

## **Gambling and the Contradictions of Consumption: a Genealogy of the 'Pathological' Subject**

**Gerda Reith**

**Department of Sociology, Anthropology and Applied Social Sciences  
University of Glasgow  
U.K**

### **Abstract**

This article argues that the emergence of 'problem gambling' as a distinct social phenomenon is the result of a particular convergence of discourses and socio-economic formations that configure their subject in a variety of ways, and which express the underlying contradictions of late modern consumer societies. Although historically, criticisms of gambling have been couched in terms of the latter's undermining of the ethic of rational production, today, the notion of problem gambling is articulated in terms that are oppositional to the ideology of a 'consumption ethic' based on the values of self-control, self-actualization, responsibility and reason. This is related to wider socio-economic trends in western societies, whereby the decline of external forms of regulation is matched by rising demands for individual self-control, and which are conducted through consumption practices. In the case of gambling, the liberalization and deregulation of the industry and the simultaneous expectation that individual players govern themselves expresses the tensions inherent in systems of consumer capitalism, and creates the conditions for the emergence of the problem gambler as a unique historical type.

*Keywords:* Problem gambling, consumption, neo-liberalism, discourse, risk

Gambling has always been regarded as problematic, although the precise nature of the problem it presents varies according to socio-historical context and cultural climate. Today its status is particularly complex, and is constituted out of a configuration of medicalized discourses which reflect broader socio-economic tensions within society more generally.

This article will consider the creation of the modern 'problem gambler' as a unique cultural figure, who is both created through, and represents, the contradictions of late modern consumer societies. As such, its focus is not on the motivations and explanations for 'normal' or social gambling, which are complex and diverse, but rather with the ways in which problem gambling, as a distinct social phenomenon, is configured within western societies as a whole. In order to undertake this analysis, the article adopts a broadly Foucaultian perspective to trace the various discursive formations that are involved in the construction of the notion of problem gambling, before moving on to examine their articulation with wider socio-economic structures.

### **The Ethic of Production**

For much of its history, gambling has been considered a fundamentally problematic human activity and criticized as degenerate and sinful for its non-productive nature, its deliberate courting of the irrational forces of chance, and its disruptive and immoral effects on populations. As such, it has been persistently prohibited and / or regulated by states that feared its potentially incendiary effects on their workforces, and its disorderly effects on social cohesion (Reith 1999; Lears 2004).

The blind democracy of chance in gambling divorced reward from effort or merit, undermining the ideology of meritocracy in secular societies, and faith in providential determinism in religious ones. Counterposed to these, the lottery winner was neither necessarily worthy nor deserving - simply lucky. And rich. The contrast is highlighted in Frank Norris's nineteenth century tale of social inequality, *McTeague*, when the wealthy Trina wins the lottery, leading the impoverished Zerkov to wail: '\$5000. For what? For simply buying a ticket; and I have worked so hard for it, so hard, so hard... fought for it, starved for it, am dying every day' (Norris 1985, 126). By divorcing the creation of wealth from the efforts of labor, gambling undermined the protestant work ethic and so threatened the accumulation of wealth that formed the basis of capitalist societies. The stability of industrial nations depended on the rational management of time and money through diligent labor, investment and self-discipline: virtuous pursuits that were flouted by the actions of the gambler. In contrast to the gradual accumulation of earned - and therefore justified- wealth, gambling was characterized by the idle squandering of time and money in economically unproductive activities. Games of chance never actually created wealth, but only redistributed it in a way that was out of all proportion to the efforts of those involved, with the result that any gains made from such games were regarded as undeserved - and therefore illegitimate - wealth. The sudden fluctuations in prosperity inherent in gambling games threatened the order of the social hierarchy, by transforming poor individuals into wealthy ones, or vice versa, reversing social distinctions and undermining economic productivity in a way that tended to worry those with most to lose, while proving extremely appealing to those with everything to gain. As the group most committed to the ideological foundation of the protestant work ethic, the bourgeoisie were also the class most virulently opposed to all forms of gambling, and were the driving force

behind a range of legislative attempts to curtail and prohibit the playing of games of chance, especially amongst lower socio-economic groups (Dixon 1991; Munting 1996; Reith 1999).

In general, however, such critical approaches did not possess a distinctive notion of 'problem gambling' as an activity separate from 'normal' gambling: rather, *all* gambling was assumed to be potentially problematic, both as an immoral activity in its own right, as well as one which could lead to further vice and disruption.

### **The Commodification of Chance**

In many respects, the contemporary problematization of gambling can be seen as a continuation of the discourses that criticized its undermining of the ethic of productive labor and its promotion of the ideology of unearned wealth. But in other, important respects, today's dialogue brings its own, unique perspective to the phenomenon and reconfigures it in new ways.

The proliferation of gambling and problem gambling in the late twentieth and twenty-first centuries is in part due to the commercial expansion of the industry itself. But equally important is the growth of new discursive formations that develop in conjunction with changes in the structure of western economies and which reflect wider contradictions within them.

Since the 1970s in particular, the gambling industry has undergone a period of dramatic liberalization and deregulation, with a loosening of legal restrictions on promotion and expansion resulting in the massive proliferation of commercial gambling as a global enterprise with a central place in western economies. Governments around the world have legalised lotteries, casinos and sports betting, as well as machine-based gambling such as slots and video lottery terminals (VLTs) as sources of vast profit for both state and commercial enterprise. At the same time, new technologies such as the Internet have launched gambling into cyberspace, breaking down national boundaries and posing complex regulatory challenges. In the U.S alone, expenditure on gambling (i.e. amount wagered minus payouts for winnings) increased from \$10 billion to \$50 billion between 1982 and 1997, as the size of the industry increased ten-fold (NRC 1999). Similar expansion can be found elsewhere, with annual expenditures in Australia and the U.K now exceeding \$AU 11 billion and £7 billion respectively (Productivity Commission 1999; DCMS 2001)

At the same time, shifts in the fabric of social life, including increasing secularization, the declining influence of arguments concerning the 'immorality' of gambling and the spread of consumerism has created a climate that is conducive to the proliferation of gambling as a mainstream leisure activity. The development of the commercial strategies of market research, advertising and branding have been utilized to develop a variety of products and opportunities to gamble: from 'convenience' to 'resort' gambling - the purchase of lottery tickets and scratchcards at corner stores, to the development of destinations such as Las Vegas - games of chance have been commodified as heterogeneous products, offering a diverse range of choices for ever increasing numbers of consumers (Reith 1999). Participation has not only increased but also widened to include, for the first time, the middle class - the group traditionally most hostile to all forms of gambling - in a move that has finally

‘normalised’ the activity. Such legitimization is reflected in shifting nomenclature – at least on the part of the industry – whose use of the euphemistic term ‘gaming’, with its connotations of play and leisure, dissociates games of chance from their older, ‘harder’ connotations of betting, wagering and, inevitably, financial loss. Lotteries represent the apogee of this trend: with their links to public services and ‘good causes’, they attract language the rest of the industry can only dream of, with patrons described as ‘playing’, ‘participating’ or enjoying a ‘flutter’ – but never actually ‘gambling’ proper.

