

**In the Business of Recovery:
On Face-Work at the Las Vegas Problem Gambling Center**

Tim Melnyk
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When I first arrived in Las Vegas some nine months ago, it was hard not to be enchanted by the opulence and extravagance of the Strip, host to some 40 million visitors each year and part of a Nevada gaming industry that generates roughly a billion dollars in revenue every month¹. However, one of the lessons I first learned living here is that locals do not typically spend their time and money on the Strip properties. It quickly became apparent to me that an entire segment of the Las Vegas gaming industry is designed to cater specifically towards locals with large off-strip hotel and casinos like The Orleans, Gold Coast, Sun Coast, and Rampart, small gaming establishments such as Dottie's, PT's Pub, and The Loose Caboose, and nearly ubiquitous opportunities to gamble at many gas stations, convenience stores, grocery stores, and restaurants. One of the consequences of having a society where gambling is as accessible as buying milk or bread is that some proportion of the population will inevitably suffer harm from their involvement. A study by Volberg (2002) demonstrated that the prevalence of problem gambling in Nevada is 2.9% which corresponds to nearly 60,000 problem gamblers in Las Vegas alone. Of this subpopulation, a relatively miniscule amount will find their way into a recovery program like Gambler's Anonymous or into clinically based treatment like at the Problem Gambling Center (PGC). My ethnography tells the story of many hours spent observing and participating in treatment sessions at the PGC, as I bore witness to a transformational change in many individuals from an initial place of fear and loathing into a journey of recovery that lasts a lifetime and is marked by a never ending sequence of milestones. Though I could never recreate my experience

¹ Nevada Gaming Statistics: The Last Six Months. *UNLV Center for Gaming Research* (www.gaming.unlv.edu/reports/6_month_NV.pdf).

at PGC through writing, this is my best attempt to represent it as faithfully and honestly as possible.

The Las Vegas PGC was originally conceived in 1986 by Dr. Robert Custer as an inpatient program through Charter Hospital that was the gold standard for treatment of gambling addiction, and model to other programs around the world. To contextualize the importance of Dr. Custer in this field, he is widely known as being among the first to propose that gambling addiction existed as a neurological phenomenon similar to alcohol or drug addiction, and he was instrumental in codifying compulsive gambling in 1980 as a diagnosable disorder according to the American Psychiatric Association². Prior to the medicalized definition, pathological gambling was understood in Freudian terms by the medical community and as sin or vice by the lay community. Either way it was characterized as a stigmatized and shameful pursuit, labels that continue their legacy in the present. In 1998, Dr. Custer's student and worthy successor, Dr. Robert Hunter, created a highly successful outpatient version of the treatment program and opened the not-for-profit Problem Gambling Center that continues to this day, mostly because of support from government, private donors, and corporate sponsors. Because gambling addiction generally depletes the financial resources of its sufferers, among other symptoms, PGC is committed to treating all willing individuals regardless of their ability to pay for services³.

In addition to treating a stigmatized disease in a city of 2 million inhabitants that is literally dependent on gambling revenue for its survival, there is a predominant sustaining ideology undergirding the gaming industry that must be elucidated to properly situate the PGC. Legalized gambling is sustained by a complex network of governments, research institutions,

² These points were reiterated many times in my field notes from Dr. Hunter's lectures, and they appear in a 1990 New York Times obituary for Dr. Custer (www.nytimes.com/1990/09/09/obituaries/robert-l-custer-63-psychiatrist-who-led-treatment-of-gamblers.html).

³ Information in this paragraph comes from the PGC website (www.gamblingproblems.com).

private operators, regulators, and wellness organizations, as well as other more distant stakeholders (Blaszczynski et al., 2004). Though it is impossible to trace precisely how information flows through this network, I argue that there is a certain normative consistency between the academic gambling research community and the gaming industry. Bernhard (2007) asserts that psychology and psychiatry comprise the dominant institutions that influence discourse on pathological gambling. It is perhaps unsurprising then that the majority of published articles which appear in the *Journal of Gambling Studies*, a prominent journal in the field, address issues such as the clinical treatment of pathological gambling, refinements in typologies of pathological gamblers, validations to instruments measuring pathological gambling, and determinations of causal factors explaining the etiology of pathological gambling. In short, the psychological perspective strongly delimits the subject matter of many research projects emphasizing a narrow focus on deductive, quantitative, ‘provable’ questions while mostly excluding structural and certainly critical arguments.

