Campbell, Hartnagel and Smith 2005:14). The authority to operate gambling provincially did not come without a cost. In the negotiated terms of the 1985 amendment it was agreed that the provincial lottery corporations would make payments to the Government of Canada. According to the agreement, the Government of Canada was entitled to withdraw \$24 million dollars annually (adjusted according to the consumer price index) from each provincial lottery operation (Canadian Gambling Digest 2008-09). Additionally, this amendment made the use of electronic forms of gambling including computer, video, and slot devices legal. All electronic forms of gambling were to be implemented, operated, and controlled by each individual province (Campbell, Hartnagel and Smith 2005:14).

These two Criminal Code amendments have led to changes in Canadian gambling which can be summarized as: (i) a progression from a once illegal to a largely legal sector; (ii) the provinces having more authority over gaming than the federal government; (iii) the introduction of new gaming products including electronic forms; (iv) an expansion that is related to an increased interest in revenues from different key actors (Campbell 2009:71; Campbell, Hartnagel and Smith 2005; Campbell and Smith 1998; Campbell and Smith 2003). Most importantly, the legalization of gambling has resulted in an increased acceptance and participation by Canadians. Actively engaging in the consumption of gambling marks a shift away from the traditional social values tied to the protestant work ethic of saving that once governed Canadians. This shift in attitudes with respect to gambling is indicative of a consumer culture that emphasizes a social and economic morality of spending. The legalization of gambling is linked to broader economic challenges that have required governments to find new sources of revenue generation without resorting to raising taxes (Cosgrave and Klassen 2001:5).

2.3 Unintended Consequences of Gambling Expansion

Despite the provinces embracing gambling, it should be noted that "provincial operational and regulatory structures in regard to gambling differ dramatically across the country...[which is] attributable to varying interpretations of the language of the *Criminal Code*" (Campbell 2009:73). Today, the enforcement of gambling law and legislation in Canada can be quite difficult as it is void of any

overarching regulation. Despite being governed by federal legislation, the operation and regulation of gambling falls within provincial jurisdiction. The language that defines gambling in Canada is considered to be ambiguous and is largely subject to varying interpretations of the legality surrounding play (Smith, Wynne and Hartnagel 2003). Each province can interpret the *Criminal Code* differently, which has resulted in some challenges in relation to who can offer gambling, the types of gambling that can be offered, and the enforcement of existing law.

Firstly, because the *Criminal Code* wording around gambling in Canada is open to interpretation, there have been movements by independent Aboriginal governing bodies to operate their own gambling enterprises, and benefit from the generated revenues. Yale Belanger, in his book, *Gambling with the future: The evolution of aboriginal gaming in Canada* (2006), illustrates that as provincial and state governments in North American began to legalize gambling, Aboriginal governments became interested in the impressive revenues that are generated from gambling. Nowhere in the *Criminal Code* does it prohibit these independent governing bodies from the operation of their own gambling enterprises.

Allowing Aboriginal governments to operate their own gambling has presented new challenges in Canada, in particular with regards to online gambling. The *Criminal Code* does not address the issue of online gaming directly, although it does state that it is illegal to run a betting house or to be found in a betting house. Moreover, the *Criminal Code* does not address the prohibition of virtual gaming.

However, there is a consensus that the law prohibits individuals from gambling on websites in other countries. It is not surprising that Canadians do use the internet for gambling, and while they make bets on sites that are operated outside of Canada, there are sites for betting within the country as well. The Kahnawake Mohawk Territory in Quebec became the first governing body in Canada to permit and offer online gambling. Studies indicate that their particular operation is one of the top three gambling sites amongst Canadians (Rex and Jackson 2009; Wood and Williams 2007) and is a substantial means of generating revenue. Moreover, several provinces (British Columbia, Ontario and Quebec) have followed suit and interpreted the Criminal Code to allow provincial governments to operate and offer online betting to their citizens (Rex and Jackson, 2009).

Online betting is a victimless crime, and is essentially offering a service to a willing clientele resulting in the crime going unreported. The enforcement of gambling related law is diffuse and reactive, meaning that the police respond to the crimes rather than initiating investigations of their own. When the operator is the government who is promoting and marketing gambling and benefiting from the revenues, the law often is not enforced (Clement and Barbrey 2008). Online gambling presents difficult issues for regulation and policing and it appears as though the solution today is to move towards offering online gambling to a willing clientele rather than enforcing the laws against it.

While the unexpected consequences of gambling expansion present unique challenges to governments and enforcement bodies, the most controversial consequence from legalization is that of the problem gambling. Most researchers would agree that one result of an unprecedented accessibility to gambling activities is an increase in the prevalence of individuals who struggle with excessive or problem gambling (Avery and Davis, 2008).

2.4 A Moral Model of Gambling

The attitude towards gambling in Canada today is one whereby placing a bet is regarded as a mode of entertainment and an acceptable form of leisure. However, this approach to gambling as leisure has not always been the sentiment held by Canadians. Historically, gambling in general, and excessive betting in particular, were understood and punished by what today is referred to as a moral model of addiction. Under the moral model it was believed that gambling was unacceptable, wrong, and sinful. In a country largely dominated by the Protestant faith outside of Quebec, gambling was considered "unquestionably immoral and, as such, displeasing to God" (Aasved 2003:6). Gambling ranked amongst the lowest and most degenerate of activities including the consumption of alcohol and prostitution. Those who believed they could seek financial reward from gambling were thought of as disobeying the Puritan values of hard work and thrift (Devereux, 1949). The gambler was subject to judgment as a deviant or an evil, immoral, degenerate and weak person who wanted something for nothing (Preston and Smith 1985). Lesieur

and Custer (1984) explain that in the 19th century, the prevailing view of someone who gambled beyond their means was a moral one that regarded the heavy gambler as a sinner or a criminal.

2.5 Creation of the Problem Gambler

Increasingly in recent years the discourse surrounding excessive gambling has evolved from a moral to a medial discussion. This evolution and shifting in the framework used to explain excessive gambling is known as medicalization. The term medicalization refers to the process whereby certain behaviours become defined as a disease that requires medical attention or intervention (Pfohl 1977; Pitts; 1968; Schneider 1978; Szasz 1970; Zola 1972; Rosecrane 1985). The number of problems that have become defined as medical issues has increased substantially and this has resulted in many social problems being labeled as medical problems and receiving medical treatment regardless of their medical nature (Conrad 1980:3).

Most often the behaviours that are being defined and categorized as medical problems were once considered deviant or morally inept. Conrad and Schneider (1980) in their book *Deviance and Medicalization* use a socio-historical constructionist approach in an attempt to understand and explain the process that accompanies the development and labeling of behaviours as addiction. By medicalizing excessive behaviours, medical intervention is required for treatment of the 'illness'. Medicalization and the subsequent treatment, places the responsibility for the behaviour within the individual rather than seeing the problem as a broader

social condition (Conrad and Schneider 1980: 8). Conrad and Schneider develop a five-stage sequential model that can be applied to a change in definition whereby deviant behaviours come to be defined as medical issues. While Conrad and Schneider apply the medicalization framework to behaviours including homosexuality, alcoholism, mental illness, child abuse, and child hyperactivity, they do not analyze excessive gambling.

Sociologist Brian Castellani (2000) has outlined the process whereby gambling was defined as a medical problem. The medicalization of gambling is largely associated with the relaxed laws and expansion of the gambling sector and a change in discourse around the definition of excessive gambling. The term problem or pathological gambler is a social construction that is linked to the beginning of gambling research being rooted in the field of psychology (Cosgrave 2008:88; Castellani 2000).

Ernst Simmel (1920) and Sigmund Freud (1928) were the first two researchers who attempted to define excessive gambling as something other than a moral or criminal problem. They argued that excessive gambling was the result of oedipal guilt. While others began to support their contention, the argument lacked empirical evidence to support the claims. Edmund Bergler (1957) became the first to make an argument for compulsive gambling based on six characteristics that were prevalent in several of his patients with gambling problems. He believed that gamblers had an underlying desire to lose that led to a self-destructive gambling

pattern. Therefore excessive gamblers were suffering an illness that should be treated medically rather than by moral shaming. In 1957 Bergler published his book *The Psychology of Gambling* that had a substantial impact on the claim that an excessive gambler was suffering from a medical issue. Bergler's book became the authority on gambling for the next two decades and was a building block for the medicalization of gambling. With increasing public awareness of the medical argument, the gambler was no longer viewed as a sinner or deviant but as someone who was suffering from a mental illness (Castellani 2000:27-28).

Despite an increase in public awareness about compulsive gambling as a mental health issue, it was not fully recognized as a health problem until 1980. The full medicalization of gambling did not occur until the American Psychiatric Association (APA) adopted pathological gambling into the Diagnostic Statistical Manual (DSM) third edition (1980). Despite Edmund Bergler being the first to pay significant attention to compulsive gambling behaviours, psychiatrist and moral entrepreneur Robert Custer (1985) along with supporters of the GA movement were fundamental to arguing that pathological gambling be included in the DSM. Custer devoted much of his career to observing and treating problem gamblers in a clinical setting. Although his argument for gambling's inclusion into the DSM was primarily based on observation rather than empirical research, his efforts to recognize excessive gambling as a compulsion were successful and subsequently gained the interest of other researchers to this particular subject.

A pathological gambler (section 312.31 DSM 1994) is defined as someone who exhibits "persistent and recurrent maladaptive gambling behaviour that disrupts personal, family, or vocational pursuits." To be diagnosed as a problem gambler, the person must meet five or more of the ten diagnostic criteria listed below:

1. is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement
3. has repeated unsuccessful efforts to control, cut back, or stop gambling
4. is restless or irritable when attempting to cut down or stop gambling
5. gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
6. after losing money gambling, often returns another day to get even ("chasing" one's losses)
7. lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
9. has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. relies on others to provide money to relieve a desperate financial situation caused by gambling (American Psychiatric Association 1994).

According to the American Psychiatric Association, if someone meets five or more of these criteria, and the gambling behaviour cannot be better explained or diagnosed as a *Manic Episode*, then the individual is a pathological gambler. Today, the concept of a problem gambler has gained recognition in society and excessive gambling is regarded as a social problem. The field of psychology is largely responsible for the process of medicalization (Bergler 1957; Castellani 2000; Collins 1996; Hacking

2004; Lesieur 1977; Lesieur and Blume 1987; Cosgrave 2008:89). Despite the widespread application and use of the medical model to explain excessive gambling, the medicalization of gambling does not go uncontested.

2.6 Challenges to the Medicalization of Gambling

Excessive gambling has long been documented. Fyodor Dostoevsky (1867) in his novel, *The Gambler*, develops the plot based on his own personal experiences with excessive gambling. Despite the history of excessive gambling, it has only recently been labeled as a medical or social problem. To illustrate that many of the immoral behaviours of yesterday have today simply been given new medical meanings, Bernhard (2007) uses a qualitative content analysis to draw a parallel between the criteria utilized in the Diagnostic Statistical Manual to diagnose someone as a pathological gambler and the moral judgments previously used to condemn gambling as sinful. For each criterion outlined by the DSM, Bernhard has cited historical documents to support the same medical claim but through moral language. For example, criterion number one in the manual refers to a gambler who is preoccupied with gambling, while Bernhard (2007) cites Chaplin (1847) who stated that gambling "is a passion that grows upon him. It absorbs every other consideration" (1847: 304). Similarly, criteria number five explains the concept of "chasing" whereby a gambler returns to gambling after losing money in order to recover losses. Again Bernhard (2007) refers to Martin (1856) where it is stated that "he continued to play in hope of recovering himself" (1856: 22). Bernhard is

successful in illustrating that behaviour which today is medically labeled as problem or pathological gambling is not a new social problem, but behaviour that has been around for centuries.

Rossol (2001) is able to illustrate the way in which the Gamblers Anonymous group and its members adopt and emphasize the medical model discourse in their interactions. Rossol focuses on the social construction of reality and the medicalization of deviance, and demonstrate that through group interaction a diverse group of GA members, coming from various backgrounds, develops a homogenized discourse about their experiences based on the medical model. Rossol explains how the label of compulsive gambler is confirmed by the members who conform to and promote the medical label. While Rossol describes the medicalization of gambling through the micro processes of interaction, he focuses less on the consequences of labeling behaviour as addiction and more on the way in which medical terminology is adopted and emphasized in non-medical settings. In fact, Rossol was unable to confirm any emphasis on discourses of stigmatization and shame within the group. One weakness of Rossol's work is that he does not list the types of gambling the participants were struggling with, and so it is difficult to know if his findings apply to excessive VLT gamblers, the focus of this study.

Preston and Smith (1985) also challenge the medical model of addiction applied to gambling. Through observations and interviews with members of both AA and GA they do a comparative analysis of the two programmes. They found that the

recovery rate and commitment of members is much higher for those in the AA programme. They discover that while the two programmes are very similar in the approach to overcoming each of the excessive behaviours, there are substantial differences between the compulsive drinker and the compulsive gambler. Most importantly, these differences are based on the application of the medical model of addiction that implies illness or disease. They explain that the public can understand addiction that involves a physical component and ingestion of a substance, and therefore is willing to accept an explanation of compulsive drinking as an illness. Conversely, excessive gambling does not have a physical component to rely upon when explaining the compulsive behaviour, which results in differing consequences for labeling. Whereas the drinker is somewhat relieved of the responsibility for their behaviour, neutralizing excessive betting is problematic because the addiction is less understood.

These studies that challenge the medicalization of deviance do not analyze the consequences for the individual gambler, who is subject to the ridicule and judgment that is associated with the label of pathological gambler. Most importantly, these studies are not focused on electronic forms of gambling, or VLTs in particular.

2.7 Sociological Research on Problem Gambling

A more recent and dominant trend in Canadian sociological research has been the examination of gambling from a governmentality and governance perspective. These studies illustrate that governments attempt to morally regulate

and socially control gambling among their populations through the creation of responsible gambling programmes and treatment services. The overarching argument is that governments' role in changing gambling from a deviant activity to a leisure pursuit is indicative of regulation (Foucault 1979; Cosgrave and Klassen 2001:4). In other words, governments seek to regulate gambling and problem gambling in an attempt to socially control and govern the gambling behaviour of citizens.

Key to the process of medicalization is first having the power to label and define certain behaviours as addiction, and second having people accept these labels. Medicalizing behaviours such as alcohol and tobacco consumption has been linked to the increased profitability of pharmaceutical companies and corporate actors. When downloading the responsibility of excessive behaviours to the individual, the corporation, or in the case of gambling, the government, is able to legitimately continue in the promotion and marketing of gambling as entertainment. The medicalization of gambling increases profitability for the state by individualizing the responsibility for pathological gambling. Furthermore, by the creation and implementation of preventative and treatment programming the state appears to be actively addressing the issue of excessive betting, and is therefore able to expand and introduce new types of games.

Public resistance to gambling in Canada is largely aimed at one particular type of gambling (VLT) rather than all gambling activity (Cosgrave and Klassen

2001). Today, governments actively engage in the promotion and marketing of gambling as a leisure activity, appearing to be most interested in the pragmatic aspects of gambling as a business venture, which includes revenue generation, policy development and the technical aspects of gaming (Barmaki 2010). Cosgrave (2010) in his article "Embedded Addiction" discusses how gambling markets and the liberalization of gambling have led to the socially constructed problem gambler. He argues that the knowledge produced about problem gambling and the problem gambler is productive for the state. In order for governments to engage in the promotion and marketing of gambling, they must minimize and manage the risk of problem gambling. They appear to be addressing the issue by funding institutions and research projects that can attest to the individualized (physical and psychological) aspects of problem gambling. The research produced from these institutions contributes to the production and creation of the medical concept of the pathological gambler. In turn, governments are able to develop and implement programmes to address the individual aspects associated with problem gambling.

This liberal approach to gambling means that there is promotion and marketing of gambling by the state that considers the choice to gamble being one that is made by the individual consumer. The problem with this approach to the gambling market is that the government takes no responsibility for the excessive gambling on the societal level. Governments invent or socially construct the gambling addict and make addiction to gambling an inevitable reality. By developing

programmes to address the problems and fallout associated with excessive play, grounded in the individual, governments are legitimately able to continue marketing and promoting gambling as an acceptable leisure activity, while proposing and implementing new forms of gambling (i.e., internet betting) (Kingma, 2004).

While these studies are useful for determining how and why governments are able to engage in, promote and market, and introduce new forms of gambling, it does little to examine the micro-aspects associated with labeling behaviours as addictive, or determining what the consequences are for the individuals who are subject to such labels. Some argue that deregulation and rationalization of gambling activities by the state has resulted in the social stigma of the gambler as wasteful, immoral or unproductive and dissipating. However, the newest form of deviance that is associated with gambling is the problem gambler. Therefore the social stigma has not disappeared for gamblers who are branded as pathological gamblers. The state has created and embraced the label without knowing the negative implications that it has on the individuals who are subject to the title.

Cosgrave (2008) in his article, *Goffman Revisited: Action and Character in the Era of Legalized Gambling* uses Goffman's concepts of action and character to explain gambling expansion as an increased access to the consumption of risk. Today, with increased accessibility to gambling, acquiring character manifests itself when the individual is able to attain the desirable trait of responsible gambler. Cosgrave concludes that Goffman's labeling processes are useful to understand how problem

and pathological gambling labels are embedded within institutional powers. These labels are constructed in response to the public demanding that government address problem gambling. While Cosgrave's research utilizes concepts from the sociology of deviance and advocates for micro-level, interactionist analysis, it does not include primary data collection, nor does it focus on VLT players.

Similar to my research, Tepperman (2009) in his book *Betting Their Lives* advocates for a more holistic approach to the prevention and treatment of gambling that includes the social and cultural circumstances of each gambler. Tepperman explains that social relationships have an impact on the problem gambler. Tepperman contributes to the sociology of gambling by offering a unique perspective about the gambler and their relations with their families.

2.8 Video Lottery Terminals: The Crack Cocaine of Gambling

Political Scientist Peter McKenna has conducted the largest study of VLTs to date in Canada. In his book *Terminal Damage* (2008) he maps the political evolution and public policy debates surrounding VLTs in Atlantic Canada, arguing that little has been written on the topic in the region. He suggests that not all gambling is created equally and that the human aspect of gambling and problem gambling is largely left understudied. Throughout the book, he highlights the political process that accompanied the implementation of VLT gambling and the resultant social fallout in each of the four Atlantic Provinces. He indicates that VLT gambling is not associated with any particular political party. He illustrates that despite calls from

the official opposition to eliminate VLT gambling, when the governing party in power has changed they too stand by the need for the revenues that are generated from the games. Echoing other sociological research on gambling and problem gambling, he contends that government itself is addicted to gambling. Despite the appearance that government has moved towards addressing the problem, policies around VLT gambling are more symbolic than realistic.

Smith and Campbell (2007), in their article "Tensions and Contentions", also review the electronic gambling issues that are present in Canada today. They argue that with the legalization of gambling and subsequent introduction of electronic gambling machines to Canada, governments began to use corporate principles to promote and encourage gambling. As a result of the extensive revenues that are generated from electronic forms of gambling, they suggest that governments as organizations have become addicted to the profits generated. While governments introduce responsible gaming programmes and treatment centres for people who struggle with excessive betting, they do very little to address the larger and underlying issue that electronic forms of gambling are harmful to individuals and their families. While this article is an important contribution to an understanding of issues that are resultant from electronic gambling, it is a case study of Alberta. As previously mentioned, different types of gambling are offered in each province, which may result in different situations and issues in each province, making the case for a case-study on VLT usage in Newfoundland and Labrador important.

Li (2007) in her study on female slot machine gambling at casinos in Ontario concluded that female gamblers came from diverse backgrounds and life histories that contributed to their pursuit of electronic gambling. She contends that:

"without listening to female gamblers' stories and understanding their life situations, it is easy to judge their risk-taking gambling behaviour as a fallacy full of wishful thinking and psychological distortion. However, locating these participants' gambling experiences in their personal, relational, and social contexts...the story of their gambling, is the story of their troubled lives" (2007: 633).

The article suggests that relying on quantitative information about electronic gaming contributes to a limited and narrow understanding of the players themselves. Therefore, in an attempt to avoid labeling the victim that is often associated with electronic gaming, the personal circumstances and experiences of players and a contextualized picture of their socioeconomic, historical, cultural and familial backgrounds should be considered (2007: 634).

Fisher's (1993) work offers an insight into the social factors that are associated with fruit machine playing in the United Kingdom (UK). Through observation and interviews with youth in arcades she developed a typology of players that included the logical and rational players with years of experience to the player who had little skill or knowledge and played the games to escape from their daily lives. Therefore, different players took part in the activity for a variety of reasons. From Fisher's research we can conclude that in some cases there is a social environment that accompanies playing the electronic games. While this study is

useful for gaining insight into the world of electronic gaming, drawing comparisons to my research can be difficult because it involved fruit machines, a different kind of electronic gambling not found in Newfoundland. Therefore the demographic, situational, and availability factors are much different. Most importantly, the typology Fisher creates cannot be applied to VLT players because when playing fruit machines a player can actually memorize or learn the reels, which provides an opportunity to master a game. With VLT playing there is no logic applied to how the reels operate.

Dorion and Mazer (2001) conducted qualitative medical health research on VLT gamblers in Nova Scotia. Using an analytical approach that is similar to a career model, they traced the stages of individual VLT players. The involvement stages included: preinvolvement, early involvement, deepening involvement, and ending involvement. This research offers considerable insight into the lives of VLT players. However, it does not employ concepts from the Sociology of Deviance. Furthermore, it does not focus on the stigma-laden consequences of labeling behaviours as addiction or how players cope with the deviant label in their daily interactions

The purpose of Dorion and Mazer's research was to determine whether or not the medical model of addiction was adequate when explaining the experiences of VLT players. They conclude that most players began to play VLTs to fill relational voids in their lives. The research focuses more on the motivation for play and the underlying causes of excessive involvement, which Dorion and Mazer believe are

linked to the underlying relational voids. Most importantly, they challenge the medical model of addiction that focuses on the individual and emphasizes a loss of control or disease. They suggest that knowing and understanding the personal relationships of VLT players using a relational model can be the basis for a much more holistic and beneficial approach to treatment and preventative programming for gambling.

