And that is where the fun ends – General practitioners’ conceptualisation of the line between recreational and problem gambling

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ABSTRACT
AIMS – Problem gambling is normally identified by fixed criteria of harm adapted from those of substance abuse and by focusing on the individual gambler. However, rigid definitions neglect institutional variations of gambling practices within different legislative configurations. This study proposes analysing the line between recreational and problem gambling by focusing on gambling behaviour and looking at the corruption of the defining factors of play (Caillois, 1958) in three different institutional contexts. DESIGN – A stimulated focus-group method (Reception Analytical Group Interview) was applied to seven groups of Finnish and French general practitioners each and three groups of German ones to study the variations of conceptualising the defining factors of play as introduced by Caillois. RESULTS – Corruption of play was distinguished by participants from all three countries as the dividing line between recreational and problem gambling, but cultural variations were found: the French and German GPs emphasised the loss of the exceptionality of gambling, whereas the Finnish GPs highlighted the invasion of the home by online gambling. Furthermore, the Finnish and German participants were more concerned about the use of gambling as an emotional regulator, while French GPs echoed the French medical model in discussing the adrenaline rush of problem gamblers. CONCLUSIONS – Caillois’ defining factors of play can be used to distinguish recreational from problem gambling and to offer a more encompassing definition of problem gambling. The perception of the line between recreational and problem gambling also seems to depend on the institutional and cultural context.

KEYWORDS – problem gambling, corrupted play, general practitioners, comparative studies, focus-group interview, Finland, France, Germany

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Introduction
Problem gambling is often considered an individual condition. Factors ranging from cognitive deficiencies to a lack of control and biological proneness to addictive behaviour have been put forward to explain why some individuals develop problematic gambling practices, while for the majority, gambling remains a leisure

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pursuit (Blaszczynski & Nower, 2002; Goudriaan et al., 2004). This individualistic view of problem gambling has recently been challenged by research highlighting that gambling behaviours are embedded in specific institutional or cultural settings (Raylu & Oei, 2004; Reith & Dobbie, 2011; Pöysti & Majamäki, 2013). This study, not only develops this contextually inspired research by taking an institutional rather than a psychological perspective, but goes one step further in switching the gaze from the gambler’s characteristics towards the characteristics of play. It compares general practitioners’ (GPs) understandings of the characteristics of play that define problem or recreational gambling in three European countries: France, Finland and Germany.

Gambling can be understood as a form of play (Huizinga, 1939; Caillois, 1958; Reith, 2006). Following the definition of one of the classical thinkers of gambling research, Roger Caillois (1958), play, as a general term, is characterised by six fundamental attributes: voluntariness, separation from everyday life, uncertainty, unproductivity, establishing a second reality, and acknowledging rules. Playing is voluntary, not a duty, but it is governed by rules that need to be acknowledged. Play also constitutes a second reality that separates it from the ordinary life. The outcome of play is not known beforehand, making the realm of play that of uncertainty. In addition, play is a source of enjoyment rather than a productive activity. However, for Caillois (1958) gambling is not synonymous with play. Instead, Caillois distinguishes between four types of play, of which gambling is only one: agôn (games of competition), alea (games of chance), mimicry (games of pretending), and ilinx (games that thrill). Nevertheless, in this article, gambling is argued to entail characteristics also from the other three types of play: games such as poker involve an element of skill and competition, bluffing can be considered a form of mimicry, and excessive risk taking can constitute an ilinx type of thrill. Understanding gambling as play also opens a door to consider problem gambling as a form of corrupted play. For Caillois, play is characterised by distinct rules and separateness from everyday life. This separateness also runs the risk of corrupting play, as corruption is essentially caused by mixing play and reality. In Caillois’ original writing, gambling is understood as alea type of play which is essentially corrupted when principles of chance are applied to real life. Gambling remains recreational if it is not corrupted by the everyday world and if it remains a leisure activity that is not taken too seriously (Caillois 1958) and vice versa, ‘disregard for the rules and confines of play can turn what used to be a leisure pursuit into a passion or even an obsession’ (Caillois, 1958, p. 103; transl. by authors). However, extending the definition of gambling as play also allows considering other forms of corruption. This study looks into these forms of corrupted play in their institutional frame by asking a) whether GPs distinguish recreational from problem gambling in terms of (corrupted) characteristics of play, and b) whether differences regarding how the line between recreational and problem gambling is conceptualised are manifested in the three institutional contexts.