These trends of liberalization and proliferation can be located within wider changes in Western economies; most notably the move towards political and fiscal policies of neo-liberalism and the rejection of broadly Keynesian principles of market regulation. These are characterized by the state’s reduced intervention in social and economic life, its decreasing responsibility for the provision of public services and its promotion of competitive enterprise. In particular, this ‘minimal state’ is characterized by increasing unwillingness to levy unpopular taxation on voting populations. In the revenue vacuum created by such policies, the economic utility of gambling as a voluntary, albeit regressive, form of taxation, to state and federal coffers is obvious. Through direct involvement in lotteries and extensive taxation of commercial operations, states extract vital revenue from games of chance with which to fund public services (Abt et al 1985; Goodman 1995). For example, in 2003, lotteries contributed \$14.1 billion to U.S state governments (NASPL 2003); while the U.K gambling industry provided some £1530 million to government in 2000 (DCMS 2001), and the Australian industry AU\$4.4 billion in the same year: an almost four-fold increase in real terms since the 1970s (Della Sala 2004). Such profits are either added to general tax revenue, or else designated for particular services, with education, healthcare and housing projects being popular beneficiaries. And so, as the presence of the state in the regulation of public life is scaled back, so its involvement in the business of gambling increases. It is this symbiotic relation between commercial profit and state revenue that has provided much of the impetus for the liberalization and promotion of gambling towards the end of the twentieth century and into the twenty-first.

In this convergence of commerce with chance, the state sponsored fantasy of the big win turns the ethos of production and accumulation on its head, advocating the benefits of massive, unearned wealth over the satisfaction of modest gains, in a shift that reflects, not only the transcendence of the work ethic, but also the promotion and celebration of a new kind of ‘consumption ethic’. The values of risk taking, hedonism and instant gratification are promoted in lottery advertisements that urge consumers to live for the present: ‘forget it all for an instant’ (UK scratchcard), reject work: ‘work is nothing but heart attack-inducing drudgery’ (Massachusetts lottery), embrace risk: ‘lotto – the biggest risk of becoming a millionaire’ (Netherlands lottery) and dream of a life of leisure: ‘the freedom to do what you want to do, year after year’ (Queensland Golden Casket); all for a simple purchase: ‘all you need is a dollar and a dream’ (New York lottery). Appeals to the democracy of chance continue, and are now associated with the aspirations of the American Dream - anyone can be lucky; bountiful state lotteries do not discriminate, and the downtrodden McWorker has as much chance of winning as the Ivy league lawyer. As the U.K lottery slogan puts it, ‘it could be YOU!’

## **Quantifying the Problematic Subject – the Construction of the ‘Pathological Gambler’**

It was into this climate that the ‘pathological gambler’ as a quantifiable entity was born, when it was introduced into the reference manual of mental disorders used by the American Psychiatric Association, the *DSM III*, in 1980 (APA 1980)<sup>i</sup>. What is perhaps most immediately striking about its appearance is the fact that, although steeped in a climate of commercial proliferation and economic deregulation, explanations of gambling problems were seldom couched in terms of consumer behavior but were rather discussed within a reductive, materialistic epistemology of sickness and disease.

The syndrome was first described as an impulse control disorder - a compulsion characterized by an inability to resist overwhelming and irrational drives. Focus soon shifted to its addictive characteristics however, and it was reclassified in terms similar to those for psychoactive substance dependency in *DSM III-R* in 1987, and then refined again in *DSM-IV* in 1994, with the term ‘pathological gambling’ consistently used to reflect its chronic, progressive character (APA 1987; 1994; Lesieur and Rosenthal 1991). The *DSM-IV* screen contrasts pathological with social and professional gambling on the basis of the presence or absence of the values of reason and discipline: social gambling is defined by its ‘predetermined acceptable losses’, and professional gambling, where ‘risks are limited and discipline is central’ (APA 1994). Underlying its checklist of symptoms is a focus on ‘loss of control’ as the organizing principle for pathology, reflected in criteria such as repeated unsuccessful attempts to stop gambling and irritability when attempting to stop, as well as others such as preoccupation and tolerance, which reflect the assumption of the physiological basis of the disorder. [See Appendix 1]. Meanwhile, another screen – the South Oaks Gambling Screen (*SOGS*) – was developed for the clinical diagnosis of gambling problems, again, with loss of control as a guiding principle of categorization, and became widely utilized for the measurement of gambling problems throughout the population (Lesieur and Blume 1987). In general, behavior is viewed as existing on a continuum, with ‘problem’, as opposed to ‘pathological’, gambling regarded as a less severe condition, defined in terms of its harmful effects to the individual and its disruptive effects on economic productivity, familial breakdown and crime<sup>ii</sup>. It has been estimated that up to 2% of the population in the U.S experience gambling-related problems, with 0.8% considered ‘pathological’ (NRC 1999). Around 1.1% of Australians experience moderate, and a further 1%, severe, problems with their playing (Productivity Commission 1999), while around 0.8% of Britons are regarded as problem gamblers (Sproston et al. 2000).

With the development of a system of classification and nomenclature, a distinct ‘type’ of individual with a checklist of symptoms which could be measured and compared against a norm, came into existence. For the first time, the problem of gambling was given a name, quantified, separated from ‘normal’ gambling, and legitimated within the domain of medicine. This is part of a process described by Foucault (1976) as the ‘constitution of subjects’, whereby the observation and classification of various types of behavior provides the conceptual tools for conceiving – ‘thinking of’ - subjects in new ways, creating a language with which to describe and discuss them, so rendering them increasingly visible to social inquiry, and also increasingly ‘real’ (See also Collins 1996 on this process).