Reade Davis (2000) completed the first academic study on VLTs in the province of Newfoundland and Labrador. Employing an ethnographic methodology he explored the role that VLTs played in the lives of 25 gamblers in the province. Specifically he looks at how the introduction of VLTs into the province coincided with the cod moratorium. Focusing on a rural community, he examines the social and economic impact that the restructuring of the cod fishery had on the individuals and how they used gambling as a way to symbolically resist federal assistance programmes, while finding new ways of relating to each other. Furthermore, Davis (2006) explores how communal spending on VLT gambling was one way the group could engage in the formation of a new collective identity. The group solidarity that was resultant from VLT gambling was considered a positive protest to the federal TAGS programme. However, with the end of the federal assistance and an increased level of play amongst the participants, many were faced with economic hardship if they continued gambling. Government responses to excessive gambling suggested that problem gambling was an individual problem and resulted in negative

discourses that challenged the player's positive view of VLT playing and their new collective identity. With the end of the TAGS programme further challenges to the collective identity surfaced when only a select few were able to enter the snowcrab fishery. Faced with little to no income, many who had been a part of the heavy gambler group had to stop playing, and faced social isolation as a result.

Davis' research indicates that there was a social environment that accompanied playing VLTs in rural Newfoundland, and people became largely dependent on the relationships they formed in this social setting. My research, conducted in an urban setting, stands in stark contrast to the social environment that was found in the rural context. Furthermore, at the time of his research Davis found that when players faced financial issues they began to accept the medicalized discourse promoted by government and in turn used it to explain why they were no longer gambling. Buying into the medicalization of gambling meant that those who adhered to the medical discourse surrounding problem gambling were representing VLT gambling as something negative. This negative orientation to VLT playing was different from the initial positive meanings associated with collectively resisting government training and relocation programmes. Social relationships between inactive and active players were difficult as they were unable to identify with one another.

While Davis' research offers an initial insight into VLT gambling in the province, it takes place in a different temporal and geographical context than my

research. Furthermore, his research relies on concepts from the sociology of work, anthropology and community rather than focusing on concepts from the sociology of deviance. Today, over ten years after this initial research and in an urban setting, we see how people embrace the concept of addiction when explaining their excessive gambling. What is missing from our understanding are the consequences for those players who embrace the gambling addiction label and the consequences for the individual subject to the stigma of being defined as a problem gambler.

2.9 Summary

This chapter has reviewed the historical research that maps the development of leisure gambling in Canada. Relaxed surveillance and enforcement of gambling law resulted in amendments to the *Criminal Code*. These legal changes resulted in a rapid expansion of gambling in this country and the consequences of such a sudden growth were not always anticipated. The societal perception of gambling prior to the criminal code amendments was a moral one, whereby the gambler was viewed as an immoral and sinning character. There have been several sociological studies completed regarding the social fallout associated with increased accessibility that include, but are not limited to, gambling related crime, increase in youth gambling, operation of gambling by aboriginal governments, and online betting. While all of these circumstances present unique challenges to governments as operator and regulator of gambling enterprises, no issue has received attention or created public outcry like the issue of excessive gambling.

Through the medicalization of gambling, it becomes evident that as middle class citizens began to take part in gambling as leisure, the problems associated with habitual gambling became more pronounced. Governments rely on the revenues generated from gambling and rather than address the larger societal issue that accompanies increased access to betting, but have implemented treatment programmes. These programmes, largely based on psychological research, individualize the gambling problem and focus on the personal psychological or physiological problems in each player.

Sociological research challenges the medicalization of gambling, contending that the creation of the problem gambler allows governments to govern gambling citizens, continue to take part in the gambling enterprise, and expand its market by introducing new types of gambling. By implementing prevention and treatment programmes specific to addressing problem gambling, governments are able to create an illusion whereby the public assumes they are addressing the issue. Of particular contention in Canada are the problems that are associated with VLT playing, especially when the statistics indicate that the majority of gambling revenue is derived from this particular type of electronic gambling.

In the next chapter I describe the methodology used in my own research on VLT gambling in this province. I also outline the ethical challenges and limitations to conducting research on a sensitive and vulnerable population.

Chapter Three: Methodology and Research Design

"...I contend that in sensitive studies research ethics must go beyond the simple avoidance of research covertness to a mindful consideration of the well-being of marginalized individuals and communities being studied because as researchers, not only should we aim to uncover and interpret the voices, but also to understand the silence" (Li 2008:112).

3.1 Introduction

This study is a qualitative inquiry into the lives of inactive (no longer gambling) VLT players. The study is based on the observation of a local Gamblers Anonymous group, and interviews with 12 of its past and present members. This chapter will discuss the methodological approach used and the challenges encountered while doing fieldwork. Similar to most of the participants in my study, I cannot pinpoint exactly when my interest in gambling came about. I had worked periodically as a bartender while completing my undergraduate degree. It was while working at the bar that I was first introduced to VLT play. Somewhat young and naïve, I never thought about the impact VLT machines might have on individuals, their lives, and their families. Gambling was often a conversation piece amongst bar patrons. They would question a player who was cashing in a winning ticket, about putting their money in a machine. Although I seldom thought about VLT machines or players outside of work, I also engaged in these conversations. During a Sociology of Gambling course it became apparent to me that research on gambling in Newfoundland and Labrador (NL) in general, and on VLTs in particular, was limited.

A case study of VLT gambling would fill an important knowledge gap, and make for an interesting and worthwhile thesis topic.

In this chapter I will outline the selection of qualitative methods used in my research, the challenges in locating participants, being denied access to one research group, the observation and semi-structured interviewing processes, the participants' demographical profile, and the ethical considerations involved in this project.

3.2 Qualitative Approach

Excessive or problem gambling is characterized by an unspoken secrecy and stigma, and it remains a sensitive topic most people choose not to talk about. Many fear the risk of exposure and negative judgment that comes along with sharing their gambling experiences. This level of sensitivity makes it difficult for researchers to conduct qualitative studies on this type of gambling, and has resulted in the social context of problem gambling being left under-studied. Psychology and medical science dominate gambling research because of these fields' preference for quantitative research designs. Problem gamblers can easily hide their identities behind a survey or questionnaire. While quantitative information is useful for understanding the breadth of problem gambling, the social reality and personal experiences of individuals are often ignored (Li, 2008).

The questions guiding this study require flexible research methodologies that allow for interaction with individuals in their social settings so as to gain an understanding of what was happening in the field, opportunities to follow up from

earlier conversations and interviews, and the flexibility to follow new ideas and issues as they emerge from the research process (Boeije, 2010, 11). Qualitative methods, including semi-structured interviews and observation, were selected to enable such adaptability. Observation is a useful data collection method as it can provide detailed descriptions and information about a social phenomenon that would be difficult to gather from any other research method. It allows the researcher to observe participants in their natural setting rather than relying on what they say they do in their everyday life (Li, 2008). A semi-structured interview is a data collection technique that will allow the researcher to engage in an interview that is focused on a particular subject, while encouraging the participants to openly and freely express their thoughts, opinions, and ideas outside of the confines of the interview schedule (Boeije, 2010, 62-63).

I chose to use a grounded theory approach to research (Glaser and Strauss 1967). The sociological literature on VLT gambling in the province was so scarce that I was not able to formulate a hypothesis for testing. Therefore by using induction I would be able to explore the data until it cumulated into a theoretical model that I could use for analysis.

3.3 Challenges to Gaining Access

This research project had been in the making for several years. During a Sociology internship that involved doing research for the John Howard Society (JHS), I found myself at the Addiction Services library looking for information on offender

treatment and rehabilitation programmes. While discussing the topic and possible research with the librarian, we spoke about my interest in conducting a study of VLT playing in the province. The librarian suggested to me that if I was interested in doing such a study I should get in contact with one of Eastern Health's Addictions Services Counselors for gambling, Mr. Gary Parsons.

Gary and I met that same semester (Winter 2009) to explore the types of research that would be worth doing in the province. He reinforced the importance of getting a VLT specific project underway and was willing to introduce me to several of his clients whom he knew would be interested in participating in such a study. We also explored the idea of me assuming the role of observer in his group counseling sessions with gamblers. Most of his clients in these sessions struggle with VLT play.

In the Fall of 2010 I was granted ethical approval from Memorial University's Interdisciplinary Committee on Ethics in Human Research (ICHER) for my research proposal thus allowing me to get the project started (See Appendix A). I contacted the gambling counselor and arranged a meeting to discuss the research design and methodology for the project. During the Fall semester of 2010 I was hoping to have the opportunity to attend the upcoming Eastern Health Addiction Services group counseling sessions for gambling addiction. The group was scheduled to begin at the end of September 2010. However, before I could observe the group I had to first acquire ethical approval from Eastern Health and second I needed unanimous permission from the members to attend the group sessions. Eastern Health had a

two-step ethical review process. First, I had to submit an application to the Human Investigation Committee (HIC) quoting the ICEHR approval number for the study. Once the application was reviewed by the HIC, the second step required review by the Research Proposal Approval Centre (RPAC). I was granted permission from RPAC on September 14, 2010 (See Appendix B).

During the initial conversations with Gary Parsons I had misunderstood that the programming offered by Gamblers Anonymous and Addiction Services of Eastern Health were synonymous; however, this is not the case. Gamblers Anonymous is a support group run by volunteers, whereas Addiction Services is a group therapy or counseling session that is run by Eastern Health and facilitated by professional addiction counselors. While waiting for the group sessions to start at the end of September, Gary suggested that I get in contact with the co-chairs of a local Gamblers Anonymous group. Based on his relationship with these people he believed they would also be interested in participating in the research.

I contacted one of the chairs of Gamblers Anonymous to explain who I was, what I was doing, and why I was calling. It was suggested that we meet at a local coffee shop later in the week to discuss the project in more detail and the possibility of my involvement with the organization. The two chairpersons and myself met several days later at the coffee shop. We discussed the focus of my research project, the possibility of me acting as an observer at the Gamblers Anonymous meetings, and possibly carrying out individual interviews with members of the group. They

agreed to present my research proposal to the group and together with the other members, discuss allowing me to attend the meetings as well as ways in which I might conduct my research. If the members were in agreement, I would be welcome to sit in on the next meeting. I received a phone call the next day confirming that I would be permitted to take part in the meetings and could begin attending that Thursday night, September 2, 2010.

When I began this research I wanted to have two groups of participants, an active group and an inactive group. The active group would consist of people currently playing VLTs and would require that I observe them while playing in VLT establishments. The inactive group (i.e., Gamblers Anonymous, Addiction Services) would be those who had played VLTs in the past but were no longer playing. I wanted to be able to research how and why some players get labeled as addicts while others do not. However, I chose not to pursue the first group for a number of reasons. First, the amount of time involved in gaining access to players would be difficult. The gambling counselor cautioned me against embarking on this task, as a social gaming environment did not exist for this type of gambling. This meant that locating players who would be willing to talk to me while gambling would be near impossible as conversation amongst VLT players is minimal. Second, when speaking with the chairpersons of Gamblers Anonymous they became concerned about my well-being if I were to begin VLT gambling. While their concern was not enough to deter me from playing for research purposes, gaining access to a gambling site and

participants proved to be difficult and time consuming. Ultimately, out of respect for my participants and a group whose mandate it was to discourage gambling, I chose to refrain from playing VLTs myself.

3.3.1 Access Denied

I was invited to attend the Eastern Health Addiction Services group counseling for gambling by Gary Parsons, which occurred after I had received ethical approval from Eastern Health (see Appendix B) and the group had been established under Gary's direction. Group meetings had been postponed from late September to late October. I was permitted to present my research plan to the group two weeks after the group had been established. Gary and I met one evening before the group session and he explained that in order to be permitted to observe the group sessions, all members of the group would have to unanimously consent to my presence at the meetings.

I met with the Eastern Health Addiction Services group on November 1, 2010. I presented my research methodology and design and answered the questions and concerns raised. After a lengthy discussion with participants the group decided that I was not permitted to observe their meeting. However, I was invited to leave my contact information for individuals willing to do an interview. Being denied access to this group was a frustrating experience for me as a researcher. Members explained that they were fearful of possible media coverage of the research, and despite my reassurances that no identifying characteristics would be used in the thesis or

report, the possibility of public exposure deterred them from participation. Some thought that another member might identify them to someone in the public and expose their addiction. This concern was warranted, because although I could guarantee confidentiality, the research setting was a group counseling session so that guaranteeing full anonymity in a group that involved a small and local population of ex-gamblers was not possible. It was ironic that I wanted to study the stigmatization felt by VLT players, but that very fear of stigmatization denied me the opportunity to research this particular group.

The Addiction Services group expressed frustration with a government that did little to help those with VLT gambling problems and they felt programming in the province was inadequate. I tried to explain that there had been no non-governmental studies done on VLTs in roughly ten years, and that their participation in this research could be the first step to changing the government's approach to VLT problem gamblers. My attempts fell short and half the group voted against allowing me to observe their meetings. While this was a setback to my research plans, I had been observing the GA group for several weeks and was well aware of the concerns members had about the research project. Although I believed I had addressed the concerns of participants and reassured them that their stories and information would not be used maliciously, my attempts fell short with the Eastern Health Addiction Services group.

Although I was unable to observe the Eastern Health Addiction Services group, two members did contact me and provided interviews for the study. These members had been involved in Gamblers Anonymous groups in the past several years, which made them eligible for my research plan on past and present members of GA. We discussed their discontent with others in the Eastern Health Addiction Services group not allowing me to observe the meetings as a part of my research. They explained that the Eastern Health Addiction Services group itself was newly formed and the clients were not entirely comfortable with each other, and they had not established trust amongst themselves. I was able to gain some insight into the operations of the Eastern Health Addiction Services group from conversations with Gary Parsons and the group members who participated in my research, with their consent, as individuals.

3.4 Sampling and Data Collection Methods

Any research method chosen by a researcher will have strengths and weaknesses. To ensure that the research is not exclusively dependent upon a single source of information, investigators attempt to verify their data collection by using several different research methods that test the same research question(s) (Maxfield & Babbie, 94-95, 2001). Three data collection methods were used to collect findings for the project. These methods included (1) an observation of a Gamblers Anonymous group in St. John's, Newfoundland; (2) semi-structured interviews with

past and present members of the Gamblers Anonymous group and the addictions counselor for gambling; (3) analysis of secondary documents.

3.4.1 Observation

I assumed the role of observer at Gamblers Anonymous meetings, once a week on Monday nights. Observation occurred from September 2, 2010 to November 22, 2010 over a period of thirteen weeks. This involved observing a core group of six people, four men and two women. As an observer I identified myself as a researcher within the research setting. I did not contribute to the formal discussions that were a part of the meetings because I had not experienced problems with excessive VLT gambling. This required that I seek and obtain permission of the members of the organization (Palys & Atchison, 2008, 206-207). There were some interruptions to observation within that thirteen-week period (i.e., researcher illness, low attendance at meetings), which resulted in my having observed the group eleven times. It was never the case that I showed up at the research location and there was nobody there. If there was a low number in attendance the formal meeting would be canceled, but the members would have an informal check-in with one another in the parking lot.

The typical scenario was that I would meet the regular attendees in the local church parking lot. The first and the eighth meeting I attended were on a Thursday night. Outside of those two times, I attended meetings only on Monday evenings. I chose only to attend on Monday evenings so that any member who chose not to

participate in the project could attend Thursday night without me being present. The two Thursday evenings I did attend were because I was invited to do so by the members.

My observation began in the parking lot as the members and I engaged in informal conversation. At this time, I was introduced to any members who were new to the group or who were returning but whom I had not yet met. The group members form an informal social network with each other outside of the meetings, so new participants had been notified that I would be observing. When I was introduced to members, there was an informal discussion about the research project. When we proceeded to the room where the meetings were held, I gave the new member a consent form to sign for the purpose of my observation, and I would also read an oral script at the beginning of the meeting (See Appendix C & D). Following this brief introduction, the members (new and old) had the opportunity to ask me questions or to express their approval or disapproval of my being there. I would give new members a card with my name, department, and contact information in case they had follow-up questions or concerns. If all group members were in agreement with me being allowed to observe, then I would stay and the meeting would proceed.

Hand written notes were recorded that consisted of observations of the group. While on many occasions significant information was shared during the informal meetings outside of the group sessions (i.e., in the parking lot), I chose not

to record notes while in this setting. It was the norm that whatever significant issues were discussed outside were brought to the attention of the group by individual members once inside at the formal meeting. Therefore, notes were only taken about discussions and disclosures from the formal GA meetings. Notes on the group consisted of descriptions of the structure and format of the meetings, disclosures made by individual members, and group discussion. Observation of the group was used for the purposes of understanding the group dynamic, recording the organization and operation of the meetings, locating individuals with whom to conduct later semi-structured interviews, and developing an interview schedule.

3.4.2 Semi Structured Interviews

According to Morse and Field (1996), when selecting a sample and setting for research, one should use the principle of maximization – a location where the social phenomenon is most strongly represented is where a researcher will learn the most about their topic (Boeijs, 2010, 34-35). Based on my target population of problem and inactive VLT gamblers, Gamblers Anonymous was a logical choice for a research setting. Two complimentary sampling techniques were used in the study; non-probability purposive sampling and snowball sampling.

First, a non-probability, purposive sample consisting of current members of Gamblers Anonymous was assembled. Purposive sampling involves intentionally seeking out participants because they meet a criterion for inclusion in the study (Palys & Atchison, 2008, 124). Snowball sampling was used as a second technique to

access inactive players who were previous members of the Gamblers Anonymous programme. Snowball sampling begins by engaging with one or two people and then asking that they use their connections to identify others who met relevant criteria and who might be willing to participate in the study (Maxfield & Babbie, 2009, 165). Excessive VLT gambling is considered a deviant practice and results in people being reluctant to speak openly about their experiences. Snowball sampling can be a useful technique to use when attempting to gain access to deviant populations (Palys & Atchison, 2008, 126). One key informant of the group contacted and introduced me to other past members of Gamblers Anonymous, while other members were recruited from the Eastern Health Addiction Services group for gamblers, and the professor of a Sociology of Gambling course where a student approached him about an interest in participating in such a study.

After seven weeks of observation (October 11, 2010), I presented members with the option of signing up for an individual interview and I distributed an interview sign-up sheet. I chose this date because it was the halfway point in my observations and because it was a holiday (Thanksgiving), resulting in a high member turnout to the meeting (7). Participants were asked to write their phone number on the sign-up sheet so I could call and arrange a location for the interview. If participants were not comfortable with leaving their number, we decided on an interview location verbally at the meetings. I circulated the sign-up sheet for three consecutive weeks. Participants I had been put in contact with through snowball

sampling arranged their interviews either via email or telephone. I referred to the sign-up sheet when planning interviews with past members to ensure that there were no scheduling conflicts. Five members signed up for interviews.

3.4.3 Interview Guide

Semi-structured interviewing is an interaction between the interviewer and the respondent that mimics a conversation. Generally, the interviewer has planned the path of inquiry, but does not adhere to a rigid set of questions that unfold in a particular order (Babbie & Benaquisto, 2002, 332). When conducting interviews I made sure to explain to the participants that the process was very informal and more like a conversation. I explained that I had a list of questions that I wanted to cover, but we were not limited to that list. I told participants they could refuse to answer any of the questions I asked them if they did not feel comfortable with revealing certain information. I began the interview process by asking for demographic information. I found this to be a useful exercise in getting comfortable with the participant, especially because half of the participants had not been attending GA group meetings and the interview was only our second interaction.

Although I began the interviewing process with a pre-determined list of questions, I was willing to add more questions to the interview schedule based on the flow of the conversation. The first interview I conducted was with a member from the GA group. While I obtained a significant amount of information from this participant, I was immediately aware of the fact that I had become acquainted with

the participant through Monday meetings. I realized that this familiarity would not be present in the case of participants acquired through snowball sampling.

Therefore in the second interview, which was with a past member of GA, I changed the first question in the interview schedule. Initially the question read: *What were your initial motivations for VLT gambling?* I changed the question and asked that participants tell me their story that led to their excessive involvement with VLTs, and to reveal as much or as little as they were comfortable with sharing. I believe this approach put many of the participants at ease. Also, it was a useful interviewing technique because quite often the participants, through telling their stories, touched on many of the other questions in the interview guide. Some of the other questions that were a part of the initial interview guide included:

- What did it feel like to play VLTs?
- Can you describe the social environment associated with VLT playing?
- Were there any positive or negative consequences as a result of play?
- How did others react to your VLT playing?
- Did you experience any embarrassment as a result of VLT play?
- How were you making it okay to gamble excessively?
- How did you first become involved in the GA meetings?
- Describe how, if at all, the GA meetings have been helpful?
- How do you cope with being a compulsive gambler daily?
- How do you feel peoples' reactions towards gamblers differ from other addictions?

As I became more comfortable with interviewing, I was able to engage in a conversation with participants more. As a result of my improved ability to probe participants, there were questions that were added to the interview schedule:

- Why do you think VLT players are reluctant to reveal their gambling habit?
- Why do you prefer Gamblers Anonymous over Addiction Services, or vice versa?
- Has the reduction plan on VLT gambling, imposed in 2005, been helpful at all? How?

Participants were asked at the end of the interview if they had anything else they would like to add to their replies, or if they had any questions about the interview process. Allowing participants this opportunity often meant that there was a discussion about the importance of this type of research for people in the province. The information from these discussions is in the conclusion as it is important for the development and direction of future research projects on gambling in the province.

The interviews were conducted in several different locations that were chosen by the participants themselves. These locations included my office on campus, the office of the participant, participants' homes, at the GA meeting room, and in my car. An abnormally warm Fall assisted in conducting interviews in my car, which was helpful as most members who opted for this location were smokers. Being able to do the interview in a location where they could smoke allowed for an uninterrupted interview. The interviews ranged in length from thirty minutes to two hours, with the majority (8) lasting roughly one hour and thirty minutes. All members agreed to have the interview digitally recorded. I took my laptop to all interviews so I could use a programme on my computer to do the recordings. There was an informal conversation before and after the interview that was not digitally recorded, but I did take hand written notes in the immediate post-interview period.

