

# An Insider's Look into the Process of Recovering from Pathological Gambling Disorder: An Existential Phenomenological Inquiry

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**Abstract** An existential phenomenological method of study was implemented to better understand the recovery process of 11 pathological gamblers. After analysis, seven recovery themes were generated, which brought to light that recovery from pathological gambling may take place over several years and cycle through successive stages. These stages demonstrate and suggest that recovering from pathological gambling is more cyclical and spiral in nature as opposed to being linear, and is reflective of a continuous, ever evolving process. Specifically, recovering from pathological gambling may take place over several years and cycle through stages of heavy gaming, periods of abstinence, relapse, and re-commitment to recovery, with the recovering gambler gradually moving towards stability through embracing the flow of life and a new identity, and over time finding meaning through extending hope to other troubled gamblers.

**Keywords** Pathological gambling · Recovery · Existential phenomenology · Treatment

## Introduction

During the past ten years the predominant methodological approach to gambling has been of a quantitative nature led by researchers holding sociological and clinical psychological backgrounds (McGowan et al., 2000). A main focus of this research has sought to understand the distribution of gambling pathology, the deviant behavior of the gambler, and also delineated a myriad of gambling subtypes (Custer & Milt, 1985; McGowan et al., 2000; National Research Council, 1999; Shaffer, Hall, & Vanderbilt, 1997). In addition, quantitative research has also revealed that despite increased problem gambling prevalence, very few gamblers are seeking treatment

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(Volberg, 1998). Ironically, when attempting to understand what pathological gamblers experience in order to live a life free of disordered gambling the process of recovery itself goes uninvestigated.

Treatment for disordered gambling comes in many forms and types, however, no “single treatment method or modality has emerged or for that matter no one single technique for treating problem gambling that most counselors use or would agree on exists” (Pavalko, 2001, p. 113). This should be of no surprise, because there is not one gambler who possesses the same psychological makeup and whose gambling behavior completely mirror’s the experiences of another pathological gambler (Pavalko, 2001).

Treatment perspectives have ranged from psychoanalytic to behavioral and cognitive–behavioral interventions as well as self-help groups. Bergler (1958), from a psychoanalytic perspective, was the first person to systematically identify the gambler’s habitual risk-taking, their preoccupation with gambling, and their insistence to continue gambling despite winning or losing, and the wagering of too much money. Behavioral treatment has concentrated on changing or modifying the behavior of the problem gambler based on the principles of classical and operant conditioning (Skinner, 1953; Pavalko, 2001). Here, the main assumption is that gambling is learned and that the behavior arising from the action is maladaptive (Dickerson, 1984). Cognitive–behavioral treatment attempts to change here and now behaviors as well, but the cognitive therapy clinician’s main premise focuses on changing maladaptive and irrational thinking that the gambler operationalizes and then enacts while gambling (Walker, 1992). Lastly, the self-help treatment model must not be over looked. Gamblers Anonymous (G.A.) is closely related to the well known alcoholics Anonymous (A.A.) recovery programs, and the 12-steps that its members follow, which aid them in their recovery from the disease of addiction. G.A.’s founding member Jim W.’s experience with the 12-step fellowship became the grounds to start G.A. some fifty years ago (Pavalko, 2001).

This summary review of current treatment modalities makes apparent that there are many gaps in the understanding of the lived experience of recovering from pathological gambling. We will now look at an existential phenomenological approach with its roots in existential philosophy and psychology to help us further understand the lived experience of gamblers in recovery.

## **Existential Philosophy and Psychology**

Existential psychology has a historical background in the philosophy of famous existential philosophers such as Soren Kierkegaard, Friedrich Nietzsche, Martin Heidegger, and Jean-Paul Sartre. Each of these philosophers wrote about human beings confrontation with existence. Kierkegaard (1954) encountered his own existence and in particular, his own existential anxiety, what he called “angst,” as reality more potent and drastic than any concept. Nietzsche (1954) declared “God is dead” and urged humans to live without any religious or metaphysical consolations (Barrett, 1962). Heidegger (1962) took on the whole history of Western ontology and in the process destroyed the famous Cartesian assertion “I think, therefore I am” when he characterized humans as “being-in-the-world.” Sartre (1971), perhaps the most well-known existentialist, became convinced, out of his experience in the

French Resistance in World War II, that humans are radically free. Sartre felt that we live in nothingness and the only meaning humans can give themselves is the actions that humans commit themselves to.