With the recognition of pathological gambling as a psychiatric disorder came a proliferation of interest in the subject, with the establishment of a range of medical, legal, academic and treatment professionals, as well as lay groups and formal organizations, all with their own conception of and interest in 'the problem' (Volberg 2001). A range of explanations for the syndrome were proposed, many of which simply tended to 'explain' it in terms of a description of the features that characterized it. While psychological research focused on what appeared to be the fundamental impulsivity and irrationality of gamblers, medical research attempted to locate biochemical and neurological bases for the disorder, and public health perspectives utilized a variety of approaches to estimate the prevalence of problems and calculate patterns of risk across populations.

All of this resulted in a somewhat 'messy' overlapping of discourses that configured problem and pathological gambling in a range of different ways: as a mental disorder, a physiological syndrome, or sometimes a (calculable) combination of all of these things, expressed as factors of 'risk'.

Despite widespread interest in what appears as a significant social phenomenon, social theorists have, on the whole, paid relatively little attention to problem gambling, with the result that the latter remains an inadequately understood entity and an under-theorized area of human behavior. Some accounts which are pertinent here, however, have noted the wider discursive processes within which 'the problem' has been located (Castellani 2000), and have argued that the medicalization of gambling is part of the more general medicalization of marginal or deviant behavior that has historically been applied to phenomena such as drug taking and mental illness, and which are often associated with middle class participation in an activity (Rosecrance 1985; Conrad and Schneider 1992). Recently Collins (1996) has incorporated such arguments into a genealogical account of the emergence of the pathological gambler in the 1980s, drawing on both Foucault's idea of the 'constitution of subjects' as well as Ian Hacking's notion of 'making up people' to describe the process by which new social categories are constructed out of new forms of knowledge.

To an extent, the (medicalized) creation of the pathological gambler can be seen as an instance of such a 'made up' or 'socially constituted' individual. However, it can also be said that *all* behavior defined as problematic is socially constituted in some way: 'made up' through a process of comparison, separation and exclusion on the basis of dominant values and beliefs. Furthermore, the problematization of gambling occurred not when it was considered marginal or deviant, but at precisely the point when it became a mainstream leisure activity. Given this, what is perhaps more interesting here is the conditions under which gambling came to be constituted as problematic at all, and, moreover, what the nature of its configuration tells us about broader social conditions.

With this in mind, this article now turns to examine the broader climate in which medicalized discourses of problem gambling are located, before moving on to investigate their convergence with wider socio-economic structures.

## **The ‘Consumption Ethic’**

The recent shift in the status of commercial gambling has to be seen in the context of the general transformation of western societies from industrial, production-based economies, towards those organized around consumption and the provision of services. This trend, often described as ‘post’ or ‘late’ modern, is characterized by the elevation of consumption as an organizing feature of social life, with an elective affinity to neo-liberal ideologies of freedom, choice and consumer sovereignty. As Zygmunt Bauman (1998) puts it, we have moved from a ‘production ethic’ to a ‘consumption ethic’, characterised by the values of self-fulfilment, hedonism and desire. Here, consumption has a crucial role in the creation and realisation of both individual and social identity, with consumers using the acquisition and display of commodities to mediate social relationships and to construct a coherent ‘narrative of the self’ (Giddens 1991).

This formulation is based on a very specific view of consumption as a regulatory force as well as a means of self-expression, which is located in the economic and political structures of affluent, western neo-liberal societies. Here, the reduction in external sources of governance - the economic deregulation of markets and the withdrawal of the state from ‘interference’ (or perhaps more accurately, funding) in ever more areas of public and private life - is accompanied by an increasing emphasis on forms of individual self-control. The demand is for consumers to govern themselves through their consumption habits, with the ideal of consumer sovereignty based on autonomous individuals shaping their own trajectories through their actions in the marketplace. Crucially, these self-determining agents are responsible for their own welfare, security and future happiness, independent of wider systems of social support; aims which are realized through prudent decision making and rational and controlled consumption (O’Malley 1996; Rose 1999). As such, the ideology of free choice and consumer sovereignty actually become the regulatory principles of modern life. Ironically then, the very freedom of the consumer is also the means of their regulation, and is based on the subjugation of irrational urges and desires to rational forethought and prudence. As Mitchell Dean put it, in order to be free at all, the subject must first demonstrate that it is ‘capable of responsibly exercising that freedom through systems of domination’ (Dean 1999). In this way, ‘appropriate’ consumption contributes to both individual and social health: to the self-realization of the sovereign consumer, as well as to the maintenance of productive social relations.

Crucial to the notion of a modern ‘consumer ethic’ as discussed here then, is a dualistic conception of consumption both as a medium of self control as well as a form of self-expression. The tension inherent in this formulation stems from an aspect of what Daniel Bell (1976) first identified as the ‘cultural contradiction of capitalism’. In essence, this refers to the conflict between a production-centered ethic, based on rational discipline, control and work, and a consumption-centered one, founded on hedonism, self-expression and instant gratification. Modern society presented individuals with a paradox: on the one hand encouraged to consume; to give in and abandon themselves to the pleasures of self-fulfilment; on the other, to exercise self control and restraint; imperatives which Bell (1976) regarded as fundamentally irreconcilable, and indicative of a deep contradiction inherent within capitalist systems.

Today it is clear, however, that these apparently oppositional ethics are *not* mutually opposed, and can not only co-exist, but can in fact be complementary. The practices of consumption associated with modern neo-liberal systems actually embody both the imperatives of self-expression and self-restraint. The values of the protestant work ethic have not been transcended, merely internalized, in an activity that is on the one hand, free and unrestricted, but on the other, controlled by the responsible and rational consumer themselves. In this formulation, the ethic of consumption actually embodies many of the values traditionally associated with production, while configuring them in terms of individual self-control.