3.4.4 Secondary Sources

Various secondary documents were utilized in the research including: the Canadian Gambling Digest, Atlantic Lotto Corporation Reports, Statistics Canada Fact Sheets, the Newfoundland and Labrador Gambling Prevalence Study, Gamblers Anonymous pamphlets, and media coverage.

First, *The Canadian Gambling Digest* and *Statistics Canada* fact sheets were used to obtain statistical information about the prevalence of gambling in the country (i.e., types of games, rates of play), and the substantial revenues generated from gambling in Canada. These secondary sources were also used to provide evidence of the expansion and mainstreaming of legalized gambling in Canada.

Annual reports from the *Atlantic Lottery Corporation* and the *Newfoundland and Labrador Gambling Prevalence Study* provided information about the provincial break down of gambling and the provincial revenues extracted from gambling expenditures. More specifically, the *Newfoundland and Labrador Gambling Prevalence Study* produced data about the demographic characteristics (i.e., the gender, age, ethnicity, and income) of gamblers in the province, and in particular of VLT players. This information provided insight into the demographics that I could expect to encounter in my study, and aided in the development of the demographic section of the interview schedule.

I was provided with Gamblers Anonymous pamphlets, which assisted in my understanding of the programme, its mandate, its operation, its philosophical

approach to recovery, and the history of Gamblers Anonymous. Finally, media coverage in the province has illustrated that the public perceives VLTs to be, "the ultimate game of chance" (Kelly, 2010), the "crack cocaine" of gambling (Collins, 2005), "unethical" (CBC, 2010a), and "the most harmful form of gambling" (LaRoque, 2004). These and other news stories provided a useful point of reference when participants alluded to negative media coverage of VLT gambling by news reporters in the province.

3.5 Demographic Characteristics of Sample

While I would like to present the reader with biographies of my participants, they were promised confidentiality as a condition of their agreement to participate in the study. The risk of their being identified by a biographical profile is too great. Therefore providing such details about their lives is not possible (See Table 1, Appendix E, for a summary of the characteristics of the sample). There were 12 members interviewed for this project, seven (58%) were men and five (42%) were women. The participants were either current members or had been past members of Gamblers Anonymous. Six (50%) of the participants were current members of the programme and were a part of the observation component of the research, while six others (50%) were past members of Gamblers Anonymous and were not part of the observation group.

The members had various degrees of involvement in Gamblers Anonymous ranging from more than five years to three months or less. The number of years

spent gambling ranged from fourteen to three. Many had been gambling free for periods of time, but have had slips along the way. At the time of the project, my participants had accumulated recovery time that ranged from periods of three weeks to five years (See Table 1, Appendix E – Length of time gambling free).

Three (25%) members of the group had less than a high school education, two (16%) had a high school diploma, five (42%) had completed trade school or had a university certificate, one (8%) held a bachelor's degree, and one (8%) held a masters degree. It was the decision of my participants that I would not be permitted to identify their occupations. However, I can report that two (16%) were retired, eight (66%) were working in full time positions, one (8%) was working part time, and one (8%) was unemployed but looking for employment. The income levels ranged from \$15,000 to \$130,000 annually.

Participants ranged from 37-66 years of age. Eleven of the twelve participants self-identified as being Caucasian and one participant identified as being Aboriginal. Two (16%) of my participants were single, five (45%) were currently married, three (25%) were separated, one (8%) was divorced, and one (8%) was in a long-term relationship. Nine (75%) of the participants had children. All but one of the participants were from the St. John's area. The sole rural participant would drive over an hour each way for the Monday night meeting.

3.6 Data Management and Analysis

Hand written notes were taken during the GA meetings, and then typed into field notes in the hours following the meeting. I made certain to take analytic memos during the writing of field notes, so that coding of themes and concepts was an ongoing process throughout the interview process (Neuman, 2007, 334). The analytical memos assisted in the development of the interview schedule and coding of interview transcripts.

I conducted and transcribed all interviews myself. The transcription occurred between interviews with other participants. This allowed me to reflect upon and improve my interview skills as the interview process was going on. Once all interviews were transcribed, participants were asked to read and verify the transcripts of their interview. I advised participants to make changes to any of the information in the transcript, but requested that they not change the language used, as I wanted to represent them and their voice as accurately as possible.

When the transcription process was complete, I began carefully reading through the interview data. The interview notes were coded in three stages. The first or open coding stage involved a preliminary reading of the transcripts whereby I highlighted key disclosures. These key pieces of information were given an accompanying label or code (i.e., embarrassment, gambling environment, societal reactions). The second stage, typically referred to as axial coding, involved re-reading the transcripts, creating additional codes, and combining existing codes to

create key concepts identified in the data. Before beginning the third stage of coding, I reviewed the literature on gambling described in Chapter 2. During the selective coding stage, I organized the existing concepts and themes from the previous coding stages (Neuman, 2007, 334-336).

3.7 Ethical considerations

Gaining access to participants for this research was a daunting task. My efforts resulted in meeting and speaking informally with fifteen people. Only 12 of those people agreed to an interview. After listening to the concerns from the Eastern Health Addiction Services group about anonymity I, as well as some of my participants in Gamblers Anonymous, felt that simply using a pseudonym would not be sufficient to protect the identity of my participants. This is particularly evident when one considers that many of my participants are involved in common support groups or counseling groups, where others in those settings, though not involved in this research, would easily be able to identify a participant if details of their individual characteristics, such as their age and occupation were revealed (Lofland & Lofland, 1984, 29). After a discussion with participants it was decided that it was in their best interest to simply refer to any individual simply as participant or member throughout the thesis, rather than using any specific descriptor when referring to an individual.

When conducting interviews, I had to ensure that participants were fully informed and that they consented to the process. In an attempt to ease any concerns

brought to my attention by participants, I put additional safeguards in place to address their concerns. One of the concerns was that we lived in a relatively small city and the likelihood of members encountering each other or myself outside of the research setting was high. I assured my participants that I would not approach them in public. However if they were comfortable and wished to approach me they were more than welcome to do so.

Furthermore, I agreed that if we did have a public exchange, I would not address them by name in case the name they used at the meetings was fictitious. I also assured them that the voice recordings, although stored on my password locked computer, would be manipulated so that their voices would become unrecognizable even to myself as the researcher. All participants had the option of reading and revising their interview transcripts. Many expressed concern when signing consent forms that I would know their first and last names. Therefore I permitted the participants to sign their first name and last initial on all necessary forms. In hindsight, making a case to ICEHR for permission to use verbal consent would have been a much more effective approach to gaining participant permission. I also assured participants that if at any time they felt mistreated by me as a researcher, or if they were no longer interested in being a part of the research, they could exit without question, and upon their request I would return to the participants any information I had collected about them as individuals.

From the moment of my initial contact with research participants it was important that I address all of their concerns. As an observer it was easy to engage in an ongoing discussion about the research process, and to communicate with the group and other members about their concerns and how I would address them. Interestingly, I was invited by the group to return to a meeting two-months after exiting the field. At this meeting I provided a timeline for the project and an outline of the thesis chapters. I presented the group with a token of my appreciation (a pad of paper, photocopied booklets of the programme readings, and a package of pens) for allowing me to observe their group for several months. The members invited me to attend the meetings again in the future, but expressed that they hoped it was for the purposes of research and not because I was struggling with compulsive gambling. Some also expressed interest in being involved in future research if I decided to pursue another project. I have maintained contact with some participants via email.

During the writing of the thesis I was contacted by a third member of the Eastern Health Addiction Services group. Although I was busy writing and reluctant to return to collecting data, I did not want to deny any individual interested in telling their story the opportunity to do so. After consulting my supervisory committee, it was decided that I should meet with the participant without the intention of collecting more data, but to use it as an exercise in truth grounding. This meeting was beneficial to ensure that I was on the right path with my data analysis.

3.8 Summary

In conclusion, VLT playing in NL is characterized by secrecy and stigma, making it difficult to conduct qualitative research on this type of gambling. Most of the problem gambling research in Canada comes from the fields of psychology and medical science as their preferred quantitative research designs assist in the concealment of gambler identities. Qualitative methods, however, offer insight into the lives of VLT players and their unique experiences with stigmatization. Conducting qualitative research on deviant subcultures can be challenging, and I experienced firsthand the limitations to access when being denied observation privileges with the Eastern Health Addiction Services group for gamblers. Through observations of a local Gamblers Anonymous group and the use of a convenience sample and snowball sampling, I was able to locate and interview twelve participants. Throughout the interviewing process, I began to transcribe, reflect upon, and improve my interviewing skills.

A semi structured interview schedule allowed for the inclusion of questions by the researcher as the project progressed, but also allowed for individuals to speak about issues important to them. During interviews with participants, I continued to observe GA meetings. It was discussed amongst members that the use of pseudonyms would not be sufficient enough to protect their identities. GA has a small and local population of members, and those people no longer attending might be able to identify the current members if particular information about the

individuals were included in the write up. The participants agreed upon the release of the demographic information that was included in this chapter. I transcribed and coded all of the interviews by myself. The coding was a three stage process that involved identifying key concepts and then applying and relating these concepts to the research goals. Finally, I have highlighted some of the important ethical considerations that were brought to my attention throughout the project that could be useful for other researchers who would like to pursue a study on this type of gambling in the future.

Chapter Four

Gambling as Addiction: The Stages of Play

"While in broad terms gambling activities may appear to be morally unconstrained, this does not mean that morality disappears; the social organizational requirements of continuity and morale persist. In a climate of ubiquitous gambling opportunities the gambler must face the consequentiality of gambling...the risk of moral stigmatization arises, not in terms of the involvement in the activity itself, but in terms of the consequences of excessive involvement" (Cosgrave 2008:9).

4.1 Introduction

In this chapter I present my research findings. I organize the chapter based on the career model. The career model is often used in studies of deviance to illustrate a person's progression through stages of involvement with deviance. I begin the chapter by describing how moral entrepreneurs and the media have contributed to a negative view of VLT players that has resulted in the stigmatization of gamblers as a group. I explore the inadequacies in the medical model of excessive gambling and the negative label associated with VLT gambling as addiction. I illustrate the environment in which gambling took place and the negative stereotypes of VLT gamblers. I explore the phases of excessive VLT gambling, beginning with the initial motivations for playing, then how they managed and prolonged their excessive VLT involvement through to securing access to the money and the time with which to play. The stigmatization experienced in the gambling environment causes players to retreat further into gambling and rationalizing their behaviour as legitimate. I end the chapter by describing members' experiences of

reaching rock bottom where they were no longer able to financially or emotionally continue gambling.

4.2 Moral Entrepreneurs and Unintended Consequences

Labeling theorists are interested in how awareness is generated about specific issues through moral enterprise. In 1980, the American Psychological Association adopted pathological gambling into its third edition of the DSM beginning the moral enterprise around excessive gambling. Awareness of particular issues with excessive gambling was brought forth and promoted by moral entrepreneurs like Robert Custer and other members of the GA movement. They anticipated that excessive betting would be viewed as an acceptable illness upon its inclusion into the DSM (Preston & Smith, 1985). As Talcott Parsons (1951) suggested with his concept of the sick role, in general, those who are labeled as sick in society are not held morally responsible for their illnesses. Following this logic, moral entrepreneurs believed that if gambling was labeled as a disease, excessive gamblers would be able to absolve themselves partially of the guilt or responsibility associated with their misdeeds.

VLT gambling in NL is covered by the media in waves as a result of moral entrepreneurs who wish to bring attention to the issue. Particularly, in Newfoundland and Labrador, there has been one highly publicized story about a young woman, Susan Piercey, who committed suicide after years of struggling with VLT gambling. Her parents are often featured in news stories about habitual VLT

gambling, and have in ways become moral entrepreneurs by explaining the negative aspects of VLT playing that their daughter experienced (i.e., lying, theft). Last year before the provincial budget, businessman and moral entrepreneur Rick Fifield made a presentation to government about the harms associated with excessive VLT playing by featuring different cases of VLT players. This presentation received considerable media attention. While the intention of media coverage is often to bring attention to the issue, an unintended consequence of moral enterprise and media coverage is that the public formulates a negative perception of VLT players because of how they acquire finances for gambling. This negative perception comes to dominate daily interactions and conversations about VLT gambling amongst non-gamblers. Through these discourses GA members become aware of how their peers and members of the public feel about VLT playing.

Proponents of the medical model hoped that gambling would be viewed as a disease, similar to the way in which alcoholism is regarded as an illness. However, the moral stigmatization that accompanies the label of pathological gambler has not resulted in the same acceptance for excessive gambling as an illness as excessive drinking. As Preston and Smith (1985) point out, the AA programme places great emphasis on the physical consequences of the consumption of alcohol (1985: 102), and makes use of a legitimating model of addiction. Mead (1934) and Parsons (1951) explain that society is much more willing and able to accept an excessive behaviour as addiction when there is a physical component that can be used to

explain the dependency. As a result of the physical dependency involved in alcoholism, the medical model can be utilized to neutralize the stigma attached to the label alcoholic. Moreover, the role of the sick person relieves the alcohol abuser of the stigma associated with the behaviour, including the right to be excused from any social responsibility for wrongdoing.

There is no physical evidence of excessive gambling that would indicate to an observer that someone has been gambling excessively, making the medical model of addiction less applicable to VLT players. The public understands addiction when there is the ingestion of a physical substance that affects the body and mind, which can account for the irrational behaviour associated with drinking to a point of intoxication. Gambling does not involve the ingestion of a substance and therefore most people find it difficult to explain excessive gambling. Participants explained the difference between consumption of substances in comparison to the consumption of gambling:

"You're not putting a substance in your body first of all and people can relate to [substances] more easily. With an alcoholic or drug addict they're either popping pills, shooting drugs through a vein, or drinking alcohol. That's pretty easy to relate to cause you're putting a substance in your body. But when you're just taking money out of your pocket and putting it in a machine, people don't see the addictive part of it really."

This statement is indicative of the aspects of consuming that are visible to the onlooker, the process that involves consumption is easily recognized and understood when the behaviour is drinking alcohol or taking drugs. Society

recognizes putting money into a machine as problematic, but it is less able to understand it because VLT play is without the physical consumption component.

Another aspect that can be drawn upon to illustrate the difference between excessive alcohol and gambling behaviours is in the one environment where both activities take place: the bar or club. Participants in the GA programme often drew on an analogy that involved two people walking into a bar at the same time, a drinker and a gambler, to illustrate the ability of onlookers to perceive signs of excessive behaviour. Through discussion my participants knew that I had worked occasionally as a bartender for years during my undergraduate studies, and because they believed I had an insider perspective on the gambling environment, it was explained to me by using the following analogy:

"...imagine you're a bartender and you have two guys, a gambler and another guy who is there drinking all day long. He wouldn't be drinking long cause you'd have him thrown out. If he got a little wobbly or fell asleep on the table. I could be there at the machine and I could spend \$2000 and you [wouldn't] know and you [wouldn't] care. I could go over and get every cent that is in my chequing account out of the ATM machine and spend it and no one would bother me. Say we started drinking and playing at the same time, that guy would be thrown out, I could almost guarantee it. And as far as the drinking goes he wouldn't spend as much [as the gambler]."

Another GA member explained how the physical signs of intoxication that are displayed by the alcoholic after drinking are different from the physical indications that someone has been gambling. Despite the fact that people were often moody, distant, or sometimes aloof, most onlookers would not have been able to determine or recognize that the person had been gambling for hours:

"...gambling is a different addiction altogether. It's easier to hide for one thing. If you're drunk, people see you drunk. If I was drinking now, everyone in the apartment building would see me coming in and they'd say 'jeez you were some drunk the other day,' things like that. With gambling, nobody knows unless they actually see you doing it. I'd just go out to the bar and after I would stop gambling, nobody would know."

Without a physical component accessible for people to see and to use as an explanation for why someone could become excessively involved in gambling behaviour, society is reluctant to view gambling as addictive, and rather sees it as a choice. The overwhelming consensus is the belief that to gamble is to make a conscious decision to put money into a VLT machine, and therefore gamblers themselves should be responsible for their own behaviour. This interpretation of gambling as a personal choice means that gamblers are seen to be voluntarily involved in the activity. One participant explained that they heard others say, *"they [VLT players] don't have to gamble if they don't want to."* The dominant public sentiment towards VLT players can be simplistic, assuming that electronic gamblers should simply know better (MacNeil 2009: 141). Another participant alluded to the psychological nature of gambling that observers are ignorant of and that result in them thinking that gambling is a choice:

"When you're drinking, like you're out of your mind, but people accept that. But when you're gambling, people don't know what is in your mind. They think you should be able to give it up if you want to. They think it's your choice right. But it's not true, I can tell you from experience, it is not true."

VLT gamblers as a group are subject to stigmatization as they are viewed as people who bring their 'disability' or problem upon themselves. Medicalizing

excessive gambling has not resulted in players being relieved of the responsibility or forgiven for their action. Rather, the unintended consequence of labeling problem gambling as addiction is that it is viewed as a condition involving a large degree of personal choice and subsequently the individual is to be held responsible for their behaviour. Since excessive gambling does not have that physical ailment in need of medical treatment, the public rejects the medical model of gambling that implies addiction, and gamblers are subject to ridicule based on misusing or wasting money.

To an unknowing observer, having a problem with VLT gambling means that the player is wasting money, rather than viewing the gambler as having a problem with the management of their finances. The substance for excessive gambling is money, therefore having a gambling problem means that one has a financial problem, a problem with money or the management of money. Quite often society can only see someone who is misusing their finances. Gamblers are aware of the social expectations surrounding the spending of money, which was portrayed by participants in the following narratives:

"I know there's a lot of people that judge. I mean money is a commodity you don't waste. You build up your portfolio, you invest, you look after your family, and if you can't do that, you're nothing in society. I mean, if somebody is an alcoholic they got a problem, you know, your employer would bend over backwards to make sure you seek counseling. It's only the past ten years that anybody even knows what a gambler is, especially on this island. I dunno, there's definitely a stigma attached to it...why would you throw \$20 in the VLT and waste it."

Being acutely aware of how one is socially expected to treat their finances, gamblers are accused of wasting their money. Rather than being thought of as someone who has an addiction, society labels VLT gamblers as personal failures:

"the substance with gambling is money itself. I guess that nobody wants to be labeled as somebody who has money as their idle, basically. The love of money is the root of all evil...and we all need to appear normal in front of our peers. Our society is based on if you're not normal there's something wrong with you...Everybody wants to, I guess, be accepted, and having somebody know that you're deficient in some way is going to inhibit that acceptance."

Social constructionism would suggest that what is defined as deviance by public actors is culturally embedded. With media attention and a negative public sentiment, many VLT players become aware of, and subsequently internalize these negative constructions.

Deviance amplification refers to the process whereby small acts of deviance increase in significance through the process of labeling. Therefore, VLT players continue their involvement with VLTs being fearful of the labeling and rejection of others if they were to admit to their gambling habit. Reflecting on their experiences, they found it difficult to reconcile what it was that they were doing at that time. It was explained to me that you can't apply logic to the VLT gambling because there was no logic involved in the thought process:

"Um, you know that what you're doing is stupid, it isn't right, it's only hurting you, but you just can't stop. Having a rational mind, but living in an irrational world. It's just difficult to understand why you're doing it. I mean I would sit down at the machines and say I know I'm not going to win today. Even though I knew I wasn't going to win and knew even if I did I was only going to spend it all again within a couple of hours. I just couldn't stop gambling."

Being unable to stop gambling was a consistent experience that all participants shared. VLT players spent excessive amounts of time in VLT gambling establishments during their gambling career. The next section describes the environment in which VLT gambling took place in urban Newfoundland.

4.3 The Gambling Environment

The urban social context in St. John's is different from the socially cohesive group of gamblers Davis (2000) encountered in the rural Newfoundland setting. VLT players in Davis' study were collectively gambling to symbolically protest changes to the fishery. The club where VLTs were housed and gambling took place was used as a social gathering environment. When I initially spoke with Gary Parsons about recruiting active gamblers for my study, he cautioned me that finding participants would be difficult because VLT gamblers in St. John's are not a social group. Based on this caution and the difficulty in securing a gambling establishment to research, I chose not to gamble myself or recruit active gamblers. However, I asked GA members to describe the environment of VLT playing in an urban setting. It was evident from their replies that there is no social environment and that there is little to no interaction with other bar patrons or VLT players. In fact, one GA member explained that, *"you could drop a bomb in the other end of the bar, nobody cares about nothing only the machines. That's the only thing."* In other words, players were not interacting with each other, only the machine:

"you sit around gamblers and they're there to gamble. They're not interested in talking to you. You get the odd person that you might exchange a couple of statements back and forth...you turn your body, and your body position, as you know, will detect or indicate whether you want to talk or not. I didn't want to talk to anyone."

Ironically while members expressed no interest in engaging with other VLT players, they described an awareness of their surroundings and who was occupying the same space. Although they were not interacting with other players, they were aware of what was happening within that environment, mostly out of concern for who was entering the bar and who was watching them:

"You're sitting down and you're always looking over your shoulder to see if there is anyone popping in or looking [for you]... Near the end of it I probably picked the machine where the least people could see [me]..."

"I always had my eye on the door. Always afraid. I'd be like 'oh shit I know that person so keep your head down, keep on gambling'...[you didn't want them to see you]. It's embarrassing."

I asked what this embarrassment felt like or if this member could explain it further. It was a consistent narrative amongst members that they experienced some form of embarrassment before, during, or after playing. Two participants explained:

"I found it kinda embarrassing to be waiting outside of a bar at 12 o'clock. You'll see people now...a few minutes to 12 out by the door waiting for the bar to open so they can go gambling...so that they can get first pick at the machine ya know."

