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ABSTRACT

There is no research-based consensus on whether pathological gambling (PG) is also an addiction and not just a problem, and how it could be related to cultural factors. We present a critical review of dominant theories of addiction and propose our own theory based on the concept of images and the theory of agency. We show, using material from a Finnish internet discussion forum comprising 42 discussions with 487 messages, that the criteria proposed for Disordered Gambling in DSM-V correspond to the writers' experiences with the exception of tolerance and craving. The most important experience of agency in gambling is a sense of skill. This may be related to competitive values in contemporary society. In the addicted state, the loss of that sense of agency is painful. As with substance-based addictions, it is experienced as the loss of pleasure and joy from the activity.

KEYWORDS: addiction, craving, dependence, DSM-V, internet, images, pathological gambling, tolerance

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INTRODUCTION

Addiction is a label increasingly attached to problematic behaviours. Sociologists have suggested that modern society generates addictions in two ways: first, through socio-psychological mechanisms related to individualism and consumption. Second, diagnostic practices increasingly define excessive behaviours as addictive disorders (Giddens 1994, p. 71; Reith 2007, pp. 40-47). The question is if these new addictions are real psycho-social phenomena, or merely external social constructions to medicalise these problems.

Gambling presents a good case for studying this question. Survey-based estimates of participation in gambling have been increasing in North America and Europe since the 1980s (Shaffer et al. 1997; Sproston et al. 2000; Korn 2000; Ilkas & Turja 2003; Fekjaer 2006; RAY 2007), as has spending on gambling (Shaffer 2002; Cunningham-Williams et al. 2004). Estimates of the prevalence of problem gambling vary from about 1 to about 5 percent of the adult population (Marshall & Wynne 2004; *The Wager* 2002; Pajula 2004). Loss of money and time (Blaszczynski 2010), neglect of social relationships and work, divorce and crime have been associated with excessive gambling. Studies have also linked problem gambling to signs of physical ill-health, loss of appetite, stress and sleep problems, depression and suicide

(Morasco & al. 2006). Low socioeconomic status, belonging to an ethnic minority, substance use and availability all increase the likelihood of problems (Phillips et al., 1997; Cunningham-Williams et al. 2004; Marshall & Wynne 2004; Pajula 2004; Taskinen 2007). Since problem gamblers are often young, the likelihood of severe, life-long problems is high. In short, we know that excessive gambling is an increasingly important social problem. But is it also an addiction, and in what sense?

The answer depends on how addiction is defined. Today, there is no universally accepted theory of addiction. The term is not used in the disease classifications DSM-IV and ICD-10. Pathological Gambling (PG) is included in the former under the section Impulse Control Disorders, together with conditions such as Pyromania and Trichotillomania (pulling one's own hair). In ICD-10, it is included in the category Disorders of Adult Personality and Behaviour. In February 2010, the DSM-V Workforce proposed the renaming of Substance-Related Disorders as Addiction and Related Disorders and the inclusion of Disordered Gambling as the sole "behavioural addiction". Internet addiction and sex addiction are regarded as possible additions to this category later when more research has been conducted. DMS-V will be published by May 2013.

Together with anorexia – the other "dependency" which does not involve an addictive substance – PG was first diagnosed in the 1970s and was included in DSM-III in 1980. There is no aetiological theory underlying the definition, and the diagnosis is based on a checklist of behavioural symptoms (American Psychiatric Association 1994).

To answer the question, we first need to develop the theory of addiction further, and then provide empirical evidence on whether gambling might develop into an addiction, and whether contemporary social conditions might actually generate addictive behaviours rather than simply tending to classify certain behaviours as addictive. We provide data on the "phenomenology" of gambling, i.e. gamblers and others' interpretations of the gambling experience, and we compare this with what is known about substance-based addictions.

Gambling would not be possible without culture (rules of the game, the institution of money, technology etc.). By suggesting that, in gambling, culture works directly on the body, we propose our own theory based on the concept of the images governing the behaviour. Our hypothesis is that in the process of addiction these images undergo a transformation. The original images that govern the excitement and pleasure gained from the game fade away and, borrowing a term from the French semiotician Eric Landowski (2004), are replaced by a "passion without a name". We test and illustrate our theory with data from a Finnish internet discussion forum, where experiences of excessive gambling are described by gamblers and by others observing them.

SOCIAL CONSTRUCTION

As a term, addiction groups in one category a number of different behavioural patterns. Despite several observable similarities between these behaviours – craving, difficulty of changing the habit, shame, regret, secrecy, relapse, tolerance and withdrawal – it is nevertheless possible that addiction as a generic concept is misleading. These behaviours may

resemble each other, as do bats and birds since they both fly, but this does not imply any causal homology (Elster 1999).

There are currently four major positions concerning how the concept of addiction should be understood: a critique of the concept of disease, motivational theories, neurobiological theories, and sociological constructivism. All of these have implications for therapy and prevention.