It was out of existential philosophy, with its famous proponents, that existential psychology movement emerged in the 20th century with leading figures being Viktor Frankl, Rollo May, and Irvin Yalom. Frankl (1953) spent time in a concentration camp during World War II the experience of which helped him formalize his logotherapy approach which highlighted the search for meaning. He felt meaninglessness was the central malaise of modern times and he focused on the will to meaning through his logotherapy approach. May (1953, 1981) helped the transition of existential psychology from Europe to North America by translating key concepts into psychotherapeutic practice. For example, he focused on how the courage to “be,” and our choices determine the kind of person we become. He described the struggle between the security of dependence and the delights and pains of growth, familiar territory for therapists working with clients with addictions issues. Yalom (1980), with his classic text on existential psychotherapy, developed an existential approach that focused on four ultimate concerns of clients: death, freedom, existential isolation, and meaninglessness.

Corey (2005), in summarizing the existential psychology perspective, outlined the six dimensions of the human condition as including (1) the capacity for self-awareness; (2) freedom and responsibility; (3) creating one’s identity and establishing meaningful relationship with others; (4) the search for meaning, purpose, values, and goals; (5) anxiety as a condition of living; and (6) awareness of death and non-being. The existential perspective is not technique oriented but points towards self-awareness and authenticity.

## **An Existential Phenomenological Framework for Research**

The existential philosophy and psychology perspective with its focus on a person’s authentic experiential encounter with existence provides a framework from which to do phenomenological research. The existential phenomenological perspective emphasizes being-in-the-world (Heidegger, 1962), which involves more than human consciousness and encompasses the total embodied human response to a situation, a human situated experience (von Eckartsberg, 1998). The human individual and his or her world are said to co-constitute one another (Valle, 1998). Meaning is regarded as the manifestation in conscious, reflective awareness of the underlying pre-reflective structure of experience. Thus, the task of an existential phenomenological research project is to articulate the underlying lived structure of a meaningful experience on the level of conceptual awareness (Valle, 1998).

The phenomenological aspect of this approach focuses on the lived experience of the recovery process for each of the interviewed participants. A key component of the phenomenological approach is intentionality, and here the intentional object will be the experience of recovery from pathological gambling (Heidegger, 1962; Osborne, 1990; Van Hesteren, 1986; van Manen, 1990). Consciousness is seen to always be consciousness of something, here it is the recovery process (Valle, 1998).

The goal of existential phenomenological approach is to elucidate the essence of a given phenomena, which in our case is understanding the essential phenomena

underlying the process of recovery from pathological gambling disorder (von Eckartsberg, 1998). In other words, this research method focuses “on the analysis of protocol data provided by the research subjects in response to a question posed by the researcher that pinpoints and guides their recall and reflection” (von Eckartsberg, 1998, p. 21). More specifically, we go first from unspoken “living explication” to larger accounts of what was experienced, and in doing so we create a “life text” that makes available a phenomena to be understood through language and ends with a written text that is to be interpreted by the reader (von Eckartsberg, 1998; Palmer, 1969).

The main assumption that we hold when carrying out such an investigation into the recovery from pathological gambling disorder is that “we do not describe something in terms of what we already know or presume to know about it, but rather we describe that which presents itself to our awareness exactly as it presents itself” (von Eckartsberg, 1998, p. 6). In sum, existential phenomenology seeks to answer the question “What is the essence of the phenomena?” Here, the question can be “What is the essence of the recovery process from pathological gambling?”

