

The WAGER, Vol. 3(46) - Gamblers Anonymous observed

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David Turner and Danny Saunders, both of Wales, set out to investigate the activities of two local Gamblers Anonymous (GA) groups. Their methodology employed participant observation, a research paradigm rarely seen in gambling studies. Over a 12-month period (Jan. 1986 to Jan. 1987), Turner attended 32 GA meetings and made qualitative observations of their nature. When assessing the validity of his statements, it should be remembered that data acquired through participant observation is necessarily gathered through the subjective lenses of the participant observer. Turner noted the high rate of persons dropping out after attending their first meeting, and attempted to explain this phenomenon using the data he collected. His explanatory model integrates several interesting criticisms of GA. He attributes this attrition to effects arising from GA's use of a medicalized disease model of compulsive gambling. In addition to having a desire to curb their behavior, newcomers to the groups are required to accept the notion of pathological-gambling-as-illness. Once these tenets are accepted, the member is encouraged to abandon his or her former gambling identity for a new role as a "sick person" in recovery. According to the authors, members embark upon "a lifetime search for the acceptable, expected, but nonetheless unattainable ideal self." They find that persons who attend an initial meeting and never return often cite a disbelief or skepticism of the GA disease model as the primary reason for dropping out. However, the same disease model also serves as a contributing factor for continued attendance. Recovering gamblers often involve non-gambling significant others in their recovery; the latter attend Gam Anon meetings. The gambling-as-illness paradigm legitimizes the experiences of both gambler and significant other as well as providing a framework for understanding past events. In addition, framing compulsive gambling as a disease implies the possibility of a cure. It is these assurances, Turner found, that seem to keep members returning meeting after meeting. Selected member profiles are listed in the table below.

The authors are critical of GA and the disease model, and write that "these individuals are so dependent upon the group for reaffirmation that they become addicted to one another in place of their gambling and all its ramifications."

Regardless of whether one accepts these criticisms, the present article prompts two points worthy of discussion. First, the role of the significant other in the recovery process deserves further research attention. Second, the methodology of participant observation should not be dismissed. Qualitative research is employed rarely in gambling studies; perhaps a change is in order.

Selected Profiles for GA Members and their Significant Others (SO)

ID #	GA Meetings Attended	Stated Addiction	SO(s) Attending Gam Anon Meetings	Gam Anon Meetings Attended by SO(s)
A2	58.6%	Fruit Machines	Father, Wife	62.1%, 80.4%
M2	52.2%	Off-course betting	Wife	23.5%
I	86.9%	Fruit Machines	Wife	80%
S2	65.2%	Off-course betting	Mother, Father	37.5%, 36.9%
N1	69.5%	Fruit Machines	none	-
H	73.9%	Casinos	none	-
P2	21.7%	Fruit Machines	none	-

Source: Turner, D.N., and Saunders, D. (1990). Medical relabeling in gamblers anonymous: The construction of an ideal member. *Small Group Research* 21(1), 59-78.

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