First, critics of the disease concept (e.g. Fingarette 1988; Peele 1986) agree that disease is only a metaphor, and misleading in many respects: there is no proper medical therapy for addiction, the aetiology is unknown, and the majority sufferers recover without the need for outside help. Therapeutic methods focus on cognitive approaches (Klingemann & al. 2001; Koski-Jännes 1999). Preventative methods stress availability rather than individual excessive use (Edwards et al. 1994; Babor et al. 2003). Extreme versions of this position deny the usefulness of the concept of addiction altogether (Bruun 1971).

Still, many authors believe that “addiction does exist” (Orford 2001, p. 344) and that general models and motivational theories should be developed. The most ambitious theories in this second category are Orford’s Excessive Appetite theory and West’s (2006) P.R.I.M.E. model (Plans, Responses, Impulses/Inhibitions, Motives and Evaluations). Orford includes the social and moral context, multiple social and personal determinants, emotional and cognitive attachments, several learning processes and secondary processes such as neuro-adaptation or negative reinforcement cycles, and tertiary processes such as demoralisation and poor information processing as possible factors that influence the development of addiction. West includes in his five levels of motivation all the factors that influence the choices of unstable but habituated minds. Motivational approaches stress psychotherapeutic methods in treatment and prevention. The multidimensionality of these models suggests that the addictive process might be divided into different types, but neither West nor Orford have elaborated their models in this direction.

The third major approach is neuro-pharmacological research on addictive adaptations in the brain. Recent clinical trials show positive outcomes from the same pharmacological treatment for pathological gambling and drug and alcohol addiction (Tammenga & Nestler 2006). However, even if similar neuro-adaptive mechanisms in different addictions could be identified, a theory of addiction based on them would be a social construction that attaches particular significance to those similarities, mostly because of their therapeutic implications.

Fourthly, the dominant *sociological* view of addiction is that it is the flipside of modern societies’ expectation that individuals exercise free will, are responsible, and control their desires and pleasures (Levine 1978; Valverde 1998). Failure to do so indicates a disease of the will. Both the Alcoholics Anonymous (AA) and many cognitive therapies lean in this direction. The diagnostic criteria for PG (ICD-10, DMS-IV, The South Oaks Gambling Screen – SOGS) also focus on the contradiction between will and behaviour: “Repeated unsuccessful efforts to control, cut back, or stop gambling”; “Continued substance use despite knowledge of having a persistent problem...” (Lesieur and Blume 1987; Lesieur and Rosenthal 1991).

According to sociological constructivism, the syndrome approach is a reflection of our culture and its tendency towards medicalization. It opens up unlimited possibilities for classifying behaviours as “disorders” or even “pathologies” without committing the profession to a consensus on their aetiology. The limits of normality are defined and abnormal cases are dealt with using technical rather than moral expertise.

None of the theories discussed above is able to account for the process of addiction as a whole, from cultural practices to a serious personal and social problem. To understand addiction as a we must account for two ways in which addictions are also social, not merely psychological and biological phenomena. Late modern societies are not only apt to *classify* excessive behaviours as a disease of the will, they may also actually *cause* such behaviour through easy availability of consumables (Griffiths 2002) and through psycho-social mechanisms. Alain Ehrenberg (1998, p. 17) has concluded that depression has enjoyed a “double success” in the past thirty years because diagnostic criteria have identified it as a specific mental disorder and at the same time societal expectations of individual responsibility, initiative and excellence *caused* depression. We are always inadequate, however well we perform, and this generates depression, and consequently addictions, in some people. The excitement of the addictive experience is an attempt to counter depression. The flipside of this same theme is Bruce Alexander’s (2008) dislocation theory: when individuals become detached from their societies and their psychosocial networks, they become distressed and seek adaptation from addictive behaviours.

IMAGES AND THE THEORY OF AGENCY

However, frequent use or even “dependency” are not sufficient criteria for addiction. We are dependent on many activities that rarely attain pathological dimensions unless an extra element of pleasure-seeking is added to them. It seems there is something special in the potentially addictive behaviours themselves. Intoxication, even without dependence, is closely associated with addiction because it produces a pleasure by the artificial altering of the sensory system. The presence of this additional characteristic seems to be common to all potentially addictive behaviours. Thus, addiction is not just dependence, and the cognitive dimension of addiction does not simply concern the contradiction between desire and will. Instead, it involves a culturally conditioned desire, a surplus (Huizinga 1955/1938; Caillois 1961) *vis-à-vis* biological functioning, that evolves beyond control and turns into excess. In other words, addictions are not just excessive appetites, they develop from appetites for excess, which is culturally founded.