### **Gambling and the ‘Consumption Ethic’**

It is within this context of increasing consumerism, economic deregulation and the emphasis on internal forms of restraint that the emergence of problem gambling as a distinct social phenomenon becomes possible. As a feature of these broad socio-economic trends, the increasing liberalization and deregulation of commercial gambling is accompanied by rising demands for self-regulation and responsible gambling by players themselves. It is no longer the prerogative of the industry, the state or the courts to restrict the consumption of games of chance – this is now up to the individual, who becomes responsible for their own fate at the tables. It is now the task of the sovereign consumer to temper their enjoyment of the thrills of gambling with a prudent awareness of the risks involved, to exercise self-control, to manage their losses and, in extreme cases, even to exclude themselves from gambling venues altogether – because no-one else will<sup>iii</sup>.

At the same time, the shift towards a society dominated by consumption sees a shift in the location of gambling problems. From being defined primarily in term of their opposition to the values of production, now the problems posed by gambling are reconfigured in terms of consumption – at least, the particular notion of consumption that is embodied in neo-liberalism.

Although the unproductive effects of problem gambling, in terms of its disruption to economic, social and familial life and its financial costs to society as a whole, are still very much alive and integral to critical discourses<sup>iv</sup>, the issues have become more complex today. In a climate where gambling has become a hugely profitable enterprise that is inextricably linked with the political and economic institutions of the state, where it is promoted as a legitimate form of consumption, and where the majority of the population – including large sections of the middle class – regularly participate, arguments about its undermining of the ethic of production become less certain.

In such a climate, problem gambling emerges as a problem of inappropriate consumption, whose defining features – lack of control and loss of reason – are conceived as attributes that undermine the ideal of consumer sovereignty and the basis of the ‘consumption ethic’. Indeed, the checklist of symptoms in the problem gambling screens reads as a negative image of this ideal: in place of the autonomous, rational, self-controlled and responsible consumer, we have one characterized by dependence, irrationality, lack of self-control, and an irresponsible attitude to money, family and work relations.

At this point, it is instructive to look more closely at the notion of ‘problem gambling’ itself, through an in-depth analysis of the discourses in which it is constituted. It is argued that within these, the problematic subject is configured in a variety of ways that, although not reducible to any single explanatory ‘type’, is defined in terms that are broadly antithetical to the ideology of modern consumer societies. The remainder of the article will examine these claims more closely.

The following discussion is organized loosely around the themes of loss of control, reason and dependence, and their intersections with notions of risk and therapy, which are regarded as the primary axes around which the notion of pathology is defined. It is recognized here that such a division is somewhat schematic, and attention drawn to the fact that it is imposed simply for what is hoped are purposes of narrative coherence. It is likely that a range of different ‘types’ of problem gambler exist, and it is stressed that neither they, nor the various discourses surrounding their behaviour, fit ‘neatly’ into any one of these areas, which are not intended to be regarded as discrete or mutually exclusive, but on the contrary, are characterized by frequent overlaps, contradictions and divergences.

### ***The uncontrolled subject***

Psychological research has focused on what appear to be the fundamental impulsivity and irrationality of problem gamblers, describing their inability to overcome impulses to act on the spur of the moment, without consideration of the long term consequences, their compulsion to repeat behaviour over and over again (Zuckerman 1979; Blaszczynski et al 1990), and their drive to seek intense experiences in a spiralling quest for ever more exciting sensations (Coulombe et al, 1992; Griffiths 1993).

Such accounts present an image of the problem gambler as an individual who is fundamentally out of control; a creature driven by a restless desire for novelty, excitement and action, and propelled by forces that are unwilling by their helpless owners. Indeed, problem gamblers appear to be overwhelmed by the experience of gambling itself, living from moment to moment, oblivious to their surroundings and to the passage of time, repeating increasingly desperate attempts to chase their losses until eventually the erosion of their bankroll or the limit of their credit forces them to stop.

Although the motives for gambling are as heterogeneous as games themselves, it appears that for many problem gamblers playing is not simply about winning money - at least, not in any straightforward, rationalist sense - with even the *DSM-IV* admitting that: ‘most individuals with pathological gambling say that they are seeking ‘action’ (an aroused, euphoric state) even more than money’ (APA 1994). The uncontrollable desire for excitement and thrills is so overwhelming that even money loses its value in the face of it, becoming devalued to the status of little more than a plaything; a counter in a game (almost literally, in the case of the use of chips in the casino). Although representing the supreme measure of value in the world outside, for problem gamblers money is simply the medium of play; the price of a good time or, alternately, the cost of an escape from a bad one. Either way, it is dissociated from material consumption and prized not as an end in itself, but for its ability to allow

continued consumption in repeated play. The inveterate gambler, Fyodor Dostoevsky, who would by today's standards be considered pathological, articulated this indifference towards money when he stated that 'the main thing is the play itself: I swear that greed for money has nothing to do with it' (Dostoevsky 1914, 119).

Implicit in such discourses is the notion of problem gambling as an activity that undermines the values of productivity, rational accumulation and the efficient use of time and money. But also implied is its challenging of notions of acceptable consumption. The urge for instant gratification and arousal, the giving in to impulsive pleasures and the lack of self-control in the face of powerful craving is an expression of uncontrolled consumption, based on desire and immediacy and unrestrained by will or reason. The exclusive focus on the present and the uncontrolled betting on impulsive urges that characterize the behavior of the problem gambler are the antithesis of the rational decision-making and forward thinking that defines the actions of the responsible subject.

The desire for sensation over gain; for action over profit, contradicts ideas about the utilitarian value of money, but it also undermines ideas about the creative potential of money for building up self identity and reinforcing social relationships. Money is the great facilitator of the sovereign consumer; the medium of self-sufficiency, self-expression and social cohesion, to be handled with the appropriate attitudes of responsibility and respect: all of which is undermined by the problem gambler's insouciant approach to playing *with* rather than *for* it. Underlying such accounts is the issue of excessive consumption through the misuse of money – or rather, lack of money: money spent inappropriately; money spent on the wrong things. In place of the consumption of tangible goods with which to realize and express the self, this repetitive, immaterial form of consumption signals its surrender to impulsivity, and its overwhelming by compulsion instead.

Problem gambling is here conceived as a problem of *will*: a lack of control, driven by impulse and sensation, which in some respects invokes the (now discredited) hybrid state 'disease of the will' – a condition originally applied to alcoholism to account for its apparent status as both physiological disease and moral shortcoming (Valverde 1998).

