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## Pleasure principles: the social construction of gambling and sex addiction treatment

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PLEASURE PRINCIPLES: THE SOCIAL CONSTRUCTION OF GAMBLING  
AND SEX ADDICTION TREATMENT

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
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in

The Department of Sociology

by

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## ABSTRACT

The transformation of behavior into deviance requires many players, individuals, and institutions invested in the social construction process and its outcomes. Although considered private recreational matters by some, gambling and having sex are gaining spotlight in the addiction arena. With the growing availability of casino entertainment, lotteries, OTB venues, prostitution, internet pornography, and 900 numbers, gambling and sex are interpreted, labeled, and treated by addiction recovery specialists. Using ethnographic methods and face-to-face interviews, I explore Southeast Louisiana's institutions and practitioners providing services to gambling and sex addicts. I examine the community's discourse and its methods for defining and controlling addictive behaviors and addicted people. The research results in a set of typifications therapists use to explain addicted people. I analyze the gender-based frames and explore the ramifications of these frames.

## CHAPTER ONE

### INTRODUCTION

This study explores the social construction of deviant labels. Deviant behavior is a compelling subject for study. From social science researchers to ministers to citizens, people wonder why individuals and groups deviate only to risk sanctions. Rules are widespread in society and exist in many forms. Families use rules to raise children and schools use rules to maintain classroom standards. Religious texts offer behavior guides and laws codify unacceptable actions. Punishments vary greatly, also, with some being harsher than others. Parents may spank their children to ensure conformity or take away privileges. The criminal justice system fines, incarcerates offenders, and puts some to death. Even with these societal restrictions and social control agents, people still break the rules.

Curious citizens seek to understand the ways individuals and groups deviate and the reasons for their rule-breaking. Many witnesses are merely onlookers, but others connect to the deviance through friends and family. Most bookstores stock “True Crime” stories and television packs its schedule with programming about police officers, lawyers, and criminals. Members of society are fascinated by the questions surrounding deviance. Do people learn deviant behavior from significant others or do they simply mimic media images? Why do they create deviant subcultures and what happens in deviant lifestyles? Why do some people adopt deviant identities while others hide their deviance? How do deviants justify their behaviors?

Sociologists have ventured to answer many of these questions. Their research has explored deviant transgressions from early work on suicide to contemporary concerns with crime. They study the forces shaping opportunities for deviance and the conditions conducive to conformity. Some theorists postulate that deviant categories are created through the vested

interests of powerful people. Rules are socially constructed to benefit their agendas resulting in many different behaviors being labeled deviant. Various cultural and/or social practices can be considered inappropriate or wrong depending upon who is in power. Other theorists believe that people adjust to life situations through deviance and their actions are simply coping mechanisms deemed unusual by social control agents. This belief system implies deviance is an adaptation to crisis situations or stressful times and should be acceptable and consequently, the people kept free from persecution. Still other models suggest that deviance is biological or psychological in origin and can be fixed with medical or behavioral treatments. Rather than view these behaviors as moral transgressions or sinful activities, they are “medicalized” into sicknesses with organic and environmental causes. Deviants, according to these perspectives, may be cured with the right treatment modality.

Answers to the deviance question may be found on both the structural and the individual levels; society and its citizens make the rules, enforce them, and dole out the corresponding punishments. The system is designed to deter deviance through punishment and to fix the problems caused when preventive measures fail. Society may also be stabilized by deviant behavior in small quantities; people experience cohesion as a reaction to common victimization. Controlling potential deviance may be an overall goal, but punishing transgressors unites conforming members of society, thus reinforcing their values and promoting social cohesion. The legal system and religious institutions combat deviance by outlining norms and then using stigmatization to punishing the rule-breakers, hoping to deter future deviance. The educational system acts as a social control agent and is engineered to teach conformity. Teachers and administrators provide guidance and discipline to students through encouragement and when that fails, place restrictions on those who do not or cannot learn these lessons.

With all of these constraining forces, social control agents attempt to stop deviance prior to its occurrence or, if that does not work, assign punishments for breaking the rules. One task for researchers, then, is to investigate the many interactions and players that coordinate this transformation of behavior into deviance and persons into deviants. To study deviance interactions, we examine the social arena, the audience, the nonconformists, the deviant behavior, and societal responses. All of these factors comprise deviant interactions.

