

Journeys through gambling: pathways to informal recovery

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The authors declare no conflict of interest in relation to this report or project.

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Executive summary

This study aimed to investigate the temporal benchmarks in informal gambling recovery pathways, with attention to the broader context of the experience for individuals, and to the experiences of young adults.

While problem gambling counselling services are available and promoted, only a small proportion of those who experience gambling-related issues choose to resolve their problems with professional support. Rather, people attempt to recover through self-managed means such as self-help strategies and family support. Further, despite their increased vulnerability to gambling problems, young adults are greatly under-represented in treatment services, suggesting that young adults are even more likely to use informal means of recovery from problem gambling than older people.

The majority of gambling recovery-related research to date has focused on formal treatment services and support programs such as Gambler's Anonymous, which are most likely to be accessed by people with long-term, severe gambling problems. Gaps remain in the understanding of contextual factors throughout the process, and how they interact with changing self-awareness, and strategies to support recovery. This is particularly so in the case of young adults, whose experiences and expression of gambling recovery may differ from those of older adults given developmental differences and differences in the ways that young adults engage with gambling products.

Narrative interviews with 32 young and older adults were conducted to develop an understanding of the motivations and experiences of informal recovery, and the social, environmental and temporal context of informal recovery. Narratives were analysed as a single unit, and attention was paid to any emerging differences in patterns for younger and older adults. Narrative analysis informed three key benchmarks in recovery: recognition of a problem; the impetus to initiate a recovery process; and the strategies used by participants to assist recovery. Differential patterns emerged in the ways that participants experienced these benchmarks but, interestingly, a key finding was in whether the recovering gambler was the agent in recovery, or whether they were compelled by someone or an event.

In problem recognition, analysis defined (a) a self-recognised pathway, where the participant was positioned as agent in recognising their own problems, and (b) an externally recognised pathway, where the participant only actively recognised their problem after confrontation from someone close to them (e.g. a family member, friend or employer) or a significant negative event (e.g. hitting rock bottom). Similarly, analysis around the impetus for initiating the recovery process identified differences according to whether the participant was (a) the primary agent in recovery initiation and management to achieve personal goals and life-stage milestones that gambling had delayed ("self-directed" pathway), or (b) had the recovery process imposed upon them by others who had been affected by their gambling, or a significant negative event ("externally directed" pathway). Regarding strategies used by individuals to resolve problems, the primary contribution of the current study was the identification of differential patterns in strategy management according to the individual's centrality of agency in recovery.

The analysis revealed that recovery processes for younger and older participants were more similar than different, however some subtle differences emerged. In comparison to older participants, many young adults tended to have a strong sense of agency in recovery. While young adult participants described their gambling problem as an addiction, they also derived empowerment from a moment of clarity during an urge to gamble, where they felt they could make a decision not to gamble. This sense of empowerment motivated them throughout the recovery process. For many young adult

participants, the process and outcome of successful recovery was defined by the prioritisation and pursuit of prosocial and conventional milestones for their age, such as maintaining a long-term romantic relationship, purchasing a home, travelling overseas, or career advancement.

Importantly, the study found that delays in recognition of a gambling problem could relate to responses from significant others around the gambler, including the enabling effect of budgeting for gambling within household expenses and the normalisation of gambling and associated harms through others' gambling. Additionally, the study found that workplaces can play an important role in supporting recovery through informal strategies as well as employer assistance programs.

The strong moderating effect of personal, social, financial, and cultural resources on the process of recovery was highlighted, and articulated in terms of how they may impact on the experiences of each of the pathways. In light of these findings, the recovery capital construct that has been articulated in alcohol and other drug recovery literature is proposed as a framework to inform future research and gambling regulation.

The findings demonstrated the potential for tailoring primary and secondary intervention and recovery strategies according to the age, and centrality of agency of the individual in the process of recovery.

Background

Problem gambling in Victoria, Australia

In recent decades, the gambling industry has expanded considerably in many states and territories in Australia. The construction of casinos in major cities, the introduction of electronic gaming machines (EGMs) in suburban public hotels and clubs, the expansion and extensive promotion of sports betting agencies, and the introduction of new technologies (e.g. online betting) have substantially increased gambling accessibility and intensity (Australian Institute for Gambling Research, 1999; Productivity Commission, 1999, 2010).

The most recent prevalence estimate of problem gambling in the Victorian adult population suggests that 0.7 per cent of the adult population were experiencing severe gambling problems, and an additional 2.4 per cent of adults were experiencing moderate-risk gambling, and 5.7 per cent were experiencing low-risk gambling (Hare, 2009). Therefore, an estimated 8.8 per cent of the adult population were experiencing at least one gambling-related problem as measured by the Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001). These estimates are slightly lower than recent national prevalence estimates (Hing et al., 2014). Further, the most recent estimate of problem gambling in the Victorian young adult population (18-25 years) suggests that 3.4 per cent were experiencing severe gambling problems, and an additional 11.3 per cent were experiencing moderate-risk gambling, and another 15.0 per cent low-risk gambling (Dowling, Jackson, Thomas, & Frydenberg, 2010).

These data suggest that a substantive proportion of the population are experiencing gambling issues and that young adults are considerably more vulnerable to experiencing gambling problems than the general adult community.

Young adult gambling problems

Young adulthood is a time of great change and transition. The choices young adults make during this time can affect their lives for many years (Arnett, 1998, 2005). Reasons for young adults' vulnerability to gambling issues are numerous; however, changes to the accessibility and marketing of gambling products in recent decades has distinguished this generation's experiences of gambling from those of previous generations.

With the expansion of the gambling industry in Victoria since the early 1990s, young adults today are the first generation of Victorians to have grown up with community-wide gambling, such that venues are within a short walk or drive away. This may make them vulnerable to gambling problems as there is growing evidence of a strong positive relationship between gambling accessibility and gambling problems, particularly in the early years of product expansion (Vasiliadis, Jackson, Christensen, & Francis, 2013; Young, Markham, & Doran, 2012). Further, this cohort are now among the target market audience of an expanding sports and online gambling industry (Gainsbury et al., 2015; Gainsbury et al., 2013; Gainsbury, Russell, Wood, Hing, & Blaszczynski, 2014).

A considerable body of Australian and international evidence has demonstrated that most young adults gamble (Dowling et al., 2010; Gupta et al., 2012; Splevins, Mireskandari, Clayton, & Blaszczynski, 2010) and that those who gamble early in life are at significantly greater risk of becoming problem gamblers in their youth or later in life (Bell & Boldero, 2011; Delfabbro & LeCouteur, 2010; Dowling, Clarke, Memery, & Corney, 2005; Dowling et al., 2010; Messerlian & Derevensky, 2005; Shaffer & Hall, 2001; Suissa, 2011; Thomas & Lewis, 2011; Wardle et al., 2011;

Williams, Volberg, & Stevens, 2012). They are also at risk of experiencing a greater severity of gambling problems (Burge, Pietrzak, Molina, & Petry, 2004).

Studies indicate that gambling on multiple forms (i.e., betting on horse racing and sports) and high gambling expenditure in adolescence and early adulthood puts young people at significant risk for emotional, financial, relationship and career problems, as well as criminal activity (Ariyabuddhiphongs, 2013; Clark & Walker, 2009; Gupta & Derevensky, 2000; Hayatbakhsh et al., 2006; Splevins et al., 2010). This could potentially lead to long-term negative outcomes or delays in the achievement of important milestones for young adulthood such as completing higher education, maintaining romantic relationships, purchasing a house, overseas travel, and career choice and progression.

Gambling issues in young adults can be part of a complex picture. Australian studies have found that, compared to young adults who had not experienced gambling problems, those experiencing moderate to severe levels of gambling problems were five times more likely to drink harmful quantities of alcohol (Davidson & Rodgers, 2010), and eight times more likely to self-identify with an alcohol problem (ACNielsen, 2007). A study of 21-year-olds in Queensland (Hayatbakhsh et al., 2006) found that more frequent use of tobacco and cannabis was significantly positively correlated with more frequent gambling. Those who had delayed use of tobacco, alcohol and marijuana were significantly less likely to have gambled, as were those who had abstained from these substances.

The consequences of this early comorbidity between gambling and substance use are two-fold. Firstly, experimentation with alcohol and drug use is a known issue in young adults (Australian Institute of Health and Welfare, 2012; Boyd, Howard, & Zucker, 2013), but combining gambling with drug or alcohol use can lead to excessive and problematic gambling as it is known to reduce clarity of thinking and decision-making (Boyd et al., 2013; Newbury-Birch et al., 2008). Secondly, the comorbidity of alcohol, substance and gambling product dependence complicate treatment options and recovery processes, and may be indicators of other complex underlying comorbidities such as depression, impulsivity, and anxiety, which could potentially delay and even prevent full recovery (Dell'Osso, Allen, & Hollander, 2005; Lorains, Cowlishaw, & Thomas, 2011; Nower & Blaszczynski, 2004; Winters & Kushner, 2003).

Recovery

The process of recovery

Gambling literature suggests that recovery from gambling problems is an iterative process of change, which includes periods of reflection on the consequences of one's actions (Hodgins, 2001) and experimentation with, and attempts at, abstinence (Anderson, Dobbie, & Reith, 2009). Thus, recovery is a process hallmarked by milestones of demonstrated progression and achievement. The process is characterised by a perceptual shift, where an accumulation of negative outcomes (e.g. financial stress, emotional stress, family support/criticism) outweighs the positive outcomes of the object of dependence (Hodgins & El-Guebaly, 2000). This often culminates in a "turning point", precipitated by a significant negative event, which prompts the individual to make a determined effort to achieve sustained behaviour change. Successful behaviour change is then sustained through a maintenance phase whereby active coping strategies are implemented (e.g. avoidance of the product/s, people and places associated with use, and establishment of alternative activities and relationships that are incompatible with use (Anderson et al., 2009; Hodgins & El-Guebaly, 2000; Hodgins, Wynne, & Makarchuk, 1999; Moore, Thomas, Kyrios, & Bates, 2012; Nuske & Hing, 2012)).

This suggests that important to examination of the recovery process are factors associated with the entire process from early-stage, low-level problems through to end-stage recovery outcomes. The processes perspective is relevant to the examination of recovery efforts undertaken by those experiencing sub-clinical problems, as well as those experiencing severe gambling problems.

Evidence suggests that only a small proportion of those who experience gambling-related problems (possibly as low as 7 per cent to 12 per cent) choose to resolve their problems with professional support (e.g. problem gambling counselling) (Slutske, 2006; Slutske, Blaszczynski, & Martin, 2009). It would seem that almost no gamblers who experience problems, but do not meet the clinical threshold, seek professional help (Hare, 2009). The groups least likely to seek professional support for their gambling problems are men (Slutske et al., 2009) and young adults (ACER, 2011; Centre for Gambling Education and Research, 2011; Splevins et al., 2010). Reasons for not seeking professional support vary (Centre for Gambling Education and Research, 2011; Hodgins & El-Guebaly, 2000). An estimated 30 per cent to 40 per cent of those who experience gambling-related problems will attempt to recover without the support of professional, formal services (Slutske, 2006; Wohl et al., 2005).

Few studies have been conducted into the mechanisms of the informal recovery process, and the majority of informal gambling recovery research to date has focused on support programs such as Gambler's Anonymous (GA) (e.g. Anderson et al., 2009; Ledgerwood et al., 2013; McGowan, 2003; Nuske & Hing, 2012; Wohl, Young, & Hart, 2005), rather than individuals who have relied strongly on family, peers, and other resources available to them. Given these gaps in understanding, the present study will focus on the informal recovery processes used by gamblers who are experiencing issues with their gambling.

Informal recovery in gambling research

The historical conceptualisation of problem gambling as a progressive, chronic disease that could only be overcome with abstinence-orientated treatment has been challenged in recent years (Ferentzy & Turner, 2013). Researchers and clinicians have reported on problem gamblers who have “naturally” or “spontaneously” recovered; that is, recovered without formal treatment (Hodgins & El-Guebaly, 2000; Iancu, Lowengrub, Dembinsky, Kotler, & Dannon, 2008; Slutske, 2006).

Changes in methodological approaches, including a greater focus on research with community samples rather than treatment-seeking samples, have demonstrated that problem gambling can follow an unstable and multidirectional course, and that a notable proportion of problem gamblers will recover without formal treatment or support (Klingemann, 2004; LaPlante, Nelson, LaBrie, & Shaffer, 2008). A survey of Australian adult twins, for example, found that 82 per cent of those who were “recovered” problem gamblers (defined as a lifetime gambler who has not experienced problems in the past year) had recovered without the assistance of formal treatment or support services. Further, as many as 90 per cent of “recovered” participants were not abstinent, but gambled approximately weekly, and on multiple gambling activities, with each gambling session lasting approximately one hour (Slutske, Piasecki, Blaszczynski, & Martin, 2010).

The terminology “natural” and “spontaneous”, however, may be a misnomer as they imply change through no effort, and without the presence of any particular conditions. These assertions of natural or spontaneous recovery may be based on assumptions that lack investigation into the processes involved in facilitating recovery without formal intervention. More recent understandings of efforts involved has shifted the nomenclature to words such as “informal”, “self-managed”, and “self-regulation”, which suggest active effort on behalf of the individual. The following section outlines the trajectory of research in terms of gambling and informal recovery.

Strategies for informal recovery

Informal recovery from gambling problems is a growing area of research, and the focus to this point has been on identifying and quantifying strategies used. This section briefly outlines key evidence regarding the informal process of recovery from gambling problems, including the roles of significant others.

When considering recovery, it is important to consider the strategies that people experiencing gambling problems use to assist recovery. A recent community survey of Australian adults, for example, compared problem and non-problem gamblers on strategies used (Moore et al., 2012). Recovering gamblers reported that they replaced gambling with an alternative activity, used their social support networks and monitored their spending on gambling. Specifically, the five strategies used most commonly by problem gamblers were: focus on other hobbies (90.3 per cent); spend more time with family and friends (85.7 per cent); think about the negative consequences of excessive gambling (82.5 per cent); talk to friends or family about gambling activities (77.8 per cent); and keep track of the money spent on gambling (77.8 per cent).

Recovering gamblers used approximately twice as many self-regulation strategies as non-problem gamblers, with an average of seven strategies used. Importantly, recovering gamblers had a greater tendency to use more intensive regulation strategies that were not reliant on their ability to self-regulate and inhibit their desire to gamble, but were reliant on an imposition upon them, preventing them from gambling (i.e., external support for regulation). This would suggest that those experiencing more severe problems feel that they have a reduced capacity for self-regulation in relation to gambling.

Gamblers with less severe problems may be able to successfully self-regulate their gambling to reduce experienced and potential harms; whereas those attempting to recover from severe harms may need to rely on others' help to reduce or cease gambling in order to regain a sense of self-control and agency in relation to gambling. Specifically, the five items that best discriminated between non-problem and problem gamblers were: ask others to mind or manage their money; talk to friends or family about gambling activities; avoid going to the casino; cut up credit cards; and avoid walking or driving past certain locations. Other studies have similarly found that avoiding venues, limiting gambling and/or replacing it with other interests, reminding themselves about the negative consequences of gambling and benefits of not gambling, and accessing support from family or friends were common informal strategies used by gamblers to bring gambling back under control (Hodgins & El-Guebaly, 2000; Hodgins et al., 1999).

Support from significant others can be a particularly important resource to assist recovery. The type of support available to people during recovery is likely to have a significant impact on their experiences and success (Carruthers, 1999). Intensive, and at times enforced, monitoring and practical support may be sought in the early, action stage of recovery, rather than at the maintenance stage, where behaviour change has been achieved for some time. Emotional support is considered less important, but the recovering gambler may seek reinforcement for their progress from others throughout the process (Johansen, Brendryen, Darnell, & Wennesland, 2013; Schellinck & Schrans, 2004). However, enforced support is often intensive (Nuske & Hing, 2012), and can further strain relationships that have been harmed by gambling problems, thus leaving the gambler with fewer people willing to provide the more intensive support when it is required (Kimberley, 2005). Unfortunately, there is limited in-depth information about relationship dynamics throughout the recovery process (Thomas, Sullivan, & Allen, 2009).

Opportunities to successfully exert control over behaviour (e.g. achievements in cognitive behavioural therapy such as entering a gaming venue and not gambling) are considered important

steps in the process of recovery (Oakes, Pols, Battersby, Lawn, Pulvirenti, & Smith, 2011; Nuske & Hing, 2012). These achievements, aside from successfully changing behaviour, may change individuals' perceptions of their self-worth, which can be severely compromised by gambling, in some cases to the extent of suicidal ideation or attempts (Kimberly, 2005; Nuske & Hing, 2012). These findings, however, may not fully reflect the experiences of those who have not undergone a program of formal therapy, as many participants across the studies had received extensive ongoing therapy. For example, as noted by Nuske & Hing (2012), their participants comprised recovered problem gamblers who regularly shared their experience with the public and other recovering gamblers as part of a community education program. Thus, as the authors noted, their narratives were refined and rehearsed and might not extend beyond this group.

Collectively, the findings in relation to the informal recovery process demonstrate that at least some form of self-regulation and recovery is possible without formal treatment, that recovery is an iterative process that occurs over time, and that this is likely to be a preferred option for many gamblers experiencing problems. Overall, these studies found that gamblers experiencing problems are likely to use a greater number of, and more intensive, self-regulation strategies than non-problem gamblers, including social resources for practical and emotional support, avoidance of venues, and strategies to enforce limited access to money for gambling.

Much of the research in this area has been limited by a narrow focus on identifying and quantifying the strategies used, with little attention to the context of their use throughout the recovery process. For example, dynamics with family and friends throughout the recovery process could shape the strategies used, or help or hinder the likelihood of relapse (Anderson, Dobbie, & Reith, 2009). Gaps in understanding can be better articulated through the use of exploratory qualitative research methods that allow a deep exploration without artificial narrowing of constructs under examination.

Aim

The study aimed to examine temporal benchmarks in informal gambling recovery pathways, with attention to the broader context of the experience for individuals, and to the experiences of young adults.

Research questions

To do this the following research questions were explored:

- a. How do gamblers recognise that their behaviour has become harmful or problematic?
- b. By what process do gamblers move from recognition of a problem to action to resolve the problem? In other words, what, when, why, and how do gamblers address their problems, including use of different resources and strategies?
- c. What experiences, perceptions and contextual factors shape the features of this process?
- d. How do the narratives of young adults vary from those of older adults?

Summary

While problematic gambling counselling services are available and promoted, only a small proportion of those who experience gambling problems choose recovery with professional support, and almost no gamblers who experience sub-clinical problem severity seek professional help (Hare, 2009). Rather, individuals attempt to recover through self-managed means such as self-help strategies and family support. However, a holistic understanding is lacking of the processes and temporal benchmarks involved, and of the role of informal strategies within the recovery process.

