

Department of Social Research  
University of Helsinki  
Finland

**PROBLEM GAMBLERS AND MONEY**  
UNBALANCED BUDGETS AND FINANCIAL RECOVERY

**Maria Heiskanen**

ACADEMIC DISSERTATION

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# ABSTRACT

This thesis presents a study of the everyday life financial dimensions of problem gambling and recovery from the financial problems associated with excessive gambling. Bringing the focus onto money challenges the individualized and medicalized understanding of this issue, and emphasizes the financial features of the social links that connect the gamblers to their surroundings – to both family and to society.

The purpose of this study is to discuss problem gambling as a financial issue, to study the everyday life (unbalanced) budgets and financial matters of problem gamblers, and to discover their financial recovery processes, with or without the support from state public welfare services. In practice, the results of this study aim to support the development of prevention of problem gambling and services (especially financial support) for people who have experienced problems with their gambling. Using three data sets, this research asks: what gambler consumer clusters can be identified in Finland? How do problem gamblers experience financial problems as being secondary to gambling? How do they perceive the assistance available in deteriorating financial situations, partly related to their socio-economic positions? What meanings do Finnish social services directors give to the public (financial) support available for problem gamblers? First, the main data set comprises 17 thematic interviews with individuals who have experienced problematic gambling. The second data set includes 11 email and phone interviews with different-level social services directors in the most populous cities in Finland, while the third data set is a population survey entitled “Finnish Gambling 2011”.

The main results of this thesis consider: gambler consumer clusters in Finland; the roles of money, the gamblers’ attempts to balance their everyday life budgets after gambling takes its wedge, and other financial matters in their everyday lives; socio-economic differences in experiencing the financial problems secondary to gambling and in the recovery from them; and social and financial support available for problem gamblers.

First, three problematic issues connected to money during different phases of problem gambling are identified: needing money for gambling, missing money due to gambling and potential money to sort out the problems caused by gambling. A problem gambler uses too much money on gambling, which creates deficits in other areas of life. Then there are attempts to fill the gaps with potential money, which involves obtaining money from a range of sources, some legal and others illegal. The everyday life financial affairs and practices described by the gamblers revealed the episodic nature of problem gambling: disposable money means that gambling activities are organized temporally. Also, as chasing (continuing gambling to win back the lost money) is one of the key elements in

recognizing disordered gambling, it is important to acknowledge the acts problem gamblers commit to obtain the money to chase losses with.

Second, this thesis shows that gamblers in general are heterogeneous consumers. Problem gambling is most common among gamblers who play many different games. Problem gamblers come from different socio-economic backgrounds, which results in variations in the nature of the financial problems in the everyday life of the gamblers and their households. Also, their paths to financial recovery vary, especially regarding public financial assistance and social services in general, as problem gamblers have different subjective “distances” from public services.

Third, problem gamblers themselves may conceptualize their problems as financial and feel that their concerns are left unaddressed in treatment. Also, measures to recognize problem gambling within social services seem necessary. The social service directors expressed the view that financial support is available for problem gamblers but requires resources, especially for the more controlling measures such as having a social worker manage the client’s finances. Control in general is an important element in supporting problem gamblers financially, as different money-management strategies may influence the gambler’s financial autonomy, but may provide support in managing financially.

Problem gambling is often understood as a mental health issue and treated with individual therapy. This study suggests that the prevention and treatment of problem gambling ought to be set in a broader, financial perspective. Financial capability, including an individual’s opportunities and abilities to utilize financial instruments, could be a useful concept for problem gambling prevention and treatment. The prevailing understanding of gamblers as “responsible” consumers imposes some moral weight, especially on those gamblers who are in need of financial support. Gambling is undertaken with money, and the cycles of everyday life budgets, as well as the different social and economic positions of the gamblers, should be recognized and acknowledged.

# TIIVISTELMÄ

Tutkimuksessa tarkastellaan rahapelien ongelmapelaamisen ja siitä toipumisen taloudellisia ulottuvuuksia. Raha on yksi rahapelaamisen pääelementeistä, ja se sitoo pelaajat heidän sosiaalisiin ympäristöihinsä.

Tutkimuksen tarkoituksena on tutkia rahan eri rooleja ongelmapelaajien arjessa sekä heidän mahdollisuuksiaan taloudelliseen toipumiseen. Tutkimuksen tulosten avulla voidaan kehittää rahapeliongelmiin ehkäisyä ja ongelmapelaajille suunnattuja palveluja (erityisesti taloudellista tukea). Tutkimuksessa kysytään, millaisia rahapelaajien kuluttajaryhmiä Suomessa on, miten ongelmapelaajat kokevat pelaamisesta aiheutuneet taloudelliset ongelmat sekä miten ongelmapelaajat toipuvat ongelmapelaamisesta taloudellisesti. Lisäksi kysytään, miten sosiaalijohtajat ymmärtävät ongelmapelaamisen ja miten ongelmapelaajia voidaan sosiaalipalveluissa auttaa. Kysymyksiin etsitään vastauksia kolmesta aineistosta. Pääaineistona on 17 ongelmapelaajan haastattelua, toisena aineistona 11 sosiaalijohtajan sähköposti- ja puhelinhaastattelua ja kolmantena ”Suomalaisten rahapelaaminen 2011” -väestökysely.

Tutkimuksessa tunnistettiin kolmenlaisia rahan rooleja ongelmapelaajan arjessa: ensin pelaamiseen kuuluu yhä enemmän *pelirahaa*, mikä aiheuttaa *puutteita* muussa arjessa. Näiden puutteiden korvaamiseksi ja pelaamisen jatkamiseksi etsitään *potentiaalista rahaa* laillisista ja laittomista lähteistä. Keinot hankkia lisää rahaa saattavat olla hyvinkin haavoittavia. Käytettävissä oleva raha jaksoittaa pelaamista ajallisesti, ja rahalla myös kontrolloidaan pelaamista tasapainoteltaessa pelaamisen ja arjen menojen välillä.

Ongelmapelaajat ovat erilaisissa taloudellisissa tilanteissa. Koska rahapelejä pelataan rahalla, ilmenevät talousongelmat eri pelaajilla eri tavoin. Myös mahdollisuudet taloudelliseen toipumiseen ja taloudellisen tuen muodot (sekä julkisten palvelujen että läheisten tuki) ovat erilaisia. Sosiaalijohtajat liittävät ongelmapelaamisen erityisesti taloudelliseen eriarvoisuuteen.

Ongelmapelaajat itse käsittävät ongelmansa usein ensin taloudelliseksi mutta ongelmapelaamiseen apua tarjoavissa palveluissa taloushuolet saatetaan ohittaa. Sosiaalipalveluissa on tarjolla myös taloustukea. Erityisesti talousasioiden kontrolli nousi tutkimuksessa esiin.

Ongelmapelaaminen ymmärretään usein mielenterveysongelmaksi, jota hoidetaan yksilöterapiassa. Tämän tutkimuksen tulosten mukaan ongelmapelaamisen ehkäisy ja hoito tulisi asettaa laajempaan, taloudelliseen kehykseen, jossa keskityttäisiin esimerkiksi talousosaamisen vahvistamiseen tai velkaantumisen ehkäisyyn. Tärkeää olisi myös tunnistaa ongelmapelaamisesta kärsivien taloudellisten tilanteiden erot sekä pelaamisen kiinnittyminen arjen talouteen ja käytettävissä olevan rahan määrään.

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In October 2017 at home in Espoo,  
Maria Heiskanen



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# LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following publications:

- I Heiskanen, Maria & Toikka, Arho (2016). Clustering Finnish gambler profiles based on the money and time consumed in gambling activities. *Journal of Gambling Studies*, 32 (2), 363–377.
- II Heiskanen, Maria (2017). Is it all about money? A qualitative analysis of problem gamblers' conceptualisations of money. *Nordic Studies on Alcohol and Drugs*. Online first publication, August 21, 2017.
- III Heiskanen, Maria & Egerer, Michael (submitted manuscript). The conceptualization of problem gambling in social services: Email interviews with Finnish social services directors.
- IV Heiskanen, Maria (2017). Financial recovery from problem gambling: problem gamblers' experiences of social assistance and other financial support. *Journal of Gambling Issues*, Issue 35, 24–48.

The publications are referred to in the text by their roman numerals.

# 1 INTRODUCTION

*Again, it all comes down to this bet. If it just went right, the winnings would pay off all the debts. But again, the wrong team wins. Can't tell anyone, can't pay any more, not even the interests. Rent is due, phone is cut off. The only chance for getting the necessary money is, well, from gambling. One more instant loan; once more going to the company account. Again, it all comes down to this bet.*

Gambling offers an opportunity to win something more valuable than one has staked. Gambling provides an opportunity to dream of riches, and for most people, staking a little money and dreaming is enough. For others, gambling is not even about the chance to win, but rather, for example, about spending time with friends. But for some, gambling becomes an obsession, a compulsion; the wish to win becomes a must. Gamblers lose not only money, but the sense of choosing, of having the opportunity to gamble or not, and somehow they even lose themselves in the game.

Excessive, hazardous gambling is recognized as a mental health disorder with certain characteristics and recommendations for therapeutic treatment. Instead of framing problematic gambling as only a mental health problem, this study focuses on money and financial issues in problem gambling and the recovery from the financial difficulties that problem gambling brings. Money has many meanings in gambling: it is the instrument used for practicing gambling, it can motivate gambling, and it gives meaning to the whole activity. Money in gambling does not mean only the actual euros or cents, but money can also reflect dreams or desperation and everything in between. At the same time, money is one of the strings that attach gambling activities to a gambler's everyday life. Gambling would not reflect dreams or desperation if the money in gambling did not also mean money in life. These monetary strings are in the spotlight in this study.

The episodic understanding of problem gambling, including sequential phases of gambling, problems and the severity of them, presented by Lesieur (1984), Binde (2016a; 2016b) and Reith & Dobbie (2012; 2013a; 2013b), for example, is developed further in this study, from the financial perspective. The multiple roles of money in the everyday life of a problem gambler are revealed. Continuing the work of Egerer (2014), the actual and cultural place of problem gambling within social services is discussed. It is essential to examine financial recovery from problem gambling, as the problem often results in financial difficulties. The number of studies with a sociological approach towards gambling and problem gambling has increased, and this study derives from that literature. Furthermore, a framework for social policy, welfare studies and social work in gambling studies is developed further. Alcohol policy, for instance, had already been defined as part of

social policy by Pekka Kuusi in the 1960s (Kuusi, 1961), but gambling problems seem to be defined from individual, psychological perspectives. Lotteries Act in Finland was changed in 2016, and the previous three gambling companies were merged into one from the beginning of 2017. In the new law, the purpose of the Lotteries Act was changed slightly: previously one of the stated purposes of this Act was to prevent and diminish social and health harms caused by gambling, but now preventing also *financial* harms were included (Lotteries Act, 1 §). This study brings knowledge to fulfil this purpose.

The prevailing understanding of problematic gambling often rests on the shoulders of individual gamblers. In 2007, Bernhard and Preston wrote in the Introduction of the thematic issue of *American Behavioral Scientist* about the hope that sociological tools for understanding problem gambling would “complement those perspectives and voices that are more loudly heard in the field of problem gambling studies”. They continued: “most of the increasing number of conferences that pertain to problem gambling demonstrate the dominance of psychological, psychiatric, and medical interpretations of these behaviors” (Bernhard & Preston, 2007, p. 4). Much has happened in ten years, but psychological perspectives in understanding problematic gambling seem to continue to be in the mainstream of problem gambling studies. In Finland, gambling studies have been mostly conducted within alcohol studies and on the fields of psychiatry and psychology, and further research on gambling politics and problem gambling service system is required (Lintonen, Nordmyr, Raisamo & Tammi, 2016).

Maas (2016, p. 284) suggests that individual predictors of problem gambling dominate current gambling research and that these individual predictors “are not universal but, instead, vary with the economic position of the problem gambler”. Money, which is the core element in gambling, has mostly had an instrumental role in problem gambling research. Problem gamblers are a heterogeneous group in different socio-economic positions, and the financial losses and consequences are an important topic to study to promote the prevention of problematic gambling and to develop services outside the scope of therapeutic treatment. People from varying economic positions are likely to experience varying financial difficulties, thus research is needed to design the best possible instruments for support.

At the scale of the global economy, the main idea of commercial gambling is that operators do not pay as much money to winning gamblers as they earn from losing gamblers (Binde, 2016b). Markham and Young (2015) discuss “Big Gambling”, the multi-billion gambling industry, which would not be profitable without the gamblers. Global gambling losses have been estimated to be 500 billion dollars (Economist, 2015), and Finns are among the top five gambling consumers in the world (Economist, 2016). However, gamblers’ relationships between money, income, debt, financial management and gambling at an individual level have attracted less attention (see Barnard et al., 2014). Problem gamblers, among others, participate in financing the

gambling companies, and as “the drug that fuels disordered gambling is money” (Nower & Blaszczynski, 2014, p. 393), their monetary experiences deserve to be discussed.

This study is comprised of four articles. The first article identifies different gambler consumer clusters among Finnish population. The second article examines problem gamblers’ perceptions and experiences of financial troubles and money during the time when gambling is excessive and problematic. The third article discusses how social services directors perceive problematic gambling and the kind of support that is available for problem gamblers experiencing financial troubles. The fourth article presents problem gamblers’ own experiences of financial recovery from excessive gambling. The articles and research questions and data sets in each of them are presented in Table 1.

**Table 1.** *Research questions and data sets in the original articles.*

<b>Title</b>	<b>Research questions</b>	<b>Data</b>
<b>(I) Clustering Finnish gambler profiles based on the money and time consumed in gambling activities</b>	<p>What gambler clusters can be found among Finnish gamblers based on the frequency of gambling and spending of money and time in gambling?</p> <p>What kind of socio-demographic heterogeneity can be found between the clusters, and how does the rate of problem gambling vary in these groups?</p>	Survey “Finnish gambling 2011” (N = 4,484)
<b>(II) Is it all about money? A qualitative analysis of problem gamblers’ conceptualisations of money</b>	<p>What practices do problem gamblers have and what money-related meanings do they give in their everyday life, during the time when their gambling is problematic?</p>	Thematic interviews with problem gamblers (N = 17)
<b>(III) The conceptualization of problem gambling in social services: Email interviews with Finnish social services directors</b>	<p>How do the Finnish social services directors conceptualize problem gambling?</p> <p>What support methods for problem gamblers seem viable to social services directors?</p>	Email and phone interviews with social services directors (N = 11)
<b>(IV) Financial recovery from problem gambling: problem gamblers’ experiences of social assistance and other financial support</b>	<p>What experiences of financial support do problem gamblers have, especially related to financial social assistance from public services?</p>	Thematic interviews with problem gamblers (N = 17)

This dissertation examines the financial consequences of gambling within problem gamblers' social environments, in the framework of social sciences. Through the experiences discussed by problem gamblers on the multiple roles of money within their everyday life during their problematic gambling, and their financial recovery strategies, this study aims to emphasize the financial aspects of problem gambling and the recovery from it, to complement the understanding of problem gambling as a mental health disease. Also, this study examines gambler consumer groups in Finland, and discusses problem gamblers' social and economic positions as an element to be considered in problem gambling prevention and treatment.

Furthermore, the study aims to reveal problem gamblers' connections with the public financial support available in Finland. Money and financial affairs are regarded in this study as the connection that ties problematic gambling behavior to the surroundings of the gambler. The Nordic model for social policy and for organizing the welfare state in Finland has been based on the institutional, redistributive model, in which social welfare is an integrated institution in society. The goal is equality, which is reached by supplementing the unequal markets with public, social policy system. The Nordic, social-democratic model stands on the principles of solidarity and the redistribution of economic resources and opportunities. (Helne, 2003; Esping-Andersen 1990; Kananen 2014.) Problem gambling framed as an individual, mental health disease neglects the support the problem gamblers and their families may need to re-balance their budgets and recover financially. Thus, the context of a Nordic welfare state service system allows this study to focus on the societal dimensions of problem gambling, from the perspective of individual situations. The social welfare model in Finland provides an excellent environment to study the financial consequences of problem gambling and survival of them, and this study provides implications for designing financial services for problem gamblers in different jurisdictions and welfare models.

In practice, the results of this study aim to support the development of prevention of problem gambling and services (especially financial support) for people having gambled excessively. Overall, the purpose of this study is to discuss problem gambling as a financial issue, to study the everyday life (unbalanced) budgets and financial matters of problem gamblers, and to discover their financial recovery processes, with or without the support from public welfare state services.

Research questions of this study are:

1. What gambler clusters can be identified in Finland? (Article I)
2. How do problem gamblers experience financial troubles as being secondary to gambling? How do they perceive the assistance available

in deteriorating financial situations, partly related to their socio-economic positions? (Articles II and IV)

3. What meanings do Finnish social services directors give to the public (financial) support available for problem gamblers? (Article III)

This study mainly has a qualitative approach, with two qualitative data sets, and one quantitative. The main data set comprises 17 interviews with people who have suffered from problem gambling and have experienced a variety of financial troubles related to their gambling. While the excerpt at the beginning of this introduction was not stated by any participant, it captures the spirit and sentiment of the interviews with problem gamblers. It is vital for the personal experiences of the phenomenon to be listened to when trying to understand the larger structures around the problem, and for developing best practices for supporting people with their difficulties. Other data sets are email and phone interviews with Finnish social services directors, and a nationally representative population study. Binde (2016a, p. 392) notes that qualitative approaches “are relevant to advancing problem gambling theory, which largely builds on quantitative studies aimed at isolating and measuring specific demographic, social and psychological factors”. Furthermore, combining qualitative and quantitative approaches and different data sets allows for a wide examination of problem gambling and money.

It has been estimated that in Western countries 0.5–1 percent of populations have suffered from serious gambling addiction and 1.5–2 percent from milder problems caused by excessive gambling (Williams, Volberg & Stevens, 2012; Binde, 2011). This study was conducted in Finland, where gambling can be seen as a national recreation. In Finland, 80 percent of people gamble at least occasionally (Salonen & Raisamo, 2015), and gambling opportunities are widely available and visible on virtually every corner. However, it seems that gambling consumptions is accumulated on a small minority of Finns, who may have gambling problems or other social and health problems as well (Salonen, Kontto, Alho & Castrén, 2017). The profits of the Finnish gambling monopoly company are used for “good causes”: social and health organizations, culture, sports and youth work, for instance. It was estimated in 2015, that about one percent of the Finnish population suffered from serious gambling addiction and altogether 3.3 percent were identified as problem gamblers (Salonen & Raisamo, 2015). Furthermore, 19.3 percent of the population has had a significant other having problems with gambling (close friends, partners or other family members), and they have experienced a variety of harms themselves (Salonen, Castrén, Alho & Lahti, 2014; Salonen, Alho & Castrén, 2016).

Following this introduction, the thesis presents a discussion of problem gambling as a financial problem in previous research, introduces the data and methods of the study, presents the results of each sub-study and discusses the results in a wider context.

## **2 PROBLEM GAMBLING AS A FINANCIAL PROBLEM**

Defining problem gambling is not a simple task. The purpose of creating the definition often determines its content and that content has consequences (see also Marionneau, 2015, p. 85). For example, classifying an individual as a problem gambler may determine whether she or he is eligible to receive treatment. Various classifications are based on different tests, which are also used in population studies to discern the number of problem gamblers in a country or jurisdiction. The screenings for assessing gambling disorders often ask about the individuals' gambling behavior and the negative consequences of the activity. Wider definitions of problematic gambling include perspectives from the social surroundings of the gamblers, their families and the society.

This section first introduces different definitions and perspectives on understanding problem gambling. Second, it discusses the nature of problem gambling as a risk and examines how it is responded to, especially with concepts such as “responsible” gambling. Third, the literature review presents subgroups of problem gamblers and risk factors for problem gambling, and especially pays attention to research on the connections between low socio-economic position and problem gambling. Fourth, the section examines the different dimensions of money and gambling in the literature: financial motivations for gambling, financial consequences of gambling and financial recovery from problem gambling. Finally, the fifth sub-section of this second chapter describes the current situation in Finland: gambling organization, gambling cultures and services for problem gamblers.

### **2.1 UNDERSTANDING AND DEFINING PROBLEM GAMBLING**

Troubles in controlling the amounts of money and time spent on gambling, and the problems associated with it, are discussed with a variation of concepts. One aspect is whether these symptoms are a clinically recognized condition and defined as gambling disorder. The American Psychiatric Association publishes Diagnostic and Statistical Manual of Mental Health Disorders (DSM), in which pathological gambling was first included in 1980 (DSM-III) (Reilly & Smith, 2013). In the latest, fifth version of DSM, pathological gambling was re-named and re-placed: it is now called gambling disorder, and as pathological gambling was included in the Impulse-Control Disorders Not Elsewhere Classified section, gambling disorder is placed with substance use disorders (Petry et al., 2014).



The diagnostic criteria for gambling disorder in DSM-5 include: increasing amounts of gambled money to achieve the same level of excitement; being restless when trying to cut down gambling; having unsuccessful attempts to quit gambling; often being preoccupied with gambling; gambling when feeling distressed; coming back another day to try to win back previously lost money; lying to conceal the extent of involvement with gambling; jeopardizing relationships, jobs or educational or career opportunities because of gambling; and relying on others to solve the financial difficulties caused by gambling. Four or more of these experienced during the past twelve months indicate gambling disorder. (APA, 2013.) In Finland, the diagnostic criterion in use is the World Health Organization's International Classification of Diseases (ICD-10, 2016), in which pathological or compulsive gambling is described as "frequent, repeated episodes of gambling that dominate the patient's life to the detriment of social, occupational, material, and family values and commitments" (ICD-10, 2016)<sup>1</sup>. Even though money is the signifier of gambling, the screens to identify gambling disorders concentrate more on the attitudes and behavior relating to money than the actual amounts of money lost, and far less money lost relative to income (Reith, 2007).

The medical model of problem gambling, including diagnostic criteria for defining a person having this "condition", has developed during recent decades. Before the medical understanding of problem gambling became more common, excessive gambling was often defined as morally and legally reprehensible, a crime, a bad habit, a vice or a sin (Rosecrance, 1985; Schwartz, 2006; McMillen, 1996). In the past century, the nature of gambling has changed from an "economically marginal, politically corrupt, and often morally dubious activity to a global part in economies" (Reith, 2003, p. 9). The traditional disease model conceptualizes psychiatric illnesses as well-determined entities with some causal core properties, and assumes that the essence lies within the afflicted individual (Ylikoski & Pöyhönen, 2015). Conrad and Schneider (1992) defined a five-stage model for the medicalization of deviance: (1) defining behavior as deviant; (2) medical discovery, (3) medical and non-medical interests, (4) legitimacy and (5) institutionalization. Medicalization of problematic gambling started with psychoanalytic theories challenging the views judging excessive gambling on moral and legal grounds, and with establishment of Gamblers Anonymous in 1957, and progressed with growing middle-class involvement in gambling (Rosecrance, 1985; Lesieur, 1984). With the medical model, the focus of

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<sup>1</sup> In Finnish, the term referring to ICD-10 definition is *pelihimo* which translates as an urge to gamble. Other frequently used terms in Finnish are *patologinen pelaaminen* (pathological gambling / playing) and *peliriippuvuus* (game addiction), but these terms have been criticized for lacking a word referring to money. The currently recommended concept is *rahapeliriippuvuus* (gambling addiction), which was defined in cooperation by several workgroups and boards. (Castrén, Salonen, Alho & Lahti, 2014.)

responding to excessive gambling shifted from moral condemnation towards treatment (Lesieur, 1984).

The medicalized, psychology-oriented view of excessive gambling has been complemented and challenged with more social and public health oriented perspectives defining and understanding the phenomenon. Problem gambling is a more holistic concept, takes context into account, and speaks about consequences to the individual's functioning and the impact on the family and community (Kourgiantakis, Saint-Jacques & Tremblay, 2013). In this broader sense, problem gambling can be characterized by "difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or the community" (Neal, Delfabbro & O'Neil, 2005, p. 125).