The social construction of deviance, according to Pfuhl and Stuart (1993), is the process in which behavior is targeted for sanctions and this begins with the rule creation. The behavior can exist in many contexts; in homes, at work, in bars, at schools, and in communities. Rules vary from setting to setting and govern different groups of people. For example, men and women are socialized with gender-specific expectations and breaking those rules leads to social control. People commit the acts, but the acts become deviant only when enough powerful people notice, interpret them as deviant, and label them accordingly. Thus, deviance relies on an invested audience willing to label and react. The size of the audience, the amount of power wielded, and the depth of the stigmatization impinge the interaction. In addition, the parties interested in ownership of the problem shape the outcomes. Social control agents possess many agendas and attempt to perpetuate them through norm maintenance. For example, men and women must understand the different behavior standards for masculinity and femininity and if they vary from acceptable behavior, they risk censure.

Based on Blumer's (1969) work in symbolic interaction, the study of deviance creation was brought into deviance studies by sociologists interested in societal reactions. Blumer believed people act on the meanings they create in social interaction with other participants. Continuing with each new interaction, the symbols and communications create relationships and



communities. Participants in any particular interaction are building a lexicon for understanding communications between members of their own groups and outsiders. For example, conformists possess meanings for deviant behavior through their own social experiences and deviants understand acceptability through exposure to normative constructs. The labelers and the labeled may use different symbolic systems but, to interact with each other, they must be able to communicate. In order to join a deviant subculture, one may have to learn special language and ritual meanings (Becker 1973). For a label to work, both groups must understand the construct and what behavior prompts its application. Consequently, the negotiations necessary for social construction of deviance rely on both the labeled and the labelers. It takes both sides to define the dimensions of acceptability. For example, due to the division of gender roles, men and women negotiate conformity differently. Demonstrating an acceptable gender performance requires understanding both male and female roles. In order for a woman to exhibit an appropriate gender role, she must distinguish between the boundaries of masculinity and femininity.

According to Prus (1996) there are many different adjustments, interpretations, and communications made by both sides constructing deviant labels. Powerful agents shape deviant behavior by reacting to it and naming categories, schemas, and solutions. Scott's (1969) classic study of blind men and the agencies and institutions that serve blind people gives much insight into this process. He found that agency representatives held beliefs about blindness, its causes and consequences. Through their helping positions, the agency workers planned casework trajectories for the blind men based on the workers' own symbolic meanings for the disability of blindness. The mainstream agencies and the deviants worked together in these interactions to facilitate living with blindness in a seeing world. The blind client is sent to a psychiatrist specializing in blind patients rather than one with a general practice. The consequence of this

institutional control is that “vision impairment” gets divided into degrees and peoples’ lives change relative to where they land on the spectrum of blindness and sight.

Once deviants are exposed, they may stay in mainstream culture using a variety of management techniques, or retreat into their own subcultures away from judging eyes (Specter and Kitsuse 1977). Exposing deviance begins the transformation process; those who have the power to label deviants shape the stigmatized status of the individuals. Ultimately, the power belongs to the rule-makers and the rule-apppliers. They act as social control agents by labeling and sanctioning the deviants, but they also have the power to transform the deviants back into acceptable members of society. When labels are applied, they can be removed or exchanged for redemptive ones. Such is the case for practitioners who treat people for problems related to gambling or sexual behavior; the label of “Addict” can be redeemed with therapeutically-appointed descriptors like “Ex” or “Sober” or “Recovering” attached to it. The use of labels and their supporting rationales alter the rule-breakers’ status. As a result, the therapeutic process offers a fertile ground for studying the transformation process of behaviors into addiction or illness instead of immorality.

“Recovery culture” is an area encompassing the medical, therapeutic, and religious arenas. Members of this culture treat people with addiction. Recovery is most commonly defined as gaining control over the addicts’ using behavior with the first step of discontinuing use (Van Wormer 1995). The goal of this community is to cure the addicts and help them solve the problems caused by their drug and alcohol consumption or their compulsive behaviors. Addicts can experience a transformed identity in this process and may keep the new label, but also may reject it (Denzin 1987). Using a variety of techniques from prayer, therapy, and medical treatment to community life and social group formation, workers in the recovery culture try to

get the user to stop the addictive behavior and to help him or her prepare for life in sobriety.