GPs are an important group to study due to their position as gatekeepers in identifying problem gambling (Miller, 1996; Sul-
livan et al., 1998; Pasternak & Fleming, 1999). Focusing on GPs’ understandings of what characterises problem gambling can therefore improve the identification of gambling-related issues in primary health care (e.g. Laging, 2009), as well as offer a pragmatic but medically informed conceptualisation of problem gambling. Indeed, while GPs have first-hand contact with problem gamblers, they have little professional qualification to offer treatment (Christensen et al., 2001). Their responses to gambling problems are rather influenced by institutional contexts, including gambling provision, popular gambling practices, social conceptualisations of problem gambling, and the organisation of treatment services in a particular society. Comparing discourses from three different institutional contexts, this study aims at putting forward the contextual embeddedness of the conceptualisation of problem gambling and of gambling as play.

From recreational to problem gambling

Studies considering the line between recreational and problem gambling have typically centred on characteristics of individual gamblers rather than characteristics of play. Factors such as lacking cognitive control mechanisms (Ladouceur & Walker, 1998; Wohl et al., 2013) or lacking competence (Reichertz et al., 2010) and the inability to resist external triggers (Rush et al., 2007; Loba et al., 2001) have been put forward as the defining characteristics of problem gamblers. This individualistic view of problem gambling has culminated in clinical criteria such as those used by the DSM (Diagnostic and Statistical Manual of Mental Disorders) (American Psychiatric Association, 2000), ICD (International Classification of Diseases) (World Health Organisation, 1992), SOGS (South Oaks Gambling Screen) (Lesieur & Blume, 1987), and the DIGS (Diagnostic Interview for Gambling Severity) (Winters et al., 2002). Adapted from research on substance abuse (Ferentzy & Turner, 2012), such criteria are meant to be used to provide an impartial tool to dissociate recreational gamblers from ‘problem’ or ‘pathological’ gamblers. While we acknowledge that diagnostic tools like the DSM (American Psychiatric Association, 2000) aim at describing behaviour, descriptions such as ‘chasing losses’ (criterion 312, 31.A (6)) describe the motivation of the individual pathological gambler rather than the characteristics of play itself. Despite their popularity in research, treatment as well as policy making, such classifications have also been criticised due to problems of applicability, weak scientific basis and lack of cultural sensitivity (Orford et al., 2003; Room, 2003; Reinarman, 2005). Some competing models, more sensitive to social factors, have been developed but their focus has remained on the individual gambler and his/her motivation (e.g. Binde, 2009).

Attributing gambling problems to individuals has not only theoretical consequences but has also been argued to exonerate gambling suppliers from due responsibility (Livingstone & Woolley 2007). To emphasise institutionally contextualised play, the term ‘problem gambling’ is preferred to ‘compulsive’, ‘pathological’ or ‘addicted’ gambling in this paper: addictions are always individual, but problems can refer to a variety of levels ranging from societies and players to the characteristics of play. Following Martignoni-Hutin...
(2005), who argued that all gamblers have phases of more or less excessive gambling, we propose that problem gambling is a form of gambling behaviour rather than a distinct psychological condition. As Caillous (1958) put forward, the focus should be on corrupted forms of play rather than corrupted players. Analysing GPs’ conceptualisations of the forms of play that are considered problematic breaks with the view of individual psychology as the source of gambling problems.

Problem gambling in an institutional framework

There has been a general lack of consensus on the role of institutions in gambling studies, largely due to the small numbers of comparative studies in the field. The institutional context of play, like cultural factors, is often taken for granted when merely one context is studied. Yet, it has not only been shown that institutional availability of gambling products is connected to the prevalence rates of problem gambling (Raylu & Oei, 2002; Korn, 2000) but also that institutional contexts influence how social issues, including problem gambling, are understood (Egerer, 2013; Pöysti & Majamäki, 2013; Samuelsson et al., 2013). GPs are a part of this societal and institutional context. It is not denied that GPs have individual opinions and preferences regarding gambling, but their role in providing primary assistance for people seeking help for gambling-related problems poses institutional constraints on their actions. National health care systems also make treatment of problem gambling dependent on the individual states through various legal constraints.