"Cause you felt you were stupid. Cause here you are putting money into a fucking machine, and you kept on doing it. And people [would be] waiting for a machine...I think at the beginning I didn't care, cause I felt like I didn't have a problem"

It became apparent that this embarrassment was not due to negative interactions with others while gambling, but was mostly due to their own negative

sentiment and pre-conceived notions about VLT players before they had become excessive gamblers. In the early stages of gambling members would often make assumptions about other players and where they were acquiring the money to gamble from. They negatively labeled VLT gamblers based on the belief that their gambling fund was money from the household budget or social assistance cheques:

"When you walk into a bar and see someone playing the machines you think addict or scum. Not even addict, you think that's trash out spending their milk and diaper money...so quick to judge."

"I worked in the bar...You know I was giving them money but I couldn't understand the concept. I was looking at them and thinking b'ys you're fucking retarded.' When I was managing a bar, people would come in and I'd know who was on social services and who wasn't...they were putting all their security cheque or whatever into a machine."

When VLTs were first introduced to Newfoundland, players were only able to use coins to play with. One of the participants in particular judged VLT players for using rolls of coin to gamble with before he had even encountered VLTs himself. Moreover, when the machines changed and were able to accept paper money, most players would judge others who were gambling with coin:

"It's hard for somebody who hasn't gone through a similar thing. I remember when VLTs first came out, I was in university. I used to hear talk of people with the rolls of loonies cause [the machines] didn't take bills at the time. I would think...who the hell would ever do that?"

"I would never take loonies with me, especially in later years. First when VLTs came out all you could use was loonies or a quarter, which was fine back then. In later years, like I had seen a taxi driver actually go out in his car and get loose change and come back and change it up to use for gambling. The last time I gambled...there was a guy who had two dimes and a nickel and he wanted to know if I could change it up for a quarter. I'm thinking that's desperation."

While gambling does not have any physical sign of excessive play, it is difficult to disguise VLT play from those in the environment who are determined to police the behaviour of players (McKenna 2008: 207). One player explained:

"I remember first when I started going, I remember this lady, she was a complete stranger, and I'd watch her. She was playing and she was losing and she kept going back [and] taking out more and more money [from the ATM]. I remember saying to my husband, 'I bet her kids now are probably going to school with nothing, I can't imagine anyone spending that much money'. Now I'm in her shoes, right."

The stigmatization associated with VLT gambling not only creates negative reactions in the audience but the stigmatized are themselves part of that negative audience. Because players have previously judged and labeled others they anticipate that they too are subject to scorn. The use of ATMs to withdraw money is an aspect of VLT play that feeds into the embarrassment experienced by players. While VLT gambling did not involve a physical interaction with other individuals, players were conscious of the fact that others were watching and aware of how many times they go to the ATM during a sitting. Players were especially cognizant of this fact because they are mindful of how many times they are going to the ATM themselves, but also how many times other players are going to the ATM to withdraw money. One participant explained, *"the ATM machines were right beside [the VLTs] and it's easy enough to just pop your card in there,"* which made accessing funds easy, but made their withdrawals visible to others:

"I find it embarrassing when you're at the club and you're losing and you keeps going back and taking out money. I know people are staring [at me] cause I does it sometimes, thinking to myself my gawd, how much more money is she going to put into

the machine. So I knows people are doing it to me cause I does it to them. [Once] I made about a dozen trips. I finds it embarrassing, to keep going and taking out more money."

"bartenders would see you sitting there for so long, and see you pump the money in and know that you're not coming up printing tickets and you're still pumping money in. You're walking back and forth to the ATM machine."

Bartenders played a substantial role in VLT playing as they were a consistent observer of excessive gambling. Bartenders were aware of how often the players made trips to the ATMs, but they were also aware of when a player won. VLT games produce winnings with a receipt that must be verified by the bartender and then exchanged for money. It requires that players have an interaction with the bartenders in order to get their winnings. Members told me that the bartenders would know if they won (one-time winning did not necessarily mean they won over the whole session, just that they had a win) not only because gamblers were verifying a ticket, but because they would leave a tip. Tipping was common amongst players.

While some players disclosed that they had very minimal interaction with bartenders, others reported a different relationship with them based on the practice of leaving a tip. Tipping contributed to a relationship between players and bartenders that was somewhat reciprocal. According to the GA members, bartenders sometimes played a considerable part in VLT gambling by offering free beverages, saving machines, and sometimes telling players which machine had accumulated a lot of money:

"I used to tip my bartenders well, and they knew it. There was one in particular; he knew if I won, he would be tipped well. So he was very helpful. I would get free soft drinks because I didn't drink [alcohol]. But, I do know that gamblers were looked at as a nuisance because if [the bartenders] were having a social conversation with their drinkers, they would have to stop and attend to the gamblers. I know some of the people who gambled might put in two or three dollars and they might cash out every 10 dollars, and that would annoy the bartenders. That wasn't an issue with me, because I would never cash out at 10 dollars."

"There was a bar that I gambled at where my machine was saved. I put so much money into that bar, and I tipped so well, that there were two machines that I always played...when I would go into the bar in the morning, the bartender always put a quarter in, just to legitimize that the machine was in use. Depending on which machine paid out the night before, he would put the money in the one that hadn't paid out. He would save it for 15-20 minutes for me to come in. I would just walk into the bar, he would tell me which [machine] it was, and I'd sit down and start playing. It [was] disgusting actually."

"The bartenders used to come around a lot of the times and they would take the money out of the machines and the machine would [print a] report. She would tell us which machine was up \$1000 or down money, so [the bartenders] really played into it."

These reports about the interaction with bartenders are particularly interesting considering that one of the arguments for VLTs put forward by government is that they create employment (McKenna 2008). One night at a GA meeting, members responded to a bartender who had called Open-Line that day complaining about people who protest VLTs. The discussion quickly turned to the fact that this bartender was interested in his job, and that many bars opened in NL after VLTs were implemented, and operated solely for the revenues from gambling. Members believed that if VLTs were removed from these bars they would not be able to survive on liquor sales alone. Therefore, while bartenders might be in a

position to label VLT players for their excessive betting, ultimately the bartenders relied on VLT players for their livelihood.

4.4 Motivations for Play

I asked participants to explain to me their initial experiences with VLT play in an attempt to understand the beginning of their VLT gambling career. Participants explained to me that they first became involved in VLT gambling out of curiosity, as a form of entertainment, to relieve boredom, for social aspects, and for monetary reasons. My findings are consistent with the existing literature on the motivations for electronic forms of gambling. In a study of slot machine players in Ontario, Li (2007) found that female gamblers noted that they gambled as a way to maintain hope, as an escape, as therapy, as a way to interact socially, and as a way to reward themselves. Similarly, Davis (2000) discovered that boredom, financial gain, the thrill of winning, competition, and relaxation, were the motivating factors for VLT play amongst rural Newfoundlanders.

Most members of my sample could remember their first night playing as very innocent and they say they began to gamble out of curiosity. Participants were usually at a social function with friends or family when they noticed the VLTs. After an initial inquiry, it was suggested that they try the games. Participants were introduced to the machines by one of their peers and they were unaware of how to play VLTs:

"The first night I played the VLTs [was when] my ex, a business associate, and his wife went to a club at the Murray Premises. We were sitting down having a drink and I saw the room in back when I said "what's going on in there?" He said, "ah that's where the VLTs are!" I said "oh is that right? Let's go in."

Secondly, to play the VLTs was often regarded as a night out. Therefore, the cost associated with gambling was thought of the same as the cost of other forms of entertainment either for themselves, or for them and their partner. It was equated with the cost of going out for dinner or to a movie, and VLT gambling was what they did on their date night:

"a night out, right. [W]e would just, well I'd have a beer while she sat down and spent a few dollars...then I would play for a while; just casual, like they're supposed to be played. You'd go in and put in \$20 and go home. That's how we'd do it then right."

Other members stated that they did not have any hobbies or were not involved in any activities that would occupy their free time. As one participant explained, *"it was something to do, [to relieve] boredom. I don't have any hobbies. I don't have any big interests."* After they were introduced to VLT playing, and because it was an individual activity in a public environment, some participants were content to relieve their boredom by playing VLTs. However, other participants viewed VLT gambling as a social outing or as something to do with friends and family, similar to other forms of gambling (e.g., bingo):

"How did it start in the beginning? I went there with my husband and [another] couple, our friends...then my husband went away to work and every now and again my friend would call and say 'why don't you come on with us?' After that, my sister used to come home from [away] and I started going with her every now and again."

In the beginning several members relayed that they were intrigued by the fact that VLT play was an easy way to acquire some extra cash, quickly. When I asked one person why they began to play VLTs they replied, *"[to] win money...I go there 'cause I want the money."* Some researchers contend that gambling is voluntary and in fact a form of regressive taxation of the lower socio-economic classes who are inclined to play VLTs to win money (Korn 2000: 63; McKenna 2008: 13). Members who maintained an initial and continuing interest in winning money from gambling were in the lower socio-economic status categories among my participants. Participants explained their reaction to winning and the immediate thought process that followed:

"I went to visit my mom... I put 10 dollars in the machine and [I walked] out with \$500 in my pocket, [thinking] wow this is so easy. It seemed like an easy way to earn some extra cash."

Many of these disclosures appear to be legitimate reasons for someone to want to play VLTs, and are in line with the Atlantic Lottery Corporation's (ALC) promotion and marketing that suggests someone can have fun and win while gambling. As participants recounted their initial experiences with playing VLTs, many moved into reminiscing about the first time they had won. Sometimes participants recalled that their initial win coincided with the same night that they began to play. This experience was indicated by one GA member who stated, *"that one night, when I was there with my business associate and his wife and my ex, I played and won \$500. That started a downhill pattern."* Similarly, another GA member

explained their experience with winning, and had an interesting interaction with a fellow player after hitting the *Swinging Bells*:

"I used to go work out of town... in the hotel downstairs there was a lounge. This particular night I went in and I see the machines there...I put the money in and I was playing 'em. I was betting high 'cause I didn't really know that much about the machines. Anyway, I hit the Swinging Bells and I'll always remember this because there was a guy next to me who said, 'did you ever get the Swinging Bells before?' and I said 'no'. He told me I was going to be addicted to them, and you know what, I was. It went downhill from there."

What is evident from this disclosure, which was consistent with all of the participants, is that members believed that their initial win was the beginning of their excessive involvement with VLTs. It would be logical to assume that VLT players were attracted to the cash prize that is awarded to winning gamblers. However, this is not the case. GA members explained that the feeling associated with winning money from a VLT was similar to the high that could be attained from drug or alcohol use. They relayed that there was a physical or psychological change in their state of mind that they became fond of:

"When I won I was on top of the world. There was a euphoria that came over me. I was infallible...That's the only way I could describe it, it was just a high. Now I've never done drugs, but [it's] much like I'd assume a person on cocaine...you get to that unbelievable high and you're invincible."

"Just the feeling you can get when you win, it's like a high. I'd be like I was after having a half dozen beers, it's the exact same feeling."

Their VLT playing was no longer about occupying their time or a means of socializing, rather, it progressed to a primary concern about winning money and then moved into a disregard for the money aspect, and rather a preoccupation with

and desire for the feeling that accompanied the win. Similar to the way in which substance abusers (i.e. alcohol and narcotics) build up a resistance to their substances, so too did the VLT players. The end result led to them betting more and more in hopes of reaching the initial level of excitement or feeling of euphoria that accompanied that first win.

Soon participants noticed the amount of money that was necessary to invest in gambling to win, and came to the realization that they were gambling beyond their financial means. Leiseur (1977) explains 'chasing' as the process whereby gamblers begin to lose consistently, and then start betting more money in an attempt to recoup their losses. The initial process of chasing can be explained as primary deviance (Lemert 1951) because VLT players are attempting to rectify their deviant gambling, recoup their losses and hide their habit from their loved ones. The money needed that need to be spent to win and reach the feeling that accompanied winning led to a considerable amount of financial losses. Members described how they began to chase the accumulated losses:

"So it's the thing of winning, definitely, winning. When you win, you keeps going you wants to win more. Say for instance you win \$200, and you say okay 'I'll just throw \$20 in there now and I'll hit it again'. You're thinking something will come up, and say 'just about there now,' you keep on going and you end up losing that money. Then you go and draw money out of the ATM to try and win your \$200 back."

"It started off small, right. You'd win a few here and there, which was fine. But then when you got down, oh my gawd how am I going to cover up this \$2000 that is gone. I gotta get that back before my spouse finds out and then, then you're down. Next thing you know you're down \$5000, and it keeps on going, and then it's out of control."

Some of the participants continued to gamble because they were interested in investing money in the hopes of winning cash to pay back their debt, without their partners discovering their habit. However, even when they did win, they chose not to cash out their winnings and if they did cash out, they ultimately put the money back into the machine:

"I do [cash out], but I winds up putting most of it back in the machine. 90% of the time I ends up putting most of it back in the machine, hoping to win even more."

"I went out of town again...and [when] we finished our job I had, I think it was \$1400 or \$1500 hundred dollars in my pocket. I went down to this club and I was after betting max and getting the Swinging Bells, betting max on another machine and got the royal straight flush. [That meant] lots of money! I said 'that's it I'm good for the week' because that was about another \$1500. Four hours later I came out of there, and the \$1500 that I had won was gone and the \$1500 that I had when I started was gone."

The chasing losses that is associated with excessive gambling is a downward spiral to financial devastation. However, playing the VLTs for the majority of members became less about the money or the high. When members would win, they were often indifferent to the money; like other addicts, they could not reach that same level of euphoria that they had attained initially. Doiron and Mazer (2001), who organize their data in a similar progression to that of a career, refer to this stage of VLT gambling as the *Deepening Involvement Phase* whereby players become preoccupied with beating the game itself (2001: 640). Although my participants never alluded to the need to compete and ultimately win against the machine, their excessive betting behaviour would suggest otherwise.

VLT players needed access to significant sources of money in order to continue gambling for an extended period of time. The next section describes how participants secured access to the financial means and time with which to gamble.

4.5 Managing Excessive VLT Play

"So when I first started it was fun, but that quickly went to I'm chasing losses here, to eventually fuck it. I already got \$15,000 in debt, my credit limit is \$20,000 so what's another \$5000. I still had three months of gambling."

There came a point for most GA members after gambling excessively, where chasing loses no longer mattered. The quote above indicates the members' move into secondary deviance whereby the gambler has become committed to the activity despite its harmful aspects. Many players were so far in debt, that they feared the reaction of confessing to their families what they had done. As indicated by the opening quote, many of the gamblers retreated further into gambling as a way of coping with their addiction. Further illustrated by this quote is the large financial debt this particular GA member had acquired from gambling. Interestingly, participants indicated to me that they felt one of the biggest misconceptions about VLT players is that they are *"represented as being uneducated and [from a] lower socio-economic status, and it's just not the case."* According to my interview data half of the members of GA were making over \$40,000 annually (See Table 1, Appendix E). Furthermore, participants referred to themselves as intelligent individuals, which countered the popular media misconception:

"Oh my Jesus, we're intelligent people you know, that's the scary thing about it. We got the money, we got the means or we can't do it, right."

Through the disclosure above we become aware of an essential aspect to excessive gambling – the gamblers access to money. While other addicts have a physical dependence on a substance, a gambler's substance is money. One aspect of the medicalization of deviance, in this case gambling, is that it has a social class component. Historically gambling was an activity embarked upon by the lower classes motivated by the need to acquire money, or the upper classes who were involved in prestigious forms of betting (Hoggarty 1962; Downes et al, 1976; Cosgrave and Klassen 2001). However, as once prohibited activities like gambling become legalized, members of the middle class are encouraged to gamble and subsequently they increasingly take part in the pastime (Fabian 1990), particularly when the legalization of gambling is associated with government's need to find new sources of revenues to support services.

Most participants have access to finances by means of salaries or savings/retirement accounts, and are eligible applicants for credit cards with high limits. Having the financial means at their disposal they could maintain their addiction for a significant period of time without it being noticed by loved ones. However, as discussed in the next section, not all members were financially secure and some of them resorted to creative ways of acquiring the means to play VLTs.

4.5.1 Gaining Access to Money

When it was first explained to me that VLT players' substance was money, I immediately began to think of all of the ways one could acquire finances with which to gamble. In this section I outline and discuss what participants disclosed to me as their ways of financially maintaining their excessive gambling. This included manipulating bank accounts, procuring credit cards, maintaining employment, manipulating other people's finances, creatively selling items, or resorting to crime.

Those players who were earning a substantial income had a salary with which they were able to contribute to savings and retirement funds. Many participants with such levels of income were able to manipulate existing bank accounts to cover their losses:

"I used to more or less do the banking...Say now I have a \$500 cheque from my pay cheque at the end of the week and \$400 is gone [from gambling]. Where am I going to get that \$400 to bring home? My wife is expecting \$500. I'm after being in to a club, expecting to get the big win, never got it. I lost \$400 bucks...the first thing I would do is stop to the bank and get some money out of the savings to cover that."

While some participants were in charge of the bank accounts and did not have to worry about getting caught, others had to be more careful about how much money they were withdrawing. Therefore, GA members would go to loan companies or apply for extra credit cards to secure funds with which to gamble:

"I could get a credit card, I had good income and good credit. I got a credit card once for \$25,000 - that was the limit on it, that's ridiculous to give somebody, especially when you look at their track record on a particular card [and] it's all primarily cash withdrawals. The minimum payment was always a \$100. If I paid \$100 when the statement was due, then I'm good for another month, right."

One participant noted that she did not need a credit card to gamble. She was a business owner and would go to work in the morning and take money from the till to play VLTs at the bar next door. Additionally, one GA member explained how when he received bonuses at work he would have his employer write two separate cheques – one for him to gamble with, and one to bring home to his family. A second member who was earning one of the lower incomes discloses that maintaining their employment was the most essential part of their gambling:

"we used to get bonuses down to work, probably twice a year. We'd probably get \$40,000 and I'd say 'make out a cheque for \$30,000 and one for \$10,000'. I'd put the \$30,000 in the bank and I'd keep the \$10,000. That's what I used for gambling. I used to also work overtime and I would get cut separate cheques for that too. So much money to go home, but I'd keep some for myself and I'd spend it on gambling."

"I was pretty cautious about not letting that interfere with my work. I didn't want to ever lose any work...because I knew that if I missed work I wouldn't have the money to either drink or to gamble."

Those who had less access to money were able to enter into relationships of convenience or were able to manipulate existing relationships for financial gain. Only female participants (three out of five) described these relationships of convenience as a way of accessing money to gamble with, indicating their lower socio-economic status. One member would lie to her partner, stating that her mother needed a loan of money when in fact she was using the money to gamble. Another woman explained that upon entering a relationship with a man, he became the provider of finances to support her gambling:

"I started going out with him...he loves the machines and of course he had the money to play the machines. We used to go, I'd be the driver, and he'd put money in the machines. He was basically paying for my addiction...I mean in a night it was no trouble for us to spend \$1500 or \$1600 and we might do that twice a week, right. And the winnings was his, but I didn't care...I just wanted to play."

Some gamblers resorted to selling items in order to generate money to gamble. One participant used the money made from selling crafts to play VLTs. Another participant was especially creative when he had exhausted all of his means of accessing cash from bank accounts or credit. He explained how he would purchase items on his credit card and bring the items to the pawn shop in exchange for cash:

"...on one of my credit cards the balance of accessible cash was at its limit, but there was still a limit for goods or services. So I went down to the hardware store, rang up \$500 worth of tools on my credit card, and I went to the pawn shop and got \$0.25 on the dollar for it. Basically, I was stealing that credit."

The media in NL often report the gambling-related crimes in the province, with blatant headlines such as, "gambling addiction behind Gander theft" (CBC 2011). Other headlines such as, "Inside job on tax fraud brings 4-year sentence" (CBC 2010b) and "N.L. spending-scandal official gets 2-year term," (CBC 2010c) depict people who are being charged after having stolen money from an institution to fund their gambling addiction. Despite the media coverage of VLT gambling-related fraud in the province, only one person I spoke to admitted to stealing as a means to support their gambling. The majority of participants did not admit to stealing in the legal sense, but did admit to having considered committing a crime.

While they may not have actually committed an offence, they did admit to taking money from their families:

"in the programme it asks you have you ever committed or considered committing an illegal act to finance your gambling, and yes I considered committing an illegal act to finance my gambling. Which could have meant stealing, I could [have] stole money from my employer, but I didn't. In essence, I stole from my family."

Participants expressed extreme shame in having lied and manipulated their loved ones in order to maintain their gambling habit. However, VLT gamblers would contend that they are not bad people, just people who were gambling excessively with no intention to hurt those closest to them. Rather, they began gambling and got caught up in an activity that cost them a significant amount of money. Knowing that they had misspent the money, and with the prospect of winning if they continued to play, they proceeded to gamble, which resulted in more losses. Ultimately, they perceived their continued gambling as a way to protect their relationships with others.

4.5.2 When and Where to Gamble

Having access to money was an essential part of VLT gambling. For those of middle-class socio-economic standing, accessing money was often a small hurdle in comparison to finding the time to gamble. VLTs are only located in liquor licensed establishments in Newfoundland and Labrador, and finding an opportunity to sneak away from familial and work commitments was sometimes difficult. Therefore, in addition to manipulating money, gamblers became experts at manipulating

situations. Female participants explained how they would arrange for their family to be out of the house, while others would sneak around late at night, or lie about how they were spending their time away from home:

"I would prefer to gamble than to go to a family function. I might sneak off gambling if I knew that somebody else, you know my husband, was taking the kids. I remember arranging for everybody to be gone from my house. I'd ask my husband to go to his mothers, take the kids. There [was] my gambling time. I was dishonest, I lied."

"...I used to tell my wife I'm going out for a walk tonight. She'd say, 'sure leave here and go', and I'd say, 'no I gotta go up on the level, gotta take the car'. I'd be gone for about an hour and a half. On the way home, I'd stick my head out the window, it'd be pouring rain and I'd get my head wet to make her think I was out going for a walk. The different things you'd do. It's cunning, baffling, and powerful, ya know."