There are ten thousand alcohol and drug recovery programs and centers that serve around three hundred thousand clients in the United States (National Institute on Drug Abuse 1990).

Practitioners train in different disciplines including psychiatry, psychology, and social work. The recovery arena does not purport a unified theory that dictates specific tenets of addiction philosophy. Instead, recovery encompasses many frameworks. Lived experience represents a form of training within the recovery arena resulting in some people becoming therapists after recovering from their own addictions (Gusfield 1996). Treatment centers, halfway houses, detoxification programs, and hospitals are a few of the organizations involved in recovery (Van Wormer 1995). Some are religious-based and some are profit-based. Many modalities exist and are constrained by governmental and medical regulations. Members of the recovery community vary on their strategies and beliefs, but all are in the business of curing addiction (Van Wormer 1995; Weinberg 2000).

Treatment approaches vary depending on one's belief system. Since the recovery community offers many treatment options like inpatient programs and group counseling, orchestrating a cure requires a strategy. People come to the addiction field for different reasons. Life experiences, career trajectories, and job availability are some of the deciding factors (Benshoff and Janikowski 2000). The disease model of addiction, one of the most influential systems, supports a program of complete abstinence. Alcoholics anonymous groups echo this tenet. A therapist may require sobriety for appointment attendance when working under this model. If a therapist became sober himself or herself under this expectation, he or she may practice it in treatment (Dowd 1991). Other frameworks like rational the recovery model believe moderate drinking is possible if the addict reduces his or her emotional dependence on alcohol

(Stevens and Smith 2000). The framework adopted by the therapist directs therapeutic practice so treatment strategies depend on guiding explanations. According to Dowd (1999), the set of concepts in a theory influences therapists' methods. The outcome can be beneficial if a therapist insightfully diagnoses a patient. The problem lies in the theory being wrong or inadequate. The definitive explanation for addiction is undiscovered so determining accurate methods for treating addiction is difficult.

### Statement of the Problem

The purpose of this research is to explore the transformation process of deviant behavior by social control agents, specifically how therapists treating gambling and sex addicts diagnose and label patient behavior as an illness or problem. By examining the agents responsible for defining deviance, we can gain insights into the labeling process and into how labels are formed and chosen. Investigating treatment provided for addicts in the recovery arena brings understanding into how frameworks are utilized in therapeutic interactions. Interviews with licensed therapists are used to examine the individuals and institutions in the research area responsible for treating gambling and sex addictions. Several factors affect this process. The therapists in this study see clients with gambling and sex related problems so they are in a unique position to identify and label the people and behaviors that constitute gambling and sex addictions. There are a multitude of procedures and treatments available, so this research seeks to understand how these tasks are accomplished. The availability of so many methods introduces some questions. How are addictions diagnosed and how do gambling behavior and sexual activity become the symptoms? How do therapists acting as social control agents create and maintain the norms for sobriety? Sobriety is the goal for addiction treatment and the standards can range from complete abstinence from chemicals or behaviors and faithful support group

attendance to controlled use. What rationales are utilized to dictate health and replace the sick label with that of the sober? What constitutes “clean” or “healed” or “normal” and how does the therapist elicit these outcomes? How do the gender expectations that therapists may hold shape their therapeutic practices?

Gambling and sexual addictions are relatively new to the medical arena. With the growing availability of gambling establishments and games with financial payoffs like the lottery or video poker, society is confronted with increased gambling behavior (Poltzer and Hodack 1992). Gamblers Anonymous meetings have been cropping up in metropolitan areas since 1957 and gambling addiction in-patient treatment centers are increasing in number since their inception in 1972. Although sexual behavior has long been a focus of deviance scholars, it was not until the 1970s that sex addiction appeared in the academic and therapeutic literature (Shelley-Griffin 1991). Sex and Love Addicts Anonymous was created in 1977 and meetings are available in many areas of the country. Hazelden Press, one of the larger recovery presses and nationally known treatment centers, publishes books for the sex addicts and gambling addicts as well as the therapists treating them.