Korn and Shaffer (1999) and Korn, Gibbins and Azmier (2003) suggested that problem gambling framed as a public health matter would also capture the economic and social impacts. They list the other traditional frames for gambling, which include: gambling as a matter of individual freedom; a recreational activity; a source of public revenue; or a tool for economic development. The public health frame, as a meta-frame, provides explanations beyond the biomedical focus, including socio-economic factors. Gambling problems reflect "all patterns of gambling behavior that compromise, disrupt or damage personal, family or vocational pursuits, and that lead to adverse consequences". (Korn et al., 2003, p. 244.) Egerer and Alanko (2015) separate the concepts of medicalization and individualization, and discuss how in Finland problem gambling is understood from the non-medical perspective, with social problems in focus, but this social frame does not contradict the individualized perspective prevalent in problem gambling treatment.

Sociological arguments explain problem gambling as situational rather than internal, and the medical model often is criticized for encouraging the view that the disorder is located within the individual instead of the social problems experienced by the individual (Ferentzy & Turner, 2013; Ocean & Smith, 1993; Bernhard, 2007). This categorizing of people with medical concepts is described as being of concern because of the determinism implicit in the illness model conflicting with the voluntaristic view of social action, placing biological and individual factors in a position of prominence and pushing social consideration aside, in addition to the issue of moral neutrality with gambling business (Lesieur, 1984). Even though the research of gambling problems has broadened during recent decades, behavioral approaches have developed faster than those from social sciences, and a need for research to extend on the fields of social issues exists (Cosgrave, 2010; Bernhard & Preston, 2007; Orford, Wardle, Griffiths, Sproston & Erens, 2010).

The research on social issues related to gambling includes interactions between spaces, places and people, social frustration or rewards, and society's power relations (Bernhard & Preston, 2007; Binde, 2009; Cavion,

Wong & Zangeneh, 2008). From a sociological perspective, gambling may also derive from the concepts of play, action or strain (Downes, Davies, David & Stone, 2006). The risks of gambling are often considered to be a matter of individual behavior and individual responsibility, while the social contexts are equally important (Cavion et al., 2008; Binde, 2009). For example, cultural differences and economic and racial inequalities are barely reflected in the tools of detection and measurement of problematic gambling (Volberg & Wray, 2007). The consequences and rewards of gambling are unequally distributed in socially significant ways, and the variables determining the roles of gambling in people's lives include, for example, gender, ethnicity, social class and economic status. "Gambling poses different appeals and difficulties for different groups, and it frequently holds the greatest appeal – and the greatest risk – for marginalized and dislocated populations." (Cavion et al., 2008, pp. 101–102.) Neglecting the connection between problem gambling and larger social structures is troubling, especially in richer countries which have witnessed the recent expansion of gambling (Maas, 2016).

Gambling is a behavioral addiction; hence, intoxicants are not involved. Especially from the psychological perspective, a gambling problem is comparable to other behaviors that can preoccupy an individual's everyday life and result in distress. For example, the American Psychiatric Association included internet gaming disorder as a research category in DSM-5 to encourage more research on this phenomenon (Petry, Rehbein, Ko & O'Brien, 2015). The concept of addiction in general is changing, and day-to-day discussions of addiction are about positive desire, passion and absorption, in addition to negative dimensions such as excessiveness, disease and disorders (Tammi & Raento, 2013). For example, Valkendorff (2014) discusses eating disorders in the context of addiction, and defines addiction as seeking life management, including religion-like devotion in pursuit of the perfect body. In many ways, problem gambling is a similar phenomenon to substance disorder, but one difference could be in the possible amounts of money that can be used: people can only drink a certain amount of alcohol, but no such physical limits exist in gambling.

It seems that the change in understanding problem gambling is from the individual being immoral to being medically diagnosed. The individual and medical explanations, nevertheless, are argued to have neglected the structural and social factors influencing the development and experiences of problem gambling. In this study, the concept used is *problem gambling*, in the wider meaning in line with Kourgiantakis et al. (2013) and Neal et al. (2005). Turning the focus back to financial and legal issues does not seek to discuss sinful or immoral gamblers again, but to broaden the medical understanding. This study gives a voice to the problem gamblers themselves, and describes their financial experiences and financial recovery.

## **2.2 CONTROLLING RISKS – WITH “RESPONSIBLE GAMBLING”?**

Regulating gambling is often a balancing act between collecting revenue for governments and reducing gambling-related problems (e.g. McMillen, 1996; Eadington, 2003). Also, it is about offering a safe environment for gamblers. Lottery sales, for example, can be regarded as being similar to sales of any other retail products, such as food or beverages (Han, Lee & Suk, 2012), and the various forms of gambling construct an enormous consumption industry. Gambling, however, is possibly a dangerous form of consumption, thus it is regulated. The dangers of gambling are related to problem gambling as well as to crime and illegal gambling. (e.g. Orford, 2011; Eadington, 1997.) One difficulty in balancing between gambling regulation and revenue expectations is that the most important positive contributions of commercial gambling, such as jobs, capital investment, stimulus for tourism and tax receipts, are relatively easy to quantify, but gambling's social costs, including problem gambling behavior, are less easily measured (Eadington, 2003).

Risk is an essential element inside gambling acts, but problem gambling as a phenomenon can also be regarded as a societal risk. Some researchers have connected the diffusion of gambling and problematic gambling to the theories of risk society (Cosgrave, 2006; Kingma, 2004; Young, 2010). Cosgrave (2006) considers that Ulrich Beck's (Beck, Giddens & Lash, 1994) emphasis on the management of “bads” rather than the production of “goods” could provide a framework for understanding state's roles in gambling implementation, the possible outcomes of gambling expansion and the forms of risk management. Young (2010) discusses how risk has been successfully commodified on a mass scale through the production of commercial gambling. He argues that gambling is overlooked in general formulations of the risk society, but the risks of gambling have moved from the level of society via the state, to individual consumers. Young proposes that the expansion of gambling raises a challenge to the risk-society thesis, which is about the need to respond to risks and minimize them, while the gambling industry (and governments) mass-produce risks with gambling. “The risk society appears to create its opposite – a society based on the mass production and consumption of chance”. (Young, 2010, p. 265.) Kingma (2004, p. 48) argues that “an increase in the risk of gambling addiction seems to be a logical consequence of the liberalization and expansion of gambling markets”, and introduces the “risk model” of gambling, in which gambling expansion is legitimized with risk assessment, and whether the problem in problem gambling is the game or the gambler is discussed.

Preventing the risk of excessive gambling is a controversial mission for governments. Welfare states more generally are structured to respond to different risks. Nonetheless, for example, it has been suggested that the reintroduction of the British National Lottery was an answer to the inability

of the welfare state to respond to increasingly incalculable economic circumstances (Neary & Taylor, 2006), which makes gambling the solution for some of the current risks, not the cause of them. If welfare states are dependent on the revenue of gambling, designing social policies to tackle problematic gambling could be controversial.

Contemporary risks go differently through the individual than the risks in industrial society: getting divorced or being overweight are more a choice of a person than are hunger or being widowed. The social policy of today is increasingly a policy of the way of life or behavior. (Julkunen, 2006.) In contemporary Finnish society, thoughts of solidarity and universalism, which have defined the Finnish welfare state at least in some parts, might be more distant in social policy than before. The individuals' own responsibility for their survival, welfare and health has become more emphasized. Welfare is becoming more individualized, health-concentrated and connected to the way of life. (Karjalainen & Palola, 2011.) New risks in the welfare state have a more individualistic character than the risks the welfare system was built to respond to, and this individualistic appearance may lead to less public interference (Harsløf & Ulmestig, 2013).

The core of problem gambling can be understood from the perspective of lost money: the more one gambles, the more one is likely to lose (Binde, 2016b). Within the consumption ethic, problem gambling emerges as inappropriate consumption, and with increasing gambling opportunities, as a legitimate form of consumption and decreasing external governance of economic and social life, the addiction identities are defined as subjective: the loss of control of an individual, whose own responsibility is emphasized (Reith, 2007; Reith, 2004). The consumption ethic was adopted, for example, by British working-class women, who perceived it as important to show that their gambling behavior and spending was responsible and not excessive (Casey, 2003). Viewing gambling as consumption can be problematic if only the economic perspectives of rational consumers and consumer sovereignty are considered (Marionneau, 2015). At the same time, when gambling is increasingly understood as consumption and problem gambling as a loss of individual control, incurring of debts is also central in the consumer society (e.g. Raijas, Lehtinen & Leskinen, 2010).

Control is an important concept in defining problem gambling from the perspective of consumption. Control itself can mean outside governance or regulations, or self-control exercised by the gamblers themselves. In DSM-5 (Diagnostic and Statistical Manual), one criterion for disordered gambling is "repeated unsuccessful efforts to control, cut back, or stop gambling" and another "is restless or irritable when attempting to cut down or stop gambling" (APA, 2013). Uusitalo (2015) and Uusitalo, Salmela and Nikkinen (2013) discuss the disease and choice models of addiction, and control is one element in making the difference between these two. Viewing addiction as a disease may not involve enough understanding of the variety of addictive actions. The disease view assumes that an addicted individual's brain is

shaped by the addiction, and quitting the addictive behavior is too difficult or even impossible. According to the choice view, addicted individuals discount rewards in problematic ways, and the responsibility of the addict is given more emphasis (Uusitalo, 2015; Uusitalo et al., 2013).

In addition to the disease and choice models, Uusitalo (2015) discusses also the will view. It is a form of the choice view, but the addicted individuals make choices they know they not ought to make. According to this view, addicted individuals suffer from the weakness of will. Self-deception provides an explanation for repeating the behavior despite the (likely well-recognized) consequences. (Uusitalo, 2015.) Acting against one's own beliefs of the best course of action is related to the belief that one is no longer able to influence her or his situation to make it better (Riihinen, 2002). The current understanding of addiction assumes that strengthening the will of the addicted individual is the right way to treat addictions (Valverde, 1998; Ruuska & Sulkunen, 2013).

Responsible gambling is a widely-discussed opportunity for preventing gambling-related problems. Responsible gambling rests on two principles: the individuals make the final decision to gamble, and to make this decision, they should be properly informed. Responsible gambling can be defined as "policies and practices designed to prevent and reduce potential harms associated with gambling". (Blaszczynski, Ladouceur & Shaffer, 2004, p. 308.) The social responsibility of gambling can be divided into three categories: design (of venues and games), behavioral transparency (information about games and feedback of playing to gamblers) and customer support (helping players to get help) (Griffiths, 2012). The implementation of responsible gambling practices usually includes different tools, which aim either to increase the knowledge of the gamblers about the potential risks of gambling and their own gambling behavior, or force the gambler to create an outside control around the activity, for example by setting monetary limits before gambling. In addition to pre-set limits, the tools can include options for self-exclusion or information sharing. More complicated tools which are used especially in online gambling collect information of gambling behavior of the individuals and present this information to them, for example, when it seems that their gambling deviates from the previous patterns and there might be problems. (Kinnunen, Heiskanen & Mäyrä, 2014.)

Responsible gambling has been criticized from the individual perspective. Kingma (2015) presents three paradoxes which account for the weaknesses of responsible gambling: (1) the freedom paradox, which puts primary responsibility on the individual gambler and undermines corporate control; (2) the objectivity paradox, which produces the illusion that problem gambling can be brought under rational control; and (3) the knowledge paradox, which addresses the limited effectiveness of responsible gambling practices. Also, gambling can be defined on a continuum from non-gambling and social gambling to risk and problematic gambling (Korn et al., 2003;

Blaszczynski & Nower 2002). The elements of responsible gambling offer tools for self-control mainly for gamblers without problems. Regaining control after losing it is a different situation and requires different tools. Nevertheless, in terms of control and individual responsibility, the borders of different-level incursions into gambling activities are not clear. Self-exclusion, for example, reflects the responsible gambling tools, but is not necessarily preventive. Rather, it is an effort by already addicted individuals to reassert power over their own behavior (Orford, 2015).

In the current situation, in which governments are receiving a vast amount of profit from gambling, risks are increasingly being attached to individuals rather than to structures. Problem gambling is understood either as an individual disease or reckless consumption, and the best solution for preventing gambling problems is “responsible gambling” (providing individuals toolkits to control their own gambling behavior). It is therefore important to study the experiences of problem gamblers themselves. In particular, the financial dimensions of problem gambling have not received enough attention. How do these irresponsible and out-of-control individuals manage their financial problems? Also, as the welfare risks are becoming more individualistic, the responses of the welfare state for problem gambling are in the focus: how are the problem gamblers with financial troubles helped?

### **2.3 SUBTYPES AND SOCIO-ECONOMIC RISK GROUPS OF PROBLEM GAMBLERS**

Eighty percent of Finns gamble at least occasionally (Salonen & Raisamo, 2015), thus it is obvious that gamblers differ from each other, and finding subgroups of gamblers and problem gamblers is advantageous for problem gambling prevention. Subtyping problem gamblers and finding certain risk groups is often based on either psychological traits or on their different consumption patterns. One of the best known analyses of personality types suffering from gambling problems is Blaszczynski & Nower’s (2002) pathways model, which is based on clinical observations and the previous literature. The first group identified are behaviorally conditioned problem gamblers, whose excessive gambling is related to poor decision-making strategies and bad judgments. The second group are emotionally vulnerable problem gamblers, who use gambling as a means of modifying mood states. The third group are antisocial and impulsive problem gamblers, who have neurological or neurochemical dysfunctions. In a review of studies concerning risk factors for problematic gambling, Johansson, Grant, Kim, Odlaug and Götestam (2009) listed male gender and younger age as significant risk factors, and, for example, unemployment status, illusion of control, younger age of onset, rapid onset, depression, anxiety, alcohol abuse,

drug abuse, personality disorder, maladaptive coping, impulsivity, sensation seeking and illegal activity as probable risk factors for problematic gambling. Gambling has been considered a male-dominated activity with younger age as a risk factor (Cavion et al., 2008).

The analysis in Article I of this dissertation, which clusters gamblers according to their gambling habits, follows a similar study by Faregh and Leth-Steensen (2011), who described eight groups of Canadian gamblers based on their gambling consumption. The biggest group were those who gambled a little or not at all. Some groups featured games of chance with changing intensity; for example, a group of middle-aged, married and lower income people played games of chance with a wide variety and high intensity. Other groups had younger, mostly single men from high income households, playing cards and games of skill. The group with highest gambling engagement was characterized as comprising men and the lowest proportion of post-secondary graduates.

One of the first Finnish studies on problem gambling was Murto and Niemelä's (1993), in which they classified problem gamblers through qualitative interview data. They formed five groups of problem gamblers: problem gamblers with substance abuse or other addictions; individuals with a background of psychiatric treatment; those gambling because of loneliness and frustration; "professional" gamblers; and others. Even though this typology is more than twenty years old, it reflects how problem gambling has been understood through other difficulties (e.g. mental health problems, substance use or loneliness). The group of (former) "professional" gamblers could be a special feature in Finnish gambling culture, which included men who had gambled legally and illegally for decades, sometimes supporting their families with gambling. Their gambling had, however, become hazardous and compulsive.

Another typology of Finnish (treatment-seeking) problem gamblers is based on the perspectives of treatment personnel. With socio-demographic information, gambling habits and psychological characteristic classifications, the talk of the participants was constructed into five groups of problem gamblers: boys and young men with excessive online life; successful poker-playing men; immigrant men; lonely electronic gaming machine (EGM) players; and people with other mental health problems. (Hirschovits-Gerz, Ahonen & Tammi, 2012.) In this more recent typology, the focus is on the social situation and the game played. New phenomena compared to the 1990s are young people lost in online environments, immigrant gamblers, and the fortunate younger men with good cognitive skills and self-esteem; though the last group could be comparable to the "professional" gamblers of the 1990s. Also, treatment-seeking problem gamblers have been discussed within the framework of escape gamblers and action gamblers, and it is concluded that the meaning of sociocultural factors in problem gambling treatment ought to be recognized (Ahonen, Tammi & Hirschovits-Gerz, 2017).



As financial strain is one of the central consequences of gambling, the socio-economic positions of gamblers and problem gamblers are relevant: financial loss is a definite harm caused by gambling, and it is costlier for some than for others (Maas, 2016). For example, higher income problem gamblers are able to postpone bankruptcy for longer than those on lower incomes (Reith, 2007). Gambling is linked to incomes in two ways: on one hand, it has been suggested that lower income individuals gamble proportionally more than higher income individuals, and on the other hand, that problem gambling is concentrated among people with limited resources and other problems as well.

There is widespread concern that the poor spend a larger fraction of their income on gambling than do the rich, and that lotteries are especially regressive (Blalock, Just & Simon, 2007; Schissel, 2001). In Finland, people with lower income spent proportionally more on gambling than people with higher income (Salonen et al., 2017a). In Germany, the demands for government-operated lottery tickets correlate with relatively low levels of income and lower socio-economic status (lower educational levels, employment status and ethnic minorities), such that Lotto players with low incomes contribute to state lottery revenue to a significantly higher degree than players from higher income groups (Beckert & Lutter, 2009). Also, in Canada it was found that lower-income households spent proportionately more on gambling than higher-income households (Korn, 2000, p. 63).

The other perspective is that people experiencing a complex set of problems and with limited financial resources are also more likely to gamble and experience problems with their gambling. In Finland, third of the overall gambling consumption was from pensioners and unemployed. People who experienced health problems used more money on gambling than people who did experience their health good (Salonen et al., 2017a). In Canada, people in higher levels of the socio-economic hierarchy experienced fewer problems because of their gambling participation (Maas, 2016). Australian unemployment and sickness benefit recipients had a greater probability of engaging in gambling than others (Layton & Worthington, 1999), and people receiving community assistance (mainly social assistance) in North America had a higher prevalence of gambling disorders than the general population (Lepage, Ladouceur & Jacques, 2000). In Sweden, receiving social welfare payments was an important risk factor for gambling problems, and those most at risk of problem gambling were found to belong to disadvantaged and marginalized groups: namely young, unemployed male members of ethnic minorities; those with the lowest levels of education and income; and those who had problems with their household economy (Volberg, Abbott, Rönnerberg & Munck, 2001; SWELOG, 2011).

Different explanations are given for the over-representation of gambling in lower socio-economic groups: gambling as a strategy to improve the standard of living and build wealth (Volberg & Wray, 2007; Cavion et al., 2008; Blalock et al, 2007); higher concentration of gambling opportunities in

areas with greater economic disadvantage; an over-representation of mental health problems, such as mood and anxiety disorders among people with lower socio-economic status (Maas, 2016); and gambling's easy availability as a source of pleasure and excitement, or its provision of a reinforcing subcultural sense of belonging (Cavion et al., 2008). Relativity in income differences seems to be important, and relative deprivation is a more credible explanation of increased gambling in certain population groups than absolute deprivation (Wohl & Davis, 2017). People with self-reported personal relative deprivation chose to play a real gambling game more often than non-relatively deprived participants, and personal relative deprivation also predicted problem gambling severity (Callan, Ellard, Shead and Hodgins, 2008). Also, people who were made to believe in an experiment that their income is lower than some reference point had an increased propensity to participate in a lottery (the ticket purchase almost doubled) (Haisley, Mostafa & Loewenstein, 2008).

The relationship between seeking extra money from gambling and employment can be discussed regarding lower income groups' gambling. Beckert & Lutter (2013, p. 1166) note that “gambling involvement could divert players away from making real efforts to reduce their disadvantaged positions, for example, by participating politically or by individual endeavour for upward mobility”. Also, the findings of Tabri, Dupuis, Kim & Wohl (2015) show that gambling seems more appealing if the opportunities to enhance one's standard of living by conventional means seem weak. For example, the meaning of money in the ordinary world could be lost for a gambler, as money in gambling is distributed randomly instead of according to the principles of distribution of money in employment (Bjerg, 2009).

When the state lottery's purpose is to collect money for the government, the state lotteries may advertise even aggressively to encourage initial and repeat purchases, and, for example, target advertising at the unemployed by drawing their attention to big jackpots on the day that unemployment benefits are payable (Miers, 2003). In Canada, it was discovered that especially people with lower levels of education and income reported gambling advertising being very or excessively present in their daily lives, indicating that people with fewer economic options may see gambling advertisements differently from people in more secure financial positions (Papineau, Lemétayer, Barry & Biron, 2015).

A debate whether socio-economic position is related to the risk of developing a gambling problem is ongoing. Delfabbro and King (2017) argue that the arguments of the global gambling industry's conspiracy of depriving the disadvantaged is not well enough based in research. They also discuss how the critique towards treatment of problem gambling in the behavioral sciences as an individual pathology (casting the responsibility on the gamblers in line with the similar attempts of the gambling companies) is unjustified, as behavioral approaches do typically see disorder arising from the interaction of individual and external factors. (Delfabbro & King, 2017.)

Wohl and Davis (2017) add that gambling companies as well as governments (as the owners and operators of gambling) do have a genuine will to decrease gambling-related problems, and Abarbanel (2017) welcomes this criticism of the gambling research field and calls for more collaboration between disciplines in order to improve the validity of this research. Livingstone and eight other esteemed gambling scholars (2017) answered to Delfabbro and King's critique with discussion of structures and social class: even though gambling industries would not intentionally target poor customers, class-based patterning of gambling expenditure and harm may occur within socio-economic structures. This debate makes visible the need to study further gambling and harms related to it within the socio-economic positions of gamblers and their social and financial surroundings.

## **2.4 MONEY IN GAMBLING**

With money, gamblers can register their involvement in the game, but money becomes devalued once in the game (Reith, 1999). For example, in the "zone" of slot machine gambling, money has no social or economic significance, but it reflects only "credits to be maintained" (Dow Schüll, 2014, p. 198). Money has symbolic and psychological meanings and it is the medium for gambling (Binde, 2013). The gambler stakes something valuable to win something even more valuable (Potenza 2008; Ashley & Boehlke 2012). Without money, gambling would be meaningless, but studies about motivation for gambling often show that winning money may not be the main purpose for gambling, especially for gamblers experiencing problems with their gambling. In addition to the motivations for gambling, this section also presents discussion about the financial consequences and forms of financial support for problem gamblers.

### **2.4.1 FINANCIAL MOTIVATIONS FOR GAMBLING**

Understanding the motivations for gambling is an extensive branch in gambling studies, and even though the motivations are not in the empirical focus of this study, this sub-section offers a brief overview of the discussion about what motivates people to gamble. In trying to understand how people experience financial problems brought about by gambling, one aspect is why they continue to gamble despite the problems. A reasonable assumption is that, as the prize in gambling is money, the reasons people give for their gambling relate to having more money. Nonetheless, particularly regarding problem gambling, the motivations and justifications for gambling are complex and beyond plain financial ones. Furthermore, motivations do not necessarily explain why people gamble, but rather how they justify their gambling (e.g. Marionneau, 2015). Besides the opportunity to win money,

gambling companies also “sell” entertainment, excitement and social experiences. The reasons and justifications people say out loud for their decision to gamble vary regarding their social and financial situations, and perhaps also on the cultural contexts of acceptable behaviors.

The general motives for explaining gambling are described to be: social, monetary, enhancement (or excitement/amusement/self-esteem), challenge (or learning/knowledge) and coping (or escape/avoidance) (Sundqvist, Jonsson & Wennberg, 2016; Lee, Lee, Bernhard & Yoon, 2006). One classification of motivations includes: the dream of hitting the jackpot, social rewards, intellectual challenge, mood change, and the chance of winning. The last motive, chance of winning, is described as being the core motive for gambling and present in all gambling. Nevertheless, it does not mean purely winning money, but it is a psychobiological, cultural and symbolic entity. It is about the chance to win more than one has staked; to experience “a primordial joyful feeling”. (Binde, 2013, p. 88.)