Thus, the purpose of this research study was to investigate, interpret, and understand the lived experience of 11 individuals who are currently recovering from pathological gambling disorder. In doing so, we intend to elucidate how our participants’ felt while recovering, what their recovery consisted of, and if at all, how have our participants’ changed because of their recovery process.

## Participants

The selection criteria for research participants were individuals who had at one time met the DSM-IV-TR (American Psychiatric Association, 2000) criterion for pathological gambling disorder. Additionally, they would be required to be in recovery from disordered gambling for a minimum of at least two years. To generate participants the researchers worked with and connected other addiction professionals, treatment centers, outpatient counselling centers, and alternate healing centers throughout Alberta. After a year of recruiting, a total of 11 subjects agreed to participate in the study. In compliance with ethical standards, research participants signed an informed consent prior to participation. Confidentiality was assured by the use of pseudonyms selected by the research participants for the transcription of the interviews.

## Phenomenological Interviews & Data Collection

Rather than a schedule of interview research questions, a narrative method for interviewing was used to give a natural sequential chronicled structure to the interviews (Cochran, 1985, 1986). The interviews were 90 to 120 min in length depending on the extent of the recovery experiences of the research participants. In these narratives, research participants describe their lived experience of recovery from the beginning of their addictive cycles on and through to the present day. During the interview process the interviewers’ paid particular attention to what Wertz (1984) has called the general stance and the active operations. In the general stance, we made the purposeful intent to: 1) Develop an empathetic presence; 2) Dialogued and communicated slowly with our participants’; 3) Amplified details;

4) Turned from objects to our participants' immanent meanings; and, 5) Suspended belief and employed a genuine interest in regards to our participants' recovery journey (Wertz, 1984). The active operations we involved ourselves in helped us to pay attention, respond, and act so as to: 1) Cultivate an existential baseline; 2) Distinguish constituents; 3) Reflect on judgment of relevance in regards to particular details of our participants' journey's; 4) Grasp implicit meanings; 5) Relate constituents; 6) Imagine variations; and 7) Piece together our participants' "life world" and dialogue it into a psychological language (Wertz, 1984).

### Description of Data Analysis Procedures

After the data was collected it was read and scrutinized so as to reveal its "psychocosmos" which von Eckartsberg (1998) describes as the narratives structure, "meaning configuration, principle of coherence, and the circumstances of occurrences and clustering" (p. 22). During this process each research participant's interview was reduced to simple paraphrases or surface themes. Secondly, these surface themes were then scrutinized and thus higher order cluster themes were then assembled from each interview. Following this, the researchers then drew out the themes that were common across interviews to highlight the shared structures of the experience of recovering from pathological gambling disorder and the movement towards living a life free from disordered gambling. These themes serve as pivotal points of processes of change in the journey away from gambling addiction.

## Thematic Analysis

### Embracing the Wound to Initiate Recovery

Participants healing journeys commenced during and after they had some sort of "rock bottom" experience or suffered a significant relapse after enjoying a period of abstinence from gambling. Furthermore, having the advantage of hindsight, it appears that the resulting "woundedness" played a monumental role in our participants' recovery as these forthcoming vignettes will describe. B.R. provides an example of one such wound:

The turning point in my gambling for me was when my husband came home from work one day. He stomped into the house and we had a huge fight and I told him I was leaving... Because it was his fault (laughing), and then I went and stayed at my Mom's house. He actually phoned my Mom and talked to her. I admitted that I had a huge gambling problem and I told him I would go get help.

J.G. has this to say about his wound:

Eventually I came home from the rigs and I went to the gambling machines. It ended up that I couldn't afford my rent. So when I phoned my Dad and asked for money it was pretty hard. Pretty hard for a son who has to do that, I was making five thousand a month, my pride (sighs). It was a big thing for the "high roller" to have to do.