Chemical addictions share a physiological effect in that ingesting substances alters the body from a high or low mood. With gambling and sex, the relationship to a physically induced and manifested high is less tangible. Addictionologists, or specialists in the fields of addiction, are now working with gambling and sex addicts; this requires an expansion of existing frameworks to include compulsive behaviors. Men and women are presenting for care at treatment centers with gambling and sexual behaviors. Alcoholics and drug addicts may experience these problems, too, but the main symptom for those labels is still the ingestion of chemicals.

Under what constraints would betting or risking money and/or having sex be considered addictive behaviors? The social agents behind this transformation may have an investment in the outcome. State legislatures dictate control over the location and number of gambling casinos. Laws are on the books prohibiting certain types of sex crimes committed by men and women. Outlining the parameters for normal gambling and sexual behavior has been the business of many institutions. Areas may compete for ownership of a given social territory. Rather than religion alone claiming domain over deviant sex and gambling or the government controlling the behavior solely through legislation and legal sanctions, social service providers and medical personnel incorporate deviant sex and gambling into their arenas. They create addiction categories and treatment strategies. Social control agents have historically controlled gambling and sexual behavior but the middle of twentieth century brought them into the medical domain. With therapists treating more gambling and sex addicts and rehabilitation centers admitting more patients with these problems, the recovery specialty has grown and claimed a legitimate sphere of influence.

The construction of alcohol, drug, and behavioral addictions as a social problem depends on multiple factors like social status of user, type of substance, and agenda of social control agents (Gusfield 1996; Skoll 1992). People enter the debate to further their own beliefs and attempt to shape the recognition of a problem as social and not individual or public rather than private. The successful social control agents can then ask for societal resources to fix the problem and can shape public consciousness about failures in modern culture (Gusfield 1996). Treatment for addiction requires a specialized knowledge that fixes the problem of individual failure. When an addict cannot control his or her behavior, the substance abuse is attributed to moral weakness and ownership of the problem lies with the individual. Ownership of the

remedy, on the other hand, resides in the community that produces that knowledge to solve the problem (Gusfield 1996).

Conrad and Schneider (1985) argue that science explains deviance in a way that exculpates the deviant from immorality by giving him or her a medical label. Previously, rule-breakers might be imprisoned, ostracized, or lynched. With the expansion of the medical arena's reach, social control has become the diagnosing, medicating, and treating of deviants. Sickness is a more acceptable condition for society members than evil or immorality because people with a physical disability or problem may not be held responsible for their behavior whereas people who make bad choices are typically held accountable. Citizens respond more positively to treatable deviants than to immoral ones. Concomitantly, hospitals and doctors became responsible for fixing people's problems caused by alcohol or drug use. 'As the chronic drunkard becomes the "alcoholic," a sick person, those charged with control cease, at least overtly, to be moral crusaders and become humanitarian guardians, responsible for healing and recovery rather than reform' (Conrad and Schneider 1985, p.87).

In the past thirty years, medical facilities and services previously reserved for alcohol and drug users have expanded services to include sex and gambling addictions. Rehabilitation centers and halfway houses are treating people with behavioral addictions. Some states offer a separate certification or license for gambling addiction treatment. In-patient treatment centers have been built for gamblers. Sexual addiction programs, websites providing information and advice, and twelve-step groups are increasing. The recovery community is allocating resources to these "new" addictions.

The purpose of this research project is to explore a Southern community's practitioners providing services to gambling addicts and sex addicts. I examine the community's therapeutic

frameworks and processes, its methods for defining and controlling addictive behaviors and addicted people, and its use of gender in constructing these issues. I study recovery practitioners' use of theoretical literature in facilitating conformity for addicts. Therapists working in private practices and medical institutions shape the addiction culture by interacting as specialists and service providers with the addicts, their families, and social control agents in the criminal justice system. The role of addiction therapist has been legitimated by insurance companies that set industry standards for treatment payment. Therapists are "experts" who gain this status through specialization and training. In many ways, they are the only ones who can fix or cure these deviants and who can legitimate their new statuses.