From the literature we know that expectations are an important factor in motivating risk-taking behaviours (West 2006, pp. 48-51), and they are of course relevant in gambling, too. Although any rational person knows that in games of chance such as slot machines the operators gain and players lose, gamblers are usually motivated by the possibility of winning (Lesieur 1984/1976; Griffiths 1995, pp. 149-168; 172-176; Rockloff, Signal & Dyer 2007). However, if this were the only motivation, it would be unlikely to be strong enough to maintain the attraction of the game after the player had suffered repeated losses. Other factors must be associated.

In particular gamblers' thoughts concerning the pleasure seem to be less related to the outcomes of the activity than to the experience of agency that they associate with it (for the theory of agency see Sulkunen 2009). The experience of special competence, being a favourite of Lady Luck, feelings of injustice and retaliation, and many other images organise the gambling experience. One study suggests considerable cultural variation in the way the agency of gamblers is constructed. It found that Finnish gamblers stress their individual competence and will to take risks more than do gamblers in France, even in games of chance (Majamäki and Pöysti, forthcoming).

In semiotic theory, will and competence are called modalities (Sulkunen and Törrönen 1997; Sulkunen 2007). They define action as meaningful and valuable, but they also characterise the person's (self-)image as the agent or subject of the action. People who are seen as simply reacting to external circumstances are not represented as participants in social interaction. The meaning of actions, and their subjects' sense of being agents, depends on the modal qualities assigned to them. Will and competence are called endotactic modalities, as they characterise the acting subject (Greimas and Courtès 1982, p. 193-194). Duty and ability are called exotactic modalities since they characterise the actor's relationships with other persons. Fulfilling a duty is a reaction to others' expectations, and being able to overcome a difficulty with others' help is a sign of agency in a relationship of co-operation.

The notion of competence links individual behaviour and the cultural environment that motivational theories fail to account for. We prefer to use the word *image* instead of motive or expectation (Sulkunen 2007 and 2002). The term better describes the fact that the thoughts evoked by the experience are usually metaphorical, mostly non-goal-oriented, not necessarily verbal and often imaginary rather than based on direct experience.

Through these images "we tell the story of ourselves" and build a connection between ourselves, our actions and the social environment in our thoughts. Subjectively experienced and inter-subjectively shared, these images mediate meaningful experiences to others and maintain mutual recognition and group cohesion. They have a regulative function, as they organise the experience and help to maintain control over it. But what happens to these images in the process of addiction?

Elster (1999) has suggested that in addiction, pleasure becomes separated from cognitive beliefs and becomes increasingly based on perceptions that directly trigger craving (cue dependency). We hypothesize that addiction drains out the images governing the behaviour, relaxes their regulative function and slackens their power to connect the activity with the social environment. Landowski (2004) calls the kind of desire without a recognizable motivation a "passion without a name". This has been observed in cultural perceptions of alcoholism in representations of addictions in films (Sulkunen 2007). Denzin (1991: 15) has used the term "anhedonia" for severe alcoholics' inability to experience happiness. Illicit drug users have also been found to lose interest in the social and hedonistic imagery of the effects when addiction advances (Allaste 2006; Lalander 2003). It is reported that many addicts at this stage do not even experience craving before a relapse (Koski-Jännes 2001). There is no meaningful experience of motivation, just the force of the habit itself.

We are now ready to give a tentative definition of addiction: it is a process in which a culturally conditioned desire evolves beyond meaning and control, with corresponding changes in the images of agency of the addict. The following data analysis will show in what way this definition applies to excessive gamblers.

DATA

The data for this study were gathered during spring 2007 from a large Finnish discussion forum with many different topics from all areas of life. The forum is open to everybody, and although it is hosted by a moderator, personal registration is not required. To ensure the anonymity of the participants, we hide all the identifying information about the forum and the writers. We did not participate in the discussions in any way, and we interpreted them as public communication where the participants were aware of the public nature of their messages (King 1996).

The discussions were gathered using the search word *peliriippuvuus* (literally game dependence), the most common Finnish expression for problem gambling. Discussions on gaming without money were omitted. The search was made for the years 2005-2007 and it yielded 42 discussions, which comprised 487 messages of varying length, from one-line comments to one-page stories. Each message was coded using the text analysis tool *Atlas.ti* to indicate its content and to retrieve passages on different aspects of how excessive gambling is experienced. The frequencies of the codes can be used to describe how much each theme was discussed but they do not reveal what was said. For example the theme “skill” could refer to the writer or somebody else’s special skill or lack of it, to the reason for playing and also to the problems caused by gambling.

In this article, we concentrate on the subjective experiences, motivations and negative outcomes of problem gambling. We will use the DMS-V revision proposal as the preliminary framework of the phenomenology of pathological gambling, coding the material by reason, harm, co-occurring problems, consequences and gambling experience.

When possible, the gender of the writer and player and their age and social group were identified. Most of the writers were either gamblers themselves, or relatives of gamblers (e.g. spouses or parents) seeking support from others with similar experiences. The writer was male in 67 messages and female in 44 messages. The gambler was a man in 79 cases and a woman in 12 cases. The material here covers all types of gambling. Internet gambling was the most frequently mentioned type (130 mentions), followed by slot machines (121 mentions) and betting (60 mentions). Table games (available only in licensed casinos) were mentioned 30 times and other games 23 times. Many writers simply referred to games without specifying them.