### ***The irrational subject***

Cognitive psychological research has investigated what is regarded as the fundamental irrationality of problem gambling behavior, as evidenced by players' possession of a range of cognitive distortions and superstitions. The *DSM-IV* classified these as 'disorders in thinking', with clinicians and researchers pointing to a range of traits, including 'biased evaluations of outcomes' (Gilovich 1983), notions of 'near misses' (Reid 1986) and 'illusions of control' (Langer 1974), which describe problem gamblers' tendency to overestimate their influence in games of chance, attribute losses to external factors, hold out unjustified optimism in the likelihood of winning, misperceive patterns in random events, and to trust to mysterious, influential forces such as 'luck' (Wagenaar 1988; Gadboury and Ladouceur 1989)<sup>v</sup>. In general, this approach is based on the assumption that some kind of 'cognitive deficit' lies at the root of problem behavior, whether a misunderstanding of probability, a lack of knowledge about odds and risk, or a faulty system of perception.

Cognitive explanations of problem gambling, and the forms of treatment that are based on them, are founded on a model of rational economic action in which individuals make informed decisions based on calculations of the benefits and risks of various forms of activity. In it, gambling is a form of economic behavior with negative expected value (ie gamblers can expect to lose), and so is regarded as antithetical to the self-interest of rational consumers. Such economic accounts have a tendency to regard gamblers as investors, calculating the best return on their stakes, and so reduce the engagement with chance to a mistaken calculation; an irrational misunderstanding of the laws of economics and probability. As one analysis put it, it is a case of 'faulty or irrelevant incoming information...producing erroneous behavioural output' (Zangeneh and Haydon 2004, 3). In these types of discourse, problem gambling is conceived primarily as an *epistemological* problem: a disorder of cognition, based on deficient reason, ignorance and misunderstanding, which can be rectified by the input of 'correct' information and / or various forms of therapy.

This is not the place for criticisms of such reductive approaches to consumption<sup>vi</sup>, nor for wider exploration of the motivations for gambling, which as has already been pointed out, are complex and beyond the remit of this article. However, suffice to note a contradiction that emerges from the discourses of problem gambling reviewed so far. Underlying cognitive explanations of problem gambling is the assumption that, in general, gamblers are playing mainly to win money, and it is their involvement in such patently long-odds games that makes their actions a futile, and therefore irrational, form of economic activity. However, as we have seen, at the same time a considerable body of research suggests that problem gamblers are *not* in fact primarily motivated by financial rewards, but frequently by a quest for 'action' or sensation. This results in a situation whereby supposed attempts to win money through gambling is defined as irrational, and yet playing *without* concern for winning is regarded as pathological! In these competing discursive interpretations, problem gamblers quite literally cannot win.

### ***The dependent subject***

Emphasis on its similarity with dependent substance use has encouraged the search for a physiological basis for pathological gambling, with a range of biochemical, genetic and neurological research investigating the material bases of the disorder. Although researchers emphasise the interaction of biological with wider environmental factors, and despite the fact that definite associations have yet to be established, such a focus points to the primary role of physiological factors in determining the causes and aetiology of pathological gambling<sup>vii</sup>. To this end, neurological studies have utilised magnetic resonance imaging (MRI) technology to attempt to identify the physiological profiles of subjects' brains (Breiter et al 2001; Potenza et al 2003), while substances such as noradrenalin and serotonin have been associated with impulsive disorders and craving, and, more controversially, genetic predispositions have been implicated in pathological gambling (DeCaria et al 1998; Comings 1998). From this, pharmacological interventions, including lithium and SSRIs, have been suggested as possible means of treating the aberrant body.

These kinds of approach can be seen as presenting a narrative of the pathological gambler as a distinct 'type' of individual, whose actions are primarily reducible to

physiological processes located deep in their body but beyond their conscious control. Indeed, in the dramatic visual imagery of MRI scans, we can see the breakdown of Cartesian dualism: the attempt to peer into the brain tissue of the problematic subject, as if the 'location' of the problem were somehow to be found there.

It is not the case that such medical models are foisted upon a reluctant population of gamblers, however, for support for such classifications often actually comes from players themselves<sup>viii</sup>. Since the 1950s, the belief structure of the self-help movement, Gamblers Anonymous has been wedded to a strict notion of mental and physiological disorder, which actually converges with the epistemological foundations of some of these medical approaches. Although claiming that compulsive gambling is an emotional problem, G.A. also advocate its disease status, claiming: 'compulsive gambling is an illness, progressive in its nature, which can never be cured, but can be arrested' ([www.gamblersanonymous.org](http://www.gamblersanonymous.org)). It can be seen then, that 'pathological gamblers' do not only exist in clinics and diagnostic screens, but as real players who actively identify themselves as such, and adopt the language of medicine to articulate, and in some cases lend authority to, their condition.

In these kinds of accounts, pathological gambling is configured primarily an ontological problem - a problem of *being* - with the pathological gambler defined as the wrong 'type' of subject: one whose identity is determined by incurable disease and whose behavior is characterized by irreversible loss of control. Indeed, this notion of a determined state of being is shared by G.A, who state that: 'once a person has crossed the invisible line into irresponsible, uncontrolled gambling he or she never seems to regain control....no real compulsive gambler ever regains control' ([www.gamblersanonymous.org](http://www.gamblersanonymous.org)).

The notion of pathology that is involved in these discourses is anathema to the neo-liberal ideal of consumer sovereignty. The overwhelming of the faculties of self-control and reason by the presence of disease implies an abnegation of responsibility, which means that morally – and sometimes legally – pathological gamblers cannot be held responsible for their actions, far less take charge of their future welfare (Rose 1986; Castellani 2000). In place of the autonomous, sovereign consumer, engaged in the project of constructing identity and shaping their own trajectories through responsible consumption, we have an individual who is instead dependent and determined by their relation to disease; overwhelmed by a single choice, compelled to repeat the same form of consumption over and over again in an irrational cycle that leads them to self destruction. Furthermore, this is a permanent state of being, as pathological gambling is regarded as a chronic type of disorder which may be kept in check, but from which the individual can never fully recover: hence G.As advocacy of total abstinence as the only way of guaranteeing 'sobriety'.

