

# IMAGES OF PROBLEM DRINKING AND GAMBLING | German social workers' view on self-governed drinking and game providers' profit motives (Part 1)

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**Zusammenfassung** | Die vorgestellte Studie vergleicht auf der Basis von sechs Fokusgruppen die Vorstellungen deutscher Sozialarbeiterinnen und Sozialarbeiter von problematischem Trinken mit denen von problematischem Glücksspiel. Es wird untersucht, ob die Probanden das individualmedizinische Suchtmodell verwenden, um problematisches Glücksspiel zu verstehen. Der vorliegende erste Teil des Berichts führt in das Thema ein, erläutert die Methodologie, das Datenmaterial sowie den semiotischen Auswertungsansatz. Der zweite Teil folgt in der nächsten Ausgabe dieser Zeitschrift.

**Abstract** | Analysing six focus groups, this study compares German social workers' problem drinking images with those of problem gambling. It enquires whether participants employ the individualised model of addiction to make sense of problematic gambling. Part one introduces the topic and framework of this study, the methodology, the data, and the semiotic analysis. The second part of the report will follow in the next issue of that journal.

**Schlüsselwörter** ▶ Alkoholismus  
▶ Glücksspiel ▶ Suchtkranker ▶ Sozialarbeiter  
▶ empirische Sozialforschung

**Introduction** | Problem gambling is, in comparison to problem drinking, a rather new subject of scientific enquiry and of welfare-state intervention. The scientific discourse has approached it by incorporating it into addiction theory (e.g. Orford 2001, Bühringer et al. 2012) and "Gambling Disorder" has been integrated under the section of "Addictive Disorders" in the Diagnostic manual DSM-V (*American Psychiatric Association* 2013). How a problem is conceptualised is more than an academic matter: *Ian Hacking* (1999) describes phenomena like addiction as "interactive"

meaning that by conceptualising such issues we also change the gestalt of these phenomena themselves; theorising addiction as a disease, or as a crime, for example, has a huge impact on how the addicts themselves and people around them act and react. Consequently, the fact that problem gambling is handled in many countries in the context of (substance) addictions has an effect on what problem gambling becomes in these European countries (e.g. *Ministère de la Santé et des Solidarités* 2007, *Sosiaali- ja Terveysministeriö* 2007, *Deutsche Hauptstelle für Suchtfragen* 2009).

The addiction concept itself is not only culture bound, but culture-level-bound (Egerer 2014). What is often understood as culture is more appropriately conceptualised as consisting of several levels; culture occurs in different shapes, like deep structures (such as the degree of individualism, or gender relations), cultural dispositions (like drinking habits), and historically more variable factors (such as country-specific legislative rules and institutional arrangements) (Sulkunen 2013). Finnish social workers for example copy the Finnish approach towards addiction in order to conceptualise problem gambling rather directly: they frame problem drinking and gambling, alike, as a social issue (Egerer et al. 2012, Egerer 2013). Many other studies have identified the influence of the different levels of culture on how we understand drinking, gambling and their problematic forms (e.g. *Blomqvist* 2009, *Hirschovits-Gerz* et al. 2011, *Koski-Jännes* et al. 2012, *Majamäki; Pöysti* 2012, *Hirschovits-Gerz* 2013, *Hellman; Rolando* 2013, *Pöysti; Majamäki* 2013, *Rolando; Katainen* 2014, *Pöysti* accepted); the specific contribution of the different levels of culture in the process of copying the concept of addiction towards new problems remain, however, yet to be further clarified.

This study wants to clarify the ambiguity by juxtaposing German social workers' images of problem drinking with those of problem gambling. In Germany about 40 percent of the population is reported to have gambled during the last year. 0,82 percent of the German population have been identified as pathological gamblers with an additional 0,68 percent as problem gamblers. The general population seems to be growingly aware of the dangers of gambling and support the regulation of gambling, such as age restrictions and state control (BZgA 2014).

