A QUALITATIVE STUDY OF A FAMILY'S EXPERIENCES OF PATHOLOGICAL GAMBLING

BY

LACHMIE ELIZABETH PULLEN

Submitted in accordance with the requirements for the Degree of Magister Artium (Counselling Psychology) in the Department of Psychology at Vista University

Supervisor : Prof C N Hoelson

Joint Supervisor : Ms P P Kota-Nyati

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DECLARATION

I declare that: A Qualitative Study of a Family's Experiences of Pathological Gambling is my own work, that all the sources used or quoted have been indicated and acknowledged by means of complete references, and that this dissertation was not previously submitted by me for a degree at another university.

L.E. PULLEN

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Lachmie Elizabeth Pullen

Magister Artium in Counselling Psychology

Department of Psychology

Supervisor: Prof C.N. Hoelson

Joint supervisor: Ms P.P. Kota-Nyati

SUMMARY

The face of gambling in South Africa is rapidly changing and for many adults gambling has become a popular pastime. This is due to the recent revision of the gambling laws within the country. Gambling in moderation poses no threat as a recreational activity, but excessive gambling can become pathological and impact negatively on the personal relationships and other systems in the lives of persons involved in such gambling.

This dissertation reports on a qualitative study of a family's experiences of pathological gambling. The primary objective was to determine the unique experiences of a family that had encountered pathological gambling.

The participant family was selected by means of purposive sampling and unstructured interviews were utilised for gathering data.

The study illuminated themes, categories and sub-categories in the data obtained from the family members. The main themes identified were the initiation, maintenance, manifestation, as well as the aftermath of pathological gambling.

Limitations in the study are identified and recommendations for future research in this area are also offered.

Keywords: Pathological Gambling, Family, Experiences, Qualitative

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Chapter One

Introduction

This chapter presents a historical orientation to gambling in general and briefly presents a discussion on gambling development as well as a synopsis of gambling trends in major countries abroad as well as in South Africa. The concept of pathological gambling is introduced and defined which leads the way for the objective of the study that follows. The chapter ends with the outline of the content of the dissertation.

1.1 Orientation to gambling

Gambling has been a popular activity in many societies, ancient as well as modern. In the History of Gambling (2003), the Gambling Expert mentioned that the first accounts of gambling in China were recorded close to 2300 B.C. The upper classes of ancient Greek and Roman societies often retreated to what was known as spa towns where games formed an integral part of their leisure. Venice was the forerunner of gambling in Europe and provided the impetus for the rest of the European continent. Gambling venues mushroomed in spa resorts and casinos became the showcase for the upper classes. In 1837 casinos were declared illegal in France, but later there was a resurgence of the gambling industry, and Monte Carlo became the gambling Mecca of Europe (Bourgogne et Grasset, 2000).

Gambling has developed over the centuries into a highly sophisticated activity. It has developed from two different perspectives, namely the European and the American models (Francis & Lubbe, 1999). With the former model, gambling was managed more as a form of entertainment and attraction, while in the latter it has developed and controlled largely through Mafia involvement and therefore it was considered illegal. In 1931 Nevada was the only state where gambling was legalized which led to Las Vegas becoming the world's most renowned gambling Mecca in the United States of America (USA).

The gambling industry has evolved over time and gambling in its many forms (casino gambling, betting on horses, card and number games, dice and bingo games as well as lotteries) is still a popular pastime for many societies across the globe. From the literature there appear to be an international and national trends in the increase in specific gambling activities and the onset of gambling related problems.

1.2 International trends

Ladouceur, Jacques, Ferland and Giroux (1999) published a longitudinal study conducted in Canada where casino gambling facilities were expanded during the 1990s. The results of the study showed that after seven years, a significant amount of people reported to have gambled and that the number of pathological gamblers had increased by 75%. Jacques, Ladouceur and Ferland (2000) investigated the impact that a new gambling facility had on gambling activities amongst residents in Canada. The results showed that there were significant increases in gambling activities, the maximum amount of money lost in one day, reluctance toward the opening of the casino, as well as an increase in the number of respondents that knew someone who had developed a gambling problem. Another Canadian study by Cox, Kwong, Michaud and Enns (2000) found increased rates of pathological gambling is associated with expanded gambling facilities. However, they could not make a clear distinction between problem gamblers and pathological gamblers by utilising a screening instrument only, but could do so by observing the specific gambling activities. They found that frequenting casinos and using video poker slot machines, as opposed to buying lottery tickets, distinguished the pathological gambler from the problem gambler. Although some individuals did not meet the full criteria for pathological gambling, they experienced significant difficulties relating to gambling.

Dekker (1997) contends that diverse gambling activities have always been inherent in Australian culture, however what once was considered a social recreational activity is in

some cases developing into a condition with serious implications. This could be ascribed to the significant changes within the gambling industry in Australia: the rapid growth of casino and poker machines, the privatisation of the gambling industry as well as the government's emphasis on economic rather that social policy. Initially most of Australia's casinos were located in remote areas but those that opened later were situated in close proximity to major metropolitan areas (Rule & Sibanyoni, 2000). One significant change was that casino and poker machines replaced horse-racing as the dominant form of gambling. Rule and Sibanyoni reported that there were thirteen casinos in operation nationally, excluding 185 000 gambling machines that were placed outside casinos. Despite the revenue generated and the employment opportunities created, negative social impacts associated with this form of gambling could be identified. Negative associations included a higher prevalence of personal problems among problem gamblers than amongst other adults.

In the USA the gambling industry has also undergone significant changes. According to the National Commission Report (1991, as cited in Rule & Sibanyoni, 2000) what was once considered a fairly limited pastime, has transformed into a relatively customary and a common recreational activity. In the USA it is estimated that two thirds of the adult population participated in some form of gambling, thereby contributing substantially to the American economy. In this country gambling has always been a large business and according to Gibson (1997), the number of patrons visiting casinos between 1993 and 1994 increased sharply.

While advocates of the industry place emphasis on the economic benefits, antagonists accentuate the negative consequences. It is estimated that 5.3 million and 2.2 million adult Americans could be considered as problem gamblers and pathological gamblers respectively. Communities in the lower socio- economic group who lived close to the casinos were particularly negatively influenced. It appears that gambling problems are not only confined to

adults. Chavira (1991) stated that of the 8 million compulsive gamblers in the USA, 12.5% are teenagers. It appears that teenage gambling is on the increase and has become a major concern in America.

1.3 National trends

Within the South African context, gambling has been a popular recreational activity for various cultural groups. Francis and Lubbe (1999) reported that, although gambling legislation in South Africa dates as far back as the late 1700s, gambling was a common activity of the early miners even before that legislation was passed. The miners staked thousands of pounds on gambling with cards, billiards, dominoes and dice. Cape Malay slaves, imported from Indonesia in 1652, enjoyed amusements like fishing, dancing, music, horse-racing, games and cards, but gambling at the time was their most popular form of recreation. When Paul Kruger came into power in 1883, gambling became illegal, but was not totally eradicated. Dugmore (1994) noted that gambling, specifically street gambling was extremely popular amongst so-called Coloureds in the Johannesburg area in the period between the two World Wars. De Villiers (1973) found that gambling, especially card gambling, was a popular pastime of the adult Black males in the Pretoria-Witwatersrand-Vereeniging area.

During the Apartheid era, casino gambling was banned in South Africa, but not in the "homelands", which was land reserved for Black South Africans. It was there where South Africans of all races could indulge in various forms of gambling in casinos, for which Sun International held all the licenses at the time (Bet and board in the new South Africa, 1995). With the deregulation of gambling laws, government's main motive appears to have been based on the economic potential of the gambling industry. During 2000, gambling supplied 14% of the provincial government's revenue while the national lottery has generated about R50 million a week (A Tuscan village in South Africa, 2001). Brand (1999) echoed a similar

sentiment and stated that when the National Gambling Act (No 33 of 1996) and the Lotteries Act (No 57 of 1997) were passed by Parliament, government was focused on economic salvation as its goal. The following in particular, were identified as potential beneficiaries of the proceeds of the gambling industry:

- expenditure on or connected with reconstruction and development projects referred to in the Reconstruction and Development Programme;
- charitable expenditure;
- development of sport and recreation; and
- arts, culture and national historical, natural, cultural and architectural heritage.

The relaxation of gambling laws has resulted in the mushrooming of gambling facilities (Jacobs, 2001). Millions of Rands have been spent on gambling facilities and this trend is continuing as more and more facilities are being licensed in various parts of the country.

According to the National Responsible Gaming Programme (NRGP) report of 2003, a new from of gambling has been introduced throughout the country, namely route and site machines. These gambling machines are referred to as limited payout machines (LPM), and will be placed at strategic locations in smaller towns located far from casinos. The Eastern Cape Province has been allocated 6000 of these machines but is conservative in allocation of the licenses. This increase in the availability of gambling facilities has certainly benefited the country in terms of employment opportunities, but concern has been expressed about the negative implications that such facilities have on society and families in particular.

The National Gambling Act (No 33 of 1996) made provision to address the issue of problem gambling and it is in the light of the above, that national research in South Africa was undertaken by Rule and Sibanyoni (2000) on the social impact of gambling. Although the gambling industry in South Africa is still in its infancy, valuable insights emerged from the research. This comprehensive study was done in several phases and included various

research methodologies, such as focus groups, in depth interviews and a national survey. The study indicated that casino gambling was a relatively new form of recreation for many South Africans. Particular reference was made to families being negatively impacted through gambling and that the proliferation of gambling facilities had both positive and negative consequences. In the light of the findings of the study, the researchers made several policy recommendations to government. This study also revealed that Sun International was the only group that introduced a comprehensive policy on problem gambling that included education, counselling, treatment and research. As reported in the NRGP (2001), this no longer is the case, as not only Sun International, but also all casino licence holders are in the process of integrating their various functions to provide a comprehensive service to their patrons.

Local media reports confirm the findings of the study that there is an increase in the number of people seeking help for their addictive gambling behaviour as well as significant others asking for advice via the local Gambling Help Line (Phughe-Parry, 2001). Phughe-Parry mentioned that psychologist, Ian Meyer, who is the representative for Sun International's NRGP, confirmed that some gamblers were experiencing problems and that an increasing number of gamblers needed therapy. For some people gambling is a means of entertainment, for others it leads to devastating negative social, psychological, occupational and academic consequences. What initially begins as a form of social entertainment can eventually lead to a disorder known as pathological gambling.

1.4 Defining pathological gambling

Pathological gambling is classified as a mental disorder by the two most influential psychiatric diagnostic manuals namely, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the International Classification of Diseases (ICD-10). In the DSM-IV-TR (American Psychiatric Association [APA], 2000) pathological gambling is

classified as an impulse control disorder (not elsewhere classified) and is characterised by recurrent and persistent maladaptive gambling behaviour.

In the International Statistical Classification of Diseases (ICD-10) (Kaplan & Sadock, 1997) pathological gambling is listed under habit and impulse disorders. The main feature of these disorders is described as uncontrollable repeated acts that have no clear rational motivation. Both these major classification systems regard compulsive gambling as an impulse-control disorder.

Pathological gambling is viewed as a serious and an escalating problem in South Africa by local researchers (Francis & Lubbe, 1999; Rule & Sibanyoni, 2000). It is in the light of the above that this study was undertaken.

1.5 Aim of the research

The aim of this study was to determine how a family experienced pathological gambling. The research explored this area in the light of reports indicating an increase in the number of people being negatively affected by gambling. This research is highly relevant because research on legalized gambling within the South African context is a fairly new terrain that emerged after removal of previous legal restrictions on gambling. Previous research, such as the study undertaken by Rule and Sibanyoni (2000), has provided a broad view of the social impact of gambling in South Africa, whilst the present research focused on the personal experiences of a family unit that had encountered pathological gambling. As this research is aimed at a single unit of society, it will endeavour to provide valuable insights into the personal family experiences of members of such a unit, and it could therefore be considered as an extension of research previously undertaken. Casino gambling will be the focus of this research, as it is in this area that gambling facilities and activities in South Africa have expanded over a short period of time.

1.6 Outline of the dissertation

Chapter Two presents a discussion on the nature of pathological gambling. The debate on the conceptualisation of gambling is dealt with and theoretical perspectives, as well as treatment approaches, are also discussed.

Chapter Three explores the literature on the family. The concept of the family is defined and the functions of the family are detailed while the family life cycle is briefly referred to. This chapter concludes with a discussion on how pathological gambling impacts the family.

Chapter Four describes the research methodology of this study, including a description of the participants, the sampling method employed, the methods of data collection and analysis.

Chapter Five details the research outcomes of the actual investigation as well as a discussion of these results in relation to the literature.

Chapter Six presents the limitations, recommendations and the conclusion of the study.

Chapter Two

Pathological gambling

This chapter presents a discussion on the nature of pathological gambling. The phases of gambling are mentioned, features of the disorder are discussed with reference to its classification in the diagnostic manuals, the conceptual debate surrounding pathological gambling is briefly presented, and theoretical views as well as treatment approaches are discussed.

2.1 Phases of gambling

Custer and Milt (1985, as cited in Dekker, 1997) identified three phases of gambling: The first phase is considered to be the adventurous phase. This period is marked by an increasing desire for gambling as a means of excitement and it often includes a big win which the person who gambles sees as resulting from their personal abilities. The second phase is the losing phase. Here the person gambling bets increasing amounts of money, chasing the money they have lost. The third phase is known as the desperation phase. During this phase the person gambling becomes obsessed with gambling, and increasingly gambles on credit and indulges in more risk-taking behaviour.

2.2 Key features of pathological gambling

The medicalisation of pathological gambling emerged from case studies of early psychoanalytic writers such as Von Hattinger and Berger (Blaszczynski, 2000). The current classification of pathological gambling in the DSM-IV-TR (APA, 2000) evolved over time. Pathological gambling was first treated as a "mental disorder" in the DSM-III (APA, 1980) and the revised edition, DSM-III-R (APA, 1987), although not too lucid, advanced on this classification. In this revised edition it was categorised as a mental disorder characterised by irresistible impulses to perform harmful acts. As mentioned in the previous chapter, pathological gambling is classified in the DSM-IV-TR (APA, 2000) as an impulse-control

disorder (not elsewhere classified). According to Kaplan and Sadock, (1997) the disorder, amongst others in this category, has certain common features:

> Persons diagnosed with impulse control disorders cannot resist impulses to harm themselves or others, they experience tension before committing the act and have a sense of pleasure or relief after the act, they may or may not have feelings of guilt and reproach and they may or may not plan their behaviours (p. 760).