Several male participants were employed in jobs that had flexible schedules, or the working hours were not contained within the nine to five workday. One male participant explained how being his own boss meant that he wasn't accountable to anyone, and although he carried out the necessary job tasks, he allotted time to gamble during the workday between jobs. While another participant's family was accustomed to him being absent at peculiar hours of the day and night:

"The job I was doing at the time I was out all hours of the night anyway. I could make that excuse to get out. I mentioned earlier that I would take the dog, put him in the van tell them that the dog ran off and I'd go looking for him. My partner would go to bed, she didn't suspect I was doing anything wrong."

VLTs have a high rate of play, which means the number of bets one can place within a particular time frame is significant, especially in comparison to other games. Griffiths (1990) discovered that VLTs are popular amongst gamblers due to the short time between wager and outcome. Therefore a player could spend very

little time gambling and spend a substantial amount of money. Often, it was not the amount of time spent gambling for which GA members felt guilty. Rather, it was the amount of time spent thinking about gambling, and planning to arrange times to gamble that was substantial. Most players had reached a point where VLT gambling consumed their thoughts and became a part of their daily routine. In particular female participants who had familial responsibilities became creative at finding the time to play while adhering to their prescribed maternal roles:

"I thought about it when I woke up and I'd think about it before I'd go to bed. I arranged all day how I was going to get the money and how to find the time - 'I can go here, okay, I have 20 minutes before I have to pick the kids up from school, I'll go there'. I'd always be 10-15 minutes late."

Once, in the gambling establishment members acted in ways to ensure that they were concealed from observers the best way they could, to ensure they were gambling unbeknownst to others. Firstly, players would be sure to choose gambling establishment where they thought no one would recognize them:

"See you can do this in secrecy...The thing about the gambling, I would just poke my head in through the door to see if there was anybody in there, and I'll go in there and I won't even look around the bar. I just head for the machine there, right."

Secondly, once finding an establishment where they felt they could gamble, being fearful that they might be identified, they would behave in a particular manner within the bar to further conceal themselves. If they were about to gamble and saw someone they knew they would refrain from playing:

"If I went to a place and if I knew someone in there I wouldn't play. If I knew the bartender or someone at the machine I would just go in and sit down and have a beer and go on. You'd go to a place where no one knew ya."

Furthermore, one member explained that he would always choose the machine in a corner of the bar, with his back to the other patrons. When I probed other GA members about machine selection their response was similar to this disclosure that indicates while they preferred a corner machine, they would never turn down a VLT:

"like you'd always go to the most low profile [machine] that you could find. But, I would not turn down the machine if it was in front of the window for no reason."

This statement is indicative of their reaching a point of no longer being concerned about who saw them in the bar. Another participant explained that while they may have been ashamed if they were found in a bar by a peer, they had become so accustomed to lying that they were confident they could diffuse any suspicion:

"if [it was] 11 o'clock in the morning [and I'm] at a bar, and all of a sudden someone walked in, whether it was a neighbor or a client, [and they said] 'what are you doing?' Yeah I'm sure there was a bit of embarrassment associated, but gamblers are liars. [We] make up stories so quick, that it would just floor anyone that was around. That's the way we are."

As the next section will discuss, despite knowing the negative consequences of gambling, members would rationalize their excessive gambling to themselves and continue playing VLTs.

4.6 Rationalizations for Play

Participants explained that they were rationalizing their gambling to themselves and convincing themselves that it was acceptable to continue playing VLTs. Some of the rationalizations used by participants when gambling were because they believed they deserved to gamble, because they were in unhappy relationships, because it was their entertainment, because they thought they could win, and because it diverted their attention away from thoughts of suicide. Several of the GA members' rationalizations centered around the fact that they worked hard and long hours at their job, that they were earning their own money, and therefore they should be able to spend it in whichever way they chose:

"It's my money, I'll always have money. I got no responsibilities, no kids, no dependents. No one relied on me for anything. I don't drink, I don't do drugs, so why not gamble? It's not like I'm there to sit down on the bar stool and get drunk, then drive. It's not like I'm going out and buying drugs, and getting hooked on drugs. I spent my money on something I liked, which was gambling. After busy season at work, I went to Dairy Queen, I got a blizzard, got a Tim Hortons tea, and then I'd go gamble. I felt I deserved it. I was allowed to gamble 'cause I worked my ass off for two weeks."

Moreover, three of the five females in the study were in an unhappy relationship during their gambling habit. A similar sentiment was shared by female GA members, who were discontent with their marriages or relationships and used gambling as a way to escape:

"I justified every time I went gambling, I justified it in my own mind. I had all my bases covered in my own mind, right. I was at one point I was just using the excuse that I was in a lousy relationship [and] I was worked to death. I could be out having an affair, but I'm not, I'm gambling, big deal. I mean, I reasoned so much stuff in my head."

Both male and female GA members made reference to gambling as a form of entertainment. This explained their initial motivation for gambling, but using this same rationalization in the later stages of their gambling was also common:

"I don't go out drinking as a habit. My wife and I enjoy cooking. We know that we're not going to go out and spend \$100 on a meal that we can put together for \$20. We don't go out dancing. We don't have really that much of entertainment. It's my money I can do whatever the hell I want with it. [Gambling] is my entertainment."

Those who were initially motivated by winning money seemed to use the possibility of monetary gain as a way to justify playing. As one participant explained, *"I just went in and said I'm going to win. That was my rationalization. I was going in and I was going to win money. And I [planned] to leave with money."* Although not initially specified as a reason to gamble, one GA member stated that he had become so depressed that the high he experienced from gambling was the only happiness he could experience. He became desperate to gamble as a way to repress thoughts of suicide:

"I think the biggest one for me was that this is going to stop the suicidal thoughts. If I didn't gamble I'd probably kill myself. That's what normally got me to the machines."

While all these different rationalizations were referred to by the GA members, through the course of my observations and interviews with participants, all participants attempted to rationalize their excessive betting as an addiction. GA members feel that society views gambling as voluntary, however they disagree and contest that excessive VLT gambling is not a choice, but due to a physical need to

play. Players attempted to rationalize and legitimize their excessive gambling by describing the urge to play as a physical pull, not unlike urges experienced by substance abusers. Many participants described to me a physical need to gamble:

"You might not believe it but you get this urge to gamble. Just like someone's gotta go get a drink. It's an addiction. When you do drugs, you get cravings...well [gamblers] get cravings too, it's an addiction. It's something that you need to help overcome whatever you're feeling. You feel happy when you're doing it. Then you come down and realize that you need that high again you need...to gamble again."

Participants were making comparisons to other substance based addictions as a way of justifying their experience. By drawing a parallel between the urge to use drugs or alcohol and the urge to gamble, participants were attempting to justify their experience as a physical compulsion that was beyond their control.

4.7 Reaching Rock Bottom

Where gambling lacks a physical substance component most members of GA were unable to explain their addiction to their loved ones in a rational or logical way. Gamblers also fear 'coming out' to their friends, families and co-workers because they have incorporated a sense of the dominant community values about VLT gambling into their self-concept. These values are communicated from the public to the gambler through different mediums, which include media, negative public sentiment via informal interactions, or from their own negative attitudes or sentiments towards gamblers before they started gambling heavily. Mead (1934) explained that people are able to acknowledge and incorporate dominant community values into their self-concept by means of taking on the role of the

'generalized other'. VLT players are aware of the negative attitudes towards excessive gambling, and this led to an inability to explain their addiction to others, which subsequently resulted in them continuing to play VLTs.

Despite being fearful of admitting their excessive gambling to others, several factors associated with VLT playing resulted in them ultimately ending their gambling career. As previously explained in Section 4.5.1 having access to money was an important part of managing an addiction to VLT gambling. Access to funds can only support excessive playing for so long, before eventually there comes a point when they can no longer sustain their habit financially or emotionally. This moment was typically referred to as 'rock bottom'. Participants experienced rock bottom in different ways, the first of which included contemplating stealing money:

"I sat at my desk one day and my co-worker had \$200 in an envelope on her desk. This was my crash, I honestly contemplated taking her money and saying somebody else stole it, which so out of character for me it's not funny. It blew me so far out of the water, it was really, it was bad."

This statement indicates that many VLT gamblers had reached a point of desperation whereby they may have contemplated stealing to support their gambling. However, in their mind, they were not stealing to be malicious, but in an attempt to cover their debt and get out of trouble. Another GA member explained that after exhausting all of the sick leave available from her job, she needed social assistance as a source of income, which she described as her personal rock bottom.

Several GA members had partners or spouses who had noticed that there was money missing from joint bank accounts or were suspicious of the strange behaviours and sneaking around associated with gambling. After a period of time their loved ones confronted them about the finances or the unusual conduct. After being confronted the member finally admitted to their gambling habit:

"...I had in the back of my mind that if I could get rid of her for a couple of weeks, I got a couple of weeks gambling...she went away, and I'd go up after work, and I'd stay there until 2:00 or 2:30 in the morning when they would close. Every time she'd try to phone me, she couldn't get a hold of me...Anyway when my wife came home, she more or less confronted me right, 'where were ya to.' Of course she thought that I was going out on her. So, rather than have her think that, I confessed to the gambling."

Having family members expect that their partners were cheating on them was not uncommon when being confronted. The relationship that many of the GA members had developed with VLTs had become deeply emotional and difficult to end. One participant cried during an interview as she explained that she was more upset over having to end her relationship with VLTs than she was about the death of her own father. While the emotional dependence on VLT gambling was an intense relational experience, other members stated that they could no longer emotionally handle the sneaking around and lying to their partners that was necessary to continue gambling. Eventually they came clean:

"When it got to the point where I absolutely couldn't hide it anymore ya know, my entire paycheck, other than what I had already put away for the mortgage and the bills and stuff, it was completely gone. I was a nervous wreck, and I needed to speak with somebody."

"I remember I came home and called my wife, cause I wanted to tell her myself. I could still gamble, cause I still had money, or access to money, but I couldn't handle it anymore. I called her up, and couldn't speak, she knew something was wrong and came right home and I told on myself...it just became too much emotionally to deal with."

The emotional burden of VLT playing led to several of the GA members attempting suicide. This aspect of the research was particularly difficult for me as I listened to several of them tell me in detail how they attempted, or repeatedly attempted, to take their own lives. Research indicates that 20% of gamblers continue to think about taking their lives and psychiatrists have found an association between excessive gambling and suicide (McKenna 2008: 6-7; Newman and Thompson 2007: 604-611).

Throughout my observation of the GA group, members often made reference to the fact that although they had suffered hardships, and still continued to struggle daily, they are the lucky ones because they are still alive. One member in particular carried around the dates of the death of past members who had taken their own lives. Once at a GA meeting we observed a moment of silence, to acknowledge the anniversary of one former member's passing. While I heard multiple stories about suicide attempts, I have only included a sample of these stories that GA members shared. This first narrative was shared by a woman who attempted suicide before choosing to tell anyone about her gambling habit:

"I remember walking in the pouring rain, screeching and bawling trying to figure out what I'm going to do... I had phoned my mom, my sister, my friend...had a little conversation with them. It was pretty much a goodbye because I was planning to do it [commit suicide]. The more I tried to stop [gambling] the worse it got, and I just

couldn't control it anymore...I thought I did it, and next thing I knew my husband was tapping me on the shoulder waking me up, I'm naked. I remember being in the tub, taking pills and washing it down with wine...I never took enough pills 'cause he woke me up. I remember being really, really angry that I was awake."

The feeling of anger that was associated with the realization that they had not been successful in ending their life was a common sentiment shared by members who had attempted suicide. Having not been successful in their first attempt, many tried a second or third time. However, some did experience remorse after an attempt, which led to them seeking out help. Suicide was not only attempted as a way out of having to explain VLT gambling, but was resorted to immediately after confessing, or during various stages of recovery:

"I got up one morning and I wanted to have a cup of tea. I went to the fridge, there was no milk and I looked for tea and I couldn't find it, and I didn't have a cent. I don't mean I had \$10, I mean I did not have one cent. I became suicidal. I got depressed and I left. It was a Sunday morning and I just walked out. I found myself down on a bridge...I don't recall walking down there...But I got down there and I was standing on the rail and the only thing I was thinking about was jumping off. It was all over a cup of tea, because I didn't have one cent..."

The negative impact of VLT gambling is largely misunderstood. Provincial coroners have been taking note of the suicides that are related to gambling. However, there is no systematic method of collecting statistics on gambling-related suicides (Campbell, Hartnagel, and Smith 2005: 50; McKenna 2008: 7). Furthermore, the lucrative revenue generated from VLT gambling is arguably put towards social programmes. However as Klassen and Cosgrave (2001) state, there is no evidence that gambling revenues have caused expenditures on targeted programmes to

increase from pre-gambling revenue levels. Although we cannot put a value on human life, conducting a cost-benefit analysis of electronic gambling in this province and throughout Canada is a necessary step to understand the full picture of the devastation associated with excessive gambling. Being unsuccessful in their attempts, suicidal episodes were regarded as the beginning of the end. Once members reached this point they were in a position to seek help for their habitual gambling through government funded programmes or through GA.

4.8 Summary

In this chapter I have outlined the stages through which the GA members progressed throughout their habitual VLT gambling. I have explained how and why the medicalization of gambling is misunderstood by the public. Gambling, lacking the physical ingestion of a substance is regarded as a choice by observers, and therefore, in the public mind, gamblers should be able to make the choice to stop gambling. I explained the initial motivations for play and how they began as innocent curiosity, but eventually turned into an attraction to the feeling of winning. Unfortunately winning on VLTs was a costly venture and players began to quickly accumulate considerable financial losses. In an attempt to recoup the financial debt, players ultimately lost more and more money. Members continued to gamble and were deceitful in their efforts to secure the money and the time with which to gamble. Being aware of the negative sentiment expressed towards VLT gamblers, members began to retreat further and further into gambling, fearful of their families and

friends reaction to their excessive gambling. Ultimately, players reached a point where they were no longer able to financially or emotionally sustain their habitual gambling and confessed to their loved ones. This confession was cited as being their rock bottom and was often coupled with a suicide attempt. In the next chapter, I discuss the recovery process and the treatment available to VLT gamblers in the province once they had made the decision to end their VLT playing.

Chapter Five

On the Mend: Experiences with Overcoming VLT Gambling

"When the pain of losing is finally stronger than the pain of trying to do something about it, only when that scale finally tips is when something is going to change. So I had to wait until I got to that point."

5.1 Introduction

In this chapter I move the discussion to the experiences of excessive gamblers once they choose to end their gambling careers. I begin by describing the different services that are available to gamblers in the province. I explain how the programmes have been developed based on information from other provinces, and as I will outline, that process ignored the unique considerations for VLT players in this province. I compare the two preferred programmes – GA and Addiction Services and outline the strengths of each service. Next, the discussion moves into the struggles experienced by players who are subject to informal sanctions by loved ones. In addition, I discuss the problems with increased access to an expanding gambling sector. I outline some of the limitations placed on VLT gambling in 2005 by the province and cite participant's thoughts on the effectiveness of these initiatives. Finally, participants describe the shame and guilt that they continue to feel as a result of their compulsive gambling. I explain how they cope with the stigma and identity of problem gambler through positive self-presentation and impression management. Anticipating rejection, participants conceal their identities from

judgmental others who place the responsibility for their actions on the gamblers themselves.

5.2 Services for Excessive Gamblers in Newfoundland

The services available for excessive gamblers in the province have changed dramatically since the introduction of VLT machines in the early 1990's. Prior to the implementation of VLTs, there had been little public attention given to issues associated with excessive gambling. For almost a decade there was only one social worker and one certified addictions counselor in the province designated to address the issues of excessive gambling (McKenna 2008: 117). In 1995, in response to increasing pressure from citizens of the province, the Department of Health and Community Services began to offer counseling services specifically for gamblers (Government of Newfoundland, Department of Health and Community Services 1997).

Today there are multiple services available to gamblers in the province if they wish to seek help with their betting habit. The majority of the participants in this study had spent time at the Recovery Centre in St. John's, immediately when they realized they wanted to stop gambling. The Recovery Centre is a detoxification centre, operated by Eastern Health as a non-medical treatment service. The centre will accept female and male clients over the age of 16, who are experiencing withdrawal symptoms for alcohol or drugs, or who want to give up gambling.

Gambling clients usually stay at the Recovery Centre for a week (Department of Health and Community Services 2011).

Additionally, Humberwood Treatment Centre is an inpatient centre on NL's west coast. It offers services to people who are struggling with alcohol, drugs, and/or gambling. It offers a holistic approach to treatment which addresses the physical, social, psychological and spiritual health of clients. It services men and women over the age of 19 with three-week inpatient programmes. In order to access the services, clients must be referred to the centre by an addictions counselor who assesses the level of addiction. Once clients leave Humberwood there are involved in a follow-up programme administered by outpatient offices (i.e., Eastern Health, Western Health) throughout the province (Department of Health and Community Services 2011). Only one participant had spent time at Humberwood, and another member was waiting to get approval to attend the treatment centre. Addiction Services outpatient counseling (i.e., gambling counseling group) offers services to the individual, family, or through group sessions, where individualized treatment plans are developed.

Despite an increase in services for gamblers in the province, there are problems and limitations to their development. Firstly, in the early 1990's when the Government of Newfoundland began to introduce services specific to gambling, the province relied on data from other provinces to design treatment services for problem gambling (Davis 2000:284). Therefore the treatment services in this

province largely ignore the specific experience of Newfoundlanders. Mostly, in these programmes addicts with different addictions interact in group settings. The unique situation of Newfoundlanders was brought to my attention by one member who explained that a misunderstanding of excessive gambling results in those who struggle from other addictions not understanding excessive gambling and ultimately stigmatizing VLT players. This particular member explained to me that during her stay at Humberwood, she was unable to open up and address her problem properly because she feared that another client would expose her once they returned to the community. This particular member had to avail of services in Ontario to feel confident enough to open up and adequately address her gambling habit.

Secondly, the training that was provided to addiction counselors and primary care physicians is based on the premise that gambling is an addiction that can be understood and addressed in the same way as other addictions (Davis 2000: 285). As was explained in Chapter Four, there are several differences between the substance dependency that accompanies alcohol and drug abuse, and the dependence developed from VLT gambling. A misunderstanding of excessive gambling by front line physicians may result in those seeking out help not receiving the appropriate information or referral to any of the outpatient or inpatient treatment centres in the province.

Thirdly, developing programmes based on data from other provinces and assuming similarities with other addictions can be problematic. Research indicates

that the vast body of literature on treatment and recovery programmes is based on samples of male participants. Li (2007) contends that gamblers experiences should be contextualized and understood relative to the distinctive socio-economic, historical, cultural, family, and personal circumstances in which the gambling habits develop. While treatment programmes in the province suggest that they offer a holistic approach to treatment, the programme may not take into account the differing circumstances of those needing help. For example, despite the statistics reporting that one-third of excessive gamblers are women, they enroll in lower numbers in treatment programmes. When speaking with the gambling counselor and participants they explained that while females are mostly absent from treatment services, they are the majority of ordinary VLT gamblers. Therefore, with small numbers of female participants, profiles of problem gamblers are based predominantly on male participants and the programmes do not account for differences in male and female experiences (Volberg 2003).

Females, usually viewed as caretakers and nurturers, are prescribed social roles that are not easily reconciled with many games of chance. Women not adhering to social expectations, feel both deeply ashamed and resentful over the double stigma of not only being a compulsive gambler, but of not having fulfilled their roles as moral models for society. The scarcity of information concerning females and addictions causes professionals in the field to assume that it is primarily a male disease and a male problem. Projections from research, prevention and treatment

services for males on to females is not adequate to address the needs of the growing number of women gamblers. While most treatment approaches borrow strategies from an addiction/disease model utilized for substance abuse, female gamblers may benefit from other approaches (Piquette-Tomei et al, 2008). The exclusion of females, and also youth and visible minorities, results in researchers assuming that what holds true for males holds true for other excessive gamblers.

Despite the government-sponsored services that are available to VLT gamblers, all of my participants had attended GA meetings in the past and five were still avid members. I turn the discussion now to the positive and negative experiences of GA and Addiction Services (AS) counseling for gambling in St. John's.

5.3 Gamblers Anonymous – St. John's

Gamblers Anonymous is a fellowship of men and women who gather to share their experiences, their strength, and their hope with each other so that they may solve their common problem and help others to recover from excessive gambling. From September to November of 2010, I attended GA meetings once a week. Every Monday night, members would meet on a local church parking lot to engage in informal conversation with one another. At eight o'clock everyone would proceed together to the room where meetings were hosted. The room was simple in nature, and contained a rectangular table that seated eight people comfortably, stacked chairs and a locked box marked GA. As everyone pulled up a seat, booklets that contain the readings for the programme were passed around. The chairperson sat at

the head of the table and opened the meetings with welcoming words and housekeeping procedures. The chair asked members that they go around the table and introduce themselves by first name only. Individually the members began with "Hi, my name is __x__ and I'm a compulsive gambler." The audience in unison welcomed the individual by responding with "Hello __x__."

The chair proceeded by facilitating the readings, and although everyone was invited to take a turn reading, not all participated. One by one the members read passages from the GA literature, which usually concluded with a reading of the twenty questions. Those in attendance were asked to respond yes or no to each question out loud or to themselves. Next, members were given the opportunity for individual disclosures. Members revealed to the group their personal success with avoiding gambling, their failures, and their individual struggles since the last meeting. Eye contact during these disclosures is minimal, with people staring into the distance or booklet in front of them as they spoke. The narratives were provided without interruption. When they were finished, the rest of the group thanked the participant by first name in unison.

There was a core group of five members who attended almost all the meetings and who formed the basis of the observation group of the study. These members have been involved with GA for varying lengths of time (See Table 1, Appendix E). When only members from the regular crew were in attendance at the meetings, the structure was straightforward. There were introductions, readings,

individual disclosures, and final thoughts. Throughout the observation period, there were a number of newcomers who attended for a period of several weeks, but did not consistently commit to meetings.