*Boulding* (1956) calls the knowledge we have about the world images. Images organise and classify the world, therefore spanning the horizon of possibilities and offering dispositions on how to act and react in our lives (*Sulkunen* 2007). Images are not individual, but intersubjective shared. In thought collectives, like professional groups, images are consistently re-interpreted (*Douglas* 1986). The Reception Analytical Group Interview RAGI, conducted in this study with six groups of German social workers (n=19), simulates these re-interpretation processes by presenting short video clips showing different instances of problem drinking and problem gambling. I understand the research process as a part of informants' knowledge production, rather than recording interviewees' already existing attitudes (*Sulkunen; Egerer* 2009, *Egerer* 2010, *Demant* 2012).

This study contributes to the debate on the status of problem gambling. Such a clarification is important beyond the scientific discourse itself and holds implications for policy and the arrangement of treatment structures. Social workers have been identified as an important group for handling problem gambling (*Quast; Topel* 1989, *Gross* 2004, *Laging* 2009, *Bliss; Pecukonis* 2009, *Mesch* 2011). However, there are as yet no studies on German social workers' own perspective on problem gambling. Here in Part 1 of this article I am going to elaborate the different concepts of addiction, as well as gambling legislations in Finland, France, and Germany. Thereafter I will explain the methodology used, describe the participants and clarify the semiotic analysis, which enabled me to come to my conclusions. These, and the results and their implications are presented, however, only in Part 2 of the article.

### **Different levels of culture involved in forming the addiction concept | *Egerer* (2014)**

showed that a country's traditional model of addiction has a long-lasting effect on the understanding of addiction, despite changes in the organisation of addiction treatment. France, but also Germany are examples of countries with an individualised medical model of addiction, where therapy and rehabilitation are medically dominated; physicians are the leading profession and social workers tend to remain only auxiliary assistants (*Thiry-Bour* 1996, *Tasseit* 1999, *Spode* 1999, *Bergeron* 2001, *Spode* 2002, *Reinicke* 2003, *Sting* 2011).

The handling of alcohol problems on the population level, namely the Total Consumption Model (TCM) constitutes only a minor part of Germany's approach towards problem drinking (*Spode* 1999, *Spode* 2004). The main core TCM finding is that the per capita consumption of alcohol correlates with the alcohol-related harm inside a country (*Edwards et al.* 1994). Price and availability has been identified as universalistic interventions to reduce the per capita consumption and consequently alcohol-related harm (*Sulkunen; Warsell* 2012). *Spode* (1993, 1999) traces the root of the neglect of a population perspective onto alcohol in Germany towards the weak position of the temperance movement, which was seen by the working class, as the bourgeoisie alike, as part of the old aristocratic and ecclesial establishment.

In comparison, in Finland, the alcohol question has always been a matter of the welfare state (*Mäkelä; Tigerstedt* 1993). Temperance movements were widely accepted in the context of a Protestant ascetic rural population (*Spode* 2002). Part of the non-medical model of addiction is also that social workers are the leading profession of the Finnish outpatient treatment (*Bruun* 1971, *Takala; Lehto* 1992, *Ahonen* 2007). Following these differences in the addiction model I assume that the German social workers will claim only a minor role in handling problem gambling, focus on the individual harm and discuss the root and solution of problem gambling in a medical frame, in the event that the German individualised addiction model serves as the main resource to make sense of excessive gambling.

Gambling legislations are another occurrence of culture, which has been identified as playing an important role in shaping opinions about gambling: recreational gamblers tend to support the already existing system, asking for more restrictions in an already restrictive system and take a more liberal stand in a context of easy availability of gambling possibilities (*Pöysti* accepted). Although, Finland, France and Germany use licensing and monopolies to regulate gambling the degree of availability is still significantly different. Finland has a very liberal gambling legislation in allowing slot machines a wide distribution, such as in supermarkets. In comparison the French State restricts gambling strongly (e.g. *Jaakkola* 2009, *Meyer; Hayer* 2009, *Valleur* 2009, *Nikkinen* 2014). It is not only due to its federal system that Germany is charac-

terized by a more scattered picture (Nikkinen 2014), but also due to the regulation of slot machines, the use of which is not integrated into the gambling legislation. Instead slot machines are part of the Industrial Code (e.g. Bublak 2008, Ludwig et al. 2012), which allows intermediate availability (e.g. Reichertz et al. 2010). Gambling availability is an important factor, because it has been identified as a key instrument in preventing gambling harm (e.g. Dickson-Gillespie et al. 2008, Adams et al. 2009, Meyer; Hayer 2010).