The key features of pathological gambling according to the DSM-IV-TR (APA, 2000) include the gambler's preoccupation with gambling, the progressive failure to resist impulses, using gambling as an escape mechanism, developing a gambling tolerance, involvement in illegal activities and the loss of personal and social relationships.

Essential diagnostic criteria of pathological gambling according to ICD-10 (Kaplan & Sadock, 1997) are that:

> two or more episodes of gambling occur over a period of time, the episodes do not have a profitable outcome and that the gambling activity is pursued despite of the continued personal distress and interference it causes regarding personal functioning in everyday living. Furthermore, pathological gambling is accompanied by intense urges that the person finds difficult to control. The person is preoccupied with thoughts or mental images of gambling or circumstances surrounding the activity (p. 761).

Both these diagnostic manuals describe pathological gambling as an impulse-control disorder, although the criteria of the DSM-IV-TR are more comprehensive.

Breo (1989) remarked that Dr Sheila Blume who an expert on addictions, believed that the person gambling pathologically experiences problems because of the ritual nature of their gambling habit. The increased gambling becomes essential as tolerance is built up, in a process similar to that of drug addiction. This leads to loss of control and compulsive gambling that takes precedence over the gamblers occupation and his family. Peele (2001) as

well as Kaplan and Sadock (1997) emphasise that central to gamblers' beliefs is that gambling will solve all their financial problems, despite them being aware of the fact that gambling has led to financial difficulties.

The above depicted the phases as well as the key features of pathological gambling and noted some of its behavioural characteristics. Despite the categorization of pathological gambling as an impulse-control disorder in the two major classification manuals, there is an ongoing international debate about this very issue.

2.3 Conceptualisations of pathological gambling.

Researchers are still entangled in the debate concerning the conceptualisation and classification of pathological gambling and there still appears to be no consensus on this matter. Divergent views continue to emerge as the debate continues. From the literature it appears that the deliberation revolves around whether gambling should be considered an impulse-control disorder or an addiction.

In discussing impulse control and behaviour disorders, Marlo (2001) contend that impulses are thoughts that inspire behaviour. Impulse-control disorders originate from a lack of internal or external control. Orford (1985) questions whether compulsive gambling should be classified as a disorder of impulse-control because it is a disease of the will, and an activity, which constitutes for most people a source of enjoyment. Compulsions are impulses that are uncontrollable, as they are outside conscious control and ego-dystonic, whereas gamblers' behaviour is ego-syntonic, a source of desirable pleasure. Orford prefers the term "excessive" and argues that the term is personally or socially defined and depends upon the person's age, gender, socio-economic status, social network, responsibilities and a host of other factors. According to Orford, this term is least assumptive and at the same time draws attention to the social dimension of the addiction.

More recently Orford, Daniels and Somers (1996, as cited in Dickerson & Baron, 2000) introduced the concept of attachment as the main construct explaining the psychological processes that underpin gambling as one of the excessive appetites. According to Orford, attachment is strengthened as persistent gambling participation continues despite adverse consequences.

In a study by Langewisch and Frisch (2001), the relationship between gambling and impulsivity scores was not significantly different between non-pathological gamblers and pathological gamblers, indicating that impulsivity may not be the determining factor for pathological gamblers. On examining the role of impulsivity among pathological gamblers, Blaszczynski, Steel and McConaghy (1997) cited that, although the construct of impulsivity is an essential component of pathological gambling, research has failed thus far to operationally define this construct. The results, amongst others in their study, indicate that heightened impulsivity may be associated with the degree or severity of psychological and behavioural change in pathological gamblers.

Langewisch and Frisch (2001) acknowledged the current controversy and insisted that the typology of pathological gambling need to be revisited in the light of recent research, suggesting that gambling is not strictly an impulse control disorder. According to Lesieur and Blume (1987, as cited in Langewisch & Frisch, 2001) it is unclear whether high scores on scales of impulsivity in gamblers preceded and contributed to pathological gambling or followed and resulted from the gambling activities.

Dickerson and Baron (2000) are of the opinion that the heterogeneity of the construct may very well be the reason for its limited theoretical use in gambling research. In the same vein, they pose the question as to whether the heterogeneity of a mental disorder model of pathological gambling may also then restrict progressive research on gambling. Commenting on the conceptual and methodological issues concerning pathological gambling, they

identified the chief issue as being the over-inclusiveness of the criteria of the DSM-IV-TR (APA, 2000) together with the methodological problems this posed. Dickerson and Baron propose that research with regard to gambling should focus on the construct of self-control. This new shift that focuses on choice or subjective control over time and the money spent on gambling, as well as the psychological processes that perpetuate or inhibit control, aims at excluding the harmful impacts of gambling.

Many professionals consider pathological gambling as an addictive disorder similar to alcohol and drug dependence. The addiction model of gambling highlights the cyclical patterns, such as the excitement and escape, which are soon followed by loss and depression, the reliance on wishful thinking, the inability to reason logically in terms of problem-solving and management, as well as the tendency to manipulate others (Peele, 2001). According to Peele, the addiction cycle starts when a person develops destructive gambling experiences, the person loses more than expected, feels bad about the losses and tries to recoup these by pursuing the gambling activity. The individual experiences euphoric emotions by the thought of winning, at the same time consequences of the losses are emotionally taxing and may lead to a host of negative outcomes. On the other hand, continued gambling relieves anxiety, depression, boredom and guilt that follow the consequences of the gambling experiences. The person feels alive when involved in gambling.

Breo (1989) mentioned that Dr Sheila Blume, who is a proponent of the addiction model, defined pathological gambling as an addiction to action and to the high and thrill of the excitement of the gambling action. This addiction specialist believes that gambling disorder will with time be understood as an addiction without a drug.

In addressing the issue of whether pathological gambling should be considered an addiction, Shaffer (1999) said that this complex question had more to do with the nature of addiction than the concept of pathological gambling. Commenting on the concept of

addiction he said that, although dimensions of addiction existed, the term remained vague. He mentions that diagnostic systems such as the Diagnostic Statistical Manual of Mental Disorders, encourage repeated correct classification, but that construct validity is compromised because addictive disorders are assumed to exist by inference. For addiction to be recognised as a feasible construct, researchers must establish a gold standard against which the presence or absence of a disorder can be judged. As addiction is a complex concept, Shaffer (1999) suggests that the meaning of addiction be refined. His conceptualisation of pathological gambling, if it is to be considered as a disorder, is that it should be seen as the result of overwhelming and irresistible impulses, an irregular bio-behavioural mechanism or a combination of both.

Breo (1989) mentions that Sanger, an expert on addiction disorders, is of the opinion that gambling addiction seems to be closely associated with biochemical dependence. He draws a parallel between alcoholism and problem-gambling, but makes an important observation that, while alcohol is a neurotoxin which affects the mental alertness of the alcoholic, pathological gamblers who by contrast are not dependent on drugs and alcohol, cope better and will continue to pursue their gambling habit to the end because their energy and cognitive processes are intact.

The above discussion has provided an overview of the nature and conceptual difficulties around the concept of pathological gambling. There appear to be valid arguments in favour of and against both viewpoints. The researcher is in agreement with Langewisch and Frisch (2001) that future classification systems, such as the Diagnostic and Statistical Manual of Mental Disorder, need to evaluate and determine the appropriate place or position pathological gambling should occupy in such taxonomies. This is essential because of the far-reaching implications on prevention, treatment and social policy. Whilst this intellectual

debate is continuing, clinicians are becoming increasingly aware of the social and clinical consequences of the disorder.

2.4 Pathological gambling and other psychiatric disorders

In a study by Black and Moyer (1999) they reported that men and women who gamble compulsively had substantial co-morbidity with other psychiatric disorders. These included mood disorder (60%), anxiety (40%), substance abuse (63%) and antisocial personality disorder (33%). According to Kaplan and Sadock (1997), most people who gamble compulsively may be over-confident, somewhat abrasive, energetic and free-spending, they may also suffer from personal stress, anxiety and depression. They often indulge in unlawful acts in order to sustain their gambling habit and often appear to be secretive about their gambling indulgence as well as the extent of their gambling habit. Hollander and Benzaquen (1997) reported that pathological gambling is often co-morbid with depression, psychopathy and substance abuse. Reference was also made to possible co-morbid hypomanic or trance-like states that may occur during gambling episodes. Stegman, Regard and Landis (1991, as cited in Hollander and Benzaquen, 1997) conducted studies with persons who gambled excessively and found frontal and temporal lobe abnormalities suggesting an association with impulsivity and inattention, similar to patients with attention-deficit disorder.

From the above it appears that pathological gambling appears to be associated with various psychiatric conditions. This relationship is of significance especially when considering treatment interventions. In section 2.7 it will be illustrated that a certain degree of success has been achieved regarding pharmacological intervention with people who gambled excessively and who had co-morbid psychiatric disorders. The association between pathological gambling and criminal behaviour is briefly discussed in the following section.

2.5 Pathological gambling and criminal behaviour

Meyer, Moore and Viljoen (1997) explored the link between pathological gambling and criminal behaviour and found that pathological gambling was not necessarily the cause of criminal behaviour. The study that was done in Germany revealed that in almost 50% of cases criminal activity preceded the onset of pathological gambling. The research concluded that pathological gambling is a component of criminal activity but additional factors, such as personality and social attachment influence the level of criminal behaviour. Research by Blaszczynski, McConaghy and Frankova (1989) in Australia showed that about 36% of gamblers in treatment programmes have committed crimes that they attributed to their gambling problem. There is undoubtedly a link between pathological gambling and criminal behaviour but it appears that additional factors further complicate this relationship.

Diverse terms such as "compulsive", "pathological", "dependent", "addicted", "excessive" and "problem" have been used to try and define the type of gambling that has resulted in extreme negative consequences for those directly and indirectly involved. For the purpose of this dissertation, the term pathological gambling is the preferred term to designate compulsive gambling as classified in the DSM-IV-TR (APA, 2000). The term gambling will refer to gambling activities that do not give rise to harm, while excessive gambling will refer to more frequent gambling that has the potential to lead to pathological gambling. In other words, the former is viewed as a recreational activity that does not inflict any occupational, academic or social threat or danger to the individual or their family, while the latter is associated with such circumstances. The next section will focus on a discussion on the theoretical perspectives on gambling.

2.6 Theoretical perspectives on pathological gambling

There are diverse models that seek to explain pathological gambling. Initially psychoanalytic theories provided an explanation for excessive gambling but other unitary

theories soon followed. Contemporary theories on the other hand are diverting from singular theoretical explanations and focus more on contextual factors.

2.6.1 Psychoanalytic theories

Early explanations of problem gambling were based on psychoanalytic theories. The basis of these theories assumes that all human events are guided and determined by instinctual forces such as sex and aggression (Hjelle & Ziegler, 1981). Explanations offered for problem gambling include that it is a substitute for masturbation. Another psychoanalytical explanation offered is that excessive gambling could be due to deprivation in early life and lastly because of unconscious aggression and self-punishment (La Plante, 2002).

Although these theories provide early explanations they are questionable because of cultural and gender prejudice. While they emphasise the role of unconscious factors in the determination of behaviour, the theories below focus on organic factors to explain pathological gambling.

2.6.2 Biological theories

There appears to be strong evidence of physiological factors that can serve as explanations for the development of pathological gambling. Proponents of these theories assume that there is an organic base or biological factors contributing to compulsive gambling. The physiological factors present a risk factor for people becoming addicted to gambling. Hollander and Benzaquen (1997) reported that pathological gamblers might have serotonergic as well as noradrenergic abnormalities. According to Stegman, Regard and Landis (1991, as cited in Hollander and Benzaquen, 1997), electrophysiological, neurophysiological and biochemical data all have yielded interesting correlations of pathological gambling with impulsivity, inattention, extroversion and sensation seeking behaviour. Although there appears to be correlations between biological factors and pathological gambling this does not imply causation.

Another theoretical explanation for pathological gambling is that it can be viewed as learned behaviour.

2.6.3 Learning theories

Proponents of this theoretical model perceive gambling as a learnt behaviour that is highly resistant to extinction. The reinforcement a person may receive during the beginning phase of gambling may later become an important factor as the habit becomes more ingrained. Walker (1995) reported that the wins of a person who gambles serve as strong reinforcers of gambling behaviour. Brown (1986, as cited in Walker, 1995) states that classical conditioning reinforces the link between betting and the feelings of arousal. Gambling behaviour could also be learnt through operant conditioning, a sense of escape and increased optimism. Intermittent reward schedules are also associated with the persistence of this behaviour.

Griffiths (2001) comments that although there is evidence to support these theories, they are not satisfactory on their own to explain persistent gambling behaviour. Irrational and distorted cognitions that are discussed in the following section have also been offered as possible explanations for compulsive gambling behaviour.

2.6.4 Cognitive theories

Irrational thinking processes or distorted belief systems have been identified as one of the possible factors contributing to pathological gambling. It is well documented that individuals with a gambling problem have distorted cognitions concerning their gambling habits (Blaszczynski, 2000). People with pathological gambling problems lose their ability to think rationally. Irrational thinking is responsible for sustaining the gambling habit despite the negative consequences (Lesieur, 1979). Common irrational thoughts and erroneous beliefs include the following: the idea that when their luck is bad it will turn good, that they could win their money back and a false sense of their gambling expertise. A study by Griffiths (1990, as cited in Walker, 1995) found very high rates of erroneous verbal beliefs held by

people playing slot and video poker machines. By employing the talking aloud technique gamblers gave a running commentary of their gambling activity and erroneous beliefs.

Another cognitive factor that could contribute to the problem of pathological gambling, is selective hypothesis testing (Gibson, 1997). This involves an overestimation of the probability of an outcome and it occurs when a person considers only one possible outcome when making decisions. This could influence gambling decisions where the potential gambler may focus on one possible outcome while excluding others. By encouraging potential gamblers to consider a number of possible outcomes, the likelihood that a specific bet would be placed is reduced. This strategy is useful in terms of problem gamblers and could be influential in preventing the development of serious gambling problems. Training in abstract reasoning skills in schools and institutions could address the issue of selective hypothesis testing, where people could be sensitised to consider numerous potential outcomes instead of just one.