To fill these gaps, the present study used a largely unstructured qualitative methodology, and aimed to achieve an in-depth, holistic understanding of the lived experience of people attempting recovery using largely informal means. Specifically, the study used narrative inquiry, a qualitative research technique that examines the lived experience through participant storytelling. This approach is optimal as it provides insight into the temporality and context of events as understood by the participant (Reissman, 2008). For these reasons, narrative inquiry has been favoured in qualitative studies that have explored recovery processes over time (e.g. Anderson, Dobbie, & Reith, 2009; Nuske & Hing, 2012; Patford, Tranet, & Gardner, 2014).

Further, despite their increased risk of gambling problems, young adults are greatly under-represented in treatment services, suggesting that young adults are even more likely to use informal means of recovery from gambling problems than older people. However, there is limited understanding of young adults' informal recovery experiences, including the temporality and context of self-awareness, self-regulation and informal and formal support strategies throughout the recovery process (Blinn-Pike, Worthly, & Jonkman, 2010; Splevins et al., 2010; Wohl et al., 2005).

Given that young adults engage somewhat differently with gambling products to other adults (Delfabbro, 2011), it is reasonable to suggest that the meaning that gambling has in their lives, and the ways in which they would address problems, would be at least to some extent specific to their unique perceptions and experiences. For example, there may be a distinct developmental significance to recovery from gambling problems for young adults. Young adulthood is a crucial formative time, which can be strongly shaped by experiences such as gambling problems and their associated consequences such as relationship tension, poor school performance, financial losses, depression, and anxiety (Arnett, 1998, 2000). These negative experiences may influence self-identity in ways that would not be experienced by adults who experienced gambling problems only in later adulthood. Additionally, the self-regulation and recovery process itself may shape self-identity, possibly dependent on the processes and strategies used in recovery. Finally, the resources to which the young adults may have access – actual or perceived – may be quantitatively or qualitatively different to the range of resources accessible to other adults.

An investigation of recovery processes that deliberately considered differences between older and younger adults would help tease out these differences. To explore these potential differences in experiences and processes for young adults compared to older adults the present study included a specific sample of young adults and examined narratives across age groups to articulate any important differences.

Many studies of informal recovery have quantitatively examined the motivations and strategies for recovery. A holistic understanding of the process is required, including the influence of situational and contextual factors at temporal benchmarks. Narrative inquiry, a qualitative research technique that gives insight into the lived experience as understood by the individual, including its temporality and contextual factors, is a useful tool as it allows the interviewer to explore the temporal benchmarks of the informal gambling recovery process, including why, when, and how contextual factors influence the process, according to the participant's understanding.

Approach

Participants

As research had shown higher rates of gambling problems among young adults compared to older adults in Victoria, and there is a lack of evidence about the recovery processes of young adults, the project specifically targeted young adults for participation. Older adults were also recruited to provide a comparison group to better identify those themes that are more salient, or specific, to recovery by young adults. Young adults were defined as aged between 18 and 30. This was done for a number of reasons. The legal minimum age for gambling in Victoria is 18 years, so this was the youngest age for eligibility of participants. The definition of young adulthood has extended to the age of 34 in Australia (Australian Bureau of Statistics, 2013); however, eligibility was limited to 30 years in order to better distinguish between younger and older participants (who were aged 40+). Additionally, recruitment of participants in their late 20s could potentially inform on experiences of moderate to long-term recovery outcomes from problems developed very early in adulthood.

Narrative interviews were conducted with 32 adults who had self-identified as having a problem with their gambling and had tried to manage negative consequences. The sample comprised two specific age groups, young adults and older adults. Demographic and gambling involvement information for young and older adult participants is summarised in Table 1, and details for each participant are in Appendix A. Participants included 14 young adults, aged 18 to 30 years (10 males, four females), including four aged 18 to 24 years, and 10 aged 25 to 30 years. There were 18 older adults aged 40+ years (12 males, six females, including seven aged 40 to 49, three aged 50 to 59, seven aged 60 to 69, and one who was aged 70 to 79). The majority of the participants were married or de facto ($n = 15$), single ($n = 10$), or in a relationship ($n = 6$). Among the young adults, nine participants were in paid employment, and four were studying part-time or full-time. Among the older adults, eight participants were in paid employment, and eight were retired or on a pension. EGMs ($n = 10$) were the gambling product that was most commonly related to problems, followed by horse and dog racing ($n = 6$) among older adult participants, and casino table games ($n = 4$) among young adult participants.

The focus of the study was on the informal recovery process, however, because recovering gamblers commonly utilise a range of strategies over time, it was important to also document any formal help-seeking that may have occurred. Respondents were therefore asked about help-seeking as part of the background information and in interviews. Data showed that all respondents who had sought formal assistance had begun recovery with informal strategies. Seven participants said they had accessed some sort of gambling-related professional support, most of which following years of pursuing informal recovery. Of these seven participants, two older adults had received professional face-to-face counselling in recent years to the interview, following two relapses, one young adult participant had recently commenced ongoing professional counselling, one older adult accessed professional counselling via a gambling hotline to distract herself from gambling urges, one received ongoing support through Gambler's Anonymous, and two older adults had undertaken counselling 10 or more years prior to the interview and had been attempting informal recovery in recent years. An additional seven young adult participants reported making an introductory phone call but not further interaction, and one young adult participant sought online tips for self-regulation.

Ethics approval

Approval to commence with the project was granted by the Australian Institute of Family Studies Human Research Ethics Committee (14/12) in June 2014. Approval to re-contact eligible participants of the first author's PhD project was granted by the University of Melbourne Human Research Ethics Committee in September 2014 (1442221).

Table 1: Summary of demographic and gambling information of young adult and older participants

	Young adult participants n	Older participants n
Gender		
Male	10	12
Female	4	6
Age group		
18–24	4	–
25–30	10	–
40–49	–	7
50–59	–	3
60–69	–	7
70+	–	1
Problem gambling severity		
Non-problem gambler	1	0
Low-risk gambler	2	1
Moderate-risk gambler	2	3
Problem gambler	9	14
Form most associated with problem		
EGMs	7	10
Racing	1	6
Casino table games	4	2
Online EGMs	1	0
Online casino table games	1	0
Employment status		

Full-time	6	7
Part-time	2	0
Casual	1	0
Self-employed	0	0
Retired	0	3
Pension	0	5
Unemployed	1	1
Volunteer	0	1
Relationship status		
Married/De facto	4	11
Single	5	5
In a relationship	5	1
Separated	0	1
Location		
Metropolitan	12	17
Regional	2	1

Procedure

Recruitment of participants

Young adults were invited to participate via three avenues. Recruitment of young adults began by inviting eligible participants of a past study by telephone or email where contact details remained current. Participants were selected from the database of a quantitative study conducted in 2009 by the primary author, on the basis of having scored three or more on the PGSI. Despite intensive efforts, current contact information was not obtainable for most eligible participants of that study, and recruitment through this avenue resulted in two young adult participants. Facebook advertisements aimed at young adults in Victoria who were known to Facebook to associate with gambling-related products were posted throughout March 2015. The Australian Institute of Family Studies also posted information about the study on their Facebook page. Three participants were recruited via Facebook posts and advertisements. Finally, eight young adults were recruited through an advertisement posted on the classified advertisement website “Gumtree” (www.gumtree.com.au) for five weeks from March to April 2015 (see Appendix B for advertisements and posts).

Older adults were invited to participate via an advertisement in a popular Victorian newspaper, the Herald Sun. This advertisement was published in the newspaper’s sports section on Saturday 28 June 2014. In the same week, the same advertisement was published in an affiliated newspaper, the Leader, which provides local content to regions throughout metropolitan Melbourne. The advertisement was placed in issues of the Leader that were posted throughout Knox, Melton/Moorabool and Monash. These areas were selected because they are regions with high

gambling expenditure. All but two participants were recruited through these newspaper advertisements. Two participants were also recruited via an advertisement posted on Gumtree.

Advertisements invited people who had tried to manage their gambling issues to contact researchers by telephone or email. Terms such as “problem gambling” or “problem gambler” were not used on advertisements to avoid stigmatising participants, and to allow us to interview people at different stages of the recovery process (i.e., early commencement of recovery, through to self-identified “recovered” gamblers). Participants therefore self-selected for participation on the basis of having attempted informal recovery from self-determined gambling problems. As an additional, check the primary author also determined the participant’s eligibility on the telephone prior to the interview. Eligibility criteria are listed in the section titled “Interviewing schedule and protocol”.

Although we measured current gambling problem severity for transparency and to provide information on their current stage of recovery, this was not part of our eligibility criteria because we were interested in the narratives of adults who had (a) experienced gambling problems and (b) attempted recovery from these problems. The sample therefore included those who have made significant progress on their recovery (e.g. reduced their problem severity to low or nil) and those who were still actively working on recovery (e.g. still experiencing some problems - problem severity low+). This variability was included in the sample in the aim of gaining insights across the full scope of the recovery process.

Interviewing schedule and protocol

The advertisements used for recruitment provided a telephone number and email address that participants could use to contact the research team. A member of the research team responded to queries about participation by providing further information about the study, including an information sheet in plain language, via email or post according to the participant’s preference. This document included information about help services (e.g. Lifeline and Gambler’s Help hotline numbers). At this stage, participants were also screened for their eligibility for the study. Participants were eligible if they were aged 18 to 30 or 40+ years, had experienced, or were experiencing, moderate to severe level gambling problems, their recovery experience had been dominated by informal recovery processes, their primary residence was in Victoria, and they were able to verbally articulate in English their lived experience over the telephone.

Interviews were conducted over the telephone at a time that was mutually convenient to the participant and interviewer. With participants’ consent, all interviews were audio recorded, and transcribed by a professional transcription service.

Narrative interviews are structured only by the general topic of interest (Jovchelovitch & Bauer, 2000; Riessman, 2008), in this case, the process of recovery from gambling harms. Participants were instructed to “tell their story”, beginning from when they started gambling, explaining when they recognised that they had problems, what their response was, and through to the present day. Once the participant indicated that they had come to the end of their story (e.g. they have reached the present day in their account), the interviewer then probed with open-ended questions to delve deeper into key events or processes raised by the participant (Jovchelovitch & Bauer, 2000). To assist the interviewer in this probing, an interview schedule was used that covered the research questions, and listed potential support or hindrances to the recovery process (see Appendix C).

Background information

The interviewer collected a range of quantitative data upon completion of the narrative interview. The questions related to participants’ demographics, gambling participation, use of self-exclusion programs and problem gambling counselling, and gambling problem severity. The questions are

available in the Appendix D. Problem gambling severity was measured using the Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001). The scale is a validated measure of gambling harm severity that is commonly used in population studies in Australia and internationally (Problem Gambling Research and Treatment Centre (PGRTC), 2011; Productivity Commission, 2010). Nine items are scored from 0 (never) to 3 (almost always), with total scores ranging from 0 to 27. A score of 0 to 2 indicates low-risk severity, a score of 3 to 7 indicates moderate-risk severity, and a score of 8 to 27 indicates severe gambling problems.

Data analysis

Analysis was conducted in the context of the aims and objectives of the study, the data themselves, and existing and emergent theory (Riessman, 2008). Narrative thematic analysis (the “what” of narratives) and narrative structural analysis (the “how” of narratives) was undertaken. Narrative thematic analysis was used to uncover meaning by identifying recurrent themes, patterns and words, and modelling them according to their conceptual and temporal connections. Structural narrative analysis was conducted to examine the temporal and dynamic relationships between major events, protagonists, bystanders, situations, crises, and conclusions, as described by the participants. The analysis examined language use, narrative tone, descriptions of the narrative’s characters, and the narrative structure or “arc” (e.g. the setting, confrontation, rising action, climax, falling action, end) (Jovchelovitch & Bauer, 2000). This analysis involved examination of the narrative arc, or structure, and the language, tone and characterisation of key actors in the narrative (e.g. themselves, family members, other gamblers), providing insight into layers of meaning embedded in each narrative.

Data analysis began with a review of notes taken during interviews, with summaries made of each narrative and additional notes made on reflections about individual narrative constructions and features, as well as patterns across narratives. Units of meaning in transcriptions were thematically coded using QSR NVivo 10, according to the research questions and themes that emerged from the narratives. Taking an iterative, inductive approach, the narrative summaries and reflections were re-examined throughout coding, with attention given to patterns in narrative arcs and features among young adults compared to older adults (Jovchelovitch & Bauer, 2000; Riessman, 2008; Wolcott, 2009). Regular discussions between authors ensured that emerging themes and patterns were grounded in the data. Some themes were then split and merged in the process of theoretical articulation (Berg, 2001; Corbin & Strauss, 2008). Finally, related literature in the gambling and alcohol and other drug (AOD) fields was referenced to help articulate and contextualise the findings.

Given that some participants had prior interactions with formal gambling support services, analysis included an examination of how this experience may have affected narrative themes, structure, and features, for example changes or additions to strategies used to support recovery. The few instances where the adoption of understandings or nomenclature of professional therapies appeared to be evident, caution was taken in interpretation given the focus of the study was on informal recovery processes.

Results

The overarching structures of participant narratives followed a linear chronological sequence. The themes of the narratives are presented here in this chronological sequence. The cognitive and behavioural changes that signalled a gambling problem are outlined, followed by a discussion of the impetus for recovery, and the strategies that were used throughout the recovery process. The recovery process is also presented here in its broader context, with discussions of the influence of participants' personal and social roles and environments on the recovery process.

In line with the research questions, comparisons of the experiences of younger and older adult participants formed an important part of the analysis. Interestingly, the narratives of young and older participants were more similar than different. There were subtle variations in a few domains and these are outlined in this section where relevant.

Instead, a central finding was that the informal recovery process could be better described by different pathways in relation to the level of personal agency in problem recognition, the impetus to change, and goals for recovery. In many cases, those who self-recognised their problem were likely to also self-direct their progress through their recovery process, and similarly, those whose problem was externally recognised were likely to also be externally directed through their recovery process. Importantly, this was not always the case - most notably, some participants who had not self-recognised their problem subsequently became self-directed, or adopted elements of self-directed recovery (e.g. implementation and maintenance of self-regulation strategies, pursuit of new life goals).

Problem recognition

Problem "recognition" in the report refers to the narrative component whereby the participant, or someone who knows him or her (e.g. family, friend, or employer), recognises that gambling has become a problem that requires attention. A problem was recognised either through an experience that was strongly associated with problematic behaviour (e.g. borrowing or stealing to support gambling or to compensate losses), or when the gambling harms reached a critical level of severity (e.g. daily preoccupation with gambling). The principal challenges to participants' gambling involvement (the "antagonist") were the impacts of the gambling harms on themselves, their families, and their work.

Increase in gambling intensity

One of the earliest experiences that all participants recognised as a risk indicator was a "loss of control", evidenced through a greater intensity of gambling. Participants reported greater intensity in terms of their gambling frequency, or amount of time they spent gambling, but most commonly in terms of the amount of money they spent during a gambling session. Participants were less likely to identify their behaviour as a problem for as long as they considered the impacts to be tolerable. An increase in spending that was seen as problematic was often associated with borrowing money from others, using money that was allocated to essential household expenses such as a mortgage, rent, bills or groceries, or accessing funds through one or more credit cards. In addition to financial expenditure, problematic gambling intensity was articulated in terms of spending long hours gambling (e.g. gambling throughout the day, or throughout the night). The following two quotes illustrate the connection made by participants between increased financial spending and loss of control.

... except that I guess over the years I started going more and more often. I guess, yeah, started going more often, started spending more money, yeah, to the point I guess where I would sort of spent all my life savings, had gone through that – three credit cards, I was taking cash advances out on them. Personal loan and started to – yeah, things sort of, I guess, started to really get out of control. (F, 40–49, PGSI 16, EGMs)

So, and I find once I'm in the pokies I cannot control putting the money in. I just go and get more and with really no self-control or thought of how it was going to be for the next week or so ... I've got to, you know, play to my last cent before I leave and then you leave and you think, oh I can't believe I did that and then I've got to tell my husband. (F, 50–59, PGSI 16, EGMs)

Gambling alone

Gambling alone was strongly associated with gambling problems by participants. In trying to explain their development of a problem, participants either highlighted that they usually or always gambled alone, that they had started to do so (if they had been previously gambling socially), or that they were careful to avoid this. The quote below, for example, is from a participant who was attempting to moderate his gambling but who did not consider himself to have ever experienced severe problems with gambling (current problem severity according to the PGSI was moderate). In attempting to demonstrate that he was not experiencing severe problems, he explained at length that he would not gamble alone, and suggested that those who do so have a severe problem. This participant attempted to further distance himself from those experiencing severe problems by implying that he was a “better person” for not gambling alone. This delineation supported his hesitation to implement the more stringent strategies for recovery that his family had been suggesting.

I don't play you know solitary, I mean, some people – a lot of people at the club I see and they just sit there on their own, they don't talk to anybody, they don't drink and seems to be soulless. I would never walk in there unless I'm with a couple of mates but anyway, that may be just an excuse to go in there anyway. But, and I always have a bit of a sit with someone or we chat and talk and we intermix it with a game of pool or, you know, darts or something else. (M, 60–69, PGSI 7, EGMs)

Compromises to gamble

As the quotes below show, many participants explained that as their gambling and problem had intensified, they had compromised their commitment to their health, relationships, and work. Their preoccupation with gambling led to a prioritisation of it at every opportunity. In the quote below, this young adult explained that his compromises were not only detrimental to his relationships and health, but also limited his opportunities for positive development.

I didn't put the time and energy into other things, you know, women, getting a girlfriend or you know looking after yourself physically you know, making sure you exercise half an hour a day or whatever, eat properly, so you put all your concentration into something that's ruining your life and then you forget about other things in your life. (M, 25–30, PGSI 0, EGMs)

Many participants lost important relationships due to prioritising gambling, or due to withdrawing from people because of their shame associated with their problem, or depression from losing money and/or other harms.