The synergy between academe and industry is well captured by Blaszczynski and colleagues (2004) who list six underlying assumptions of a scientifically-based model for responsible gambling: 1) Safe levels of gambling are possible; 2) Gambling provides a recreational, social, and economic benefit; 3) A proportion of participants can suffer significant harm from excessive gambling; 4) Abstinence is a viable but not necessarily essential goal for individuals with gambling-related harm; 5) For some who have developed gambling-related harm, controlled participation and safe levels of play are achievable (p. 309). Implicitly, this statement justifies an interpretation of 2.9%, as in the Volberg data, as ‘small’, ‘manageable’, and an acceptable byproduct of doing business. We can see this reflected by the industry when the American Gaming Association answers the question “How many pathological gamblers are

there?” by saying “Unfortunately, a small percentage of the population does not gamble responsibly, just as a small percentage of the population does not use credit cards responsibly or drink responsibly.⁴” This minimization of the problems associated with gaming manifest in real political decisions as Bo Bernhard and Jeff Marotta presented at the 2012 Nevada Council on Problem Gambling conference showing that Nevada will spend far less than the national per capita average on treatment and research of gambling addiction despite generating the highest amount of profits. Similar narratives also exist in other gaming jurisdictions. For instance, Livingstone and Woolley (2007) argue critically that four ‘comfortable orthodoxies’ formulate the discourse of ‘business as usual’ in Australia:

- 1) Only a small proportion of gamblers suffer harmful consequences from EGM⁵ gambling;
- 2) Current EGM arrangements are safe: a small percentage of irresponsible gamblers are the problem;
- 3) Current EGM arrangements should not be altered as this will reduce the enjoyment of those who are not troubled;
- 4) The worlds of EGM gamblers are well understood, and their voices are heard in the framing of policy and regulation (p. 362).

Here the authors intend to show that these ‘orthodoxies’ are cynical rationalizations for the resulting harm due to the gaming industry. Again, the themes of ‘small proportion of gamblers’ and ‘personal responsibility’ appear alongside an interesting claim that governments really do not take into account the voices of gamblers, especially pathological gamblers, when framing policy and regulation. This runs consistent with a field of study dominated by psychologists which evinces a bias towards particular areas of study pertaining to the clinical setting.

⁴ www.americangaming.org/industry-resources/faq/how-many-pathological-gamblers-are-there (Retrieved online April 4, 2012).

⁵ EGM: Electronic Gaming Machines, the equivalent of video poker or slot machines in the United States.

Method, Theory, and Research Questions

I spent a total of two months conducting fieldwork at PGC, from February 20th to April 17th of 2012. I typically attended two group therapy sessions per week which lasted between two and three hours each, and I was also invited to participate in a number of special events, one to celebrate a member's completion of the six week program, and another evening where several individuals shared their life stories⁶ with the group. My approach from the beginning was to apply constructivist grounded theory which is a tool that espouses the simultaneous use of data collection and analysis throughout the project. I was able to jot down field notes fairly inconspicuously during meetings, which would be elaborated during breaks and immediately afterwards, and these notes comprise the bulk of my data. Additionally, four in-depth interviews were conducted individually with members, and the transcripts produced from the recordings constitute the remainder of my data. To narrow down the scope of information for analysis, I focused mainly on verbal interactions between clients and counselors during meetings, though physical presentations and emotional displays by members were also important elements. The culture of PGC was another major consideration, and this was taken directly from lectures spoken to the group during meetings by Dr. Hunter⁷. Representative codes were generated from early on that were organized into conceptual categories or 'memos' to capture the salient themes that emerged. The abstract nature of the research process should be appreciated here, as my written texts and not my actual experiences constitute the basis for analysis. As Charmaz (2005)

⁶ Sharing with the group one's life story, as it pertains to gambling, is a requirement of the PGC program and it is usually done during the member's final week. It is a particularly emotional evening where often intense personal details are shared, and the presentation is followed by comments and constructive criticism by the rest of the group.

⁷ Having talked to Dr. Bernhard, who has spent many hundreds of hours at the PGC over the course of 12 or so years, we were amazed at how much Dr. Hunter's lectures today resemble his teachings from over a decade ago. I interpret this to mean that PGC culture, in terms of how addiction and recovery are understood, has remained relatively constant over the course of the center's history.

writes, “what observers see and hear depends upon their prior interpretive frames, biographies, and interests as well as the research context, their relationships with research participants, concrete field experiences, and modes of generation and recording empirical materials” (p. 509). This is consistent with a postmodern approach to ethnography where an inductive process is favored, and where faithful representation of the field according to its members is the best measure of validity.