Proponents of cognitive theories emphasise the beliefs that the gambler holds about gambling, strategies for gambling, as well as beliefs about interpreting the results of their gambling.

Another theoretical approach views gambling as an addiction. This view emerged when criteria for alcohol and drug dependence were used to define the problem of gambling (Walker, 1995).

2.6.5 Addiction theories

Advocates of these theories, draw parallels between pathological gambling and alcohol and drug addiction. The hallmarks of gambling addiction are that people become totally absorbed in the activity. As gambling increases, tolerance is built up in a process similar to drug and alcohol dependence. A key feature seems to be a loss of control over gambling behaviour.

The DSM-IV-TR (APA, 2000) criteria for gambling are similar to those for alcohol and drug dependence. According to Lesieur (1988, as cited in Walker, 1995) the criteria for substance dependence were derived from the assumption that pathological gambling was similar to substance abuse. Walker (1995), in challenging the addiction theory, asserted that if any empirical meaning could be assigned to the criteria for gambling in the DSM-IV, it would only be that there is some degree of similarity or overlap between pathological gambling and psychoactive drug dependence.

Other approaches such as multifaceted bio-psychosocial explanations appear to set the future trend in providing explanations for pathological gambling.

2.6.6 Bio-psychosocial approaches

Griffiths (2001) asserts that allegiance to a single theoretical approach is not viable. He proposes an eclectic approach that emphasises the multi-dimensional aspects of gambling behaviour. According to this author, various factors are interrelated at different levels of analysis, namely biological, social as well as psychological. He therefore advocates a model where theoretical perspectives such as behaviourism, cognitive theory as well as addiction theory complement each other. This approach takes cognisance of individual differences as well as contextual factors and therefore gamblers are perceived in terms of broader social and cultural contexts.

Blaszcynski (2000) who also adopts a multi-dimensional holistic approach, proposed an alternative typology of gambling. The aim of his model was to synthesise various research inconsistencies. He differentiates between normal, emotionally vulnerable and biologically based impulsive pathological gamblers. These subgroups are exposed to common influences that included ecological factors, cognitive processes and contingencies of reinforcement. However, one is able to differentiate between separate groups because of additional predisposing factors, such as emotional stresses and affective disturbances for one group, and

biological impulsivity for another group. This comprehensive model is based on the premise that people with a gambling problem consist of a heterogeneous population. The theory attempts to integrate research and clinical observations with the chief aim of developing effective treatment strategies that could be applied to the specific subtypes identified.

With reference to the above theoretical explanations of pathological gambling, it is evident that research into pathological gambling is yielding interesting contemporary theories that are striving to provide a better understanding of pathological gambling. The current trend with respect to theories of pathological gambling appears to take on a new dimension where researchers are considering wider contextual factors that might lead to a more lucid categorisation of pathological gambling. The researcher is in agreement with Shaffer's (1999) assertion that improved research on the classification of pathological gambling guides better research, which in turn could generate effective social policy.

The above discussion on pathological gambling provided some insights into the complexity of the behaviour. The following section presents a discussion on the treatment strategies of pathological gambling.

2.7 Treatment of pathological gambling

Treatment for pathological gambling includes a diverse spectrum of interventions. According to Hollander and Benzaquen (1997) treatment options in the USA include self-help groups, behavioural methods, psychodynamic therapy, inpatient and rehabilitation programmes as well as pharmacotherapy. According to Kaplan and Sadock (1997), people gambling compulsively seldom present themselves for treatment. It is often through legal problems, family pressures, as well as psychiatric problems that gamblers seek treatment.

Gambling Anonymous (GA), modelled on Alcoholic Anonymous (AA), was established in Los Angeles in 1957. This form of treatment based on group therapy involving public confession, peer pressure and the presence of reformed persons who gambled pathologically

available to help members resist the impulse to gamble, is still popular (Kaplan & Sadock, 1997).

As outlined in section 2.6.3, pathological gambling has been viewed by some theorists as learned behaviour, hence treatment strategies such as on counter-conditioning, aversive therapy, desensitisation techniques, exposure, and response prevention techniques have been employed (Hollander & Benzaquen, 1997).

Breo (1989) mentions that Dr Sheila Blume, who is an expert in treating persons who gamble compulsively, is of the opinion that medical doctors are naive about the problem. She believes that pathological gambling is a treatable disease and furthermore states that the key to understanding the person gambling should be based on their internal emotional state and not on their escalating problems and the negative consequences of the addiction. According to her, gamblers translate all their emotions into an urge to gamble. Because they cannot deal with their feelings, they respond emotionally to every feeling with an urge to gamble. The therapeutic programme she utilises, include drama therapy, where people who gamble compulsively exchange roles with students. According to her, it is crucial to understand that the person gambling compulsively needs their gambling behaviour to cope with the stresses of living.

Walker (1995) mentioned that other cognitively based treatments, based on the assumption that a person's affect and behaviour is largely determined by their cognitions, could also be employed in treating persons who gambled compulsively with techniques such as thought-stopping and cognitive reconstruction.

Berg and Briggs (2001) utilised Solution Focused Brief Therapy (SFBT) that emphasises building strengths and not personal deficits. This therapy professes to be solution focused, time sensitive and cost effective, resulting in effective and efficient as well as collaborative working with clients. The solution-building process is driven by the client's view of his or her

daily life in real situations and it assumes that the client has ideas about solutions as well as the assumption that clients have the ability to initiate his or her own problem solving. The treatment moves on quickly without the need to confront denial.

The efficacy of treating gambling pharmacologically is not well documented, but there has been evidence of success with drug therapy. According to Hollander and Benzaquen (1997), lithium carbonate was found to produce mild success when treating a subgroup of persons who gambled compulsively with a concomitant mood disorder. They also mention that antidepressants, such as the serotonin reuptake inhibitors (SRI's) as well as other antidepressants have yielded promising results.

In South Africa, the NRGP, an initiative of Sun International, was established in May 2000 to provide counselling and treatment for people who experienced problems with gambling (NRGP, 2001). The NRGP is managed by the National Centre for the Study of Gambling in Cape Town and provides essential treatment services. The programme consists of several components, namely the National Gambling Help-Line that provides a 24-hour service to persons gambling compulsively in South Africa as well as neighbouring countries. People from various language groups are able to utilise the help-line. The second component is a free counselling service that entails six sessions of counselling structured to meet the needs of people who gamble compulsively. Other components comprise a public education campaign a research initiative by the organisation. In its latest report the organisation reported that more people were making use of the services offered (NRGP, 2003). It appears that this organisation is set on promoting responsible gambling through various awareness programmes. Learners at schools, community groups, as well as other groups were involved in this campaign. The report mentioned that about 75% of those that participated and completed the treatment programme remained gambling-free for a year.

Apart from the initiatives of the NRGP, gambling support groups, such as Gamblers Anonymous (GA) and GamAnon, which are voluntary organisations, provide group therapy and support to persons gambling and their spouses (Rule & Sibanyoni, 2000).

It is clear that the gambling industry is serious in its commitment to lessen the impact of problem gambling on South African society, but given the increase of problem and pathological gambling, this researcher is concerned that not enough is being done to prevent the increase in pathological gambling. A dire need exists to prevent the increase of pathological gambling as well as to develop effective treatment strategies for pathological gamblers and their families.

The next chapter discusses the family, with specific reference to the functions, the family life cycle and the impact pathological gambling has on families.

Chapter Three

The family

The aim of the study, as stated, was to explore a family's encounter with pathological gambling. It is in this light that this chapter will attempt to define the concept of the family and its development. It will also provide a theoretical framework within which to understand a family with a pathological gambler. The chapter concludes with a discussion on how pathological gambling impacts on the family.

3.1 Definition

Defining the family is difficult, because the concept of the family cannot be reduced to a single definition. There appears to be no universally accepted definition of the family. The Oxford dictionary has several definitions of family, including "a primary group consisting of parents and their offspring", "a group descended from a common ancestor", and "all the persons living together in some household" (Hawkins, 1988, p.288). Goode (1982) contends that the family is not a single entity that can be captured by a formula, and that many social units can be considered as families as many role relations could be found within these units that are also present in traditional families. Murdock writes in Bell and Vogel (1968) that the family can be defined as "a social group that is characterised by a common residence, economic co-operation, and reproduction" (p37).

There appear to be many types of families, the most common being described in the published literature being the nuclear family. This family basically consists of a married man and woman with their children. Although the concept of the nuclear family has given way to increasing diversity, Goode (1982) mentions that the family still serves the same functions; people still appear to experience both joy and sorrow within the family as they always have. The family is a small part of the social structure in a society, yet it is also a significant component of society.

For the purpose of this dissertation, a structural-functional and a systemic understanding of the family has been adopted. Within this theoretical framework, functional systems such as economic, political, community and value systems that are interconnected with the family are also included (Bell & Vogel, 1968). Within the economic system, continuous exchange between internal and external environments occurs, for example, the family will be rewarded for the provision of labour. The political system serves to maintain order so that the system will be able to fulfil its goals. Through the community system the family achieves a sense of belonging and is integrated into society. The value system provides a reference point from which the family can operate as no society can function effectively without a value system. These systems are essential for the adaptation, integration, goal fulfilment and the homeostasis of the family system (Bell & Vogel, 1968). Goode (1982) confirms that these systems should furnish each other with the necessary conditions for each other's survival.

Regarding the family itself, Becvar and Becvar (1996) adopt a universal view of the family as a system, which simultaneously is a component or a subsystem of a larger network of systems. This means that the family must be viewed in relationship to other families, and broader societal and cultural contexts as highlighted above. This perspective emphasises the interdependence of parts as well as the qualities of the system, namely that the whole is greater than the sum of its parts (Broderick, 1993).

From the above it appears that there are divergent views concerning the concept of family, and that the family is viewed as an important unit within the larger systems framework. The significance of the family is further illustrated in the section that follows.

3.2 Functions of the family

The family unit is but a small segment of society and yet it serves as a link to other systems within society, establishing it as a key element in human experience. The family is not a closed system, but consists of members who are in continual interaction with each other and other larger social institutions or systems. The family serves the following functions for its members and society:

3.2.1 Socialisation

One of the chief functions of the family is to socialise children. Socialisation is the process whereby children learn the norms, values and beliefs as well as behaviour prescribed by their culture (Gerdes, 1988). In his discussion of socialisation, Goode (1982) asserts that the content of this process comprises several types of learning, some of which are more difficult than others. The effectiveness of this process depends on factors such as warmth, nurturance and affection from parents, authority of the parent, consistency, allowing the child some freedom, offering explanations and reason as well as appropriate punishment for specific behaviours. Society depends on the family to introduce children to social controls. During childhood the parents or significant others are the agents of socialisation. Gerdes mentions that it is important for the actual agent, the parent or guardian, to be present during the process of socialisation.

3.2.2 Identity formation

According to Gerdes (1988) the term identity refers to a person's subjective awareness of his uniqueness and individuality. Gerdes states that it is within the context of the family that a person's identity is formed. Middlebrook (1980) agrees that children's earliest social environment, which is composed of parents and siblings, is one of the most significant influential forces upon children's emerging identity. Minuchin (1974) refers to the family as a matrix of identity, an ideal environment for identity formation. Identity formation starts at

approximately 12 months of age and proceeds throughout childhood and reaches its peak in adolescence. During this developmental phase adolescents start to form a clearer picture of their uniqueness as individuals with regard to interests, values, attributes and needs (Gerdes, 1988). Two major elements of identity are the sense of belonging and the sense of being separate or independent.

3.2.3 Self-esteem and self-acceptance

Gerdes (1988) defines self-esteem as the evaluative aspect of the self-concept. Self-esteem is related to how we value ourselves, in other words our sense of worth. The family plays a vital role in developing the individual's self-esteem and self-acceptance. If children sense that their parents do not accept them, they are likely to have a poor sense of self-esteem and self-acceptance. Likewise a child who feels loved and valued will have a more positive sense of self-worth.

3.2.4 Role models and identification

Modelling and identification are not synonymous, although they are closely related. Gerdes (1988) describes modelling as "the imitation of specific behaviour whilst identification is the incorporation of certain aspects of the personality of someone else into the self" (p.123). The process of identification and modelling can be observed in families. Parents provide children with role models, by acting as models of behaviour when expressing acceptance and warmth, by the provision of restrictions or freedom and by punishing unacceptable behaviour. Parents also act as sex role models when they perform appropriate attitudes and role performance of their sex. Through the provision of role models, the child's own identity is established.

3.2.5 Instrumental agency

According to Goode (1982) the family serves as an instrumental agency for larger social structures. Agencies and institutions are dependent on the family's contribution. This means

that larger systems, such as agencies and institutions, are empowered by smaller subsystems, such as individual members who in turn are part of other subsystems, namely the family. These larger systems and subsystems are dependent on each other for their survival, in other words, they are mutually dependent on each other. This relationship emphasises the inter-relatedness of different systems such as individuals, the family, society, organisations and other larger systems.

In their interdependent and dynamic relationship with their environments, family systems simultaneously participate in bringing about and adjusting to changes in their environments. This process is reflected in the family life cycle.

3.3 Family life cycle

The family life cycle is a way of conceptualising the sequential stages of family life from birth to death (Controneo, 2001). According to Controneo, the family can be viewed as a developmental matrix within which the person's identity is formed. The life cycle consists of many stages that both the individual family member and the family pass through over time.

According to Harder (2001), stage one is depicted as the stage where the young adults leave home to live independently, stage two unfolds as new couples join through marriage or by living together, stage three is marked by the addition of children into the family, stage four is when children are at the adolescent phase in their lives, stage five is the stage where children are launched and are ready to move on, and finally stage six of the life cycle is families in later life.

The family life cycle involves change and managing transitions. Some families experience difficulties and distress at these transitions, for example, the death of a family member or the birth of a sibling. All family members invariably shape the interactions within the family as they move through the life cycle. Interactions can be shaped positively or negatively. These challenges namely, change and transition, can influence the interaction and if it is not

managed well the family can become dysfunctional. It is therefore ideal that from a preventative point of view those members are seen to be at risk at various developmental levels if they are exposed to interpersonal harm and injustice within the life cycle. The family life cycle therefore concerns a network of interaction, involving change and how to manage change so that families are not exposed to undeserved stressors and so that transitions are made as uncomplicated as possible (Controneo, 2001).