The next example, offered by F.L provides insight into how gambling can create wounds within the family:

I was supposed to be working for ... doing a job that was paying triple time. Well I took the night off and went gambled Christmas Eve. I got home and my clothes were in a pile outside the living room floor, they smelled like smoke. My husband saw them and said: [Get out, we have only been married four months and I want a divorce because I don't want to live like this. You could have taken the time off! You could come home and said I want to be with you! Yeah that was hard, because we were newlyweds.

In this vignette, C.F. describes his experience of telling his fiancé about his gambling problem:

We had a huge fight because she found out where the money was going. So she... hit the fan and everything came out. I was more ashamed then anything, but she understood after awhile, after she got over her anger. I told her what exactly what was going on, where the money went, what I had been doing in the last few years. She was a little shocked, but she was a little shaken herself because she never seen any of this going on.

Bly (1991) observed that people on the path of addiction can suffer what he called “katabasis,” a sudden drop similar to the “hitting bottom” of 12 steps. Other can have a slower path, the “road of ashes” which is a slow descent. The key here, is though, the problem gambler accepts the wound as an opportunity to go on a journey of recovery.

### Finding Courage & Taking Responsibility

Our second theme exemplifies how our participants' began to take responsibility for their actions and behaviors. As a result, this created an existential space, whereby our participants' then could begin to forgive self and take the first steps of being accountable for their gambling. B.R. offers us such an example:

It felt awesome to tell him... It was nice, because you felt so alone, and you felt so desperate. You don't want to disappoint people and you don't want them to realize how much you screwed up. But then you can finally come clean and there helping you and you have nothing else to worry about.

Another participant, J.T., said: “I know what I did was wrong and I needed to rectify it. Thinking back all my choices were wrong, so I have been making amends, the court didn't enforce it, but I had to do it for myself.” Similarly, B.B. shares this story: “The most difficult thing in the beginning of my recovery was sharing everything I have done. First to my family and then to the bank, I thought my husband had heard everything, but he hadn't heard all of it.”

Another participant, P.M., shares her experience of becoming courageous:

I remember in 2000 I was driving by the Heidelberg Inn, and I hadn't gambled for awhile and it felt like I was going to die if I didn't go gamble, but I knew I was

going to die if I did. I was at the crossroads, and I went and sat with another doctor, not my own doctor because I didn't want to face the music. I sat and balled my head off. I finally broke down and balled. I "surrendered" and just "let it go." I sobbed through the gambling and allowed myself to feel.

Jean Paul Sartre (1971) wrote about the bad faith that comes through the inability to accept person responsibility. Thus, as Campbell (1949) observed, the potential hero needs to undertake a journey to psychologically rediscover a basic nature, a true identity long forgotten. The gamblers here had to make the conscious choice to embark on a journey of recovery from their gambling addiction.

### Facing Ambivalence: Relapsing & Re-Committing

Facing ambivalence appears to have been a prerequisite, which inevitably led our participants' to deepen their healing process. However, before the ambivalence could be overcome, some participants would have to face the strain of relapse and take an intentional action towards re-committing themselves to their own recovery process. B.R. remarks:

I went totally anti-gambling, this went on for about six months. Then one day I found myself in downtown and I thought to myself: [I wonder if I can go back in]. Actually what I did was phoned the casino and asked them what barring yourself from the casino actually meant and if I was allowed to come back in. Because I think unconsciously I wanted to go back and gamble.

P.M.'s narrative describes a similar inner struggle:

Around to 2001, I was coming close to having two years clean and I succumbed. I went out one night and gambled. I lost two hundred bucks on VLT's. I guess I had been planning it in my mind. It started by entering a little contest, flipping the lid from inside a pop cap, or other little forms of gambling that before I didn't realize were gambling. For example, I go to the bank to pay a bill and they have a draw to win this camera, and the addict in me would say: [Off course you deserve it; I mean every body deserves it].

Another participant, C.R. had this to say:

I don't know where things got off track, actually that's not true, because my girlfriend and I would buy scratch tickets. First we would buy five and after awhile I started buying them on my own without her knowing. I would buy ten bucks, then 20; it got to the point where I was buying fifty-dollars a week. By that time I knew there was a problem, something was wrong, I was just fooling myself.