To elaborate on the validity issue, the constructivist orientation of my research entails a subjectivist interpretation of the data which requires a more nuanced understanding than is typically attributed to ‘objective’ positivist research. In the words of Fine (1993): “objectivity is an illusion – an illusion snuggled in the comforting blanket of positivism – that the world is ultimately knowable and secure” (p. 287). My research assumes that knowledge and knowledge claims are reflexive of process, history, and the context of knowing and the knower (Altheide and Johnson, 1994: 488). The standard of truth, or what is considered a truthful representation of the field is best described by Lofland and colleagues (2006) as “securing a close approximation of the empirical world that is procedurally trustworthy” (p. 169). Moreover, the research process has been reflexive both towards myself, and in constant conversation with the members and staff of PGC. This self-recognition as an active participant in the field, and recognition of members’ influence in the research project, connotes personal honesty and the empowerment of participants (Gergen & Gergen, 2003).

The PGC is considered a quasi-private setting (Lofland et al., 2006: 34-35) typically only accessible by employees, counselors, or those seeking assistance for gambling addiction. Though the doors are potentially open for anyone to attend counseling, on a few occasions I observed PGC staff ask certain individuals to leave the group. In one case, a husband and wife expressed

during a group meeting that they were not at all sure they wished to completely abstain from gambling, and that earlier in the week one of them actually won \$40 playing slot machines. Afterwards, Dr. Hunter approached the couple and made it absolutely clear that some members of the group were literally “fighting for their lives” to abstain from gambling and they could not have people talking about winning money in casinos. They were welcomed to come back if their gambling became uncontrollable, but for now they were clearly not ready to be at PGC. As for my own role, I gained entrée almost entirely on the recommendation of Dr. Bo Bernhard who has spent many hundreds of hours himself observing activities at PGC and is instrumental as an academic resource to the center. Though I was an outsider to the members in recovery, my affiliation with Dr. Bernhard and with UNLV went a long way in establishing rapport with Dr. Hunter and with the counselors who in turn expressed their support for my research openly in group meetings. I was always overt about my position as a participant-observer, and spoke openly about the project during every group session.

When I first began collecting data, I had only a vague notion of the questions that might effectively guide my research. Never having been part of a group therapy setting, and being unaware of any ethnographic literature on the topic, it was unclear in what direction the project should unfold. Armed with a handful of sensitizing concepts, for instance what the literature variously refers to as “problem”, “pathological”, “compulsive”, or “addictive” gambling, and a general knowledge of the bio-psycho-social model of gambling addiction and recovery that is commonplace in the field, I made my foray into the field. From a theoretical perspective, it seemed early on that the work of Erving Goffman would prove fruitful as a lens for data collection and interpretation. In particular, his 1967 essay *On Face-Work* provided a compelling framework for understanding the interactions I observed at PGC.

For Goffman (1967) one of the core concepts regarding face-work is about the 'lines' that people take during face-to-face interactions which he defines as "a pattern of verbal and nonverbal acts by which he expresses his view of the situation". Social order in everyday interaction is basically about accommodating lines, and individuals insulate themselves by "blindnesses, half-truths, illusions, and rationalizations". Others typically assume that particular lines are purposely chosen and enacted, and will tailor their own responses accordingly. The term 'face' is defined as the "positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact". One's face is constantly negotiated through interaction and it can be maintained when there is consistency between his or her own actions and the apparent judgments of others, or face can be lost when contradictions exist between one's line and the response it generates. Goffman uses the term *out of face* for individuals who have not followed the expected line in a particular social situation. In general, we are very generous in allowing others to project whatever face they wish, and we will go to great lengths to protect our own face and the face of others. Here, Goffman suggests there is a good deal of cooperation involved in face-work such that a threatened face might be saved by the person whose face is threatened, by the offender, or by a happenstance witness. Regardless, failure on the part of one will prompt extra effort from one of the other parties to restore face and maintain civility. There are two basic forms of face-work, what Goffman calls the avoidance process and the corrective process. Avoidance is the surest form of preventing threats to face and it can involve simply omitting details or avoiding situations where inconsistencies might arise with a chosen line. In the corrective process, an acknowledged disgrace must be rectified to reestablish a satisfactory ritual state. Goffman is clear that the offender in a face-threatening situation must prove they are capable of adopting the other's perspective towards their offense,

and must reconfirm themselves as a responsible participant, savvy of the rules of the ritual process. He goes farther saying that the rituals of participation are *sacred*, and that an offender must genuinely reaffirm the rules as existing and unweakened (*sic*) by a violation. If the sacred face of an individual is profaned, then they have the right to absolve themselves by acceptable means.