The term institution can be defined as state structures such as gambling offer or legal providers, but also more generally as a repertoire of dispositions for thinking and acting. As Scott (1995) has put forward, we think and act in line with these dispositions and take them for granted, mostly without active reflection. In this study, institutions are understood as both structural constraints and as ways of making sense of phenomena such as problem gambling. The institutional context determines what is considered normal and familiar, and thereby how issues and phenomena are understood and handled.

In the case of European gambling, states function as both providers and controllers of gambling practices. Legislation on gambling, gambling provision, organisation of primary health care, as well as public discussion on problem gambling, form an institutional context that constitutes the core of meaning making as well as the basis of any comparative analysis.

The importance of institutional contexts is apparent when considering how gambling has been organised in different countries. This study compares France, Finland and Germany, three European Union (EU) member states that are facing similar challenges in their national gambling provision from both European legislation on consumer protection and international pressures, particularly in the online gambling market. Nevertheless, different historical developments of the respective gambling fields have seen the three countries respond to these challenges differently. Different forms of gambling have been legalised, states have assumed varying roles in gambling provision, and the treatment of problem gambling has been entrusted to different types of officials.
The provision of gambling in the three countries ranges from a strict monopoly system in Finland to partly open markets in France and Germany. The countries also differ in terms of the most popular types of games. In France, the country with the highest number of casinos in Europe, in-casino slot machines together with different types of lotteries constitute the most popular forms of play (IN-SERM, 2008). In Germany, lotteries are the most popular games despite the wide availability of slot machines in gaming arcades across the country (Reichertz et al., 2010; Griffiths & Wood, 2007). Finland is the only country of the three that has legalised slot machines in everyday spaces such as supermarkets and petrol stations. This is also reflected in Finnish gambling practices, with non-casino slot machines together with lotteries being the most popular forms of play (Turja et al., 2012). The importance of casino gambling in France and to a lesser degree in Germany is in line with Caillois’ (1958) understanding of gambling as separate from everyday life whereas Finnish gambling is more strongly connected to daily routines (Majamäki & Pöysti, 2012), indicating that acceptable forms of play may indeed range between institutional contexts.

Conceptualisations and forms of treatment proposed for problem gambling also vary between the countries compared. In France, a disease model, consisting of clinical interventions by health care professionals and psychiatrists, has been dominant (Valleur, 2009). The context of treatment has also been found to be reflected in the understanding of French players about problem gambling as a medical condition beyond individual control (Pöysti & Majamäki, 2013). In Finland, treatment has been rather based on social work and ‘non-medical’ approaches (Jaakkola, 2009; Hirschovits-Gerz et al., 2012) highlighting the personal responsibility of gamblers as well as the impact of problem gambling on the social networks of the gambler (Egerer, 2013; Pöysti & Majamäki, 2013).

Methods and data
To study GPs’ understandings of problem gambling, group interviews were conducted in France, Finland and Germany. The French interviews (seven groups with 43 participants) were conducted in the Paris metropolitan area between June 2008 and January 2010 by our project partners. In Finland, seven focus groups (53 participants) were interviewed in the Helsinki region, Tampere and Turku between May 2008 and January 2009. The interviews were conducted by the authors’ research team. The three German group interviews (14 participants) were conducted by one of the authors in two smaller cities in Northern Germany in September 2009. All participants were physicians in primary health care having frontline contact with patients but no specialisation in the treatment of problem gambling. The gender distribution of participants reflected actual distribution of GPs in Finland and France (INSEE, 2010; Suomen Lääkäriliitto, 2010) with the majority of Finnish participants being female (23/35 female) while in France (16/43 female) the majority was male. Recruitment was based on the institutional organisation of primary health care in the three countries. In Finland, heads of health centres were contacted and advertisements were placed in a medical journal aimed at professionals. In France, schooling centres
for continuous education in medicine were contacted. In Germany, participants were recruited through professional associations and the health insurance organisations of the federal states. The German data, due to a skewed gender distribution (2/14 female) (Bundesärztekammer, 2011), a more rural context, and the comparatively small size of the sample, posed some limitations. Therefore the data collected in Germany was used as a complementary point of reference in the analysis comparing France and Finland, rather than a dataset in its own right.