A third occurrence of culture influencing how we understand addiction is the importance of self-reliance and competition; hence, individualistic value traits. Those could be identified in the Finnish population in general, and in Finnish youth and Finnish recreational gamblers' statements in particular (Hirschovits-Gerz et al. 2011, Majamäki; Pöysti 2012, Pöysti; Majamäki 2013, Hellman; Rolando 2013). Finnish recreational gamblers, for example, ascribe the responsibility for quitting gambling towards the problem gambler (Pöysti; Majamäki 2013). In Italy and France informants displayed a more collectivistic attitude and, for example, Italian teenagers demand taking into account other's perspectives in regulating one's drinking (Hellman; Rolando 2013); the French recreational gamblers dreamed of sharing their wins with their family (Majamäki; Pöysti 2012). In the world-values survey, collectivism and individualism are part of the same dimension: the continuum between traditional and secular rational values (Inglehart; Welzel 2010). Although, this dimension is not a pure indicator of individualistic and collectivist value traits it is composed from such items as deference to authorities and traditional family values, which are important parts of collectivistic and individualistic value traits. On this dimension Italy is clearly a part of "Catholic Europe", whereas Finland and France are rather similar (*ibid.*). Germany, on the other hand, clearly is an example of a very "secular and rational" country (*ibid.*) and I would expect my German informants to also express, therefore, an individualistic perspective on the gambling issue.

**Data and Method** | In this study, between April and November 2009 I interviewed six groups (19 participants) of social workers (not working in addiction related practice) in major German cities. I consider my informants as gate keepers of addiction: they are the first "officials" having to deal with addiction

problems, but they lack special education in addiction theory and therapy. This study consequently approaches social workers as "experienced laypersons", who need to make sense of their clients' drinking and gambling problems by referring to everyday media, German drinking and gambling legislation, and the value traits in Germany (Christensen et al. 2001, Inglehart; Welzel 2010).

Informants worked in social work targeted at children (5/19 participants), youth (7/19 participants) and in general social work (7/19 participants). The majority of participants were female (15/19 participants), which reflects the sex ratio in social services in Germany. Three of the focus groups were micro-groups of only two participants – this limits the conclusions made in this study, but I conducted the interviews nevertheless, instead of sending the informants home. The duration times of these micro-groups were 78, 88 and 98 minutes and therefore close to or in the targeted duration of 90-120 minutes. Beside the small size of the sample, another limitation is the urban background of all informants.

The Reception Analytical Group Interview RAGI that was applied is a focus-group design, which presents carefully chosen short film-clips as a discussion stimulus (portraying alcohol and gambling problems<sup>1</sup>) to the participants. The participants interpret the film clips by using their knowledge and beliefs about the world and consequently by referring to the different cultural occurrences, which provide the dispositions for thinking and acting (Barthes 1977, Fish 1980, Gronow 2011). The interview situation may be artificial, but the interaction ensuing upon the reception of the "not now and not there" situations provided by the film clips can be considered as natural (Törrönen 2002, Demant 2012).

The design of the RAGI ensures comparability by following a thoroughly constructed protocol. This protocol lists what clips are shown, in which order and how much time is reserved for discussion. In this study, six film clips (see Table 1) from international fiction movies were chosen after extensive screening together with colleagues and trial interviews (Egerer 2010). The precise semiotic analysis of the stimulus clips, similar to the analysis of the interviews them-

<sup>1</sup> The original study included also clips on eating disorders. Due to space restrictions, however, these cannot be addressed in this article.