Over time spent at the PGC, it would eventually become clear that certain aspects of Goffman's theory on face-work did not function in the manner he describes. An interpretation on why this might be the case will be reserved until the end, but this discrepancy motivated two major research questions. First, I was interested in knowing what ways does face-work operate among PGC members? Specifically, this question will be answered based on my observations of member interactions (words, physical presentation, emotion displays) during group sessions and from interviews. Second, I wanted to know in what ways does PGC culture impact the face-work rituals of its members? To answer this question, 'PGC culture' is defined as the teachings, definitions, and interpretations provided by Dr. Hunter and his counselors to members during sessions. And the face-work rituals will be assessed through words spoken by members during group meetings and during in-depth interviews of members who completed the six-week program. It is necessary to have group members speak for themselves on this issue and to avoid as much interpretation as possible on my part since it involves an internal transformation that is not easily captured through observation.

The Setting

The PGC is located in a relatively non-descript section of office space only a few miles west of the iconic Las Vegas Strip. There are no visible signs advertising its existence, and the exterior windows are darkly tinted making it nearly impossible to peer inside. The only marking

that would signal to an outsider they were in the right place are three white letters on the front door reading PGC. If you are not specifically looking for it, you will not find it. As Dr. Hunter repeated many times during his morning lectures, “Nobody comes to this place by accident”. Immediately beyond the entrance is a front desk and waiting area, with warmly painted red walls lined with dark colored chairs with armrests. A magazine rack sits in the corner and a flat-screen TV hangs on the back wall, usually set to the cooking channel. A freshly stocked box of tissues is always available on the desk, which poignantly symbolizes the emotional nature of the work that happens here. Just beyond the waiting area through a door to the right is the room used for group counseling. The room itself is sparsely decorated with off-white colored walls, a well-worn grey carpet, and sand colored curtains that partially shade the sunlight coming through large windows on the outer edge of the room. By the entrance is a sign-in table for clients, guests, and family members to mark down their attendance, and next to that is a small black zip up case for clients to discreetly pay their daily fee of \$10 if they so choose. There are always snacks and coffee available, and a little jar nearby to leave change for the snack fund. Dark grey fabric chairs line the perimeter of the room for clients to sit, and there are two or three purple office chairs typically reserved for the counselors. There is no artwork on the walls, only a printed piece of paper reading “When you want something you never had, you have to do something you’ve never done”, and another print out of the serenity prayer⁸, black text on a white page. A white board in the corner of the room features today’s date, the title of Dr. Hunter’s most recent lecture, and instructions for the day’s ‘check-in’, a section of the meeting where each member speaks individually about their last bet, their last Gamblers Anonymous

⁸ “God, grant me the serenity to accept the things I cannot change, Courage to change the things I can, and the wisdom to know the difference.”

meeting, whether they have experienced urges to gamble recently, and what they are feeling today.

Dr. Hunter is the clinical director of PGC and is a licensed clinical psychologist. Four counselors work under his purview, bringing an eclectic array of skills and backgrounds to the center. All of the counselors are qualified to treat problem gambling in a group or individual setting though they each take a different approach. Collectively they have experience in cognitive behavioral therapy, faith based counseling, marriage and family counseling, drug addiction, alcohol addiction, and gambling addiction. It is not uncommon to hear around PGC the desire to transform one's experiences in addiction into a positive force to help others. Despite the myriad of skill sets and personalities who work at PGC, there is a core set of teachings, definitions, and understandings, in short, a culture that originates from Dr. Hunter and permeates all aspects of the setting. The discourse that creates and recreates this culture will be discussed towards the end.

Figure 1: The 12-steps of Gamblers Anonymous.

1. We admitted we were powerless over gambling – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
3. Made a decision to turn our will and our lives over to the care of this Power of our own understanding.
4. Made a searching and fearless moral and financial inventory of ourselves.
5. Admitted to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have these defects of character removed.
7. Humbly asked God (of our understanding) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having made an effort to practice these principles in all our affairs, we tried to carry this message to other compulsive gamblers.