The assumption was that forms of acceptable and problematic play are usually not actively reflected upon, but instead, the participants’ institutional framework guides the perspective on the line between recreational and problem gambling. Institutional dispositions of acting and thinking have been argued to be constantly reproduced by their members in action and interaction (Douglas, 1986; Klatetzki, 2006). Although interview situations are an artificial form of interaction, Demant (2012) has shown that the reciprocality of group interviews is, indeed, natural. Therefore, group interview design was deemed the most appropriate approach to study institutional dispositions. The Reception Analytical Group Interview (RAGI) method was employed because of its suitability for comparative studies and highly ‘activating’ and projective interview design (Sulkunen & Egerer, 2009). The RAGI method employs carefully chosen short film clips from international movies, shown in a focus group setting in order to stimulate an open discussion between the participating GPs. Following Törrönen (2002), stimulus clips were used as clues to bring events from the outside world into the interview situation. In this study, the University of Helsinki Addiction Clip Collection (UHACC) database served as resource for finding suitable stimulus vignettes. The UHACC consists of over 400 film clips from ca. 140 international movies portraying forms of substance consumption and addiction related behaviours in ‘social’ and problematic situations. 109 of these clips concern gambling. The results of this article are part of a wider research programme. The original interview protocol involves clips on alcoholism and eating disorders in addition to problem gambling. The choice of video clips was made in collaboration with colleagues and was based on a close semiotic reading of their content (Egerer, 2010). The clips were tested in two pilot group interviews with students. The order in which the clips were shown, as well as the interview protocol was determined based on the pilot interviews. This protocol was later applied in all interviews. The clips were shown from a DVD including selectable subtitles in all three languages. The clips were chosen to represent three topics: failed will and alienation, ‘neglect of duty’ towards one’s family, and cue dependency. The first two are in line with clinical criteria for pathological gambling (ICD-10 (World Health Organisation, 1992) and DSM-IV-TR (American Psychiatric Association, 2000)) while cue dependency, an automatic external trigger (Elster, 1999), was added to represent a discourse typical of lay and professional understandings (Sulkunen, 2007).

The first clip (Owning Mahowny. 2003 (CAN); Director: Richard Kwietnowski) depicts first how the protagonist, Dan Ma-
howny, beats the casino at one game and then his devastating losing streak at another gambling table. The clip was chosen mainly due to the aspect of loss of control and loneliness, but it also portrays the voluntariness and the second reality of play. Enjoyment and the separation from ordinary life are also apparent. The second clip (Bord de mer. 2002 (F); Director: Julie Lopes-Curval) portrays Rose, a pensioner who is gambling away her son’s inheritance on slot machines. The clip portrays a neglect of a promise (the promise to stop gambling) and solitude, but it also offers an example of how play loses its pleasure factor and becomes unproductive. In the third clip (Going for Broke. 2003 (uSa); Director: Graeme Campbell) cue dependency is depicted by introducing Laura, a woman so preoccupied by gambling that the fruit section of a supermarket reminds her of slot machines. The clip characterises a loss of control and solitude. Since Laura is also introduced as a mother, a neglect of obligation towards the family (buying food for the children) is part of the narration. The main corruption of play in this clip is the impaired voluntariness and not separating gambling from the everyday life.

Before commencing the interviews, all participants received a short description of the RaGI interview setting and the study. They were also asked to fill a questionnaire on their gender, age and work experience. The group discussions were carried out with minimum researcher interference: apart from a short introduction, the researcher tried to remain silent during the discussions. The interview moderator suggested the participants discuss the film clips with their colleagues like they would in the tea room or in a café after work. To help start the discussions, a list of orienting questions (a. What happened in the scene and who were the persons in the film? b. What happened before this event? c. What happened immediately after it? d. How would the same person appear ten years later? e. Could something like this happen in real life? f. Should someone have done something about the problem shown?) was also distributed to the participants. The participants were instructed that the questions need not be answered one by one, but could be used to help carry on the conversation. The interview material shows how the participants applied their knowledge about the world to make sense of the problematic gambling presented in the stimulus clips. While interacting, the participants constructed and re-constructed the institutional and social reality of problem gambling (Klatetzki 2006). As interaction is based on language, this study shares the limitations of all cross-lingual data collection, such as translation biases and untranslatable terms.