Within the South African context it appears that the majority of South African families face unique challenges. Jones (1996) mentions that the family structures and support systems for the majority of South African (so called "Non-white") society have undergone major structural changes. This was a direct consequence of the previous political dispensation. Jones mentions factors such as high levels of mobility, illegitimacy, the phenomenon of non-marriage, the rising incidence of female-headed families and other significant factors that are unique and imperative for understanding South African families and their support systems. Conventional approaches to understanding South African families could therefore be problematic, as these approaches do not take into consideration the dynamics unique to the majority of South African families.

Research on South African families found that families are inherently predisposed to stressors not found in "normal" families. Nzimande (1996) writes that the family would only be able to fulfil its role if the family unit is functioning normally. Rabie (1996) predicts that poverty would be a major problem facing many South African families and that this may cause the disintegration of the family and society. It is obvious that most South African families are faced with major extraordinary challenges that can become exaggerated if families are additionally confronted with pathological gambling.

With time the family has become more diverse in nature. Fundamentally, it is a unit with reciprocal functions; a unit where there are certain role definitions or functions in terms of

serving its members on the one hand, but on the other hand, the family unit serves a function with respect to society. Gerdes (1988) cautions that the family plays a fundamental role in the development of the above. So-called healthy families can only provide the above functions; healthy families are families that are considered to be functioning well. Amongst other qualities, these families have clear boundaries, are flexible, interact with other subsystems and larger systems, have a strong parental coalition, adjust well to life transitions, are able to handle conflict and crisis constructively and have clear and honest communication (Harder, 2001).

3.4 Future of the family

From a global viewpoint, Popenoe (1993) expresses concern about the break-up of the contemporary family on such a colossal scale. He mentions that the family has been eroded to its bare nucleus and even that seems to be threatened. Despite the positive changes in society, there appears to be widespread consternation with regard to family changes. This concern seems to be valid because of the implications that family changes have for the healthy development of children and future generations. Popenoe is of the opinion that any society that maximises the opportunity for adult individualism at the expense of the children in the family, opposes the enhancement of healthy child development. Of major concern is the fact that the time parents spend with their children is declining rapidly and is associated with high crime rates, mental health problems amongst children and adolescents, as well as other social ills that affect children. In conclusion, he recommends and provides steps for a cultural shift that he cites as "the new familism" (p.39). Although he rejects attempts to reconstruct the traditional nuclear family, he identifies two fundamental characteristics about the nuclear family that should be restored and preserved, namely, an enduring sense of family obligation and the desire to put children first.

Mussen, Conger, Kagan and Huston (1984) contended that parents have a huge

responsibility towards their children and cite research that has shown that children in neglected families initiated more negative behaviour towards their parents and siblings than children from nurturing families.

How families have been affected by pathological gambling in the past is traced in the following section.

3.5 Pathological gambling and the family

It is evident from the literature that there is an increase in the number of people experiencing difficulties due to their gambling habits. Pathological gambling not only affects the person gambling, but has social, financial and occupational implications for significant others as well (Hollander & Benzaquen, 1997). Jacobson (1995) referred to the positive as well as negative effects that gambling has had on families living in North Dakota in the USA. The positive economic effects mentioned were more jobs, higher wages, influx of tourists and community support through charity. Positive social factors included job satisfaction and that gambling provided a means of recreation. The negative economic factors included that money was utilised for gambling and for treating compulsive gambling and expanding law enforcement, instead of for the family, charity and church. Significant negative social effects were time spent away from family and significant others, the loss of trust between family and other persons and the possibility of crime and debt increasing when there was a need to gamble.

Kaplan and Sadock (1997) stated that most people gambling compulsively are overconfident, somewhat abrasive, energetic and free-spending. They may also suffer from personal stress, anxiety and depression, and they often indulge in unlawful acts in order to sustain their habit. Possible consequences of these behaviours are alienation from their families and friends, losing valuable possessions and feelings of depression, which could lead to suicidal behaviour and increased association with illegal activities.

Reno (2000) mentioned that the tragedy of gambling addiction had far reaching consequences for a number of persons and organisations but that the family seemed to be the worst off. Family members were subjected to traumatic experiences, such as divorce, child abuse, neglect and domestic violence. This author mentions that the abandonment of children at a casino in Indiana in the USA was recorded. Over a period of fourteen months, approximately 72 accounts of parents abandoning their children at casinos were reported. Reno also mentioned that in states such as Louisiana and South Carolina, it was reported that children died tragically because they were locked up in cars for hours without adequate ventilation, while their caregivers were gambling.

A recent South African news report (Gambler locks child in car, 2003) concerned a man that appeared in court on charge of child neglect. The man allegedly left his child in the smothering heat inside his car for three to four hours whilst he was gambling at a casino. Incidents such as the above depict the serious consequences compulsive gambling holds for family and significant others.

Children of persons gambling pathologically often have problematic relations with their parents. They perceive their parents as unpredictable, which leads to feelings of anger, hurt, loneliness, confusion and rejection. These pervasive negative influences affect the family unit's social, psychological and economic well-being (Carson, Butcher & Mineka, 2000).

The National Council of Welfare (1996) in Canada reports that pathological gambling may give rise to significant social and financial costs to both the person gambling and their families. Serious consequences, such as unpaid bills and disconnection of essential services are common. This scenario often deteriorates to the point where compulsive gamblers sell personal items to finance their gambling habits. With regard to family relations, the Council reports that spouses and children of compulsive gamblers suffer immensely. Spouses appear to have more difficulty in coping with the stressful situation and are three times more likely

to attempt suicide than spouses with partners who do not gamble compulsively.

Brustuen and Gabriel (1999) compared families of pathological gamblers with families of substance abusers. Although the groups experienced common problems, three distinguishing factors emerged for families affected by pathological gambling. These families experienced anger, confusion and had to act speedily so as to protect themselves financially. Anger is often expressed as the depth or the extent of the losses is revealed to the family members. Confusion usually sets in because the person gambling compulsively manages to hide the extent of their gambling activity, therefore, when the family eventually becomes aware of the propensity, they are taken by surprise. Families of a person gambling compulsively usually have a need to act speedily in order to protect their financial interests because money to the pathological gambler is equal to the substance utilised by the substance abuser.

The National Gambling Impact Study Commission Report (1999, as cited in Rule & Sibanyoni, 2000) in the USA stated that compulsive gambling might have a severe impact on the family of a person gambling compulsively. The report furthermore states that children of problem gamblers are more likely to adopt delinquent behaviour and have a high risk of gambling compulsively themselves.

Dentinger (1999) agreed that family members of the person that gambles compulsively are often left confused and angry, and spouses were found to suffer and bear the burden of the negative consequences of the person's gambling behaviour. Research by Lorenz and Yaffee (1988, as cited in Walker, 1995) showed that spouses and children of persons gambling compulsively are subjected to unfavourable conditions that give rise to feelings of anger, resentfulness, depression, isolation from the person gambling, guilt, confusion, feeling ineffective as a parent, as well as feelings of hopelessness and helplessness.

In South Africa casino gambling was once accessible to only a few adults, but after the introduction of new gambling legislation, casinos sprouted rapidly across all nine provinces.

Gambling facilities suddenly became accessible to the vast majority of citizens, many of whom were naive and soon fell prey to the serious negative impacts inherent in the activities at such facilities. Francis and Lubbe (1999) identified the disintegration of the family structure amongst the negative social impacts of gambling. These families were exposed to severe pressure if and when financial difficulties occurred, which was aggravated when household resources were spent on gambling. The same authors state that the Mpumulanga Gambling Board found that 27% of households in that area reported that money for domestic necessities was diverted to gambling. In addition to domestic problems, gambling encouraged social ills, such as addiction, financial wastage, prejudice and temptation. Francis and Lubbe mentioned that a study by the University of Pretoria's Department of Tourism Management on gambling revealed that 28% of the participants who were regular gamblers at casinos had a disposable income of less than a R1000 a month. These individuals experienced financial difficulties and had problems supporting their families, the implications of which are far-reaching in that it compounds the existing poor socio-economic conditions of the majority of South Africans.

The Minister of Welfare has called for a review of the gambling policy in the light of the study done by Rule and Sibanyoni (2000), which revealed that poor punters were losing more money than they could afford and that one in every seven gamblers borrowed money to bet. In the media, it was reported that one in every twenty calls to the National Responsible Gaming Programme were from children complaining about their parents' gambling problems (Opperman, 2001). The problems included impoverishment, neglect of families, borrowing or stealing money, staying away from work, suffering from insomnia and suicidal tendencies.

Phughe-Parry (2001) reports that many gamblers in the Eastern Cape Province in desperate situations were pawning valuable items to support their gambling habits. The same reporter mentions that psychologist, Ian Meyer, who is the representative for Sun

International's National Responsible Gaming Programme, confirmed that some gamblers throughout South Africa were experiencing financial and psychological problems and that an increasing number of gamblers needed therapy. Peter Collins of the University of Cape Town's National Centre for the Study of Gambling, warns that in a developing country caution must be exercised because people are uneducated and believe that gambling is an easy fix to their financial problems. He adds that these poor people are particularly vulnerable, as they do not have to gamble much before being negatively affected by gambling (Singer, 2000).

Pathological gambling has the potential to inflict profound negative effects, not only on the person gambling but also on all the family members concerned, as well as other important systems and subsystems. Because of the past political dispensation as well as current stressors, such as the HIV/AIDS epidemic (United Nations Aids, 2002), the dynamics and support systems of the majority of South African families have been compromised. Care must be taken by the relevant role players in the light of the concerns expressed by Popenoe (1993) about the healthy development of future generations, as well as the potential negative impact pathological gambling could inflict on the family unit. Walker (1995) rightly asserted that it is not gambling itself that causes these effects but rather the increased economic and social stress caused by gambling losses. If any imbalances occur, such as a family encountering pathological gambling, unsuspecting family members can become victims of its negative effects.

In conclusion, the significant role the family plays in relation to society and other systems were highlighted. Emphasis was also placed on the interdependence of the various subsystems internally within the family, as well as externally with larger systems. The family is seen as an important unit of society endowed with various functions, which can only be fulfilled if families are considered to be healthy. Global concerns were expressed about the

break up of the contemporary family and the implications changes to healthy families should have for raising well-adjusted children.

The family life cycle is an important developmental process that families journey through. Healthy well-adjusted families will ensure that their members manage stressors well, so the passage through the life cycle takes place without any significant interpersonal harm.

The chapter ended with a discussion on how pathological gambling impacted the family. Pathological gambling has devastating negative effects on the entire family unit. These effects are pervasive and infiltrate every aspect of family life.

The next chapter will present the methodological aspects pertaining to the study of a family's experiences of pathological gambling.

Chapter Four

Methodology

This chapter highlights the main aim of the study and provides a description of the research methodology utilised. The researcher elaborates on the reasons for adopting a qualitative methodology and outlines the sampling procedures, the participants, the research setting, the procedures employed in the research, as well as ethical considerations pertaining to the study. The chapter concludes with a description of the data analysis and data verification procedures employed in the study.

4.1 Aim of the study

The primary aim of the study was to elicit the unique experience of a family that was affected by pathological gambling. The deregulation of gambling laws in South Africa coupled with increasing reports of more people being negatively affected by gambling provided the impetus for the study. Previous research within the South African context had a broader focus while the current study endeavoured to narrow the focus to determine the experiences of a family that had encountered pathological gambling.

4.2 Research design

A qualitative design was employed in the study. The motivation for using this design was that the researcher was interested in obtaining detailed thick descriptions of the participants' experiences of pathological gambling. This design is non-manipulative and does not have predetermined responses. The hallmark of such a design is that it allows flexibility and emphasises the process rather than the outcome of the study (Marshall & Rossman, 1995). These authors emphasise that qualitative research presents the researcher with three challenges: developing a conceptual framework for the study that is thorough, concise and elegant, planning a systematic and a manageable design with flexibility, and lastly, to integrate this into a coherent document.

The current researcher took cognisance of the above throughout the study by first attending to how the research should be organised and structured. This served to guide the researcher to select a design that was congruent with the aim of the study, as well as to examine, organise and present the data in a meaningful way. By doing the above the researcher was confident that the above challenges were met.

4.3 Sampling

Struwig and Stead (2001) mentioned that because qualitative research centres on depth and richness, sampling is done purposefully instead of randomly. This sampling strategy requires participants that can provide detailed information about the phenomena under study. Silverman (2000) cautioned that this does not imply approval of any sample; rather that it requires careful consideration about the specifications of the sample of interest to the researcher.

This researcher employed criterion purposeful sampling for this specific study. This procedure involved selecting specific cases in terms of pre-determined criteria and in this case one or more of the family members had to be diagnosed with pathological gambling. Likewise Kruger's (1988) selection criteria were relevant for this study, namely, that the participants had experiences relating to pathological gambling, that they were verbally fluent and able to communicate their feelings, thoughts and perceptions in relation to the researched topic, had the same home language as the researcher, which in this case was English, and that the participants expressed a willingness to be open to the researcher about their experiences.

4.4 Participants

The participant family consisted of five members, which included the parents and three children. The parents were from different racial backgrounds; the mother is from a Western White background and the father from an Asian background. At the time of the research, the member who gambled excessively was participating in a counselling programme of the

Gambling Help-Line. Both adults as well as the eldest sibling aged 10 years were interviewed. As the children in the sample were 4, 5, and 10 years of age, therefore exploratory discussions with the younger siblings ages 4 and 5 were attempted, but due to their cognitive immaturity, reliable data could not be obtained. In this regard the researcher agrees with Piaget's developmental theory (Mussen et al., 1984) that cognitive competence is a progressive and gradual process, which is attained by the developmental stage known as the formal operational stage. Children reach this stage at the age of about twelve years onwards, extending to adulthood. By then the child is able to utilise a variety of cognitive operations, is able to apply strategies in problem-solving, and is highly versatile and flexible in thought and reasoning. This means that the child has more sophisticated conceptual ability and is able to interpret events and experiences in a logical and abstract manner and is therefore suitable for participation in this research.