The program is designed for six weeks, and clients are expected to attend four group sessions per week in addition to two GA meetings each week. A typical meeting is between two

and three hours long and consists of a “check-in” phase followed by a lecture or classroom style instruction on some aspect of addiction, recovery, or the nature of the 12 steps commonly associated with Gamblers Anonymous, much like Alcoholics Anonymous or Narcotics Anonymous. Open communication is encouraged during therapy sessions, and I observed frequent dialog between clients and counselors, and between clients, a practice that is virtually non-existent at GA meetings. Throughout the six week program, clients are expected to complete a work book designed to elaborate upon the 12-steps (see Figure 1), and provide a framework for a lifetime of recovery. There is a dual notion of treatment ‘success’ in the PGC program. From the state of Nevada’s perspective, upon which some funding is contingent, a successful outcome is when a gambling addict manages 30 days of abstinence from all forms of gambling. While the staff at PGC considers 30 days an important milestone, successful treatment involves abstinence in addition to healthy connections with others in recovery and evidence that the problems caused by gambling are being continually solved in a meaningful way. Generally this means that recovery becomes a lifelong process and connections with PGC or GA are expected to continue indefinitely. The remainder of this paper will focus on my experiences with individuals during their first six weeks of recovery at PGC.

In the Business of Recovery

In Henry Lesieur’s (1977) *The Chase*, he documents the ‘careers’ of men who have devoted the bulk of their lives to being ‘in action’, that is, wagering money on chance events, in this case referring mainly to horse racing. For many, this involves a period early on where gamblers enjoy a winning streak, or at least where gambling offers recreational and social benefits. Inevitably, as play continues, losses will begin to accrue, and the attempt to win back lost money through gambling is the essence of the chase. Though Lesieur does not broach the

subject of gamblers in recovery, his description of gamblers in action would be a familiar story to many members of PGC. A clinical perspective on this same topic of compulsive gambling is provided by Custer (1984) who denotes a winning phase, a losing phase, and a desperation phase which ultimately leads to a place of hopelessness, suicide ideation and attempts, substance abuse, emotional breakdown, and societal withdrawal. It is typically here, at this extremely low point in life, that individuals first seek out help for their gambling problem and come to find PGC.

Pitiful and Incomprehensible Demoralization

The phrase “pitiful and incomprehensible demoralization” is taken directly from a piece of GA literature known as the ‘GA combo book’, which is a pocket sized version of the core teachings of the Gamblers Anonymous program. Gambling addiction, after it has cost an individual their savings, their material possession, their home, their family, and so on, can cause even the most intelligent and high functioning of people to temporarily question their sanity, their intelligence, and even their self-worth. It is repeated often at PGC that gambling addiction has a much higher rate of suicide than substance addictions, in large part because of the intense strain on financial resources, but with the additional aspect that gamblers can provide no acceptable logical reason to justify their destructive actions. For many who look back, previous gambling behavior truly is incomprehensible from a sober and reasoned standpoint. Ben, a male in his mid-50s, previously a successful lawyer in Las Vegas now with over four years of abstinence from gambling describes the severity of consequences when he says:

Just before I got suspended in 2007, I had burned through 2.5 million dollars of my money, my entire life savings, all the equity in my building downtown and my home. The last \$300,000 was in my client trust account, it didn't belong to me... and I gambled that away. (Ben)

The result of these extreme losses was a dramatic scenario where Ben made an attempt on his own life as he describes here:

I know what the barrel of a shotgun tastes like. If it wasn't for my dog who happened to walk into the room at that exact moment, I'd be dead. I couldn't do it in front of my puppy. (Ben)

Though the dollar amounts in Ben's case are higher than what most individuals will attain, the pattern of behavior is not atypical for those who seek treatment at PGC. Jimmy, a male in his mid-30s tells this story during his first group therapy session:

This past Christmas I was set to drive home to Mississippi to visit my daughters. I had the car packed up, gassed up, ready to go. On the way out of Vegas I passed a casino. Long story short, I never made it to Mississippi. My mom came to visit me a few weeks later. I sent home the presents with her for my daughters. (Jimmy)

Many other individuals expressed similar stories of past gambling behaviors that were illogical and incomprehensible in terms of money and time spent, and also the opportunity costs of family, career, and even personal morality:

It started slow and got really, really bad at the end where I was pawning things that weren't mine, stealing things, money, anything I could possibly get to go gamble and make more money... I didn't think about anything, about anybody, or about anybody's feelings. The only thing I thought about were the cards being dealt to me. (Amelia, 26 year old female)

I put \$2,100 into a machine with a top prize of \$1,000. (Paul, male in his mid-50s)

Four or Five hours can feel like 15 minutes. Last time I was in a bar playing, I had them bring up the computer. I had played 8,333 hands. (Mark, male in his early 40s)

I stole money from my dying father in law. Not something you would normally do if you were in your right brain. I'd spend money I didn't have to chase other money I gambled. I would ransack my house for a bad check to write. That's not normal. (Melissa, 40 year old female)

I went in 10:00am on Thursday and left 1:00am on Friday. It didn't matter how many times my phone rang. (Brian, male in his mid 40s)

I don't want to eat, I don't want to sleep, I don't want to even take a shower. I just want to get some money and go to the casino to gamble. (Hachi, woman in her early 40s)

As each of these quotes illustrate, gambling addicts are prone to thoughts and behaviors that contradict what they know to be socially acceptable and beneficial. Yet they are presented with the dilemma afterwards of having to explain their actions and integrate them with their social identity. In terms of face and face-work, this presents a significant problem.

Goffman (1967) is fairly clear that a large part of face-work is ritualistic. It is acted out as a social game that involves rules of presentation, and adherence to those rules is paramount to successful social interaction. However, Goffman also says the following: “while his social face can be his most personal possession and the center of his security and pleasure, it is only on loan to him from society; it will be withdrawn unless he conducts himself in a way that is worthy of it” (p. 10). From my observations at PGC, it appeared to me that many individuals, especially in their first few days of the program, were incapable of presenting any sort of line that others could interpret. For some, their most recent gambling binge might have concluded mere hours before their first morning group session, and they literally arrive in a state of shock. On one occasion, I sat next to a woman named Melissa at her first meeting after previously completing the program some 13 years prior. After completing her check-in, she was reduced to a tearful mess with eyes that seemed to stare 50 miles out into nothingness, a look I had seen on numerous occasions with first-timers. Perhaps this is one of the few reasonable human responses to an incomprehensible state of affairs. To be faithful to Goffman’s theory, it was as if her social face had been stripped away making communication with others a near impossibility. Dr. Hunter and many of his counselors constantly tell new members that the first week will be a blur, referring to their compromised emotional and social capacities, and to the large amount of information imparted during that time. Counselors advise to simply show up to the meetings at first, which is a big

accomplishment in itself, and things will greatly improve by week two. Fortunately, this does appear to be the case.

Understanding, Accepting, and Rationalizing Gambling Addiction

Typically I noticed a marked improvement in clients from the first to the second week, after they have had some time to adjust to their new schedule and to process the very real difficulties that they will soon encounter. The learning phase of therapy probably begins in the second week for most individuals, and it can extend for a lifetime, though an understanding of gambling addiction and its causes is solidified within a few weeks. On some topics, such as spirituality, or how to progress through the 12 steps, there is a large amount of freedom given to individual counselors on deciding their own therapeutic approach in groups. However, regarding topics that pertain to addiction and its causes, there is no variation. Dr. Hunter is clear in his lectures each week that clients have a disease that is attributable to an overactive midbrain in response to gambling stimuli. The midbrain in an evolutionary sense is responsible for survival functions like fight, flight, food, reproductive urges, and so on. To explain the compulsion to gamble, it is as if the midbrain hijacks the frontal cortex region which handles rational thought, emotions, creativity, and all the higher functions we normally attribute as being uniquely human. In other words, a primitive part of the brain gains primacy during the gambling act, and it maintains control until immediately available resources to gamble are exhausted.

The midbrain understanding of gambling addiction is universal throughout the clients and staff of PGC, and it is a teaching that has remained consistent throughout the program's history. Dr. Hunter asserts that it is based originally on Dr. Custer's ideas in the 1970s, and has been validated by brain-imaging technologies developed more recently. More important to my research is how these ideas are adopted by members of the field, and the impacts they have on

their interactions. For many, there is comfort in the notion that they are physically different from non-addicts as it creates a foundation to understand the problem and derive solutions. The following quotations illustrate this point:

It was a huge relief to me when Dr. Hunter showed me the picture of a neuron, and mine was branching off to the side. I was sitting there going “now I get it!”. I knew I was a nut, but now I feel like I’ve got it partly figure out. (Ben)