Results

The focus group discussion was filmed and transcribed verbatim. The transcripts were then thematically coded based on the characteristics of play defined by Caillois, as well as social embeddedness, a factor that was added due to its prevalence in the data (see Table 1). In this thematic coding a participants’ uninterrupted statement serves as one unit. This table has to be seen as an intermediate step of the analysis, surveying the corpus of data quantitatively (Silverman, 2001) in the spirit of quasi statistics (Becker, 1970). This numerical overview only serves to summarise the results, not as an analysis in its own right, as
Table 1. Frequency of GPs’ distinction between recreational and problem gambling (one unit is an uninterrupted statement of one participant)

|                           | Finland General Practitioners | France General Practitioners | Germany General Practitioners | ∑  |
|---------------------------|-------------------------------|------------------------------|-------------------------------|----|
| Voluntariness             | 31                            | 38                           | 24                            | 93 |
| Enjoyment                 | 23                            | 29                           | 37                            | 89 |
| Separate from everyday life| 7                             | 3                            | 11                            | 21 |
| Uncertainty               | 6                             | 16                           | 28                            | 50 |
| Unproductivity            | 25                            | 28                           | 11                            | 64 |
| Second reality            | 12                            | 18                           | 2                             | 32 |
| Acknowledging rules       | 0                             | 0                            | 0                             | 0  |
| Social embeddedness       | 8                             | 7                            | 8                             | 23 |
| ∑                         | 112                           | 139                          | 121                           | 372|

different group sizes and group dynamics may lead to different lengths of ‘uninterrupted’ statements (and therefore different numbers of coded units). The quotations in this section are chosen as the most illustrative examples, and have been translated by the authors.

Voluntariness
In all three countries, the most frequently discussed factor defining the line between recreational and problem gambling was the voluntariness or involuntariness of play. However, how this involuntariness was conceptualised differed: for the Finnish GPs, corrupted play essentially meant losing an internal struggle over whether to gamble or to abstain. This view is in line with an understanding of problem gambling as a loss of inner control, as is exemplified in a discussion on the Going for Broke clip:

I2: You could just see that the mum was going to go gambling, no matter how she was trying to resist. It made me think of a patient suffering from bulimia, it could be similar. Something makes you want to stuff yourself and in the beginning there might be some pleasure in it, but then it turns [bad]. It might be a similar process in the brain.  
I3: No matter how much they both fight it they know it won’t turn out well. (Group 5, Finland)

Involuntariness was also often repeated among the French and the German GPs, but this lack of freedom was not attributed to an internal failure but rather to an external force, like the slot machine in the clip of Going for Broke. The problem gambler was considered to be hypnotised or programmed by an external trigger such as the game:

I1: What surprised me about these two films was [the characters’] fascination, as if they were hypnotised by an object, be it a beer bottle or a game. It’s this fascination, hypnosis by an object, as though the object were sacred, luring them in! It’s almost a question of religion! You have to go towards it! They’re bewitched. (Group 1, France)

The discourse was very similar in Germany:
I4: And this woman, she was really somehow zombie-like. I felt... that I couldn’t understand either of them.
I3: She was also really quiet.
I2: And she then also looked away, in order not to... somehow...
I1: Right, the slot machine was like a magnet. (Group 1, Germany)

Enjoyment
Play is engaged in for fun and enjoyment. A lack of enjoyment could, therefore, be expected to be a significant indicator of the progression of gambling problems, as was the case for some respondents discussing the clip of Owning Mahowny:

I3: But isn’t the compulsivity [a part of] addiction...
I6: Yes, he was in a way addicted to it. He didn’t enjoy it. (Group 4, Finland).