So you live that superstitious sort of lifestyle and it becomes an anti – for me I became a very – I was a social person but if I was gambling, I didn't want to talk to anybody. If I lost, I didn't want to speak to anybody so yeah. (M, 40–49, PGSI 12, Casino table games)

When you start lying to your close friends, that's when you realise you got a problem. Um, lying about the not going out to places or invites when you really wanna go gambling, and that's what I used to do years ago. It's when you start doing things like that you know it's a problem. (F, 40-49, PGSI 16, EGMs)

So every time I was telling [my daughter] that I was with them [community group] and I was out for lunch or because she was too young for her to know, you know, where I was [at a gaming venue]. But she was asking, "Where were you? You were late". So I was telling her I was in community with friends, so that's why she's just like, you know, she's in her own world and she doesn't want to spend time with me. (F, 25–30, PGSI 11, EGMs)

Incongruence with self-image

The initial effects of increased gambling intensity were recognised by some participants as problematic because it was incongruent with their view of themselves. Participants highlighted the incongruence between their actions and their personality by describing themselves as usually “controlled” and “intelligent”, except while gambling, when they would lose control or make bad decisions. This incongruence was either not recognised or was less influential if their gambling was accepted in their social circle. For the participant quoted below, gambling “excessively” was incongruent with his self-perception as a “pretty controlled person” and this indicated to him that he had a problem with gambling.

At no stage did it [gambling] ever affect our own real financial position, other than that we could have saved a lot more money, but you know there was never, you know, food or money, or kids going without or anything like that but it was just something that I, I'm a pretty controlled person and I just felt like that it was excessive, excessive. (M, 60–69, PGSI 8, EGMs)

The impact of the incongruence between self-image and gambling extended to expectations around life milestones and achievements, particularly for the young adults interviewed. Some participants recognised their gambling as a problem when they started to feel that it was preventing them from achieving life-stage milestones such as maintaining a long-term romantic relationship, progressing in their career, travelling overseas or purchasing a house. The data suggested possible gender differences, with males more likely to report impacts related to not achieving milestones than females. In comparison to females, more males gave tangible outcomes as explanations for their behaviour and goals, and spoke less about any effects on the quality of their relationships. The quote below is illustrative of the perceptions of young men, including a fear of not achieving milestones that peers have been achieving in their 20s.

Reaching the big three zero. Reaching that milestone in age, a lot of my friends are moving on with their lives, some are travelling overseas, working overseas, getting married, buying a home and I'm – I'm just, I'm undecided, still like you know at “the scene” type of mentality. (M, 29, PGSI 1, Casino table games)

Chasing losses and wins

Spending more money on gambling to win back money lost (i.e., chasing losses) is widely considered an indicator of a gambling problem. It is measured as an indicator of gambling problems within popular problem gambling screens (Ferris & Wynne, 2001; Lesieur & Blume, 1987), and is the sixth diagnostic criterion for Gambling Disorder in the DSM-V (American Psychiatric Association, 2013). Numerous participants spoke of chasing losses when describing the period when they were gambling problematically. As indicated in the quotes below, participants who had lost a significant amount of money tried to recover their losses by gambling.

I believe it [gambling] also, at one point in time, it became about recovering what I've lost. So that also come to mind and if I put this much amount and I win once, so I'll take all, everything, and I'm going to stop it just completely. So I'm recovering what I've lost all this time. (M, 40–49, PGSI 5, Casino table games)

Ah, it became that very familiar word, of chasing money. Oh well, if I can win that money back that, that I've misappropriated then all will be honky dory. Well, yes, it didn't. Obviously, that didn't happen, and that still hasn't happened. (M, 50–59, PGSI 22, Racing)

In this circumstance, gambling offered the opportunity to acquire a large sum of money in a short period of time. For some, there was a blurring of the distinction between chasing losses and chasing wins.

I'd get paid on payday and like go straight there and put \$300, \$400 in. And then yeah, then like you know, (indistinct) look at the time and I'd lose like \$100 so I'd put another \$100 to try to make up for it then I would've lost another \$100 so I keep just trying to win that money back kind of thing and then even if I go – at one stage, I wouldn't be up. Like I would've made – like, you know won money and then I'd – I'd get greedy and want to make that bit more and then I just end up losing it all again. (F, 18–24, PGSI 15, EGMs)

Despite some participants speaking in some detail about the money they hoped to win and the debts they owed to fund their gambling, they were uncertain when asked on what they would spend a large win. Participants did not talk about paying off bills or debts, or even a major purchase such as a holiday. Instead they either had no answer or suggested minor purchases such as clothes. This, they explained, was because money no longer had any value, or that they would probably gamble away any wins.

I'd just blow it as soon as it came, I'd just blow it on food, you know clothes, going out, yeah. But when I'd lose, it usually wasn't, I was you know, distraught, I was upset, I was sad ... I didn't find that I was upset about losing \$300 or \$400 or \$500 but more so just losing, losing, just the sense of losing. Not winning. (M, 25–30, PGSI 1, Casino table games)

Some participants, like the young woman quoted below, were passionate in explaining that their gambling was not motivated by financial gain and, therefore, their problem was not related to chasing money per se. Emotional reinforcement in the form of a thrill or relief from negative environments or feelings was often more salient in narrative components in relation to the development and recognition of a problem than chasing money.

Obviously it was, you know, it was a thrill, it was more, it was just that adrenalin and alleviating boredom and yeah, not to think about anything else ... So I think [winning]

money would come about fourth in the list about, you know, what I wanted to do. (F, 25–30, PGSI 17, Online EGMs)

Almost half of all participants had identified that combining gambling with alcohol or drugs had intensified their chasing of losses and wins, thereby increasing their gambling intensity.

... so you can't put me in positions where I'm going to make – where I'm going to be vulnerable and especially in a drinking situation well then, I've got no control over gambling whatsoever. (M, 40–49, PGSI 15, Racing)

I associated it with drinking – that's probably why I stopped drinking because they – it was always gamble–drink, together, and you know it's the worst thing you can do because of the stupid mistakes you can make when you're gambling and drinking. You've just got no, you know, sense of what you should be, and when you should stop. (F, 25–30, PGSI 17, Online EGMs)

Chasing losses and wins, and behaviours that exacerbate the intensity of chasing, were overt behaviours that were, at times, observed in others. Young men were more likely than young women or older participants to report being observant of these behaviours in their friends.

Differentiated pathways to gambling problem recognition

The above subsections report findings of a thematic analysis of the factors that participants recognised as indicators of a problem. An analysis of the narrative features (e.g. use of language, tone, character descriptions) of these segments of interviews provided insight into the ways in which participants had constructed and reconstructed their role and experiences. This additional level of analysis suggested two storylines or narrative pathways: self-recognised and externally recognised. These two pathways did not substantially differ in the recognition themes that emerged from their narratives, but in terms of the centrality of agency of recognition, that is, whether they were able to recognise a problem themselves (self-recognised pathway), or whether they were confronted by another person or an event (externally recognised pathway).

Self-recognised pathway

The narratives describing self-recognised pathways position the gambler as the primary person to recognise his/her problem. In these narratives, the participant positioned him/herself as the hero protagonist. People in this group tended to demonstrate a strong sense of self-identity – a sense of who they are and their role and direction in life – and they were therefore the primary person to recognise his/her problem. These participants described themselves as confident, social, a larrikin, work driven, or intelligent; descriptors which they saw as incongruent with their involvement in high-intensity gambling (excessive time, money and preoccupation) and loss of control while gambling. Recognition of a problem was articulated as the outcome of an internal dialogue based on honesty and accountability to oneself.

I've never really had any, you know, intervention or someone telling me look I think you've got a problem. Nothing like that, maybe I didn't give enough out to you know, give people the idea that I had a problem but it was just myself saying look I think I've had enough you know, I've been around the casino that long and I've seen that many people you know – lose themselves and I don't want to end up like that. (M, 25–30, PGSI 1, Casino table games)

The present study's attention to narratives of young adults revealed an important difference in problem recognition in comparison with older adults. A number of young adult participants recognised their gambling had become problematic when they compared their current life, which was centred around gambling, to those of their friends, who were achieving life-stage milestones that they had aspired to but were unable to achieve because gambling reduced their opportunities, such as maintaining a long-term romantic relationship, raising children, travelling overseas, or purchasing a house. Their inability to meet these milestones to date was judged as problematic because they desired social acceptance by their friends, and shared their friends' aspirations and perceptions of social norms. While some older adults also discussed recognising a different, more positive, lifestyle that did not involve gambling, these were not linked to particular temporal milestones.

I knew life had gone – I'd sort of noticed life had been going a bit shitty for a while so it's like yeah that was an idea that I'm gonna try and execute this and I applied for University. (M, 25-30, PGSI 13, EGMs)

I worked for two years and I realised I had nothing, I was still at home, I thought "What am I doing? I need to start". (M, 18-24, PGSI 1, Casino table games)

Because I had no money in the bank, ah, and I wanted to, well, I still want to go overseas, but I always wanted to go overseas, but of course I couldn't go overseas because I didn't have the finance. (M, 60-69, PGSI 8, EGMs)

Externally recognised pathway

The narratives describing externally recognised pathways position the gambler as the anti-hero, the helpless fighter, guilty bystander or well-meaning but dishonest larrikin. In some of these narratives, participants explained that gambling overwhelmed and consumed them, so that they did not recognise their problem until they were confronted by someone close to them (e.g. a family member, friend or employer), or were confronted by an external force (e.g. losing all of their finances or accumulated significant debt). These narratives often revealed that the gambler preferred not to recognise the harms their gambling was causing because they feared the responsibility of the negative consequences, wanted to avoid the effort and uncomfortable feelings that they would be required to experience in recovery, and feared the unknown future that did not involve regular gambling.

Conspicuous harms, or those that strongly impacted upon others (e.g. family, friends, employers), were most likely to prompt others to confront the participant, or to lead to an external force that could not be ignored by the participant or go unnoticed by those close to them.

She [participant's wife] said you've been spending too much money and although I had paid all the bills and stuff like that it was out of control. So there was a bit of a wake up call there. (M, 50-59, PGSI 22, Racing)

One older adult participant, who had been regularly gambling since he was an adolescent, had not recognised that he had a problem with gambling until he had embezzled money from his employer. This happened on two occasions, once when he was a young adult, and once more recently because he had "lost control". On this more recent occasion, he was forced to recognise his problem not only because the police arrested him, but also because this revealed the extent of his gambling to his wife. This second event that forced him to recognise a problem had also commenced his recovery process.

She [participant's wife] thought that I was in control [of my gambling], and then I had another job and I made excuses to her. So she realised that, I come home and the police knock on the door. So, you go and try and hide just so it doesn't... then if the police go start knocking on your door and saying, "Well you done something wrong" [embezzled money from his employer]. (M, 40-49, PGSI 9, Racing)

Delays to recognition

Many participants punctuated their narratives with challenges to their recognition of a problem, which were illustrative of the challenges they had to overcome to initiate their informal recovery process. These delays illustrate the role that others can play in enabling gamblers, and normalising problematic gambling, and suggest how long-term exposure to gambling harms can desensitise gamblers to harm.

Harm minimisation

Many participants explained that they had experienced increasing severity of harms over time but that neither they, nor affected others, recognised these harms as a problem to address until the accumulation of these harms had reached a subjective critical threshold of severity. One of the responses to gambling harms that could delay reaching this threshold, and therefore recognition of a problem, was harm minimisation strategies, often implemented and managed by family.

Some participants were secretive at times but, overall, were open with friends and family about their gambling involvement. These participants had some level of understanding of the effects of gambling on the people around them, but they continued to gamble because gambling “consumed” them. One participant who had gambled since adolescence described gambling as the “love of my life” (despite having a partner) (M, 50–59, PGSI 5, Racing). In response to the gambler’s openness regarding his desire to continue gambling, his family sometimes implemented strategies to minimise financial harms to the household (e.g. paid bills, budgeted for regular gambling expenditure). This enabled him to continue gambling and delayed recognition of his problem because it protected him from reaching the subjective threshold of harms to recognise a problem.

Another participant used comparatively moderate language, describing gambling as a “frivolous” activity and hoped that his family would “work around me” (M, 40–49, PGSI 9, Racing). His language and tone throughout his narrative suggested that he recognised his gambling problems, however because he preferred to continue gambling, he chose to minimise his acknowledgement of its severity; this was supported by his family who did “work around” him.

Having a good partner like my wife who sort of, while she might get angry or disappointed at me if I was – if I've done something sort of silly that, that will, will actually have an effect on, – on our family finances – the main part, having someone to support you and you know, and do something to, to keep the money away and to just, just monitor you and just ask you how you're going and all that sort of stuff. (M, 40–49, PGSI 9, Racing)

Normalisation and adjustment to harm

The normalisation of gambling harms by social groups also delayed the recognition of a problem for some gamblers. In families and social groups where intensive or regular gambling was normalised, associated harms were also normalised. In these cases, the subjective threshold of harm was higher than the threshold of participants for whom harms had not been normalised, and problem recognition was delayed until this higher severity threshold was experienced. This delay spanned

months and often years for a number of participants. A young man (M, 25–30, PGSI 12, Casino table games) explained that when he was in his early 20s he had lived in a share house with a group of other young men. This house operated as an open party house that welcomed many friends and acquaintances. High intensity gambling and alcohol use were important activities in the household that promoted social cohesion amongst the group. The participant developed problems with both gambling and alcohol during this time but did not recognise the negative impacts until he moved out and started a different lifestyle.

We had our own Facebook page and we had shirts. It was like a frat house. ... I suppose what I'm trying to say is we didn't identify it as an issue because that's what we were doing, you know? And that's what everyone around us was doing. ... a culture of our group and our group's group ... of our age and of Australia. (M, 25–30, PGSI 12, Casino table games)

The account of an older adult participant described how the normalisation and adjustment to harm can raise one's critical threshold for harm and extend gambling by numerous years. This participant had been gambling from a young age with friends, and that this was a part of the reason he had been unable to recognise the harms his gambling was causing his family. Gambling was normalised behaviour among this participant's friendship group when he was 18 to 20 years of age. They would put aside money from their salary for bills, and then gamble the rest. Winnings sometimes went towards next month's rent; however, losses of \$1000 were not uncommon. After getting married, he had three children in quick succession and continued to gamble "very heavily" using multiple credit cards, and taking extensions on the credit cards. At this time, his betting and losses intensified, so that some days he lost \$10,000. He explained that at the time he didn't recognise the consequences of his gambling because "... it's interesting as the years have gone on how you—how you adjust to what actually hurts you" (M, 40–49, PGSI 12, Casino table games).

Impetus for recovery

Some participants implemented strategies soon after recognition of a problem, while others lived in recognition of their gambling problem for many years, with it forming part of their identity and daily ritual. In either case, the impetus for active behaviour change was a "turning point" in narratives, where the narrative moved from awareness and recognition of gambling problems to the initiation of an action phase. In many narratives the impetus for change was a crisis or epiphany moment, but in some others it was a gradual embracing of the need to implement more intensive strategies for recovery.

All participants believed that they were personally responsible for the initiation and maintenance of their gambling problem recovery process. An older woman expressed this sense of responsibility quite simply, "It is very difficult at times but I think at the end of the day it is up to me isn't it?" (F, 50–59, PGSI 16, EGMs). However, a distinction was observed between participants who showed high personal agency and were motivated to achieve personal ambitions or to preserve self-identity ("self-directed"), and participants who were showed low personal agency and were externally motivated through changed circumstances (e.g. reduced income) or pressure from people around them (e.g. family, employer) ("externally directed"). These two pathways are discussed below and distinctions between them in the impetus for recovery are highlighted throughout subsequent sub-sections.

Self-directed recovery pathways

Self-directed participants were instrumental in initiating and maintaining recovery strategies as they actively pursued their goals. These participants were likely to have also self-recognised their problem, but there were exceptions where some participants' problem was recognised externally. While they were resourceful in accessing help from family and friends, they did not rely on others to guide and manage their recovery process.

Self-directed participants described their gambling problem as an addiction because it had become their principal focus in life to the detriment of important relationships, aspirations, and their desired lifestyle. Importantly, they strongly believed that despite it being an addiction, they had a choice to gamble or not to gamble, and this choice not to gamble was the first, vital step to recovery. This concept was some participants' "epiphany moment". Feeling that they were responsible for the successes in their recovery process gave them pride during a difficult process of behaviour and lifestyle change, and was one of the reasons this group also tended to opt against using services that they perceived as devaluing their "choice" and efforts not to gamble, such as self-exclusion programs.

It's up to you – you've got some sort of priorities and you know stop living this lie ... I had to wake up and have to start making plans for the future. (M, 25–30, PGSI 1, Casino table games)

Externally directed recovery pathways

By contrast, the impetus to commence recovery for externally directed participants was from an external force – either a critical event or enforced and intensively supported recovery by others (e.g. family, friends, and employers). More broadly, this pathway relied on being held accountable by others for the impacts of their gambling, and for their recovery process. These participants emphasised their struggle with ceasing gambling involvement on their own.

And whether it's, you know, it's part of your character, you know, you're not strong enough, you're weak or whatever, it is but some people are just, you know, they're powerless over stopping. You know, putting more money on ... It's not like you don't know. "Oh I'm on a bad run here. I know this is not gunna win" but you still put the money on. Do you know what I mean? (M, 40–49, PGSI 12, Casino table games)

The externally directed group had either failed to recognise their gambling problem or had significantly struggled to initiate change, and therefore relied on others to initiate and guide the management of their recovery process, and define short and long-term goal outcomes. A goal for most participants of this recovery pathway was on ceasing, not reducing, involvement, and therefore the negative consequences of their gambling.

Before my employer said something to me, if somebody had have spoken to me and said, "Oh, listen, you need to, you need to do something about your gambling", you say, "Ah, rubbish. I'm fine. I can control it". But until somebody sort of puts you aside and sits you down with you at a table and sort of says, "Well, look we're prepared to help you but you need to help yourself, because you do have a problem", and you think, "Okay, maybe I do, yeah". So you need somebody to sort of actually speak to you and say, "This is it, we're prepared to do this for you if you do this and this and this". And you think, "Okay, yes". (M, 60–69, PGSI 8, EGMs)

An example of the externally directed pathway is evident in the narrative of an older woman (F, 60–69, PGSI 11, EGMs) who developed a gambling problem in adulthood when she started gambling

alone on EGMs at a venue next to her local supermarket. She was regularly spending most of her money on gambling, so that she failed to pay her rent and energy bills on a number of occasions. She also regularly borrowed money from family members. She attempted to stop gambling by registering with the venue's self-exclusion program, but she was able to "sneak in" on a number of occasions and, while she was sometimes told to leave, she was able to gamble for some time. Her turning point came one day when her daughter discovered she had been gambling when she had been trying to stop and decided that she would need to try a different approach to address her mother's gambling problem. She told her mother that the family would no longer support her gambling by lending her money. Her daughter intervened and implemented a strategy that limited her mother's access to money and the gaming venue and ensured the primary bills would be paid. Other family members also dedicated their time each week to support this strategy. Interestingly, the participant has now internalised strategies used as being of her own volition, which has helped her to feel proud of her recovery progress and remain committed to the change.