The discussions were problem-centred and thus appropriate for paralleling with studies on other addictions. The initial coding included four main categories: the reasons for problems, negative effects, co-occurring problems, and the experiences associated with addiction (see Figures 1, 2, 3, 4). Most frequently mentioned reasons for problems (number of mentions in brackets) were skill or lack of it (77), the greed of game operators (74) and the effort to make money (46). It is noteworthy that skill was the most common theme, thus giving it a major

role in the understanding of gambling problems. The most frequently mentioned negative effects were loss of money (65), impoverished social life (from 18 to 25), and health problems (13). Poverty (33), psychological problems (23), unemployment (21), alcohol (16) and even prostitution (4) were mentioned among co-occurring problems. The frequencies indicate *themes* in discussion rather than events or circumstances in the writer’s experience. For example, prostitution as a theme includes pejorative comments about the game operators:

You [game operator’s name] launder money. You do “girl business”. Porn can be downloaded on the internet and so on... Even drugs are not distant from your business.

The most frequent themes concerning the experience of problem gambling were unfairness (31), which was usually directed towards the game operators and machines in the manner of the quote above; chasing the lost money (25), loss of control (23) and nameless desire (20). Examples of these are given in Table 1.

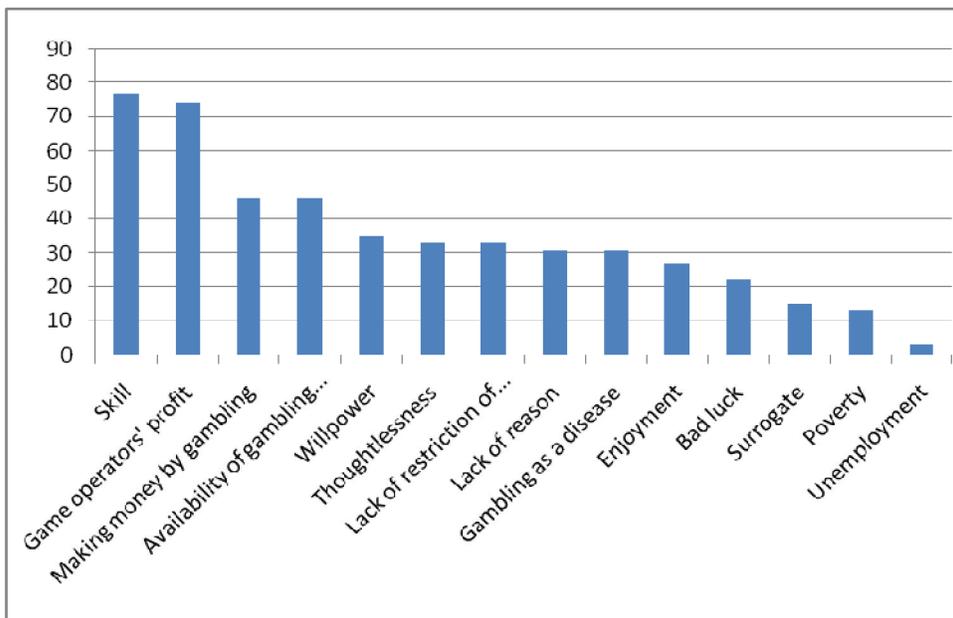


Figure 1. Reasons for gambling problem

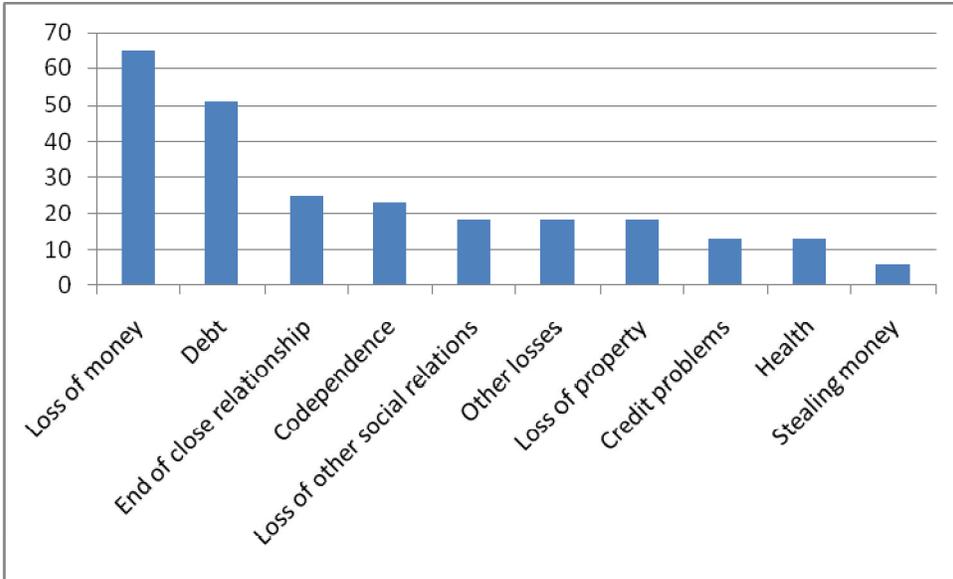


Figure 2. Negative effects from gambling problem

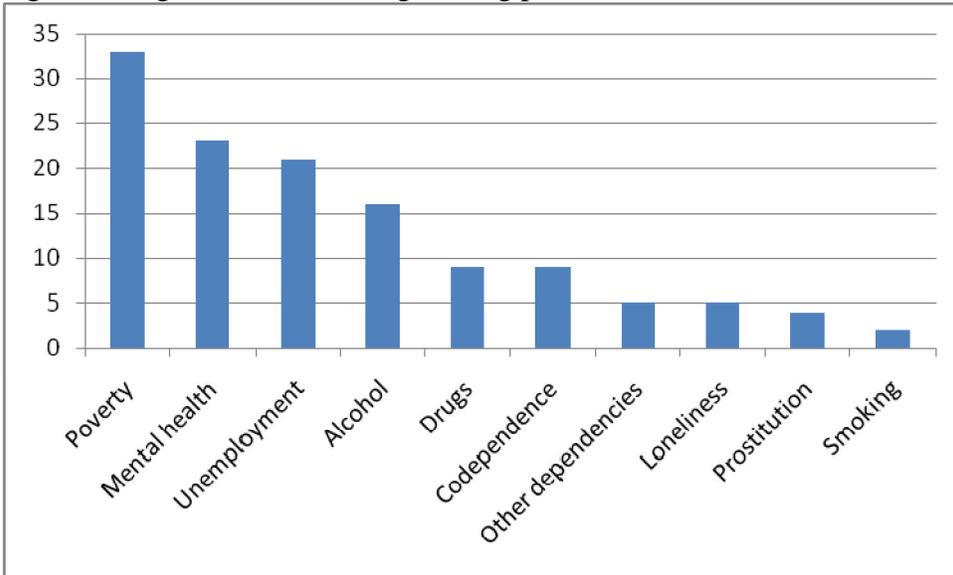


Figure 3. Co-occurring problems

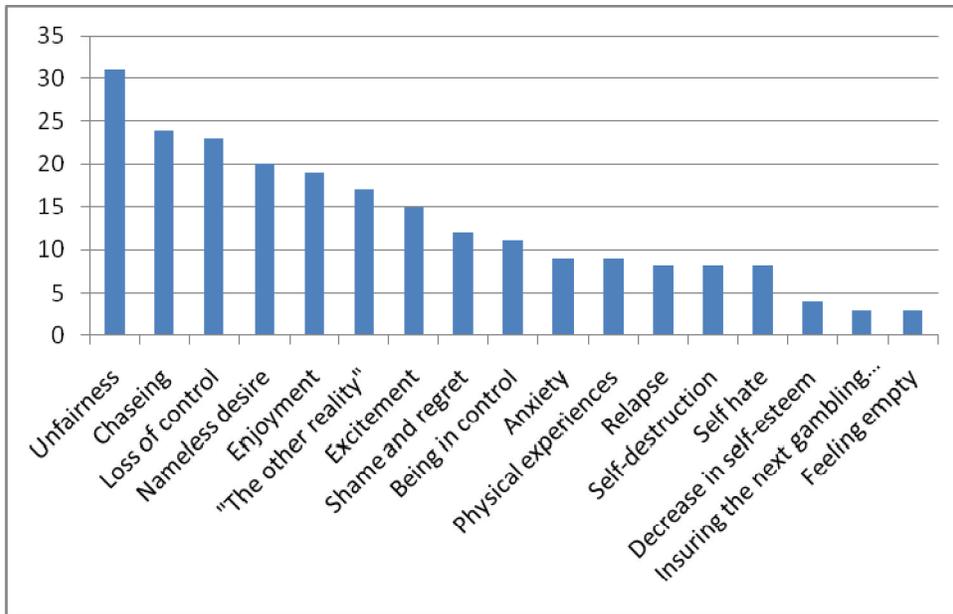


Figure 4. Experiences associated with problem gambling

Table 1. Examples of frequently mentioned experiences of gambling in a problem context.