To understand the practitioner's role in constructing addiction, I examine their construction of treatment styles and justifications for claiming expertise. I garner insight into demarcating boundaries for sexual performances and gambling behaviors into sex addictions and gambling addictions. I also examine the use of assumptions about gender in planning treatment strategies and defining addicted behavior. As deviance scholars have pointed out, men and women are labeled in dissimilar ways when they break the rules (Schur 1984). Men and women are subject to different patterns of social control; women are often labeled more harshly for breaking gender norms in addition to their primary deviance, or whatever original behavior prompted labeling. Addiction specialists use gendered definitions as a primary axis for constructing addiction meanings. Although disease and illness should be relatively gender neutral constructs, addiction is a gendered phenomenon; gender expectations and stereotypes shape deviant labels as well as the conforming ones acquired during treatment. Addiction recovery culture creates and maintains a specific set of labels and their meanings are formed and are distributed through therapeutic interactions.



## CHAPTER TWO

### REVIEW OF LITERATURE

#### Making Meaning

This research focuses on a part of the social world that links social control agents with people being labeled deviant. Inspecting this social world requires scrutiny of the symbols and meanings that guide therapeutic practice, the discourse behind addiction therapy. Meanings do not exist outside of culture. Members of any given group interact by creating and sharing meanings (Blumer 1969). When a person interprets the symbols of communication, those perceptions guide his or her actions. The choices made, in turn, may affect future possibilities and these exchanges take place in relationships where there may be consequences. Society perpetuates itself through social action according to Blumer (1969) and the social world needs to be examined to fully understand the multitude of interactions. The rules of society may change over time through the process of exchange. People continually make meaning in their interactions for themselves and others that shape social structure. Beliefs about groups of people can be embedded in social customs and legislation. Beliefs change and the conversations, media pieces, and governmental regulations of a given culture reflects those changes.

From the perspective of symbolic interactionism, a person acts based on the meanings learned through personal experience (Blumer 1969). Participants deduce appropriate responses and make choices in their interactions due to their belief systems or their roles in social organizations (Blumer 1969). Social interactions may require the participants to learn new communications. Any interaction pair may create new definitions to complete their interaction. Social action is the end result of the choices people make. Through a series of exchanges, people add to their lexicons and share the new meanings made in other interactions. Humans are not

passive respondents to social forces, but rather they are the creators of social organization through their actions. Social organizations provide symbolic systems and situational constraints but people ultimately act towards situations, not culture and/or social structure (Blumer 1969). What is that process like for the person and how is it achieved? Rosenfield, Vertefuille, and McAlpine (2000) describe the social interaction process below.

‘Basic assumptions about the self and social world share an interpretive character, which situates them within this layer of reflexive consciousness. These assumptions, fusing cognitive with emotional components, are part of our first impressions in new situations and our visceral feelings in general. In this sense, such assessments form a part of our personal philosophy and ways of being in the world. p.209’

Individuals, cognizant of both self and society, act either within the realm of acceptability or outside of it. The choices they make comprise their own philosophies and identities as well as influence their future interactions.

Labeling theory stems from the interactionist perspective and explicates the relationship between group membership and deviant careers. In addition, the theory encourages the exploration of deviance within a community (Prus 1996). Labeling theorists connect the creation of deviant labels, their application, and the consequences of this application. By focusing on the events related to identification of rule breakers and their careers, labeling theorists outline the relationships between creators, enforcers, and deviants (Pfhol 1994). The communication choices people make within social interactions stem from the goals they have for those exchanges (Goffman 1959). They act in their own best interests by manipulating behavior to fit expected outcomes. This is true for hiding deviant information as well as for promoting conforming information (Goffman 1959). Deviant identity may become a master status when exposed, one more salient than others, and is used by social control agents to organize people into groups or exclude them by prohibiting membership (Pfhol 1994). This exposure results in tensions between

mainstream society and deviants over personal identities and negative labels. Labels have social implications, according to Goffman (1963). A stigma, like a character defect or a physical deformity, can lead to a devaluation of the person possessing the trait. Terms like “pervert” or “loser” can impact relationships and interactions in negative ways bringing harm to the bearer through the resulting stigmatization. The label of a mental illness diagnosis can affect social relationships as well (Lemert 1967). Even though the symptoms may be relatively benign, those behaviors carry with them some form of failure in social roles as identified by the normals or conformists (Lemert 1967). For example, if someone is labeled an addict, the label implies dysfunction in role performance. People can conjure up stigmatizing images of addicts from their lexicon of experiences since variance exists in the perception of deviance; this can affect how deviant behavior is defined (Becker 1963). Deviant labels stem from the collective norms of a community. When deviance is observed by a member of the culture, the label is applied.