Me daughter rang me and I said, "Oh, Rebecca, I can't talk to you", she said "What have you done? You've been to the pokies, haven't ya?" And anyway, she said, "I'll give you about an hour or so, and let you cool down. Don't go and do anything silly. I'm coming around and you're not gonna cry poor to anyone. You're gonna get out of this yourself." Which I did. And so anyway, she rang housing, she rang, who else did she ring? And the gas and electricity to arrange for me to have all – everything taken out. And I really appreciate her doing that, because now my rent comes out fortnightly. I've got a car. I've paid so much for me car and me electricity and gas. Um, what else did I do? I pay my phone bill ... Me sister-in-law takes me shopping. And I – I'm happy to go with her, because if I didn't go shopping, I'd go to the pokies and waste me money. (F, 60-69, PGSI 11, EGMs)

Forging a different personal narrative

For self-directed participants, the primary motivation to decrease or cease gambling was for their personal ambitions rather than external pressures (e.g. familial impacts, financial stress). These participants believed that their level of gambling involvement was affecting their ability to achieve personal goals such as updating their car, purchasing a house, travelling overseas or maintaining a long-term relationship. Importantly, they focused on the rewards associated with achieving their goals, rather than the relief from the consequences of gambling.

The process by which determination to achieve personal ambitions acts as an impetus to assist recovery efforts is evident in the narrative of a young man who "made the independent decision to slow down and just stop being that sort of person" (M, 25–30, PGSI 12, Casino table games). He described himself as very competitive and having a "need to win". At the age of 18, he discovered the "glitz and glamour" of Crown Casino, and suffered a serious knee injury that limited his mobility and career opportunities in the following years. Over this period, he and a friend started going every day to Crown Casino and local gaming venues. Approximately two years after his knee injury, his best friend passed away. During this period he dealt with his grief and anger with himself by excessively drinking, which he believes exacerbated problems in his relationship and led him to gamble more intensively. His high-school girlfriend had been a strong support for him through these periods of grief, anger and frustration, but their relationship ended when he was 22 years old. He was able to moderate his gambling and drinking when he started a university degree some years later because he had a smaller disposable income.

However, after graduation he moved in with a group of friends and helped establish their house as a "frat house", which had its own Facebook page and shirts, and where approximately 50 friends would socialise. The frat house had a "culture" of excessive drinking and gambling. During this time,

gambling was usually his primary interest, with drinking alcohol secondary; however, this would change from time to time as it “took ebbs and flows in what was important and what I was working on, and what I was doing”. This lifestyle was normalised for his social group so he was unsure whether it was a problematic lifestyle or a normal lifestyle for young Australian men. While he enjoyed this period of his life as in some ways it was very carefree, surrounded by people, he became concerned that this lifestyle was incongruent with his self-identity and that it would prevent him from achieving his ambitions.

I was definitely not going anywhere lifestyle-wise. Like I was, you know, just drunk a lot of the time. But, you know, I couldn't hold a relationship with, with people, with girls mainly. I had to get out of that lifestyle, you know? I had the job now and – and you know I – I definitely wanted to get married and have kids and it was always something that I was very big on all the way through growing up and, and with my mates I was always the guy who wanted to have kids and stuff ... You know, the gambling and then the drinking and the womanising and all that sort of stuff, which was all sort of that package, I suppose you could call it, had to get evaluated. So yeah.

Despite recognising the gambling as being excessive and being motivated to stop gambling, he struggled to make the necessary changes until he met someone special (who would later become his wife). His partner encouraged him to “slow down”, but his strongest motivation was his desire for an identity as a dedicated “husband” and “father”, which he believed could not include regularly gambling, drinking and “womanising”. Therefore, given the opportunity to create an alternative, more desirable life, he applied his resources to working through the “big transition period”.

I sort of made that independent decision to sort of slow down and just stop being that sort of person. And then obviously when I met my wife in 2010, definitely sort of said, “Right, we gotta kind of really, really stop this now.” ... And there was a big, big transition period, you know? It, it was, it was quite hard. We had, we had a lot of fights early on. We argued a lot in the beginning, until I sort of got my head around it, so to speak.

In recent years, he has created a new lifestyle by focusing on his growing family and making advancements in his career. This has come with significant progress in his recovery; however, he continues to experience long-term effects, feels a strong sense of guilt, and considers himself to still have a problem because he continues to need to manage urges to gamble.

Milestones in youth

A number of the young participants (aged 18 to 30) who followed the self-directed pathway discussed a recognition that their high expenditure and preoccupation with gambling had been inhibiting their ability to achieve their ambitions, such as maintaining a long-term relationship, raising a family, progressing their career, purchasing a property, and overseas travel. They adhered to dominant social values that these achievements were important milestones in young adulthood, and held expectations of themselves to meet these milestones. This ambition to achieve, and desire for social acceptance, strongly motivated these participants to change their gambling behaviour so that it would no longer interfere with their goals. This viewpoint was more strongly articulated by men than women (who more strongly articulated the quality of their relationships and self-defined personal development).

Ah, I would tell you it probably coincided with going, approaching 30, the big three zero.
(M, 25–30, PGSI 1, Casino table games)

Many were influenced by the milestone achievements of their social circle, and a desire not to be the “odd one out” of their social circle.

You know reaching that, that milestone in age, you know again, a lot of my friends are moving on with their lives like you know, some are travelling overseas, working overseas, getting married, getting hitched, buying a home and I’m – I’m just you know, I’m undecided, still like you know at the “Scene”, type of mentality, like yeah and I just, yeah, I took a step back and I said oh this can’t continue, yeah, I’m either going to end up broke or you know, or worse, who knows. (M, 25–30, PGSI 1, Casino table games)

New roles and lifestyle in older age

Interestingly, a number of older participants had also not achieved the milestones in their youth that the young adult participants discussed. These were individuals who had started gambling in their adolescence or young adulthood and had consequently not achieved these milestones due to a lack of money or time to pursue them, and a consuming preoccupation with gambling. They present an interesting insight into the possible future of young adult gamblers who do not successfully recover in young adulthood.

The impetus for change in many older participants came from a desire to begin a new non-gambling narrative. Older participants’ new narratives centred on building a conventional lifestyle, which may include maintaining a long-term relationship, dedication to family, contributing to their community through raising awareness of gambling problems, or volunteering in community programs (e.g. Big Brothers Big Sisters). The desire for a conventional lifestyle mirrored that of young adults; however, it was not tied to perceptions of life-stage milestones. While some of these participants had long gambling careers and had experienced problems for numerous years, their impetus for change was self-directed, characterised by a decision and drive to change their roles and lifestyle.

And it feels much better to have money in my purse, actually [be] able to buy something for my husband or my daughter or friends or grandchildren ... My granddaughter turned five last week and I was able to buy her presents and things like that and it was a good feeling. Whereas in the past, I might have spent it all. (F, 50–59, PGSI 16, EGMs)

I’ve got, I’d say 30 more years of my life. I can start changing a bit by bit and, and just not having the gambling but replacing the gambling with something else that I can think is positive in my life sort of thing and that’s by helping other people ... I found the food bank and, and I applied, and I’ve been there for over three years now. And then, I do volunteering down my bowling club, and I volunteered this morning. (M, 60–69, PGSI 11, Racing)

Compelled to recovery

Externally directed participants had difficulty motivating themselves, or lacked the skills, to initiate effective behaviour change, and continued to gamble until it became too problematic or was no longer seen as the “easy road”. As one participant put it, he liked to do “things the easy way and not wanting to work for it” (M, 40–49, PGSI 12, Casino table games). The impetus for recovery for these participants was an external force that imposed change upon them. Specifically, this force was either due to (a) a significant change in circumstances that meant that the severity of gambling harms was now greater than the challenges of recovery, or (b) the enforced interventionist approach by others, which provided relief from the harms and stress of gambling. A significant change in

circumstances included hitting rock bottom financially and socially, and being caught out by family members, friends or their employer. An enforced intervention involved a direct and decisive confrontation, where the gambler was held accountable for the consequences and recovery of their gambling.

For many of these participants, gambling was a solitary and secretive activity, which allowed them to continue gambling without criticism or pressure to commence recovery, something they perceived as more difficult and stressful than continuing gambling. Without early intervention, and by extending their subjective critical threshold of harm, these participants experienced more severe problems and some hitting rock bottom, experiencing significant financial loss or accumulating significant debt. Family, friends and employers became aware of gambling problems when the effects of the problems had become too great for the gambler to be able to conceal or because of changes beyond their control, such as losing their job, or by being caught out by friends or family.

And then, when you've had a few times of being – not being able to buy food and things like that for the week ... And just basically for a week or two just feeling a bit depressed because couldn't do anything. Couldn't go anywhere ... and then my husband would be angry with me and my daughter ... my husband's even gone and got pay-day loans so we had food for the week ... Yeah, it took that – that sort of – I had already worked it out for myself but having that happen was a pretty turning point. When that – my family and that suffered. (F, 50–59, PSI 16, EGMs)

Being caught out was precipitated by a sudden, uncontrollable event that simultaneously exposed the gambling problem, and initiated a swift response from others that was often punitive in retaliation to harms.

So when my friends found out and they rang my sister that was just beyond mortifying for me and that was a real trigger to not only be really more secretive but to really think I don't want to get myself in a position where I could get caught out. (F, 25–30, PGSI 17, Online EGMs)

The extent of one participant's (M, 40–49, PGSI 12, Casino table games) gambling was revealed when he caused a car accident while driving under the influence of alcohol. He had been driving home from the casino after gambling throughout the night. The car crash revealed his problem to his extended family, friends and employer, causing him to be suspended from work, and leading to a divorce. He had also accumulated approximately \$35,000 to \$40,000 debt on credit cards, which carried implications that were more difficult to conceal than the smaller sums of debt that he had previously managed. He felt that at this time he had hit rock bottom.

I got caught out as well because, like coming home at 7.30 in the morning and everyone knew that I'd been at the casino, you know what I mean? And there was a lot of, you know, there was a lot of people talking about my situation and a lot of text messages and phone calls and the phones wouldn't stop ringing so it was quite – it was quite overwhelming, the whole situation. ... So it sort of – yeah, just probably summarising, it was probably just the threat of losing my job, the threat of not being able to pay, not being – like at that time, I didn't think I could get another job, you know what I mean? (M, 40–49, PGSI 12, Casino table games)

Impetus for change from respected and valued sources

Importantly, if external pressure is exerted by an individual (rather than circumstances such as being caught out or hitting rock bottom) it must be imposed by a person that is highly valued or respected by the gambler for it to have an impact. An illustration of this qualification is given in the

narrative of an older participant (M, 60–69, PGSI 8, EGMs) who strongly valued the “camaraderie” between his friends at the gaming venue and devalued gambling consequences. He was experiencing pressure from his wife and children to stop, or reduce, his gambling involvement. Both the amount of time and money he was spending at the gambling venue were a concern to his family, and was causing conflict between him and his wife. He said he was “stubborn” in wanting to continue going to the venue and gambling. After retiring a couple of years ago, he and his friends began socialising at a gambling venue. While gambling wasn’t their only activity there (they also played billiards), his gambling intensified as they began going there more regularly and staying for longer hours.

Throughout the interview, he spoke of what he should do (i.e., gamble less often, find alternative activities, spend more time with his family); however, his use of platitudes and his tone suggested that he was more annoyed with his wife’s complaining than by the impacts of gambling. This suggested that while his wife’s and children’s views and needs were important to him, he felt he did not need to compromise his own desires. It was clear throughout the interview that he would not drive any measurable change in his gambling involvement himself, and that change would need to be strongly driven by an external force beyond his control, possibly through considerable effort from his family, or possibly through a change in social norms by his friends; that is, if they all decided they would no longer socialise at the local gaming venue.

My wife was aware that I was spending too much time down there, was not happy about that particularly, because she believes I should be getting more involved with the family, and doing more around the house, and in fact out working. So that was, ah, set the scene for some conflict ... Ah look, it it’s an awkward situation because I do have a wide group of friends and I also have you know a couple of my sons that we like to have a drink with and their mates [at the gaming venue] being younger and we all get on very well. (M, 60–69, PGSI 7, EGMs)

By contrast, the narrative of a young adult (M, 25–30, PGSI 0, EGMs) was an example of a case where people he respected and valued intervened, leading to a successful recovery – at the time of the interview, he had not gambled for five years and scored zero on the PGSI. The participant was caught out by his employer after asking to borrow money from him, which prompted him to reveal his problem to his parents and ask for assistance with managing his gambling problem. He was living with them at the time and was grateful for their strict intervention. When asked in the interview whether their very close monitoring of his gambling and use of leisure time had strained his relationship with his parents (given that he was an adult), he made it clear that while it had been difficult for him at times, his strongest feelings were respect for and trust in his parents before and after his gambling problem and appreciation of their help. He said he did not regret telling them, and was quick to embrace his parents’ approach to gambling cessation.

We were probably a bit more stand offish in our relationship than we were before [participant and his father] but I could understand what he was doing and it was a very good thing that he did. And but, like now looking back, I look at myself and you know I probably used to carry on way too much and you know I’m just appreciative of what he did ... They’ve [parents] always been there for me. (M, 25–30, PGSI 0, EGMs)

In contrast to the older man described earlier, who was still interested in gambling because it provided social opportunities with his friends and sons, this young man now had very negative associations with gambling; for example, noting suicide rates associated with gambling and suggesting that “for me, fun and gambling do not mix”. His employer and parents told him of family members who had gambling problems and the severe financial consequences they incurred. He was very conscious of the risk of his gambling and internalised these messages, firmly believing

that he could not be trusted while gambling. He also felt ashamed. Interestingly, while he had been open with his family he was less willing to share information with friends. He said he had lied when his friends had questioned him about why he was borrowing money from them, and that he was embarrassed to tell them that he had a gambling problem.

Money for the here and now – money for gambling

In addition, unlike self-directed participants, externally directed participants tended not to have clear plans for their money or personal achievements, which may have delayed their recovery attempts. For example, when prompted about what they would do when they had progressed through the recovery process (e.g. what they would purchase with the extra money they would have, what they would do with the extra time they would have, what would bring joy and meaning to their life), externally directed gamblers struggled to answer. Those who had made significant advances in their recovery progress indicated that they had not thought to make such plans until after they had made some progress in their recovery; that is, had been able to gain some control over their urges to gamble and start saving money. In fact, future plans for this group were often initiated by friends or family members who suggested saving for holidays, new cars, or things for their children. This did not appear to be necessarily due to a lack of real opportunities to aim for, but rather it was due to this group's perceptions of their opportunities. It is possible that, at least for some, continued gambling had resulted in substantial periods of time without the ability to achieve goals and milestones, leading them to begin to reject the pursuit of such goals and milestones to maintain congruence between their behaviour and aspirations.

Participant: No, in fact I've, I've switched off that sort of, way of me saying, "Yeah I'm going here, there and whatever" [regarding travelling to other countries]. Ah, I hate all those sights. I talk myself out of it, "No who needs a new car", you know, whatever it may be, "Yeah we're going on a golfing trip", "No, no, you know, no, I hate golf", you know so I keep putting up "No no nay", but eh I go to the actual horse racing track, but I'll still go to a TAB and that will be my afternoon of entertainment, which doesn't add up to a holiday, it's not a, no way, no comparison.

Interviewer: M'mm. So you reckon it's the gambling talking, it's that need to chase that's talking when you say that you don't really want a new car, or you don't want to go on a nice holiday?

Participant: Yep, and I don't have to answer to anyone else. I just keep saying to the son I live with, "Yeah, yeah, yeah, we're all right, we're paying the bills and rah, rah, rah", exactly what I was doing with, with my wife, which we are doing, but that doesn't justify what I do with extra money and I should have excess, extra money to go and do what I want to do, but I don't, I'd run right down to the bare minimum every, every fortnight. (M, 50–59, PGSI 22, Racing)

Importantly, with dedicated assistance, some externally directed participants began to internalise the use and successes of strategies, and to adopt personal goals and milestones that others had helped them to articulate. Therefore, with this assistance externally directed participants were able to begin to be at least somewhat self-directed in their recovery process. An example is demonstrated in the narrative of an older man who had begun gambling on races in his early adolescence with his paper round money and the assistance of his friend's father to place the bets. From this young age, he had an "uncontrollable urge" to gamble, and "it was the love of [his] life ... it was better than anything else [he] knew". He hoped to be "the most successful punter ever known to mankind" and win to have "the really good things", but he said he never knew what those things might be. Within a few years he was arrested for theft, something that had funded his gambling.

This was his first, among many, encounters with the judicial system due to his gambling problem. Gambling also affected his schooling, career prospects, and relationships.

However, over the decades he made no attempt to reduce or stop his gambling. He received minimal support until he was in his 40s and saw a counsellor associated with the homeless men's shelter he was living in, following release from prison. While he received counselling for only a brief time, and he continued to gamble problematically for two decades, he was given strategies that he later used in recovery. He attributes his initiation of and commitment to recovery over the last decade to the support of his wife, and dedication to his young daughter. He has continued to gamble and experience a number of gambling issues at a low level of severity; however, his gambling has not significantly impacted upon his family's wellbeing. This demonstrates that even for an individual with a long history of gambling and related health, personal and justice issues, the adoption a new narrative, including new roles such as husband and father, can provide the impetus to initiate gambling recovery and support the management of gambling involvement.

But now, I just can't, that [gambling] just doesn't give me the buzz that it used to, you know, I ah, my enjoyment now is ah, I don't know, I guess it's my family. The project of getting them through life ... I'm now married, I've got an eight-year-old daughter, 10 or so years ago, I got a job in the transport industry, which is pretty good for me ... I wish I had got married a lot earlier than I did, you know, I was in my mid to late 40s when I got married. And yes, that sense of responsibility towards your family has changed my thinking a lot. (M, 50–59, PGSI 5, Racing)

Strategies for recovery

All participants used a variety of strategies, and no notable differences were observed in the types of strategies used by younger and older participants. Nor were notable differences observed in the kinds of strategies used by people in self-directed and externally directed pathways. The major difference observed between participants of the two pathways was in terms of whether they implemented and managed the use of the strategies themselves (self-directed), or required assistance and/or had strategies imposed upon them by others (externally directed). As discussed below in the summaries of the strategies used, personal resources (e.g. self-regulation, adaptive coping strategies, financial resources, ability to articulate needs) and the support of family, friends, and employers were important to all participants. Externally directed participants tended to have few or poor resources, or tended not to make use of personal resources. Instead, they typically relied on significant, ongoing intervention by others because they lacked the skills to take the initiative, or because this intervention from others was now seen as a preferable option to continued gambling involvement. Externally directed participants only gradually took the initiative to implement and maintain strategies themselves once they had experienced the successful use of strategies and had internalised responsibility for the successes.