In this vignette, K.C. illustrates how relapse can occur in the most innocuous way:

When I slipped, it was actually an absolutely stupid thing! I had gone to Safeway and I had parked at the SAAN store and I came out and my car wouldn't start. So, did I walk to Safeway to use the phone? No, did I walk to Seven Eleven to

use the phone? No, I went into the pub to use the phone so I could get help with starting my car. But nobody would answer the phone, so I sat down and had coffee, and phoned again. So, did I leave and sit in my car or do I walk home which would have taken me twenty-minutes? No, I go play the VLT'S, and I ruined two months of sobriety.

Miller and Rollnick (1991), founders of motivational interviewing, highlighted the importance of ambivalence as a key issue in motivating and preparing people to change addictive behaviors. As seen here with our participants, ambivalence about changing appears to be a natural and predictable part of the process of recovery and can lead to relapse.

### Confronting and Moving Beyond the Addicted Identity

During this stage of the recovery process our participants' began to directly experience life beyond mere abstinence. The following narratives illustrate the experience and feelings associated with reaching familial goals and the development of a greater sense of self that can accompany recovery when an individual is willingly to work through issues and behaviors associated with one's addiction. P.M.'s narrative provides such an example:

When I really look at it, you know, when my life was really coming together I really thought I was going to fall apart. Yeah, so opening up to love is an awesome task for an addict who is self-loathing and is humiliated and you think you're the lowest. But letting yourself be loved is really the only possible way to heal that shame. There is no judgment, you know what I mean?

Similarly, K.C. remarked:

Humility, one of the things the counselor said to me, oh I was mad at him. One of the first things he said to me was: [Hmm, you looking pretty good standing next to a drunk]. Well I was mad, what are you talking about (*laughing*)! So for me to accept that what my husband was doing was no different that what I was doing and that anyone is susceptible, oh it was horrible (*chuckling*)! I was the good parent, I was the good person, and he was the bad person.

Another participant, R.C. talked about facing his self-esteem issues and the length of time it took him to pay off his debt:

I went to the extreme for a while to make up for my screw ups. I mean I turned into the recovery junkie. I think I did that because I was working through self-esteem issues and that went on for a couple of years after I stopped gambling. It almost took me two years to recover from all the financial damage I had done. I screamed at my credit cards. I don't know what I was thinking at the time, it was a gambling thing.

Larsen (1985) observed that for people to move beyond early recovery they had to work on their basic issues of self-esteem and emotional pain. Here, with our



research participants in recovery from pathological gambling. we see the same need to reclaim a positive self-esteem for self. It is not enough just to stop gambling.

### Freedom from the Past: Demystifying Addiction

The forthcoming vignettes offer a dialogue in which our participants' reflect inwardly on their own process of addiction and contrast it with who they are today. F.L. states:

I crumbled a few times peeling off those masks; reflecting back I think I based my whole life on my looks. I was always told by my mom that you're not going to amount to anything, but you have to have all these nice clothes, you got to impress people, and you know I grew up fake. I never knew who I was. Don't get me wrong, I still like fake nails, I still like these things, but there for me. I want them because I like them.

Similarly, C.F. provides us with an introspective inquiry into how he became a pathological gambler:

I often wonder why I threw away this money on gambling and why it became such a problem. But, I haven't figured it out yet. I think maybe it started because I grew up in a dirt poor family and had no money, and all of a sudden I walk in and here is an opportunity to actually to win some easy money. Most of the friends I hung out with weren't rich, but they weren't poor either. They had a little bit of money, they had good jobs, and they had parents that had good jobs. But I was going to college; my parents were unemployed most of the time because the fishery had gone bad by that point. I wanted to be able to go out to the bar and have a few beers and not worry about if spending five bucks on beer should have been spent on groceries.

