

“Toward a Sociological Analysis of Pathological Gambling”

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Abstract

The academic study of gambling began in the United States in the 1950s with an emphasis on the psychoanalytical approach – gambling was considered a mental illness, a compulsion. In the 1960s and 1970s, sociologists began to look at gambling as a social problem, but this approach did not gain much traction in changing the psychoanalytical view of gambling's acceptance by the mental health community as well as by the general public. In the ensuing decades, the study of gambling behavior has shifted to a genetic approach, with genes being held responsible for what is now referred to as pathological gambling (PG). This change is reflected in the most recent iteration of the American Psychiatric Association's bible, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which places PG within the category of “Substance-Related and Addictive Disorders.” In this article, an alternative viewing of gambling is offered, one that sees gambling as more of a cultural phenomenon, a result of capitalism's emphasis on competition, and blaming the victim for not succeeding, than as an addiction.

Keywords: Pathological Gambling, Behavioral Addiction, Poker

Introduction

The American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) has been, since it was first published in 1952, the standard reference book for mental health professionals for diagnosing psychological disorders. The latest revision of the DSM-5 (2013) is of particular relevance to those scholars who study gambling, in that this latest addition now classifies “pathological gambling,” as a “behavioral addiction under the classification” Substance-Related and Addictive Disorders.” Previously (DSM-IV, 1987), pathological gambling had been labeled as an “impulse-control disorder” within the same category of classification as Compulsive Hair Pulling (Trichotillomania), Kleptomania, and Pyromania. In order to understand the importance of this change, a brief history of how “pathological gambling” has been viewed by the mental health community is in order.

A Brief History of Gambling as a Mental Health Issue

The category of “pathological gambling” was first introduced in the 1980 DSM-III, largely due to the efforts of the psychiatrist, Robert Custer, M. D. who, for a number of years, had treated “pathological gamblers,” also commonly referred to as “compulsive gamblers.” Although, this was the first time “pathological gambling” was officially classified as a psychological disorder, psychiatrists had long dominated the study of gambling, in particular those who held a Freudian perspective. The most prominent among the Freudians was Edmund Bergler (1943) whose article “The Gambler: A Misunderstood Neurotic,” and whose later book *The Psychology of Gambling* (1958) were once widely accepted as providing the major framework for understanding the “compulsive gambler.” Although Bergler meant well in arguing that the compulsive/pathological gambler needed help, his analysis, to say the least, represented an ideological and biased case for a perspective he was convinced was the best means of understanding and “curing” his compulsive gambler patients. In a nutshell, Bergler held that the compulsive gambler was in need of psychiatric help due to an unconscious desire to lose.

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He traced this unconscious desire to the "Oedipus Complex," which holds that the male child desires sexual access to his mother and therefore wishes that his father were dead. Gambling was thus seen as an unresolved effort to relieve the child of the guilt feelings that would accompany the wishing of his father's death. When someone gambles, he² is wishing to influence an external event, i.e. a horse race, the roll of the dice, the next card. If his wish comes to fruition, this unconsciously translates to the belief that his wishes were powerful enough to influence the external event, and if they were this powerful they can also influence the external event of his father's death. And even if his father is still alive, this is of no consequence because the guilt involved in wishing for his father's death is still present in his unconscious.³ In short, Bergler saw gambling as a sickness, and the gambler in need of psychiatric help to cure this sickness. This began the transformation of an action from what Conrad and Schneider (1980) would later call movement from "badness to sickness." What Bergler did, regardless of what one thinks of the "Oedipus Complex," was to define the way gambling was looked at by changing the focus from a moral inadequacy to a neurotic behavior. As Castellani (2000:23-24) points out: Bergler's work "is the book most often cited today as the official turning point of the medical model of excessive gambling."