In this configuration, we find the inversion of the ideal of consumer sovereignty, where choice is replaced with repetition, autonomy with dependence, and freedom with constraint.

### ***The risky subject***

Recently, interest in problem gambling from a public health perspective (e.g Korn and Shaffer 1999; Shaffer 2003) has, to an extent, begun to undermine these determinist

notions of pathological gamblers as distinct 'types' of person, and shift the focus of 'the problem' away from individual pathology and towards the wider distribution of gambling problems throughout the population.

This approach is based on new types of information derived from wide ranging epidemiological studies<sup>ix</sup> which incorporate the problem gambling screens and adopt the nomenclature of communicable disease, distinguishing between the agent, host and environment, to describe the development, incidence and prevalence of the disorder (see, for e.g Volberg 2001). Through the amassing of vast amounts of data, the characteristics of problem gamblers can be mapped, and the socio-demographic patterns of risk and vulnerability that cross- cut the population calculated. In this context, problem gamblers are revealed as a heterogeneous group, whose behaviour is influenced by a variety of factors, including the type of game played as well as the psychological and social characteristics of players themselves. Here, we see the measurement of relationships between the problematic subject and a range of environmental, social and physical factors, expressed in the concept of 'risk', and assessed by a continuum of harm in terms such as 'probable' or 'potential' problem gambler. From this, particularly vulnerable sub-groups, such as adolescents, males and those of low socio-economic status, can be identified as 'at risk'; particular games, such as electronic machines, described as especially 'risky'; and problem gambling situated within a matrix of other problematic behaviours, such as mental disorders, substance abuse and criminality. With its focus on 'at-risk' or 'problem' gamblers, the public health perspective casts the net of problematic behavior far beyond those individuals who meet the criteria for pathology; and with their greater numbers and potential for developing more severe problems, the former become of at least as much concern as the latter (Abbott et al 2004).

This approach to problem gambling rests on a new type of knowledge, based on statistical analyses and rational calculations, which has as its subject the health and habits – or, to use Foucault's (1991) phrase, the bio-politics - of the population. The technologies of public health - the surveys, questionnaires, clinical tests and numerical records – act as a form of surveillance<sup>x</sup> that scrutinises the habits and behavior of problem gamblers; continually monitoring their demographics, their mental health and their shifting relationships in a mass of quantifiable data. This widening of the therapeutic 'gaze' (Foucault 1973) renders the problem population increasingly knowable, increasingly visible and consequently, increasingly 'real'. However, somewhat contradictorily, this is at the same time a shadowy, invisible population. Although prevalence studies count many hundreds of thousands of problem gamblers, these individuals often fail to materialise, or to 'show up', in such numbers outwith these surveys: failing to present for treatment, request help, or sometimes even to recognise that they have a problem at all (e.g see Hodgins and el Guebaly 2000). As such, this is a largely hidden population: the problem gambler *in absentia*<sup>xi</sup>.

However, whether visible or not, the significant point here is that the focus of these public health perspectives is not so much on 'pathological' individuals, but on a miasma of risk that is dispersed throughout the population in various degrees of problematic behavior. Such a focus has led writers like Robert Castel to claim that these types of ratio centric-medical discourses 'dissolve the notion of a *subject* or a

concrete individual, and put in its place a combinatory of *factors*, the factors of risk' (1991, 281).

It should be pointed out however, that despite their rationalist epistemology and focus on the population, the configurations of problem gambling that are found in discourses of public health are still wedded to a medical paradigm, both in their use of the problem gambling screens and the terminology of disease they use to describe it. The pathological subject is not completely dissolved, but retains a distinct set of symptoms, as someone who is mentally disordered and / or 'sick' in some way.

However, unlike the more extreme medicalized discourses, in which pathological gamblers are regarded as distinct - and generally incurable - 'types', here reform of the subject *is* regarded as possible through the appropriate types of treatment and the provision of education and information.

### **Reforming the Subject**

The problem gambler that emerges out of formulations of public health and psychological expertise is subject to various types of therapeutic intervention that attempt to reform the irrational, impulsive drives that lie at the root of pathology, and so reshape the problematic behavior upon which it is based. To this end, counselling focuses on the development of decision-making strategies to regain control over excessive expenditures of time and money, on fostering techniques for managing risk and budgeting with finances, on cognitive restructuring to modify irrational expectations of gambling, as well as the examination of motivations and moods and the raising of self-awareness and esteem, in order to develop tactics for coping with, and so resisting, urges to gamble<sup>xii</sup>.

Such strategies are embedded in wider socio-economic contexts, namely the growing influence of the disciplines of psychology, psychiatry and psychoanalysis, which Nikolas Rose (1999) calls the 'psy sciences'. These specialist forms of knowledge are part of a wider process of what Foucault (1991) calls 'governmentality': a form of control that is carried out through the shaping of particular kinds of subjectivity - the inculcation of norms and values - rather than the more overt enforcement of rules and discipline, and which is part of the trend towards the reduction of external regulation and increased emphasis on individual self-control in everyday life. Here, the individual is key to their own management, and is engaged in the continual inspection of their internal states and modification of their own behaviour. The 'psy sciences' are integral to this; defining notions of normality and abnormality and helping to shape subjectivity in ways that are compatible with prevalent socio-economic imperatives and cultural values. In the present case, this involves the fostering of the values of self-control, responsibility and reason among the citizen-consumers of western societies. Ultimately, as Cruickshank (1996, 234) points out, therapy itself becomes a form of governance: a means of acting upon ourselves 'so that the police, the guards and the doctors do not have to do so'.

The medical and psychiatric discourses of problem gambling are deeply embedded in this therapeutic project. With their construction of diagnostic criteria and measurement of norms, the clinical screens allow the evaluation and assessment of gambling in terms of standards of 'appropriate' behavior, as well as creating a climate

in which individuals themselves can engage in an ongoing process of introspection and self-examination. At the same time, they generate an army of professional counselors and therapists, whom Rose (1999) calls 'engineers of the human soul', who provide treatment to reform the irrational drives – and therefore the aberrant behavior – of the problem gambler. As he puts it, 'psychological expertise now holds out the promise not of curing pathology, but of reshaping subjectivity' (Rose 1999, xxxi).