The participants were each given a pseudonym for the purpose of protecting their identities, as well as to maximize disclosure of the relevant data by the participants. The introduction of the participants follows.

Participant A

John is an Asian male in his early thirties. John is the spouse of participant B. John is currently self-employed as a computer technician.

Participant B

Kim is a White female in her early thirties. Kim is the participant that gambles pathologically. Kim and John are the parents of participant C and the two younger non-participant family members.

Participant C

Clare is a ten-year-old female daughter, currently attending primary school.

As indicated in the previous chapter the interviews were conducted as follows:

1st Interview	Participant A and Participant B
2nd Interview	Participant A
3rd Interview	Participant B
4th Interview	Participant C

4.5 The setting

The study was conducted in Port Elizabeth, situated in the geographical area of the Nelson Mandela Metropole, part of the Eastern Cape Province in South Africa.

According to Kruger (1988):

> The task of the psychologist is to create the conditions to make it possible for all the participants to reveal that which is their openness towards the world, which is the same as being conscious. The research psychologist must therefore create an atmosphere in which the participants are free to explicate (p.37).

With reference to the above the current researcher was intent on creating the atmosphere and conditions conducive to establish a comfortable environment where the interviews could be conducted, and also where the participants would not feel threatened in disclosing their personal experiences to the researcher. Therefore, interviews were conducted in the residence of the family concerned.

The family's residence was situated in a poor socio-economic area. The family had to move from their previous residence due to financial problems brought about through pathological gambling. Their previous residence was situated in a more affluent area. The residence they were occupying at the time the researcher conducted the interviews was provided for them by a relative.

4.6 Procedure

Prior to the study, permission was obtained from the Director of the NRGP, Doctor Roger Meyer, to utilise a sample from the Gambling Help-Line. After no participants from this source were obtained and due to the time constraints involved in completing the research within the time period prescribed by university regulations, the researcher explored other means of obtaining a sample. An advertisement was placed in a local newspaper (see Appendix 1) to which one family responded. The researcher then set up an appointment to meet the family and explain the purpose of the research and the nature of their involvement (see Appendix 2).

The researcher employed a co-researcher, who provided assistance with the recording of the interviews and also by being present contributed towards the credibility of the research data and process. At this first meeting the co-researcher was also introduced to the participants. When the participants agreed to participate in the research, they signed the consent form (see Appendix 3). At the end of this meeting, interviews were scheduled at mutually agreed times with the participants.

Four unstructured interviews were conducted with:

- the marital couple as a unit;
- the wife who had been diagnosed as a person gambling pathologically by a clinical psychologist according DSM-IV-TR (APA, 2000) criteria;
- the husband; and
- the ten-year-old daughter.

Rubin and Rubin (1995) described qualitative interviewing as an adventure, one that affords the researcher a way of getting to know what others think and feel about their world. Qualitative interviews are research tools that enable the researcher to learn about people's feelings, thoughts and experiences, which researchers analyse to arrive at certain findings that

are shared with others through various mediums. For the purpose of this study, unstructured interviews were used to collect data. The researcher chose this method of data collection because she did not want to dominate the interview relationship. With this method of interviewing the researcher does not need a comprehensive list of predetermined questions (Struwig & Stead 2001). The goal of unstructured interviewing is thus to yield results that are deep, detailed and vivid and that capture the richness and complexity of a topic under study. This method also affords flexiblility throughout because the researcher has to formulate questions to examine new ideas and themes that emerge during interviews. This means that the questions are continuously adjusted so that the voices of the participants are heard and not that of the researcher only. This re-adjusting serves the purpose of truly hearing what the interviewees say without discarding statements that do not fit the researchers expectations or preconceptions.

For this research, questions were asked in response to statements made by the participants. These questions that were generated from what the participants themselves had said enabled the participants to share their experiences without much interference by the researcher. The interviews were recorded by means of an audiocassette recorder. Before conducting the interviews, the researcher once again provided a brief explanation regarding the research study. During the entire process of data collection the researcher established rapport with the participants as part of each interview. This enabled participants to be more relaxed to share their experiences of pathological gambling. On completion of each interview the interview was transcribed by the researcher and was made available to the family members concerned.

4.7 Ethical considerations

According to Struwig and Stead (2001), ethics in research provides the researcher with moral guidelines so that research can be conducted in an acceptable manner. Participants were briefed on the aim and the process of the research. They were informed that

participation was voluntary and anonymous and that they could withdraw at any time from the research (see Appendix 3). The participants were also assured that the information disclosed would be treated as confidential. Only the researcher and the co-researcher were aware of the participants' names and personal details. For the purpose of confidentiality and protection of privacy, pseudonyms for all the participants were used throughout this text.

The researcher was aware that the research was a sensitive issue to the family concerned and that emotional complications could arise from the research. In this regard the researcher, at the outset, clarified the aim of the study and that the purpose of the interviews was purely for research. The researcher also explained that if any of the participants required some form of intervention, the researcher was prepared to assist by making appropriate referrals to relevant resources. As mentioned before, the identified person with the gambling problem participating in this research was already involved in the programme of the Gambling Help-Line.

4.8 Data analysis

Taylor and Bogdan (1998, p.141) described qualitative analysis as a "dynamic and creative process". The aim of qualitative data analysis is an attempt to gain a deeper understanding of what is studied and at the same time to refine the interpretations derived from the data obtained. The data analysis in this study was executed in accordance with the method described by Tesch (1990, as cited in Cresswell 1994, p.155). The researcher obtained a general idea of the data by reading through all the transcribed interviews and noted any ideas that came to mind. The researcher then chose one interview transcription document and tried to determine what it was all about. Notes were made in the margins regarding any potential themes. After having repeated the above a few times, the researcher compiled a list of possible themes. Similar topics were clustered together and from these clusters the researcher distinguished major, unique and leftover topics. The researcher then abbreviated

the clusters and went back to the original texts and annotated where the themes had been identified. The clustered topics were converted into categories using descriptive wording. Related topics were grouped together. After the data was converted into themes, categories and sub-categories, the researcher started interpreting the data. Each transcripted document was analysed in the same manner discussed above. The interpretation that emerged from all the data is discussed in Chapter Five.

4.9 Data verification

According to Silverman (2000, p.177) qualitative researchers have to convince their readers as well as themselves that their findings are truthful. De Vos, Strydom, Fouché and Delport (2002) attest to Lincoln and Guba's guiding principles with regard to data verification, credibility, transferability, dependability and confirmability.

The main objective of the principle of credibility is to demonstrate that the research undertaken was accurately identified and described. This assisted in providing boundaries for the study. The current researcher took the following steps to achieve credibility of the data: the researcher conducted the interviews with a co-researcher present to limit the possibility of a single researcher's bias intruding into the data, examination of the data analysis during consultations with an independent researcher, examination of samples of the data analysis by both the supervisor and co-supervisor, as well as the researcher having been trained in conducting interviews. The researcher has also attached excerpts of the second interview to contribute further to the validity of the study (see Appendix 4).

Transferability refers to external validity, in other words, the degree to which outcomes of the study could be generalised to other settings. Although this is a problematic concept for qualitative research, De Vos et al. (2002) mentioned that there are means to ensure transferability. Transferability can be achieved by detailed description and adherence to the procedures and process of data collection and data analysis. The current researcher complied

with this requirement in detailing the data collection procedures and the method of analysis.

Dependability refers to the reliability of the research. Once again, the complete description of the methods employed in the study increased the reliability of the data collection and analysis of the data. Dependability was achieved by consulting with an independent researcher to verify the themes and categories.

Confirmability refers to whether the outcomes of the study could be confirmed by another researcher. This means that the study should be free from bias. Making use of an independent researcher reduced subjectivity and increased the accuracy of the researcher's data analysis. Through triangulation of data sources confirmability was enhanced. Silverman (2000) refers to triangulation as "an attempt to get a 'true' fix" on the situation by combining different findings or different ways of looking at it" (p.177). As mentioned in section 4.4, one of the participants was a client of the NRGP. The participant allowed the researcher to review the workbook that was used during counselling sessions as well as a letter the participant wrote to a national magazine about her experiences of gambling. These sources were used to validate and cross check findings. The interviews conducted with other individual members of the family, such as the spouse of the person gambling compulsively and the eldest daughter of the couple, also served to verify the data.

In conclusion, this chapter examined the research methods utilised to explore the family's experiences of pathological gambling. The data were then analysed and verified. The next chapter will present the findings of the actual investigation.

Chapter Five

Findings and discussion of the study

The findings from the data of the unstructured interviews conducted are presented in this chapter. The structure in which the data is presented comprises of themes, categories and sub-categories that emerged from the data analysis. Table 1, presented below, serves to summarise and guide the entire structure of the analysis results.

In terms of the discussion of the results, each theme together with its relevant categories and sub-categories is discussed individually directly after presentation. The researcher discovered that the experiences of the family with pathological gambling presented as unfolding narratives with explicit phases. After the transcribed interviews were analysed according to Tesch's model (1990, as cited in Cresswell, 1994), these narratives emerged as themes, categories and sub-categories.

The first main theme identified was the initiation phase of gambling; the category identified within this theme was the initial win. The second theme focussed on the maintenance phase of gambling; categories identified within this theme were the secrecy of gambling, lack of control, means of coping, irrational thinking, obsession with gambling and gains received through gambling. The third theme that emerged from the data was family manifestation of pathological gambling. The first category was emotional experiences. Within this category various sub-categories were identified such as anger, hurt and sadness, guilt, hopelessness and helplessness, anxiety, worry and insecurity, distrust, humiliation and embarrassment. Other categories identified in this theme were the need to recoup money lost, dishonesty, illegal activities, and financial problems leading to deprivation and loss, health problems, the disintegration of the family unit as well as conflict. The final theme that emerged from the data was the aftermath of the gambling experience. The categories identified included the adjustment and lastly reflection.

Not all the themes, categories and sub-categories identified from the data was applicable to all the participant family members, the text illustrates which themes were significant and relevant for members of the participant family.

Table: 1 Depiction of themes, categories and sub-categories

Themes	Categories	Sub-categories
• Initiation phase of gambling	• The initial win	
• Maintenance phase of gambling	• Secrecy of gambling • Lack of control • As a means of coping • Irrational thinking • Obsession with gambling • Gains received through gambling	
• Family manifestations of pathological gambling	• Emotional experiences	• Anger • Hurt and sadness • Guilt • Hopelessness and helplessness • Anxiety, worry and insecurity • Distrust • Humiliation and embarrassment
	• Need to recoup money lost • Dishonesty • Illegal activities • Financial problems leading to deprivation and loss • Health problems • Deterioration of family relationships • Conflict	
• The aftermath of the pathological gambling experience	• Adjustment • Reflection	

5.1 Initiation phase of gambling

The first major theme that emerged was the initiation into gambling. For Kim gambling started as a form of socialising and entertainment, which resulted in an initial win during her first gambling experience.

The category that was identified in this theme was the initial win.

5.1.1 The initial win

During the first interview, Kim confessed that she was drawn to gambling after her initial win as she thought it was her ticket to striking it rich. Kim mentioned that she had never gambled before, but that it was the initial win years ago that appeared to be instrumental in initiating her gambling habits.

"We went and you know, winner's luck ... and I won R400 that night ... I started calculating ... and I said, in a week, that is how much I would be earning, and that is how it started." Kim.

Custer and Milt (1985, as cited in Dekker, 1997) referred to the increased desire to gamble in the adventurous phase, and that gambling increased due to the initial win that the gambler perceived as the result of their personal abilities. Learning theorists perceive gambling as a learnt behaviour that is resistant to extinction because of the reinforcement. According to Walker (1995) the wins of the gambler serve as a strong reinforcement for gambling behaviour.

The second major theme that emerged was the maintenance of the gambling behaviour. After the initial win several factors served to reinforce and maintain Kim's gambling activities.

5.2 Maintenance of gambling

Within this major theme sub-themes referred to as categories appeared to be responsible for the conservation and the perpetuation of the gambling activity. The first category was the

secrecy of her gambling activities. Other categories included the lack of control, a means of coping, irrational thinking, obsession with gambling and gains received through gambling.

5.2.1 Secrecy of gambling

During the first interview, John spoke about the time that he was unaware of the nature of Kim's gambling activity. The secrecy of Kim's gambling activities contributed to the maintenance of her gambling habit, while John was unsuspecting at first. The secrecy was quite distinct for a lengthy period. Even when John became aware of Kim's gambling, he was shocked, as he did not realise the extent thereof.

"I always believed her, but after a while I realized it's not so." John.

"I didn't know it was so bad." John.

"I knew about it, but I didn't know it was so bad." John.

Brustuen and Gabriel (1999) remarked that, because of the secrecy and the swiftness of pathological gambling, relatives of persons gambling pathologically often do not comprehend what is actually taking place. The partner of the person gambling pathologically may not even be aware of any problems until a financial or legal disaster is uncovered.

Another category, namely, lack of control that contributed to the maintenance of Kim's gambling activities was identified.

5.2.2 Lack of control

Lack of control by Kim appeared to contribute to the maintenance of the gambling activity. Kim was not able to resist gambling, despite all the negative consequences, namely financial problems, she had already experienced. She mentioned during the first interview that she was unable to resist gambling for a long time.

Kim confessed in her own words that she could not control herself:

"I had actually gone and lost my entire salary ... I gambled all that away." Kim.

"It started maybe once a week, every two weeks and then closer to when it was daily. Yea,

then I had to go every single day." Kim.

"If you get desperate you can do anything, I sold everything. I've pawned my rings, I did everything for gambling money, sold my stove, sold my bedding, just to get money ... crazy." Kim.

"There were many times I wouldn't even have money for cab fare to get home, I would blow everything, the last cent, even the R10 you get back from the casino when you give in your card, I would even blow that." Kim.

Pathological gambling is characterized by the failure to resist impulses that eventually significantly hampers the person who gambles' functioning in most areas of their lives (Hollander & Benzaquen, 1997). Peele (2001) mentioned that persons that gamble pathologically often describe a sense of loss of control. They believe that they are unable to avoid or stop gambling.

For Kim, gambling was a means of coping; she resorted to gambling when she could not face up to challenges.