The knowledge is so wonderful to have. I know it is me doing it, but it’s also about something going on up here in the midbrain... it makes me feel a lot better actually. (Amelia)

For me to learn it’s a brain thing, that my gambling will never be normal, I can’t go gamble like normal people do. I do believe that. (Melissa)

A related concept here is the notion of powerlessness over gambling which is mentioned in the 1st step of Gamblers Anonymous. This is not to suggest that addicts are powerless in their decision to gamble, but only to say that once they start gambling there is essentially no stopping until readily available money is depleted. One member, Tuan, recounted a story from one night gambling at a local casino: “I tried to quit... I was up \$30,000 and the lady [casino employee] told me to go home. I couldn’t leave.” Similarly, Amelia says: “I hit my first royal flush and won \$1,000. I put it all back in by the next day.” Others shared similar stories about making multiple unplanned trips to the ATM to continue gambling, some took casino markers⁹, and there were even admissions of ignoring basic bodily functions like eating or using the restroom to remain at a slot machine or table game. Members fully understand that their actions were not normal by their own standards or anyone else’s, but they now also have an explanation which resonates very strongly with their experiences.

Once members are aware of the differences between themselves and someone with a “normal” brain, they are taught to recognize the triggers in their lives that might provoke urges to

⁹ Credit issued by the casino in the form of cash or chips.

gamble. The gambling might not be controllable, but the decision to gamble most certainly is. Members were very well aware of things in their lives that might trigger an urge to gamble. Over the course of two months I had heard anything from “having money in my pocket”, to having access to transportation, to passing by a video poker machine, to emotional triggers such as an acerbic relationship with a partner or family member. The appropriate response taught by all counselors to successfully deal with an urge is to pick up the phone and call another member or a sponsor (mentor) from GA. Talking about an urge is a powerful way to keep it at the forefront of the rational mind, and to come to the desired outcome which is to not go out and gamble. A commonly heard expression at PGC is “all urges will pass”, and as time goes on, the urge to gamble becomes less and less. With the nature of the gambling problem understood, and steps taken to intellectualize the issue, recovery really begins from this point in earnest.

Milestones of Recovery

Recovery, as defined at PGC, has no definite timeline nor an ultimate goal, but is best conceived as a lifelong process with milestones reached along the way. Consider the following excerpts:

Recovery to me is a lifetime process. You need to deal with the issues at hand and not say “I’m good to go”. Recovery is not just abstaining from gambling. Part of the recovery process is that you don’t keep it to yourself, you want to go and share it with others that have the same issues. (Philip, a man in his 70s)

I think that was my downfall having 13 years [of abstinence]. When you’re in a situation where you aren’t going to meetings, you’ve lost connection to the recovery network... You have to work at it, you have to stay in touch. I have to hang on to that feeling; don’t get complacent. (Melissa)

I’ll always be in recovery. I am an addict. My brain is wired differently than yours. I’m a more happy person and I’m at peace with what I know and who I am now. (Amelia)

I asked counselors and clients alike whether there was such a thing as being “recovered” from gambling addiction, a question that was met with a unanimous and resounding “No!”. Instead, milestones are recognized and sometimes celebrated for their level of significance in the program.

One particularly important series of milestones recognize the length of time an addict remains abstinent. Regardless of length of time, everyone in the program associates with the label “addict” or “compulsive gambler”. A particularly telling quote from early in my fieldwork came from a man who said ‘I’m a compulsive gambler. My last bet was May of 1972.’¹⁰ Despite nearly 40 years of recovery, there was still the understanding that if he returned to gambling he would experience the same problems today as then. For members who entered recovery more recently, 30 days of abstinence is a big deal since it meets the state requirement for treatment success, but it is also recognized as a length of time where urges drop off in intensity and it becomes easier to make substantive life changes since less energy is required to simply abstain from gambling. Other milestone dates are 90 days and each year of abstinence. Gamblers Anonymous celebrates ‘birthdays’ for its members which refers to years without gambling and has nothing to do with their actual age.