Experience	Writer	Quotation
Unfairness	Young student	"I lost 800 Euros to [game operator's name] internet poker. There is something suspicious there. I wonder if it is because the company's own staff is gambling with the customers."
Nameless desire	Woman	"why do those machines call me back to win??? In reality, I lose several hundreds of Euros a month.. I'm so ashamed.. am I crazy or WHY do those machines interest me such a hell of a lot?????"
Loss of control	Young student	"I experienced a strange unreal feeling of emptiness. I did not even see that money with my own eyes, and I did not hand it over with my own hands, it was only numerals on the screen. I remember how once after going jogging I thought 'the situation is fully in control, now I'll just win back the lost money and finally quit gambling.'

		Everything turned out contrary to my plans and there began the merciless spiral of losses and debt.”
Getting rewards	Man	“I invested 30€three weeks ago and won 650€that I saved in my bank account. If I have a pressing need for money, and luck is with me, I might get some nice extra money there... Just that we should all remember our limits when gambling. Lucky hours to you all.”
Other reality	Young man?	“There is no such excitement and interest in any other goddamn ‘hobby’... Sounds, understanding, a sense of time all disappear when gambling with relatively huge amounts of money.”
Shame or regrets	Young student	“Last night I really got into gambling on [operator’s name] web casino. Regrettably I got excited and nervous and tried to win back what I had lost. But, but, I lost 6125 Euros just like that. I can only stand and marvel. I have to say that I’m close to... How can this kind of thing happen? I feel REALLY depressed at the moment.”

The themes are closely related to the proposed DSM-V criteria for “Disordered Gambling”. The first category, “being preoccupied with gambling (reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways with which to gamble)”, was implied very frequently. It mainly consists of stories by the addict, or by others discussing someone else’s problem (426 mentions). When reliving past gambling experiences they were contextualized as problematic. “Ensuring the next gambling opportunity” was also coded although it occurred only three times. However, activities such as borrowing money or and hiding gambling from others may be interpreted as instances of planning the next venture. The second DSM-V indicator, “needs to gamble with increasing amounts of money in order to achieve desired excitement”, which might be called “tolerance”, occurred to some extent (9 mentions). However, increasing the amounts of money was more often an indication of chasing losses or inexplicable behaviour than tolerance, as the following quote from the data shows: “...the problem gambler just CANNOT explain why all their money goes on games...

if you gamble for 100 Euros, it does not matter anymore if you use all the rest of your money too, at least you can win something back that way.” The third indicator, “has repeated unsuccessful efforts to control, to cut back, or to stop gambling”, was strongly present in the data. The experiences related to this category were coded under the subcategories “loss of control” (23 mentions), “nameless desire” (20 mentions), and “relapse” (8 mentions). The fourth indicator, “is restless or irritable when attempting to cut down or to stop gambling”, was not present in the material (only 1 mention). Instead, irritation was associated with the experience of losing and with losing control. The fifth indicator, “gambles as a way of escaping from problems or of relieving a dysphoric mood (feelings of helplessness, guilt, anxiety, depression)” was coded using the subcategory “surrogate” (15 mentions). The sixth indicator, “after losing money gambling, often returns another day to get even was strongly present (“chasing”, 33 mentions). The seventh, “lies to family members, therapist, or others to conceal the extent of involvement with gambling”, was relatively common (“secrecy”, 10). The eighth criteria of the social and economic losses (“has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling”) was coded using the subcategories “end of close relationship” (25 mentions); “loss of other social relationships” (18); “loss of money” (65); “debt” (51), “loss of other property” (18) and “credit problems” (13). The ninth indicator, “relies on other to provide money to relieve a desperate financial situation caused by gambling”, was included in the category of “debt” and was also frequent, occurring 51 times.

The material tells us the story of how feelings of competence and pleasure slide away until the activity is characterised by a complete lack of meaning. The categories of competence - skill, willpower and reason - are the most frequent themes in the data. The most frequently mentioned experience, unfairness of gambling practices, which was explained by the gamblers as the greed of operators, is the reverse side of a belief in skill. Below we present a more detailed qualitative analysis of the pride in skill and its slide towards the loss of meaning, an analysis that resonates with the addicted experience recognised in studies on other addictions.

THE PRIDE OF SKILL

The phenomenology of problem gambling in this study is thus very close to the DSM-V indicators, with the exception of tolerance and being restless or irritable when attempting to cut back gambling. The latter might suggest an absence of craving, so important for smokers and alcoholics. Instead, as indicated by the code frequencies listed above, gamblers’ reasons for playing, and the excitement experienced typically revolve around competence or skill. This has been observed in several earlier studies (Griffiths 1995, pp. 129-148; Joukador, MacCallum & Blaszczynski 2003; Rockloff, Signal & Dyer 2007), and also in studies of gamblers represented in films (Turner 2007, pp. 123-125). In contrast to alcoholism stereotypes, in which self-control sustains the drinker’s social relationships and a lack of willpower isolates the problem drinker, the successful gambler is a lonely hero from the start. Problems begin when competence no longer regulates his or her actions.