5.3.1 Current Members' Experiences

Being able to observe the GA group on a weekly basis allowed me the opportunity to understand why the meetings are beneficial for the five core members. However, there were several participants that no longer attended weekly meetings so I asked all interviewees what they found useful about GA. The overwhelming response was that being a member of GA meant that those in attendance shared similar experiences, and were therefore able to understand what one another were going through. Most participants felt isolated from their family and friends who misunderstood their gambling habit and were unable to explain their VLT gambling to their loved ones. Therefore GA offered a safe outlet or a backstage setting (Goffman 1963) for self-disclosure and discussion, as indicated by the following:

"I'm not judged when I am here. A lot of the stories I hear are similar to mine and coming to the meetings meant I always had a place that I could talk about things that I couldn't talk about at home...I would probably say things here at the meetings that I wouldn't say to my wife, and not that [they are] bad things, it's just that I feel more comfortable talking to people who were dealing with the same issues..."

Many members of the programme have been involved with GA to varying degrees over the last several years (See Table 1, Appendix E). Most of those in my interview group had attended GA meetings in the past but some had stopped going

to the meetings because they had not fully accepted that they were compulsive gamblers. New members were often judgmental of the regular members as one participant explained:

"I looked at the other members as losers and deadbeats. I saw myself as too good, better than other participants. I was very judgmental and I was reluctant to admit that I had a problem. When the 20 questions were read aloud I would sit and be selective with the questions and would analyze them until I could convince myself that I didn't have to say yes. It wasn't until I gave in and began to understand the programme that I realized I deserved to be here and was probably the worst member involved. I came to realize that I had a problem. Now, I answer yes to all the questions, because I am the 20 questions."

The quotation below indicates what Rossol (2001) refers to as the homogenization of experiences that result from attending meetings. New members learn to utilize the medicalization discourse to understand their own excessive betting by following the veteran members lead. With adopting the medical terminology used in the programme, the members came to the realization that they were compulsive gamblers. Coming to the realization that members were compulsive gamblers is indicative of their immersion into a subculture that requires people to adopt compulsive gambler as the master status. Moreover they accepted the label and began to self-identify as a pathological or compulsive gambler. The member's ability to admit that they have a problem and identify as a problem gambler is an important step to recovery:

"I came here the first time for six months and said 'Hi, I'm ___, I'm a compulsive gambler,' but I didn't really understand it. I didn't learn anything about the programme, then I stopped coming and eventually went back to gambling. [Shortly after] I realized, [I] belonged in Gamblers Anonymous, I was a compulsive gambler. I

started to understand the programme, and I took the first step, which is about accepting the fact that you are a compulsive gambler."

"It showed me number one that I am an addict...I probably owe my life to GA right now, because if I hadn't got a message, if it finally hadn't sunk in, then I probably would have committed suicide cause I couldn't live with the pressure of being a gambler anymore - an active gambler, I'll always be a gambler."

Ian Hacking (2002, 2004) examines the social processes by which people engage with and begin to utilize expert and institutionalized interpretations of behaviours. Focusing on the interactional level, members are able to draw upon the medical terminology and discourses of pathological gambling to develop their own understandings and to make sense of their behaviour. Through members' statements we see the evolution of thought processes that resulted from attending GA meetings. In this last disclosure and in others like it, the philosophy of GA that once a gambler always a gambler is depicted. Similarly, another member explained one night at a meeting that that every morning when he looks in the mirror, he reminds himself that he is a compulsive gambler. The compulsive gambler identity becomes the dominant or master status in one's self-image and can be regarded as a turning point in the career of the VLT gambler.

5.3.2. Past Member's Experiences

Several participants in the study no longer attended the GA meetings or followed the programme. They explained to me that they no longer attended the meetings for reasons related to scheduling conflicts. One member, in particular, explained that as life got better and back on track, things got busy and there was less

time available to commit to attending GA meetings. For others, they no longer attended the meetings because of the underlying philosophy of the programme. The GA programme has a lot of spiritual and religious undertones that sometimes heavily referenced God. Furthermore, former GA group members claimed that having to identify as a compulsive gambler for the rest of their lives was a dreadful approach to recovery, and preferred a more positive outlook:

"that whole notion of turning your life over to a higher power, you know that you've got a disease and you'll always have a disease; once a gambler always a gambler. It just didn't have the message that things will get better. At least that's what I took from it; that's the part that stuck with me. I know GA is much more than that, it's a good programme for a lot of people, but in my frame of mind, at that point of time all I took from it was hopelessness."

Choosing to be skeptical of the disease approach to excessive gambling, this particular member's statement is indicative of deviance disavowal whereby those who are labeled as deviants wish to minimize the stigma associated with their behaviour in an attempt to normalize their interactions and relationships with others. In addition to problems with the programme's philosophy, another issue that was brought to my attention was the fact that GA is not facilitated by a trained counselor. Without a counselor there were sometimes personality conflicts and inconsistencies in how meetings were delivered, as meetings were chaired each week on a volunteer basis. Furthermore, without a counselor there, it was explained that GA lacked that comfortable feeling of safety. The members who no longer attended GA had been through counseling with Gary Parsons at Addiction Services.

They believed that having a counselor to lead the meetings made it a safer environment:

"it's more comfortable, I feel more secure, I feel safer in that environment with Gary there. Instantly I fit right into, like even though there were weeks that I never spoke, or maybe some weeks that I spoke too much, but oh when I started, I used to look forward to going to group."

This feeling of safety, or lack thereof, was apparent only among female participants and most prevalent in females who were no longer attending the meetings. Interestingly, if I had relied solely on the convenience sample of GA members who attended the meetings, the female participants in my study would have been limited to two interviewees. Relying on snowball sampling, I was able to recruit other women who at some point had been involved with GA, but were no longer attending meetings. Through an interactionist approach my findings indicate that women rely first and foremost on an informal social network with other women of GA, while men prefer the GA meetings. The organized GA meetings allow entry into the informal organization of women and from there they engage in phone-calls, coffee dates, dinners, and movies with each other. This informal companionship appeared to be more important to the females' recovery, and could be the reason why few stayed involved in the GA programme.

5.4 Addiction Services

Many former members of the GA group had attended and preferred the Addiction Services (AS) counseling for gambling. The participants who preferred the

AS programme believed that leadership by a trained professional and an ability to discuss other underlying problems made this programme superior to GA. Although I was not able to observe the AS meetings, I was able to interview members of that particular group, and spoke with the gambling counselor, who all explained the meetings' procedures. Firstly, the AS sessions were believed to focus more on hope, and the belief that someday gamblers could return to a normal life. Having to accept the master status of compulsive gambler was not necessary:

"there was more emphasis on hope. The professional counselors challenge your irrational thoughts, whereas in GA you do that somewhat, but still it's not the same as somebody who is trained in spotting it. Not so much as challenging, but helping you to see your irrational thinking as well. There's no focus on a higher powers, and chanting, and all the ritualistic parts of GA that I found difficult to deal with."

Furthermore, the counselor taught the attendees critical thinking skills by dissecting advertisement and marketing strategies used to promote gambling. Participants explained that they found this activity to be beneficial when learning to think critically about advertisements and other aspects of gambling. Therefore, understanding how strategically gambling was marketed to consumers, players were better able to recognize when this was happening and protect themselves. Addiction Services was also preferred to Gamblers anonymous because it allows cross-talk between clients. Cross-talk is the process where one attendee can challenge another about their disclosures and thought processes. Cross-talk was less permitted in the GA programme. Through cross-talk, participants in the AS programme are able to help one another and provide guidance with particular

issues associated with their gambling habit: *"I love it [cross talk]. I like to be able to sit down and call somebody out....saying how do you think or why do you think you reacted that way?"*

Most importantly, many of the members had underlying issues that they believed led to their gambling or resulted from excessive VLT play. Several studies have found conditions that are associated with excessive gambling that include the contemplation of suicide (Mower et al, 2003); depression (Langhinrichsen-Rohling 2004); cross addiction (Gupta and Derevensky 1998); and mental health issues (Hardoon et al, 2002; Barmaki 2010: 47-48). In Addiction Services the counseling focused on gambling, but was not restricted to gambling only. Therefore, counseling sessions within AS would often address some of the underlying issues that may or may not have resulted in an excessive gambling habit. In the AS programme attendees are permitted to discuss outside issues. One of these underlying conditions was experiences of child sexual abuse as described by this participant:

"Now I don't know if this is relevant or not, but it's part of my story. [My uncle] used me as, ya know, a sexual toy; I was sexually abused by [my] uncle. So, that's what originally led to meeting with Gary. Well there was the gambling, plus these [other] issues... I ended up going into counseling, meeting with Gary. He was not only counseling me for the gambling, but we also went through the abuse issues and stuff."

Two of the participants disclosed that they had been sexually abused as a child, which had led to mental health issues. In addition to those who were sexually abused, the majority of other participants had suffered from a multitude of health issues that include depression, bi-polar disorder, and multiple sclerosis. Many

described their challenges with gambling and mental health as a chicken and egg situation, whereby in most cases they were uncertain which was present initially. Did their conditions lead to excessive gambling, or did the excessive gambling contribute to their depressive states of mind? The gambling counselor could address these other underlying causes of stress in the gamblers' life that often resulted in them playing VLTs.

Several of the female participants noted that at the time of their gambling habit they were in relationships and marriages where they were unhappy. Attending counseling at AS, these female participants were able to relate their excessive gambling to their unhappy states, and address the underlying issue as was indicated by this particular disclosure:

"I spoke to Gary a couple of times, and [told him that] the guilt I had associated with the fact that I don't want to be married any longer was doing me in. When I stayed away from the gambling and I was able to keep my head together, I finally realized if the gambling was [our only] problem, and I had stopped gambling, then obviously there's still a problem...It took a round of therapy, a gambling history, another round of therapy for me to finally say I'm not going to be guilty because I don't want to be with [my husband]."

In comparison, GA does not allow members to discuss issues other than gambling. Some members self-identified as being cross-addicts (alcoholism) and they were members who attended both AA and GA because they needed to attend separate meetings to talk about their separate issues. Unlike AS where participants could speak about additional issues, GA meetings were specifically for gambling-related issues:

"see both of them are 12 step programmes AA and GA. I got a gambling problem, but I can't go in there and tell people at AA meeting about my problems with GA because they don't understand. I can't come down here and tell people here who don't have a drinking problem about my alcohol problems, because they don't understand...it's two different things altogether."

The AS group allowed members to talk about issues in addition to their gambling. Particularly in line with the medicalization of behaviours, the discussion of these underlying causes focuses the excessive gambling problem in the individual. Emphasizing and addressing the psychological and physiological aspects of the behaviour places the root of the problem within the individual, rather than within a societal context. Social constructionism would suggest that deviance is created by groups who institute rules and labeling people who commit infractions of these rules as outsiders (Becker 1963). In the case of compulsive gambling, government has created the 'other' as the compulsive gambler who does not adhere to responsible gambling practices. The fact that the AS group is sponsored by the Department of Health and Community Services makes the government's approach to gambling more evident, whereby the programme assumes that responsibility lies within the individual gamblers and governments are able to rationalize their role in the business and expansion of VLT gambling.

5.5 Struggles with Mainstream Gambling

Despite participants being in various stages of recovery, they still experienced struggles as a result of an expanding gambling sector. Distinguishing between what is and what is not considered gambling is difficult for GA members to

determine, therefore making recovery somewhat troublesome. Members explained that for an alcoholic, avoiding their substance is clearly defined as refraining from drinking alcohol. Avoiding gambling is somewhat more difficult:

"See I go to AA too. I know an awful lot of people in AA who haven't had a drink in 30, 40 or 50 years. Gambling is not the same thing, [it] is a different addiction altogether. Gambling is harder. To stay away from gambling is harder than staying away from drinking. Staying away from drinking, you just don't drink alcohol. But gambling is not as clear-cut, like if I went to the mall and someone was selling tickets on a car, I'd want to buy one of them, but that's gambling... There is no definite. Staying away from alcohol is definite; gambling is, I don't know, it's not clearly defined."

To build upon this narrative it was explained to me that a recovering alcoholic whose drink of choice is rum, does not only refrain from rum and liquor, but any form of alcohol (i.e., beer and wine). Therefore, the same logic should work when applied to gambling, whereby all GA members should refrain from any and all types of gambling. However there was disagreement amongst the participants on this matter. For example, one participant explained that having recently connected with some old friends he was now spending time at the cabin on the weekends, playing cards. However, he plays only for entertainment and without betting money. For some recovering VLT players, avoiding gambling altogether was not necessary for them, and they were able to engage in other forms of betting:

"I can buy raffle tickets, and I can buy an occasional 649 or lotto max. I'm involved with hockey and stuff like that so a lot of the times you get raffle tickets. That's never bothered me; I never felt an urge. Only the VLTs had that hold and drive."

Many members explained that there was something about VLTs that was different than other types of gambling. When I asked what they thought the

difference might be, they referred to the *near miss* (Griffiths 1995) associated with VLT gambling, where you come close to winning quite often. Furthermore, the rate of play that VLTs offer is quick, where a player can place a new bet several times a minute. Instantly knowing whether a player won or lost was also different than most other types of gambling:

"I think it was the instant gratification. [With] scratch tickets [you're] not often winning, and you don't always almost win. That was a different thing with the VLTs...You'd be playing and then all of a sudden four 7's would pop up and you'd almost get all the bells, and you think the next spin is going to get it, the next spin is going to get it. I think that's the probably the biggest thing for me was that feeling of I'm almost there. If only I had another \$20, if only I had another \$40."

This feeling of near miss was described as a contributing factor to developing a gambling habit. While some participants were able to gamble outside of VLT playing, other members advocated for refraining from gambling completely. The excessive gambler's substance is money; therefore engaging with other types of gambling has the potential to create problems for the VLT player if they win and have access to disposable cash. One participant explained why he avoided all types of gambling based on the logic that small wins results in unaccountable cash and a feeling of luck that leads him back to VLTs and begins the downward spiral:

"I always bought lotto 649 tickets. I do miss that part of it, 'cause that was never a problem for me. It wasn't until I got into the VLTs that gambling became an issue. Now if I buy [a lotto ticket], it's not the fear of winning the \$50 million...It's the \$50 bucks or the \$100 dollars that I win that I have now as money [I'm unaccountable for]; my wife won't even know I have it. What am I going to do with that \$200? I can't tell my wife I won the \$100, cause I just won on a ticket that I'm not supposed to be buying, so I keep [the money]. Then I buy another [two tickets], and I win another

\$100. So now I'm thinking I am the luckiest guy in the world. My \$200, I want to make that into a \$1000 so I go gambling, and I'm back down that slippery slope again."

Most GA member had experienced slips that led back to VLT gambling at some point since ending their habitual gambling. Those participants who had experienced several slips were most often advocates of avoiding all types of gambling, being more aware of the thought process that accompanies accessible cash and a 'winning streak.'

5.5.1 Fundraising at Work

Sometimes avoiding gambling is not as easy as just refraining from playing VLTs and choosing not to purchase lotto tickets. Gambling is incorporated into many fundraising activities in the workplace, and most participants chose not to share their excessive gambling past with co-workers or employers. For example, Memorial University's own Faculty of Medicine hosts an annual *Monte Carlo Night* offering casino style games to willing bettors, as a means of fundraising. Similarly, the RCMP hosts an annual fundraiser, *Klondike*, that offers gambling and casino style games to attendees. These events raise considerable revenues to be used by the organizations.

Gambling was also a way for people to raise funds individually to offset the cost of travel and accommodation associated with attending conferences both inside and outside of the province. Participants explained to me that most often they were not able to participate in events similar to these that were organized in their workplaces. Not participating often meant that they could not benefit from the

revenues raised, and therefore were responsible for paying the money that would have otherwise been covered by the fundraising efforts. Additionally, sometimes employees would bring fundraising from extracurricular activities to work:

"where I work to people are selling tickets and 50/50 draws are just coming out your ears. Most times what I do, I just tell people I don't take money to work. If it's something that is of interest, or if it's somebody who I am close with that is selling tickets I just give a \$5 donation."

Furthermore, I was told that in many workplaces in the city employees participated in group purchasing of lottery tickets on large jackpot draws. Each employee would contribute money, hoping to increase the groups' odds at winning a lottery that would be divided amongst contributing members. Participants were asked repeatedly if they wished to be a part of the group purchase. Being confronted with gambling was a regular occurrence at work and some members rehearsed responses similar to, *"I don't gamble. I don't buy tickets,"* rather than explaining they have a gambling problem. Refusing to explain their gambling habit is a result of society being unable to understand excessive gambling and a fear of the resultant stigmatization attached to problem gamblers.

Being confronted with gambling at work was especially frustrating for some participants. They made comparisons to alcohol or tobacco use, where laws prohibit employees from drinking on the job, and limit them to smoking outside on their scheduled breaks. They believed it was unfair to be approached and faced with the prospect of gambling at work.

5.5.2 VLT Accessibility

In NL VLTs are only permitted in liquor-licensed establishments, which results in many licensed restaurants around the city having the popular gaming machines in their eateries. Finding an establishment in the province that houses VLTs is not difficult, especially compared to other provinces (BC and ON) that house electronic gambling machines exclusively in casinos. Several participants explained that they had played slot machines in Ontario before, but that type of electronic gambling never had the same appeal as the VLTs. The convenient accessibility of VLTs made them much more alluring to play, whereas in Ontario traveling to the casino could mean several hours of travel time. Participants explained their discontent with VLTs being located in restaurants in the province and how they dealt with being unexpectedly confronted with VLTs:

"it rots me. If I'm sat down and I'm looking at a VLT, I've asked to move to another table...I don't like the fact that they're there behind you, that really bothers me. VLTs alone bother me; I'm not safe when I'm in their company. ... You know it's crazy because they're everywhere. It's really hard to get away from them."

Some participants explained that if they were going out to eat they would only choose places they knew did not have VLTs. However, finding restaurants without the machines was troublesome and often members were unexpectedly confronted with VLTs. Knowing where VLTs are located in the city became an important part of establishing safeguards so that members can still be involved in social events and activities at liquor-licensed establishments.

5.6 The VLT 'Moratorium' in Newfoundland

I asked participants how they felt about the new VLT operating policies introduced in NL in 2005 and if they found them to be helpful. I found varying responses. Having the help line number displayed on the screen of the VLT was beneficial. However players refrained from writing the number down while playing. They feared that someone would witness them recording the number and they would be labeled as having a problem with gambling. Many of them tried to memorize the number while playing so they could make the phone call. Additionally, ensuring that VLTs showed the dollar amount rather than credits was helpful for several participants as one member indicated:

"when I first started gambling, it wouldn't show dollar amounts. It would show credits. I didn't relate the credits so much to the money. The machines are changed and so most of them now, I don't think any of them have the credits, all have the dollar amount. That made a difference."

Slowing the rate of play was noticed by players, because they felt they were not winning as often. One particular member believed that a certain amount of money had to be accumulated before a VLT would produce a winning ticket. Therefore, by slowing the number of bets a person could make, the VLT was not taking in as much money, and this resulted in less opportunities for winning. I was not able to conclude if the decrease in winning deterred or encouraged play.

Reducing the number of machines per site and limiting the hours of operation to noon until midnight were regarded as positive changes. One member explained

that she enjoyed going out for dances, and most bars where dances were held had VLTs. When VLTs operated until 2:30 am, she could not risk being in a bar and being faced with the prospect of gambling, however now she is able to enjoy a night out:

"This 12-12 o'clock has helped me 'cause now I can go out and have a dance at 12 o'clock. I couldn't do it before, and that's a safety net that I have in place. What we started to do was, we wouldn't show up to the club until quarter to twelve, knowing that the machines shut down at midnight. You go up and order a beer, you go out by the door and have a smoke, and by that time the machines are shut down and you can dance all night long and have a great time. But I'd much prefer to be able to choose a bar that had no VLTs, where I could go there anytime."

Reducing the operating hours of VLTs meant that there were several hours in the day that participants no longer had to worry about occupying their time or thoughts. One participant explains her thought process as she gets an urge to play:

"I got to find something to do to make this overcome. Cause it was really good that the VLT machines, shut down at 12. Therefore the longer time I clean, the less time I could go gamble, right. And then, when they cut down the number of machines, I was like Yes! Even better, right. Even in the past couple of weeks, probably a month ago, I went to go gamble. I couldn't get a machine, it was perfect...I went home."

In comparison, one participant explained that while the reduction in hours of operation was beneficial, reducing the number of machines was not because players are able to drive to other VLT establishments until they found an available machine:

"the hours yes, not the number, no because, I mean I have a vehicle, most people do. You know if all the machines at this bar is full, there's another bar three miles down the road, you know, there's always another machine. I've gone to three or four different clubs to get a machine..."

While aspects of the VLT reduction plan were regarded as being helpful, some members believed that it was not sufficient enough as a safe guard against

excessive gambling. Some members preferred that VLTs not be accessible in any bars or restaurants, and alluded to VLTs being the primary means of revenue generation for restaurant and bar owners, rather than actual liquor or food sales. Despite the government taking action to reduce the number of VLTs in the province, their hours of operation, and the pace at which bets can be made, participants still struggled with their addiction.

5.6.1 Coping Techniques

In addition to the struggles associated with the mainstreaming and increased accessibility to gambling in general, and VLTs specifically, there are other struggles that are associated with the fact that a gambler's substance is money. Living in a society based on consumption, it is difficult to function daily without the exchange of money. In order to address their addiction to gambling, members had to ensure that they had limited access to cash. Many members refrain from carrying any cash at all. In order to purchase the items they need daily, they have bought pre-paid gift cards to use:

"I can do it now, you still need money, somewhat, well in the age of debits and all that stuff I can avoid it now. Plus, there is a card for everything - I can get a Tim card, load it up with \$20 or more, I can get a gas card, I can get a number of cards that will limit my access to money."

Another participant explained that she had her niece monitor her bank account so that she was accountable to someone for how she spent her money.

Another participant explained a similar monitoring technique that he used with his wife and relied solely on purchases by debit so that his spending was documented:

"I don't carry any cash on me. I still have my debit card that I use to make any purchases. My wife has access to all the accounts to check on a daily basis as to where any purchases are going. If she sees [activity at an] ABM, she's gonna know that I've been out gambling or that's going to be a trigger for her to question. There's no reason for me to go to an ABM."