Also, charity-related motivations have been found to be behind gambling, and those, together with financial motives, have been found to be at least connected to risk and problem gambling (McGrath, Stewart, Klein & Barrett, 2010; Flack & Morris, 2015). In other studies, problem gamblers have found to be more likely than others to gamble (electronic gambling machines) in order to earn income or escape their problems, rather than for fun and enjoyment (Nower & Blaszczynski, 2010). Problem gamblers also report a significant preoccupation with money in contrast to other gamblers. Anxiety levels over money were higher among problem gamblers, both in regard to worrying about money, as well as viewing money as a way to reduce anxiety. (Blaszczynski & Nower, 2010.) Participants of an online survey estimated that they would gamble with increased amounts of money if the prizes were larger, but with decreased amounts if they had gambling debt (Quilty, Lobo, Zack, Crewe-Brown & Blaszczynski, 2016; Crewe-Brown, Blaszczynski & Russell, 2014).

Binde (2013, p. 91) discusses how the “motivations for leisure gambling recur in excessive gambling and are amplified by individual biological and psychological vulnerabilities, irrational cognitions, factors in the interpersonal domain and by particular social and cultural contexts of gambling”. He also notes that problem gambling often involves chasing losses, which is not included in the models of motivations for recreational gambling.

Psychological explanations for developing problem gambling often derive from the escape-based or mood modification reasons for gambling, and escape may also be a reason for continuing gambling after problems have occurred. Problem gamblers may believe that gambling would provide a solution to growing financial difficulties, or, gambling may no longer be about winning money but rather about achieving a dissociative stage taking away their problems. Reasons for gambling among problem gamblers also include filling the void, avoiding problems and responsibilities, and

controlling beliefs cognitive regret. (Wood & Griffiths, 2007.) People gambling as a form of escapism may more likely exhibit other pathological tendencies, such as impulsivity and emotional dysregulation (Reid et al., 2011). Problem gambling could also be motivated by having a financially focused self-concept (or the evaluation of self-worth). Financially focused people may gamble because they are failing to meet their financial goals, or they may believe that having more money will increase their happiness. Thus, coping and enhancement motives for gambling may be the mechanisms through which financially focused people develop gambling problems. (Tabri, Wohl, Eddy & Thomas, 2017.)

Engaging in gambling may be motivated by a variety of reasons: money, socializing, challenge, or coping with other troubles. Money-related motives may have different backgrounds. For example, French gamblers' desire to win money has been found to relate to dreams of what one could do with the winnings, while Finnish gamblers emphasize their personal development as gamblers (Marionneau, 2015). For those who experience problems with their gambling, money is involved but does not necessarily explain the transition from social to problematic gambling, nor does it have a similar role in motivation in different phases on the continuum of problem gambling as it does for leisure gamblers.

## **2.4.2 FINANCIAL CONSEQUENCES OF PROBLEM GAMBLING**

Similarly, as the motivations for gambling among recreational and problem gamblers are based on financial reasons, but there are often other reasons as well, the consequences of problem gambling have complex relationship with financial issues. This sub-chapter discusses the consequences of problem gambling to the gamblers themselves and to their families. As the empirical focus of this study is financial difficulties and recovery from them, the financial aspects are emphasized here with the perspectives of legal and family issues.

The dimensions of the harms caused by problematic gambling include: financial harms; relationship disruption, conflict or breakdown; emotional or psychological distress; detriments to health; cultural harm; reduced performance at work or study; and criminal activity (Langham et al., 2016). Financial consequences relate to financial problems, over-indebtedness and bankruptcy; troubles at work are caused by tardiness, absence or lack of concentration, and may result in losing the job; and gambling problems can lead to criminal behavior, such as fraud, theft, tax evasion or forgery (Ladouceur, Boisvert, Pépin, Loranger & Sylvain, 1994; Lind, Kääriäinen & Kuoppamäki, 2015; Downs & Woolrych, 2010; Grant, Schreiber, Odlaug & Kim, 2010). Criminal activity related to problem gambling is typically mediated through financial difficulties (Lind et al., 2015). The social and economic costs of gambling at a macro level include lost work time,

unemployment, debts, thefts, civil court costs, criminal justice system costs and welfare costs (Thompson, Gazel & Rickman, 2012).

Gambling disorders are highly comorbid with psychiatric disorders (such as depressive disorders, anxiety disorders and personality disorders), nicotine dependence and substance use disorders (e.g. APA, 2013; Lorains, Cowlshaw & Thomas, 2011; Dowling et al., 2015; Cowlshaw, Merkouris, Chapman & Radermacher, 2014; Hodgins, Stea & Grant, 2011). It is difficult to separate the cause and the consequence from each other, and in individual cases it may be difficult to determine whether the individual is gambling because of the previously experienced trauma, anxiety or depression, or if the mental health problems occurred with the growing problems of gambling.

Debt is a common financial consequence of gambling, and gamblers have several pathways into debt. Cognitive factors include gamblers' dissociation from losing money by seeing money as not real when gambling. At some point, gamblers may take an "all or nothing" approach, and distortions increase the likelihood of getting into debt. Gamblers' own confidence in their ability to control their gambling and their money and resource management strategies affect whether or not they get into debt. Also, the credit environment and cost of credit have a role. (Barnard et al, 2014.) Finnish financial experts working with debt problems note that there are no statistics specifically of gambling-related debt, and they expect that gambling-related indebtedness will increase in the future, even though debts secondary to gambling are a marginal phenomenon compared to other financial problems. Rarely do their clients have only pure gambling debts, and problem gambling is often related to general incompetence in managing one's household finances or to other problems. Debt problems of problem gamblers differ from other debts in the origin of the debts: before the gambler can be helped with the debts, the reason for indebtedness, gambling, must be under control. (Strand, 2011.)

Over-indebtedness generally is a problem associated with low money-management skills, economic changes in society, social exclusion, lifestyle preferences, individual traits (such as self-control) and restricted financial resources (Gardarsdottir & Dittmar, 2012; Oksanen, Aaltonen & Rantala, 2015). Credit has become a normal resource of household economies with the rise of more aggressive credit markets and accessible credit products, and more positive consumer attitudes towards debt (Raijas et al., 2010). Strengthening financial knowledge and understanding, skills and competence, and responsibility have been proposed to prevent over-indebtedness (Raijas et al., 2010; FSA, 2005). The first step of surviving over-indebtedness is recognizing the problems (Peura-Kapanen, Raijas & Lehtinen, 2010), followed by balancing incomes and expenses and negotiating with debtors (Blomgren, Maunula & Hiilamo, 2014). Problem gamblers are one group among many groups of over-indebted people (with divorcees, immigrants or families with children and large mortgages, for example), but debts related to gambling may be more challenging as the

behavior that causes indebtedness could to start again. The current situation with easy access to unsecured consumer credit has increased difficulties for people with less income or individuals suffering from addictions. (Rantala & Tarkkala, 2010.)

Henry Lesieur (1984) documented the relationship between compulsive gambling and crime, in which financial issues and problems have an essential role. Lesieur defines problem gamblers as being engaged in a spiral of options and involvement. The options are all those “avenues the gambler uses to obtain money to continue his habit” (p. 217). These include family resources, occupational resources, bookmaking, lending institutions, fellow gamblers and crime. The lending institutions in Finland in the 2010s differ from those in 1980s’ USA, such as in the method of applying for the loan: Lesieur describes the role-playing in the borrowing setting and the gambler’s need to convince the banks and loans companies of their need for money or by having a good reputation. Today, simply one text message or online application is required for high interest consumer credit. Nevertheless, the process of the spiral of problem gamblers has fundamental elements which are not dependent on the jurisdiction. Gradually, the involvement in gambling grows with chasing (attempts to win back the lost money), increased troubles, financial worries and personal trauma. The simultaneous use of many options to obtain more money may lead to a situation in which these options have been exhausted. Therefore, the spiral moves downward with increasing involvement and with fewer options available. (Lesieur, 1984.)

Three steps are repeated in the gambler’s spiral: “(1) the attainment of money, (2) ‘moving’, ‘manipulating’, or ‘juggling’ the money, and (3) a tightening of resources, called the closure state” (Lesieur, 1984, p. 217). The first step includes various options of financing gambling occurring in a sequential fashion. First, personal spending money and winnings are used, then begins borrowing from gambling friends or from household resources, followed by loan companies, then approaching parents or spouse. The final stages involve bad checks, stolen goods or illegal activities. These options may also occur in a different order depending on the gambler’s situation. The second step includes manipulating money in order to maintain credit and continue gambling at the same time. The most common way of moving money is to borrow from one source to pay back another, but this “juggling” of money may also appear in more complex ways. By the third step, the closure state, there is no place left to get money from. Closure is a state of mind as well as a perception that there is no money available; it is a subjective state. The gamblers may also have serious physical and mental health problems. The state of depression may be such that suicide is considered. (Lesieur, 1984.)

Financial issues related to disordered gambling are often discussed with legal issues, as is in the chapter by Nower and Blaszczynski (2014) in the “Wiley-Blackwell Handbook of Disordered Gambling”, which suggests that

gamblers may commit financially-related crimes, such as embezzlement and theft, and that some courts in the US have been persuaded to reduce sentences if the gambler had successfully established that the criminal behavior resulted from, or was directly related to, a gambling disorder. This handbook itself, intends to be an “overview of the extant research in disordered gambling with an eye toward offering a transformation of research findings into clinical practice” (Richard, Blaszczynski & Nower, 2014, p. Viii), thus the book has a focus on therapeutic treatment. Nevertheless, it is noteworthy that only one of the 20 chapters in the “handbook of disordered gambling” considers the legal and financial issues related to gambling.

One aspect of gambling and debt is personal bankruptcy, which is available for individuals in some jurisdictions. Nower and Blaszczynski (2014) discuss whether gambling debt should be dischargeable in bankruptcy, thus the debtor would be released from all unsecured debt accrued prior to filing the bankruptcy petition. The legal justifications often include discussion of whether the debtor had intended to pay back the loans or not. Also, the courts focus on whether the gambler has a long history with gambling or whether she or he gambled large amounts of money in a “spree”; whether the creditor extended credit to someone they should have known couldn’t pay; whether the gambler provided evidence of some factually-based belief, however misguided, that she or he could win back the losses (demonstrated by instances of repayment in the past); or whether the gambler had engaged in behavior suggesting intention to defraud. (Nower & Blaszczynski, 2014.)

For employed gamblers with access to money, workplace embezzlement may appear as a way to obtain money for gambling. This occurs usually after other ways to borrow money have been exhausted. Embezzlement may also start with “borrowing” money, and gradually become a routine. Eventually the gambler may realize that paying back the money is not possible, and when the embezzlement is discovered, the gambler typically feels relieved. Many are discharged from work and some are reported to the police. Even though recovery from problem gambling might be started, the financial, social and legal consequences may be long-lasting. (Binde, 2016a.) The sums stolen from the workplace vary, from millions embezzled from banks to smaller sums from stores and restaurants. The period of the embezzlement can be very long. (Binde, 2016b.)

In addition to the individual problems experienced by gamblers, problem gambling has consequences for households and relationships. The significant others of problem gamblers in Finland experienced accumulating problems, such as their own risky gambling behavior, health problems and other addictive disorders (Salonen et al., 2014; Salonen et al., 2016). Families with problem gambling face changes in financial responsibilities, strains in familial relationships, and possibly heavy losses which affect the whole family (Grant Kalischuk, 2010). Problem gamblers may borrow money from



their families, and the financial burden may also move outside the nuclear family to aunts, uncles, cousins and other relatives. Family members need to adjust their lifestyles according to the deteriorating financial situation and, for example, seek employment or work extra shifts. Families may have to sell their housing, and some may even experience some deprivation. (Mathews & Volberg, 2012.) Finnish financial experts have discussed how the financial problems and debts caused by gambling are often a burden on the whole family, and how the role of the family in supporting the gambler financially is ambivalent because of the possibility of relapses (Strand, 2011).

Households suffering from problem gambling go through phases in recognizing the excessive gambling and in understanding it, while gambling gradually becomes a part of their everyday life. First, the partners realize that something is wrong but do not identify what it is. Next, the problem is revealed but not fully understood, and the image of the household changes from a non-problem household to a problem household, and gambling becomes the “center of gravity” in that household. After this, a range of strategies is implemented in order to return the household to its normal state. (Borch, 2013; Borch, 2012).

Not all problem gamblers experience financial consequences. In the latest population study in Finland, the most commonly experienced harm from gambling was gambling more than one had intended to (13.6 percent of participants), while 7.6 percent of the participants had experienced chasing, coming back at least sometimes another day to try to win back the money they had lost. Three percent had gambled with more money than they could afford to lose, and 1.3 percent had argued with their families about using money for gambling (Salonen & Raisamo, 2015.) Harms related to relying on others to provide money for gambling losses were least endorsed in the survey, with 0.1–0.2 percent each (Salonen et al., 2017b). The most common gambling-related harms measured by the Problem Gambling Severity Index (PGSI) were chasing losses (8.6 percent), escalating gambling to maintain excitement (3.1 percent), betting more than one could afford to lose (2.8 percent) and feeling guilty (2.6 percent) (Raisamo, Mäkelä, Salonen & Lintonen, 2015).

### **2.4.3 FINANCIAL RECOVERY FROM PROBLEM GAMBLING**

People suffering from problematic gambling are offered different treatment and support services, often within existing non-gambling specific services. For many problem gamblers, financial troubles are the first motive for seeking help (Pulford et al., 2009; Gainsbury, Hing & Suhonen, 2014; Hodgins & el-Guebaly, 2000; Strand, 2011). In realization and acceptance of gambling problems, the issue of money is important: mundane, money-related situations which trigger the change and lead to growing self-perception of the amounts of money that are spent in gambling, ending with

hitting “rock bottom” (Anderson, Dobbie & Reith, 2009). Treatment options include counseling, psychotherapy, cognitive and behavioral therapies, advisory services, residential care, pharmacotherapy and mutual support groups (Gainsbury et al, 2014). In 2011, the Problem Gambling Research and Treatment Centre in Australia published guidelines for the treatment of problem gambling. The strongest evidence supported individual or group cognitive behavior therapy and motivational interviewing as reducing gambling behavior, gambling severity and psychological distress. Other recommendations were: practitioner-delivered psychological interventions (over self-help psychological intervention), group psychological interventions, antidepressant medications and prescribed naltrexone.<sup>2</sup> (Thomas et al., 2011.)

Mutual support groups may be auto-organized or led by professionals. Gamblers Anonymous (GA), deriving from Alcoholics Anonymous, is active in many countries. In a review of studies on GA, an emphasis on patience, using the Serenity Prayer<sup>3</sup> to gain acceptance of financial matters and reality, and absolute assertion of identity as a “compulsive gambler” were identified as important aspects of GA’s recovery culture (Schuler et al., 2016). Rosecrance (1985, p. 277) argues that Gamblers Anonymous supports the understanding that gamblers who lose repeatedly are “victims of compulsion and have lost the ability to control their behavior”, and abstinence from gambling is the solution for recovery.

It is common among problem gamblers not to seek help or treatment, and behind it is often the desire to handle the problem without outside help (Hodgins & el-Guebaly, 2000). Also, perceived shame or stigma increase the burden of problem gambling, and shame is a common barrier for treatment-seeking, alongside with pride, embarrassment, and viewing it as a sign of weakness (Hing, Nuske, Gainsbury, Russell & Breen, 2016; Suurvali, Cordingley, Hodgins, & Cunningham, 2009; Hing, Holdsworth, Tiyce & Breen, 2014). People with less severe problems associated with their gambling may especially achieve change in their gambling behavior without the use of formal treatment or mutual support, through natural recovery (Hodgins & el-Guebaly, 2000; Slutske, 2006).

Recovery from a gambling disorder is not always a straightforward path from problem to recovery, but may include relapses and variation in the level of gambling involvement. The course of pathological gambling could be characterized as either chronic or episodic (Slutske, 2006). Reith & Dobbie (2013a) longitudinally studied the gambling careers of fifty gamblers with varying levels of problematic and non-problematic behavior, and concluded

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<sup>2</sup> Naltrexone is an opioid antagonist suggested to support in the treatment of gambling disorder, still being studied further, as previous studies have varying results (e.g. Kovanen et al., 2016).

<sup>3</sup> “God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference” (e.g. Ferentzy, Skinner & Antze, 2010).

that change in gambling behavior in general is the norm and stability not. Key features for the change (an increase or decrease in gambling involvement or problem gambling behavior) were related to employment, changes in social and environmental networks, significant life events, and finances. For example, unexpected “windfalls” or increases in wages extended the opportunities to gamble, and thus, having money beyond subsistence levels may be enough to encourage gambling. Similarly, reduction in gambling may result from a sudden reduction in income or from understanding that the financial costs of gambling are not sustainable. (Reith & Dobbie, 2013a.)

Providing support for financial problems due to problem gambling has been referred to in previous research as *interventions for related problems* or *financial counseling* (Gainsbury et al., 2014; Jackson, Holt, Thomas & Crisp, 2003). Nower and Blaszczynski (2014) remark that solving the practical issues of debt management, bankruptcy, and resolution of any criminal charges form a basis for the recovery from problem gambling, and that more research on these areas is needed, as well as education for service providers. The financial aspects included in the treatment of problem gambling could include assistance from a lawyer or credit counselor to solve all the neglected financial matters; developing a household budget, which may include putting the problem gambler on an allowance; and development of a restitution plan to pay back loans (Pavalko, 2001).

One practical tool for addiction treatment involving financial issues is money management. Rosen, Bailey and Rosenheck (2003) discuss the observed temporal connection between receiving income and increasing substance use, and how money management strategies can be a part of substance abuse treatment. Rosen and colleagues (Rosen et al., 2003; Rosen, Rounsaville, Ablondi, Black and Rosenheck, 2010) have developed a money-management therapy for substance abusers: advisor-teller money manager (ATM), which stores the patients’ funds and trains them to budget funds for things other than substances. They propose money management as a specific therapy targeting drug addiction and involving three functions. First, the teller, is administrative and has two purposes: to restrict the client’s access to funds and prevent misspending, and to ensure that essentials, such as shelter, utilities and food, are paid for. In practice, the money manager may have exclusive or partial access to a client’s account and funds. Second, training provides guidance on money management under both routine budgeting and emergency circumstances. Third, treatment-linked spending is used to reinforce abstinence and abstinence-promoting activities. (Rosen et al., 2003.) Evidence has shown that ATM intervention was associated with less cocaine use compared to the control group (Black & Rosen, 2011), although self-reported alcohol use does not necessarily decrease with ATM (Rosen et al., 2010).

Carpenter-Song (2012) presents three key challenges for the design and implementation of money management interventions for substance abusers: clients may not trust the mental health centers to manage their money,

clients' economic perspectives may derive from a different socio-cultural environment than clinicians, and clients may obtain substances through informal networks. In a study of problem gambling treatment in the Nordic countries, it was found that all institutions agreed that it is important to support the clients in solving their financial problems. Some provided financial counseling as part of the treatment program or helped their clients to find financial support outside their institution, but some therapists were concerned that if practical issues related to money and debts were involved, they could dominate the treatment program (Hansen, 2006).

Some practical instructions about financial support targeted at professionals encountering problem gamblers have been compiled. The Yale School of Medicine (2013) lists financial approaches to behavior change, and introduced the ATM approach, as well as highlighted the benefits counseling and benefits management, especially for certain groups such as veterans or people with psychiatric illnesses. In another guide from the U.S., the actions for working with problem gamblers include identifying income and assets of the gambler, establishing a spending plan, limiting the gambler's access to money (for example, by transferring the control of a gambler's funds to her or his significant other), and determining the amount of debt and the list of creditors and establishing a repayment plan. As a last resort, declaring bankruptcy is suggested, which, however, stains a person's financial records for years. (Anthes, Neiser & Herreria, 2000.) In a Canadian guide, the roles of financial counselors and treatment specialists are separated from each other, and there is a warning that the financial difficulties should not be solved too early, because this could lead to a return to gambling. For the same reason, this guide suggests that families should not necessarily pay back the gambling debt, but instead, the family finances are important to be protected. (Teasell, 2014.) Australian financial counsellors encountering problem gamblers assessed that positive changes in clients' financial positions as well as in their physical and mental health had occurred with financial counselling (Financial Counseling Australia, 2016).

Davis and Avery (2004) call for social work involvement in handling problematic gambling. They argue that social work as a profession has historically ignored the addiction field, despite the large number of clients who suffer from an addiction of some kind or have someone in their intimate circles who is addicted. Momper (2010) calls for social work researchers to conduct studies on the social impact of disordered gambling, as well as emphasizing the importance of social worker practitioners of being aware of gambling, especially among American Indians, and to tailor programs that distinguish disordered gambling from sacred and social gambling. Nevertheless, for example, Griffiths (2013) claims that gambling problems have already been acknowledged in several fields during the past 25 years, opposing Rogers (2013a), who argues that problem gambling is still a hidden problem. Rogers (2013b), however, specifies that even though the issue has

been brought to broader attention, the literature and training of social workers in the UK is still lagging concerning problem gambling.

Cognitive-behavioral therapy and motivational interviews aimed at regaining control over gambling behavior and relieving the financial issues through reduced gambling activity are more universal approaches than the approaches for financial recovery, as the financial support measures are different in every jurisdiction. In the next section, the overall gambling situation in Finland is described, and the support, treatment and financial advisory services available for problem gamblers are introduced.

## **2.5 (PROBLEM) GAMBLING IN FINLAND**

One company, Veikkaus, has a monopoly over organizing and offering gambling on mainland Finland (though online gambling on foreign sites is not prohibited), and most of the profits are spent on culture, sports, youth work, and on funding non-governmental social and health organizations (NGOs) (Cisneros Örnberg, & Tammi, 2011; Raento, 2014). Gambling cultures are attached to everyday practices, and gambling machines, betting opportunities and lotteries are widely available (for example, in supermarkets, gas stations and kiosks). Online gambling is available both by the monopoly company as well as by foreign, private companies, but the latter are not allowed to advertise their games in Finland. The autonomous Åland Islands have their own gambling company, PAF, which offers games on the Åland Islands, as well as online and on ferryboats that run between Finland, Sweden and Estonia.

The private gambling industry is growing worldwide, and has begun to demand access to those gambling markets which are regulated by national monopolies (Tammi, Castrén & Lintonen, 2015). According to Online Casino City, which lists online casinos and gambling sites, in January 2017 the number of Finnish-language sites accepting players from Finland with Euros was 354, and 1,705 online gambling sites were available in English with Euros from Finland (Online Casino City, 2017). The Finnish gambling monopoly and its compatibility with European Community law and the European single market has repeatedly been questioned, and in those processes, it has been emphasized that using gambling revenue for good causes is only a beneficial side effect of a gambling monopoly and not the main reason for maintaining it. Instead, the monopoly is justified for decreasing the extent of gambling-related problems. (Tammi et al., 2015.)

In Finland, the gambling regulation changed with the amendment of the Lotteries Act in 2010. This meant that Finland has a direction other than many other countries, which are shifting towards liberal policies, as Finland adopted more stringent regulation to prevent gambling-related harms. (Selin, 2015.) Myllymaa and Matilainen (2016) discuss how protectionism has been a cornerstone of Finnish gambling politics since the establishment

of national lotteries, a slot machine association and sports betting (beginning from the 1920s), to prevent Finnish gambling being lost to countries such as Sweden or to foreign, private gambling machines. Despite the protectionist nature of Finnish gambling policies, gambling regulation in Finland has been paradoxically rather permissive compared to other EU member states (Myllymaa & Matilainen, 2016). Also, Tammi et al. (2015) note, that gambling availability has not been restricted to prevent the overall harm from gambling.