The strategies used by participants throughout their recovery process are outlined below. Where relevant, important differences found between participants of self-directed and externally directed pathways are discussed, as are the supportive roles played by family, friends, and employers. Interestingly, strategies were not strongly woven into narratives, and sometimes required direct prompting in interviews to elicit descriptions of strategies used, how use of strategies may have changed over time, and their helpfulness. Narratives often focused more heavily on the impetus for change and the current recovery status of the participant, for example, whether they were currently gambling, what other activities they were now focused on, or what their new role in life was. For this reason, data was lacking around any interactions between strategies implemented or ceased and temporal benchmarks or contextual factors (e.g. support of others, changes in employment).

Physical barriers

Avoidance of gambling venues and websites was one of the most commonly used strategies by participants for initiating and maintaining recovery.

I would just be going, right that's it, don't even open the page of the race page, don't watch anything on TV to do with whatever, don't go anywhere near a pokie venue. (M, 50–59, PGSI 22, Racing)

I just avoid the casino um 'cause I know if I do win – and I usually do, I tend to go backwards a lot more intentionally with a lot more money and a lot more time. So I just avoid it, just avoid any relapse. (M, 25–30, PGSI 1, Casino table games – online and venue)

Participants found it very difficult to avoid gaming venues in their local areas because of their numbers and proximity to local areas of public congregation (e.g. supermarkets, schools, shopping centres).

I live in [suburb] in Melbourne and around where I live, there's about, oh, within 500 metres there's about three sort of TAB pub places. And if you're inclined to sort of, you know, enjoy gambling, in a TAB it's very hard. (M, 40–49, PGSI 9, Racing)

In some cases, participants and their families had to go to great lengths to avoid gambling venues. A participant in her 60s (F, 60–69, PGSI 11, EGMs) explained that her sister-in-law accompanies her to the supermarket because a gaming venue is near the supermarket and she would be tempted to gamble a portion or all of the money she has budgeted for purchasing her food for the week.

Online gambling presented a challenge with Internet access on mobile phones and via work and home computers and tablets. Some participants, like the man quoted below, had avoided setting up an online account because they feared that with continuous, 24 hours a day access to gambling websites, they would lose a significant amount of money.

I'm fortunate one thing I've never done is set up an online gambling account. I'm really pleased I haven't done that. It's like, for me, that would be crossing into a territory that, you know – that would be like a pot smoker just starting to take heroin. (M, 40–49, PGSI 9, Racing)

A participant who normally bet on horse races at a TAB venue (M, 50–59, PGSI 22, Racing) described an occasion he lapsed by gambling online one Saturday afternoon. The money he was gambling with was intangible to him and looked like “it just [came] up in figures”, so while at one stage he won \$19,000 he continued gambling until he had lost \$80,000. He has taken out credit cards and loans for this debt, but does not think he will be able to repay it.

One participant is reliant on an Internet connection for work. Her “addiction” to online gaming machines led her to replace her smartphone with a phone without Internet capacity, and to replace her new desktop computer with one on which “the Internet barely works”. Her restricted access to the Internet has also stopped the notifications she received to the various accounts she had linked to gambling sites (e.g. email, Facebook).

So I had a smart phone and I got rid of it. Because that's where I ended up gambling. So I got rid of my iPhone and got a \$30 phone with absolutely no apps or anything and I literally could not gamble and then I realised, about after a month of not gambling, I realised I could do it on the computer. So I got rid of my new computer and got some older computer that literally you cannot play anything. (F, 25–30, PGSI 17, Online EGMs)

It was somewhat easier for participants who gambled at Melbourne's casino to avoid the venue because it is situated in the central business district, and is therefore a "destination" venue, rather than a venue that is present in their everyday life. Participants who work outside of the central business district and predominantly enter the district to socialise were able to attend different venues with friends and avoid the casino. Participants who worked in the central business district were mostly able to "ignore" the casino by going directly home after work.

Avoiding triggers

Cash

As well as venues and websites, use of cash was strongly avoided by a number of participants. For a number of participants, having access to cash was a trigger for their urges to gamble, and led to lapses and relapses. To avoid handling cash, participants applied a range of strategies including paying bills by direct debit, arranging for their salary to be deposited into an account that they could not withdraw from at an ATM or with EFTPOS, purchasing assets with their savings rather than keeping the money in a bank account, and handing complete control of their finances to a partner or other family member. The trigger stimulus of cash has also affected the jobs that participants were able to pursue. A number of participants avoided jobs where they were required to regularly handle cash (e.g. hospitality, banking, office administration, and trade). This required a career change for several participants.

Family often played a crucial role in controlling the participant's access to cash. Often family members became solely responsible for the household's finances, and the amount of cash the participant could access. Externally directed participants were more likely than self-directed participants to require family members to take a very active approach to controlling their finances. One participant's wife went to the extent of keeping cash in a safe and hiding the key from him in "20 different places" in the house. While he acknowledged the stress and challenge of this for his wife, and described himself as childish, his tone throughout the interview suggested that he did not feel a strong sense of responsibility for the effects of his gambling.

Having a partner that kind of, kind of understood and ultimately wasn't just prepared to get angry at me, but was actually prepared to help and devise tactics and, you know, hiding the safe key in 20 different places and just do all that sort of stuff, which is, you know, it's a bit like dealing with a child in a way, you know, just trying to keep someone from doing themselves some harm but, well, I suppose I'm not just harming her, it's harming the food, it's harming the options we have for the family. (M, 40–49, PGSI 9, Racing)

Alternative activities and social places

As well as avoiding gambling opportunities and stimuli, gamblers quickly recognised that they needed to find alternative activities and, for whom it was relevant, places to socialise. As described below, all participants stressed the importance of keeping busy now that they were not gambling.

I try and think of other things that I could do that would sort of be as thrill seeking and fun. Like, I guess sort of like dangerous in a sense, 'cause I do like that sort of danger part. (F, 18–24, PGSI 15, EGMs)

Some participants noted that, in hindsight, during recovery, they realised that boredom triggered urges to gamble.

It was during the day you know, home by yourself, you're bored, you think, "Oh I'll go out for a bit of entertainment" and it turns out to be a disaster ... I'm bored out of my mind ... See my husband works long hours, my kids are all grown up, I tell you it's a long day at home. (F, 60–69, PGSI 13, EGMs)

Participants took up a range of different activities, including going to the gym, spending more time with friends, becoming more involved with family, finding something equally as exciting and thrilling as gambling, becoming more career-focused or enrolling in higher education studies, as noted in the quotes below.

I'll try and arrange when my day off, 'cause I work, I work shift work, 24/7, so I try and plan when I've got a day off then organise with my son and see if I can get the grandson and we'll do activities together. (M, 50–59, PGSI 22, Racing)

Well I'm studying at the moment so it takes up quite a bit of time. I've got my kids on most days that I've got free from study or work so yeah I think it's just filling up my time with activities. Not allowing myself to have that time to even think about it really. Fishing is another one that I use quite a lot. If I've got time for it. Because if I've got free time that's a big danger period. So if I've got free time, yeah, fishing, walking, anything that sort of just gets you out of that environment. (M, 25–30, PGSI 18, EGMs)

A barrier to the success of this approach was that these gaming venues were often the site for the participant's social group's activities – where they would meet to eat a meal and socialise. Participants who had socialised in these venues had difficulty telling their friends and family of their problem related to these venues, as they did not want to jeopardise their social network. While the gambler hid their problem, avoiding these places of social congregation was very difficult.

Ah look, it's an awkward situation because I do have a wide group of friends and I also have you know a couple of my sons that we like to have a drink with and their mates being younger and we all get on very well. It's really a social thing, so it is difficult because if, you know, most times during the day I only have one or two friends that are retired that would ring me ... So I get caught up in, I don't mind saying no to one person but to say no to six or seven other people. (M, 60–69, PGSI 7, EGMs)

I find it is a constant battle because it's not only just changing the way that I used to live and it is quite difficult but also I've had to like stay away from people that do that. Like stay away from people who are interested in horse racing and sports betting and that type of thing, which as well is quite difficult, as well because you're giving up people that, well basically people that are your friends, so it becomes – like the battle – and that's why I laugh at people that say, "You should give up gambling". Well it's not just, you know, something you're going and doing. You're giving up a whole lot of things. A lot of my social side of things was, you know, it'd be either we go to the races or we go to the footy and then we go to the casino. (M, 40–49, PGSI 12, Casino table games)

Participants who were self-directed were more likely than those who were externally directed to initiate changes that had implications beyond gambling involvement. These changes assisted them to achieve the personal goals and self-image that had motivated them to cease or reduce their gambling involvement. An exemplar of this change is a young man (M, 25–30, PGSI 1, Casino table games – online and venue) who bet on horse races, but quickly “fell in love” with roulette and “spent most of [his] 20s playing roulette”, as well as poker, at the casino and online. During this period, he considers that he was “addicted”, and was “distraught”, “sad”, “chain smoking”, would not eat, and would drive home from the casino erratically. After spending a lot of his time at the casino, he began to notice older men who were frequently there and would “lose themselves” while at the casino and questioned whether he identified with them and what he wanted for his future. He started to think, “I don’t want to be like that, you know. There’s got to be more to life than, you know, gambling.”

He also compared himself to his friends who were “moving on with their lives” in terms of advancements in their careers, relationships and purchasing property, and felt that he was falling behind in milestones that were desirable to him. He requested little support from others during his recovery process; even though he gave no indication that his family or friends would not be supportive. However, he had substantial personal skills and resources to assist him in implementing the necessary changes to help him achieve his personal goals, which included getting married and purchasing a house. For example, he was reflective and had great insight into his motivations for gambling and to personal, social and environmental factors that triggered his urge to gamble, and was able to plan and implement a strategy to mitigate the effect of triggers. He presented in the interview as articulate and intelligent, and had been given the advantage of a good education.

One of the first strategies he attempted to implement was to sign up to a self-exclusion program at the casino but he says he was discouraged from signing the contract by the staff member responsible for facilitating the self-exclusion process. This prompted him to draw from his own skills and resources to implement changes. To prevent himself from going to gambling venues, he would either go straight home from work or make prior arrangements with friends, especially on the day his salary was paid. Handling or knowing he had access to cash would trigger his urge to gamble, so he opened a bank account that he was unable to transfer money out of while gambling. He recognised that working night shift had affected his social life, leaving him to go to the casino alone, so he found employment that would have him working during normal business hours. To be honest and accountable to himself, he started looking over the gambling-related withdrawals in his bank statement each month. In order to “move on” with his life, as his friends were doing, he joined a gym, quit smoking, started running marathons, made plans to travel overseas, and became more “frugal” to save for a property.

Self-talk

Four participants mentioned using self-talk to encourage themselves to remain dedicated to their recovery process. It was not a strategy that was heavily relied on by these participants, and was not always valued as particularly effective. Self-talk was more helpful to participants when it was used in conjunction with an alternative activity that kept them busy and distracted, or if it was used in the context of a choice and gambling was devalued. The quotes below provide examples of self-talk to prevent relapse.

I actually have to get up in the morning and tell myself, “Not today, not gambling today”. So if I can get through the day, I’m happy, which so far I’ve done. I tell myself, “Don’t do it” and I keep busy. (M, 40–49, PGSI 12, Casino table games)

Yes, you wanna go gamble, yes you love gambling, yeah, you know just – you don't need to go gamble right now. (M, 25–30, PGSI 12, Casino table games)

It was less helpful to a participant who took a proscriptive approach and simply told herself to stop gambling. This did not address the fact that it was a pleasurable experience for her, that she had a strong urge to gamble, nor the importance of an alternative activity for distraction during urges.

Okay, that's it, I've just gone and spent \$400 [on gambling], whatever, I'm never – I'm not going again. (F, 40–49, PGSI 16, EGMs)

Many participants reported thinking of the consequences of their gambling as a way of helping to remain dedicated to the recovery process. This heightened their awareness of the risks of gambling, and their own vulnerability to gambling problems, and so motivated them to persist with the process. Thinking about the consequences of gambling also represented a milestone in their recovery journey, because prior to the commencement of their recovery, many participants avoided thinking about the consequences or did not recognise them.

Because you don't think about afterwards when you're going to gamble. You just think about that "I'm going to win" and how exciting is it, that's like fun and "I'm just going to spend this much". But you never do and so I'd write it all down on notes to myself and go – I'd quantify all my losses and describe the times that I was certain I was going to win and I've lost and the feeling afterwards. Because that's the worst. Even if you've won, you know, you've gambled and it's just a stupid thing to do and you can't ... yeah, that feeling that you would never want to repeat and, but you don't ... but you forget it at the time ... looking up those notes that I wrote was so important when I was like, "Oh who cares if I gamble". Yes that's really a problem. (F, 25–30, PGSI 17, Online EGMs)

Re-interpreting the gambling experience

I call them the evil places. (F, 40–49, PGSI 16, EGMs)

After the initial stage of the recovery process, participants who appeared dedicated to maintaining recovery experienced a perceptual shift, whereby they began associating gambling with very negative, aversive imagery, rather than excitement, hope, guilt and despair, or a guilty pleasure. This coincided with thinking about the financial, personal and social consequences of their gambling, as described above. The participant quoted below suggested in his account that he was no longer experiencing gambling-related problems, and this was supported by his score of zero on the PGSI. While he had gambled regularly and intensively and experienced severe gambling problems, he now asserts "for me, fun and gambling do not mix".

So ah what I tell myself is, you, there's no such thing as fun in gambling like a lot of people say, oh let's go to the RSL and have a pub meal and muck around at the pokies or whatever. And for me, like that just doesn't exist, like if you want to have fun and you want to eat something, go to a restaurant or a café or whatever, but, for me, fun and gambling do not mix. (M, 25–30, PGSI 0, EGMs)

Re-interpretation coincided with the use of very negative language for gambling, particularly among older participants; for example, "futile activity", "ridiculous" (M, 60–69, PGSI 7, EGMs), "boring" (M, 40–49, PGSI 15, Racing), "really scary", "evil" (F, 40–49, PGSI 16, EGMs), "a disaster" (F, 60–69, PGSI 13, EGMs). This language appeared to reinforce attempts to stop gambling (rather than reduce gambling involvement) as it assisted congruence between their thoughts, feelings and behaviour.

Participants typically described their gambling problem as an addiction. Interestingly, there was a difference between younger and older participants in their view of what it meant to have, and recover from, an addiction. An older woman (F, 40–49, PGSI 16, EGMs) believed that her recovery process would be relevant throughout her lifetime.

I understand now it's just gonna be something that's gonna be a battle for me for the rest of my life in a way and it's just – I just gotta – oh, just keep that mindset ... so that's the problem with it, having an addiction I guess, but it's just, yeah, I just have to constantly, I guess, battle”.

Many younger participants tended to believe that, while they had an “addiction”, they also had a choice in whether they would go to a gambling venue. As articulated by one young man below, while they experienced an urge to gamble, there was a moment of mental clarity where they made a decision. While in recovery, they made the decision not to go to the venue and do something else instead. This realisation was empowering and helped to prevent relapse. It is not possible with the present data to examine in detail how these differential views of addiction and recovery arose, nor how these views may influence recovery process experience.

I don't get anything out of it [gambling] ... I figured that nothing was making me do it; I was choosing to do it by myself. So if can choose to do it, I can choose to stop. So, I chose to stop. (M, 25–30, PGSI 0, EGMs)

Forging a positive personal narrative

Many participants focused on avoiding gambling-related stimuli by avoiding gambling venues and websites. This approach appeared helpful, however difficult to maintain in the longer-term. Some participants had used avoidance and distraction strategies in conjunction with positive outcome strategies that involved developing aspects of their lives that brought greater purpose and meaning, and therefore advanced not only their goals but also their personal identity. These participants developed stronger familial relationships and friendships, improved their career prospects and expanded their experience with overseas travel. Two women also became more involved in self-defined personal development, including meditation and yoga, and in religious teachings.

I go to Introduction to Buddhism classes on a Monday night at a Buddhist temple and I'm not so religious in any way at all, but it was quite, at first, motivational, spiritual or whatever ... I'm taking a lot of I suppose Buddhist kind of thoughts on board like, well, can't change the past and don't blame anyone else for the situation that you're in and sit down and work out what you want to do to be happy and then just do it. (F, 25–30, PGSI 3, EGMs)

I know the one biggest thing that I could do that would make the biggest difference in my life as far as, you know, managing my addiction and stuff and a lot of the other things is meditation. (F, 40–45, PGSI 20, EGMs venue and online)

The role of family and friends

Almost all participants who were honest about their gambling problem had good support from their social networks before and after they told their family or friends. The role of family was to provide emotional and practical support; however, practical support was more valued by participants.

That's when I sort of told her [his wife] more about, you know, the feeling that I get, the urge, the sort of binge-y sort of feeling. When I told her more, and then agreed with her that, you know, she'd have to sort of hide the money, hide the safe key and, you know,

occasionally, before I was going out, I'd give her my EFTPOS card, so there was just no way that, while I was out on my way to the footy I was gunna go to the TAB and [then I] talked to her about it and then started making plans and tactics in order to mitigate future instances. (M, 40–49, PGSI 9, Racing)

The role of friends varied substantially depending on whether gambling was a part of the social group's activity. Friends who gambled much less often or not at all provided opportunities for alternative social activities and venues rather than monitoring gambling behaviour. Friends who shared the participant's enthusiasm for gambling rarely recognised or intervened in the participant's gambling. Instead, these friends composed a gambling community in which high-intensity gambling was normalised and encouraged. One young man (M, 25–30, PGSI 5, Casino table games) explained that he and his friend monitor each other's gambling and intervene by distracting the other if they believe their friend is gambling more money than they can afford to lose. While potentially a useful strategy, the enthusiasm they both have for gambling can lead them to gamble problematically, affecting their ability to afford essential expenses. This participant also explained that intervention is further complicated by the tendency for them to drink alcohol while gambling, which affects their decision-making and inclination to listen to their friends.

Some women relied on friends for emotional support, especially at times when they felt a strong urge to gamble; however, they were also conflicted about depending on them too heavily, and embarrassed at needing help with a gambling problem.

When I get the urge, I guess try and get myself up, occupied, try and call a friend, or go and visit someone ... I've had lots of friends say to me, "Ring me if you feel the urge" or "Come over" or "If you go, let me know and I'll come pick you up" or it's more me thinking, not actually, I guess, contacting them, or maybe, oh, I don't know. Maybe not explaining how bad I'm actually feeling, I might ring someone for a distraction and just say, "Oh yeah look I've, I had the mood to go to the evil place [gaming venue] I thought I'd give you a call and have a chat" and I guess maybe sometimes I downplay it or think maybe I'm in control and not let it be known. (F, 40–49, PGSI 16, EGMs)

Honesty, responsibility and accountability

Honesty with family or friends was described as a crucial element of recovery for almost all participants because it meant that they were to be held accountable for their gambling and its consequences. As discussed above, participants who self-directed their recovery process took the initiative to be honest with and accountable to family or friends (who were not at-risk gamblers), as well as to themselves. Crucially, they were also highly responsive to the judgments of their family and friends about their spending, and to financial pressures that their gambling could compound. Therefore, their recovery process was guided by their personal and social norms and values.