**Table 1: Stimulus film clips in the RAGI protocol (table adapted from Egerer 2014)**

	<b>Loss of control</b>	<b>Neglect of family</b>	<b>Cue-dependency</b>
Problem drinking	<p>The Happy Alcoholic (UK 1984):</p> <p>Alun wakes up with a hang-over. He goes down to the yard to get his hidden bottle. He drinks, although he is coughing and choking.</p>	<p>Once Were Warriors (NZE 1994):</p> <p>Jack gets drunk in a bar, while his family waits in the car.</p>	<p>16 Years of Alcohol (UK 2003):</p> <p>When his girlfriend leaves Frankie, he starts to drink again.</p>
Problem gambling	<p>Owning Mahowny (CAN 2003):</p> <p>Dan Mahowny "busts" the table. Later he continues and loses everything. Spectators around him turn away.</p>	<p>Bord de mer (F 2002):</p> <p>Rose promises to quit gambling, when she wins the jackpot. However, she later loses her house and her son's inheritance.</p>	<p>Going for Broke (USA 2003):</p> <p>While shopping, the fruits in the supermarket remind Laura of slot-machines. Afterwards she gambles at the machine in the shop. She has no money left to buy her groceries.</p>

selves (see Analysis), warranted parallel stimulus (Törrönen 2002, Egerer 2010). The clips follow the themes of loss of control, neglect of family and cue-dependency, which are common topics in the diagnosis of addiction and the addiction discourse in general (e.g. WHO 1992, Sulkunen 2007). Six orienting questions<sup>2</sup> were introduced to the interviewees; interviewees were however instructed that they did not need to answer these, but instead could use them as a facilitator for their discussion. The group discussions were led by the interviewees themselves. They were video recorded and transcribed verbatim.

**Analysis |** I analysed the transcripts in the German original. I translated the most illustrative quotes for the results section. MaxQDA software helped in organising the examination of the transcripts.

The group conversations are understood as social workers' narrative about problem drinking and gambling and about the professionals themselves (Sulkunen; Törrönen 1997a, 1997b). In order to get a first overview of social workers' discourses I coded these following a simple coding scheme. The uninter-

**2** What happens in the scene and who are the persons in the film? What happened before this event? What happens immediately after it? How does the same person appear ten years later? Can something like this happen in real life? Should someone do something about the shown matter?

rupted statement of one participant served as the unit for coding; these units therefore differ in length. Following Silverman (2001) a surveying step helped to organise the findings of this first coding (see Part 2). This table already gave some indications of reoccurring topics, which I investigated in the third step, that of semiotic analysis.

Through my semiotic perspective the interviewees' discussion is not only a story told – sometimes called dimension of utterance – but also involves the positioning of the storyteller him- or herself – the dimension of enunciation (Sulkunen; Törrönen 1997a, 1997b). A social worker, for example, tells about her work experience with a heavy drinker's son. However, while telling the story about her client and about how angry she felt towards the father's neglect of his son, she also tells the story about herself, about her own position on this issue. The two dimensions are connected by what is called projections, of which the most important in this study are the four pragmatic modalities (will, obligation, competence, ability) (Sulkunen; Törrönen 1997a, 1997b). The study's participant can, for example, identify the problem gambler, by referring to the stimulus clip about the mother, who breaks a promise she gave to her son. Furthermore, a social worker can for example complain of not having enough resources (i.e. ability) to help neglected children.

Brickman et al. (1982) have identified four models of helping and coping. These models are a good example of how the modality of obligation works, as the four models depend on, who is held responsible for having the addiction and who is responsible for resolving the problem. The four models are the moral model (responsibility for problem and recovery), the compensatory model (responsible for recovery, but not for the problem), the enlightenment model (responsible for the problem, but not for its recovery) and the medical model (not responsible for the problem or the recovery). Koski-Jännes et al. (2012) however saw the necessity to develop the Brickman model further, which mixes the question of obligation with that of competence and ability. There is a difference between holding one person as being obliged to do something about one's (addiction) problems and the belief that the person would be able or competent to do so.

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