5.2.3 Means of coping

What emerged from the data, is that the participant would use gambling as an escape mechanism - a means of coping with conflict brought about by stressful situations. Kim dealt with challenging situations for example, by evading them and escaping to the casino to gamble. This escape distracted her and at the same time provided some relief from facing up to the stressful issues she had to confront. Her gambling activities provided emotional relief and relaxation, and also had a calming effect on her. Below Kim elaborates on gambling as her means of coping with life's stresses and challenges.

"When I get upset, I like to get away, I like to be on my own and not with people ... and at the casino you don't need anyone, it's between you and the machine, so that was my escape ... that's the way I dealt with things, it calmed me down." Kim.

John confirms how Kim dealt with conflict and challenges:

"She'll be okay for one or two days and sometimes we'll just have an argument and she'll just take her bags and go ... " John.

"... like every time I spoke about it, she would get upset, it was her excuse, get upset and just slam the door and go out and then end up at the casino." John.

Walker (1995) confirmed that gambling could provide a means of escape for someone experiencing stressful situations. Gambling serves to remove the individual from the source of stress and it provides a means of avoiding social responsibility.

Irrational thinking also served to maintain Kim's gambling activities.

5.2.4 Irrational thinking

Kim believed that she would strike it big despite all the indications that it was highly unlikely to happen. She had unrealistic hope, she was convinced that gambling would solve her financial problems and was convinced that she was able to manipulate the machines. These beliefs served to support the persistence of gambling. During the second interview Kim mentioned the following irrational beliefs that contributed to her continued gambling activities.

"I chase different machines, if I see someone had good penalties, the next day I would play that machine." Kim.

"After pay day the machines really pay, because then they would be pumped full, I would go onto the computer of the casino, check the winnings on that particular machine, and if I saw that it had not won, I knew it was due." Kim.

"Although, after everything we lost, knowing what the casino brings about, I still went back, that chance that you might win something." Kim.

Walker (1995) identified the illusion of control and other false beliefs as faulty cognitions linked to the persistence of gambling. Gamblers believe that their special knowledge of slot

machines will enable them to win.

Another category, related to the maintenance of gambling, that emerged from the data was the obsession with gambling.

5.2.5 Obsession with gambling

Kim became progressively involved with gambling until she was obsessed with this activity. It became her main focus and her entire life revolved around gambling. She would plan her day around her gambling activities, whilst concealing her gambling behaviour from her spouse, John. Below verbatim from the first and second interview extracts illustrate Kim's obsession with gambling.

"You plan your life so that you could get to the machines at the end of the day ... when I would be sitting at work I would be thinking which machine I would be going to play, and if that one is not open, which is the next one ... sit at work and think how I would get out ... what story I would tell John ... I will think about a story and get the kids organized." Kim.

"... every waking minute, you are consumed with either money you lost at the casino or you're consumed with the thought of the next visit to the casino ... it does not leave you." Kim.

Kim's obsession with gambling sometimes resulted on her spending nights at the casino.

"Oh yea, I've done that plenty of time [spent the entire night at the casino]." Kim.

"Even this [criminal case] didn't knock me hard enough, that's how bad my gambling was. I'd been to my first court appearance and I still went to the casino, I didn't stop." Kim.

"I realized I was getting deeper and deeper, I got into trouble plenty of times and every time I will go in deeper and deeper. I'll be bailed out one time, the next time I'll get deeper and deeper." Kim.

Many researchers and clinicians view pathological gambling as dependence without a drug. According to Peele (2001) the essential element of gambling addiction is that the

person gambling becomes completely absorbed in pursuing gambling compulsively.

Another category that was identified in maintaining the gambling was the gains that Kim received through gambling. This served to reinforce her involvement in gambling.

5.2.6 Gains received through gambling

At times Kim gained materially and physiologically. Kim mentioned during both the first and second interviews that she had won money at times, but apart from the monetary gains, she was also getting some satisfaction. She confessed that she became addicted to the thrill and excitement. John reported that he often accompanied his wife to the casino and at one such time they won a substantial amount of money. This big win served to maintain the habit.

"I won R32 000, so it's not like we did not win ... " Kim.

"... and then the jackpot I caught got me into that." Kim.

"It's not about the money, it's the thrill of getting ... hitting a penalty ... it gives you an adrenaline rush ... it wasn't the money afterwards." Kim.

Breo (1989) mentioned that Dr Sheila Blume who is an expert on addictions, defined pathological gambling as an addiction to the excitement and thrill of the gambling experience. The effects of the gambling experience on a person gambling are similar to the effect that an addictive drug has on a person consuming such drugs. According to Walker (1995), the wins of the gambler serve as a strong reinforcement of gambling behaviour, as the huge winnings prove that the gambler is right, while on the other hand, the losses basically serve to increase the desperation for winning.

The researcher found that the above categories served as reinforces for Kim to continue her gambling activities. John not only accompanied her but also got involved. This also served as a further reinforcing factor. As Kim pursued her gambling activities, the family unit was also affected.

The third theme that was identified was the manifestation of pathological gambling in the

family.

5.3 Family manifestation of pathological gambling

Kim's compulsive gambling had implications for her as well as her family. Within this theme, the following categories and sub-categories were identified.

Emotional experiences was the first category identified, the need to recoup money lost, dishonesty, illegal activities, financial problems leading to deprivation and loss, health problems, deterioration of family relationships as well as conflict were subsequent categories within this theme.

5.3.1 Emotional experiences

The family members experienced unpleasant emotions because of Kim's gambling activities. These emotions included as anger, hurt, sadness, guilt, depression, anxiety, worry, insecurity, distrust, humiliation and embarrassment.

John in particular experienced intense sadness and anger while their daughter, Clare, also admitted that she was affected by her mother's gambling behaviour. Below are categories of emotional experiences that were identified from the data by different family members.

5.3.1.1 Anger

John was particularly angry at his spouse's gambling activities. During the third interview he voiced the following.

"I was upset ... " John.

"I was very angry every time I spoke to her, her stealing really buggered our lives, both our lives." John.

Dentinger (1999) explained that family members of the person gambling compulsively are often left confused and angry.

5.3.1.2 Hurt and sadness

Family members also expressed their distress and disappointment regarding the gambling and

its consequences. John appeared to be deeply affected. During the fourth interview with Clare, feelings of sadness and hurt were evident.

"I mean it brings you down, I was very hurt." John.

"It 's sad to say you cannot trust your wife..." John.

"She was sad to see us in that position ... she 's still not ... she 's bothered." John.

"It was really bad ...and there was no money in the house. " Clare.

"... there were also problems ... " Clare.

Guilt was another emotion that some of the family members experienced.

5.3.1.3 Guilt

Kim felt remorse for the position she put the family in.

"It was terrible." Kim.

"I'll go sleep with headaches... nausea from the worry of being caught up in what I have done." Kim

During the second interview, Kim often expressed how she felt responsible for the consequences of her gambling habit but was not able to act in accordance with her guilt feelings.

Feelings of helplessness and hopelessness were real experiences for both John and Kim.

5.3.1.4 Helplessness and hopelessness

Both Kim and John often experienced feelings of helplessness and hopelessness. Kim in particular had suicidal tendencies. John was despondent because he was powerless and unable to help Kim with her destructive gambling behaviour.

"I felt bad about it, but I knew I could not stop her." John.

"Yes at one stage I did feel helpless, because you can't be with her every time." John.

"... and then it starts all over again, I mean what can you do? If she goes to the casino and

loses the money, what can you do?" John.

"At one stage, what used to happen, was that I used to see her losing money, I used to take money to put it into the machine and say I don't care if I lose, I mean my wife lost R800 and I lose R400, so it's like I don't care ... " John.

"She always had the upper hand and we used to fight and like she told me if you don't take me to the casino, I'll take a cab." John.

"... it really buggered our lives ... " John.

"When I go there I'll be depressed and I won't gamble and I just speak to her and tell her that we should go." John.

"... ...you think about all that when you are down." John.

Kim manifested similar feelings, as she was caught up in the web of gambling.

"I don't think I wanted it to end, I just wanted it to go away, I wanted the problems to go away." Kim.

"I actually gone and lost my entire salary ... I gambled all that away, I gambled everything away, I didn't tell anyone, I just went to the chemist and bought sleeping tablets and I came home and I overdosed on it ..." Kim.

According to Lorenz and Yaffee (1988, in Walker, 1995) strong emotions are experienced not only by the person gambling, but by significant others as well.

The family also experienced feelings of anxiety and worry.

5.3.1.5 Anxiety, worry and insecurity

It was evident that the family members experienced feelings of apprehension. During the fourth interview, Clare voiced that there were many times that she was worried about her parents, her mother in particular. She experienced strong feelings of insecurity and anxiety about the future.

"The only thing I am worried about now is that she can go to all the other casinos now ... "

Clare.

"I always used to think in my mind that something is going to happen, something is going to happen ..." Clare.

"I was always worried about them ... " Clare.

During the second interview Kim's feelings of anxiety were reflected in the following:

"I was hoping that when I wake up it was all going to be gone, as if it was not real. Kim.

"I'll go sleep with headaches... nausea from the worry of being caught up in what I have done." Kim.

" I could not concentrate, I could not function properly...." Kim.

Feelings of distrust also emerged for the family in the wake of Kim's continued gambling.

5.3.1.6 Distrust between spouses.

During the third interview John voiced his feelings of mistrust towards his wife. As he realised the extent of Kim' gambling activities, he lost his trust in her.

"With the gambling I could not trust her." John.

"If I give her the rent money and she'll go to the casino, that's the only thing I could not trust her with. John.

Jacobson (1995) identified the loss of trust between the person gambling and family members as one of the negative effects that was associated with gambling in families and communities in North Dakota.

Some family members also experienced feelings of humiliation and embarrassment.

5.3.1.7 Humiliation and embarrassment

John was humiliated and embarrassed by the consequences of Kim's gambling activities. The family had lost their home as a direct result of Kim's gambling behaviour. John felt uncomfortable about the fact that they had to live in someone else's house. It was during the first and third interviews that his embarrassment is evident.

"I mean, here I am staying ... like when I moved in here I felt embarrassed, to come here and move in other people's home ... like any man, when he has a family he wants to have his own place, it's a man thing." John.

John felt that as a male he was responsible for his family, his pride appeared to be deflated.

Kim became involved in illegal activities and as a result was under investigation by the police and the legal profession. John found these interactions disturbing and embarrassing:

"... like I am saying how it really bothered me, it was I mean ... when she was on trial ... people were coming, we were hiding you know, anybody knocking on the door ..." John.

"... and the kids as well, they would stand there and they want to know why they are taking our furniture, you can't tell them their mom was gambling, how do you explain?" John.

"The people that took us in ... and all the people know what happened to us ... you think about all that when you are down." John.

The family was confronted with a spectrum of feelings that ranged from anger, hurt and sadness, guilt, helplessness and hopelessness, anxiety, worry and insecurity, distrust between the spouses as well as humiliation and embarrassment. Feelings of worry and concern were the dominant feelings experienced by Clare. John seemed to experience strong feelings of anger, distrust, worry and embarrassment. Kim experienced feelings of anxiety, depression, guilt, and confusion.

The National Council of Welfare (1996) in Canada found that spouses and family members suffer and bear much because of the burden that the person gambling pathologically imposed on them. Walker (1995) mentioned that research has shown that problems brought about by gambling are not only confined to the gambler and does not only concern finances but that strong emotions are also experienced by the spouses as well as the children. Lorenz and Yaffee (1988, as cited in Walker, 1995) found that spouses of pathological gamblers

experienced anger, resentfulness, depression, isolation from the gambler, guilt, confusion, feeling ineffective as a parent as well as feeling hopeless and helpless.

The need to recoup money lost was another category identified in the theme of manifestations of gambling.

5.3.2 Need to recoup money lost

Kim was often caught up in the need to recover money lost through gambling. She explained during the first interview:

" Sometimes you lose R500 today and R500 like the next day, altogether R1 000 and then you think, let me take another R500 and try and make up the R1 000 ... " Kim.

"I definitely won, but the money I won was not enough to pay back what I had taken. And you don't think to pay back so that it reduces the amount, you want to get that full amount back and pay it off." Kim.

Peele (2001) confirms the need to recoup losses. As the losses accumulate, the person gambling feels regretful about it and subsequently tries to make up for the losses by continuing to gamble.

The family's gambling experiences were also characterised by deception and dishonesty.

5.3.3 Dishonesty

The family members experienced deceit and dishonesty frequently during their encounter with pathological gambling. The spouse who gambled did not often keep her promises, and there were lies, deceit and scheming. During the first interview Kim voiced how she would scheme at work so that she could pursue her gambling activities:

"I would stay off work. I used to go off 2pm during the daytime, saying I wasn't feeling well, say I'll have to go somewhere, and at 2pm go to the casino ... I will tell him [John] I'm working late at night, and then go to the casino. He'll think that I am earning extra money, in the meantime, I am actually sitting at the casino earning nothing." Kim.

During the first interview John recalled the empty promises Kim made to him:

"... then I thought she was going to stop, 'cause she promised she will stop." John.

"... she'll tell me she's going to the pub, I always believed her, but after a while I realised it's not so, it's not the pub, it's gambling ... " John.

"Gambling makes you lie a lot." John.

"... here and there ... It doesn't strike at the same time, like after a day or so you put two and two together, but it's too late then." John.

For Clare, the casino was associated with evil and "the devil". She felt uncomfortable despite them "getting a few things out if it". These moral feelings are evident in the verbatim extracts that follow below, could reflect her moral developmental stage. According to Kohlberg's theory of moral development (Gerdes, 1988) Clare's moral reasoning could be referred to as "conventional role conformity". This means that moral standards are still externally based. Her moral judgement are adopted from others, although there may exist an internal motivation to adhere to expectations.

"We got a few things out of that [money won at casino], and I still didn't feel that that was right because that was devil's money, it's not money my mom worked for, it's money that she won as well." Clare.

Dentinger (1999) confirmed that dishonesty, manipulation and isolation as being inherent in pathological gambling.

Kim's dishonesty led to her becoming involved in criminal activities.

5.3.4 Illegal activities

During the first and second interviews Kim said that she became involved in illegal activities at work, where she acquired money through embezzlement in order to sustain her gambling habits, which in turn resulted in illegal problems.