According to Gibbs (1975), there are factors pertinent to the labeling process and it is necessary to examine them. Who labels? How is consensus about norm violations achieved in groups? How many instances of a behavior are required to get a label and how long must they persist to keep the label or lose it? These questions are especially fundamental for studying the addiction recovery culture. The diagnosis of addict, a deviant label, requires an interpretation of substance use as healthy or sick, as either acceptable social use or addiction. Therapists are rule creators and rule enforcers; playing two different roles in this process (Becker 1963). They dictate standards of care within institutional parameters. Sentencing or treatment regulations may indicate preferences for redemptive behaviors, but therapists possess the power to actualize strategies in therapeutic practice. For example, the judge may dictate a number of therapy appointments in a sentencing hearing, but the counseling techniques are chosen by the treating

therapist. Second, the therapist also has the power to enforce rules and apply labels by punishing patients for non-compliance through progress reports to other social control agents. Third, the therapist has the power to pronounce someone cured and is able to stop therapy.

Research in labeling theory focuses on the variance present in social control and documents the effects of social statuses like race, class, and gender within social control (Pfohl 1994.) Phul and Henry (1993) say therapists are moral entrepreneurs in the social control process:

‘Moral entrepreneurs seek to have their dissatisfactions and interests (often moral concerns) officially recognized in public law and ideally to have the rules be universally applied. Accordingly, making deviance is an aspect of making public policy; it is a political act resulting in the legitimation of some people’s views of reality over others. p.112’

Successfully shaping public policy or opinion depends upon getting enough members of society to agree with the process and content of the message. Behavior can be transformed if there is enough interest in the outcome and any opposition to the transformation fails. Studying the players applying the labels gives insight into social control.

#### Practitioners as Meaning Makers

Therapists who treat substance abuse or behavioral addictions are poised between normalcy and deviance. Recovery practitioners negotiate meanings for the addicts seeking help, but they also represent the rule-making community. They must be able to communicate effectively with both parties. The addicts and their family members work with the counselors to facilitate sobriety for the addict, but the characteristics of sobriety are dictated by the culture of recovery. The family can’t effectively change the procedural standards. Backed by educational frameworks of medicine, social work, psychology, and rehabilitation counseling, the professionals create treatment practices. Some of the recovery practitioners may have once used illegal or mood-altering substances and some may have been treated for addiction, as well,

giving them a dual perspective. Their inspiration to practice recovery counseling may be based on their own sobriety and insights into addiction.

Addiction service agencies are populated by a mix of educated therapists, mutual aid groups, physicians, and reformed addicts. The recovery arena is a fertile ground for investigating the social construction of deviance because it has many players, interactions, and places centered around organizing, labeling, and fixing deviants. Addiction agencies and counselors outline symbolic meanings for participants through diagnoses and treatment that can punish or redeem. Rather than denouncing and labeling the users, recovery practitioners facilitate normalization for the stigmatized, ultimately providing entrance into mainstream society through sobriety.

Medical and educational institutions train recovery practitioners to use a variety of techniques like spirituality, psychotherapy, support groups, medication, aversion therapy, and many other methods to help the addicts. Although medicine, psychology, and social work come with paradigms, it is the practitioners who apply these ideas to cure the users and solve their deviance-related problems. Psychiatrists, psychologists, social workers, professional recovered addicts, ministers, and many more participate in the recovery arena. Given the many frameworks available, they may attribute addiction to moral flaws, diseases, allergies, culture, bad luck, or the devil's work. What symbolic systems, or set of concepts and typifications, do they construct from their unique positions as addiction specialists? The literature on recovery offers answers and explanations for addictions. Books and treatment manuals outline the methods necessary for bringing the deviants to sober, clean, and appropriate lifestyles. Practitioners must examine using behavior and accurately label it to explain addiction progression and transitions, treatment plans and programs, and ultimately, cures. These frameworks will hopefully bring sobriety and

freedom to the addicts; freedom from addiction's destructive consequences and freedom from stigmatizing labels.