The very criteria of the gambling screens are located in and defined by this therapeutic trend, for, despite their supposedly 'objective' taxonomies, their explanatory power actually rests on a range of criteria that are socially relative and deeply subjective. Both the *DSM-IV* and the *SOGS* identify pathology on the basis of individuals' judgments on their motivations and moods, including evaluation of states such as preoccupation, excitement and loss of control, while its indirect effects are experienced as negative emotions, such as guilt, anxiety and depression that derive from spoiled relationships, unsatisfactory jobs, financial worries and general existential ennui. The screens are remarkably silent on the issue of what is, after all, the medium and the signifier of both gambling and problem gambling – money. Attitudes and behavior relating to money, such as borrowing, stealing or lying about it, as well as chasing losses, are judged more important than the actual amounts of money wagered or lost (far less money lost relative to income)<sup>xiii</sup>, which does not form part of the critical score of the *SOGS*. Indeed, the syndrome of 'pathological gambling' is regarded as quite distinct from heavy or even excessive expenditure on gambling, and pains taken to point out that the two are not synonymous (e.g Volberg et al 2001). It is not money - in an absolute or relative sense – that is important here, but rather *loss of control* of money that acts as a measure of pathology. And in this sense, the definition of problem gambling becomes potentially limitless: when evaluation of one's own subjective feelings about wins and losses is the criteria of pathology, anyone can experience problems, and the distinction between normal and problematic behavior starts to collapse.

In this scenario, the various forms of intervention and therapy represent strategies to regain control: technologies to restructure the inner world – the motivations, moods and cognitions – of the problem gambler in order to return the out-of-control subject to the status of self-actualization and responsibility.

One of the most widespread forms of treatment in this project is cognitive and / or behavioral therapy, which attempts to address what are regarded as the underlying cognitive biases that are seen as the foundation of gambling problems. To this end, attempts are made to rectify faulty reasoning by educating gamblers about the nature of games of chance, the likelihood of losses and the odds against winning (Gadbourey and Ladouceur 1989). This kind of 'cognitive restructuring' involves emphasising the mathematical aspects of gambling and highlighting the probability of particular outcomes in games, in order to re-educate problem gamblers so that they modify their expectations of gambling and abandon illusory beliefs that they can control games (Ladouceur et al 1994).

There is a discursive convergence between these types of cognitive therapy and strategies of public health, which aim to educate players about the technicalities of games of chance. Such strategies focus on campaigns to raise awareness and inform

players about the potential risks of gambling in an effort to limit the development of problems and reduce harm. To a large extent, these preventative measures are based on the assumption that decisions about whether and how much to gamble should be largely left to the individual, and also that informed choice will result in rational, and therefore responsible, behaviour. Based on these premises, they aim to educate players through, for example, signage alerting them to the risks involved in gambling, educational programs about the characteristics and potential hazards of games, and the dissemination of information on counselling and self-exclusion programs (Blaszczynski 2001). Ultimately, public health strategies aim to rectify faulty beliefs in the chances of winning and to warn of the dangers of loss of control; so enabling gamblers to make decisions based on sound knowledge and thereby, it is assumed, encourage responsible play. It is in this vein that the Victorian Gaming Machine Industry aims to counter irrational thinking and emphasize the importance of self-control when it warns gamblers: 'when you're playing a poker machine, the only thing you can control is *you*' (VGMI 2004).

It is as part of this reformist project that public health strategies also aim to raise awareness of the nature of problem gambling, so that individuals who gamble too much come to recognize the signs of disorder in their own actions, identify themselves as 'problem gamblers' and understand that their behavior is inappropriate as the first step towards changing it. Ultimately, the aim is the internalisation of the therapeutic 'gaze': a situation in which their subjective identification with their condition corresponds to the 'objective' assessment of their external actions, so opening the way for behavior change. At the same time, by encouraging individuals to identify with the category of 'problem gambler', this process of naming brings them to the attention of various treatment services, so rendering a 'hidden' population increasingly visible.

Ultimately, these therapeutic and public health approaches to problem gambling are based on the optimistic assumption that their subject – although irrational and irresponsible – can nevertheless be transformed. Whether through the therapeutic reform of their inner states, or appeals to reason via the provision of appropriate information, these discourses hold out the hope that problematic subjects can ultimately be restored to the status of rational, self-governing consumers: to gamblers who can control their playing, their finances and their selves.

## **Concluding Comments**

From our review so far, it has become evident that discourses of problem gambling configure their subject in a variety of different ways; as a mental disorder; a physiological syndrome; and a public health issue, with gamblers variously defined in terms of their impulsivity, irrationality and dependence. Although not reducible to any single explanation, such medicalized accounts nevertheless implicitly define their subject through its opposition to the values of modern neo-liberal societies: in terms of its loss of autonomy, reason and control; its 'at risk' status and requirement for therapy.

Within these discourses, we can see a continuation of criticisms of gambling in terms of its unproductive nature: its undermining of the work ethic, its waste of time and money, and its irrational investment in the capricious forces of chance. But at the

same time, we can also see the emergence of a new critical discourse, for the distinctly modern phenomenon of 'problem gambling' configures the subject in new ways. In modern societies dominated by consumerism as a mode of social life as well as commercial exchange, it is the relation of gambling to consumption, as well as to production, that is under scrutiny.

Such a focus highlights some of the contradictions of modern consumer societies: namely, the increasing emphasis on individual self-control through freely willed practices of consumption that accompanies the reduction in external forms of regulation in economic and social life. As consumerism proliferates on an ever-wider scale, and becomes less restrained by formal mechanisms, so demands for control go deeper into the individual and, in particular, their consumption practices. In this climate, practices of consumption come to have a peculiarly ambivalent role as both a source of self-realization and also a means of self-restraint. As a feature of this trend, the liberalization of the gambling industry and the widespread promotion of gambling as a form of consumption by the economic and commercial institutions of the state exists in uneasy relation with rising demands for self-governance and responsible gambling by individual players themselves. These must now balance their enjoyment of the thrills of gambling with a prudent awareness of the risks involved, and exercise the appropriate levels of self-restraint and caution at all times.