In the 1950s, based on the perceived success rate of Alcoholics Anonymous (AA), two ex-gamblers inspired by AA founded Gambler's Anonymous (GA) in Los Angeles in September of 1957.⁴ In 1969 members of Gambler's Anonymous approached the psychiatric staff of Veterans Administration Hospital at Brecksville, Ohio for help in dealing with excessive gamblers who they believed were in the grips of severe psychological problems. Dr. Custler who headed the psychiatric staff there assembled a clinical team to handle GAs request. Working closely with GA, the Brecksville team established a therapy program. The program was then expanded and the first in-patient treatment facility for compulsive gamblers was opened in 1972 (Rosencrance, 1985). Thus, excessive gambling, in the 1970s, became generally accepted as a compulsion or pathology, one that could be treated. The continued acceptance of this designation of gambling as pathology can also be traced to Custler and his book, *When Luck Runs Out* (1985), which quickly became the bible of the medicalization of gambling movement. In this popular work, Custler offered a three-phase model: the winning phase, the losing phase, and the desperation phase. In his model, it needs to be stated that the assumption of wanting to lose on the part of the pathological gambler was still prevalent, despite the psychiatric communities turning away from orthodox Freudian interpretations of behavior.

Next would come an actual psychiatric diagnosis in the DSM-III (1980), which diagnoses compulsive gambling as follows:

- a. chronic and progressive failure to resist impulses to gamble and gambling behavior that compromises, disrupts, or damages personal, family, or vocational pursuits....Characteristic problems include loss of work due to absences in order to gamble, defaulting in debts and other financial relationships, borrowing money from illegal sources, forgery, fraud, embezzlement and income tax evasion."
- b. Basically classified as an "impulse disorder" and not an addiction.

In the 1987 DSM-III-R, pathological gambling was still not defined as an addiction. Nor did the 1994 revision of the DSM-IV label pathological gambling an addiction. The 1990s and the first decade of the 21st century ushered in a new direction in the analysis of pathological gambling --the focus upon gambling as a genetic problem. Numerous articles sought to establish a genetic component to pathological gambling. For example, Comings, *et al.* (1996) saw the DRD2 gene playing a role in pathological gambling. Hollender, *et al.* (1998) held that pathological gambling was caused by low levels of central nervous system serotonin and the suppression of inhibitory responses, a malady which could be treated by using the drug fluvoxamine. And Potenza, *et al.* (2005) saw gambling as a combination of genetic defects which also results in severe depression. This, albeit brief, history brings us up to the present day to the newest version of the DSM-V, which classifies excessive or pathological gambling as a "behavior addiction" in a renamed grouping called "Addiction and Related Disorders."

²I use the male pronoun "he" because, this is what Bergler used, and it is consistent with his view that "compulsive gamblers" were predominantly male.

³Bergler, it seems, was not bothered by the fact that his conclusions violated Karl Popper's (1968) "falsifiability principle" in that his assumptions are not testable.

⁴Interestingly enough, the first meeting of Gambler's Anonymous was held on a Friday the 13th, which in folklore is considered to be the unluckiest of days.

According to the National Council of Responsible Gambling (2013), the thought behind this new classification was that “many researchers and clinicians...have expressed concern that the label “pathological” is a pejorative term that only reinforces the social stigma of being a problem gambler.” Although problem or excessive gambling is seen as having numerous commonalities with substance addictions, this new classification is purportedly used in order to de-emphasize the substance and enable the cure to focus more on the behavioral experiences of the person. (The logic of de-emphasizing a substance when there is no substance involved, and then labeling something as an addiction, while suggesting that this enables the cure to focus more on the behavioral experiences involved, defies comprehension.) What classifying gambling as an addictive behavior does is further legitimize its medicalization treatment without taking into consideration cultural and social aspects, which is where behavioral experiences take place. With this in mind, two major types of criticisms of the new labeling of gambling as a “behavioral addiction” are offered. The first involves the interpretation of the nine diagnostic criteria in the DSM-5 for gambling disorders.⁵ The second calls attention to how social and cultural conditions may provide an alternative framework for understanding what is now viewed as an addiction to gambling.