Nevertheless, for other participants an aspect of enjoyment was also regarded to exist in problem gambling. But due to its corrupted nature, this type of fun was considered difficult to understand:

I1: [...] It’s a bit hard to relate to it.
I6: You could consider whether you could get the enjoyment from something else. Maybe some other addictions are more difficult; this one is easier. (Group 1, Finland).

Play was considered corrupted when it has become a functional means to enjoyment and not pleasurable in itself. Gambling was, therefore, considered problematic if it was used as a form of self-medication or as compensation for other problems. This aspect was particularly emphasised by the Finnish and the German participants. The quote also hints towards an evaluation of problem gambling as less severe and easier to quit than (substance) addictions.

For the French GPs, the loss of enjoyment was mainly connected to not rejoicing when winning, like Dan Mahowny in Owning Mahowny:

I6: Yes, but the enjoyment, it doesn’t come from winning, it comes from a taste for risk.
I8: Yeah, a taste for risk, and for stress. (Group 1, France)

The ‘taste for risk’ was not considered an acceptable way to enjoy play in the French context, as it was seen as a mere trigger of a bodily mechanism devoid of meaning. Yet, among the German participants, the very same thrill, displayed in the Owning Mahowny clip, was considered as part of the fun. This was further emphasised by comparing gambling to sports and to one’s own behaviour:

I2: Yes, and also the thrill. You also get a kick from sports. And from gambling. [...] I2: Yes, but that is also an addiction. I know it for myself. When I am training for something and say: ‘I have to get going now for today...’ That’s a kind of addictive behaviour.
I1: Yes, otherwise something is missing. (Group 1, Germany)

Separation from everyday life
Huizinga (1939) has called play a ‘holy ground’, separated from everyday life. Among the GPs interviewed, this theme was not frequent in any of the datasets,
but a qualitative analysis revealed some important differences between the institutional contexts. In Finland, with gambling opportunities already characterised by ample everyday opportunities, the GPs voiced a special concern about online gambling which was considered to go even further by bringing gambling from the public sphere into the private sphere of the home, as the discussion after the Going for Broke clip shows:

I4: You can’t lose that much money in these [slot machines] as in online poker, for example. Slot machines are a problem for the elderly poor, but online poker is starting to be a problem for many people in Finland. There are so many players and people are losing huge sums.
I5: Yeah, you hardly have that much cash on you. (Group 5, Finland)

As the quote shows, the blurring of the line between the real world and the world of game can also create a new group in risk of developing gambling problems, that of online gamblers. The idea was, however, not shared by the French and German GPs who rather voiced concern for gambling becoming commonplace when no longer separated from everyday life. In these two institutional contexts, more characterised by holiday and leisure time gambling, play was not considered problematic as long as it was only connected to special occasions. This became obvious in the discussion following (but not about) the Bord de mer clip:

I1: It’s the same thing, if he wins once while betting on horses, why not twice?
I2: Yes, but someone who wants to bet on horses every Sunday, I don’t really know if that’s an addiction. It’s different from someone who plays to play! As long as he has chips, he plays. And if he loses, he’ll come back tomorrow. (Group 6, France)

The exceptionality of gambling can be temporal as is the case in gambling only on the weekend or only during holidays, but it can also be spatial, e.g. only gambling at the casino. Spatial exceptionality was well exemplified in the German discussion succeeding the Going for Broke clip:

I6: Yes, although I think a casino is also […] a part of cultural life. I think it’s nice to dress up and go to a casino for an evening, isn’t it? For those who are not at all affected by gambling addiction.
I7: Yes, we all go to casinos, don’t we?
I8: There is also a roulette table at the [Vienna] Opera Ball [a popular society event], and the people there are hardly gambling addicted, no question. (Group 3, Germany)

Uncertainty
A game of chance is characterised by the uncertainty of the outcome (Caillois 1958). Understanding this uncertainty is an important facet of recreational gambling, but can also be corrupted in problematic gambling behaviour. Applying the logic of chance to real life is also the defining characteristic of corrupted gambling for Caillois. The interviewed GPs shared this view, but differences could be found in what was considered the cause. For the Finnish GPs, misunderstanding the un-
certainty of the outcomes was essentially connected to cognitive deficiencies, as discussed in this quote on Dan Mahowny:

I1: [Playing] the lottery would be more logical [than playing at a casino] if you want a big sum of money...
I3: But here [at a casino] you get the money immediately. If you play the lottery you have to wait a week or even longer. It’s like once or twice a week at least.
I2: And at the most it’s your whole life (laughs) (Group 1, Finland)

The French GPs also discussed a possible rational side to gambling. However, their concern was more for gamblers who take the game too seriously:

I2: When people become gamblers, it’s obvious that they only dream of winning. They don’t want to lose! They don’t even think that they could lose! They think they’ll just keep winning. And that’s horrible.
I8: I have a friend who is a player. He hasn’t played enormously, but you can tell he loves it. He loves games! Okay, he has some limits, he doesn’t have a problem. But once we went to a conference and there was a casino. He went there with very little money, started winning, and increased it ten-fold. But he eventually left it all at the casino. He continued playing. And […] he told me, ‘Listen, I spent three hours, I had a good time. Who cares, it cost 100 francs.’ (Group 1, France).

The friend is described as a recreational gambler since he does not take the game seriously but enjoys it as a form of play. The German GPs’ approach to the uncertainty was similar and it was emphasised that setting a limit beforehand ensures that play remains enjoyable and therefore recreational.

Unproductivity

For Caillois (1958), all play is unproductive, even when not corrupted. Unproductivity refers to the fact that no surplus is produced during the game. Interestingly, and in contrast to Caillois, the GPs who partook in this study still considered recreational gambling productive due to the possibility of winning money. The unproductive nature of play was only connected to problem gambling, like Rose’s gambling in Bord de mer:

I7: [...] Somehow I understood more clearly with this old lady. When she plays, she doesn’t play to win, it is only the supposed reason. She plays to play. The playing has her on a leash.
I2: She seems really fragile and lonely. (Group 5, Finland)

The French GPs were on similar lines, as is clear in a discussion on Dan Mahwony’s gambling:

I1: It’s also the desire to win money. For the guy in the film, it’s not the desire to win, it’s the desire for the game!
I2: Maybe in the beginning it was the desire to win money, but after it has become an addiction. Betting on horses is not about winning money, it’s about the game. (Group 6, France).

As the image of the unproductivity of
problem gambling was frequent in all three countries, the importance of playing for a specific goal such as winning money seems to be considered a relevant factor separating problem gambling from recreational gambling.

Second reality
The participants also did not share Caillois’ (1958) view that losing oneself in the second reality of the game is a part of recreational play. Instead getting lost in the game reality was used as an identifier of problem gambling, as discussed following the Owning Mahowny clip both in France and in Finland:

I1: *I find the physical explanation fascinating. He’s completely isolated, there are people around him but he doesn’t see anybody.*
I2: *He sees himself!*
I3: *You can see him pushing his glasses up his nose, he’s absorbed in his own world.* (Group 2, France)

I1: *Yes, and on the other hand, if you lose your sense of reality, your personality, and eventually your contact with reality, you end up losing a lot.* (Group 2, Finland)

A second reality was described as a place into which a gambler gets absorbed while losing track of himself and his everyday responsibilities. According to the respondents, games not only need to remain separate from everyday life to enable players to have a reality to return to from the world of play, but the player also should not forget about the real world, while being part of the separate game world.

Acknowledging rules
Acknowledging the existent rules was not a factor used to distinguish corrupted play in terms of problem gambling but rather in terms of criminality. The importance of rules was raised mainly in France where the respondents discussed dishonest game providers due to the risk for Dan in Owning Mahowny getting beaten up by the casino owners. No link was established between a disregard for rules and problem gambling in any of the three countries.

Social embeddedness
Although not distinguished by Caillois (1958) as a characteristic of play, in the interview data social embeddedness was consistently raised as a defining element of recreational play. The stimulus clips also portray gamblers as lonely and alienated. Participants from all three countries accepted this presentation of problem gambling and considered solitary gambling to be a sign of problems in their discussions.