Therapists and counselors are central to addiction discourse. They are the speakers, negotiators, and redeemers; they are conduits in deviance transformation. Therapists do interpretive practice which Holstein (1993) defines as 'ways of doing things through interaction and discourse. p.5' To fully understand the addiction treatment community and the social construction of addiction deviance, we must outline the practitioner's role in the process. How and why do the recovery agents first transform people into pathological gamblers and sex addicts and then back into acceptable people? To understand this social construction we must first examine social control agents and their affects on the labeling process.

Gubrium and Holdstein (1989) explore the social construction process of family discourse in therapeutic settings. Although their research pursues how different statuses are used in negotiations to claim authority and authenticity, they also explore the roles of therapists, doctors, and group leaders. They studied family group interactions to explain the way family members describe concepts and meanings pertinent to their shared relationships in the family group. The researchers found that each actor, family member or practitioner, participates in discourse by making claims of experience, training, or specialty. Family members speak as family historians to authenticate fact from fiction or to legitimate their analysis of family issues. Therapists and group leaders bring institutional authority to the discourse representing different institutional statuses and their claims stem from academic knowledge, a more formalized context of meaning. Consequently, the various people shape the discourse due to their position within the group. Family members bring their own personal agendas or problems to the interactions and the

professionals must interpret and frame these diverse communications. Their expert status exerts a strong influence on the interaction.

Institutional agents shape interpretive practice in many arenas. Cicourel (1993) studied doctor/patient exchanges to examine patient use of personal experiences and beliefs in the medical process. He found that patients use their knowledge to disagree with treatment plans, but then the patients follow the doctor's orders anyway, yielding to professional knowledge and authority. A patient has access to a private scope of meaning from his or her own interactions, but he or she may still attribute more legitimacy to the status of doctor and its subsequent attributes. Thus the practitioner often controls the outcomes in the social interaction.

Cicourel (1993) also argued that participation in therapeutic discourse hinges on understanding the context-specific vocabulary. Doctors speak an institutional language. Although medicine is a public arena patronized by members of society, medical language is a narrative spoken only by educated specialists. Each participant brings his or her knowledge to the interaction and they express it through their communications. Doctors and practitioners speak an expert language while their patients and clients speak a novice one. Cicourel (1993) defines the importance of language as a "schemata whose emotional elements permit the inclusion of specific domains of knowledge that contain contradictory facts, but where these facts are not permitted to challenge meta-propositions that make up belief system," p.74. We can infer that therapeutic language shapes the treatment goals and explanations for clients despite personal contradictory beliefs they hold. Therefore patients enter the interaction predisposed to believing the doctor - they have a set of symptoms and the doctor's role is to diagnose or correctly label the problem and provide a tangible outcome, that of wellness.

Just as Blumer (1969) suggested, humans bring meaning to social interactions and take meanings with them when interactions end, to use them in the future. We can see how interactions build meanings for the “normals” and the “stigmatized” surrounding the deviance or related problems in the practitioner/patient relationship. Although both participants have the same goal - helping the deviant - they may have completely different interpretations of using behavior and sobriety or symptoms and cures. When the stigmatized believe their using behavior is acceptable, they may doubt condemnations of that behavior. The specialties and licenses the normals possess substantiate their authenticity, helping them gain the addicts’ trust and rewrite those positive meanings into deviant ones. The doctor needs trust, says Cicourel (1993), to help the patient. The normals must be trusted to transform the stigmatized. Society must agree on the meanings and outcomes for the transformation to work and be believable for the spouses, employers, and law enforcement agents invested in the addicts’ sobriety.

Practitioners have the power to define interactions. They can label, shape, or mandate meanings for the patients. The patients may use the substances and engage in the deviant behavior for many reasons, but they accept meanings framed by the practitioner; the professional relationship requires it. A patient may believe he or she drinks because a loved one died or work is stressful. The therapist says “using behavior” is caused by a disease or a compulsive personality. Training and skill give practitioners the right to define the cure and/or to grant freedom from legal sanctions. When confronted with the therapists’ labels of sickness or addiction, the deviants will incorporate the notions into their symbolic systems. Staying in the therapeutic system and future interactions depend on the deviants’ acceptance of these labels and concepts.