Though abstinence is of vital importance to recovery, the more substantive milestones have to do with life events. A popular GA expression is that “when you quit gambling, the first thing to come back is the money.” Many PGC members expressed delight at meetings about having enough cash in their pockets to buy cigarettes, go see a movie, or to go out to eat. Another related success was having the money to pay back debtors from whom money was borrowed and sometimes stolen. Especially important is paying back debts that carry legal ramifications, generally to payday loan establishments and casinos. But even more important

¹⁰ This isn’t an exact quote as he would have mentioned the precise date of his last bet.

than financial issues are the indicators that a new life is being created apart from gambling. The 12th step of GA is to carry the message of recovery to other compulsive gamblers. It is common to hear members talk about returning to school specifically to become a counselor to addicts in recovery. More generally, members find great joy in rediscovering the pleasures in life they once enjoyed, and often this takes on a spiritual element. Whether it is attending a child's soccer game or taking a fishing trip with an estranged parent, these tend to be highly significant events in the recovery process.

On Face-Work at PGC

If new clients at PGC spend their first week entirely 'out of face', the next five weeks are spent rebuilding or perhaps more accurately recreating face. There is an intense struggle at PGC to recover from the impacts of excessive gambling, but also to recover from what Goffman (1963) calls a *discredited identity*, in this case attributable to "blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty" (p. 4). In her ethnography of recovering drug addicts, Leslie Paik (2006) denoted the self-construction occurring among "hard core addicts" that she observed to create an institutional identity along the lines of "recovering dope fiend". While a similar reconstruction occurs daily at PGC, the target is not one of "recovering gambling addict" but "recovering human". Dr. Hunter once called the program "Life 101", and this is a label that undoubtedly resounds with members. These are some of the thoughts expressed in my interviews that highlight this point.

One of my biggest breakthroughs was learning that everyone I talked to had something to offer me. I used to dismiss folks. Now, in that little room, there are folks of different social strata than I used to run with, and I've realized that many of them are much more wise than I was. In that room at age 52, I began learning how to be a person. I'm new at it, still not very good, but I'm learning. (Ben)

I again have self-respect, that's critical for me. I have the good side of self-pride, not that I'm boastful, but I have esteem. I have serenity. Because of that problem

[with gambling], I almost lost the most important thing in my life, a wife I should've met 70 years ago... I've become more aware of people in general. I think we all put up a little façade in our lives. The awareness that I'm not alone, that people are hurting out there. (Philip)

The kind of face-work that happens at PGC is different than what Goffman describes. To Goffman (1967), face-work is a sort of game rife with subtle deceptions and half-truths, the things we commonly refer to as tact (p. 43). The unfortunate truth for those addicted to gambling is that the masks, the deception, and the façades coupled with excessive spending are what led to a state of incomprehensible demoralization in the first place. The face that PGC encourages of its members is one of “honesty, openness, and willingness”, as counselor Glen is fond of saying. Philip sums this up well by saying “if you maintain the façade here, you won’t be successful at all. You’ll be wasting your own time and the program’s time.” Certainly PGC has expectations for its clients in terms of identity formation, but these are mainly restricted to two things: 1) That the addict’s brain is different from that of a non-addict; 2) As a result, addicts cannot gamble like normal individuals and indeed should refrain from gambling entirely. Of such institutional codes, Goffman (1963) quips that for members to “fail to adhere to the code is to be a self-deluded, misguided person; to succeed is to be both real and worthy” (p. 111). I would reinterpret this statement at PGC to say that failure to adhere to the code will lead to suffering and probably death, but to succeed is to grasp humanity and truly regain the spirit of what it means to be alive.

Conclusion

To summarize how my findings answered my research questions, face-work at PGC happens very differently than in the casual interactions of everyday life. PGC members are individuals who have often shattered their identities and their relationships with others due to their extreme isolation and incomprehensible financial expenditure on gambling. As a result,

they arrive at PGC missing one of the sacred elements of human interaction, their claim to a social face. The process of reclaiming face is only possible there through openness, honesty, and willingness. Culture at PGC in one sense flows freely, allowing individual members to continually create and recreate it during meetings through interaction amongst each other and with the counselors. In a different sense, there are certain aspects of PGC culture that are sacrosanct, and are delivered top-down mainly by Dr. Hunter who can be described as its charismatic leader. That gambling addicts are different and that they cannot gamble like others are unchanging elements of the program that have existed since its inception. They are perpetuated partly through group interaction and partly by legitimization in the psychiatric literature. Regardless, they form the basis on which members will come to forge their new identities and ultimately rebuild their lives, and they are foundational truths at the center which give many a sense of peace and serenity. Addiction is a controversial issue equally in mass culture as in academe, but at PGC it is a way of life. Every day at the center they are in the business of recovery, and from what I've seen, they're damn good at it.

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