" I stole money from the company and that's when everything went wrong...you say you will take this and pay it back tomorrow, I will replace it, tomorrow comes and you haven't got the money, you've lost it, so you make a plan for the next move, for the next gambling session, to go there and win, it just goes on and on, it's a revolving circle." Kim.

The National Council of Welfare (1996) in Canada reported that persons involved in pathological gambling there often resorted to crime in order to support their gambling habits after legal sources of money or funds were depleted.

Financial problems and their consequences was another category that emerged from the data.

5.3.5 Financial problems leading to deprivation and loss

A significant category that emerged from the data was the severe loss and deprivation the family was exposed to due to the financial problems brought about by Kim's pathological gambling. All three participants experienced the frustration and loss. During the fourth interview with Clare she had the following to say:

"It was really bad and there was no money in the house." Clare.

"There wasn't much food in the house, there was food, but we had to go slow on the food." Clare.

Kim indicates the extent of the devastation during the first interview:

"We lost everything, all our possessions." Kim.

"... he basically cancelled his insurance policies to bail us out." Kim.

"We only had the clothes on us ... we lost everything, we lost all our possessions ... we lived in a garage 'cause we could not afford rent." Kim.

"... and two months later there was nothing, there was no money, it was terrible, it was hard." Kim.

For John, the effect of Kim's gambling losses was profound. He not only refers to the material loss but personal loss in terms of the family as well during the first and third interviews.

"... if you talk about it, we had everything and then within a couple of months, a year, we had nothing, it's like we just went down, down." John.

"... we lost our furniture and then I realised it was bad and at that moment we did not have money ... " John.

"... yes if that is over [trial], we can really start somewhere, we got nothing behind us, we have got to look back at everything." John.

"Her stealing ... it really buggered our lives, both our lives." John.

"It deprived my children." John.

Pathological gambling has been found to lead to financially ruin, not only for people gambling compulsively, but for their family members as well (Rule & Sibanyoni, 2000). Walker (1995) mentioned that spouses of GamAnon members lamented that pathological gambling caused financial devastation for family members, employers and debtors. In a study conducted by Jacobson (1995) in North Dakota, it was found that the need for money to gamble could lead to debt and crime, as has been confirmed in this study as well.

5.3.6 Health problems

Kim in particular was often plagued with physical and mental health problems. The physical effects were associated with the after effects of gambling.

"... a lot of nausea, extremely bad headaches, I'll go sleep with headaches. Was in and out of the doctors ... nausea from the worry of being caught up in what I have done. Every time you go and gamble, the worse it becomes, I couldn't concentrate, couldn't function properly, forgetful, my mind was gone, I couldn't remember the colour of my toothbrush." Kim.

"... you have got the worry in your head. I mean those worries do not go away." Kim.

related with other systems, such as society, health, legal, economic and government systems. The functioning or malfunctioning of any one system holds implications for the other related systems. The onus is on all the relevant role players, including the government and those having an interest in the gambling industry to formulate and implement policy that will seek to prevent the destructive consequences of pathological gambling to the family and other related systems.

Advertising that will clearly depict the dangers of compulsive gambling as has been done with smoking, could be considered as an example to educate and to curb the incidence of pathological gambling. Education seems to be a powerful tool that could be utilised by the education system as well as the media to promote primary prevention and responsible gambling.

Although the NRGP is advocating responsible gambling, a question remains whether satisfactory preventative measures are being employed. Ongoing research in collaboration with concerned role players should be a top priority. Casino personnel should be trained in order to identify possible problem gamblers in order for remedial steps to be taken to limit perpetuation of the problem. The banning system instituted by the NRGP should be strictly enforced as one of the participants in this study revealed that after voluntarily banning herself she still had access to the casino at several times without being confronted by the personnel.

Ongoing research should also be encouraged in this field to continually assess the extent of the negative impact gambling has on South African society. Further research with similar objectives to the present study, but with different types of families, for example, single parent families and extended families, or families from different cultural groups, would be desirable as this would be more representative of the entire South African population.

Support groups, similar to those conducted by Alcoholic Anonymous for alcohol addiction, should be established in all major centres with gambling facilities to offer advice

and support to those affected by pathological gambling. At the time of conducting the research in the Nelson Mandela Metropole, no support groups existed for families that had been negatively affected by gambling.

Walker (1995, p.1) asserted that gambling behaviour is difficult to understand and filled with paradoxes. Numerous and diverse theories offer explanations but further research is needed to provide a conceptual framework to accommodate both prevention and treatment of pathological gambling and to address its negative impact on all systems affected.

6.3 Conclusion

In conclusion, this study illuminated the essence of a family's encounter with pathological gambling. The experiences that emerged from the study indicated the tangible destruction that pathological gambling can inflict on a family unit and the many casualties it leaves in its path. Pathological gambling affects the family directly and many other inter-related systems indirectly and therefore effective systemic treatment interventions should be developed in order to lessen the impact of pathological gambling.

South Africa in its young democracy faces unique challenges, in fact the impact of pathological gambling on South African families will only perpetuate the overburdened larger systems in providing counselling and rehabilitation of the person involved in pathological gambling and his/her family members.

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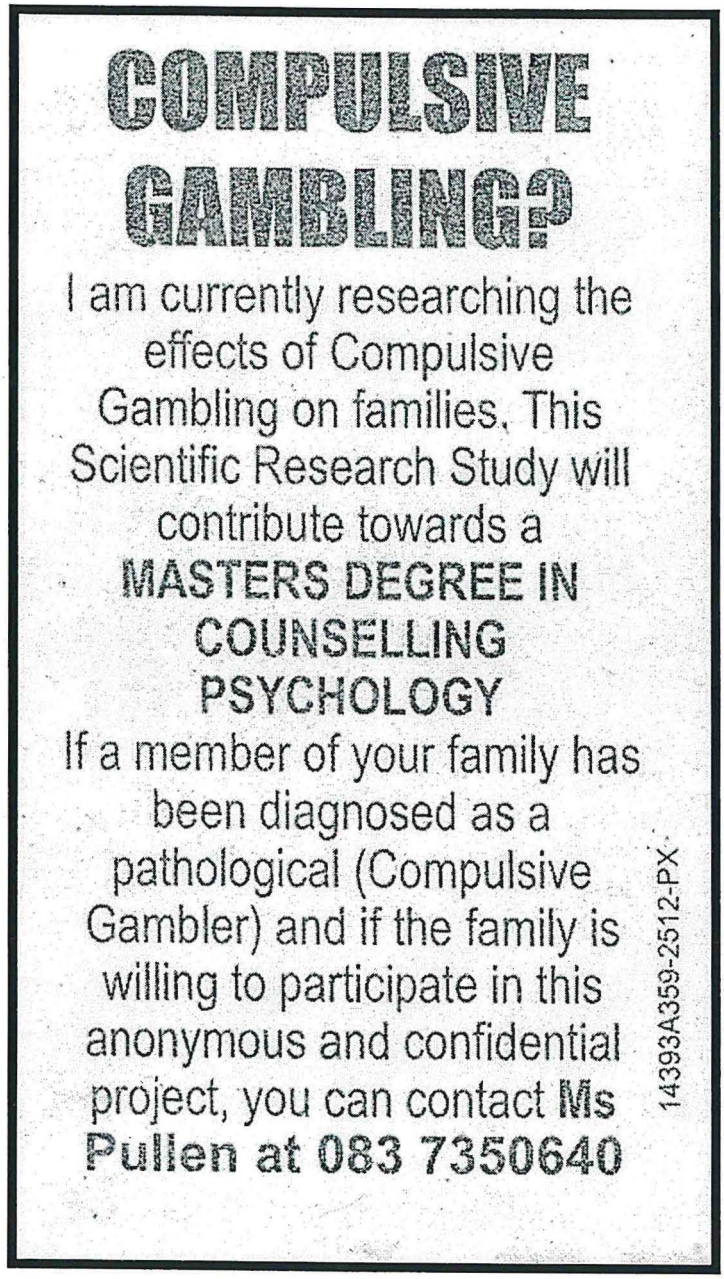
Appendix 1: Gambling advertisement



Appendix 2: Information letter

VISTA
UNIVERSITY

VISTA PSYCHOLOGY CENTRE

Private Bag X613
Port Elizabeth 6000
TEL:041-408 3353
FAX:041-464 1213

Dear Family Members

I am currently completing my training as a counselling psychologist at Vista University, Port Elizabeth. As part of my training I have to conduct a research study in counselling psychology. My research study will attempt to increase understanding about how families experience gambling.

I am aware that as a family you have been touched by gambling and that you are willing to share your experiences with me for research purposes. Interviews will be conducted with individual family members and also with all of you as one group.

These interviews will be recorded anonymously on audiotape, provided that you consent to this. A co-researcher will accompany me to assist with the recording. As mentioned, the interviews will only be for research purposes and will remain strictly confidential and no one in your family will be identified.

You may be wondering what benefit such interviews could have for your family. In addition to the scientific contribution that you will be making to better understand the effects of gambling on families, your experiences could also be of help to other families struggling alone to deal with the effects of gambling. Similar studies have also been found to bring about positive effects amongst those participating in such research interviews.

Please find the attached consent form.

Thanking you in anticipation.

L PULLEN (MRS)
COUNSELLING PSYCHOLOGIST (INTERN)

PROFESSOR C N HOELSON
SUPERVISOR
DEPARTMENT OF PSYCHOLOGY

Appendix 3: Consent form

VISTA
UNIVERSITY

VISTA PSYCHOLOGY CENTRE

Private Bag X613
Port Elizabeth 6000
Tel:041-408 3353
Fax:041-464 1213

CONSENT FORM

RESEARCH TITLE : **'A Qualitative Study of a Family's Experiences of Pathological Gambling'**

RESEARCHER : **Mrs L Pullen**

CELL NUMBER : **083 7350 640**

- Your involvement in this study is voluntary, you are not obliged to divulge information you would prefer to remain private, and you may withdraw from the study anytime.
- The researcher will regard the information you provide as confidential. You will not be identified in any document, including the interview transcripts and the final research report. You will be referred to in the documents under a code name. No other persons will be informed of your participation other than the researcher, the co-researcher and the research supervisors.
- The research may include minimal risks to you, but is no different to those encountered by others. Care will be taken to minimize the possible risks.
- The research findings will be made available to you should you request them.
- Should you have any queries about the research, feel free to contact the researcher at the above cell number.
- I appreciate your involvement in this research project.

I understand the contents of this document and agree to participate in this research.

.....	.....	.....
NAME	SIGNATURE	DATE

Appendix 4: Excerpts from the 2nd interview

Interviewer: Researcher - R

Interviewee: Kim - K

R I remember you telling me very explicitly about what triggered you to gamble, and later when you were upset or if you had an argument at home then you would go to the casino, could you tell me more?

K The psychologist also wanted to know, I'm still learning to deal with it, I still freak out, still want to escape, what I do now is to go to a club or something which is more often than it should be..... But you know, its my escape, the way I deal with situations is getting away and that was the thing with the casinos, getting away, I can be there on my own.

R Am I right if I say that if anything upset you, you would go to the casino?

K Yes.

R I also wanted to know if you had any health problems the time you were involved in gambling, if you could tell me about your experiences.

K A lot of nausea, extremely bad headaches, I'll go sleep with headaches, was in and out of the doctors, so it affected me in that way, no weight loss, nausea from the worry of being caught up in what I have done. The headaches were because of the stress, the side effects of stress, of what I had done. Every time you go and gamble, the worse it becomes. I couldn't concentrate, couldn't function properly, forgetful, my mind was gone, couldn't remember people, one day I woke up I couldn't remember the colour of my toothbrush, I stood in front of all the toothbrushes and I couldn't remember which one was mine. My mind was totally gone, I think that it was all the stress.

R So you were stressed?

K Yes.

R Any sleeping problems?

K Oh yes badly, I couldn't sleep... I couldn't sleep at night I would wake up about ten or twenty times at night. I would wake up in the morning and then I would

puke, the stress made me feel like that, the nausea you know, yes the forgetfulness comes in with the tiredness, stress and everything, I couldn't function anymore.

R And when you got to the casino, did it change then, could you then function?

K No, it was during the time..... When everything came out (the theft) I was relieved, didn't get headaches anymore, did not have nausea because it was all out.....but if I went to the casino I wouldn't be sick, sometimes I'll sit by the machines and be sick because I know that I'm losing, and it's not my money I'm losing, so that would be the case. Otherwise I'll just sit and concentrate on the machine and not worry, but I would go there if I were sick or tired.

R So when you would go there you would find that you would be able to concentrate?

K Well, concentrate and my mind would wander about things.

R So it's not that you switch yourself off from the world.

K In some instances yes, you do find yourself in that position that you are able to switch off, in some instances you don't, you have got the worry in your head, I mean those worries don't go away, so even though you are sitting there you have got this worry in your head, sometimes you can concentrate, you don't worry, other times you are distracted, it's half and half.

R How did you cope at that stage?

K I didn't, I just couldn't cope, I could not sleep.
You don't expect to get so involved; you just get deeper and deeper. If you are chasing, you'll get deeper.

R If you are chasing?

K A person is always chasing.

R During the first interview, when I asked if you ever spent the night and you said yes, you carry on until the money is finished. I want you to respond to that.

K I can't even..... If I say the percentage.....If I had to say how many times I've walked out with something that I have won, very few. I'd come home and I'd have no money for bread or anything, there were many times when I wouldn't even have money for cab fare to get home, I would blow everything, the last cent, even the R10 you get back from the casino when you give in your card. I would

even blow that, get another card from someone I knew and take out a R10 and play on his or her card.

R So what you are saying is that you would go with R200, win R2000 and still end up with nothing?

K Yes, even the night I won the big jackpot which was R32000, I spent R5000 that night you know, I had this big win, I didn't walk out with it, I always said if I get a big win I will walk out, then they won't see me for a while, I didn't, I played another R5000 and played the next night and the next and then I went back every single night.

R So, then you have spent quite a bit of that money?

K Yes.

R You are shaking your head.

K It's terrible.

R How did gambling change your life?

K When I was gambling I didn't go out, my time was consumed at the casino. I am spending more time with the kids now. Yes, I just think it's spending more time at home, more involved in what's going on now.

R So things are better now?

K I've had too many chances, its not my second chance, its about my 5th chance. I messed a lot of times before.

R Yes, you mentioned it in the first interview.