Negative feedback about expenditure that was considered excessive by others was most effective when it was directed to the behaviour, not the individual's character. This prevented over-identification with, or dissociation from, the negative consequences of their lapse. The young man quoted below had been instrumental in the initiation and management of his recovery process. He aimed to gamble moderately and reduce the gambling-related harms that he had been experiencing. He believed that one of his most effective strategies was to ensure that he was being held accountable by his friends by being honest with them about his gambling expenditure. Their judgement of whether his level of expenditure on each gambling occasion was likely to cause harm was his guide in expenditure, and by extension their judgement of his decision-making and self-regulation skills (i.e., negative social judgement) was his means of being accountable.

I reckon once you start being honest and then like say if I spent, if I put \$500 straight through the pokies and I say, "I just wasted \$500" and so then everyone will say, "Oh you're a dickhead" and then you'd listen to it, but if you say, "Oh I've put in a \$50" and everyone going "oh that's all right who cares". (M, 18–25, PGSI 1, Casino table games and EGMs)

Among participants whose recovery was externally directed, the goal outcome was to cease involvement, and thereby the associated negative consequences. To cease involvement, these participants needed to be held accountable by family or friends. As exemplified below, progress in their recovery was entirely reliant on an honest relationship with those who held them accountable for their expenses and use of spare time.

Luckily my son, or one of my sons, said well you're not going to be able fend for yourself, so we'll move in together. So, we did. Now, I think under his, his mother's guidance and that's all good, that he was asked to keep an eye on my gambling, see if I continued, so he was very diligent in, "Where are you going", "what are you up to", "Oh I'm just going out for a little while". "How long are you going to be?" And so, and he was always making enquiries as to where I was. So probably for the first six months there was not much [gambling] happening at all. (M, 50–59, PGSI 22, Racing)

My dad took my ATM card off me. So whenever I got paid from work, if I wanted to get any money, I would have to go through him and explain what am I getting money for and what am I using it for and show receipts and, ah, and that probably helped me in the end. That probably helped me because anything I was doing I had to show exactly what I was doing and where I was doing it and yeah. If you don't have money to spend on gambling and you're addicted to gambling, you can't go gambling and once you're under control and you can control yourself then you know, it's not an issue. (M, 25–30, PGSI 0, EGMs)

The role of employers

While parents and partners were usually the people who confronted recovering gamblers, there were four cases where employers played a role in raising awareness of the harms their gambling was causing. These examples suggest that employers can play a significant role in recognising gambling problems and supporting recovery initiation.

An older participant (M, 60–69, PGSI 1, EGMs) had been confronted by his employer when he was younger and travelling on weekends to New South Wales to gamble on gaming machines (which were not yet available in Victoria). When he would return, he would drink excessively because he was "depressed" about the money he had lost and because he had to wait until the next time he was able to go to NSW. His boss confronted him about how his gambling and drinking were affecting his work performance, but, at the time, this confrontation was not sufficient to sway him from gaming machines because he had "got[ten] the taste for the pokies".

Another older man (M, 40–49, PGSI 5, Casino table games) had received a negative appraisal for inconsistency in his commitment to work and reliability of attendance. For him, this incited a fear of losing his job and prompted him to change his gambling involvement. Perhaps a key difference between the two participants is that the latter participant had a family and felt a strong sense of responsibility to them as the "breadwinner", whereas the former participant had been young and single, and had fewer responsibilities to others at the time that his employer confronted him.

Similarly, a young man (M, 25–30, PGSI 0, EGMs) was confronted by his employer after asking to borrow money: “He said look, you know, you’re 19 years old, you work, you know, what are you doing? So, so I told him, look, you know, I might have a gambling problem. Which I did.” His employer spoke with him for a while, asking him about his gambling – which products he uses, how much he spends, who he gambles with. The participant said his employer spoke with him without judging his behaviour; however, his employer warned him of the potential harms of gambling by telling him of a family member who had a gambling problem and had died without owning his own home or having money to pass on to his children. This participant perceived these as important life achievements that he would not want to risk and this was a turning point for him. Previously, his friends had confronted him when he borrowed money from them, however, he easily formulated a lie to hide his embarrassment at having a gambling problem.

Finally, the employer of an older man (M, 60–69, PGSI 8, EGMs) had been instrumental in not only raising his risk awareness and helping him to recognise his problem, but also in actively holding him accountable throughout his recovery. His employer repaid his credit card debt using some of his annual leave and long-service leave, and instructed him to cut up the credit card. He also required that he attend counselling for gambling recovery, which he did. This employer’s extensive involvement in the participant’s recovery process may have been a reflection of the years the participant had been employed by his employer and the strong relationships he had built with his employer. His employer also knew members of his family, and so was also likely aware that this man did not have many strong supportive relationships in his life, and that his colleagues were an important social connection for him.

Conclusions

This study achieved its aim of investigating the temporal benchmarks in informal gambling recovery pathways, with attention to the broader context of the experience for individuals, and to the experiences of young adults. Narrative interviews provided the opportunity to develop a deep understanding of the motivations and experiences of informal recovery and the social and temporal context of informal recovery.

The current study extended on previous thematic findings by examining narrative structures and features (e.g. use of language, tone, character descriptions). This approach to narrative analysis supported an additional layer of analysis that suggested a key role of an individual's centrality of agency in relation to temporal benchmarks of the recovery process, specifically, in problem recognition, impetus to recover, and management of the process.

The results are framed according to the pathways that participants followed in recovery, beginning with the signs that indicated a gambling problem, followed by the impetus for behaviour change, and finally the strategies used by gamblers and their supporters to achieve the desired "recovered" state. The study's methodology provided opportunities for insight into differential recovery pathways and the ways the pathways were shaped by the past and future personal narrative and social influences. The findings are discussed in the context of relevant literature from the gambling and alcohol and other drugs fields.

Problem recognition

Participants reported that the following changes in gambling-related behaviour were recognised as indicators of a problem by participants, their family members, friends, and employers:

- increase in gambling intensity;
- gambling alone;
- compromises to gamble;
- incongruence with self-image; and
- chasing losses or wins.

The indicators were consistent with those of Anderson and colleagues (2009), who identified broad themes related to significant negative events that forced recognition of a problem, confrontation by family, and/or incongruence with self-image. The alignment of themes across these two studies suggests that these may be strong and consistent indicators of a problem for many adult gamblers in metropolitan cities in Western countries. This suggests that early interventions aimed at raising gamblers' and community awareness of gambling problems could include messages that relate to these indicators, and could be applicable internationally.

The indicators of a problem were consistent across all participants, however differences emerged in terms of whether the gambler recognised the problem (self-recognised pathway), or whether another person confronted them with their problem or a significant uncontrollable event compelled the gambler (and others) to recognise the severity of the problem (externally recognised pathway).

Self-recognised narratives positioned the recovering gambler as the hero protagonist, who through self-awareness and honesty with him/herself (and usually then with others) recognised the impacts of gambling and the need to reduce involvement or to abstain. The narratives of externally recognised participants positioned them as the anti-hero, the helpless fighter, guilty bystander or well-meaning but dishonest larrikin. In these narratives, the participant either did not recognise their

problem until they were confronted by someone close to them (e.g. a family member, friend or employer), or were confronted by an external force; for example, they hit rock bottom by losing all of their finances or accumulating significant debt.

For a number of participants, a problem was recognised when the indicators of a problem reached a critical level of severity. Some participants indicated that recognition of a problem was delayed by actions or situations that minimised the actual or perceived severity of harms. Harm minimisation strategies, such as budgeting for gambling spend that were sometimes implemented by family members, often served to enable the gambler to continue gambling because they perceived the severity of harm to be below a critical point for recognition of a problem. Other participants indicated that normalisation of gambling and associated harms among social or familial groups desensitised them to the implications of harms, so that they only recognised a problem when the level of harm was severe. These findings highlight the care that is required when developing and recommending harm minimisation approaches to gambling problems, and communicating strategies for informal support for recovering gamblers. In addition, they alert researchers and regulators to the implications for recovery of the normalisation of gambling.

Anderson and colleagues (2009, p. 15) acknowledged a distinction between recognition of a problem and action towards recovery, and called for greater attention to the turning point, or impetus, for recovery to articulate how these are separate temporal benchmarks of informal recovery. The present study proposes that differentiation between recognition and impetus may be revealed in the rising action and climax segments of the narrative. In the rising action segment, some gamblers outlined gambling-related problems that they had experienced during that time, without suggesting that they had been attempting any behaviour change in response. The purpose of this segment for the participant appeared to be to communicate the severity of their gambling problems. The narrative then came to a climax, where the turning point for the participant prompts behaviour change. The purpose of this segment for the participant appeared to be to explain why the commencement of the recovery process was necessary. This distinction is also suggested by studies that conducted structured interviews (Hodgins, Makarchuk, El-Guebaly, & Peden, 2002) or a survey (Evans & Delfabbro, 2005), and asked participants to indicate their motivations for commencing recovery, which more closely align thematically with the present study's themes in relation to the impetus for recovery.

This narrative progression was not made by all participants in the present study, however, as some participants' narratives made little distinction between recognition of a problem and impetus to recovery. These participants had either been unable to recognise their problem and were immediately compelled into recovery by intervention from others or an uncontrollable event, or were motivated to commence informal recovery strategies as soon as they recognised their problem.

Impetus for recovery

Narratives of the recognition of a problem were distinct from those of the impetus that prompted action towards recovery. This is consistent with the sequence proposed in alcohol-abuse recovery literature (Mohatt et al., 2008), where self-awareness is followed by the implementation of informal behaviour change strategies. As also observed by Anderson and colleagues (2009), for some participants, the impetus followed almost directly from the recognition of a problem, while for others, the impetus to change came months or years after recognition. In broad terms, temporality of recovery progress appeared to be moderated by the subjective critical threshold of harm severity, sources for recovery (e.g. supportive networks, personal skills, self-efficacy), and opportunities for narrative construction (e.g. employment opportunities, education attainment, prosocial engagement) available to individuals in real or perceived terms. An important finding of the present study was that the impetus for initiating the recovery process differed according to whether the participant was

motivated by a desire to restore their self-identity and focus on achieving life-stage milestones and personal goals (possesses personal agency) or because they were compelled into recovery by others or an event that was beyond their control (lacking in personal agency). Participants who demonstrated the former motivation type were named “self-directed” and the latter type were named “externally directed”.

Self-directed recovery

The impetus for change for self-directed participants came from a clear ambition to achieve a set of milestones or roles (e.g. maintaining a long-term romantic relationship, raising children, travelling overseas, or purchasing a house). They initiated recovery because they believed that their preoccupation with gambling and high gambling expenditure (sometimes debt accumulation) was preventing them achieving these milestones and new roles. This finding supports a definition of recovery proposed in the alcohol and other drug (AOD) recovery literature that emphasises the outcome objective to be an improved quality of life, articulated through subjective valuations of a desirable and enriched lifestyle (White, 2007).

Self-directed recovery was one of the areas where a differentiation was seen between the younger and older adult participants. Among young adults, the impetus to act came from not wanting to be left behind, as their friends had begun achieving milestones they believed were important to achieve at their life stage. For older adults, the impetus to act was articulated as a sense of deciding to embrace new roles (e.g. parent, grandparent) and a lifestyle that revolved around connection to family and community, not to gambling. This could be interpreted as a rejection of the “gambling self”. However, the narratives did not include “identity reverting”, as described by Anderson et al. (2009), that is, a desire to revert to a role and lifestyle held before they were lost due to gambling problems. Both younger and older participants looked forward to a new life they wanted to create for themselves, rather than back to a previous lifestyle. This suggests that for these gamblers, problems and recovery might be a part of a continuous narrative of the lifespan, involving construction and revision of the self and one’s narrative.

The self-directed pathway shares features with reports of natural and spontaneous recovery (Anderson et al., 2009; Hodgins & El-Guebaly, 2000; Slutske, 2006; Slutske, Jackson, & Sher, 2003). Gamblers in the self-directed recovery pathway may appear to recover spontaneously because they are able to rely more heavily on their own resources and less on the resources of others and support services. Additionally, younger people may be more likely to follow this pathway, and therefore appear to “mature out of problems” through their pursuit of conventional values and lifestyles (Anderson et al., 2009). The use of substantial resources to implement a range of strategies demonstrates that terms such as “natural” and “spontaneous” do not reflect the effort that is involved in this recovery pathway, and can preclude recognition of important policy implications in providing access to the necessary resources for individuals and communities.

The alternative perspective on recovery goals reported by the study’s participants may be partly due to the different recruitment methods used. Past studies recruited through Gambler’s Anonymous (GA) and other therapeutic services. The reconstruction of one’s narrative in recovery is in contradiction to the GA philosophy that recovering gamblers will always be at risk of relapse and must remain in a state of constant recovery involving vigilance of one’s behaviour and cognitions. In contrast, the present study included few gamblers who had received substantive formal treatment. Most participants had relied solely on informal recovery strategies, or had minimal interactions with formal services (e.g. called the hotline once, or sought suggestions for self-regulation strategies online).

Externally directed recovery

The impetus for change for externally directed participants was a feeling that they were compelled to stop gambling by another person/people, or by circumstance. Thus, they required significant confrontation to commence the recovery process. This might have been in the form of confrontation by family, friends or employers, or a change of circumstances, including being caught out by others and the extreme circumstance of hitting rock bottom. In contrast to self-directed participants, externally directed gamblers were less likely to have been motivated to change to achieve personal goals. In fact, a number of externally directed participants indicated that before starting their recovery process, they had not articulated personal goals. Crucially, externally directed gamblers only embraced the recovery process when (a) the agent of the impetus to change was respected and valued more highly than the perceived benefits of gambling, or (b) the negative consequences of gambling had become greater than any negative consequences of embracing the recovery process.

In sum, self-directed participants initiated and coordinated their own recovery process. The impetus for change for self-directed participants came from their motivation to achieve personal goals and milestones that they believed were unachievable due to their level of gambling intensity and preoccupation. Externally directed participants were unlikely to be thinking about alternative goals prior to initiating recovery and were reliant on others to confront them about their problem, and strongly encourage, or enforce, initiation of the recovery process.

Overall, the study found that younger participants were more likely to follow a self-directed than externally directed recovery pathway. This might be because self-directed participants recognise and act on their gambling problem comparatively soon after the onset of problems, while externally directed people wait until a crisis point or until others intervene. Further, the results showed that externally directed participants were more likely to actively hide their problems from others, and/or have poor quality relationships with others, again leading to delays in problem recognition and impetus for change. Importantly, however, older participants who developed gambling problems in later adulthood also tended to follow the externally directed pathway. It would be valuable for future research to examine reasons for this in a larger, more representative sample.

Finally, implied in participants' recovery goals of new roles and narrative, rather than simply a reduction or cessation of gambling and related harms, was a suggestion that these participants could potentially leave gambling and related harms in their past, as a component of a narrative that no longer has relevance to them. Further, this could suggest that for these individuals, recovery is defined by complete recovery whereby vigilance against urges to gamble is no longer required. These recovery goals, and by extension the definition of "recovered" is important to the perceived relevance of support services to recovering gamblers. For example, a self-directed individual who is confident that in time they will no longer feel an urge to gamble because gambling is a part of a past, no longer relevant narrative would be less likely to relate with the premise of Gambler's Anonymous that they will be always vulnerable to gambling problems.

Participants' definition of "recovered" was somewhat outside the scope of the present study, and was not explored in depth. Rather the scope of the study was confined to exploration of the journey towards recovery. Future research could explore the goals and definition of recovered with individuals who self-identified at different stages of recovery and recovered; for example, with individuals who were in the process of recovery, with those who identified as one to two years recovered, and those who were five or more years recovered.

These findings suggest that it would be helpful if information provided by support agencies and governments incorporated the different motivations that prompt the impetus to recovery. Messages

and resources related to gambling-related self-perception, goals, motivations and needs could be tailored according to centrality of agency. This approach may be relevant to those attempting to undergo informal recovery and those supporting them. For example, advertisements could focus not only on negative consequences, but also missed opportunities due to intensive gambling. Resources could be made available to help externally directed recovering gamblers to articulate and pursue personal goals and ambitions, perhaps with the assistance of those supporting them. Additionally, resources could be made available that help to improve gamblers' skills in asking for, and receiving, emotional and practical support in an assertive and positive manner.

Strategies for recovery

Numerous strategies were listed by participants as a means of initiating and maintaining recovery, as defined by the participant. Recovery strategies were fundamentally based on distancing oneself from the gambling product and from the lifestyle led while gambling problematically. Interestingly, while the process required significant effort and considerable resources, participants often required prompting during interviews to list these strategies. It seems, therefore, that strategies employed were relatively instinctual as opposed to consciously chosen and managed, such that a negative activity was recognised and efforts employed to avoid the negative activity. There were few instances in narratives of seeking suggestions and advice on strategies or trial-and-error attempts of strategies. The strategies that participants reported were largely consistent with those identified in previous studies (Moore et al., 2012; Oakes et al., 2011; Reith & Dobbie, 2012; Schellinck & Schrans, 2004), and no consistent differences in use of strategies were observed between younger and older adult participants.

The primary contribution of this study regarding strategies is that differential patterns were observed between self-directed and externally directed pathway participants. The participant was the driving agent of strategy selection, implementation, and management in self-directed pathway narratives; whereas others, including family members and employers, were the driving agent of strategy selection, implementation, and management in externally directed pathway narratives.

Interestingly, there seemed to be relatively little change in reports of the types of strategies used, or their frequency of use over time, as participants advanced through recovery. This contrasts with Schellinck and Schrans' (2004) findings that recovering gamblers more frequently rely on keeping busy with alternative activities during the initial "action" phase in comparison to the maintenance stage. It is possible that the alternative activities adopted in the action phase are internalised and habituated by the maintenance stage, and no longer considered to be an actively used strategy; however, their activities continue to form their narratives.

Another interesting deviation from frameworks of recovery is that participants described their recovery process as a relatively linear, rather than iterative, process (Hing et al., 2014; Mohatt et al., 2008; Neale et al., 2015). Given the strong prior evidence for the iterative progress of recovery, including lapse and relapse events (e.g. Oakes et al., 2011), it may be that this iterative process was experienced but did not comprise participants' constructed narratives. While more participants may have discussed relapse events if more consistently prompted by the interviewer, it is interesting that these events did not appear to form their constructed narratives of their recovery process.