The problem gambler is the result of these contradictions; an individual who fails to manage their ambivalent freedom, and so upsets the delicate balance between self-expression and self-control; desire and discipline; consumption and production, that social stability rests on. Not only does problem gambling undermine the values of the production ethic, it also undermines those of the consumption ethic. As behaviour that is unbalanced by the exercise of reason, responsibility or, crucially, self-control, it opposes the central tenets of consumer sovereignty. Nor does it contribute to that other aspect of the consumption ethic - the process of self-actualization. Rather than the consumption of material goods with which to enrich and express the self, the endless repetition of de-materialised consumption in diminishing cycles of loss that is involved in gambling appears not only wasteful but supremely insubstantial – contributing nothing to the 'narrative of the self' in which western consumers are supposed to be engaged<sup>xiv</sup>. In a way, this peculiar form of consumption appears as the consumption of nothing at all.

The possibility that individuals might chose to risk their money on something as insubstantial as the operation of chance seems a perversion of the very freedom of choice that liberal western societies value so much, and as such is expelled and classified as 'other', in a move that gives birth to the pathological gambler as a distinct historical subject.

## Notes

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<sup>i</sup> This is not to imply that a conception of 'gambling as a problem' had not existed up until this point, for although, as has been outlined already, the activity of gambling itself had been considered problematic for centuries, the precise nature of the problem it posed had not been quantified, and nor did it have a distinct subject. Late nineteenth and early twentieth century discussions of problem gambling were informed by psychoanalytic and functionalist perspectives, describing gamblers in general as deviants who played out of masochism, neurosis, or in an attempt to compensate for socio-economic deprivation (Freud 1928; Bergler 1970; Devereaux 1949).

<sup>ii</sup> In reality, however, it can be difficult to distinguish between the two, which are often used interchangeably. In any case, definitions of 'pathological' must include 'problem' gamblers, since the former will have been the latter at some point; and both can experience variations in severity over time in 'careers' which often move between stages of problematic behavior. In diagnostic terms however, 'pathological' gambling is generally used to define those who meet more than five DSM-IV criteria, and 'problem' gambling less than five (Lesieur and Rosenthal 1991).

<sup>iii</sup> This is not meant to imply that there are *no* restraints on behavior: as Marianna Valverde (1997) has pointed out, liberalism conceals a 'hidden despotism' whereby those who cannot or will not regulate themselves are subject to a variety of forms of disciplinary control. In the case of problem gamblers, interventions range from voluntary therapy to compulsory counseling and rehabilitation and even, in cases where legal transgressions have occurred, court orders, fines and imprisonment.

<sup>iv</sup> Indeed, cost-benefit analyses of the activity estimate the financial costs of problem gambling to be some \$5 billion in the U.S per year (NRC 1999).

<sup>v</sup> It should be noted that many of these beliefs, especially those relating to 'luck', are actively encouraged in the promotion and advertising of commercial gambling.

<sup>vi</sup> Many studies have criticized this model of 'rational economic man' [sic] (McCracken 1988; Campbell 1987), pointing to the need to explain heterogeneous motivations such as desire, excitement and sociality to understand consumer behavior. Such criticisms also apply to gambling which is, after all, a particular form of consumption itself, and not simply an interchange between profit and loss.

<sup>vii</sup> This should not be taken to imply that such research posits biological factors as the *only* explanation for pathological gambling, and indeed, many researchers recognize the complex interdependence between a variety of environmental and psychological variables. However, in general, this focus on the biology of addiction represents a shift in the locus of 'the problem': away from external, societal factors involved in excessive consumption, and towards internal, material processes within the body of the individual subject itself. As such, this approach has been criticized for an incorrect assumption of causation: for regarding physiological factors as causes rather than observable effects of behavior, and for a reductive approach to human behavior. See for example, May 2001; Peele 1985; Szasz 1974.

<sup>viii</sup> Indeed, G.A was partly responsible for the recognition of problem gambling as a psychiatric disorder, and for the development of the criteria for the DSM-III to measure it (Custer and Milt 1985).

<sup>ix</sup> Many western nations have conducted such analyses in the past decade, incorporating problem gambling screens into general population surveys, as well as designing others to specifically examine the nature of gambling itself, and allowing

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international comparisons to be made. This is not to suggest, however, that these studies characterize problem gambling in a unitary way, for most use a range of criteria to characterize the existence and severity of gambling problems, often leading to heterogeneous outcomes and findings. See, for example, Shaffer, Vander Bilt and Hall (1999)

<sup>x</sup> From 'survey': *surveoior*: to see

<sup>xi</sup> See John Fitzgerald's (2003) discussion of a similarly hidden population of drug addicts, in what he calls the 'scopic regimes' of public health.

<sup>xii</sup> These include, for example, psychoanalytic, behavioral and cognitive therapies as well as addiction based and self help treatments. See NRC (1999) for a review.

<sup>xiii</sup> How concerned an individual feels about the amounts they have lost, depends, to some extent, on how much they have to lose so that, quite simply, those with more money will be able to postpone the devastation of bankruptcy for longer than those on lower incomes. In the case of gambling then, it is possible to, almost literally, buy ones way out of the label of 'pathology'.

<sup>xiv</sup> It is noteworthy that credit, for example, is not treated in the same manner. Credit debt is substantial, and the effects on society are widespread and similar to those of problem gambling: loss of productivity, crime and disruption of relationships. This divergence appears puzzling, although may be partly explained by the uses to which credit is put: generally to purchase material products and socially validated experiences, such as clothes, cars and vacations. The rewards of gambling are insubstantial, however: at the end of the game, there is nothing to show for the time spent playing. In this sense, even an unworn outfit makes more sense than an empty wallet.

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## Appendix

### **Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition (DSM-IV) - Pathological Gambling**

#### **Diagnostic criteria for 312.31 Pathological Gambling**

A: Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

1. is preoccupied with gambling,
2. needs to gamble with increasing amounts of money in order to achieve the desired excitement,
3. has repeated unsuccessful efforts to control, cut back, or stop gambling,
4. is restless or irritable when attempting to cut down or stop gambling,
5. gambles as a way of escaping from problems or 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, therapists, 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 career opportunity because of gambling,
10. relies on others to provide money to relieve a desperate financial situation caused by gambling.

B: The gambling behavior is not better accounted for by a manic episode.

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Websites: [www.gamblersanonymous.org](http://www.gamblersanonymous.org)