The Nine Diagnostic Criteria for Gambling Disorder in DSM-5 (2013)

According to the DSM-5, in order for someone who gambles to be categorized as having a “behavioral addiction,” they must exhibit four or more of the following criteria in a 12-month period.

1. Needs to gamble with increasing amounts of money to achieve the desired excitement.
2. Is restless or irritable when attempting to control, cut back or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back or stop gambling.
4. Is often preoccupied with gambling (e.g. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g. helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing one’s losses”).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost significant relationship, job or career opportunities because of gambling.
9. Relies on others to provide money to relieve desperate financial situations.

Let’s take a close look at these criteria. First of all, I will state that I have no problem with criteria’s 2,3, and 8. Criteria 1 look at gambling with “increasing amounts of money to achieve the desired excitement.” An alternative explanation is that if one is winning (and contrary to what has become “common wisdom” some gamblers do win consistently) why wouldn’t one get excited about this and to try and win even more money. This raises the question of whether Criteria 1 could be an implicit example of the Freudian notion of the gambler unconsciously wanting to lose? Criteria 4 looks at the preoccupation (which in itself, is a concept that is a difficult to operationalize) with thoughts “of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble.” If one has won money in the past, why wouldn’t one think about repeating this pleasurable experience? Here, again the Freudian shadow is raised and common sense is overlooked at the expense of an untestable hidden assumption. Criteria 5 states that the addicted gambler “often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed”). But, unless we limit this criteria to people who only gamble alone (e.g. betting with bookmakers), it is reasonable to see gambling as a social event, one where someone who may be anxious, depressed, etc., interacts with other people, many of whom have no addictions?⁶ Winning can be a rational means to help alleviate feelings of distress of many varieties. Also, couldn’t winning soften or even eradicate situational depression? But, of course, this could not be the case if the criterion rests on the assumption that one subconsciously wished to lose. My criticism of Criteria 6, which focuses on someone who “often returns another day to get even (‘chasing’ one’s loses), once more raises the Freudian notion of the gambler having an unconscious desire to lose. And what about day traders or other types of stock market investors who keep playing after a down day? Is it a coincidence that we don’t talk about pathological or “addictive” day traders?

⁵This represents the dropping of one criterion of the diagnosis. The DSM-IVR 1994 consisted of ten criteria.

⁶Even in on-line poker where there is no face-to-face interaction, a social atmosphere is created with players engaging in chatter, both positive and negative.

Criteria 7 is more nuances than the others. But my question here is whether an individual “conceals the extent of involvement with gambling” because of the grand narrative surrounding gambling -- that is the belief it is an addiction? If gambling is treated as a stigma, efforts to conceal gambling can be construed as rational, indeed as even consistent with “rational choice theory.” Finally, concerning Criteria 9; I raise the same criticism as with Criteria 6. Wouldn't a day trader who experiences losses consider going to others for financial help in order to offset these losses? In the interests of objectivity, I need to underscore that my criticisms are open to different interpretations. However, I cannot help but reach the conclusion that at least six of the nine criteria used to diagnose gambling as a “behavioral addiction,” are open to alternative interpretations. To the contrary, the DSM-5 not only precludes any alternative interpretations of behavior, but also in a number of instances bases its surety on an outdated, highly suspect and completely untestable Freudian assumption that the gambler unconsciously desires to lose. The result of this is that sociological explanations of gambling have been almost completely overlooked by the mental health community. With this in mind, an alternative model for understanding gambling is presented: a sociological explanation of gambling that sees gambling as more of a social and cultural phenomenon than as an individual pathology or addiction.

A Sociological Analysis as an Alternative to the Addictive Model of Gambling

There are at least a half-dozen social and cultural factors that the “addiction model of gambling” overlooks and which can provide an alternative framework for understanding gambling. Without any ranking, these are: 1) there are different types of gamblers; 2) capitalism plays an important role; 3) alienation needs to be considered; 4) status seeking is important 5) the need to control chance is important; and 6) gambling is a form of play. Each of these is looked at in turn.