The emphasis on skill in our material underscores a particular type of agency – and its eventual loss. Those who believe they are in control of their gambling often define themselves as competent and knowledgeable, superior to those who just waste their money. Therefore the theme of skill is not only a cognitive bias that constitutes an illusory motive for gambling;

it is also part of the self-identity of the player and therefore an indispensable element of the gambling experience. This is not only true for Net poker, where obviously skill does matter, but for games of pure chance as well:

My favourite is roulette, it is nice to play in a restaurant where I apply systems that I have found to work... and look how others play like monkeys and place their bets here and there. With no planning at all. With roulette, you can make nice gains quickly, but you can also lose. I never bet more than 20 ... of course it feels bad when it goes... But when you win, it makes you feel so hot. I've calculated that the ratio of hits with my system is 30%.

Competence sometimes appears as the belief that there are hidden regularities in random variation, such as the lower likelihood of a number appearing several times in a row, or observation-based "systems" like the one above. The reverse side of players' belief in their own skill and calculations is a mistrust of the gambling machines or the accusation that game operators are guilty of fraud, which was also a frequent theme in our material. Although making money and getting rich was frequently discussed (46 mentions), nobody actually claimed that they gambled for that reason, other than to chase losses, which is the standard motivation of gamblers (Lesieur 1984/1976). The initial reason for getting involved in the game was either curiosity, liking the game itself, or simply coincidence. One particularly interesting image is that of the honour and respect associated with heroic risk taking:

By the way, I just recall hearing that somewhere in the USA some years ago a guy bet ALL his life's savings on a fifty-fifty bet on the roulette table (left some living money in his pocket, though). This guy either got to be superrich or in the ditch. Well, the ball span the guy's way, and it must have been a ROYAL feeling to double his assets! Just that in that action there was an edge, more than in any of those reality TV-shows we see nowadays. I might try that when I get over fifty, if I have any assets then.

Many writers also believed that they could use the excitement of the game purely for pleasure, to enliven their otherwise uneventful lives, sometimes willingly paying large sums for the fun:

I shed 30 000 in one day in Net casinos once, all borrowed money to buy a new car. Thought I'd double it to get a good German vehicle :D. Well, I bought a 17 year old banger for 800 to get to work. It's going to take me 5 years to pay back that "car loan" but I thought I'd get some extra at the casino. On payday it's just so nice to play roulette on the Internet, with a box of beer at hand. Sorry? Not really, we only live here once, for a moment, and there is little other pleasure than the game for an ugly man like me.

Even considerable losses, it seems, can be accepted, on the condition that they result from the actions of a competent agent, who has the capacity to rationalise them and keep on hoping.

HOOKED: A PASSION WITHOUT A NAME

Players do get hooked. The feelings of competence goes away, Lady Luck turns her back, and excitement and joy disappear:

To lose is a small price for the joy you gain from an intelligent bet. When you lose your grip, the joy also disappears.

This can even happen to skilled poker players:

Fuck! Why isn't anybody saying what is worst thing about Net poker? The worst thing is if you belong to the winning 10 %, excited about the game and eager to improve your skills. You just earn more and more, and in this game you really can earn nice hourly rates, that is in the first six months or so. When you make five times as much as in a graduate job, you can't help thinking that this may be your career, but you forget how hard it is as a job. ...The catch is that when you are used to winning, a month's losing streak gets you down like hell!! You can't accept that you're losing to players much worse than you! Poker is not for kids, and there is a real risk that of getting hooked – and that is even more likely if you win.

Chasing of losses was what Lesieur (1984/1976) thought to be at the core of the addictive potential of gambling. In our data too, almost all ruin stories involve this element. Statistically, gambling is, of course irrational in the long run. However, from a learning theoretical perspective it is understandable. A series of losses must have been preceded by a series of gains, as was often described in our data. Had this not been the case, the vicious circle would probably not have begun. However, in the face of constant losses and the suffering they cause, this motivation changes from a meaningful into a pathological passion and with a consequent disappearance of enjoyment:

My only motivation, plain and simple, is to get back my lost money... I have felt such pain and misery inside because of those machines that I do not get ANY KIND OF satisfaction or pleasure when I gamble (as I did before), on the contrary, just the thought of gambling makes me feel bad so that I almost vomit!!

Another form of the draining out of the imagery is that it becomes extremely calculating. In our material the writers frequently described how gamblers do everything to ensure the opportunity to gamble, by altering daily routines, borrowing money, or hiding their gambling from others. This characteristic has also been observed in studies on seriously addicted heroine users: all their energy and time is devoted to saving up for and getting the next fix and maximising its effect (Allaste 2006; Lalander 2003). In attempts to quit and in relapses, a short-circuited cue dependency operates in an unmediated ways without the cultural, inter-subjectively shared images of the desire.