While members relied on debit and credit cards for daily purchasing as a method to ensure that they were not gambling, they also knew they were creative enough to use the cards to their advantage. Knowing this, one participant limited the daily withdrawal limit on her bank account, so she had limited access to cash. This way if she did slip and begin gambling she could do little financial damage:

"I had a \$700 withdrawal limit on my ATM card...I had my ATM lowered to \$100, which will help me if I happen to fall and slip. So, right now, if I go into a bar, I cannot take \$100 out of an ATM, because in order to take \$100 out of an ATM, you've got to take out 101.50 or, because they charge you for the service. So I can't even take out even \$100 at a bar. So, that's kind of a safety feature I put in place now."

Ensuring that credit cards did not have a cash withdrawal option was essential to the safe use of credit for daily purchases. Because members have been creative in the past with finding access to money to gamble with, some members put additional safeguards on their credit cards accounts, as indicated in this statement:

"I called the credit card company and I said I am a compulsive gambler, but I want to pay this debt, can we work something out?" And they said "no problem"...on my credit statement now, I specifically put in a clause or a paragraph that meant if I applied for a credit card by myself, it should come back when they do the eco-fax check, that there is a statement saying, 'do not give me any credit unless it is applied for by myself and my spouse'...it did work actually when we bought [something] there two years ago, we sent in the forms she said I need to speak to your wife because there was

something on my credit history...I had completely forgotten about it actually, and [my wife] got on the phone and said no problem we are applying together. It kinda put my wife a little bit at ease because it worked, right."

This particular member had little difficulty getting the credit card company to co-operate when he asked that a clause be added to inhibit him for applying for additional credit. However, another participant explained a situation contradictory to this, whereby the credit card company did not want to comply with her wishes to lower her level of accessible credit. Having maxed out a credit card, she wanted to pay off her credit card and lower her limit with each payment so that she never had accessible credit on that card. When the request was made to the credit card company there was opposition to co-operating.

Furthermore, members felt that governments lack the insight and specialized knowledge about gambling addiction that is important for policy and program development. Most specifically, government does not understand what the implications are for gamblers who are constantly being faced with options to gamble. During my observation one night at a GA meeting there was a discussion about recent legislation that was introduced that required all cigarettes to be hidden in cabinets behind the counters at convenience stores. One member expressed that this new law was indicative of government acknowledging that cigarettes are harmful. He went on to explain that as a recovering alcoholic, he can walk into a convenience store and not be tempted, because beer coolers are usually located at the back of the store, or in a separate walk-in cooler. He can go in and grab whatever

he needs without coming into contact with beer. As someone who once smoked, he can now go to the till and not be faced with a wall of cigarettes, because they are concealed behind the counter. However, gambling is there, on the counter facing everyone; scratch tickets, pull tabs, Atlantic Lotto. There really is no escaping it. The ALC and government need to be aware of the risk factors that can trigger gamblers and address the issues.

5.7 Living with a Compulsive Gambler Identity

Giving up access to their finances was always cited as being a difficult thing to do, but something everyone was willing to try in order to recover, but also to regain trust in their relationships with people. Becker (1963) states that being branded as a deviant has consequences for social participation. These consequences are often informal sanctions imposed by loved ones. One member explained that he was reluctant to give up control over the household finances, but acknowledged he needed to do so to repair his marriage:

"The trust in my marriage was gone. I was resentful because I always felt like I was being watched or questioned by my wife. I had to give up and pass over all the credit cards to my wife. I thought 'what has my life come to, to be doing this?' It came down to trust, I betrayed it and I have to earn it back. Slowly trust has been restored, but I didn't like it at first, I am getting more comfortable with the idea."

One woman explained a loss of dignity with having to be given a daily allowance for purchases. Her partner would question where she spent her money and having to be accountable for her spending made her feel like a child:

"I get an allowance to go to the store. He gives me \$20 and then I get back and he asks what did you do with that \$20? How did you spend that \$20? He said I hope you're not putting that away now until you get enough [to play]. I said no, then I got to tell him what I did with the \$20 right...[I feel like I'm] treated like a youngster, just like a youngster. Like I got to account for every cent."

The damaged self-image derived from the stigma that is bestowed upon excessive VLT players, becomes a self-fulfilling prophecy, and VLT players will find it difficult to alter their identity and be anything else. The compulsive gambler identity is a master status that governs their daily life and interactions. Media coverage of VLT players has emphasized the dark and negative side of excessive VLT gambling in the province. These stories often sensationalize crimes committed by VLT gamblers to fund their gambling habit, and result in a public perception of VLT players as thieves who cannot be trusted:

"trust issues, that's your big thing...it's not just the trust, it's oh my gawd what would they do for a dollar to gamble. I mean you'll see them on TV every now and again on the news...so and so stole thousands and thousands of dollars from their employer and they have a gambling addiction."

Another consequence or informal sanction that results for the excessive gambler is social distance. Social distance can be defined as the attracting or repelling relational forces that exist between people (Falk 2001). The repelling forces will increase towards deviants when others become aware of their behaviour. In the case of VLT gamblers whose substance is money, social distance comes down to issues of trust within relationships. The stigmatized VLT gambler suffers the

consequences of the negative label associated with mistreating money. One member explained the loss of a close friend after she discovered her gambling habit:

"I have lost some friends over gambling. I did have a really good friend knew I had a gambling problem, she knew I had been to [counseling] and everything. There had been a couple of incidences where she had money in her cabin. There was one night I was lying in bed and I heard them talking about where they would hide the money from me. I didn't feel good about that...when people find out you are a gambler, they don't have the trust."

This participant's disclosure is indicative of Goffman's (1963) spoiled identity concept, whereby the label and stigmatization have disqualified the individual from full social acceptance. Excessive VLT gambling becomes a form of hidden deviance because gamblers refrain from sharing their experiences with others, and very few know about their excessive betting. Active VLT gamblers do not generally reveal themselves to others engaging in impression management on the front stage of their daily interactions. Gamblers know they cannot reveal their habitual gambling to others without running the risk of rejection and falling victim to stigmatization and loss of status. Knowing this, they try to pass as ordinary people, and so the VLT gambler puts on a performance of self-presentation on the front stage, so that their appearance of normality is maintained and their gambling identity remains concealed (Goffman 1963).

5.8 Putting Yourself Out There

Past and present members of GA refrained from putting themselves out there in a public capacity because of the way they anticipated they would be received by

the others. Comparing their gambling habit with alcohol, they believed there was a better understanding of alcoholism that resulted in AA members being understood and accepted by society:

"Putting yourself out there has implications. When someone finds out you have an alcohol problem there is pity and sympathy offered. A gambler the reaction is different, [everyone] must hide the money; because gamblers are liars and thieves."

Peter McKenna (2008) questioned why the anti-VLT movement in Newfoundland was less organized than in other provinces. While he speculated that it could be any number of things (i.e., grassroots organization, geographical barriers), these disclosures indicate that the fear of public shaming and embarrassment keeps excessive gamblers from speaking publically about their gambling habit. Places and people in the province are connected through large social networks, and many worried that their gambling habit would become known in the community.

In particular, some gamblers refrain from telling their employer or co-workers about their gambling habit. They anticipate a negative reaction will occur in the workplace if their gambling identity is revealed. This perceived reaction is the result of media coverage that has led to an alarming view of VLT players. Participants do not want to be victimized by other employees or clients:

"I know that I have never stolen money from my employer to cover my addiction....but when I am working on cash, sometimes I am just covering for somebody while they're taking a break. If somebody knows that I have a gambling addiction...I don't want to be set up for something, ya know."

"All [the clients] would think that I'm going to rob them, ya know what I mean. No, my employer does not know...I find with my job, if it got out, [the clients are] not going to trust me. I know they won't. Would you? They figure well, oh wow, she wants it bad enough she is going to steal or whatever."

By keeping their gambling identities secret, some VLT gamblers are not recognized as deviants and no stigma can attach to them. However, the stigmatization they anticipate becomes a self-fulfilling prophecy that inhibits their ability to reveal to others their struggles with excessive gambling. In comparison, several other members found that speaking to their employer about their habitual VLT playing was an important aspect of ensuring that they were being honest about their experiences and accountable for their actions at work:

"My new employers, the very first day on the job at the interview I told them, I'm a compulsive gambler, I'm in recovery, and they gave me a chance...I worked in the service industry so my tips were counted by my manager, put into an envelope, signed, and brought home to my husband at the time. They understood. I was respected there."

As I described earlier in this chapter, most of the people I spoke to had underlying issues. Ironically, they admitted to being able to be open and honest about their problems with alcohol, mental health, or sexual abuse, but they could not come to terms with speaking publically about their gambling. One participant explains the intense shame associated with gambling:

"what still baffles me a bit is that I am able to talk about my depression, I am able to talk about the sexual abuse as a child, but I can't talk publicly about the gambling. [It's] the shame, pure shame...shame is what you feel when you're depressed, especially after being sexually abused, [but] the shame for gambling is just 10 times worse. I still sit down at times and I just can't believe what I did...someone says [they were] sexually abused or depressed, people think oh my god, you poor thing. But with gambling, [it becomes] I can't trust him."

I believe that participants were not comfortable with speaking about their gambling habit, but were able to reveal their other struggles because of the responsibility factor. As explained in Chapter Four, the medicalization of behaviours generally relieves the addict or abuser of any responsibility associated with their problem behaviour. However, excessive gambling is still understood as being a choice made by the gambler, and therefore they are perceived as being responsible for their problems. In particular, having experienced child sexual abuse, participants were defined as victims. With excessive gambling the victim is often portrayed as the family members who suffer financial loss as a result of VLT play. However, while some excessive gamblers go to great lengths to conceal their identity due to shame, others believe that being open and honest is the most important part of their recovery. Those who live an open life had much more positive experiences of support to communicate and were willing to start opening up to others in their life:

"From day one I was open and honest with everybody 'cause that's how I had to recover. I had to be honest with people, I had to stop the lying, I had to stop the madness. It was getting to the point where, I didn't know the difference between the lies and the truth, ya know."

"My employers know, but a lot of my co-workers I kinda want to tell them, but I dunno if I should tell them or not... but if at work, if someone asked what really happened, I'd tell 'um. Right now, I figure the more people that know the better."

Some members experienced family break up as a result of their VLT gambling that resulted in them altering their own self-concept. One participant explained how

VLT addiction had resulted in his family members disregarding his thoughts and opinions in family discussions:

"I have some family issues that are a result of my gambling. The family was discussing a particular subject at dinner and when I voiced my opinion everyone began attacking me. I felt that they were not attacking my opinion, but rather me as a person. Before my issues with gambling I felt as though I was held in some high regard (esteem) in my family, but since coming out of the closet, I am regarded now as some sort of idiot. It's never explicitly stated by family members, but it's underlying current."

Other members have experienced a similar devaluation of their reputation and status whereby their VLT gambler identity became their master status to others. The gambler identity was damaging to their reputation, as they were no longer seen for the positive things they had accomplished and the positive things they had been a part of, they were solely regarded as a gambler:

"I feel guilty, ashamed. I figure [people] will put me down. I figure like for a long while everybody had me up here, I mean I was a Sunday school teacher for years and involved with the church, and for [people] to know that I gamble, now I'm down here. I still feel like that."

"My life ended because of gambling. Prior to VLTs, I was a family man, I was a neighbour, I was a father, I was a friend, I was a member of several community organizations, I was a strong member of the church. All of these things are gone... I don't feel a part of my family or society anymore. Gambling took everything away."

After becoming aware and open about the negative and dishonest things they had done when gambling, they felt that were now on the path to overcoming their gambling habit and mending their relationships with others. However, some felt that despite their attempts to make things right and get their life back on track, they were viewed differently now by their loved ones and that the gambling was

somehow always the 'elephant in the room'. Members felt that they were constantly 'paying', with informal sanctions for their wrongdoing:

"I know myself, I've done some terrible things. You know I've lied, I haven't cheated on my wife, but it's almost as bad as being unfaithful, 'cause all of the lying...It's a struggle for me to regain the confidence in myself that I'm allowed to say no to certain things. I believe that because I've done some terrible things that I don't have a right to stand up for myself...she believes that because I've done all of these things that were bad that she now has the control to direct the path that our life is going, right down to what we're going to have for supper, or watch on TV."

This experience was described to me as an issue that was often discussed in the AS group. Gamblers felt like they had to learn to take back their dignity and individual rights and restore their confidence to their pre-gambling days:

"It's one of the stigmas that, I'm not the only gambler that suffers from that. There're others in the group that mention that same thing. Taking your own personal power back, cause once you admit that you've got a problem for some reason you're also throwing away your rights as a personal individual. There's a line there where you still have to retain the rights that you have as a personal individual. The people on the other side who have been affected by your gambling also have to accept and acknowledge that you still have those rights."

5.9 Summary

In conclusion, this chapter has reviewed the treatment services available to those people who struggle with excessive gambling in Newfoundland and Labrador. Despite the province's implementation of programmes to address the issues that result from VLT gambling, the programmes were not designed based on data specific to Newfoundlanders. In a province where most people come from close social networks, gamblers are apprehensive about sharing their gambling experiences in group treatment settings, being fearful that others will expose them once back in the

community. Participants believed that they would be subject to stigmatization and judgment if others were to discover their gambler identity.

Based on my observations and interview data I was able to describe some of the positive aspects of both the GA programme and the other, often preferred, treatment programme developed by Addiction Services. Although participants were in recovery from their gambling habit, an ever expanding gambling sector leads to problems with refraining from gambling. These problems were particularly evident in the workplace where fear of stigmatization inhibited participant's ability to explain to co-workers why they did not gamble. Also, the accessibility of VLTs in restaurants and other types of gambling in convenience stores, made it difficult for participants to avoid the temptation of gambling. By limiting their access to cash, and using monitored credit cards, pre-paid service cards, and ensuring they occupied their time with activities other than gambling, participants could function without slipping back into their old ways.

In 2005, the provincial government began to enforce restrictions on VLT gambling, and participants described their feelings and experiences with the VLT reduction plan. Despite the government initiatives to limit access to VLTs, living with a compulsive gambler identity required that they engage in positive self presentation and impression management to conceal their gambler identity. The risk of rejection and stigmatization that accompanied the disclosure of their gambling habit outweighed the benefits of living a more open and honest life for the

majority of participants. Many were still living lives with loved ones where they felt they were still being punished or having to make right their wrongdoings.

In the final chapter of this thesis, I provide an overview of the research and summarize the contents of the previous chapters. Due to the difficulties I encountered when recruiting informants, I have listed some of the lessons I learned while doing research on a sensitive topic like VLT gambling. I hope that this research can assist others who choose to do further research on this topic. The following chapter also makes several policy recommendations and lists the potential for future projects on this topic in the province.

Chapter Six: Conclusion

"...you will get a better understanding of it, and I think whoever reads your paper will get a better understanding of it...But is it going to be to the point where it is going to be socially acceptable to talk about it? No. It is shame on the gamblers part. How do you tell someone [that you] just spent \$150,000 - \$200,000 on gambling in the past ten years?"

6.1 Review

This thesis has presented a qualitative inquiry into the lives of 12 VLT gamblers in St. John's, Newfoundland and Labrador. My goal has been to contribute to the scant body of literature on gambling in the province, and offer qualitative insight into the world of excessive gambling. In this chapter my aim is to summarize my findings and to contribute to a better understanding of VLT playing for those living and working closely with excessive gamblers, and to make policy recommendations to government departments.

In describing the process that accompanied the evolution of gambling from sin to sickness, the importance of the two legal amendments to the *Criminal Code* in 1969 and 1985 was emphasized. These amendments encouraged a large majority of the public, who had never gambled before, to pursue the activity as a form of leisure. With increased play the unintended consequences associated with gambling escalated. The most common unintended consequence was problem or compulsive gambling.

Problems with uncontrolled and excessive betting have always been acknowledged throughout history. However, problem gambling was only considered a medical issue with the increase in gambling by the middle class and the growing number of problems that derived from gambling among this population. With the legalization and public acceptance of gambling as leisure, the excessive gambler was no longer considered a moral deviant. The state, in its position as both the regulator and the beneficiary of gambling, has become partially dependent on the considerable funds that are generated from gambling activities. Faced with a growing concern from citizens around the issue of excessive gambling, the government has implemented programmes for problem gamblers. In fact, these government-sponsored programmes have downloaded the responsibility for excessive gambling to the individual by locating the root of the problem within the individual's psychological or physiological nature. These programmes and services create the illusion that the state is acting to solve the issue of problem gambling, when in actuality the state has developed a dependence on revenue from problem gamblers who generate a large portion of the impressive state profits from gambling.

Public sentiment has been unkind to problem gamblers, as media attention has increasingly emphasized the negative side of VLT players, painting them as thieves and crooks. This negative sentiment is a result of media coverage, but also a result of society's inability to comprehend the medical discourse utilized in

government-sponsored programmes, that depict VLT gambling as an addiction. Most people understand addiction when it involves the physical ingestion of a substance. Gambling does not involve any physical ingestion; the substance of choice for a gambler is money. Society is unable to reconcile someone wasting money on gambling, therefore, VLT players feel as though they are misunderstood and subsequently stigmatized by those who do not share similar experiences. This negative labeling projected onto gamblers results in many of them choosing to hide their personal histories of habitual gambling, as they fear rejection from others.

Gaining access to participants for this study was challenging, as problem gamblers are often reluctant to share their personal experiences with outsiders. After much discussion with potential participants and reassurance about my research intentions I was invited into a local Gamblers Anonymous group. Although it was not the original plan for my project, I seized the opportunity to observe the group's weekly meetings as a convenience sample of VLT players. This observation group became the basis for recruiting the participants in the study, and from there I was able to use snowball sampling to gain access to former GA members, and additional participants for the study.

Initially, it was my intention to observe the Eastern Health Addiction Services counseling group for gambling, but I was unable to overcome the wariness of the groups' clients, and was ultimately denied access to the group for observation purposes. However, several of the Addiction Services clients did contact me and

were a part of the interview portion of the project. I used the participants' experiences that were disclosed during GA meetings to be the basis for the development of an interview schedule.

By opening up to me about their experiences with VLT gambling, I learned from GA members what their initial motivations for playing VLTs were and how these motivations changed over time. I became aware of the way in which players were intrigued with the possibility of winning money and the resultant feelings from success with gambling. This infatuation with VLT gambling led to constant betting by gamblers who quickly realized that the financial cost associated with play was substantial. Coming to recognize the substantial costs and often the debts that had been accumulated from habitual gambling, players began to chase their losses in an attempt to repay their loans or depleted bank accounts. Often, players would manipulate existing bank accounts by using their savings to cover off debt. Furthermore, players would access additional credit cards that would assist in hiding large and numerous cash withdrawals from their loved ones. When they had exhausted their accessible cash flow, players would resort to creative schemes for securing funds with which to gamble.

Finding the time and the ideal location to gamble meant that players could avoid being questioned by their loved ones, or evade being recognized by others in the VLT establishment. Being aware of the dishonest practices that they were using in order to gamble, players revealed the rationalizations they would employ to

convince themselves that it was acceptable to continue playing VLTs. However, cognizant of how they themselves perceived excessive VLT gamblers prior to their involvement, they believed that others in the gambling environment were negatively evaluating their behaviour. This pre-conceived negative stereotyping coupled with media representations of VLT gambling led to the player developing a negative self concept, and ultimately retreating further into habitual gambling, rather than admitting their faults. When players reached the point where they could no longer financially or emotionally sustain their addiction, most of them confessed their behaviour to their families and sought help from various addiction service providers in the province.

Services for gamblers in the province of Newfoundland and Labrador were virtually non-existent up until the years immediately following the implementation of VLT gambling. Until 1995, there was only one gambling counselor and one social worker equipped to address the specific needs of excessive gamblers. Today, there are various state-sponsored programmes and inpatient/outpatient services in the province that include the Recovery Centre, Humberwood Treatment Centre, and Addiction Services regional counseling. While many participants will share their positive experiences with these various service providers, the programmes are limited in that they were developed and implemented based on information that is not specific to the province. I have argued that NL offers unique considerations for gamblers who fear stigmatization by others in treatment. Participants expressed

that they felt judged when they had to attend group therapy with other addicts (i.e., alcohol, drugs) who were unable to understand excessive gambling as an addiction. Furthermore, the training that has been provided to primary physicians is based on different addictive behaviours and assumes that excessive gambling can be attended to in the same way as other addictions. As this thesis describes, the experiences of gamblers and substance abusers are the same, but the response to their problems requires a unique and holistic approach to recovery.

The mainstreaming and increased accessibility of gambling in general, and in the workplace specifically, presents GA members with challenges in attempting to cease their play. GA members expressed their difficulties when being confronted with opportunities to gamble in the community (i.e., convenience stores) and at work (i.e., fundraisers, group lottery tickets). Furthermore, GA members expressed both their positive experiences and their apprehensions with the 2005 NL government measures designed to address problems caused by VLT playing in Newfoundland and Labrador. While the majority of participants felt that these changes to VLT policies were a step in the right direction, most of them also felt that eliminating VLTs entirely was the only real solution to the problem.

6.2 Lessons Learned

When I began this project, I was interested in the stigmatization of VLT players in Newfoundland and Labrador. Being cognizant of the sensationalized and negative media attention that was given to stories related to VLTs, I wanted to

inquire further into how participants would cope with this deviant identity. Unexpectedly, I discovered that the main cause of the socially constructed stigmatization and silencing of VLT players is a result of the misunderstanding of the addiction involved in excessive gambling.

At the beginning the research process, I read about the medicalization of deviance, and how behaviours that were once labeled as deviant undergo a transformation whereby they are labeled as problems that can be attended to through medical treatment. The most widely researched of these behaviours was alcohol addiction. I learned how excessive alcohol consumption came to be labeled as a disease and how those who are subject to the label of alcoholic are often partially relieved of the responsibility associated with their condition.