Another participant, R.C. provides a brief summarization of his life today 4 years after his last spin:

Now four years after not gambling I don't owe anybody any money. I have friends, I have money, I don't have to lie, and I don't have to bullshit people. I don't have to be the passive little boy anymore. Because when I first stopped gambling I thought the world hated me and I deserved it. I would let people walk all over me, and if people asked me to do something I would say off course. I would do anything for anybody. It wouldn't matter if it inconvenienced me or anything like that.

A final narrative, offered by J.T., illustrates how she began to find meaning in life through simple pleasures:

Gambling was all a big lie and now I know that because I have found other things to occupy my time. I have found that I enjoy reading more, I go to the park; take walks, things like that. I have my freedom and you don't realize that until you lose it.

So, our people in recovery by focusing on the here and now opportunities of a meaningful present life can find meaning and loosen the hold addiction has on their life. As Tolle (1996) explained, embracing the present allows us to escape the tyranny of the past.

### **Entering the Flow of Life**

Our second to last theme in our participant's journey through recovery illuminates what our participants' are currently experiencing now that abstinence is no longer the focal point in one's life. F.L. offers us a glimpse into this process:

My recovery was also difficult for my husband because he is looking at this woman who he used to be able to tell what to do. I had done so many terrible things that I not dare refuse to be the house keeper or play out this image that he wanted me to portray to his friends. So now I'm not doing this or that and all of sudden he's going "Holy cow she really has changed."

Another participant, K.C., shares the work she is currently doing in regards her recovery process:

I am making payments and I am being honest with people, because the lies that I told during that time were something else. There are still some residual things; like I will lie when I don't have to, just because I don't want people to be mad at me. I'll catch myself sometimes... What did you do that for? You're not that person anymore!

Similarly, R.C.'s offers us a momentary glimpse into his life today:

As for getting rid of the passive stuff and the low-self esteem, I can't tell you, I honestly don't know how that happened. I guess it was a process that evolved over time. One thing was that I never segregated myself, never kept myself in the house. I was always doing something. I kept myself busy living life. Somebody told me you go back the age that you were when you first started gambling, and all of a sudden I feel like I'm five years younger!

In the forthcoming narrative, the reader is provided with an insight into C.F.'s on-going struggle with money and the image that it unfortunately can provide for us in today's society:

You know I'm happy the way I am right now, it would be nice to have tonnes of money, but it's not a big deal either. I don't have the top of the line stereo system or anything like that, but I can still listen to music on it. Who cares right, if somebody walks into my house and they don't like it, they don't have to stay here. I'm happy with what I have. I not totally happy with what I have, I would like to have a little bit more, but I'm satisfied with what I got right now and I can work towards getting other stuff I need.

Csikszentmihalyi (1990) used the term "flow" to describe the psychology of optimal experience. Here, we see our participants moving in that direction of optimizing

daily life through active engagement. This is a relative process with some more engaged than others.

### Meaning Making Through Extending Hope

In our last theme, our participants' offer hope and suggestions for other gamblers and also provide narratives of how they are giving back to their community now that their recovery from disordered gambling has been firmly established. For instance, T.T. extends this message to his fellow gamblers: "I just want to say that I send my hope to anybody who is gambling; it's not as bad as what you think. Society is not going to scorn you; things just continue to get worse if you keep on going, so get help." Two other participants describe their gratefulness for having a community that is supportive in helping individuals recover from gambling addiction. P.M. states:

To have a treatment center here is very advantageous because we get a new flock of gamblers in regularly. I can see the tombstones in their eyes and when I say I am there too I think that helps them relate to me. So with a little bit of recovery I can see their pain as well as identify with it and this enables me to help, that is my way of giving back.

Similarly, F.L. remarked:

I do a lot of twelve step things for people and here's one of the key things I say to them: if you think that gambling is a problem in your life, just picture all those people that you love watching you play that machine... All I had to do was picture myself putting a loonie in the machine and there is my husband holding our three kids and that was enough, it was such a strong visual for me, feeling queasy and sick inside. So that is what I tell people; if you honestly think that when you are gambling that the people you love are disgusted then maybe it's time for you to look in the mirror.