K But even this didn't knock me hard enough, that's how bad my gambling was. I confessed what I had done, because I couldn't live with myself, I couldn't cope I just couldn't function anymore so I basically confessed to it, but I didn't expect it to go so far.

R You were saying that you confessed and that you did not expect it to go so far?

K Yes, I still continued going to the casino, I'd been to my first court appearance and I still went to the casino, I still didn't stop. I think at that stage I was hoping that with my unemployment I was going to make a bit more money.

R So you used your unemployment money as well.

K I think out of the 10 months, I used 1 month's unemployment properly.

R Yes.

K My salary wasn't good, it (unemployment) was just a thousand rand I can't remember exactly. I wasn't earning a great salary, it was about R3500 so 45% of it .. so I used that as well.....The addiction is too great to just say OK, I can't gamble anymore, there's no way someone can really turnaround and say I am not going to do it, they really have got to be headstrong and I don't think they so involved they'll pull away so easy. I saw people that have won huge amounts such as R500 000, they don't need to be there but they keep coming back, their stakes get so much higher. First they were playing on 50c machines, suddenly they are playing on R10 machines. It doesn't matter how much you win, your stakes get so much higher.

R So is it about the money?

K It's not about the money its the thrill of getting.. hitting a penalty, we call it penalties when you hit something good, its called a penalty, so everytime you hit a penalty its like wow .. it give you an adrenaline rush, then you hoping for that next penalty and the next a bigger one. It wasn't about the money afterwards.

R Earlier you mentioned that your granny would baby-sit. If granny wasn't there do you think you would have gone to the casino?

K Well, I got the maid to sleep in anytime.

R So you were desperate to get to the machines at the end of the day?

K Yes I would always do that, always plan to get there.

R So you would make a plan to go and gamble?

K When I would be sitting at work I would be thinking which machine I would be going for and if that one is not open which is the next one I would chase. I chased different machines. If I saw someone had good penalties on that machine the night before, the next day I would play that machine, and hit the same penalties, I would chase machines, sit at work and think how would I get out, what story I would tell John, I'll think about a story, get the kids organised and I'll go. You get to know which machines to play; there are certain ones that attracted me, and then I would know that two days before month end the machines

wouldn't pay, couple of days into the new month, they would start, not on pay day, pay day, forget it. On pay days you will have a couple of jackpots, but after pay days the machines really pay because then they would be pumped full. I would go onto the computer of the casino, check the winnings on that particular machine, and if I saw that it had not won, I knew it was due.

R Did it always work?

K Sometimes, not always. I mean it's also a game of luck. But you know the good machines and you do get dead machines, machines that never give you anything, and people don't play them but you do get the person that doesn't know, and they will come and sit and lose all their money. You get to know the machines.

I sold everything, I've pawned my rings I did everything for gambling money, sold my stove, sold my bedding just to get money.....crazy. Now I have got the debts to pay, there is a lot of debts that hasn't been paid. I did not start to work straight way, only started working in June, so from August to June there was no money. It was difficult, there's a lot of debts that I built up, so now I must try to pay bit by bit.

"... I actually gone and lost my entire salary ... I gambled all that away, I gambled everything away, I didn't tell anyone, I just went to the chemist and bought sleeping tablets and I came home and I overdosed on it ... " Kim.

Kim often experienced mental health problems in varying degrees. These ranged from worry and concern on one hand, to extreme problems, such as a suicide attempt on the other. The National Council of Welfare (1996) in Canada, contended that stress related ailments have a higher incidence amongst those involved in compulsive gambling than the general population. Rule and Sibanyoni (2000) found that depression and stress impacted on the personal health of people who gambled compulsively.

It is to be expected that the frequency and intensity of the losses and suffering of family members could lead to poor relationships within the family unit.

5.3.7 Deterioration of family relationships

Kim's gambling activities often resulted in the family being separated for lengthy periods. John sometimes accompanied Kim to the casino and therefore they had to leave their children at the child-care facility at the casino or with someone else. John was under the impression that the children were happy to be left at the child-care facility at the casino, but his daughter Clare revealed in the fourth interview that this was not always the case.

"... they never had time with us." Clare.

"And sometimes she would let us go into the crèche and leave us there for three, four, two hours and we would have to sit there, sometimes we would get hungry or thirsty, she would leave money for us and then they used to come back and ... it wasn't nice because we had to go to the crèche and otherwise they would make it fair and let us go to the game centre, we did not have much time at the game centre because they wanted to go to the casino." Clare.

"... sometimes they [referring to two younger siblings] cried, they wanted to go home ... it will be like every weekend, every Saturday or Sunday, nearly every weekend ... " Clare.

John expressed his thoughts about the implications of Kim's gambling habit, namely, the deterioration of the family relationships.

"... spending time together, there's no time to spend ... like you basically lose track of each other." John.

Kim confessed during the first interview that the family was not functioning as a cohesive unit because of her gambling activities.

"There was not much family time ... I would go home at night, have supper, phone a cab and I would go to the casino, come home at eleven or twelve, whatever time, it all depends when my money finished, it would happen like that every single night." Kim.

Francis and Lubbe (1999) identified the deterioration of family relationships as one of the negative impacts of gambling. The family is exposed to severe pressure due to the person's obsession with gambling and the implications thereof. One of the negative factors impacting on families and communities was that gambling led to time spent away from family and friends and other health enhancing activities that were preferred before the unhealthy obsession with gambling began (Jacobson, 1995).

It was inevitable that conflict would be associated with gambling pursuits.

5.3.8 Conflict

Clare confirmed during the fourth interview that her parents often had arguments and fights as a direct result of her mother's gambling.

"... they had big fights." Clare.

John sounded frustrated during the third interview as he confirmed that fights were common at times when Kim was involved in excessive gambling activities. He, however, denied that the children were exposed to the continuous fights between him and his spouse. Poor interpersonal relations appeared to be the cause of much of the conflict experienced.

"... then there would be misunderstanding ... yes, and then there'll be fights." John.

"... she always had the upper hand and we used to fight ..." John.

" Sometimes we had arguments, but not with the kids, the kids did not notice anything." John.

Kim confirms this trend as follows:

" I was edgy and moody, when I get upset, if we had an argument.....I would like to get away." Kim.

Rule and Sibanyoni (2000) confirmed that most persons who gambled compulsively admit to the fact that their relationship with their spouses and children had been affected negatively. The following section illustrates the final theme that was identified, namely the aftermath of the pathological gambling experience.

5.4 The aftermath of the pathological gambling experience

Categories within this theme were how the family adjusted to the impact as well as the reflective experiences that followed after the impact of Kim's gambling activities.

5.4.1 Adjustment

Kim admits that a lot changed because of her gambling activities. She felt that she was still getting used to the fact that gambling had affected them in such a way. The challenge they have to face up to seems awesome to the marital couple but they do seem committed to rebuilding their lives. During the first and second interviews she had the following to say:

"Now we are trying to get over everything ... yes, it's not easy, we are trying to" Kim.

"There's a lot of debts to pay ... it was difficult, there's a lot of debts that I built up, so now I must try to pay bit by bit" Kim.

"It's different a lot ... a lot of things have changed, our whole situation has changed, our living circumstances, so I think it's basically still new to us, still trying to get some sort of routine, trying to find ourselves." Kim.

During the third interview, John appeared more positive in terms of the adjustment.

"We are making the best of whatever comes, even if it is small, we pick up slowly, just appreciate whatever, that's the best way to do it ... " John.

The final category concerned the reflection of the participants' experiences of encountering pathological gambling.

5.4.2 Reflection

As Clare reflected on her experiences, she felt that the ordeal was far from over, she voiced that she is still concerned that her mother might go to other casinos. The fact that her mother voluntarily banned herself has not yet been an adequate assurance against her going to other gambling facilities.

"The only thing I am worried now, is that she will go to other casinos ..." Clare.

During the first and second interviews Kim admitted that the ordeal was terrible, she said she was remorseful and that she is still battling to come to terms with the reality of her experiences with pathological gambling.

"It's terrible." Kim.

"Some of the things hurt a lot when I think about them." Kim.

"Now I have got debts to pay." Kim.

"I deserve to be punished, I think the only way to get back on track is to get punished" Kim.

"I've had too many chances, it's not my second chance, and it's about my fifth chance. I messed up a lot of times before." Kim.

During the first and second interviews John reflected on his experience and viewed it as a lesson in life and that he was keen to pick up the pieces. There appears to be a sense of denial.

"... anybody who gambles and tells something like this will not take place, they are lying." John.

"Actually it did not rob me of anything, it taught me to be a better person ... it has made me a

stronger person." John.

"Yes, if that is all over [trial], we can really start somewhere, we got nothing behind us, we have got to look back at everything." John.

"... but now, I just accept the way it went and this time I'll put it behind, just look forward, better things. I think that is the only way, you just have to leave the past behind and carry on with the future, think about what you should do, provide for the family, thinking about things you lost, is not going to make you happy." John.

What comprised this category was a sense of survival despite the devastation and loss; there was a renewed outlook, a sense to get back on track again. John in particular was keen to get his family back on their feet to start afresh.

This chapter dealt with the thematic content derived from the four interviews that were conducted to meet the objectives of this study. What once started as an innocent form of entertainment, evolved into an irresistible activity, one that had far reaching implications not only for Kim but also for her family.

The data suggests that the participant family were confronted with numerous challenging and stressful situations. Section 5.3 in particular depicts the experiences of different family members and the data suggests that the participant family failed to fulfil many of the functions numerated in section 3.2.

Gerdes (1988) as well as Middlebrook (1980) contends that the family is the most important influential social system, one that ensures that children are taught norms, values, as well as prescribed behaviour by their culture. The family is also responsible for contributing to children's identity formation, it plays a major role in the development of self-esteem and the provision of role models. From the data it is evident that Clare was deeply affected by encountering pathological gambling within the family and therefore it can be concluded that the family neglected to fulfil its functions.

With reference to the family life cycle the participant family could be placed at stage three. It is during this stage that the parental dyad has to assume responsibility for the different parental tasks they are confronted with, which are primarily the physical care and development of the children, also by taking care of their emotional development by accepting and loving them and lastly by taking responsibility for their social and intellectual development (Gerdes, 1988). The data suggests that some family members were deprived of the above-named conditions. Clare verbalised how abandoned she, together with her siblings, felt when they were left alone without their parents. Feelings of anxiety, insecurity and ongoing worry often plagued her. These feelings of neglect and insecurity may have long-term implications for Clare. Musen et al. (1984) asserted that children in neglected families behaved more negatively than children from nurturing families.

The experiences of John and Kim clearly illustrate that it was extremely difficult for them to assume parental roles that provided the essential conditions for raising their children. They experienced turbulent times as a marital couple. Their interaction was fraught with anger, tension, mistrust and conflict. The data suggests that they failed to provide the physical, material and emotional care for their children. The literature indicates that these conditions are indeed necessary for raising well-adjusted children (Popenoe, 1993).

Bell and Vogel (1968) stressed the importance of the economic, political, community and the value system in relation to the functioning of the family. These systems are dependent on each other for survival. If imbalances occur in one system, other related systems will also be affected. The data suggests that the participant family did not function optimally as a system, this could result in negative consequences for other related systems.

This study illustrated how pathological gambling served as an impediment with regard to the essential tasks that the family is responsible for. It was evident that the participant family experienced extremely trying times long after the onset of the disorder. Carson et al. (2000)

noted the pervasive negative effects that pathological gambling imposes on the family unit's social, psychological and economic well-being. The present research confirmed this trend, and therefore it is highly unlikely that when a family encounters pathological gambling, it will be able to fulfil its responsibility to each other and towards society.

The following chapter deals with the limitations, recommendations and the conclusion to the study.

Chapter Six

Limitations, recommendations and conclusion

Previous research (Francis & Lubbe, 1999; Rule & Sibanyoni, 2000) documented some of the negative social impacts of pathological gambling, while the current study aimed at investigating the nature of one family's experiences of their encounter with pathological gambling.

The pattern of pathological gambling of that family commenced with an identifiable onset, namely, the big win that served to attract the participant to continue gambling. Several factors, as illustrated by the data analysis, served to maintain and root this behaviour pattern. For some family members the encounter proved to be a time of social, psychological and occupational affliction. This was followed by the painful process of adjusting and refocusing, in order to re-establish some sense of normality in the family and its environment. The family members survived the encounter at a great cost to themselves and the family unit.

The researcher believes that the objectives of the study were achieved despite limitations of the study, which are discussed next.

6.1 Limitations of the study

In sections 4.3 the researcher's method for selecting the sample was discussed. A larger sample size would have increased the reliability of the findings. A possible limitation is that only one family responded to the advert, resulting in what Silverman (2000) referred to as a "deviant" case, which entails selecting a case in support of the researcher's argument. However in this qualitative research no "argument" was presented as a hypothesis to be tested. Unfortunately, due to time constraints and the above response rate the researcher could only work with a single case.

Another limitation was the age of the children of the participating family. As mentioned in section 4.4, two of the children were unable to participate in the study and therefore limited

data was obtained with regard to how younger children experienced pathological gambling. Although the eldest sibling contributed to the study it would have enhanced the value of the study to include more children in different developmental stages as well. This however would have required methodological changes so that their perceptions could have been obtained.

The method of data collection, namely unstructured interviews, could be a possible limitation. Distorted responses due to the participants' personal bias as well as the emotional state of the participants at the time of the interview could have influenced the research process.

There is also the possibility of interviewer bias. The interviewer's personal characteristics (age, physical and gender) also could have influenced the way the participants responded. Although this researcher remained sensitive to such biases, these characteristics could have influenced the study.

As mentioned, research into gambling in South Africa is a fairly new terrain. The researcher is aware she had no previous experience in this research domain, apart from doing a thorough literature search. However, the researcher is confident that through the literature research and by adhering to sound qualitative research practice, the authenticity of the research was enhanced.

Lastly, the researcher is also aware that untold or additional data were not obtained through the data collection method used could have yielded a different understanding of the family's experiences with pathological gambling.

6.2 Recommendations

In the light of the current study the following recommendations are proposed:

Although this study focused on the impact of pathological gambling on a small unit of society, namely a particular family, it was significant that other systems were directly affected. The family unit must not be viewed in isolation but rather as a system that is inter-