1. There are Different Types of Gamblers

The addictive model tends to lump all gamblers together. Yet, there are different types of gamblers, gambling activities, and different levels of skill involved. In one of the earliest studies of gamblers, Scimecca (1971) constructed a typology of seven different types of gamblers. This typology consisted of seven categories of gamblers: professional gamblers; percentage gamblers; cheaters; economic gamblers; compulsive gamblers; thrill seekers; and functional gamblers. What the typology attempted to do by introducing the notion of different types of gamblers was to show that the reasons people gamble are varied and could even be seen as normative. In short, there are also important differences in what form of gambling people take part in. There is a world of difference, for example, between the person who plays the lottery daily, and the poker player. The former is absolutely dependent on luck, whereas the latter needs some skills, or at least believes he or she has skills in order to be successful. Walk into any casino and you will see those hunched over slots and those at the poker tables. To equate the two groups is patently absurd.

2. The Role of Capitalism

A capitalist economy is characterized by two major dynamics: 1) there is an emphasis on competition; and 2) this competition is played out in a materialistic culture. Modern capitalistic society “allows comparatively little room for individual creativity and personal achievement, games provide an important outlet for these human tendencies, offering at least the illusion of control over destiny and circumstance, and providing a clearly defined conclusion through the final outcome of play” (Smith and Abt 1984: 125). Gambling provides institutionalized channel that gives one a chance to show that they can be winners. One does not have to have significant resources at their disposal: family connections, a high level of education. One only needs only to rely on their own resources to win at a competition, and hence the individual's attachment to capitalism through competition. On the societal level, it has been argued that the origin of lotteries coincided with the advent of capitalism. “Sixteenth century Venetian and Genoese merchants used the ‘Lotto’ as a means of disposing of their wares, selling tickets to their customers and holding draws to determine the winners in a practices which was soon found to return profits at least as large as from conventional methods of enterprise” (Reith, 1999:14) Gambling thus fits in quite nicely with a capitalist economy.

3. Alienation

The Marxist definition of alienation holds that people are estranged from aspects of their human nature – their “species being” (Marx and Engles, 1961). In a capitalist economy, the individual loses the ability to control and determine his or her own life. Again, given the fact that there are different skill levels, the gambler, particularly the poker player, can in essence control his or her own destiny and fortunes. Indeed, it can be argued that the rise of poker playing, in particular, the popularity of the game of Texas Hold'em is a means of dealing with alienation.

While the reason that Texas Hold'em has become so popular is usually attributed to ESPN's televising of the annual World Series of Poker along with the introduction of the hidden camera that enables the viewer to see the "hole cards" of the players, there is more to it than that. An overlooked factor to those not familiar with poker is that Hold'em requires less skill than does "stud poker," (the previous most popular poker game), thereby reinforcing a belief that anyone can play at a skilled game and come out a winner.⁷ Winning or even the chance at winning at anything can go a long way to overcoming alienation. And to repeat, one has control over one's labor because one's labor is the skills one uses in playing poker.

4. Status

As far back as the Roman Empire, gambling has been the province of the wealthy. (It is not by chance that horse racing is called "the sport of kings.") For example, in eighteenth century during the reign of Louis XIV, the wealthy played such high stakes games that the city of Versailles was known as the "gambling den." Indeed, so prevalent was gambling among the rich, the France's elite would hire "gaming masters" to make sure their children would be accepted in high society because gambling was a measure of social status (Reith 1999). Indeed, Montesquieu (1777:119) wrote: "Being a gambler gives a man a position in society; it is a title which takes the place of birth, wealth and probity. It promotes anyone who bears it into the best society without further examination." While our contemporary stratification is obviously different from the time of Montesquieu, nevertheless social inequality is very much present in our society. For example, the lottery is played more by the lower classes than by the middle and upper classes. And it is not just to get rich quick (an American character trait), but is also used as means to shore up America's belief in equal opportunity for advancement usually defined in monetary terms. When one is engaged in a gambling competition with another, status is not important at all. Gambling invokes the appeal of absolute democracy. One's skills at the game are only what are important; for we are all begin as equals at the poker table.⁸