Gambling in Finland has doubled since 1990, and in 2011 the total gross gambling revenue, the money Finns spent on games organized by monopoly operators, was over EUR 1.6 billion (Tammi et al., 2015; Yearbook of Gambling in Finland, 2012). In 2016, the combined gross gaming revenue of the former three gambling companies was EUR 1.8 billion (Veikkaus, 2017). In The Economist's 2016 estimate of gambling losses Finland had the fourth biggest losses with almost US\$ 450 (EUR 370) losses per resident adult per year, after Australia (almost \$1000 [€830]), Singapore (more than US\$ 600 [EUR 500]) and Ireland (approximately US\$ 450 [EUR 370]) (the Economist, 2016). The profits of gambling, at around one billion euros, are used both for the state budget through gambling tax and (mostly) to certain "good causes". The gambling tax is 12 percent, which was 218 million euros in 2014, while revenue for predetermined causes was 975 million euros. (Kotakorpi, Roukka & Viren, 2016.)

In the last population survey on Finnish gambling, 80 percent of Finns aged 15 to 74 had gambled on at least one type of game in the past 12 months. About one third reported having gambled once a week or more frequently. Men were more likely to gamble than women. The prevalence of past-year problem gambling was 3.3 percent among the 15 to 74-year-old population, as measured with the South Oaks Gambling Screen (SOGS; three or more points), and 1.3 percent were identified as probable pathological gamblers (five or more points in SOGS). Men were more likely to have a gambling problem than women, and the proportion of problem gamblers was higher among those who gambled several times a week or more frequently, engaged in at least four to five types of gambling, spent more than 21 euros per week on gambling, as well as among the unemployed or laid-off and among the chronically ill or those on a disability pension. (Salonen & Raisamo, 2015.) Problem gambling prevalence rates in Finland have previously been found to be elevated among younger age groups, men, the unemployed, people who started gambling young, people with less education, individuals with chronic diseases, smokers and risky consumers of alcohol (Castrén et al., 2013, p. 7; Castrén, 2013, p. 54). Considerable part of the gambling profits are estimated to come from people with other social and health problems as well, and from problem gamblers (Salonen et al., 2017a).

Gambling problems have risen into the societal conversation in Finland only during the last couple of decades (Tammi, 2012). When asked to compare problem gambling to other addictions, diseases and societal

problems, Finnish people do not consider it to be that serious a problem, nor consider it to be a disease (Koski-Jännes, Hirschovits-Gerz, Pennonen & Nyysönen, 2012; Tikkinen, Leinonen, Guyatt, Ebrahim & Järvinen 2012). Furthermore, problem gambling is estimated as easier to overcome than other addictions, and is not associated with disadvantaged positions, but rather related to personal characteristics of the individual (Hirschovits-Gerz, 2013; Hirschovits-Gerz & Koski-Jännes, 2010). In 2011, 69 percent of the population estimated problem gambling to be a serious problem, as in 2015 the proportion decreased to 45 percent, even though 47 percent in 2015 thought that gambling problems had increased (Turja, Halme, Mervola, Järvinen-Tassopoulos & Ronkainen, 2012; Salonen & Raisamo, 2015).

The Finnish model for supporting problem gamblers has been based on non-medical premises, and derives from (case) social work, at the same time with emphasis on individual responsibility for recovery (Egerer, 2013; Egerer, 2014; Egerer & Alanko, 2015). The Finnish understanding of gambling problems is associated with personal responsibility, lack of self-control, failure to understand the game or the value of money, and lacking biological or psychological reasoning (Marionneau, 2015; Pöysti & Majamäki, 2013). Similarly, in Norway the public found personal responsibility to be related to gambling (Rise, Aarø, Halkjelsvik & Kovac, 2014).

The service and support system for problem gamblers in Finland is organized within social and health services, in specialized treatment institutions, with digital services, in mutual support groups and within financial counseling (Alho, Heinälä, Kiianmaa, Lahti & Murto, 2015). The services for individuals suffering from gambling problems can be presented at three levels: (1) support and guidance (brochures, online materials, mutual support groups, helpline), (2) social and health services (social services, health centers, hospitals, occupational and student health centers, debt advising services), and (3) specialized treatment for gambling disorders (gambling treatment clinics, online therapy, specialized addiction clinics, psychiatric services). Some opportunities are also available for institutional care. (Mustalampi & Partanen, 2014.) Treatment for addictions and related disorders, of which gambling disorder is one example, has traditionally been offered by A-clinics in Finland, which are multi-professional units based on social case-work, offering treatment for substance abuse and other psychosocial problems (Tammi et al., 2015; A-Clinic Foundation).

Tammi et al. (2015) argue that there is active collaboration between face-to-face problem gambling treatment providers and each province's social welfare services, but note that establishing combined financial aid and guidance as part of the support system for problem gamblers is important. This financial aid and guidance is described as being offered by each province's social welfare offices, as well as in the specific organization (Takuusäätiö, Guarantee Foundation) assisting individuals with financial crises. (Tammi et al., 2015.)

Social services in Finland include social work, social rehabilitation, home help services, housing services and mental health and substance abuse services. The current responsibility of municipalities includes supporting people in coping with everyday life and to provide financial support. (Ministry of Social Affairs and Health.) The Constitution of Finland states: “those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care” (Const. Finland, Chapter 2, Section 19). This indispensable care is implemented through social assistance (Kuivalainen, 2013). Granting social assistance, the last-resort form of income security, was moved from municipalities to the Social Insurance Institution of Finland (Kela) at the beginning of 2017, though municipalities are still responsible for granting supplementary and preventive social assistance. (Social Assistance, Ministry of Social Affairs and Health). Preventive social assistance is intended to promote individuals’ and families’ independent managing, and it is designated especially for supporting over-indebted individuals and families (Peura-Kapanen, Aalto, Lehtinen & Järvinen, 2016).

One instrument for financial support in social work is social lending, which is intended for people with limited financial resources who do not have access to free market loans and may need support in overcoming over-indebtedness and in strengthening their financial abilities (Peura-Kapanen et al., 2016). Social lending is also a tool for preventing the need for actual social work and it has been found that granting social loans for people, provided they have proved their ability to pay back the loan, has resulted in good experiences (Rissanen, 2015).

Financial and debt advising is also a free municipal service wherein customers are supported in difficult financial situations. Financial and debt advisers don’t have education for the treatment of problem gambling, and cooperation with treatment institutions is vital. Problem gambling has become more visible in financial and debt advising with the increase of online gambling and the rampant accrual of debts related to it. Financial and debt advisers can help problem gamblers, for example, to draft a scheme of payments. Other options for solving the financial situation of a problem gambler may be determining a trustee or applying for financial social assistance. (Lattunen, 2015.)

The Guarantee Foundation is an NGO in Finland which offers counseling, provides guarantees and develops debt settlements for individuals and families who have troubles with their debts. The foundation offers a guarantee for a restructuring bank loan, which is intended to help the debtor to pay back their previous loans. The maximum loan amount is EUR 34,000, and one condition in order to be accepted to receive it is that the reason for getting into debt must be in control (Guarantee Foundation). Hence, problem gamblers who cannot prove that their gambling is in control or have more than EUR 34,000 worth of debts may not be accepted to receive the guarantee loan.



The last option for over-indebted private persons is to apply for statutory debt restructuring from the district court (Finnish Competition and Consumer Authority, 2014). Debt restructuring is supposed to support people in surviving their indebtedness in a situation in which the individual is permanently insolvent. Debtors pay off their loans according to their scheme of payment, and at some point, the rest of the debts are forgiven. If pre-conditions for debt restructuring are not fulfilled, recovery of a debt by enforcement order is an option or a necessity. (Peura-Kapanen et al., 2016.)

## **3 MATERIALS AND METHODS**

This study analyzes clusters of gamblers and problem gamblers' financial difficulties and recovery from them with three separate data sets and both qualitative and quantitative methods. Interviews with problem gamblers and social services directors reveal experiences of financial problems and perceptions on surviving them. The analysis of the survey data has a more consumption-oriented perspective. Below, all three data sets, methods of analysis, and the ethical considerations, limitations and reflections of the study are outlined.

### **3.1 MATERIALS, REFLECTIONS AND LIMITATIONS**

The results of this study are based on three separate data sets. Two of these are qualitative and one is a nationally representative survey. The main data set of this research is 17 interviews with problem gamblers in Finland (Articles II and IV). The second data set is email and phone interviews with Finnish social services directors (Article III). The third data set is a survey called "Finnish Gambling 2011" collected by the National Institute for Health and Welfare (Article I). I have collected the qualitative data sets.

#### **3.1.1 INTERVIEWS WITH PROBLEM GAMBLERS**

Problem gamblers were interviewed in 2011 and 2012. The data includes 17 interviews with people from different socio-economic backgrounds in Finland. The interviewees were recruited from institutions offering support and treatment for problem gamblers. The interview advert (Appendix 1) was circulated to services where problem gamblers are met: some municipal social and health services, A-clinics and mutual support groups in different parts of Finland. Also, the advert was sent to three gambling-specialized treatment units operating in several locations in central and southern Finland. In municipal health and social services, the advert was sent to departments handling substance abuse and mental health problems.

The treatment personnel in the institutions assisted in finding participants and shared the advert for the study with clients who in their professional opinion were suitable for participating in the study. In mutual support groups, mainly Gamblers Anonymous (GA), the advert was posted on a notice board outside the facilities where the meetings took place. Thus, the participants could see and examine the advert without a third party being present.

The participants contacted me, and the time and place for the interview were mutually agreed upon. The participants defined their gambling as

problematic, and pre-screening tests of the seriousness of the problem were not involved. All the interviewees had sought help for their problem, and as it turned out in the interviews, all had experienced serious and often long-lasting problems with their gambling. There were no other eligibility restrictions other than a minimum age of 18 years (minors would have been excluded if they had responded to the adverts). The goal of the data gathering was to interview people from different backgrounds.

Twelve of the interviewees were male and five were female. The youngest participant was 24 years old at the time of the interview and the oldest was 70 years. The mean age of the interviewees was 42 years. Five participants' level of education was comprehensive school, six had high school or vocational school degrees and six had or were in the process of earning a university degree. Ten of the participants were working, and two of them were in management positions. The seven participants who were not currently employed during the interview, were on an old age pension, on disability pension, students, unemployed, or in rehabilitation work. Twelve participants were married or co-habiting, and ten had children.

Two of the participants were not born in Finland, but had lived in the country for several years and spoke fluent Finnish. They did not emphasize their immigrant background as affecting their experiences of problem gambling and recovery from it. Nonetheless, racial or ethnic minority status may be a proxy for underlying risk factors for problem gambling (e.g. Okuda et al., 2016). One of the participants had cancer, one suffered from Crohn's disease and one took medication for Parkinson's disease. Four of the participants had experienced depression, two were diagnosed with bipolar disorder, three had experienced problems with drinking, two had been addicted to prescription drugs and two had planned or attempted suicide. Especially the medication for Parkinson's disease may have been involved in developing of a gambling problem (e.g., Santangelo, Barone, Trojano & Vitale, 2013), and overall, health of the participants and experiences of other addictions were possibly connected to gambling problems. Closer information on the participants is presented in Table 2.

Eight of the interviewees had gambled mainly on electronic gaming machines (EGMs), five had played in online casinos (e.g. online EGMs, table games, electronic scratch cards), one played mainly sports betting, one tote games (betting on trotting racing), one online poker, and one lotteries. Many of the participants had sought help from several different facilities. Six had been clients at an A-clinic, seven had attended GA meetings, five had attended some other mutual support group, five had attended therapy, and one had participated in a course for problem gamblers.

The interviews with 17 problem gamblers offer a rich data set for studying the everyday life experiences of people whose gambling is out of control. This kind of data is not statistically representative, but presents a sample of Finnish problem gamblers. The data reached saturation, as the last interviews started to repeat the features of the earlier ones. Nevertheless, this

kind of data is heterogeneous, and all the experiences are unique. It is not easy to find people to talk about this kind of life situation, which is often thought of as shameful. Thus, 17 interviews in a country like Finland is a quite big group. However, the heterogeneity of this group is both an advantage and a limitation: the interviews include experiences from people with many social and economic backgrounds, but the results are limited to these 17 stories.

The interview situations were unique and sensitive, as the interview questions concerned actions and events that had been extremely difficult for the participants. All the participants had sought some support for their gambling prior to the interview, and thus had already at least started to solve their problems and begin their recovery. Some of the participants had already been years without gambling. The interviews took place usually in the home towns of the participants, in the space offered by the treatment facility, in public libraries, in university facilities or at homes of the participants. I traveled to conduct the interviews located in Eastern, Western and Southern Finland.

The setting of an interview sets also part of the nature of the situation, and for example, one interview that took place in an office of a therapist, which had setting like a therapist office, two chairs not facing each other but placed rather sideways on two sides of a small table, was the longest interview lasting over two and half hours. The situation was different when I faced directly towards the interviewee over a table, than when they could look past me while telling about the difficult experiences. Also, interviews at participant's homes always brought an extra dimension to the interview. During the interview process I had a research journal where I wrote my perceptions, thoughts and questions. A quote from my research journal describes one interview situation in a participant's home:

*“At home were also his wife and three or four kids. -- Presence of the wife maybe did influence how I asked the questions (I would have asked more about how gambling had affected their relationship if the wife wasn't there), and perhaps also on how the husband talked. I had asked several times, whether it is all right for the man to talk about these issues while his family was there, and he said that it is all right, but when his kids, for example, interrupted the interview, he seemed to lose his thought and be frustrated. -- I got a certain connection with the man when I went outside to have a cigarette with him -- and while having the cigarette we could talk in a way that the wife wouldn't hear us.”*

He had assured me (and his wife) that he does not have secrets anymore, but my reflections of the situation and the liberated atmosphere when we stepped outside the house showed how difficult these situations are for the whole families. I did not have the recorder with me outside, but he also eased his talking inside later.

One limitation of these data is that all of the participants were treatment-seeking or recovered problem gamblers. Thus, they all had some experiences within the service systems, and the voices of problem gamblers outside services remain unheard. This is due to the recruitment process: problem gamblers who have not yet contacted any services are difficult to find, and their interviews also bring a different set of ethical questions, as the interview could be the first time they described their experiences and they may have some therapeutic expectations from the interview. (Ethics are discussed in section 3.3). As one of the aims of this dissertation was to study problem gamblers' experiences within the service system, from this perspective the participants' contact with the support facilities was advantageous. Also, those who had attended GA meetings explained their participation in the study partly as an implementation of the 12<sup>th</sup> step of the program: to carry their message to other problem gamblers.

The interviews included seven themes: gambling history, excessive gambling, problem gambling, quitting gambling, support and treatment for problem gambling, current prospects and future prospects. The interviews were structured around these topics, but drew also from a narrative approach, and offered the participants an opportunity to tell their own "story" (e.g. Reith & Dobbie, 2013a). Thus, the interview questions did not concentrate only on money or financial issues, and the data collected include participants' experiences beyond financial challenges. The interview questions are in Appendix 2. The interviews lasted from 45 minutes to 2.5 hours. The interviews were recorded and transcribed verbatim afterwards. Only the author has handled the records and transcriptions. Names and other personal information were anonymized during transcription. In the final presentation of the results, the participants are not identifiable. The data include 22.5 hours of audio and 223 transcribed pages (Times New Roman, pt. 12).

This kind of interview data has many limitations. I searched for these interviewees to describe their experiences and actions related to problematic gambling and the financial support in the recovery process, to combine and categorize these experiences into the results of this study. In reality, of course, each of the participants told me their subjective understandings of their experiences, which I listened to with my subjective preconceptions. Alternative research designs to study problem gamblers' financial experiences and their connections with social services providers, could have included some kind of observation of bank records, for example, (though this would have raised many ethical questions), official registers or their everyday life with videos, photos or recordings. Nonetheless, interview data includes also reasoning and justifications of the participants' financial decisions. For example, a diary during the time of problematic gambling held by the gambler would be an intervention as it would force the participants to reflect on their own practices and decisions. Also, as problem gamblers tend

to deceive their families and even themselves, it would be a matter of validity whether they would be honest to the journal.

Hitchings (2012) proposes that interview data are suitable for studying everyday life practices, though he remarks on four ways to advance the accuracy of how the discussion could describe the actual practices: being willing to ask about the seemingly obvious; presenting alternatives during the interview; allowing time with a serial approach so that the respondents could work through the reasons behind certain everyday actions; and attending how respondents react both in immediate observations and in later analysis. The financial practices studied in Articles II and IV include paying the bills, deciding what to buy from the supermarket, applying for financial social assistance or having a parent as a trustee. All of these are not routines or habitual, in the same way as using parks during workdays or having the heating on during winter (Hitchings, 2012). The practices described in Article II are rather the opposite, as the respondents acted differently from their previous everyday financial behavior. The research subject in Article II could have been better named as financial exceptions than financial practices.

Interviews were chosen in order to study the everyday life and financial situations of the problem gamblers as an entirety, not detaching these experiences from their lives. The chosen research setting studies the participants' interpretations of their reality during the time when gambling was actively problematic, rather than the actual reality at that time. These interpretations are the ones the participants chose to tell me, thus they are important and valuable as they are.

Another limitation is that during the interviews, the participants had already recognized their financial behavior as atypical compared to their everyday life before the gambling problem. They had already processed their actions and as many had attended problem gambling treatment or support groups, they had learned concepts and words to talk about these issues (see also Itäpuisto, 2012). When describing their actions, or their gambler-selves' actions to me, they may have exaggerated or downplayed these financial practices and acts, decisions I was interested in.

The discursive interview data flowing from this study is material on problem gamblers' perceptions of their reality and everyday life during the time of problematic gambling, told after possibly years of recovery, reflections and service providers giving concepts in trying to understand their own deceitful and damaging behavior. However, it remains under discussion whether the interview data are valid for questions this practical in nature, or whether the study of actual practices through observation or registers would have given more reliable results. Interview data also raise questions of reliability: if some other person interviewed some other 17 problem gamblers now, would the descriptions of their financial matters and "reality" be similar or would they give totally different results. However, compared to previous research, the results of this study reflect the nature of

the financial experiences of problem gamblers more generally, and also, in qualitative research, the individual incidents and experiences are valuable, even if experienced only by some people.

What motivated me to conduct this research in the first place, and what is still a wider perspective of this study, is the relationship of problem gambling to (low) socio-economic positions and welfare state structures. At first, I was also interested in the relationship between exclusion and gambling: whether problem gambling could lead to exclusion, or exclusion to problem gambling. I wrote in my research journal after many interviews that the interview questions seemed not to work. As the participant recruitment and interviews progressed, I understood that the participants came from different socio-economic positions, and had experienced a variety of financial difficulties. I began to realize during the interview process that the concepts I tried to trace, wellbeing and exclusion, were far too broad. Gradually, in the analysis process I moved away from these perspectives to focus on the element of money and financial issues, as well as financial recovery, which brought many new opportunities for the empirical analyses (explained in detail in the next section).

The data were not collected with financial issues in mind, which raises another limitation of the study, as most of the data concern aspects other than financial. Nonetheless, even though the financial issues were not the main focus of the interview questions, these themes were entangled with most of the talk of the participants. As I first tried to organize and analyze the data as a matter of wellbeing, changing the focus to the financial issues offered me an “apex of a triangle”, a “way in” to the data. As financial issues are a big part of the everyday life of problem gamblers, these issues offer also an opportunity to study everyday life more widely. A deeper understanding of the issues originally in the focus of interest is achieved with narrower concepts. As the participants had experienced multiple other social and health problems related and un-related to gambling, it is difficult to separate the financial difficulties which are directly related to gambling. The everyday life finances form a complex unity, in which gambling becomes an extra piece. Thus, the financial problems are the focus, which allows the whole of everyday life around gambling to be studied.

Overall, the interviews with people who have lost so much because of their gambling were quite heavy from time to time, both for the participants and for me. I wrote in the research journal many times that I felt sorry for the participant, as she or he seemed so ashamed or dispirited. I described one participant as a “boisterous” student and was now living on last resort social assistance with his grandmother. My reflections during the interview process were also related to the purpose of the study, as after hearing these stories I felt that my mission was just to describe their experiences out loud so the world would hear about this problem. Only later did I manage to take a more analytical hold on the material, instead of emphasizing the most drastic experiences. Also, those participants who had not yet quit gambling and were

still searching for paths to recovery, added a more therapeutic weight to the interview than what my expertise and background enabled – even though I made sure they knew that I am not a therapist, and that the interview was only for research. Nonetheless, the interview situations became confidential and safe environments to talk about these issues, and while some of the participants seemed quite nervous at the beginning, they relaxed as the interview advanced. My evaluation of the information from the interviews is that it was accurate, and even though this might feel like a shameful topic to talk about, in my understanding, the participants were open and did not omit anything crucial.

**Table 2.** Information on the problem gamblers interviewed (N = 17).

Gender	Age	Education	Employment position	Financial problems	Treatment and support
Male	52	Vocational school	Regular employment, subordinate position	Credit debts, tax debts	GA, psychiatric nurse, A-clinic, inpatient treatment
Male	34	High school	Regular employment, subordinate position	Unpaid bills, debts	GA, A-clinic, public health center
Female	40	Primary school	Regular employment, subordinate position	Debts	GA
Male	40	High school	Unemployed	Debts	A-clinic, rehabilitation course for problem gamblers
Female	50	Primary school	Regular employment, executive position	Unpaid bills, debts	A-clinic
Male	34	University	Regular employment, executive position	Unpaid bills, debts	GA, gambling helpline
Male	33	Primary school	Regular employment, executive position	Unpaid bills, debts	GA
Male	66	University	Retired	Debts	Therapy, mutual support group
Male	30	University (not finished yet)	Student	Debts	Therapy, mutual support group
Male	31	Vocational school	Regular employment,	Debts	Therapy, mutual support group



			subordinate position		
Male	70	University	Retired	Using all money	GA
Male	25	University (not finished yet)	Student	Debts	Gambling helpline
Female	31	Vocational school	Regular employment, subordinate position	Debts	A-clinic
Male	60	Primary school	Unemployed	Using all money	A-clinic, acupuncture
Male	24	Primary school	In employment rehabilitation	Using all money, unpaid bills	Mutual support group
Female	40	Vocational school	Regular employment, subordinate position	Debts	Mutual support group, psychiatric nurse
Female	58	College	Regular employment, subordinate position	Debts	GA

### 3.1.2 EMAIL AND PHONE INTERVIEWS WITH SOCIAL SERVICES DIRECTORS

The second data set explored Finnish social services directors' perspectives on excessive and problematic gambling. These data were gathered through email (10 participants) and telephone (1 participant) interviews. The scope of the data is not as wide as the scope of the previous one, but rather the purpose of these interviews was to give another perspective to the results from the interviews with problem gamblers.

Collecting the interviews with the social services directors started by searching for the contact information for the highest ranked staff member in social services from the websites of the twenty largest cities (by population) in Finland. The initial emails to the directors of social services (or social and health services) included an invitation to participate in the study (Appendix 4). Some directors did not respond and seven refused to participate due to insufficient knowledge about the topic. Six of them re-directed the inquiry to other departments or to lower levels of the organization. The final data included 11 participants from ten cities (two directors from one city answered). The interview questions were sent in one email, and the participants answered in one or two emails. One participant was interviewed by phone, and this call was recorded and transcribed verbatim. The first round of questions was asked in 2013. In 2015, the directors were contacted again, and asked to provide an estimation of the number of problem

gamblers encountered in their organizations. Five of the participants responded to this inquiry.

Three of the eleven social services directors were male and eight were female, and their ages ranged between 44 and 62. Most of them had an educational background in social sciences. They were responsible for social (and in some cases health) services or for social work in their cities. Based on the organization charts of each city, the participants' positions in their organizations were divided into three levels. First level directors (N = 2) were responsible for the entire field of social (and health) services in their cities. For example, they were assistant city managers, in senior administrative positions. Second level directors (N = 7) were directors of social services, and their field was parallel with, for example, health services. Third level directors (N = 2) were responsible for social work, and they were subordinate to the social services sector.