Our material includes also comments on other than the writers' own addictive gambling. From the observer's point of view, too, addictive behaviour appears meaningless and without motivation. Cultural definitions of the behaviour (like winning money or having fun) do not seem to fit and the addicted person seems to lack the characteristics of a subject. A gambling husband,

for example, is often described as a person who lacks the competence and will-power associated with adulthood. The pleasure is no longer there:

... it feels like he isn't playing for money, but just plays like that, as there is the craving. He puts in some 5 euros and gets 40, does not put any away but gambles that too, so it can't be a yearning for money, beating the machine. It's the machines that create the craving. He doesn't play on the Net, 'cause there is no machine', he plays any machine whatsoever, even the slot machines at the kiosk if nothing else is free.

Observing problem gamblers evokes an image of almost catatonic activity without expressions of pleasure:

Look at the faces of other gamblers, if you have time, wherever you happen to gamble. You do not see much joy there. A couple of shrieks for a win and then the money is put back into the slot machine.

A closer look at the stories of ruin indicates that the dreams associated with winning back the losses are also dreams of regaining agency, of regaining self-respect and the respect of others, avoiding shame, getting out of debt and securing a decent social position. However, even eventual success does not help the gambler to keep the promise that that was "the last try". Even if the gambler leaves the casino with pockets full of money, it actually has little meaning. The passion without a name is present, and the risk of relapse is as strong as in other addictions:

My gambling career flourished. Encouraged by gains I raised the stakes, planning to quit. I could have bought a nice car. But I continued playing. It was mostly roulette, and I assured myself that I would quit once I suffered a loss. I had a long series of wins behind me. Then when I lost, I didn't quit. I thought I'd have one more spin and if it went well, I'd stop. I won, but didn't stop. I continued to play until a series of losses occurred, statistically it was almost an impossibility. Who knows, but in a couple of minutes I'd lost a sum I will not mention here.

Now my only debts are my student loan, 8000-10000. I can probably pay it off in 1 or 2 years and there's still money to live on. I am sure more than half went on gaming. Now I am afraid that I have not yet seen the bottom and one more 0 will appear in the sum. I just hope to get out of this mess and I can laugh at it. I still get terrible shakes, although it became easier after the loss. I would just like to go to sleep, to forget the games for a while. Fuck! Some 20 cents let this hell out again! Why does a person never learn?

The slippery quality of the passion without a name is manifest in the fact that it may be transferred from one behaviour to another. There are two sides to this transfer: the idea of overcoming addiction through compensating for the desire with other practices (gaming without money, jogging, sex) and transfers from gambling to alcohol (mentioned as a co-occurring problem 16 times), co-dependence (9 mentions) and even hard drugs (9 mentions):

My child is a problem gambler who started gambling at the age of 11 and after that got hooked on hard drugs. --- It feels like these youths who are easily addicted start with gambling machines, and some of them unfortunately move on to hard drugs.

CONCLUSION AND DISCUSSION

First, our empirical study supports the view that the proposed DSM-V criteria apply to experiences of problem gambling with the exception, perhaps, of craving and tolerance. Secondly, it also supports our hypothesis that in the addiction process a pleasure that is of purely cultural origin becomes empty of its semiotic content. The modal dimension that is strongly related to the pleasure of gambling is competence, here the subject's particular relationship to the game, experienced as skill or personal good luck. Players themselves, as well as observers, describe addicted gambling as a passion without a name: it is no longer a sign of competence, it no longer appeals to ideas of heroism or prowess, there is no expectation of excitement or joy, just a clear awareness of the gambler's financial and social destruction, regrets and depression. There is no "reason" to continue. It "just happens", and it is terrifying.

In this sense, pathological gambling is not simply a big problem, a severe form of a syndrome. Addictive behaviour becomes like wet soap, slippery and ungraspable. Theories of motivation, however comprehensive, do not seem to explain it because there *is no motivation*, just the desire for the unnamed. The drainage of images associated with gambling also explains why it is so easy to transfer from one addiction to another. The pleasure – not satisfaction, because the addicted craving cannot be satisfied – is no longer the pleasure from a desire fulfilled, it is a pleasure saturated beyond meaning and one which quickly turns into regret.

Our results give rise to two remarks concerning the need for further research. First, addiction disconnects the behaviour from both individual motivation and social control. However, as Davies (2006) has stressed, the interpretation of a behaviour is also the process of classifying it, and on those terms a way of attaching meaning to it. In our study we could not separate comments from addicts themselves from comments from outsiders, and although they interact, as Davies points out, we need more research on how outsiders, especially professionals understand gambling as compared to other addictions (see Cantinotti, Ladoucer and Jacques 2009).

Secondly, competence and willpower are values that are pronounced in individualistic societies, but they have a different hue: competence is a value that supports success and achievement; willpower is a value that accentuates sociability and prudence with respect to pleasure. It may be that contemporary societies, with their competitive values, promote the values of competence and success. They support gambling as an individualistic practice. Finland may be an exceptionally competitive society in this respect and it would be important to make wider comparative studies of the relationship between gambling, gambling problems and the cultural belief systems in society.

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