5. Chance

There are basically two broad types of gambling: games of skill and games of chance. "The word 'chance' literally refers to that which falls to us; a sense which is still prevalent today when we speak of the fall of the cards or dice, or of good or bad fortune befalling an individual" (Reith, 1999:14). Here it can be argued that gambling unlike the Freudian view of an unconscious desire to lose takes exactly the opposite form. Betting on one's skills represents a conscious wish to win and control fate. In particular, this would apply to the more skilled among gamblers, professional card players and professional handicappers, who contrary to popular opinion do win more often than they lose. Because the grand narrative of pathology and addiction created by the mental health community the distinction between games of chance and games of skill has been blurred, and all gambling endeavors are treat the same. Again, I use the game of Texas Hold'em as an example. Even though as was stated before, Texas Hold'em it is less a game of skill than Stud Poker, it is still more of a game of skill than playing the slot machine or shooting craps, because one is dependent to an extent on one's own skills and not chance. One can exhibit a certain amount of control over one's fate, and can use this a bulwark against alienation.

6. Play

What has been overlooked is the play aspect of gambling. As Smith and Abt (1994: 122) write: "Materialism and competition are two distinguishing traits of the American character that are reflected in the games children and adolescents play; and in a world that encourages great expectations while offering diminishing opportunities for fulfillment, the playing of gambling games provides a form of recreation that is a product of and a contributor to prevailing cultural myths." Before the advent of feminism, competitive and aggressive traits were more a part of male socialization than female socialization and were starkly seen in athletic contests. Here, the stronger, more coordinated male had a decided advantage over other males, and of course over females who were often excluded from athletics.

⁷The major difference between Stud Poker and Texas Hold'em is that Stud requires the successful player to memorize all cards that are dealt, even when they are folded or mucked. In Texas Hold'em only three, four, or five cards are exposed, and odds are figured on this basis.

⁸I have seen this first hand. In doing participant research on the explosion of poker in the United States, I have played in games. As soon as it becomes known that I am a college professor, I am treated differently. The deference usually accorded to being a professor in non-gambling situations, is inverted. Most people want to "beat" me to show that they are as smart as a "professor."

What the poker table offers is an arena where only mental skills are important. In essence, it gives the unathletic male a chance at competition, and we are also seeing more and more females venturing into gambling as they enter into sports, in general.

Conclusion

The newest classification of pathological gambling as a "behavior addiction" in the most recent DSM-5 adds to the history of the almost unqualified acceptance of excessive gambling as an addiction by the mental health community. The result of this is a narrow and limited view as to what constitutes the reasons why people gamble. At this time there has been very little questioning of the criteria used by the DSM-V to classify an individual as warranting the classification of being the grips of a behavioral addiction. This classification is based on a checklist of nine criteria; with four yes answers constituting a behavioral gambling addiction. Six of these criteria were questioned as either being based on an outdated Freudian notion that gamblers unconsciously desire to lose in order to assuage their guilt due to an unresolved Oedipus complex or to being open to reasonable alternative interpretations. This criticism led to the presentation of a sociological analysis of gambling, one that takes into consideration social and cultural factors missing from the diagnosis of excessive gambling in the DSM-5. In short, it is my contention that the definition of excessive gambling as a behavioral addiction is something that needs to be looked at much more critically than has been the rule within the psychiatric and psychological community. The labeling of gambling as an addictive behavior has more to do with social constructions than it does with personality dysfunctions. And given the recent legitimization of a number of types of gambling endeavors along with gambling's increasing popularity, if we are truly to understand why people gamble, gambling needs to be looked at outside the parameters of sickness and pathology and inside the world of social norms, expectation, and rational behavior within social contexts.

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