The participants were not meeting clients on an everyday basis, but were superiors to the social workers (or to their superiors) who meet clients. They acted as gatekeepers and negotiators between the "street-level" social work and the higher management and politicians. The directors of social services are in strategic positions for observing and acting on the changes in society (Niiranen & Hänninen, 2012). The participants were asked about their knowledge of problem gambling and most of them reported that it was limited and/or from everyday life experiences, from subordinates, from general discussion or based on their own gambling experiences. None of the participants were experts in problem gambling or in addiction treatment in general.

The social services directors were asked eight questions (Appendix 5). These concerned their perspectives on excessive and problematic gambling; how they perceive this phenomenon, what kinds of social problems it causes, how substantial it is, what can be done to help, what is the cultural and societal change that the phenomenon is attached to, and what will happen in the future. The questions concentrated on the social and financial aspects of problematic gambling, thus the answers cover these issues as well (instead of, for example issues relating to mental health).

This data set is small at 28 pages, which is due to the collection method of using emails. Emails were a cost-efficient way to collect information from different parts of Finland. Also, emails offered the social services directors an opportunity to answer the questions at the most convenient time for them, as well as pause and continue answering if needed (Meho 2006; McCoyd & Kerson 2006). This method resulted in a smaller amount of data, but perhaps more directors participated in this manner of research than if the interviews would have been conducted face-to-face. All the participants were also offered an option to be interviewed face-to-face or on the phone, but only one chose a phone interview instead of writing the answers in an email. Email interviews as a data collection method is discussed further in Article IV.

Answers were received from half of the contacted cities, and among those cities from which nobody answered were the two largest cities in Finland. The other eight cities which did not answer were among the 10 to 20 most populous cities. The three-level division of directors was not intended, but it formed as data collection progressed, as those directors who were contacted first re-directed the inquiry to their peer-directors or to their sub-ordinates. Thus, the data may be skewed towards directors who have some knowledge and experience of problem gambling (their self-assessed knowledge on the matter is reported in Table 3). Even though the data set is small, these participants' cities combined population is more than one million, so these directors could be seen as representing the social services providers for one-fifth of the Finnish people (nevertheless, this is a qualitative study and is not statistically representative).

Also, the time span of this data collection sets limitations. First the data was collected during the previous system of financial social assistance in Finland. At that time, this assistance was a responsibility of municipal social services. Currently, only preventive and compensatory social assistance are the responsibility of municipalities, while basic financial social assistance is granted from the Social Insurance Institution (Kela). Second, the main data were complemented two years later by asking for the actual numbers of problem gamblers that had been encountered in these services. This latter limitation of two time points is discussed in more detail in Article IV, but as the inquiry about the number of problem gamblers was not used for comparing the cities to each other, this was not seen as compromising the quality of the data.

**Table 3.** *Information on the social services directors interviewed. (Personal experiences = own gambling; general knowledge = from societal discussions or familiar with the issue; work-related = from subordinates, from planning social welfare or from individual cases; limited = does not have much experience on the topic.)*

Gender	Position	Level of management	Age	Education	Self-assessed knowledge on problem gambling
Female	Director of social services	Second	50	Master of Social Sciences	N/A
Female	Director of social work	Third	52	Master of Social Sciences	Limited, work-related

Female	Director of adult social work and employment services	Second	44	Master of Social Sciences	Limited, work-related
Female	Director of social services	Second	55	Licentiate in Social Sciences	Work-related
Female	Director of psychosocial services	Second	N/A	N/A	N/A
Male	Director of department	First	58	University education	Personal experiences
Male	Director of social work	Third	62	Master of Social Sciences	General knowledge
Female	Director of social services	Second	56	N/A	Work-related, general knowledge
Female	Director of special services in social work	Second	58	Master of Social Sciences	Personal experiences, general knowledge
Male	Assistant city manager	First	N/A	N/A	N/A
Female	Director of social and family services	Second	45	Master of Social Sciences	Limited

### 3.1.3 SURVEY “FINNISH GAMBLING 2011”

The “Finnish Gambling 2011” survey was designed by the National Institute for Health and Welfare. It is stored at the Finnish Social Science Data Archive, and is available for researchers to use. Neither of the authors of Article I were involved in collecting the data.

These survey data are collected every four years, and the survey in 2011 was the third population study in Finland.<sup>4</sup> The data for this survey were collected via phone interviews between October 2011 and January 2012. The data were drawn from a random sample of 16,000 15 to 74-year-old Finnish people, of whom 11,129 had a registered phone number, and the rest were sent a letter with an option to telephone the research institute. The final number of participants was 4,484, and the response rate was 39.9 percent. (Turja et al., 2012.)

The survey questions concerned participants’ gambling habits: whether they gambled or not, and if they did, what was the variation of games they

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<sup>4</sup> The most recent population study on gambling was published in 2015 (Salonen & Raisamo, 2015).

played, how much money and time they used in gambling, how often they gambled and when had they started gambling. Furthermore, the survey asked about participants' attitudes towards gambling, their internet usage and whether they played games other than games with money. Also, the survey asked about the possible problems that could be caused by gambling and included questions about perceived health and wellbeing. The background information included gender, year of birth, marital status, years spent studying, monthly income and employment status. The variables studied in Article I concerned the money and time used on gambling, frequency of gambling, Problem Gambling Severity Index, age, gender, length of time in education, incomes per month and Mental Health Inventory (discussed in detail in the next section).

The data have been weighted to scale the sample to represent the population in the register on 1 January, 2011 by age, gender and place of residence. Men from Southern Finland between 25 and 49 years of age were especially underrepresented in the data than other age and gender groups from other areas. (Turja et al., 2012.) The usefulness of gambling population surveys in general has been questioned, as it is unclear whether problem gamblers answer honestly in these surveys, and which population groups are reached with mobile-landline surveys, while at the same time response rates generally are dropping and populations are ageing (Markham & Young, 2016).

### **3.2 METHODS OF ANALYSES**

Analyzing is “to observe and discern patterns within data and to construct meanings that seem to capture their essences and essentials” (Leavy & Saldaña, 2014, p. 6). Qualitative research is also about finding something surprising, something significantly different from what we expect (Reichertz, 2014). Methodologically this research (especially the qualitative parts of it) aims to understand both the experiences relating to financial problems and recovery from them, as well as the perceptions and understandings of problem gambling and money held by problem gamblers and social services directors. The object of the research is to study problem gambling as a financial problem, but also to analyze the place of problem gambling within the social service system in Finland. “Descriptive studies are communicated through the data; theoretical studies are communicated through concepts illustrated by data” (Taylor, Bogdan & DeVault, 2015, p. 154). This research has theoretical and descriptive ambitions: the former aim for developing a deeper understanding of problem gambling as a financial problem, and the latter aim for creating policy recommendations in designing services for problem gamblers.

The interview data sets were analyzed with content analysis, which presents the data in a categorized manner (Bowling, 2014). I began the

content analysis with careful reading of the data and marking code names for excerpts concerning the topics I was interested in. Coding in content analysis means categorizing related sections of the data by either “coding down” with previously determined categories or “coding up” by developing the codes from the data themselves (Bowling, 2014). My data analysis followed mostly the “coding up” tradition, even though I first tried to fit parts of the data in predetermined theoretical frames. The analyses of the interviews with problem gamblers were guided by the research questions and began with a search of all the relevant excerpts. Analyzing the interviews with social services directors began with disaggregating the data, and all emerging themes were identified. The quantitative data set was analyzed with cluster analysis by the second author of Article I.

In particular, the analysis process in Article II had several stages and was everything but straightforward from one phase to another. The concepts and course of my study changed from the initial plans (discussed in the previous section), and this also changed the course of the analysis. As the first concept I tried to trace from my interview data was “wellbeing”, the first coding and categorizing processes included several dimensions of wellbeing: for example, social, emotional and financial. I also tried to code “down” the data according to the dimensions of wellbeing defined by Erik Allardt (1976): having, loving and being. This approach was not successful in developing comprehensive understanding of the data, as it turned out that the concept was far too broad to make sense of the data, and especially to provide new perspectives of problem gambling.

In the second failed phase of the data analysis I attempted to approach the data with the concept of “loss”, again from different perspectives: for example, financial or social losses. This approach also proved to be too broad. By then I had several layers of coding in the 223 pages of interview data, and had formed a range of categories of these codes. At this point, the whole dissertation took a different direction, as I began to understand that through money and financial issues related to the socio-economic differences, I could approach problem gambling in the context of the welfare state. At this point I changed the direction of this particular sub-analysis to “coding up”, and gathered all those excerpts that concerned the talk of money and financial issues during the time when gambling was problematic. Thus, I changed the focus of the analysis from general wellbeing to financial and money-related experiences and thoughts, and framed the time as the period when the participants thought their gambling was out of control. After coding all money-related excerpts, with the support of the previous layers of data analysis, I formed sub-categories of the codes that were related to each other (e.g. Leavy & Saldaña, 2014). After this, the last phase of the analysis was to raise the level of abstraction and tell something new about the phenomenon.

The data were analyzed with conventional content analysis without theoretical concepts guiding the analysis. These methodological choices developed gradually when the study progressed. I first tried to trace some

theoretical concepts from the data, but as it seemed not to lead to any useful results, I changed the view to exploratory analysis after including the financial matters in the focus of the study. This was done as a gateway to set the phenomenon on the fields of social policy and social work. In future research, financial capability (discussed in section 4.2.4) could be a useful concept to approach the data with from the beginning. In this research, it is more a supportive concept (see also Lämsä, 2013): it is a theory for interpreting the results with.

This chosen approach has weaknesses, some of which are related to the data in the form of interviews discussed earlier, and some related to approaching these interviews as narratives of everyday lives and experiences of problem gamblers, rather than their interpretations of their experiences. The analysis targeted the incidents and experiences the participants had on their financial situations and activity. However, the way these experiences were constructed in the interviews, were not objective observations, but their current understandings of their situations, formed in social processes and interactions (e.g. Burr, 2003). The practical aims of the study, to support developing the prevention of problem gambling and service system, especially financial support for problem gamblers, guided the research methods to study the “realities” of the problem gamblers, rather than for example, using discourse analysis. Other research settings and analysis methods could also have been advantageous, and with this research opening many new possible research questions, the phenomena relating to problem gamblers’ financial experiences, everyday lives and socio-economic situations ought to be studied with a range of data sets and methods.

Qualitative data analysis is described as being difficult because it is not fundamentally a mechanical or technical process, but is a process of reasoning and theorizing (Taylor et al., 2015). In the last phase of the analysis, interpretations and conclusions are made by the researcher, and the exact steps of this part of the analysis are strongly attached to the researcher’s process of thoughts. As Taylor, et al. (2015, p. 161) phrase: “in qualitative studies, researchers gradually make sense of what they are studying by combining insight and intuition with an intimate familiarity with the data” and that researchers “must learn to look for themes by examining [their] data in as many ways as possible”. The content analyses were done solely by me, thus the reliability of the method could have been advanced if other people listened or read the data. One feature of qualitative research is that as it often is intuitive and inductive process, most qualitative researchers analyze and code their own data (Taylor et al., 2015).

In the analysis for Article IV, the sub-questions I asked from the data during the analysis were important in guiding the analysis (see Magnusson & Marecek, 2015). The main question concerned financial recovery, while the sub-questions were about the financial aspects of problem gambling treatments, thoughts, and experiences about financial survival from problem gambling, as well as financial social assistance from public services. The

nature of this analysis was more practical and descriptive than the analysis in Article II, as the participants' descriptions of their financial situation and financial acts (related to financial social assistance and other financial support) were studied and their perceptions emphasized. The analysis progressed similarly as in Article II: after creating code names and categorizing them, the final presentation of the analysis included four themes, of which the last had three sub-themes.

The analysis in Article IV included a categorization of the life situations of the participants, as they had different experiences regarding applying and receiving last-resort, public, financial social assistance. I categorized their situations into eight categories depending on whether they had applied for and/or received financial social assistance, or whether they were indebted or not: their financial difficulties. I also roughly evaluated the participants' financial situation, or socio-economic position, based on what they told me about their employment and financial situation. This categorization supported the actual data analysis, which showed the characteristics of different situations regarding to financial social assistance. Thus, not all codes were attached to all interviews, but, for example, codes related to "applying for financial social assistance" were attached only to those interviews in which these situations occurred.

The analysis in Article III was the purest data-based content analysis of these three qualitative analyses. From these social services directors' email and phone interviews, I did not first separate those sections that were related to the research questions, but I cut the whole data set into codes and then gathered it back together thematically. Unlike the material from the interviews with problem gamblers, these data did not have anything extra and all of it was relevant regarding the research questions. I used the Atlas.ti computer program to analyze the interviews of problem gamblers, but the analysis of the interviews with social services directors I conducted traditionally with the "paper and scissors" method, and then transferred the codes and themes to a Microsoft Word document.

The cluster analysis in the Article I was based on population survey questions about gambling consumption. Cluster analysis is used to find groups of cases or entities (Aldenderfer & Blashfield, 1984). The analysis used k-means clustering of frequency, duration, and money spent on 17 gambling games. Frequency was measured with the question "How often did you play [a specific game] during the past 12 months?", with the possible responses: (1) = Daily or almost daily, (2) = Several times in a week, (3) = Once a week, (4) = 2–3 times per month, (5) = Once a month, (6) = Less frequently, (7) = Cannot tell. Time used on gambling was asked with the question "How much time did you spend playing [a specific game] during the past 30 days?" with the possible responses: (1) = < 1h, (2) = 1–4 h, (3) = 5–10 h, (4) = If more than 10 h, how many? (5) = Cannot tell. Money used on gambling was asked about with the question "How much money did you spend in total playing [a certain game] during the past 30 days? Count all the



money you used, regardless of wins or losses.” These questions were asked separately for each game used in the study.<sup>5</sup>

The variables concerning the time and money spent on gambling, as well as the frequency of gambling, are self-reported estimations by the participants. Time and frequency had multiple choices and were surveyed qualitatively, while the amount of money was surveyed on a quantitative scale. These self-estimations always have some level of inaccuracy, especially concerning the question about the amounts of money used in gambling since it asks the respondent to “count all the money you used, regardless of wins and losses”. The respondents may have reported all money they had “put in” to gambling, including the money they may have won, or counted only their “own” money and not the winnings they had gambled. Despite the possible and probable inaccuracy in the estimations, the data are useful for producing new information about the different gambler consumption groups in Finland.

After forming the clusters, background variables, problem gambling rates and mental health variations between the groups were studied. The variables studied were: age, gender, education, income, Problem Gambling Severity Index (PGSI) with nine questions concerning gambling behavior and consequences of gambling, and Mental Health Inventory (MHI-5), a five-item instrument to measure mental health. The relationships between these variables were studied through cross-tabs and group mean comparisons. I designed the research setting with co-author Arho Toikka, who conducted the analysis, and the results were interpreted jointly.

### 3.3 ETHICAL CONSIDERATIONS

Ethical considerations are important especially in studies concerning personal and sensitive issues, like problematic gambling. In this study, the ethical questions are mostly related to the interviews with problem gamblers. The most common and important principle of research ethics is to minimize the harmful consequences that could result from the actions of researchers (Hammersley & Traianou, 2012). Four dimensions of ethical issues can be recognized especially in interview research: (1) reducing the risk of unanticipated harm, (2) protecting the interviewees’ information, (3) effectively informing interviewees about the nature of the study, and (4) reducing the risk of exploitation (DiCicco-Bloom & Crabtree, 2006).

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<sup>5</sup> Games: (1) (Weekly) Lotto, (2) Daily lotteries, (3) Scratch cards, (4) Football pools, (5) Other sports betting, (6) Trot betting (V-4), (7) Veikkaus tote games (V-5, V-75), (8) Casino gambling in Finland, (9) EGMs (not in a casino), (10) Table games (not in a casino), (11) Online poker in the Finnish online casino, (12) Other games in the Finnish online casino, (13) Fintoto tote games (offline and online), (14) Online poker on the PAF website, (15) Other PAF games, (16) Online poker on foreign sites, (17) Other games on foreign sites.

The problem gamblers interviewed for this study were given a description of the study in the advert and some talked about participating in the research with some treatment personnel before they gave their consent to participate. Contacting me and agreeing to be interviewed was regarded as informed consent to participate. I explained to the participants the purposes of the study, the anonymization process, and the option of withdrawing their consent at any time during the interview or after it before the interview via phone or in email, and at the beginning of the interview. The University of Helsinki is committed to following the ethical instructions of the National Advisory Board on Research Ethics of Finland, which has listed the features of a study which create a requirement for an ethical review (Appendix 3). This study did not meet these requirements thus an ethical pre-review was not required. This study did not involve an intervention in physical integrity, it did not deviate from the principle of informed consent, the subjects were all over 18 years old, the study did not expose the participants to exceptionally strong stimuli, the study did not have a risk of long-term mental harm and the study did not signify a security risk to subjects.

The harm that could have occurred in the interviews with problem gamblers is related to the urge to gamble and to raising the painful experiences from the past, which could have caused some trauma (e.g. talking about suicide attempts). I told the participants that they could quit the interview at any point and that they did not have to talk about issues that were too distressing. The interviews did not include moments in which a participant seemed to have wanted to quit the interview or quit talking about the topic in questions. I got an impression that all the descriptions of difficult experiences had already been told to people (families or treatment personnel) before me. The situation with all the interviewees was informant-interviewer in nature, rather than a desperate person describing something for the first time, for example. Based on these experiences, my assessment was that the interviews did not cause harm for the participants, but of course I do not know this for certain, because I did not follow-up the participants.

I asked the social services directors to answer with their own names and positions. Answering the questions as a position holder may have affected on how the directors form their answers. This data gathering did not seek confidential information and personal experiences of the directors, but rather their evaluations and information as social services directors, thus they were asked to answer with names and an official capacity with their positions identified. Nevertheless, in the presentation of the results (Article IV), the answers were anonymized. Presenting the results anonymously is a tradition in qualitative research, and there was no advantage in including the names and the cities.

Gambling studies is a field with tensions, considering for example, the presence of sections of gambling industries in financing and conducting studies (e.g. Cassidy, 2014). In Finland, the Lotteries Act requires the problems caused by gambling to be monitored and studied and harm

prevention and treatment to be developed. The monopoly company, Veikkaus, is obliged to cover the expenses of the monitoring and research, as well as the development of prevention and treatment (Lotteries Act, § 52). These costs were evaluated to be EUR 2.5 million in 2017 (HE 132/2016). This money is governed by the Ministry of Social Affairs and Health, which channels the money to research. One association granting/receiving research funding from these funds is the Finnish Foundation of Alcohol Studies. Most of the funding for my research was granted by this foundation. The receivers of the research grants are decided on by a separate committee in this association, not in the Ministry nor in the gambling company. Furthermore, the Foundation has not been involved in collecting or analyzing the data in this research. Nevertheless, most of my grant funds for conducting this research trace their origins to those people that I am studying, the gamblers.

## 4 RESULTS

The results of this study are presented in four articles:

- I Heiskanen, Maria & Toikka, Arho (2016). Clustering Finnish gambler profiles based on the money and time consumed in gambling activities.
- II Heiskanen, Maria (2017). Is it all about money? A qualitative analysis of problem gamblers' conceptualizations of money.
- III Heiskanen, Maria & Egerer, Michael (submitted manuscript). The conceptualization of problem gambling in social services: Email interviews with Finnish social services directors.
- IV Heiskanen, Maria (2017). Financial recovery from problem gambling: problem gamblers' experiences of social assistance and other financial support.

### 4.1 EMPIRICAL FINDINGS

This section first presents the empirical results of each article. The main results are emphasized at the beginning of each sub-section. The latter part of this section discusses all the results with the research questions and presents the empirical findings within broader themes.

#### 4.1.1 GAMBLER CONSUMER CLUSTERS

Six clusters of gambling consumption were found. Most Finns are non-frequent gamblers playing mainly Lotto. Problem or risk gambling proportions were highest in clusters dominated by men playing EGM's, sports betting and omnivorous gamblers playing many different games. Among the last group, even Lotto was played with large amounts of money, which could suggest that in prevention of gambling problems the risk assessment of single games is not important, but the combination of games and the social situations of the gamblers are.

In this article, we clustered Finnish gamblers from a nationally representative survey (N = 4,484), based on how much money and time they spent on gambling, as well as on the types of games they played. These

clusters were examined further regarding socio-demographics, socio-economic features, problem gambling and mental health.

The cluster analysis revealed six groups of gamblers which varied from each other by the preferred games played as well as by the amount of money and time spent on gambling. The first cluster, infrequent gamblers, is the largest and the expenditure of money and time in gambling is small compared with the other clusters. Lotto attracts people in this cluster a little more than other games. This cluster also includes all the non-gamblers. In this group, the proportion of problem gamblers is low with a 0.7 per cent proportion of those with scores indicating moderate risk for problem gambling or problem gambling in the Problem Gambling Severity Index. A small majority are female (58.6 per cent), more than half are employed, and the average amount of education, incomes per month and age are similar to the whole data.

In the second cluster, the consumption is centered on Lotto, electronic gambling machines (EGMs) and casino games. Cluster 3 is similar to this second cluster, but with more emphasis on scratch cards and daily lotteries and less on EGMs. Cluster 2 has a moderate risk or problem gambling proportion of 6.0 per cent, and cluster 3 has a 4.9 per cent proportion. Cluster 2 is dominated by males (70.0 %), and the share of students is relatively high. The sex ratio is more even in cluster 3, and this cluster also has more retired people.

The fourth cluster is strongly centered around tote games. Only a little more than half of people in this cluster are male, hence tote betting seems to be a quite gender-neutral activity in Finland. Moderate to problem gambling prevalence is the second lowest of all clusters, but the low risk gambling share is relatively high with almost 30 percent. This cluster has the highest average age.

In cluster 5, preferred games include Lotto, daily lotteries, EGMs, as well as sports betting. The average amounts of money used in EGM gambling are higher in this cluster than in the previous ones, and online gambling is more prevalent in this cluster than in the others. The proportion of moderate risk to problem gambling prevalence is higher than in previous clusters at 13.8 per cent. More than 90 per cent are male, and this cluster has a younger mean age and more students than most of the clusters.

Cluster 6 is defined as “omnivorous” gamblers, who show more frequency and money spent in almost all of the gambling forms. Most money is used on Lotto, daily lotteries, sports betting and EGMs. Also, this cluster is dominated by men, who make up almost 90 per cent. The proportion of unemployed is almost 13 percent in this cluster. The prevalence of moderate risk gambling or problem gambling is more than 30 percent in this cluster

Both clusters with more frequent EGM gambling (2 and 5) are dominated by younger men, which does not support the common assumption in Finland that EGM gambling is prevalent among older women. EGMs are a popular choice of game in these groups with a higher prevalence of problematic

gambling. The group of omnivorous gamblers with high risk for problem gambling has also been found in previous research (e.g. Faregh & Leth-Steensen, 2011; Lloyd et al., 2010). According to this cluster analysis, the tote players seem to be a divergent group from other gamblers. It is interesting to see whether this is changing now that there is no longer a separate gambling company offering tote games, after all three Finnish companies merged into one of the beginning of 2017.

The biggest groups of Finnish gamblers play infrequently and mostly they play Lotto, other lotteries (e.g. Keno), EGMs and scratch cards. The most risks for problem gambling seem to be among clusters dominated by men. One risk factor for gambling problems may also be playing many different games. For example, Lotto has been considered to be a low risk game, but when it is played with many other games, it could be part of a gambling problem. In the cluster of omnivorous gamblers, the amounts of money spent on Lotto were approximately 50 euros per month, with only sports betting having more money devoted to it. It seems that the socio-economic position (length of time in education and the level of incomes) is not as relevant as gender or age in the preference of gambling and the amount of money or time used.

#### 4.1.2 PROBLEM GAMBLERS' CONCEPTUALIZATION OF MONEY

The different financial and social situations of problem gamblers are related to the nature and extent of the financial (and consequently other) problems they experience. Disposable money enables gambling and mediates the intensity of gambling. The compulsion for having more money may be as strong as the compulsion to gamble, and the acts committed for money result in disbelief and self-contempt. With money, in regard to expenses of everyday life, some control over gambling is exercised. Gradually, gambling becomes a financial trap, in which gambling more seems to be the only solution for the problems caused by gambling.