Additionally, not all participants described reaching a health or personal crisis before being motivated to initiate recovery as has been observed in other studies (Evans & Delfabbro, 2005; Kimberly, 2005; Nuske & Hing, 2012). Instead some participants had initiated recovery in response to less severe negative consequence of their gambling. This observation was also reported by Anderson and colleagues (2009), suggesting the crisis trope may be an artefact in some narratives, borrowed from knowledge of the disease model of addiction, which is underpinned by crisis and

disorder (Keane, 2000; Kelly & White, 2010; Petry, 2005). Response to less severe negative consequences (prior to a crisis event) may be more characteristic of gamblers who undertake informal recovery processes and suggests opportunities for early intervention through support in initiation and management of informal recovery.

Facilitators of the recovery process

Accountability to others

Participants made significant efforts to hide their gambling from others for a number of reasons, including to continue gambling without judgement or obligation to stop. This often delayed recognition and response from family, friends and employers. If, after being confronted, the participant responded positively to the confrontation, they discussed being held accountable for their actions, and this enabled them to begin to gradually take personal responsibility for the consequences of their gambling problem, and for their recovery. Alternatively, if the participant continued to deny involvement, the family, friends or employer who confronted them were disempowered, and subsequent attempts to address the problem needed to be more intensive to be successful.

A milestone in recovery processes was honesty with one's self and trusted family, friends and employer about gambling problems and about involvement throughout recovery. Through honest communication, participants could confront and accept the negative effects of their gambling (e.g. how much money they had spent on gambling products). This awareness of the consequences of their actions helped participants to resist urges during the recovery process. A sense of responsibility and acceptance was empowering, and helped gamblers to internalise achievements in their recovery process. Importantly, a positive experience of accountability and responsibility involved acceptance without over-identification with, or dissociation from, the negative impacts.

Positive accountability and responsibility forms the primary principles of mindfulness (Neff, 2003, 2011). Educational messages and self-help tools that emphasise the principles of mindfulness may therefore be accepted by many gamblers who are attempting informal recovery. Ongoing honesty about urges and actions also ensured accountability to trusted family members and peers, which was of particular importance to externally directed participants. Relationships that can weather this dependence, or are strengthened by this assistance, will be a determining factor in the long-term success of the recovery attempt. For all participants, honesty served as both a first step to recovery, and maintained dedication and motivation towards long-term recovery. This finding coheres with the concept of "authenticity" articulated in a study of narratives of young men in Narcotics Anonymous (Rodriguez & Smith, 2014). For these men, honesty about their drug use and recovery process with others facilitated greater self-awareness, self-acceptance, engagement and connectedness with others, and a sense of transformation through social approval, connectedness and a greater sense of agency. This was a powerful aspect of the narratives of those participants in the present study who experienced this recovery milestone.

An interesting finding was that four participants had experiences with various levels of engagement by employers in terms of identification and accountability/support with their gambling problems. Their experiences suggest that employers can play a significant role in recognising gambling problems and supporting recovery initiation, as they are often valued and respected by the gambler, provided that there is also trust in the relationship. Health and wellbeing education and training in workplaces could address gambling and recovery issues, and employee assistance programs could provide support for employees who are undergoing recovery, or are supporting someone through recovery.

Support from family and friends

The involvement of trusted and respected family members and friends in recovery can strengthen relationships, and reinforce a sense of social connectedness, meaning, and purpose, all of which are crucial to addiction relapse prevention and long-term recovery success (Best & Lubman, 2012; Laudet, 2007; Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; McIntosh & McKeganey, 2000). For some participants, recovery with the support of family, thereby reinforcing and strengthening relationships, underpinned decisions not to seek formal support. Familial support reinforced participants' relationships with their families through building trust, respect and connectedness, which had been compromised by problematic gambling. The crucial influence of a support network, preferably familial, was evident in the early stages of recovery. For example, confrontation of the gambler is likely to be the impetus of many externally directed gamblers in recovery. Families are also often instrumental in supporting strategies to minimise access to gambling products and triggers, and encouraging regular distraction with alternative activities.

Parents were the primary support people for a number of young adults, particularly if they were living at home throughout their recovery. This appeared to place some stress on their relationships, as the young person was also at a developmental stage where they needed to assert their independence and establish themselves financially and socially to achieve independence in adulthood (Arnett, 1998, 2000). For older adults who received familial support, either adult children (if the participant had adult children), or a partner usually provided that support. However there was also evidence of a secondary group of support people who assisted with occasional support for particular occasions, such as avoiding a venue when going to the supermarket, or arranging outings at non-gaming venues. The dynamics between family members and recovering gambling were highly complex and contextual. A comprehensive exploration of these dynamics was beyond the scope of this study. A comprehensive exploration would require a dedicated, multifaceted, and ideally prospective study.

Friends were shown to play an important but less interventionist role than family or employers in supporting recovery. Friends can help those in recovery by offering alternative social venues and activities, and can observe and subtly moderate behaviour, usually through some means of distraction. The role of peer groups has formed the benchmark of recent anti-violence and safe alcohol use campaigns in Victoria, and it could be useful in promoting supportive behaviour among peer groups of a person who is gambling excessively. Such a media campaign would be most effective if honesty with friends about intensity of gambling was emphasised, and if it included information about strategies that friends can use to support a gambler. Brief and cognitively accessible information resources, such as fact sheets, online videos and interactive websites, are likely to assist family and friends to support gamblers in their recovery journey.

As reported in previous literature (e.g. Thomas et al., 2009), and evidenced in the present study, a challenge to recovery efforts can occur if a gambling venue is a primary meeting place of friends, and/or gambling is a key social activity for a friendship group. Therefore, while friends can be a supportive resource, they can also delay recovery initiation and hinder maintenance of recovery if they are not aware or supportive of the individual's need to avoid gambling-related products and environments.

The scope of the current project did not facilitate consideration of the recovery process from the perspective of family or friends who support a gambler. This perspective is important to inform ways in which recovery can be better supported by family and friends. Additionally, family and friends could provide information about the recovery process that could not be gained from gamblers' self-reports. Further, self-reports are biased by a range of factors, including poor memory of past events and personal reconstructions of experiences that are based on emotional or ideological influences

(Corbin & Strauss, 2008; Denzin & Lincoln, 2011). Future research that combined narrative accounts from gamblers and their support networks would ameliorate this. While family and friends' reports will be also be subject to some bias, the combination could provide a more holistic perspective.

Recovery capital

The sum of resources that facilitate recovery has been referred to in alcohol and other drug (AOD) recovery research as “recovery capital”, borrowing from social, cultural, and economic capital concepts and phrasing (Best & Laudet, 2010). Four components of recovery capital have been proposed: social capital (i.e., relationships with individuals and groups), physical capital (i.e., tangible fiscal assets), human capital (i.e., skills, health and wellbeing, aspirations and hopes), and cultural capital (i.e., values, beliefs and attitudes that conform to dominant social norms).

The data in the present study suggested that the informal recovery process can be an intensive and ongoing process that requires the input of personal, financial, and social resources. The present narratives have shown clearly that the recovery process is heavily reliant on strong personal skills and resources, access to the resources of trusted support networks, and a desire for, and the tools with which to build a “good life” centred around social norms of work and family life, independent of the level of problem severity. Participants who had strong recovery capital were more likely to be self-directed throughout their recovery process. These participants tended to have supportive families throughout their childhoods and adolescence, had achieved a good standard of education (as they were articulate, reflective, and analytical), had access to alternative, desirable, leisure activities, were able to navigate health, social, and legal services, had good employment opportunities, and a conviction that they could live a fulfilling life. It was apparent in the narratives of participants who did not have these advantages that, even if they self-recognised their problem and demonstrated self-directed attempts to change their gambling involvement, their capacity to do so was affected by their poorer access to supportive resources and, at times, hindered by unsupportive people or people who enabled their gambling. For participants who were externally directed, the advantages of recovery capital were evident in the support they received and the internalisation of positive outcomes through the recovery process.

While the role of some components of recovery capital have previously been reported in gambling problem recovery research (e.g. Anderson et al., 2009; Reith & Dobbie, 2012), the construct and all its components have not been explored. Research in this area of informal gambling recovery has tended to focus on simply identifying recovery strategies and urge extinction without examining them within the context of the individual's circumstances. Recovery capital provides a useful holistic framework with which to explore resource availability and utilisation in recovery (Best & Laudet, 2010; Granfield & Cloud, 2001).

The recovery capital framework can assist the development of prevention strategies as well as secondary and tertiary interventions, as it comprises resources that can be developed from childhood and throughout adulthood. Individuals who are lacking in these resources are vulnerable when confronted by adverse circumstances, and may require long-term assistance with recovery (Granfield & Cloud, 2001; Laudet & White, 2008). Gambling harm prevention and interventions should relate to the social, human, physical, and cultural capital dimensions of recovery capital (Best & Laudet, 2010). Table 2, below, outlines ways in which interventions could relate to each dimension. Recovery capital dimensions also relate to the layers of influence outlined by the social determinants of health and inequities framework; for example, factors pertaining to the individual, to communities, socio-economic and political conditions, and culture (Marmot & Wilkinson, 2005; VicHealth, 2013). Social determinants of health can therefore also be a helpful framework to use when developing individual interventions or an ongoing program of interventions.

Table 2: Recovery capital dimensions and potential interventions to support recovery from gambling problems

Recovery capital dimension	Approach
Social capital	<p>Strengthened familial and peer connections through support from and obligation to membership groups.</p> <p>Gambling intervention: Empower families and workplaces with information and training on how to approach a family member/employee/co-worker with an issue, and how to manage their own needs as well as the gambler's needs throughout the recovery process.</p>
Human capital	<p>Policy settings that promote equity in education, health, and employment opportunities.</p> <p>Gambling intervention: Primary and secondary prevention can be achieved through opportunities that support community integration, financial security, promote health and wellbeing, and avoid inequality. Tertiary interventions could involve linkages between recovering individuals and support services to improve opportunities in education, health, and employment.</p>
Physical capital	<p>Policy settings that equitably facilitate financial upward mobility.</p> <p>Gambling intervention: Primary and secondary prevention through financial planning and management education in schools Information and practical support for recovering gamblers to access money and assets potentially available to them. Financial counselling to support management of debt and budgeting.</p>
Cultural capital	<p>Policy settings that enable values of tolerance and inclusiveness of diversity, community cohesion through interdependence, cultural group identification and expression, and shared prosocial values.</p> <p>Gambling intervention: Primary and secondary prevention can be achieved through opportunities that strengthen cultural capital. Social isolation and withdrawal can be mitigated through policy settings and local community activities that support social inclusion and cohesion. Secondary prevention and tertiary interventions could promote social inclusion and cohesion for recovering gamblers and their significant others.</p>

Tertiary interventions, namely gambling problem counselling therapies, could incorporate activities that build recovery capital for the client, as well as for those affected by gambling who are supporting the gambler through their recovery process. These activities may be of particular importance to the way that treatment services operate in disadvantaged areas. Clients in disadvantaged areas are likely to have less recovery capital (e.g. less physical capital) (Best & Laudet, 2010; Granfield & Cloud, 2001) and may benefit from a client management model that emphasises coordination across health and welfare support sectors to facilitate suitable education and employment opportunities post gambling recovery. This can, in turn, promote a sense of self-

directed recovery and aspiration towards the client's personal goals, which may reduce the risk of relapse.

Interestingly, the AOD recovery literature discusses a "social contagion effect" of recovery capital, whereby the promotion of capital in one individual can spread through their social networks to their community (Best & Lubman, 2012; Granfield & Cloud, 2001; White, 2007). The concept suggests that as problems may be transmitted through social and familial networks, so too can recovery capital and recovery attempts. Individuals in recovery can become exemplars, advocates and role models for other's recovery. Dedicated and ongoing interventions that build recovery capital, as well as the promotion of informal and formal recovery options and strategies, could facilitate a process for the social contagion effect in recovery from gambling problems.

Implications

Prevention and education approaches

Many of the findings presented here supported the findings of prior similar studies (Adamson, Sellman, & Frampton, 2009; Hodgins & El-Guebaly, 2000; Moore et al., 2012); however, the attention to the narratives of young adults in contrast to those of older adults has revealed important implications for preventative interventions and the promotion of help-seeking.

Effective youth-targeted prevention and recovery promotion messages could illustrate the risk of not achieving important milestones because of gambling, and the consequence of being "left behind" by peers. Milestones referenced in messages could include attainment of higher education certificates, workplace promotion vs. consequences (e.g. absenteeism, poor work performance due to preoccupation with gambling or tiredness from staying up through the night to gamble), maintenance of a long-term relationship, home ownership and overseas travel. The inability to meet day-to-day expenses, such as purchasing petrol, birthday presents (e.g. 21st birthday presents) or going to a social event, could be highly relatable and help to raise risk awareness. These messages alone may increase risk awareness; however, they might not be sufficient to be an impetus to behaviour change. Notably, these are milestones that are not directly associated with gambling, but are associated with personal ambitions and self-perception.

Self-help materials that people can use to monitor their gambling expenditure as well as their progress towards the achievement of tangible milestone goals (e.g. saving for a property), or that help to develop skills in goal setting and achievement (Raylu, Oei, & Loo, 2008), could comprise management strategies and help to focus the individual in recovery, and those supporting them, on positive aspirational outcomes. Practical assistance in taking up alternative leisure opportunities (Jackson, Darren, Dowling, Coles-Janess, & Christensen, 2014) and in redefining personal and social roles could also help prevent the onset and development of problems among older adults who may have more leisure time and changing social roles and lifestyle (e.g. due to retirement or to adult children having moved out of home).

The cultural role of gambling within social and familial networks was complex. Participants associated gambling alone with problems, and gambling with friends or family as potentially protective if others actively monitored behaviour and gave feedback, however social gambling also normalised gambling and associated harms, and delayed problem recognition. The normalisation of gambling and harms was a salient theme in many young adult narratives, as well as in older adult narratives, especially where the participant had started gambling from a young age. Harm minimisation messages discouraging gambling as a solitary activity should be developed. Caution will need to be taken, however, to avoid the normalisation of gambling among peer groups. It is important to note that among peer groups who normalised gambling and associated harms, alcohol

misuse was also common and accompanied the gambling. This problematic combination could also be addressed in harm reduction messaging.

The role of parents is crucial for young people, especially for those living with their parents and who follow an externally directed pathway. The encouragement and support of parents as the primary support for young people can help to facilitate this common and effective informal recovery dynamic, as well as strengthen familial relationships, thus improving social capital for recovery and future challenges. These findings support current efforts across Australian jurisdictions to provide information about gambling problems and recommendations for strategies to assist recovering gamblers and their families, friends, and employers through the recovery process (e.g. Mental Health First Aid, 2015). It is appropriate to communicate this information directly to affected individuals, but also broadly across the community as a preventative intervention, and to promote understanding and reduce stigma associated with gambling problems and recovery.

As discussed above, recovery capital has been well articulated in the alcohol and other drug recovery literature; however, it has received little attention in the gambling problem recovery literature. Recovery capital possessed by participants was vital to their ability to initiate and progress through their recovery process. This emphasises that recovery from addictions is a process not only reliant on individuals (e.g. the gambler, family, friends, employer) but also on environments that are enriching and empowering. There are strong policy implications for all levels of government in the provision of services that improve the recovery capital of individuals and their communities. For example, the findings of this study reflect discourse among professionals in the AOD recovery field that recovery capital can be built through access to quality education and health systems, employment opportunities and opportunities for prosocial engagement and contribution to one's communities (Best & Lubman, 2012; Granfield & Cloud, 2001). All levels of government can contribute to the provision of services to support those individuals and communities most at risk of developing gambling problems, as well as other communities. This would serve to strengthen the population and provide additional supportive infrastructure.

Employee assistance policy

The findings indicated that employers can play a significant role in identifying problems, and supporting recovery if they are valued, respected and trusted by the gambler. Little is known about how this interaction is currently managed by employers in Australia; however, it is likely that employers would themselves require assistance and support to recognise gambling problems, in ways of addressing the issue with employees and in providing appropriate assistance. Documents that provide information about gambling problems and practical advice about how workplaces can respond to an employee with gambling problems have become recently available (Fenge & Zyngier, 2014; Mental Health First Aid, 2015). These documents are helpful in raising awareness and encouraging the development of appropriate workplace policies. Education and training programs that further articulate these topics could be integrated into current training around mental health issues, and interventions could be integrated into employer assistance programs in workplaces.

Support services

The findings demonstrate that informal recovery from gambling problems requires a substantial ongoing effort and resource use by the recovering gambler, and usually also by their support network. The focus of the present study was on informal recovery processes but this does not mean that some people will not also access formal help services at some point in their recovery journey. Individuals who follow the externally directed pathway may be more likely to ultimately present at gambling or other support services because they rely on the help of others to initiate recovery and provide guidance and support throughout the process. A number of externally directed participants

avoided acknowledging the severity of their gambling problems and impacts on others, and were more ambivalent to the recovery process than other participants. These avoidant tendencies, combined with this pathway's characteristic need for active, regular, and ongoing monitoring and support, may challenge services in terms of client retention, should they present. If clients with these characteristics were to present to treatment services, one way that clinics could address this challenge is to use methods of maintaining contact and renewing their motivation and engagement with the service (e.g. text messages reminding them of appointments or motivating them to persist with their recovery effort).

This data also supports current efforts by gambling therapy services to coordinate engagement with familial networks to facilitate consistency in assistance across the personal and clinical environments. The intimate and ongoing involvement of support networks in the recovery process found in this study also highlights the importance of the availability of information, resources as well as professional services for support networks.

The current study's articulation of self-directed and externally directed pathways has highlighted the importance of the reconstruction of the personal narrative throughout the recovery process, often through the desire to pursue a lifestyle focused on building connectedness to others, principally to family. The sense of achievement from new opportunities gave participants a vision of life beyond their recovery and fostered resilience against relapse. This supports the use of Mindfulness (de Lisle, Dowling, & Allen, 2011) and Motivational Interviewing (Oei, Raylu, & Casey, 2010) approaches, in addition to other practices that aim to assist the individual to articulate their personal goals, and to develop the skills and resources that they will require to achieve them. Goal articulation will be most relevant and challenging to externally directed individuals, and self-directed individuals would benefit from practical assistance to realise their goals. Treatment plans for externally directed clients could also include improving assertiveness skills to assist help-seeking, self-confidence and sense of agency to take initiative when desired and required, as well as resilience in challenging situations (Petty, 2005).