There was only a limited literature on the medicalization of gambling, and there was no literature at all on the medicalization of VLT gambling. As I read through several articles, I began to see a theme that echoed what participants were discussing in GA meetings and disclosing during interviews – that gambling is not understood or accepted by the public as an addiction. Rather, the public is believed to view excessive gambling as a choice. Gambling does not involve the physical ingestion of a substance, therefore society is unable to accept that players would have a physical compulsion to gamble. Ultimately, the recent medicalization of gambling has not been as successful as the medicalization of alcohol in regards to alleviating stigma and stereotyping of its victims.

Given the public interest in the social problems associated with excessive VLT play, it would seem logical that the government prohibit VLT gambling in the province. However, like other harmful habits (i.e., alcohol and tobacco), the government makes a substantial profit from gambling. Based on the lucrative revenue generation, government was, and still is, reluctant to eliminate VLT playing in the province. Instead, implementing treatment programmes and services, as well as reduction initiatives make the government appear as though they are addressing the problem. In reality, the government is still generating substantial revenue and is able to operate these gambling programmes at relatively little cost.

Using an interactionist and micro-level approach to gambling research in this province, I learned that the programmes that seek to alleviate problem gambling may give individuals the tools needed to cease their habit, but do little on a societal level to address the misconceptions about VLT gambling. With qualitative methodologies, I learned from the participants that the programmes that promote a medicalized language of addiction are potentially harmful to problem gamblers, as the public is unable to understand and accept excessive gambling as an addiction. Through conversations with VLT gamblers I was able to describe the consequences that they experience as a result of the stigma that accompanies the label of compulsive VLT gambler. This project has illustrated that it is simply inaccurate to assume that the model that is applied to some behaviours (e.g. alcohol addiction) will work for gambling. In fact, applying the medical model to gambling is not

sufficient when addressing the needs of those who struggle with excessive VLT play. Until now the subjective experiences of VLT players in this province have largely been unexplored and misunderstood.

I learned that the majority of participants in my study had underlying issues (e.g. unhappy marriages, depression, bi polar disease, other addictions) that were associated with their gambling. Often, when playing VLTs, the psychological effects of winning created a feeling of euphoria that was difficult for them to attain in any other way. VLT gambling became a place for them to escape from the stresses of their everyday life. Although their problem gambling caused distress in their lives, participants did not set out to cause harm to their family and friends. In fact, when they realized the financial cost associated with VLT gambling, they sought to recover their financial losses by continuing to gamble. Having their own preconceived notions about other gamblers and subjecting them to stereotypes, players were reluctant to confess their habitual gambling, fearful of the resultant stigmatization. The fear of rejection from family and friends led to a continued downward spiral of excessive gambling.

Eventually GA members confessed their gambling habit to their families. Today they live with the assumption and fear that others will judge them for their misdeeds. Therefore, gamblers live with a concealed identity to avoid the social distance that might be imposed by those who are distrustful. The compulsive gambler identity becomes a master status that governs all interactions that the VLT

gambler is involved in. For support they often rely on GA meetings, surrounded by individuals who share similar experiences and are able to relate to their struggles. Gamblers have unique techniques of coping with their deviant identities so that they are able to engage in impression management and keep their true, problem gambling identities, a secret.

6.3 Policy Recommendations

This research is the first academic inquiry into VLT gambling in the province of Newfoundland and Labrador since 2000. The information derived from observation and in-depth interviews with past and current members of a local GA group has provided insights into the experience of being a problem gambler. Based on qualitative research methodologies that rely on the narratives and experiences of VLT gamblers, there are several policy recommendations that can be derived from this research.

6.3.1 Programmes and Services

Firstly, I would recommend that the programmes and services that are currently offered in the province be revised to reflect the specific experiences of VLT players. This would include programming that is specific to the social, cultural, and economic situations of gamblers. For example, it essential to address the fact that although women are known to play VLTs more frequently than men, they show up less often in programming. Are these women's needs being addressed? Should gambling specific programming be offered in female-specific rehabilitative

institutions? Should active recruitment of female VLT gamblers be employed? Furthermore, sensitivity should be exercised with players from different cultural backgrounds (e.g. new immigrants, Aborigines) and from different age groups.

Research on the prevalence of problem gambling in the province should build upon this project by developing a questionnaire that reflects existing research findings. Addiction Services branches across the province should be required to compile statistical information pertaining to people who avail of their services, in an attempt to contribute to a more accurate representation of VLT use and problem gambling in the province.

Secondly, those who are encountering VLT gamblers who are in their initial pursuit of help (e.g., family doctors) should receive training about the unique aspects of gambling as addiction. As they are responsible for referring problem gamblers to the gambling specific programmes, it is essential that they be educated about the nature of excessive gambling. This training could also be reflected in the treatment and preventative programming across the province.

6.3.2 Correcting Misconceptions

Qualitative research on VLT gambling has illustrated that a gambler's substance is money, and in order to maintain their excessive betting, they need to secure access to their substance. While media often sensationalize stories of theft related to funding habitual gambling and contribute to a negative view of VLT gamblers as being on social assistance, this research presents a different picture. In

fact, the socio-economic information pertaining to the participants in this study demonstrates that many were making significant annual incomes. GA members would further explain that they had access to cash and did not need to steal to support their habit. Correcting the public misconception of the socio-economic status of problem gamblers will provide a more accurate representation of VLT players, and also assist families in understanding the signs of excessive betting.

6.3.3 Government Involvement

The provincial government should implement a separate regulatory body that has control over gambling decision-making in the province. This independent gambling regulatory commission would ensure collaboration between intergovernmental departments (i.e., The Departments of Health and Finance) that have competing interests. Furthermore, there should be a cost-benefit analysis completed that would track where gambling generated revenue is being spent by government and the amount that is allotted for spending on social programming, job creation, and addiction services specific to gambling. This cost-benefit analysis, in the context of the increased economic prosperity in the province could result in a further reduction of the number of VLTs that are available to gamblers in the province. Rather than calling for the elimination of VLTs, perhaps a freeze on new forms of gambling, and a further reduction in the machines available can meet the competing interests of site owners, leisure gamblers, government, and recovering VLT players.

I would suggest that government return to the 2005 recommendations and enforce a prohibition on VLTs in family restaurants. In addition to this, my participants believe that displaying an advertisement indicating VLT accessibility at a restaurant would deter them from entering the establishment. Most participants would advocate that VLTs be eliminated. They claimed that governments were also problem gamblers as they are addicted to the substantial revenues derived from gambling. GA members have increasingly accepted that VLT gambling will continue for a long time. They have subsequently adopted the government discourse of individual responsibility for excessive gambling echoed in the gamblers narratives:

"I'm not saying they shouldn't have them right, that's stupid for me to say. I think they're doing good the way they're cutting them down right...what I'm saying is that with alcohol, I don't care how much alcohol they got, I wouldn't want my brother to stop drinking because I am an alcoholic. That's my problem. Same with the gambling, I gotta come here [to the meetings] and if the government put in five times as many machines, it's my responsibility not to go in there."

Faced with the reality that VLT gambling is here to stay, many participants believed that a casino or concentrated VLT gambling site would ensure that they not return to VLT play. They contend that in these concentrated sites their likelihood of encountering a peer, friend, or family member would deter them from playing. In order to gain entry to the casino, a person should have to acquire an access card. In relation to the implementation of a casino or concentrated site, they advocated for a self-exclusion programme whereby gamblers could add their name to a list that would prohibit their access.

Despite these innovative recommendations, GA members also acknowledged that anyone who wanted to gamble badly enough would find creative ways to play by using other people's access cards. Permitting a casino in the province would deter those who have already struggled with VLTs from slipping and returning to play. However, casinos would mean access to VLTs for new gamblers 24 hours a day seven days a week, creating a potentially dangerous situation for potential gamblers. Self-exclusion programmes work well in theory, but there have been cases in other Canadian provinces where enforcement of this prohibition has been ineffective. Finally, fearful of the problems that would accompany a casino development in the province, GA members suggested that those people who wished to play VLTs in liquor licensed establishments be issued access cards that limited the amount of money they could spend weekly/monthly on VLTs.

6.3.4 Gambling other than VLTs

Gambling in the workplace during office hours is a difficult situation that gamblers encounter on a daily basis. First, being confronted with the opportunity to engage in their problematic behaviour makes recovery difficult. Furthermore, feeling that they are misrepresented and misunderstood, makes explaining why they lack interest in gambling to their work mates or employer troublesome. A simple elimination of the permissibility of gambling in the workplace would address this issue, similar to the restrictions around alcohol and tobacco use. Moreover, while addictive substances (i.e., alcohol and tobacco) are usually concealed and separated

from the other consumer goods in convenience stores, government has done little to conceal access to gambling. Many participants felt that being able to enter a convenience store to purchase goods and services without being bombarded by lotteries and ALC approved gambling would assist them in their efforts to control their gambling.

6.3.5 Gambling Expansion

Governments need to accept the fact that not all gambling is created equally, and some games have the potential for more severe negative outcomes than others. Until very recently, online gambling was illegal in Canada. On July 14th, 2010, British Columbia was the first government in North America to introduce legalized forms of online betting (CBC 2010d). A discussion of this recent development has occupied news reports across the country. News stories within the last year cite that "Online gambling expansion [was] launched by B.C." (CBC 2010d) and "Online gambling [is] coming to Ontario" (CBC 2010e). Recognizing that provincial governments have made a move towards online betting is further evidence that there is continual growth of the gambling sector. Media also reported that "high demand crashes B.C. gambling website," (CBC 2010f) suggesting that a substantial number of people are placing bets online. Proponents of online gambling argue that governments are losing substantial revenues when Canadians play on overseas betting sites. While it is easy to recognize why provinces would expand betting to include online gambling,

the social costs associated with this growth are difficult to determine and critics are quick to caution that "online gambling [is] a risk for provinces" (CBC 2010g).

In 2004, the Premier of Newfoundland and Labrador, Danny Williams, went on record and indicated that he was in opposition to casino development in the province (Antle 2004: 1; McKenna 2008: 121). In 2010, Williams further stated that despite the increasing Canadian trend, this province would not be pursuing online gambling (CBC 2010h). Although the Progressive Conservative government under Premier Williams said that they would not introduce a casino or online gambling, the province is in a position where they have a new premier and a provincial election in the Fall of 2011. With a new leader and/or political party in charge, who is to guarantee that the provincial government will not permit the online and casino gambling business when faced with this issue under a changing economic situation in the province?

6.4 Future Research in the Province

Evaluation of VLT gambling in the province has largely been left to the media, which chooses to represent the sensational side of gambling. With the initial media coverage of the problems associated with habitual VLT gambling, governments began to implement programmes and services as strategies to manipulate both players and the public at large, into believing that they were doing something to address problem gambling. Outside of media coverage of VLT gambling, there exists the lone academic study on VLT playing in NL, which offers insight into the social

environment surrounding gambling in a rural context (Davis 2000). Gambling prevalence research studies are funded and utilized by government in their attempt to represent the nature of problem gambling in the province. The state can use these statistics to their advantage when arguing that revenues and the number of problem gamblers related to VLT playing are declining.

Research that is socially based and critical of government's position in the gambling sector in Newfoundland and Labrador is absent. In other Canadian provinces (Alberta, Ontario, Nova Scotia), there are gambling research centres that conduct studies specific to each provincial jurisdiction. Government should be funding research that is independent and critical of its approach to both gambling expansion and the existing treatment programmes and services. McKenna (2008: 18) believes that because governments and the ALC rely so heavily on the revenues generated from problem gamblers, the programmes they develop are not designed to work. Furthermore, governments must be willing to use the research findings to specifically address the problems resulting from excessive gambling.

As a follow-up from this project I would suggest that research, with a larger number of participants and multiple geographical locations, be used in order to gain a more representative picture of problem gambling in the province. Furthermore, research that compares the situations of males and females, active and inactive players, and players in rural and urban contexts would be beneficial. Projects that include business owners who house VLTs could obtain their perspective and help to

reveal the interests of those who rely on VLT revenues for their business revenues. A project that compares the experiences of players who prefer other types of gambling to VLT gambling would shed light on how and why their experiences are different. Such a project would be useful in further determining why VLT players are stigmatized while other gamblers are often not. Gambling research that is specifically focused on the experiences of females, youth, and Aboriginal gamblers in the province would be useful in the creation of programmes to meet their specific needs.

6.5 Concluding Remarks

I have been out of the field for some time now, but I have continued to engage in discussion about VLTs with colleagues, friends and family, and most importantly the people I met through encounters during the writing process. Despite the fact that only 12 people participated formally in the project, there were others who were involved on the periphery as members of the Gamblers Anonymous group or clients of Addiction Services. Being out and about in the city, I have often been asked by others what it is that I do. When I would respond that I was a graduate student at Memorial, most people inquire about my field of study. I would explain broadly that, I study the sociology of gambling, but for this specific project I did research on VLT players in the St. John's. The response was often the same, "wow! Your research is very important to this province."

The conversation would turn into a general discussion of VLT playing and the struggles people go through and the hardship suffered as a result of excessive gambling. I began to see a trend in these casual exchanges with others, where they would begin to ask questions and probe about my research findings. Quite often they would apologize for doing so, and I would reassure them that I enjoyed talking about my project, and I would encourage them to ask more. It wasn't long before people would sheepishly begin telling me about their experiences with family members and friends who had a problem with VLTs. These conversations, although not formally a part of my research, were confirmation of my findings and reassuring of the true value of this research. Moreover it validated my assumption that there are many more problem gamblers and people in social relationships with problem gamblers in the province of Newfoundland and Labrador who have yet to have their stories heard.

Many of those who were a part of this study felt as though they were powerless to affect any change over the gambling situation in the province. They are cautious about who they would share their experiences with, fearful of being subjected to stigmatization and ridicule. The gambler's shame that is associated with excessive betting leads them to keep their identity a secret from a misunderstanding public that are seemingly quick to judge. Rather than voicing their experiences with gambling, in an attempt to prevent others from going down the same path, or helping those who have made similar decisions, they are silenced. This silencing

often leaves them feeling alone and isolated when trying to understand why they became involved so heavily in habitual gambling. Many seek out programmes and services where others like them congregate to discuss their insecurities. Within these groups they meet others who can identify with their experiences and are willing to offer support in affecting change for the individual. Only those who are aware of the group can avail of its services, and for GA, virtually all members refrain from being the public face that people may identify with the Gamblers Anonymous programme.

I hope this research will contribute to a better understanding of VLT play and its consequences. I believe that the possibilities for gambling research in Newfoundland and Labrador are endless and that this is the beginning of many other projects in the future. Research should be critical of government practices in relation to gambling and should hold the state responsible for its actions. Government should be funding research that is impartial and an independent evaluation, and should engage with the findings to create an improved gambling sector that works for all. Alas, I conclude the thesis with the ritual that closed GA meetings:

*"God grant me the serenity to accept the things I
cannot change, courage to change the things I
can, and the wisdom to know the difference"*

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APPENDIX A

September 8, 2010

ICEHR No. 2009-10-191-AR

Ms. Ashley Lacey
Department of Sociology
Memorial University of Newfoundland

Dear Ms. Lacey:

Thank you for your email correspondence of September 7, 2010 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning your research project *"The promise of another spin: a case study of video lottery players in Newfoundland and Labrador"*.

The ICEHR has re-examined the proposal with the clarification and revisions submitted and is satisfied that concerns raised by the Committee have been adequately addressed. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS)*, the project has been granted full ethics clearance for one year from the date of this letter.

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to Mrs. Brenda Lye at blye@mum.ca for the Committee's consideration.

The TCPS requires that you submit an annual status report on your project to the ICEHR, should the research carry on beyond September 2011. Also to comply with the TCPS, please notify us upon completion on your project.

We wish you success with your research.

Yours sincerely,

Lawrence F. Felt, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

LF/bl

copy: Supervisor – Dr. Anthony Micucci, Department of Sociology

APPENDIX B



*Department of Research
3rd Floor Agnes Cowan Hostel
Health Sciences Centre
300 Prince Philip Drive
St. John's, NL A1B 3V6
Tel: (709) 752-1636
Fax: (709) 752-3591*

September 14, 2010

Ms. Ashley Laracy
Dept. of Sociology
Memorial University of Newfoundland
P.O. Box 4200
St. John's, NL A1C 5S7

Dear Ms. Laracy:

Your research proposal, reference # ICEHR 2009/10-191-AR: *"The promise of another spin: A case study of video lottery players"*, was reviewed by the Research Proposals Approval Committee (RPAC) of Eastern Health at its meeting on September 14, 2010 and we are pleased to inform you that the proposal has been approved.

The approval of this project is subject to the following conditions:

- The project is conducted as outlined in the HIC approved protocol;
- Adequate funding is secured to support the project;
- In the case of Health Records, efforts will be made to accommodate requests based upon available resources. If you require access to records that cannot be accommodated, then additional fees may be levied to cover the cost;
- A progress report being provided upon request.

If you have any questions or comments, please contact Donna Bruce, Manager of the Patient Research Centre at 777-7283.

Sincerely,


Mike Doyle, PhD
Director of Research
Chair, RPAC

cc: Ms. Donna Bruce, Manager Patient Research Centre

MD/jmps

APPENDIX C

Oral Script Read to Gamblers Anonymous Group

Note: Although participants are being asked to sign a form indicating their informed consent to participate in the study, I also will read the following script for further clarification about their involvement in the study.

Researcher:

Hello everyone and thank-you for allowing me to attend this meeting tonight. My name is Ashley Laracy and I am a Masters student in the Department of Sociology at Memorial University. I am reading this information to you in addition to having you sign a consent form to ensure that you are fully informed about my research.

I am conducting research on male and female VLT gamblers in the province of Newfoundland and Labrador. I am interested in looking at how VLT players see themselves and their gambling activity, their experiences with any labels associated with play, and how players manage the negative reactions to their gambling. I am doing research in this area because of the lack of information that exists on this type of gambling in Newfoundland.

Your participation in the research is two-fold. Tonight I ask that you allow me to sit-in on your GA meeting and observe the meeting itself and the members involved. In the upcoming weeks I would like to conduct a one-on-one interview with willing participants to get a more in-depth understanding of VLT gambling. You can choose to participate in one part or both parts.

The name you identify with here tonight will NOT be the name I use in my research. I will be assigning all participants a pseudonym. The list that links participants to pseudonyms will only be accessible to me and will be locked on my password secured computer and in a locked cabinet in my home. Any transcripts and notes will also be stored in this way. I will keep all information for five years and then it will be destroyed or passed back to participants. Any notes that I wish to use in the thesis, presentations, or publications will be passed back to the participant to review and edit. If you choose to leave the study you can leave the collected data with me to use, have it destroyed, or take it with you.

I cannot guarantee that the people inside this group will not be able to identify who the others are in my writing. However, I will take all reasonable measures to ensure that those outside of this group will not be able to identify any participant. Also, because we live in a small town our chances of meeting outside of the group is likely. However, I will not address you in public, and if you do choose to speak to me I will

not address you by name. This will ensure that if the name you give here tonight is a pseudonym then our interaction outside of the group won't cause any problems. I cannot guarantee that this research will not be in the media, however I will ensure that no participants name or identifying features will be used in these news stories.

Thank you! Does anyone have any questions? I will ask that you sign the form indicating informed consent about the study. Does anyone wish to not be included in the notes that are taken tonight?

APPENDIX D

Description of Study/Agreement to Participate Form - Gamblers Anonymous

I am conducting a study on male and female VLT gamblers in Newfoundland and Labrador. This study is part of my requirements for the degree of Masters of Arts. It is independent of the Addiction Services or any government department and is being supervised by the Department of Sociology at Memorial University. The study will be an investigation of how VLT players see themselves and their gambling activity, their experiences with any labels associated with play, and how players manage the negative reactions to their gambling.

Your participation in this study is completely voluntary and you may choose to end your involvement at any time. Hand-written notes will be taken during observation. These notes will not be accessible to third parties. All information you provide will be held in strict confidence and your name will not be released to any organization or appear in any report. Any transcripts or notes that I choose to use will be passed back to the interviewee to review and edit. The recorded information will be stored on my password locked computer and hard copies will be kept in a locked cabinet in my home. Data will be kept for five years and then destroyed by myself or passed back to the participant.

If you are willing, I would also like to conduct a one-on-one interview in order to ask more detailed questions about your VLT play. If you are interested in participating in an interview we can set up a time, date, and place at your convenience.

The information collected from this study will be used for academic talks, reports and publications. These assurances of privacy are intended to allow you to provide honest answers that are as complete as possible. If you have any questions or concerns that cannot be answered by me, you may contact my thesis supervisor, Dr. Anthony Micucci, Department of Sociology (864-4592 or 864-7443).

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICHER at icehr@mun.ca or by telephone at 864-2681.

Thank you in advance for your assistance in this project.

Ashley Laracy

Having read the above, I agree to take part in the study.

Signature

Date

APPENDIX E

TABLE 1
Demographic Characteristics of Participants

Total Sample: 12	N	%
<u>Sex</u>		
Female	5	42%
Male	7	58%
<u>Age</u>		
35-45	7	58%
46-55	3	25%
56-65	1	8%
66+	1	8%
<u>Level of Education</u>		
Less than high school	3	25%
High school diploma	2	16%
Trade/university certificate	5	42%
Bachelors degree	1	8%
Masters degree	1	8%
<u>Employment Status</u>		
Retired	2	16%
Full-time	8	66%
Part-time	1	8%
Unemployed	1	8%
<u>Income</u>		
\$20,000 or less	3	25%
\$21,000 - \$40,000	3	25%
\$41,000 - \$60,000	2	17%
\$61,000 - \$80,000	1	8%
more than \$80,000	3	25%
<u>Ethnicity</u>		
Caucasian	11	92%
Aboriginal	1	8%

<i>Marital Status</i>		
Single	2	17%
Separated	3	25%
Divorced	1	8%
Long-term Relationship	1	8%
Married	5	42%
<i>Children</i>		
None	3	25%
One	3	25%
Two	4	33%
Three	-	---
Four or more	2	17%
<i>Length of time playing VLTs</i>		
14 or more years	3	25%
10-13 years	3	25%
6-9 years	3	25%
5 years or less	3	25%
<i>Length of time at GA</i>		
5 or more years	5	42%
2-4 years	2	16%
1 year or less	5	42%