The second article presents discussion about the financial practices that problem gamblers have and the meanings they give to money during the time when gambling is excessive and problematic. "Financial practices" in this article means the financial actions and decisions made by the participants, related to using money and having more money. This article is based on the data from the problem gamblers' interviews (N = 17). The analysis of the participants' discourses relating to money are presented through four themes. First, problem gamblers have a compelling need for money, and second, money organizes the tempo and intensity of the gambling. Third, problem gamblers lose the balance between using money on gambling and on other areas of everyday life, and fourth, gradually a spiral of money evolves

around the problem gamblers with growing financial troubles. This last theme is similar to Lesieur's (1984) spiral of options and involvement, introduced earlier.

The first theme describes situations in which money from salaries or welfare benefits is no longer enough for gambling, and loans and other measures to obtain money are taken into use. Borrowing money is common among problem gamblers (e.g. Barnard et al., 2014), and the participants in this research were no different. However, the nature of falling into debt had some interesting features depending on the level of income of the problem gambler. Higher income participants rationalized their behavior of taking high interest pay day loans as irresponsible and insensible, since they already had sufficient income yet took these loans. Participants living with welfare benefits, then again, did not have as large debts as did employed interviewees. More (survey) research on this topic is needed, but this indicates that the quality and size of person's disposable income may have some connections to the extent and personal experiences of financial problems. A steady salary may enable access to larger loans, thus higher income problem gamblers may have access to more money and, consequently, more problems. Among the participants, there was even a young man, who described how he had not worked for a long period for fear of losing the salary in gambling. Thus, problem gambling may prevent a person from being employed, as it would give them access to money.

The *dual personality*, defined by Lesieur (1984), was present in these interviews as well. The participants described multiple means to obtain more money. These included theft, selling personal possessions, collecting bottles for deposit, committing tax fraud, begging and prostitution. During the time when gambling is active, gamblers are driven by their compulsion to gamble, and as money is an essential measure to be able to gamble, they commit acts which they would not otherwise commit in order to get money. The interviewees talked about the *gambler-me*, who had done all those immoral acts, and how they felt disbelief afterwards. The compulsion, the participants' experience seemed to be about having more money as much as it was about gambling. Some described how they did not want to gamble anymore, they just wanted to win, to pay back the borrowed or stolen money.

The second theme discusses the episodic nature of gambling, as limited by current disposable money. The participants described their experiences of using all their disposable income on gambling. It seemed that in the mind of a problem gambler, gambling was the only purpose for the use of money, and everyday financial matters felt chaotic for them. Nonetheless, when examining gambling and money more closely, it seems that money was one of the outside definers of the intensity of gambling. The interviewees described how the amount of money they gambled changed according to their disposable income; for example, the bets were notably higher on pay day or after receiving welfare benefits. Gambling is practiced with money, and money is the fuel needed for gambling. Spending money on gambling is

both irrational and patterned at the same time – the intensity of gambling varies depending on the money that is available to gamble.

Disposable money not only enables gambling, but its presence alone may urge one to gamble. The participants described how they may have already realized that they should cut down their gambling, but as soon as they got more money, they used it to gamble. Some of them wished no longer to have any money available for their use. Thus, disposable money temporally organizes gambling activities in the everyday life of the problem gambler, even though gamblers themselves may feel that their financial matters are in chaos and uncontrollable. The realization of the financially episodic nature of gambling may promote problem gamblers' own understanding of their behavior and advance the possibilities to overcome the problem.

The third theme is about losing the balance between using money for gambling and for matters of everyday life. Again, even though the problem gamblers themselves may feel that they use all their money for gambling, in fact they do make decisions on the matters that need to be taken care of and then determine the amount of money left for gambling. Thus, the addiction does not comprehensively control the usage of money, but rather there are levels of freedom. Nonetheless, other purchases are often described as “wasting” money (see also e.g. Reith, 1999), and in the life of a problem gambler, gambling may be the main object of using money.

Examples of those everyday matters that were obtained before gambling, were buying food, the needs of children, and utility expenses. Some problem gamblers can maintain their credit rating; some have trouble doing so. There may be some gendered patterns in experiencing financial deficits following problem gambling. In the data, female problem gamblers discuss the needs of their families and prioritizing them over gambling. This has also come out in previous research (Järvinen-Tassopoulos, 2016).

The financial and social situations of problem gamblers vary, as do the levels of control that are exercised through everyday purchases. For some problem gamblers, the consequences of problem gambling for everyday life are more severe, and include, for example, losing their family home or failure to buy food. Hence, problem gamblers may be unable to fulfill some fundamental needs, such as nutrition or shelter. The nature of the problem is individually dependent on the social and financial situation of the gambler and her/his family, as are the definite consequences of the problem. It is not enough to support individuals to gain control over their gambling behavior, but instead a broader perspective about the financial and social damage is needed in the treatment of problem gambling.

The fourth theme covers the spiral experienced by problem gamblers in regard to their financial situation. The problem gambler's compulsion turns more and more from gambling to money as the excessive gambling continues. Lesieur (1979; 1984) discussed the spiral in gambling, in which the problem gamblers' involvement in gambling grows but their options to obtain more money diminish. A similar spiral was found in this study, as



some participants took new loans to pay for interest on the previous loans. Gradually they feel trapped, as gambling seems to become the only solution for having more money and to be freed from this downward spiral. Of course, winning money does not actually solve the situation, but rather, as the participants described, it only makes the situation worse – the event of winning some money strengthens the belief that it is possible to solve all the problems with gambling more.

The article concludes that money has three roles in the life of a problem gambler: gambling money, missing money and potential money. First, more and more money is used for gambling, which is lost (missing) from other areas of life. Gradually, as the gaps in everyday life need to be filled, the gambler starts finding potential money from different sources, and at the same time gambling also requires money. Finally, the gambler may see only one option for acquiring the money that is needed to solve the situation: from gambling. At this point, the situation worsens until all the sources of money have been exhausted (see also Lesieur, 1984).

#### **4.1.3 SOCIAL SERVICES DIRECTORS' PERCEPTIONS ABOUT PROBLEM GAMBLING**

Social services provision and especially social work in Finland has only limited capacity and tools to recognize and respond to problematic gambling. Statistics of encountered people with gambling problems seems viable, to make the phenomenon visible in social services. Social services directors have a societal approach towards the reasons of problem gambling, and see especially financial inequality as one of the motivations for gambling. Financial support is available for problem gamblers from social services providers.

The third article focuses on the perceptions Finnish social services directors have towards excessive gambling and the measures that are available in social services to help problem gamblers. The analysis of the ten email and one telephone interviews with social services directors in some of the most populated cities of Finland revealed three themes, which describe how the social services directors understand excessive gambling. First, the awareness and the capability of recognizing problem gambling in social services in Finland is limited. Second, the social services directors have a strong societal perspective towards problematic gambling and they consider the roots of this addiction to be in the financial inequality and the pressures of belonging to the consumer society. Third, there are some, mostly financial, measures available for helping problem gamblers in the social services.

It became clear during the research that the social services and especially social work in Finland do not have a shared definition for problem gambling,

and no tools to recognize or compile statistics on people encountered with gambling problems. The phenomenon of problem gambling is quite invisible for the social services directors and difficult to recognize. Gambling problems may reveal themselves through the financial issues of the client and other troubles in life management. The kinds of resources the social services providers have to deal with problem gambling are called into a question if the simultaneous problems, such as rent debt or a threat of violence need urgent attention.

The social services directors recognize both societal and situational risk factors for problem gambling. They have a dominantly societal perspective on this addiction, which highlights the underprivileged groups' wish to belong to the consumer society, with gambling representing the opportunity to win the money for this goal. Thus, in order to solve the issue of problem gambling, the social services directors reckon that they should first solve the issues related to financial inequality and unemployment.

The situational explanations for the development of problem gambling include mental health problems, loneliness, susceptibility to addiction, younger or older age and parental gambling. Social services providers have a strong family approach in dealing with gambling problems, and often problem gambling may even be revealed by a family member who is seeking help for the whole family. This family approach could also be beneficial on a larger scale in problem gambling treatment.

The social services directors proposed some financial support measures for problem gamblers. These include allowing financial social assistance and social lending, or more controlling means, such as a service account or a trusteeship. Providing money to a problem gambler may be problematic, as it may be used for gambling. The more restrictive measures require resources from social services providers and commitment from the client.

#### **4.1.4 FINANCIAL RECOVERY FROM PROBLEM GAMBLING**

Problem gamblers' financial concerns may not be acknowledged in treatment facilities, even though gamblers may conceptualize their problems as mainly being financial. Problem gamblers have a range of paths to financial recovery. Last-resort financial social assistance may be applied for and received if the level of income is low. Problem gambling may lead to a rapid deterioration of the gambler's financial situation, and the worst times financially seemed to occur after quitting gambling. Having families or friends helping problem gamblers financially is an area in which more research and guidance is needed.

This article studies problem gamblers' experiences with financial recovery from problem gambling, especially from the perspective of tax-funded

welfare services and financial social assistance. The interviews with problem gamblers (N = 17) were analyzed through four themes. The first presents experiences of unaddressed financial concerns in problem gambling treatment. The second and the third themes concern applying for and receiving financial social assistance from public services. The fourth theme describes other, non-governmental and more controlling forms of financial support.

As for many problem gamblers, including the participants of this study, growing financial troubles were often one of the main reasons for seeking help. However, many had experiences in which their financial concerns were left unaddressed by the treatment personnel. Problem gamblers may conceptualize their problem as a financial one, but receive support for understanding the reasons for gambling, for example, and this may create an obstacle to benefiting from the treatment. Those participants who had attended GA groups, received practical advice for solving the financial problems (for example in contacting the creditors) as well as emotional support from their peers in the group.

Concerning the financial social assistance provided by tax-funded social services for citizens who have no other means to survive, the data included experiences of gamblers not applying for any financial support, or not receiving any despite of applying for it, as well as receiving financial support during and after the active period of excessive gambling.

The arguments behind not applying for any social assistance related either to need or to pride. Even though problem gambling may create substantial financial troubles, if the social and financial position of the gambler is good to begin with, they are not necessarily in need of any last-resort financial support. They can afford to *decide* to survive financially on their own. Some also found it more respectable to deal with the financial troubles they had caused with gambling by themselves. As problem gambling may occur for people in any financial situation, especially people who have not had any contact with the social services providers before, some may see financial social assistance as distant or implausible.

Some participants had applied for financial social assistance, but were denied it, most often because their incomes were deemed to be too high. The gambled amounts of money may grow in a short period, thus the deterioration of the financial situation of the gambler may accelerate. The problem gamblers may be in a situation in which they need to pay back the loans they have taken, and consequently their salary is not enough for living, despite being employed and having a regular salary. They may feel that their financial situation is desperate, but they do not meet the criteria for financial social assistance.

An overlap between receiving some form of financial social assistance (e.g. last resort social assistance or unemployment benefit) and problem gambling occurred in the data when the participants had lived with welfare benefits before their gambling became problematic. In these situations, the

low level of the benefit was the financial motivation to gamble in the first place, and when gambling grew to be excessive, the benefits were used up on gambling.

The worst financial situation seemed to occur after quitting gambling. During the active, excessive gambling, the everyday finances are dealt with through new loans or other means to access more money. When new sources of money are no longer available, and the previous debts are due to be paid. Some participants received financial social assistance after quitting gambling, for either living or paying for the treatment of problem gambling.

Other, non-governmental and more controlling forms of financial support include loans from family, support for over-indebtedness and control of access to money. Borrowing money from family or friends may create conflicts with the gamblers and their families, especially in the cases of relapse. More official debt arrangements or loan guarantees may include moral dimension to them, namely a demand for the problem gambler to “behave well” in order to receive financial support. If the pre-conditions require “non-frivolous” lifestyles, the problem gamblers may be doubtful of their possibilities to receive the loan guarantee.

The control measures available include the opportunity to pass on the control of problem gamblers’ financial matters to their partners or other family members. Also, authority-driven money-management strategies were present in the data. The experiences of the participants in this study included both positive and negative feelings towards giving up the control of one’s own financial matters. Having a parent as a trustee, for example, may alter the relationship between the gambler and the parent, as there may be different views on the financial autonomy and capabilities of the gambler. However, a service account with the social services provider (with the financial matters managed by a social worker) may give the problem gambler some new levels of freedom, as she/he does not have to worry about money anymore.

## **4.2 DISCUSSING THE RESULTS**

The results of the articles can be combined under larger topics, which contribute to different research questions. The questions and themes are presented in Table 4 and are discussed in detail in the next few sub-chapters (mainly research questions 2 and 3). The first sub-chapter notes the socio-economic differences in financial experiences, with findings related to the variations in experiencing and recovering from financial difficulties. The second sub-chapter is about outside control concerning the financial affairs of problem gamblers, and their self-control practiced through money and the usage of money. The third sub-chapter merges lack of financial support and direct financial support, and discusses further the practical financial measures. The last sub-chapter is more general, and studies the results in relation to the concept of financial capability.

**Table 4.** Results of sub-publications organized within broader themes.

Research questions	Themes in articles	Broader themes
1. What gambler clusters can be identified in Finland?	Gambler consumer clusters (in detail in Article I)	Consumer clusters: 1. Infrequent gamblers 2. Lotto + EGMs 3. Lotto, scratch cards, some EGMs 4. Horse betting 5. Sports betting + EGMs 6. Omnivorous gamblers
2. How do problem gamblers experience financial troubles as being secondary to gambling? How do they perceive the assistance available in deteriorating financial situations, partly related to their socio-economic positions?	Understood as societal in social services (III) Compelling need for money during problem gambling (II) Omnivorous gamblers (I) Receiving financial social assistance during active gambling (IV)	4.2.1 Socio-economic differences in financial experiences
	Restrictive tools available in social services (III) Controlling measures in financial recovery (IV) Periodic nature of gambling (II) (Lost) balance of money between gambling and matters of everyday life (II)	4.2.2 (Self-)control of money
3. What meanings do Finnish social services directors give to the public (financial) support available for problem gamblers?	Financial concerns left unattended (IV) Not applying for financial social assistance (IV) Not receiving financial social assistance (IV) Not visible in social services (III)	4.2.3 Lack of financial support
	Receiving financial social assistance after quitting gambling (IV) Social services directors' perspectives on allowing money (III) Loans from families (IV) Guarantee Foundation (IV)	4.2.3 Direct financial support

#### 4.2.1 SOCIO-ECONOMIC DIFFERENCES IN FINANCIAL EXPERIENCES

This research revealed how people from different financial and employment positions have varying ways of obtaining more money for gambling, as well as having different paths to financial recovery. In previous research, pronounced gambling and problem gambling in lower socio-economic positions has been explained variously as an available and low-cost source of entertainment, an activity that provides a sense of belonging, and an opportunity to improve standard of living (Cavion et al., 2008; Tabri et al., 2015; Volberg & Wray, 2007; Blalock et al., 2007). In addition, concentrations of gambling opportunities have been identified in areas with greater economic disadvantage and mental health problems among people with lower socio-economic status (Maas, 2016). The everyday life experiences of people suffering from problem gambling and trying to recover from them are strongly attached to their financial resources and employment situations. Nonetheless, these connections have received little attention in research.

In general, explicating socio-economic differences in the harmful habits, such as smoking and substance abuse, include both individual and societal reasoning: the former deriving from individual agency and the latter from social structures and life circumstances. These two approaches are not mutually exclusive, however, but have interfaces which are helpful in understanding differences in these possibly hazardous living habits. These interfaces include cultural, identity-related and lifestyle (or habitus) explanations. Cultural explanations attach action to social positions and living habits, identity explanations concentrate more on individual identity and reference groups, and lifestyle involves similar choices of people in similar situations. (Maunu, Katainen, Perälä & Ojajärvi, 2016.) Explanations for developing a gambling problem also derive from both individual and structural reasoning. For example, young men can be regarded as a risk group for problem gambling (e.g. Johansson et al., 2009) with emphasis placed on personality traits such as sensation-seeking as an explanation for the habit occurring in this group (e.g. Studer et al., 2016). From a structural perspective, young men can identify themselves in a subgroup in which gambling is widely accepted and encouraged, or, young men can also have trouble adapting to society, and problem gambling may be involved with other activities in online environment, as was suggested by the social services directors interviewed in this study.

More broadly, the social services directors understood problem gambling from the perspectives of financial inequality and consumer society. Among the clients of social services providers, gambling presents an opportunity to raise living standards. It seemed especially to be about to having a chance, literally, to be able to buy something besides the necessities for living. This was also seen in the reasoning the problem gamblers who lived on welfare benefits gave to their gambling: an attempt to raise their income. These signals propose that for people in weaker financial situations, gambling is not

necessarily motivated only by excitement and entertainment, but is connected to their everyday lives and financial management.

The societal explanations of socio-economic differences in problematic gambling have also been derived from the anomie theory: that gambling is easily available or reinforces the sense of belonging of marginalized or socially restricted groups (Cavion et al., 2008). Similarly, problem gambling could be discussed from the perspective of the more general dislocation theory of addiction, in which people are thought to be less integrated with society and lack psychosocial integration (individual autonomy, social belonging and achievement), and addiction thus acts as one way of adapting to this dislocation (Alexander, 2008; 2000). Social workers have suggested that problem gambling is a coping mechanism in a difficult situation (Egerer, 2014), and one explanation for the prevalence of gambling among lower socio-economic groups proposes that gambling compensates for otherwise limited opportunities to make a living (Beckert & Lutter, 2009).

Among the gambler consumer groups in Article I, notable differences in level of income or length time in of education was not found. This could suggest that from this perspective of “gambling taste”, the activity does not have wide sub-group identity differences attached to socio-economic positions. Risky or problematic gambling was, nevertheless, attached more strongly to subgroups with more frequent gambling in various games. These groups had a majority of men, and especially the group of omnivorous gamblers had slightly lower income and less education on average compared to the whole sample. Alcohol consumption, for comparison, holds much symbolic value, and as a social practice is highly gendered and classed (e.g. Ross-Houle, Atkinson & Sumnall, 2016). Further research on the class differences of tastes and habits of gambling would be illuminating.

As was found in Article II, problem gamblers have a compelling need for money during the time when gambling is problematic, and this need is fulfilled in various ways to obtain more money. Money can be defined to exist in the everyday life of a problem gambler in three kinds of roles: gambling money, missing money and potential money. The cycle starts when gradually more and more money is used on gambling. This creates losses in other areas of life; money is deficient from everyday life expenses. Now, the gambler needs to find potential money from any source to fill the gaps in the everyday life, as well as to gamble more. These sources may first be salaries and welfare benefits, and then later other sources, such as borrowed or stolen money. Sooner or later, gambling poses as the only option for the gambler as a potential source to get enough money to pay back all the previous loans and thefts. Finally, the gambler cannot quit, as gambling is the only choice to get out of the situation – a financial trap.

The cyclic nature of problem gambling discussed by, for example, Lesieur (1984; 1979), Binde (2016a; 2016b) and Reith and Dobbie (2013a), was found in the monetary affairs of problem gamblers. With deepening financial problems, the weight of the possible win grows, and gradually gambling

serves as an escape from the financial problems as well (see also Wood & Griffiths, 2007; Binde, 2016a). In order to help the problem gamblers sooner, the cycle of financial problems ought to be interrupted. Especially in the provision of social services, where the most disadvantaged people are encountered, early identification of problem gambling from financial records should be pursued.

The nature of the problem may vary depending on the means used to acquire money. For example, those participants who had regular, sufficient and even high income sensed how taking pay day loans and consumer credit with high interest was a strongly unreasonable thing to do for people in their positions. The options for obtaining more money are not universal among problem gamblers, but some have wider opportunities to obtain extra money than others. Some may also have more to lose than others, and the losses may take different forms (in an extreme example from the study participants, by selling property). Lesieur's (1984) model of options and involvement implies a limited voluntarism (or soft determinism), as people feel compelled to gamble, yet still have choices. According to the study results, these choices and options that they are aware of are limited by their socio-economic positions.

Employment is also an important issue when discussing problem gambling and recovery from it. Lesieur (1984, p. 88) even argued that "a gambler's job is vital to his gambling career". Regular employment means regular income, which again means regular opportunities for gambling. The episodic nature of gambling, and especially of the consumption of money in gambling, is connected with disposable income, which often means salary. If a problem gambler is able to keep her or his employment, having a regular salary is also advantageous in the financial recovery from problem gambling. One unemployed participant, on the contrary, described how his gambling problem had prevented him from seeking employment, as he presumed that he would use all income in gambling, which would make working meaningless. The payment schedule of social welfare benefits was as defining for the tempo and varying intensity of gambling as was receiving salary: the unemployment benefit or last-resort social assistance were gambled soon after receiving the money, and the rest of the month meant surviving with some other money. This could be even more problematic than losing the salary, as these benefits are already payments to support difficult financial circumstances that occurred prior to gambling problem.

Understanding more about the episodic nature of problematic gambling and recovery from it, as well as the different financial options gamblers have, could promote the development of services for problem gamblers. Money is one of the external elements that organizes gambling activities in the everyday life of a problem gambler, thus disposable money could be used as a tool for restricting gambling and minimizing the financial harms. Acknowledging the different phases of financial troubles in problem gambling could also promote the success of the support and treatment for



gambling problems. A person just realizing that they have lost too much money in gambling is in a different position than a person with a vast amount of debt.

Treatment personnel are cautious in solving the financial troubles of problem gamblers before the gambling behavior is under control (e.g. Hansen, 2006): if financial problems are resolved first, the gambler may have a false belief that gambling problems are also resolved. Nonetheless, if the financial problems feel like an unbearable burden, it may be difficult to find strength to resolve the gambling problems. For problem gamblers with advanced, serious financial problems, some sort of “peace-making” with their financial troubles before commencing therapy, for example, could prevent relapses and increase the possibility of successful treatment. This could mean, for example, that first the gambler would go through the financial problems with a professional, a social worker or a financial and debt adviser, build faith in eventually surviving the debts, and paying them back would begin only after the therapy. These kinds of support could also reduce the possibly harmful talk of reaching the “bottom” before searching for help (e.g. Andersson et al., 2009; Lesieur, 1984), and encourage problem gamblers to seek support in earlier phases of their “gambling career”.

Overall, in understanding the reasons for gambling in lower socio-economic groups, both individual and structural explanations are available. More specifically, in drifting into financial troubles and in surviving them, the results of this study suggest that the social and financial positions have an important role. The environmental factors are not more important than are those in the gambler’s mind, brain or genes, but it is important to acknowledge the parallel influences these all have in the experiences of problem gamblers.

#### **4.2.2 (SELF-)CONTROL OF MONEY**

The nature of problem gambling includes a built-in characteristic of losing control over one’s gambling behavior, and the key feature in problem gambling treatment is returning this control (e.g. Reith, 2004). Control can be something inside the person, self-control, or can come from outside. The results of this study included elements of both outside control in supporting recovering problem gamblers and self-control in the everyday life of the participants. The control was either practiced with money, or they controlled the usage of money.

Addictions in general can be understood through the choice, disease and will models (Uusitalo, 2015). The participants of this study described losing control over their spending in gambling, but when examined more closely their descriptions of everyday financial actions, it seemed that they did have some control over their overall spending. For example, problem gamblers do make decisions in their everyday life, such as whether they will pay the rent or buy food before gambling. Sometimes they fail in these decisions.

Nevertheless, the periodic nature of using money in gambling and the attempts to balance the spending between gambling and other expenses relate to the willpower model of addiction, rather than the disease model. In the disease model, the addicts are thought to have lost their self-control and are in the grip of a brain disease, whereas the willpower model sees addicts' desires and beliefs still subject to self-control (Holton & Berridge, 2013). As Marionneau (2015) argues: even though problem gamblers are not able to explain their actions, it does not mean that they lack will or reason.