Limitations and future directions

The present study had methodological limitations, which must be acknowledged. In addition, while providing new insights into informal gamblers' recovery processes, the study also revealed gaps in knowledge to be addressed in future research.

Findings of this study cannot be generalised to the population of adults attempting informal recovery because a representative sample of the population was not recruited. This is common with all qualitative research, which emphasises the richness of deep engagement with a small sample. The narratives collected for this study provide rich, contextual information that can deepen understanding of the lived experience. Hence, the themes and other interpretations from the narratives may be used to guide understanding of others' experiences of informal recovery from gambling problems (Horsburgh, 2003). They may also provide an important source of information for a larger, more generalised study of informal recovery processes.

The narrative accounts provided here gave rich insight into the perspectives of adults in recovery from gambling problems. Interestingly, some elements of the process considered important in theory and therapeutic practice, including lapse and relapse events, were relatively minor themes. As narratives are an individual's subjective construction of the lived experience, triangulation of narratives from family, friends, employers and others, as well as observational, possibly ethnographic, data would provide further insight and truthfulness.

The majority of participants recruited in the current study were living in metropolitan Melbourne at the time of the interviews, preventing comparisons between experiences of participants in regional Victoria with those living in metropolitan Melbourne. This is an area of research that is lacking and requires careful examination not only of individual experience, but also of service accessibility and delivery in regional centres and more remote rural areas, and consideration of community cultures and lifestyles (e.g. farming communities compared to commercially diverse communities). While many of the findings were concordant with previous studies, it would be interesting to also conduct a similar study in jurisdictions with very different gambling product range and accessibility, and approach to gambling problem prevention, regulation, and treatment to further illuminate the impacts of cultural, ecological, market, intervention, and regulatory environments.

Participants expressed concern about beginning to gambling online and the greater challenges to recovering from gambling online, including sports betting. Given that one of the primary strategies was to avoid venues, recovery from online gambling would present increased challenges given the ubiquity of gambling opportunities online. Few participants of this study reported online gambling problems and the related challenges of recovery in this context. While it is anticipated that many of the themes identified in the present and previous studies of informal recovery processes would apply to this recovery experience, the reliance on Internet access in modern society may present challenges and responses to those challenges that have not yet been documented.

Key findings in the current study pertaining to recovery capital and personal goal fulfilment as a primary driver of recovery related more closely to alcohol and drug recovery literature (Best & Laudet, 2010; Best & Lubman, 2012; Granfield & Cloud, 2001; White, 2007) rather than existing gambling recovery literature. Reference to broader addiction literature was useful to contextualise the findings, and it may be useful for gambling researchers to similarly look to these allied research areas to contextualise and assist with the meaningful interpretation of findings, as well as to provide relevant theoretical frameworks in their studies.

While the current study's methodology facilitated some insight into temporal processes of gambling recovery, future studies should consider the use of a prospective or observational methodological design. This may be valuable to the further development of effective support, treatment and policy interventions. Additionally, a small number of participants self-identified as "recovered" in the present study, however relatively little substantial data in relation to sustained recovery was available for analysis. More meaningful and novel insights into sustained recovery could be yielded through interviews with people who have experienced low-level severity or no gambling problems for a number of years.

Finally, despite intensive efforts, the sample contained a bias to male participants, with only 10 women out of a total of 32 participants. Studies have shown that experiences of gambling problems can vary between men and women (Potenza et al., 2014; Slutske, Piasecki, Deutsch, Statham, & Martin, 2015; Wong, Zane, Saw, & Chan, 2013). Some minor differences in narratives were observed between genders in this study, particularly in relation to the impetus for change for men and women. It is not known whether this is an artefact of this sample or if this difference exists in the wider population. It would be useful for future research to examine this in a larger, more representative sample. Further, other demographic, economic and social characteristics such as cultural background, migration experiences, employment status and security, connectedness to online and terrestrial communities, level of debt at recovery initiation could be examined to further develop a holistic understanding of the process of recovery.

Strengths of the study

A primary strength of the study is that narratives were invited of members of the community who had experienced gambling issues, rather than relying on clients in counselling services. This was a deliberate strategy to (a) capture the narratives of people who had received minimal formal treatment, as they comprise the majority of people who are in recovery from gambling problems, and (b) capture their narratives in their own language, without having been influenced by the therapeutic process. This methodological approach was further strengthened by the active recruitment of young adults, which provided new insights into the recovery process for this group, a group vulnerable to gambling issues and unlikely to seek professional help. The narratives of older adults provided a comparison group with which to examine the factors more salient to young adults.

Distinct recovery pathways emerged from the narratives of participants, in terms of narratives that described self-recognition of a problem (self-recognised pathway) and those where recognition of a problem was through confrontation from others or an event (externally recognised pathway). In addition, distinct pathways emerged in narratives describing the impetus for change, between those participants whose narratives demonstrated that they were following a self-directed pathway in their recovery effort and those who had others driving and managing their recovery effort (externally directed pathway). The importance of personal, social, financial, and cultural resources in both supporting and hindering the recovery process has been highlighted in the study. The pathways identified provide an additional layer of understanding of how their influence may be experienced by different recovering gamblers. The study proposed the use of the recovery capital construct as a framework to further investigate the influences of resources on the recovery process and to develop effective interventions and regulation.

Although the study found younger and older adults were more similar than different in recovery trajectories, differences in recovery motivations and personal narrative reconstruction emerged between younger and older participants. Younger participants who were self-directed in their recovery were more likely to be motivated by a desire to achieve age-related milestones, such as maintaining a long-term relationship, travelling overseas and purchasing a home. These milestones were aspirational but also formed their expectations for themselves and their peers. Their awareness of the negative effect of their gambling involvement on their ability to achieve these milestones was often prompted by reflecting on the milestone achievements of their close peers (who did not gamble as intensively as themselves) and a desire not to be “left behind”. Some older participants also articulated a desire to begin a new narrative not structured by gambling involvement or recovery but this was not linked to age-related milestones. A number of these participants had been gambling for many years and had developed substantial gambling and recovery narratives. The resolution of their recovery narratives involved shifting the focus of their narrative to family, friends and the community and, in turn, their role in relation to others (e.g. parent, grandparent, volunteer).

The role of employers in the recovery process was an unexpected finding. The interviews yielded evidence that symptoms of gambling problems may be displayed in the workplace (e.g. through requests for salary advances or lost productivity) and that employers can, and do, recognise signs and confront their staff about their problem. Further, the data suggested that employment status and security can influence the individual's response to problems, and their overall progress through their informal recovery process. This is an area of a recovering gambler's life that has received comparatively little attention, however could be important in understanding the needs of recovering gamblers and developing useful resources for supporting informal recovery.

Summary

The study reported on three temporal benchmarks in informal gambling recovery, recognition of a problem, impetus for recovery, and implementation of strategies for recovery. The emergent themes from participant narratives were consistent with those reported previously in gambling research. The study extended on extant literature through the articulation of recovery pathways that emerged from examination of the features of narratives (e.g. language use, tone, character descriptions). The recovery pathways were defined according to the perceived centrality of agency of the individual in their recovery, that is, whether the participant positioned themselves, or others or circumstances, as the driving agent of the initiation and management of the recovery process.

Young adult participants were more similar in their recovery experiences to older adults than initially expected. Young adult participants primarily differed from older participants through a strong belief in their tendency towards personal agency to initiate and maintain their recovery process, and motivation to achieve personal goals and age-related milestones, such as purchasing a house and maintaining a long-term relationship.

Importantly, the study found that problem recognition could be delayed by the social milieu and responses of people around the individual. Gambling and associated harms could be normalised through social approval and excessive involvement in gambling by peers. Some family members responded to the experience of gambling harms by implementing strategies that reduced the severity of gambling-related harms for family members, and consequently maintained harm severity below the perceived critical threshold that would indicate that recovery was required.

Recovery capital is proposed as a helpful framework for investigating recovery and developing effective policy and regulation. Participants' level of recovery capital had a notable effect on the resources available to support their recovery process. Potential interventions to support recovery based on the recovery capital framework are suggested. The study found that workplaces could also contribute resources to support recovery through informal strategies as well as employer assistance programs.

The findings demonstrated the importance of tailoring primary and secondary intervention and recovery strategies according to centrality of agency of the individual in different pathways in recovery recognition, impetus, and strategy management, as well as to the age of individuals. Parallels between gambling problem recovery narratives with those of alcohol and other drug recovery narratives support the pursuit of collaborations between professionals in behavioural and substance addiction recovery.

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Appendices

Appendix A: Summary tables of participant demographic and gambling involvement information

Table A1: Older participant demographic and gambling involvement summary

Gender	Age	Employment	PGSI score	PGSI category	Relationship status	Suburb location	Problematic mode	Gambles with	Self-exclusion	Gambler's Help / Gambler's Anonymous contact
Male	60–69	Retired	7	Moderate risk	Married / De facto	Central East	EGMs	Friends	No	No
Male	40–49	Unemployed	15	Problem gambler	Single	Inner South-East	Racing	Alone	Yes	Counselling
Male	60–69	Aged pension	1	Low risk	Married / De facto	Central East	EGMs	Alone	No	No
Male	60–69	Retired	8	Problem gambler	Married / De facto	Outer South-East	EGMs	Partner / Spouse	No	No
Male	60–69	Full-time	8	Problem gambler	Single	Outer South-East	EGMs	Alone	No	Counselling
Male	70+	Pensioner	12	Problem gambler	Married / De facto	Regional South-East	Racing	Alone	No	Called/ emailed
Male	50–59	Full-time	22	Problem gambler	Separated	Outer Eastern	Racing	Alone	No	Called/ emailed
Male	40–49	Full-time	12	Problem gambler	Married / De facto	Central North-West	Casino table games	Alone	No	Gambler's Anonymous
Male	60–69	Newstart pension	11	Problem gambler	In relationship	Inner East	Racing	Alone	No	Counselling
Male	40–49	Full-time	9	Problem gambler	Married / De facto	Central North	Racing	Alone	No	Called / emailed
Male	50–59	Full-time	5	Moderate risk	Married / De facto	Central South-East	Racing	Alone	No	Counselling
Male	30–39	Full-time	5	Moderate risk	Married / De facto	Outer North-West	Casino table games	Friends	No	No

Female	50–59	Disability pension	16	Problem gambler	Married/De facto	Outer North	EGMs	Alone	No	No
Female	60–69	Aged pension	11	Problem gambler	Single	Central South-East	EGMs	Alone	Yes	Counselling
Female	40–49	Full-time	16	Problem gambler	Single	Central South-East	EGMs	Alone	No	Counselling
Female	60–69	Retired	13	Problem gambler	Married/De facto	Outer South-East	EGMs	Alone	No	Called/ emailed
Female	40–49	Disability pension	23	Problem gambler	Married/De facto	Central North-West	EGMs	Alone	No	No
Female	40–49	Volunteer	20	Problem gambler	Single	Central North	EGMs	Alone	No	No

Table A2: Young adult participant demographic and gambling involvement summary

Gender	Age	Employment	PGSI score	PGSI category	Relationship status	Suburb location	Problematic mode	Gambles with	Self-exclusion	Gambler's Help / Gambler's Anonymous contact
Male	25–30	Full-time	5	Moderate risk	Single	Central South-East	Casino table games	Friends	No	No
Male	25–30	Full-time	1	Low risk	In relationship	Central South-East	Casino table games	Alone	No	No
Male	25–30	Full-time	12	Problem gambler	Married / De facto	City	Casino table games	Alone	No	No
Male	18–24	Part-time / Casual	17	Problem gambler	Single	Regional North-West	Online poker	Alone	Online	Called / emailed
Male	18–24	Student	10	Problem gambler	Single	Central South-East	Racing	Friends	No	No
Male	25–30	Student	18	Problem gambler	Single	Outer South-East	EGMs	Alone	No	Counselling
Male	25–30	Part-time	0	Non-problem gambler	In relationship	Inner South-East	EGMs	Alone	No	No
Male	18–24	Full-time	1	Low risk	In relationship	Regional North-West	Casino table games	Friends	No	Called / emailed
Male	25–30	Student	13	Problem gambler	Single	Central North	EGMs	Alone	No	No
Male	25–30	Unemployed	11	Problem gambler	Married / De facto	Outer North-West	EGMs	Alone	No	No
Female	25–30	Full-time	17	Problem gambler	In relationship	Outer North	Online EGMs	Alone	Online	No
Female	30–39	Housewife	11	Problem gambler	Married / De facto	Outer North-West	EGMs	Alone	No	No
Female	18–24	Full-time	15	Problem gambler	In relationship	Outer South-East	EGMs	Alone	No	No
Female	25–30	Student	3	Moderate risk	Married / De facto	Outer South-East	EGMs	Friends	No	No

Appendix B: Advertisements for recruitment

Figure 1. Print media advertisement

Has your GAMBLING ever been out of control?

The Australian Gambling Research Centre
wants to hear your story about how you've
managed gambling issues

If you are over 40 years of age, have had some
issues with your gambling, and are interested in
participating in this study, please contact us

Email: gstudy@aifs.gov.au Phone: (03) 9214 7968

In compensation for your time, you will be offered a
\$50 supermarket gift card


All enquiries will be treated **privately** and **confidentially**



Australian Government
Australian Institute of Family Studies
Australian Gambling Research Centre

www.aifs.gov.au/agrc


Figure 2. Example Facebook advertisements



Australian Gambling Research Centre
Sponsored · 🌐

Like Page

Tell us your story. How do you manage gambling issues? Participate & receive a \$50 voucher




Journeys Through Gambling
Have you had issues with gambling? We would like to hear your story about how you dealt with gambling.

WWW3.AIFS.GOV.AU

Learn More


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Tell us your story. How do you manage gambling issues? Participate & receive a \$50 voucher




Journeys Through Gambling
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Journeys Through Gambling
Have you had issues with gambling? We would like to hear your story about how you dealt with gambling.

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Text used in Gumtree advertisement

Title

Like pokies or a punt & aged 18-30?

Location

Australian Gambling Research Centre, 485 La Trobe Street, Melbourne.

Main text

If you:

- Have had issues with your gambling
- Are aged 18-30 years
- Live in Victoria
- Want to give others advice on how to manage gambling issues.

We would love to hear your story.

The project will look at:

How people manage their gambling, either on their own, or with the help of family or friends.

How you take part:

Interviews will be done over the phone at a convenient time to you. You will receive a \$50 supermarket voucher for your time.

Contact us with your name (or a fake name), and an email or phone number by sending an email to gstudy@aifs.gov.au, or calling (03) 9214 7968.

For more information you can read the project's website:

<https://www3.aifs.gov.au/agrc/projects/journeys-through-gambling-strategies-across-life-stages>

Appendix C: Interview schedule

Can you tell me about when you first thought that gambling was causing issues for you?

What motivated you to do something about your concerns?

How did you work out what to do about your concerns?

- What challenges did you face?
- What/who was helpful?
- What/who would have been helpful?

What happened when something you tried wasn't successful?

- What caused it to be less/not successful?
- What were the consequences?

How did people around you react?

- What reaction were you hoping for?
- What reaction would have been more helpful?

Can you describe your "turning-point" moment/s?

For interviewer reference: A list of potential support or hindrances to the recovery process. Check whether any of these are relevant in addition to the narrative provided:

- Self – emotional, self-image, self-regulation
- Partner
- Family – current
- Family – growing up
- Friends
- Employer / Co-workers
- Venues / venue workers
- Counselling
- Neighbourhood
- Community
- Media
- Policy
- Social attitudes

Appendix D: Survey of demographics, gambling involvement, help-seeking, and problem gambling severity

The following questionnaire was completed over the telephone at the end of each interview

Demographics

**Interviewer record*

Male ☐
Female ☐

Q. How old are you?

18-24 ☐
25-30 ☐
40-49 ☐
50-59 ☐
60-69 ☐
70+ ☐

Q. Were you born in Australia?

Yes – Aus ☐
No – OS ☐

Q. Which of the following best describes your marital status?

Single ☐
In a relationship ☐
Married/De facto ☐
Divorced ☐
Widow/widower ☐
Other status ☐

Q. In the past 12 months, how many hours a week did you usually work...? (Please leave blank if answer is zero hours)

Full time	
Part time	
Casual	
Self employed	
Pension	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Other	<input type="checkbox"/>

Q. What is your postcode?

Gambling participation**Q: How often in the past 12 months have you participated, on average, in each of these types of gambling and betting?**

Activity	Land-Based					Online/Internet Based				
	About weekly or more often	A couple of times a month	About once a month or more	A couple of times a year	Never	About weekly or more often	A couple of times a month	About once a month or more	A couple of times a year	Never
Lotteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant scratch tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horse, dog or other animal race betting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pokies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional sports betting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker at a private residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poker at a commercial venue, not casino (e.g. pub)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino table games (blackjack, roulette, poker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting on private skill games (e.g. pool, mah jong, bowling or darts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q. Which activities were most associated with your gambling issues?

Problem activity	Yes
Lotteries	<input type="checkbox"/>
Instant scratch tickets	<input type="checkbox"/>
Horse, dog or other animal race betting	<input type="checkbox"/>
Pokies	<input type="checkbox"/>
Professional sports betting	<input type="checkbox"/>
Keno	<input type="checkbox"/>
Poker at a private residence	<input type="checkbox"/>
Poker at a commercial venue, not casino (e.g. pub)	<input type="checkbox"/>
Casino table games (blackjack, roulette, poker)	<input type="checkbox"/>
Bingo	<input type="checkbox"/>
Betting on private skill games (e.g. pool, mah jong, bowling or darts)	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

Q. When you gamble or bet, WHO do you usually gamble or bet WITH?

Alone	<input type="checkbox"/>
My friends	<input type="checkbox"/>
Partner/Spouse	<input type="checkbox"/>
Strangers	<input type="checkbox"/>
My parents	<input type="checkbox"/>
My bother(s) or sister(s)	<input type="checkbox"/>
My grandparents	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>

Q. Have you ever signed up to the self-exclusion program at a gaming venue?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q. Have you ever contacted Gambler's Help services, Gambler's Anonymous, or any other problem gambling counselling service?

- Yes – just called/emailed ☐ 0
- Yes – counselling sessions ☐ 1
- No ☐ 2

Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001)**Q. The next group of questions are about experiences you might have had because of your gambling or betting.****Thinking about the last 12 months...**

	Never	Sometimes	Most of the time	Almost always
Have you bet more than you could really afford to lose?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
When you gambled, did you go back another day to try to win back the money you lost?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have you borrowed money or sold anything to get money to gamble?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have you felt that you might have a problem with gambling?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Has gambling caused you any health problems, including stress or anxiety?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Has your gambling caused any financial problems for you or your household?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Have you felt guilty about the way you gamble or what happens when you gamble?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