I1: *Some people stop when they run out of money, but it can happen in different ways….*
I4: *Yes, but there are people who play every week and they are not addicted. They play at cafés. They are in a social setting; they are there to see each other.* (Group 7, France)

Social settings were considered as an indicator of recreational gambling, even if gambling is frequent. A German GP pointed this out by comparing gambling to social drinking habits seen in one of the non-gambling-related film clips:
But it is interesting that alcohol, a drug accepted by society, also allows communality in the first movie. He’s hanging out there with his mates. Afterwards they have all these empty beer cans on the table; they’re drunk and they sing dirty songs. You can’t translate it. Whereas this gambling, it’s lost all sociability, like in the first movie. That was something completely, totally lonely, isolated. The environment did not matter anymore, winning did not matter. It’s me-against-the-machine. (Group 2, Germany)

The importance of social relationships was also shared among the Finnish GPs, but as in the following quote on Owning Mahowney it was emphasised that a social setting can also be merely artificial. Play needs to be grounded in “real” social relations in order to be recreational.

I got the feeling that he wants to be admired, or in a way to be the centre of attention, for his self-esteem...

I got the feeling he might be a bit lonely in the outside world.

(Group 7, Finland)

Conclusion
This study has presented a way to distinguish between recreational and problem gambling, not through the individual gambler, but by drawing on the characteristics of play defined by Caillois (1958). In comparison with recreational gambling, problem gambling is not voluntary, enjoyable, separate from reality, rational, productive or social. It can, therefore, be concluded that Caillois’ theoretical model is an operational tool for studying problem gambling.

GPs offer early intervention for problem gambling (Sullivan et al., 1998) but have few tools at their disposal to identify patients at risk. This study has contributed to this need by mapping out how problem gambling is understood in this professional group. In the interview data conducted among GPs, problem gambling was mainly characterised in terms of two fundamental characteristics: exceptionality and hedonism. The emphasis on hedonism in the discourses of GPs reveals a utilitarian view of recreational gamblers. Gamblers are seen as seeking gratification and pleasure, but also a clearly defined goal such as winning money. This hedonist quest for instant gratification is only tamed by the second fundamental condition of recreational gambling behaviour, exceptionality. Seeking pleasure from gambling is not considered a problem as long as this hedonistic endeavour remains limited. According to the interviewed GPs, when hedonism turns into a mindless routine and exceptionality turns into a rule, gambling becomes a problem. However, in order to apply these results to practice, they need to be adjusted based on the institutional context.

Indeed, conceptualisations of the line between recreational and problem gambling were found to vary between country contexts. This is especially true of vocabularies related to enjoyment, separateness from everyday life, and voluntariness. Connecting corrupted play to bodily reactions echoes the French medical approach to problem gambling (Valleur 2009). The Finnish understandings are more in line with treating problem gambling as a social and psychological issue. Regarding the
separation from everyday life, the attention of the French and German GPs was focused on the exceptionality of gambling while the Finnish GPs were more concerned about further contamination of everyday life by gambling. With the existing wide availability of gambling in everyday spaces, this concern was further extended to online gambling, which was considered as invasive of the private sphere of the home. Finally, the voluntariness of gambling was discussed with different vocabularies. These findings are in line with previous research arguing for the importance of inner control mechanisms in Finland (Pöysti & Majamäki, 2013; Hirschovits-Gerz et al., 2011), in contrast to understanding problem gambling as a force beyond individual influence in France (Egerer, 2013; Pöysti & Majamäki, 2013). These institutional differences are relevant, since they determine which kinds of interventions are possible in a specific context, especially since brief interventions have been found not to fit well into every country’s primary health care (Egerer, 2012). Based on the results, it would appear that a cognitive approach might be more beneficial in Finland, while emphasising the exceptionality of gambling might work better in France and Germany.

The aim of this study has not been to build an alternative assessment tool to replace the commonly used clinical criteria. Instead, the institutional contextuality of understanding the line between recreational and problem gambling was highlighted by examining how the characteristics of play in their corrupt form are conceptualised in three different institutional contexts. Despite limitations in the direct applicability of these results in policy making or clinical treatment, the study has shown that focusing on gambling behaviours or play instead of individual gamblers alone offers a more comprehensive picture of the complexity and contextuality of problem gambling. Comparing these characteristics of corrupted play to existing screening tools could be a productive next step.

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