Disposable money was found to have an instrumental role in problem gamblers' everyday lives. Pay days, for example, encouraged the participants to gamble with larger bets, and the biggest financial losses often occurred during these days. Thus, organizing problem gambling treatment around periods of incoming money could support regaining control over gambling behavior, and also support the problem gambler in maintaining their everyday life. Overall, the support for problem gamblers ought to concentrate more on helping them with managing their finances, as much as in supporting them in their attempts to quit gambling. Also, making it visible to the problem gamblers how they could practice control over their spending could promote their own understanding of this "condition"; that they do not necessarily have a disease that forces them to gamble, but they already decide about which money is to be used on food or housing and which is to be gambled.

Other treatment implications related to the control of money include several of money-management strategies. The goal of cognitive-behavioral or motivational therapy is usually to change the behavioral patterns and cognitive distortions related to gambling, but as gambling is practiced with money, the financial control mechanisms are also advantageous in the recovery from problem gambling. The control measures differ from mere financial support, as they come closer to actual problem gambling treatment. In this study, the aspects of losing or regaining control and money are visible in the everyday life of the problem gamblers, when the cycle of financial difficulties accelerates, and especially when authorities or family members support the money management of the gambler. Money has a vital, instrumental role in the everyday life of all people, and deciding or being forced to transfer the control over one's own money to someone else, is a demanding and possibly emotionally difficult procedure for both the gambler and the money manager.

The nature of money management is different whether the manager is a family member or the authorities. If a family member takes on the control of day-to-day household money, the problem gambler may find space to re-learn how to manage relationships or money, and the support of the family member is an important part of the recovery (see also Downs and Woolrych, 2010). Nevertheless, according to the experiences arising from this study, a family member, especially a parent or a partner as a trustee, may cause trust issues and conflicts between the family members. The gamblers, for example,

at some point may feel that they have already recovered enough and are able to take care of their finances again, but the family member may disagree and fear relapses. Similar findings were reported in the study by Borch (2013), in which the gamblers' spouses took the responsibility for their household's finances, but alongside the gamblers' therapy and recovery, the balancing of giving responsibility to the gamblers was difficult. If there was too much confidence in the gambler, relapse was possible, while if too little responsibility was given, the therapy did not necessarily progress. These arrangements also lead to changes in the structures of intimacy, power and gender in the households. Nonetheless, the spouses were reluctant to accept this power. They felt that it was forced upon them, that their "increased power was actually a sign of powerlessness". (Borch, 2013, p. 25.) Problem gambling is a heavy burden on a relationship or on family relations, and some outside support and clear structures for family members managing problem gamblers' money and financial issues could probably be beneficial.

Moving the control of money to authorities instead of a family member is more mechanical rather than emotional in nature. The measures in Finland include a service account with a social services provider or a publicly ordered trustee. At some point, problem gamblers may have a wish not to have any money available for their use. These arrangements may make them feel relieved and offer them an opportunity to deal with the problem gambling first, and to solve their financial problems after gambling is in control. However, the data also included stories about deceiving the trustee to get more money for gambling, or acquiring money in other ways – through theft, for example. This kind of behavior may be emotionally easier to exhibit with detached authorities than with family members. Service account customers in general do not necessarily feel they have lost their autonomy or feel that they are under control (Jaskari, 2016).

Restrictive financial measures in social services provision aim to secure the elements that are necessary for living. Problem gamblers with severe problems face the risk of losing their home or using money on gambling instead of on food. The coordination of social services and problem gambling treatment facilities is especially important in these situations. The regional service systems should create a "task force" to meet and help those problem gamblers whose financial situations are most entangled, and who need support from the authorities in order to survive in their everyday life. Securing housing, nutrition and other everyday needs for the problem gamblers and their families should be the starting point for problem gambling treatment, and would also allow the problem gamblers to concentrate on their recovery.

Also, recently there has been a focus on the perspective of "harming the others" (for example, in alcohol studies, see Karlsson & Tigerstedt, 2016). This focus emphasizes how the perspectives related to keeping a family at home, for example, could be primary in supporting problem gamblers. The family impact of problem gambling has been neglected due to the

individualistic nature of mental health illnesses in general (Orford, 2011). In common with the social services directors in this study, Finnish social workers have previously acknowledged their role in preventing social harms on the family (Egerer & Alanko, 2015). It is important to involve the families of problem gamblers in the support services available to them, as the matter touches upon the whole household, especially financially.

The social services directors noted, though, that restrictive measures require employment resources, and with scantiness of resources available for social services, the granting of service accounts, for example, may be uncommon. Problem gambling treatment facilities concentrate on therapy and peer support, but maybe more resources beyond social services ought to be guided for money management strategies in organizations. Support, control and their relationship are at the core of social work (e.g. Renko, 2016), and this relationship reflects the wide field of social services, of which social work is only one part. Financial support measures are located in social work and now also in Kela (basic social assistance). In addition to organizing the co-operation between social services providers and gambling treatment facilities, it is important to define the responsibilities of the different social services sub-sectors for supporting problem gamblers, both socially and financially. Social services directors in this study concluded that helping problem gamblers requires persistent work, in both support and control, and the contents of this work should be as visible as possible.

The loss of self-control as a characteristic of addiction can be understood through temporal or delay discounting: valuing a smaller reward now over a larger reward later (e.g. Ainslie & Monterosso, 2003). In this study, the problem gamblers who were interviewed described how in the last phase of problem gambling, their gambling was motivated by the possibility of the “big win” which they thought would have solved all their financial troubles. Thus, they sought the larger reward now, and the reward was in a financial form. When trying to win back lost money, chasing is also a core element of problematic gambling (APA, 2013), and it is important to discuss those actions taken by problem gamblers to be able to chase losses. The temporalities of problem gambling, and addictions in general, are defined and constructed by contemporary consumer societies, and addiction is visible in the lost balance of short and long-term cycles of exchange (Ruckenstein, 2013). Studying the temporal dimensions of financial rewards in gambling could benefit a more social perspective, attaching self-control, delay discounting or chasing to the financial surroundings of gamblers. For example, the problem gamblers’ actions to have the money to chase losses may be extremely bruising to their self-image (e.g. thefts, frauds, prostitution, begging).

As discussed in the previous section, the understanding of the problems caused by living habits is traditionally thought of as two-fold: within society structures, and individual actions (Maunu et al., 2016). Understanding a problem gambler as someone who has lost control over their gambling, as

well as the consumption perspective to problem gambling, derive from the individual rather than from societal explanations for the activity (e.g. Reith, 2007). In line with this discussion, responsible gambling is offered as one solution for preventing gambling problems. Responsible gambling tools include both financial measures (setting electronic payment limits on gambling, for example) and informative ads. The problem gamblers in this study tried to re-gain control over their spending in many ways: setting limits on gambling sites, closing their accounts, and giving their finances to other people or to authorities to manage. Even though responsible gambling is not a toolset for problem gambling treatment, together the controlling measures form a continuum, starting from the information the person can ask for her or his own gambling activity (growing awareness) to authority-mandated money-management measures which take over the gambler's finances overall. This also comes to the interesting discussion between the attempts to regain control and the attempts to abstain from gambling. The goals of the individual problem gamblers and the severity of the problems they have experienced define the extent of the (self-)controlling measures.

#### **4.2.3 FINANCIAL SUPPORT**

The results of the study included perspectives on both lack of financial support and experiences of receiving financial support. According to the experiences of these participants, adequate financial support seems not to be available for problem gamblers (in Finland). Even though they might conceptualize their problem first as financial, problem gamblers may not receive sufficient support for solving the financial issues. This can be related either to the structures of the service system or to the mentality of helping as shared by therapists and other professionals working with problem gamblers. In the service structures of Finland, financial support for problem gamblers is the responsibility of the municipalities: social welfare offices and debt and financial advisers (Tammi et al., 2015; Lattunen, 2015), in addition to the social security benefits offered by Kela, The Social Insurance Institution in Finland, such as family benefits, basic unemployment security, housing benefits and last-resort social assistance. The extent of co-operation between these general services with addiction or gambling specified services remains vague and under-researched. The results of this present study suggest that more coordination and co-operation are needed, especially in situations of severe financial troubles.

From the interviews with social services directors, it became clear that the recognition and compilation of statistics on problem gambling in social services provision also requires development. In addition, earlier research has shown that more than half of surveyed employees in Finnish social services provision found their education and knowledge insufficient to help people suffering from gambling problems (Castrén, Alho & Salonen, 2016). The social services directors could not assess the number of problem

gamblers encountered in their services, and proposed that gambling could stay hidden behind the related problems of over-indebtedness or a threat of eviction, for example. Problem gambling is often attached to a feeling of profound shame, and confessing to a social worker that one's financial difficulties have been caused by gambling can be difficult for the gamblers. If the burden of financial support for problem gamblers lies with the social and welfare authorities, it is essential that tools for recognizing potential clients with gambling problems should exist. Implementing some brief intervention instruments, or having some systematic statistics of the number and nature of the clients having troubles with their gambling could make this phenomenon more visible in the provision of social services. In Sweden, it was found that screening tools in social services were helpful in assisting in recognizing problematic gambling among the clients of social services providers (Anderberg & Dahlberg, 2015).

Problem gambling treatment and counseling in general could benefit from a coherent and exhaustive description of the financial support available in each jurisdiction, which those working with problem gamblers could utilize in their work. As problem gamblers come from varying financial backgrounds, some may need accompanying in the search of financial help. People suffering from over-indebtedness in general lack the courage to contact different services providers (Peura-Kapanen et al., 2016). In a third-sector project in one Finnish city, people with financial and debt problems were successfully assisted and accompanied in finding the services to support them, as their own resources or energy were not sufficient to contact the authorities (Pylkkänen & Päiviö, 2017).

The results of this study present a discussion of problem gamblers' experiences of not applying for, or not being eligible for last-resort financial social assistance, even if they were experiencing financial difficulties. Again, problem gamblers' varying financial situations may be connected to the quality and amount of financial support they need. Those problem gamblers who did not apply for last-resort financial social assistance explained it by noting their sufficient level of income or their perceived pride of managing these "self-caused" problems alone. This ethos of managing by oneself has also been found among people with debt problems in general (Rantala & Tarkkala, 2010; Peura-Kapanen et al., 2010). Also, there may be a considerable distance between social services providers and people who have not been in contact with them before, even though their financial situation would have worsened quickly. A rapidly deteriorating financial situation is also one element of problem gambling that could be addressed more strongly when designing support systems. A person can be employed and have sufficient income, but if substantial sums of borrowed money are lost, they would have a bad credit rating. At such a point, with the debts being collected (especially through a legal procedure such as garnished wages), they may experience problems in managing financially their everyday life.

The social services directors proposed social lending as one opportunity to support individuals in these kinds of situations: they are evaluated in terms of their capacity to repay the social loan, after sorting out all their financial issues. Social lending is available in some municipalities in Finland, and the purpose of it is to support the individuals' independent living, cut the circle of debt, or secure housing. It is a tool for social work, and the objective is long-lasting improvements in the clients' financial situations. (Rissanen, 2015.)

Providing financial support for people who have lost their money by gambling is not a straightforward process. The money may be in form of social assistance from public services; loans or loan guarantees from families, friends and relatives; or a loan guarantee from an organization. Regarding public support from social services providers, social workers and benefits officers in the Nordic countries perceive the reasons for poverty as structural instead of individual, even though this perspective may have different emphases for different groups (Blomberg, Kallio & Kroll, 2011; Kallio, Blomberg & Kroll, 2011; Niemelä, 2010). In this study, the social services directors' perspectives on allowing last-resort social assistance for problem gamblers were two-fold: some supported allowing the assistance, while some had a more reserved perspective. However, the difference was not between a structural and individual understanding of the problem, but rather related to the nature of problem gambling as an addiction, in which disposable money could be used in gambling, and the situation of the client would not improve.

One of the problem gamblers interviewed for the study had received financial social assistance after quitting gambling to support him in recovery, and he discussed his positive relationship with the benefits officers and social workers, even though, he remarked, the authorities could have made the situation more difficult. For problem gamblers themselves, the deservingness of public, financial assistance is not self-evident. Similar attitudes were prevalent for other participants who had received some other financial support. For example, talk of the guarantee loan from the Guarantee Foundation was accompanied by notions that a person cannot just gamble their own and other people's money and then simply receive financial help. Thus, the harshest attitudes towards problem gamblers receiving financial support are probably to be found among the problem gamblers themselves.

Many of the problem gamblers had at some point borrowed money from their families, relatives or friends. The troubles in these situations occurred, naturally, in the case of relapses and using the borrowings for gambling. Similarly, as the social services directors justified allowing financial social assistance for problem gamblers without any other way to manage their situation, the families and friends of problem gamblers probably assume that borrowing money is the only way to support their loved ones in deep financial difficulties. For problem gamblers, these situations seemed to result in a mental burden, as they had spread their financial problems to their families and had often again deceived their trust.

The service system for supporting over-indebted individuals is scattered and organized within several sectors of the public administrations. Also, many services are prepared to help only after the debt problem has grown, and if the debt problems have progressed in a short period there is a lack of means for support. (Peura-Kapanen et al., 2016.) Problem gamblers in financial troubles and with debts are required to be able to contact various authorities because services are scattered around different sectors, both on behalf of services for problem gamblers and services for the over-indebted. Additionally, the financial difficulties related to gambling may develop fast, which can result in a lack of ready services. Furthermore, social workers do not necessarily have the required skills to attend to their clients' financial difficulties carefully and to provide guidance in solving the problems. Rather, they may redirect the clients to the possibly long queues of financial and debt advisers (Peura-Kapanen et al., 2016). For the practical implications of this research, Table 5 presents the essential characteristics of each financial support measure discussed in the data, as well as evaluating the advantages and problems of these measures in explicitly supporting problem gamblers.

Financial support for problem gamblers includes support from their families and friends, public financial social assistance, social loans and loan guarantees from an organization or from their families. Allowing financial support for gamblers is a sensitive topic, as problem gambling is most often not a condition with a start and an end point. If the money is used for gambling, it only feeds and accelerates the problem. On the other hand, the worst financial situation seems to be for the recovering problem gamblers, who, after a potentially long period have only moved money from one source to another. They then face the situation in which they are obligated to address their financial difficulties and pay back all borrowed or stolen money. Extra difficulties come along with relapses, as between the gambling periods the problem gambler can exhibit a genuine attempt to change. Furthermore, according to some of the problem gamblers, the next period of gambling in the case of relapse, is often more intense and money-consuming than the previous phase of gambling. Recognizing the periodical nature of using money for gambling could also be advantageous in planning the financial support for problem gamblers from this longer-term perspective.



**Table 5.** Problems and advantages of different financial measures for problem gamblers.

Organiser	Authorities											
Measure	Financial social assistance	Social lending	Service account	Municipal trustee	Financial and debt advising	Loan re-organization	Third sector	Guarantee loan	Family and friends	Loans	Loan guarantees	Money-management
<b>Characteristics</b>	Last-resort financial assistance, in dispensable care, governed by Kela (basic social assistance) and municipal social welfare offices (complementary assistance)	A loan granted from social services for people who cannot get bank loans but are evaluated to be able to pay back the social loan	A social worker is entirely or partly responsible for client's financial affairs	Court-ordered trustee is responsible for individual's financial affairs	Municipal advisers who help in mapping debts and solving financial problems	Court-ordered re-arrangement for loans		A loan guaranteed by the Guarantee Foundation in order to pay back smaller, high interest loans		Family or friends lending money	Family or friends guarantying a larger loan to pay back smaller, high interest loans	A family member or a friend having full or partial responsibility of problem gambler's financial issues
<b>Advantages</b>	Supports problem gamblers with no other way to manage financially, and also can be used for paying the treatment of problem gambling	Could be option for problem gamblers who are not eligible for financial social assistance but have experienced fast-progressing, severe financial difficulties	Controls the use of money and possibly also gambling behavior and supports them re-gaining their money-management	Controls the use of money and possibly also gambling behavior	Supports problem gamblers in organizing their financial affairs	Payment schedule possibility to be released from remaining debts		Eases the stress occurring together with several, high interest loans		Supports problem gambler's financial survival	Supports problem gamblers in organizing their debts	Supports problem gamblers in re-gaining control over financial issues
<b>Problems</b>	Available for lower-income problem gamblers; threshold for applying may be high; problematic if the assistance is used on gambling	Requires financial and employment resources in municipal social services, not available nationwide (Finland)	Requires employment resources	Problem gambler's lost autonomy on financial matters	Does not necessarily improve acutely bad financial situation	Strict preconditions, heavy procedure and not necessary available for problem gamblers		Maximum 34,000 Euros; built-in demand for "well-behaving".		Trust issues may occur in case of relapse	Trust issues may occur in case of relapse	Autonomy issues between family members may occur

#### 4.2.4 FINANCIALLY INCAPABLE, MORALLY DUBIOUS?

Problem gamblers are a heterogeneous group when it comes to their financial situations and capabilities. According to the disease model of problem gambling, it could be argued that the disease affects all people similarly, and is located in the mind of the problem gambler. Nonetheless, when gambling is excessive, people constantly make choices on how they can access more money, and what expenses they cover before gambling. Gambling itself may not feel as though it is a matter of choice, but money mediates this compulsion for gambling and, thus, the financial situation and capabilities may influence the seriousness of the gambling problem and the chances of surviving it.

Financial capability is a concept that can be used for understanding problem gamblers' differences in relation to household finances. Financial capability derives from the discussion of financial well-being, which has originally been understood as simply happiness or satisfaction with one's financial situation (Porter & Garman, 1993). Strumpel (1976, according to Porter & Garman, 1993) specified that financial well-being is not a phase of momentary satisfaction, but instead concerns individuals' income and savings, as well as perceptions of opportunities, the ability to "make ends meet", a sense of material security, and a sense of the fairness of the reward distribution system. Kim, Garman and Sorhaindo (2003, 76) defined financial wellbeing as "a function of individual characteristics, financial behaviors, and financial stressor events". Financial functioning has a central role in wellbeing, and often the concept used to measure and understand the level of financial functioning is financial literacy. Johnson and Sherraden (2007) note, however, that financial literacy may fail to address the external conditions that may inhibit financial functioning, and suggest instead the concept of financial capability, deriving from the work of Amartya Sen and Martha Nussbaum on the capability approach in understanding wellbeing. Sherraden (2013) defines financial capability both as an individual and a structural idea; combining a person's ability to act with their opportunity to act. Financial capability includes financial literacy, but goes beyond it to include having access to financial products and services that allow individuals to act in their best financial interest.

Sherraden (2013) defines the building blocks of financial capability as financial literacy (including financial socialization across the life course, financial education and financial advice and guidance) and financial inclusion (at minimum, meaning having access to a safe place to deposit money and access to reasonably priced credit and insurance products). The domains of financial capability could also be: managing money (making ends meet, keeping track of finances and predicting future expenses), planning (for retirement, for example), choosing products (e.g. credit cards, investments), and staying informed (Atkinson, McKay, Kempson & Collard, 2006). Financial capability has a range of levels, from handling everyday finances to managing wealth. The objective measures for studying financial

capability include using online banking services or the amount of money in investments, loans or savings. However, the subjective dimensions and individuals' own perceptions of their financial capability would be an even more important topic to study. (Peura-Kapanen & Raijas, 2009.)

Dimensions of financial capability related to gambling can be found in the studies of Barnard et al. (2014), Grant et al. (2010) and Chen, Dowling & Yap (2012). Barnard et al. (2014) used qualitative interviews to study problem and recreational gamblers with and without debt, and categorized them into four groups: controlled gamblers, uncontrolled gamblers, uncontrolled spenders and chaotic spenders. Some had good money-management skills on other matters and had also their gambling under control, while others had problems either in gambling spending or in other spending, or in both. (Barnard et al., 2014.)

Grant et al. (2010) studied 517 problem gamblers to establish why some problem gamblers declare personal bankruptcy and others do not. Eighteen per cent of the subjects had declared bankruptcy because of gambling, and their mean debt was approximately US\$ 33,000. Those who had declared bankruptcy had started gambling earlier and proceeded faster to problematic gambling, and reported more problems associated with their gambling. No differences were found in the proportion of money lost or in gambling severity, thus, declaring bankruptcy may have been rather reflective of a psychological inability to cope with debt, than having been financially necessary. Other problems, such as depression or substance use disorder, may also result in an inability to manage one's finances. (Grant et al., 2010.)

Chen et al. (2012) found no connection between gambling frequency and financial management and attitudes (e.g. cash, risk and general management and budget), but problem gambling was positively associated with the degree of concern or preoccupation with thoughts about money and negatively associated with saving habits and ability to budget money. However, correlation was lost after controlling for demographic and socio-economic variables, suggesting that financial management do not have an association with problem gambling independent of socio-demographic and socio-economic factors. (Chen et al., 2012.)

The results of Barnard et al. (2014), Grant et al. (2010) and Chen et al. (2012) indicate that the financial problems from gambling are related to many aspects of the financial capabilities in people's lives: for example, the ability to exercise control over their behavior despite feelings of compulsion, as well as the ability to cope with the financial difficulties secondary to gambling. Real options and opportunities in people's environment shape their understanding of what is financially possible for them (Sherraden, 2013). As discussed earlier, for people in financially vulnerable positions, gambling may pose a sensible option to grow their assets and ease their situation. Tabri et al. (2015) suggested that people who view money as a measure of success may believe gambling is a way to economic mobility in situations when traditional avenues are off-limits.

This study did not explore empirically the participants' financial capability with discreet measures, and that is a matter that should be explored in future studies. This study, instead, explored the experiences the problem gamblers described regarding to getting into and out of financial problems. Problem gamblers' financial understanding, skills and responsibilities differ, and this may result in different situations regarding indebtedness, for example. However, it seems that problem gambling also interferes with people's financial literacy and capabilities, as problem gamblers with higher incomes and good employment status describe being "insensible" when taking "trash loans". They acted towards their own belief of the best course of actions, especially towards their own financial literacy: they knew that taking these loans did not demonstrate financial literacy, but gambling intervened, and thus their financial capability decreased.

Problem gamblers also made varying decisions about the ways to obtain money and using money on other matters than gambling. Some of the participants did not have bad a credit record, thus they had taken care of their payments, while others had more chaotic financial situations. This could be related to the variations in their financial capability; in their overall capability to make rational financial decisions. Financial capability relates and aims at financial well-being. In the case of problem gambling, the question is rather about financial ill-being, and problematic gambling is always an exceptional situation, outside the "normal" course of a household's financial life.

The participants of this study seemed to be quite unaware of the kind of instruments that would be for supporting over-indebted people. The perceived moral dimensions of some of these instruments were also revealed. For example, some of the participants did not feel as eligible for getting accepted into debt restructuring as their debts were caused by their own gambling and were not due to some external circumstance. The nature of gambling debt is "frivolous" to begin with, which makes it even more difficult to seek help. Related to this is the pride behind not applying for social assistance; the will to survive by oneself from these problems that were caused by oneself.

The problem gamblers discussed the other self, who commits those harmful acts in order to have more money for gambling. The same phenomenon was described by Lesieur (1979) as dual personality. Recovery from problem gambling may even require recognizing the gambling self, the alienated, deeply negative part of the self (Reith & Dobbie, 2012). To be accepted in the debt arrangement, the problem gamblers need to show that they have changed. Also, with money-management arrangements within families, the behavior of the gambler is monitored. Recovery from problem gambling is not a straight-forward path forward, but often includes relapses. This nature of the addiction jeopardizes the effectiveness of financial support tools that require gamblers to behave well to receive financial support.

Additionally, financial support measures may have some once-only features, for example, if the guarantee loan arrangements lapse if gambling continues.