Another participant, B.B., describes the inherent power behind sharing ones story of addiction:

I remember this young guy who came into treatment; from his first day we just clicked. You have to remember that I'm in my sixties, he had this Jersey on it was brand new, I said Cam your giving me that shirt. So then on his last day of treatment he asked me if I would come to his candlelight. That is when they have to tell their whole story. So it was time for his turn, so he calls me up there, well everybody is balling, because he had just finished talking about how much pain he has caused his parents. He then says B.B, I got something to give to you, and that's when he gave me his sweatshirt. He still doing well he's in Vancouver going to University.

Moving beyond the self-preoccupied lifestyle of a gambler is an important step. Being grateful, finding community, and helping others is a way to give back. The journey of recovery started with the feeling of being at "rock bottom" and "totally

wounded” to now being at a place where our participants can enjoy the fullness of their lives, extend hope to others, and participate in community.

## Discussion and Conclusion

Upon processing and interpreting the narrative data of our participants’ lived experiences, a pattern appeared to emerge in which our participant’s recovery rendered a chronological “life text.” This text was then interpreted and organized to include seven main themes. Although these themes rendered a linear model of recovery, it became apparent through the examination of the narrative data that recovering from pathological gambling disorder was more cyclical and spiral in nature, reflecting a continuous ever-evolving process. Thematically this process began with a paradoxical wound and proceeded through several stages, leading to the present day in which our participants are now engaged and embracing life, moving beyond an addicted identity, and working at extending a hand of hope to other gamblers.

The existential phenomenological framework used here provides an important link to the counselling process. The seven themes generated on the process of recovery provide powerful possible inroads for future counsellors and therapists. Although more work obviously needs to be done to fully explicate the journey, these themes can potentially be used as powerful pivotal points in the counselling process. For example, the first theme discussed was “Embracing the wound to initiate recovery.” This is a paradoxical opportunity which counsellors could use in the counselling process to invite clients who are wounded and approaching “bottom” to see the situation as one of a paradoxical opportunity and thus find the courage and responsibility to commit to the recovery process, the second theme of our study. This potential intervention could serve as a powerful reframe for clients.

Another example of a potentially powerful theme emerging from the study is “Facing ambivalence: relapsing and recommitting.” This theme points to the insight, already established by motivational interviewing (Miller & Rollnick, 1991), that ambivalence and relapse may be a necessary requirement for long-term recovery. Thus, individuals in recovery and counsellors need to plan for possible relapse so that individuals are supported in re-committing to recovery as soon as possible after a relapse.

Another theme, “Confronting and moving beyond the addicted identity” brings to light the need for the therapist to help aid the gambler in recovery to surrender their addicted self and thus guide them towards “letting go” of their perfectionistic and self-critical stance in life, and heal the shame and guilt resulting from behaviors enacted while gambling. Obviously, the letting go of the addicted self identity is a controversial issue, with many long time 12 step people saying “once an addict, always an addict,” while others see the opportunity to move towards a more integrated self second stage of recovery (Bewley, 1993; Nixon, 2001, 2005). A further qualitative study on recovering gamblers’ second stage of recovery could shed light on this controversial topic.

Overall, from a counselling perspective, we believe that having had the opportunity to examine the process of recovery from the lived experience of 11

pathological gamblers has not only enriched our understanding of the intra-psychic process that gamblers experience in recovery, but we are better prepared to help pathological gamblers in addressing their issues in a way that extends beyond the four treatment modalities presented in the literature review. It also seems apparent, although existential therapy is often dismissed as being too intellectual (Corey, 2005), that existential therapy, with its focus on authenticity, self-awareness, and responsibility, might provide fertile ground for treating pathological gamblers, and thus, further existential therapy intervention research needs to be done. Obviously, this study serves just as a beginning into understanding the recovery process and further lived experience research would be helpful to bring to light the core processes of the journey of recovery from pathological gambling.

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