In contemporary societies, the nature of risks generally becomes more individualistic and individuals' own responsibility is emphasized, while at the same time government dependency on gambling profits has not diminished. The general understanding of problem gambling has changed from a morally and legally condemned activity to a disease with certain treatment recommendations. Raijas et al. (2010) discuss how the changed macroeconomic environment has challenged consumers' financial capability and more monitoring of the changes in financial markets as well as on individuals' own consumption patterns is required. With more opportunities to use money, the management of personal finances is more demanding.

Problem gamblers face many extraordinary financial situations and a lot of financial stress. The financial and legal consequences of problem gambling still seem to have some certain morally questionable characteristics. Support and treatment is offered for problem gamblers to quit gambling and to control their behavior, but in solving the financial troubles, they may feel as though they have been left alone. The disease model also has moral dimensions: even though losing control was thought of as an individual disease, medical treatment is not available; instead, the responsibility for the "cure" lies within the individual (Ruuska & Sulkunen, 2013). Problem gambling is not only about losing control, but it is also about losing financial stability (and maybe also financial capability), perhaps for a long period. For problem gamblers, it may be easier to define their behavior driven by compulsive urges than admit that their behavior is in their own control. Thus, when they accept the disease label, they can absolve themselves of guilt and responsibility for what they have done (Rosecrance, 1985). As Egerer and Alanko (2015) note, understanding alcoholism as a disease could remove the shame, but there is skepticism about whether the medicalization of problem gambling would remove its moral judgments (e.g. Bernhard, 2007).

Financial capability could be a useful concept for understanding the varying financial situations and problems experienced by problem gamblers, and in designing services for overcoming problem gambling, as well as helping individuals to recover from financial problems. Connecting financial capability with prevention of gambling problems could also promote reducing the prevalence of problem gambling. Individuals' understanding of financial issues and instruments (opportunities to save money, for example) may be key variables, together with different life situations, in the development of problem gambling and prevention of it.

## **5 CONCLUDING REMARKS**

Money in gambling simultaneously means everything and nothing. For problem gamblers, money is detached from the course of everyday life and takes multiple roles beyond those in non-problem gambling households. This dissertation explored gambler consumer groups in Finland, problem gamblers' experiences related to the financial difficulties that are secondary to gambling and to recovery from them, as well as the meanings social services directors give to public, financial support available for problem gamblers. The results revealed the financial experiences in problem gamblers' everyday life, as well as the financial recovery strategies that are available and recommended for problem gamblers. Throughout this dissertation introduction, the interfaces between medical, psychological, individual, sociological, social and societal definitions of problematic gambling have been presented. The results of this study have many practical implications for improving the prevention of problem gambling as well as to developing services for problem gamblers.

The research questions for this study were: what gambler clusters can be identified in Finland? How do problem gamblers experience financial problems that are secondary to gambling? How do they perceive the assistance available in deteriorating financial situations, partly in relation to their socio-economic positions? What meanings do Finnish social services directors give to the public (financial) support available for problem gamblers?

Six gambler consumer groups were identified from a nationally representative survey, according to individuals' game preferences, gambling frequency and the money and time consumed on gambling. The first and the largest group are the infrequent gamblers, mainly playing Lotto. The second group gambles on Lotto and EGMs, has a small majority of men and a slightly younger mean age compared to the whole data set. The third group has a higher mean age and a more even distribution of men and women, with game preferences of Lotto, scratch cards and some EGMs. The fourth group are horse bettors, who seem to concentrate on tote betting. Also, this group has even proportions of men and women and a slightly older mean age compared with the whole data set. The fifth and sixth groups comprise mainly men. The fifth group has a younger mean age and gambling consumption is centered around sports betting and EGMs. The sixth group are omnivorous gamblers, playing a wide variety of games. The proportions of risk gamblers and problem gamblers are highest in the last two groups. Thus, problem gambling is associated mostly with men playing EGMs, sports betting or omnivorously various games.

In the everyday life of problem gamblers, the periodic and spiral-like nature of problem gambling reveals itself in the everyday life roles of money.

Disposable money defines the intensity of gambling, money enables and urges gambling, and the capacity to obtain more money (or not having this capacity) may even define the moment of seeking support. Feeling hopeless under the financial burden was a common experience among the participants. For a problem gambler in deep financial difficulties, winning from gambling may seem like the only option for survival. It would be essential to strengthen the gamblers' own belief that other ways exist to manage financially.

Problem gamblers themselves may believe that their gambling is utterly out of control, but still make choices in their everyday financial lives. Strengthening this already exercised control could be beneficial for helping the gamblers to understand that they are not maneuvered by their disease (as they may think), but already have some levels of control over their spending. Also, some could benefit from a form of pre-advising in financial matters, which could help in letting the financial problems be until gambling is under control. In the early attempts to quit gambling, the cyclic nature in gambling spending could be utilized by restricting the gambler's access to salary or welfare benefits, for example.

Clarity is required in how problem gamblers in financial difficulties are supported. Problem gambling may result in financial problems requiring years to recover from. The interfaces of problem gambling treatment and financial support ought to be more visible, and the co-operation between professionals encouraged. A register of problem gamblers encountered by social services providers would be beneficial in designing services. Also, it seems that the financial support for problem gamblers has a certain moralistic dimension, and the deservingness of public support for people who have gambled their money for living should be discussed more widely. Recovery from problem gambling is a cyclic process, often involving relapses. This should be acknowledged when designing the financial support measures for problem gamblers. Different level money-management measures could be helpful in this, as long as the aim is to reinforce gamblers' own skills in managing their finances, not trying to apply the soft, financial tools of responsible gambling (e.g. pre-commitment) in situations which require more support.

Socio-economic differences in experiencing the financial problems from gambling detach the nature of the phenomenon from its individual and psychological dimensions, and reach for an understanding of problem gambling in terms of financial equality. Problem gambling as an everyday life and household experience is not the same for people in different financial situations. The options for obtaining more money for gambling vary, as well as the capabilities to recover financially from the problems. Problem gambling and employment position are tightly attached, as employment means money for gambling or for paying back debts.

Designing services to support problem gamblers in managing their finances, besides supporting their efforts to quit gambling, could promote

their recovery. For those problem gamblers who have either suffered extensive losses (with large loans, for example) and/or those who are at risk of losing their home or whose living is otherwise in danger, should be helped with a multi-professional team consisting of both therapists and social workers. In general, all organizations offering support to problem gamblers should have information about the current financial support available in each jurisdiction. Problem gambling treatment facilities ought to be prepared to accompany their customers to financial help providers when necessary. As the public social services providers have scarce resources, it should also be discussed whether some money management measures, such as a service account, could be located within problem gambling treatment facilities.

Financial capability was proposed as one useful concept for understanding and preventing problematic gambling. Financial capability is about being financial literate, knowing how to utilize financial instruments, and having the opportunity to both (e.g. Sherraden, 2013). Prevention of problem gambling rests mostly on individual shoulders and is about how gamblers are able to control their single gambling acts. Connecting the risks of gambling more widely to financial capabilities and to the social and economic positions of individuals, would perhaps enhance risk prevention. Problem gambling is practiced with money, and it has wide financial consequences. Especially for individuals in disadvantaged positions, with no other means for increasing their income, gambling may seem to be a legitimate choice for it. Decreasing financial inequality and providing everyone's abilities and opportunities to be financially capable, could prevent some of the harms of gambling.

Understanding addiction as a disease emphasizes addiction as an individual's problem and fails to take account of the surrounding society. For the individual, there are attempts to neutralize the moral responsibility of the illness, but special moral weight is laid on the individual's will to get better. From the perspective of social sciences, the reasons and consequences of unhealthy lifestyles are more complex than the perspective of the individual will. (Ruuska & Sulkunen, 2013.) In the existing definitions and discussions, problem gambling is situated somewhere between irresponsible individual behavior, mental illness and a legal and financial problem. From the financial perspective and according to the results of this study, problem gambling is a social and societal problem entangled with the gamblers' financial capabilities, employment situations and household budgets. In responding to problem gambling, the main tendency has been therapeutic treatment of mental illness. Problem gamblers are supported to re-gain control over their gambling behavior, but a certain self-moralizing tone can be found in problem gamblers' own discussion of the financial and legal consequences of their gambling. In addition to therapies, new perspectives are required for designing services for problem gamblers and their families, with the wider aim of supporting the re-organization of their everyday life.



Egerer and Alanko (2015) call for caution in adopting the Anglo-American medicalized discourses on problem gambling into the Finnish discussion, even though the non-medical model still is prevalent in Finland in responding to addictions. Even if one fifth of Finnish people could be suffering from their own or their friends' or family members' problematic gambling (Salonen & Raisamo, 2015), it is important that this problem is answered with social policies as much as within health services. Social workers, debt and financial advisers and families of the gamblers should be involved in the problem gambling treatment from the beginning.

Research on problem gambling within social policy or social work has been limited when compared to studies of problem gambling in the fields of psychology and health sciences. The societal connections of problem gambling were recognized in the socio-economic differences of the nature of financial problems and the opportunities to recover from them, as well as in the assumed reasons for gambling (money) among people in underprivileged groups. Also, society's financial safety nets, mainly last-resort financial social assistance for problem gamblers was studied. Money in the game is money in life, which makes problem gambling societal, beyond individual problems in individual minds.

Prevention of problematic gambling is often based on "responsible gambling" principles emphasizing the gamblers' ability to control their actions and concentrating on the interaction between the gambler and the game. According to the results presented here, it seems that first, the game played is not necessarily important, but rather the combination of games is, and in that combination, even low-risk games such as Lotto could be high-spending games. Second, gamblers' overall life situations and financial situations and capabilities influence their abilities to control their gambling. Thus, the prevention of problem gambling ought to have a wide perspective detached from the game and attached to the social and financial surroundings of the gamblers. Problem gambling prevention should be included at school, along with other guidance for financial management. Talking generally, more information about money and different understandings of money in society would also be beneficial for problem gambling prevention.

In this research, the financial difficulties were studied in the framework of problem gambling. In the future, it will be important to study gambling-related harms from the perspective of financial problems, and for example, to study the gambling of people receiving financial social assistance or people with debt problems in general. Also, more research on (problem) gambling from the perspectives of class and consumption is still required. The themes of responsibility, financial capability and the role of public services in tackling the issue still have many unstudied aspects.

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## APPENDICES

Appendix 1.

### **PhD research on excessive gambling Invitation to be interviewed**

I am a PhD student in the Faculty of Social Sciences, University of Helsinki, and my research is about excessive gambling and recovery from it. I am interviewing **people who have experienced their gambling as somehow being excessive and experienced harms because of it in their lives.** Suitable participants are people who are trying to quit gambling or have recovered from problem gambling. I welcome participants gambling in any games, men and women, young and old. Participants have to be over 18. The time and place of the interview will be mutually agreed.

The interviews consider, for example: gambling in everyday life, harms of gambling to yourself and to family and friends, attempts to quit gambling, seeking and receiving help and future prospects. Interviews and all information related to them will be handled **confidentially**. The participants will not be recognized from the final study, and the data will be stored properly. The data will be used only for research. The study has been funded by the National Institute of Health and Welfare and the University of Helsinki Research Foundation.

The purpose of the study is to gather information about problem gambling and to study problem gamblers' wellbeing and the prevention and treatment of problem gambling in Finland. The best expert on this topic is someone who him- or herself has seen the harmful side of gambling, so participate in the study and **help us understand better the reasons and consequences of problem gambling!**

Arranging the interviews and more information about the study:  
Maria Heiskanen

## Appendix 2.

### Interview study on problem gambling

Interview study on the reasons and consequences of problem gambling. Through gambler's gambling history and other areas of life, how gambling becomes excessive and problematic will be studied. The purpose is to study the harms of gambling that have accrued to the gamblers and their families, relatives and friends. Also, the help the gambler has sought will be studied, as well as the future prospects.

#### Outline of a thematic interview

Background: age/year of birth, gender, (place of residence), education, occupation, family, tell us about yourself

#### Gambling history

When did you start gambling? How did you start gambling? (How long have you gambled / did you gamble?) *Milloin aloit pelaata rahapelejä? Miten ryhdyit pelaamaan? (Kuinka pitkään olet pelannut/pelasit rahapelejä?)*

What made you to start gambling? *Mikä sai aloittamaan rahapelien pelaamisen?*

What did gambling feel like (how does gambling feel)? Was it a hobby, entertainment, did your friends gamble? *Miltä pelaaminen tuntuu/tuntuu? Harrastus, viihdettä, kaveri pelasivat...?*

What games have you gambled on; which games did you start with; which games did you play later? Online? Somewhere else? What was the best place to gamble for you? Why there? *Mitä pelejä olet pelannut, millä peleillä aloittanut, mitä pelejä pelannut myöhemmin? Verkossa? Muualla? Missä pelasit mieluiten? Miksi?*

How have your gambling habits changed; have you sometimes played more, sometimes less etc.? *Kuinka rahapelaamisen tavat ovat muuttuneet, oletko pelannut joskus enemmän, joskus vähemmän tms.?*

How was/is gambling as part of your normal day? *Millä tavalla rahapelaaminen kuului/kuuluu tavalliseen päivärytmiin?*

How often did you gamble? *Kuinka usein pelaat/pelasit rahapelejä?*

Did you gamble when you were a child? *Pelasitko lapsena/nuorena rahapelejä?*

Did your parents or other relatives gamble a lot? *Pelasivatko vanhemmat tai muut läheiset paljon rahapelejä?*

#### Excessive gambling

When did you notice the effects of gambling on other areas of life? How did this happen? On which areas of life did you notice it first? *Milloin*

*pelaamisen vaikutukset tuntuivat muilla elämän osa-alueilla? Miten tämä tapahtui? Millä osa-alueilla ensimmäisenä?*

*How did your excessive gambling develop? Big win or loss? Kuinka liiallinen pelaaminen kehittyi? Vähitellen? Iso voitto tai häviö?*

*How big were the sums you gambled with? Kuinka suurilla rahasummilla pelasit?*

*How did you first notice the effects of excessive gambling? Miten huomasit ensin liiallisen pelaamisen vaikutukset?*

*Could you live a normal life? Pystyitkö elämään normaalia elämää?*

*How was the situation overall when gambling harms started to emerge?*

*What feelings did you have? What happened in practice? (Did you justify your gambling to yourself somehow?) Millainen tilanne ylipäänsä oli kun pelaamisesta alkoi muodostua haittoja? Millaisia tuntemuksia? Mitä tapahtui käytännössä? (Perusteliko pelaamista itselleen jotenkin?)*

### Problem gambling

*What problems emerged? Millaisia ongelmia aiheutui?*

*What did these problems feel like? Miltä ongelmat tuntuivat?*

*How did the excessive gambling affect your social life (family, work, relatives...)? Kuinka liiallinen pelaaminen vaikutti sosiaaliseen elämään (perhe, työ, läheiset..)?*

*Did you fear losing your job or right to study because of gambling? Oliko pelkoa työn tai opiskelupaikan menettämisestä pelaamisen vuoksi?*

*How did gambling affect you financially? Mitä vaikutuksia pelaamisesta oli taloudellisesti?*

*Over-indebtedness? Ylivelkaantuminen?*

*Have you received, for example, financial social assistance or other welfare benefits? Oletko saanut esim. toimeentulotukea tai muita sosiaaliavustuksia?*

*Have you had health problems? Onko ollut terveysongelmia?*

*Did someone notice your gambling or excessive gambling or the problems? Who did and how? Does your family know now? Huomattiinko pelaamista tai liiallista pelaamista, ongelmia? Kuka huomasi, miten? Tietävätkö läheiset nyt?*

*Did you hide your gambling or the problems? Piilottelitko tai salailitko pelaamista tai ongelmia?*

*Was it difficult/easy to tell others about your problems or gambling? Oliko ongelmista tai pelaamisesta helppo/vaikea kertoa muille?*

*How did the others take your problems? Miten muut suhtautuivat ongelmiin?*

### Other factors

*Have there been events in your life that have affected your gambling, in positive or in negative way? Onko elämässä sellaisia tapahtumia, jotka vaikuttaneet pelaamiseen, myönteisesti tai kielteisesti?*

How is your substance use? (Alcohol, drugs, cigarettes) Have you any problems with them or have there been negative consequences? *Millaista on päihteiden käyttösi? (alkoholi, huumeet, tupakka) Onko niiden suhteen ollut jotain ongelmia tai haitallisia seurauksia?*

How are your incomes or financial living – has it been better or worse before now? *Millaiset tulot tai toimeentulo sinulla on – oletko tullut toimeen aiemmin paremmin vai huonommin kuin nyt?*

How are your social networks – are you married, how is your family or friends? Do you have hobbies? Did your problem gambling affect those social relationships? *Millainen sosiaalinen verkosto sinulla on – oletko naimisissa, millainen perhe, ystävät yms.? Harrastuksia? Vaikuttiko peliongelma näihin?*

Do you have any other problems related to health or social life? *Onko jotain muunlaisia ongelmia esimerkiksi terveyteen tai sosiaaliseen elämään liittyen?*

How would your life be without the gambling problem? Would it be different? *Millainen elämä ehkä olisi, jos peliongelmaa ei olisi ollut? Olisiko erilainen?*

#### Quitting gambling

Have you tried / did you try to quit gambling many times? *Oletko yrittänyt/yritkö lopettaa pelaamista useasti?*

If you did, why so, and if you did not, why not? *Jos, niin miksi, jos ei, miksi ei?*

Could you quit once and for all? *Lopetitko kerrasta?*

What have your attempts to quit gambling have been like? How have they been in practice; did they differ from each other? Why was the last one was successful? *Millaisia lopettamisen yritykset ovat olleet? Millaisia käytännössä, erosivatko toisistaan? Miksi viimeinen onnistui?*

Have you relapsed into gambling again, why, how did it feel? How did it happen in practice? Did you abstain from gambling for a long time? *Oletko retkahtanut uudelleen, miksi, miltä se tuntui? Miten se käytännössä tapahtui? Oliko välissä pitkä aika?*

If you have quit gambling, has something else replaced it? *Jos olet lopettanut pelaamisen kokonaan, tuliko sen tilalle jotain muuta?*

How is gambling-free life compared to the time when you gambled? *Millaista on pelaamaton elämä verrattuna aikaan jolloin pelasit?*

#### Support/treatment

Have you sought help for your gambling problem or for quitting or reducing gambling? *Oletko hakenut apua peliongelmaan tai sen lopettamiseen tai pelaamisen vähentämiseen?*

What kind of help have you sought? *Millaista apua olet hakenut?*

Why did you decide to seek help? *Miksi päätit hakea apua?*

What kind of help have you received? *Millaista apua olet saanut?*

Have you got the help you wanted or needed? Did the help answer to your needs? Did you feel that it was useful? *Oletko saanut sellaista apua kuin olisit halunnut tai tarvinnut? Vastasiko saatu apu tarpeeseen? Tuntuuko että apu oli hyödyllistä?*

Has it been easy or difficult to seek and get support? *Onko tuen hakeminen ja saaminen ollut helppoa tai vaikeaa?*

Has the help received been useful in quitting gambling and in abstaining? *Onko avusta ollut hyötyjä? Lopettamisessa ja peleistä irti pysymisessä?*

Have you openly told your family and friends about receiving help for problem gambling? *Oletko avoimesti kertonut läheisillesi saavasi apua ongelmapelaamiseen?*

What is it like to be a problem gambler in Finland? Is gambling problem acceptable? Do you receive help for it? Was the help offered or do you have to search for it? *Millaista on olla ongelmapelaaja Suomessa? Onko peliongelma hyväksytty? Saako siihen apua? Tarjotaanko apua vai joutuuko sitä pyytämään?*

Has it been, for example, frustrating to seek help? Or has it been simple? *Onko avun hakeminen ollut esim. turhauttavaa? Tai yksinkertaista?*

Has it felt lonely to recover? Has the problem overall made you feel lonely? *Onko toipuminen tuntunut yksinäiseltä? Onko ylipäänsä tuntenut olevansa yksin ongelman kanssa?*

#### Current and future prospects

How is the situation now with gambling? *Millainen tilanne on nyt pelaamisen suhteen?*

How is your situation regarding your life overall? *Millainen tilanne on muun elämän osalta?*

Does gambling problem affect life for a long time after recovering? *Vaikuttaako peliongelma (pitkään) toipumisen jälkeen?*

What does your future look like, what do you want from it? *Miltä tulevaisuus näyttää, mitä odottaa siltä?*

### Appendix 3.

#### **Ethical clearance**

The data for the research were collected through qualitative, thematic interviews with people who had recognized their gambling as excessive and had sought help for it. According to the instructions of the National Advisory Board on Research Ethics of Finland, the data collection did not include such features, which would have required an ethics review.

The features, which create the requirement for submitting research plans for ethical review, are:

“The National Advisory Board on Research Ethics considers that researchers must submit their research plan to ethical review if a study contains any of the following features:

1. The study involves an intervention in the physical integrity of subjects,
2. The study deviates from the principle of informed consent (ethical review is not required if the research is based on public documents, registries or archived data),
3. The subjects are children under the age of 15, and the study is not part of the normal activities of a school or an institution of early childhood education and care, and the data are collected without parental consent and without providing the parents or guardians the opportunity to prevent the child from taking part in the study,
4. The study exposes research subjects to exceptionally strong stimuli and evaluating possible harm requires special expertise (for example, studies containing violence or pornography),
5. The study may cause long-term mental harm (trauma, depression, sleeplessness) beyond the risks encountered in normal life,
6. The study can signify a security risk to subjects (for example, studies concerning domestic violence).”

This study did not involve an intervention in physical integrity, it did not deviate from the principle of informed consent, all the subjects were over 18 years of age, the study did not expose the participants to exceptionally strong stimuli, the study did not have a risk of causing long-term mental harm and the study did not signify a security risk to subjects.

The participants were given a description of the study before they gave their consent to participate, and at the beginning of the interview, they were told about the purpose and contents of the study, the anonymization process and the option to withdraw their consent at any time.

#### Appendix 4.

### Social problems caused by gambling

I am a PhD student at the University of Helsinki, and my study in the field of social and public policy considers excessive gambling and the social problems caused by it. I study how gambling can become a problem and its consequences to employment, financial circumstances, health and social relationships. In this sub-study, I consider how the social problems caused by gambling are seen in social work and welfare services. Because the phenomenon is new and there has not been much research, I turn to you in order to gather a better understanding of the issue. I'm hoping to have a moment of your time and ask you to participate in an interview conducted via email. I'm hoping that you can tell me about your knowledge, experiences and perceptions about gambling problems, even though you might not necessarily have firsthand experiences of them.

I will send you the questions after I have received your consent to participate. If an interview by telephone or face to face would be more suitable for you, it is also possible to organize this. The questions consider problem gambling in social services and social work, from the perspective of current social services directors.

This inquiry has been sent to the social and health directors of the most populous cities in Finland. I will deliver the information gathered to all participants, if this is all right with you. This is an expert interview, in which the participants will answer with their own name.

The research project started in 2011 and it is called *Problem gambling as a wellbeing deficit and a challenge to social policy*. It is being funded by the Finnish Association for Alcohol Studies. I will gladly answer any questions, which can be also addressed also to my supervisors Tuukka Tammi (National Institute for Health and Welfare) and Risto Eräsaari (University of Helsinki).

I wish to receive your consent to participate as soon as possible.

Respectfully,

Maria Heiskanen  
M.Soc.Sc, PhD student  
University of Helsinki



## Appendix 5.

### Questions

1. Background information of the social service director (age, education, work experience and knowledge about problem gambling)?
2. What kind of phenomenon is excessive gambling in Finland?
3. What social problems are caused by excessive gambling and what is known about them? How substantial or severe problem this is?
4. How should the problems (especially financial problems) caused by excessive gambling be responded to?
5. What financial or social help is available for the problems caused by excessive gambling?
6. What kinds of societal or cultural change and what other phenomena (social problems) are excessive gambling attached to?
7. How do you think the situation will develop in the future in Finland and in other countries? What discussion there has been about problem gambling at your workplace?
8. Do you have other thoughts related to this topic?