Holland's (1998) research on the use of personal stories illustrates how identities are formed in recovery. Her analysis of Alcoholics Anonymous meetings explains the importance of defining "problem drinker" as a label. The shift from a person who drinks to a "problem drinker" indicates behavioral changes, too. The individual adaptations of the cultural discourse play out in how the reformed drinker participates in social behavior and how he or she thinks of his or her "self". Holland maintains the 'reinterpretation of self' takes place in the storytelling component of twelve-step groups. The dynamics of psychotherapy are similar and prompt a comparable response. For example, the concept of "hitting bottom" requires a reframing of previous life events. "Hitting bottom" represents the last experience(s), usually negative, related to alcohol or drug use before recovery began. To meet the conceptual framework in recovery, those experiences are reframed as big mistakes or tragic events.

By examining life events in therapeutic discourse, the addict is reconstructing his or her biography to fit the narrative of a sick person trying to get better. Just as the culture of Alcoholics Anonymous dictates elements of the new "self", the therapist shapes the self-analysis of the patient, according to Holland (1998). The therapist's reactions to the story become cues for the addict to craft his or her new "self" as an "ex addict" or "recovering addict." The therapist's knowledge base provides a conceptual schema to interpret the patients' stories. The therapist responds to the addict with negative interpretations or redemptive ones. If this negotiation fails, the deviant is not cured or acceptable to others. Approached as an expert by people seeking help, the practitioner is able to give salvation or new labels. The patient brings his or her problems to the practitioner for the practitioner's expertise and authenticity.

Addiction meanings are made in the symbolic systems of the recovery community. Denzin (1989) explains the concept of "relapse" in terms of the recovery community. Depending

on where a person is in his or her sobriety, the “slip” or return to using behavior can take on different meanings.

‘Slips must be understood in terms of group and interactional processes. That is, relapse is not just an individual act. It occurs within social settings. It involves the real and imagined presence of others. It becomes an emotional (and at times instrumental) social act in which the alcoholic attempts to return to a mode of self-understanding that alcohol was seen as once producing. To the degree that it occurs in the company of other alcoholics who are slipping, it is a group and interactional production. Even if the slip is solitary – that is, the alcoholic drinks by herself – it occurs against the frame of reference that Alcoholics Anonymous and treatment have offered. (Denzin 1989, p. 133)’

One consequence of this common culture is that members of the group bond through shared experiences and ultimately perpetuate their collective beliefs. Terms and phrases represent a way for members of the group to self-identify as well as label others in the community. There are different social types in the addiction community (Denzin 1989). From the “Big Book Thumper” to “The Crazy” and “The Talker,” they all have a unique position in the sobriety-based stratification system of Alcoholics Anonymous and they respond to each other based on their social type. A hierarchy exists within the group and people interpret behavior and communications based on within which group each person belongs.

Addiction meanings are constructed in the historical context in which they are created (Gergen 1999). Gergen (1999) explains what he calls the “cycle of progressive infirmity.” First the therapists examine the patient’s symptoms, identify the illness, and give him or her a diagnosis and corresponding label. The diagnostic labels become part of the therapeutic disciplines, are discussed in the media, and may ultimately affect public policy. People in the community begin to think of themselves in terms of the psychological conditions and seek the expertise of the professionals; consequently the professional domain expands. Gergen illustrates this cycle with the example of depression. People report feeling sad to their doctors and the doctors diagnose them with depression. Certain personality traits get associated with the disorder

in the media and people begin to define themselves as depressed without the help of a specific doctor or medical appointment. The media reports the issue and in response, society focuses on the new social problem and seeks help from professionals who understand the problem.

People with problems seek may help. Their need for solutions makes them vulnerable to social control (Foucault 1979). Different “disciplinary regimes” create symbolic systems to define and explain health and illness according to Foucault (1979). People take these frames into the world through communication with others. They share the labels and perpetuate the frames of the power structure – be it those of therapy or some other social control system. Once people enter the system, they are tagged as participants and this labeling affects their relationships to non-members.

#### Claiming Addiction Specialization

In order for therapists in the recovery field to gain trust from their patients, they must claim authentic positions as addiction specialists or as recovering addicts themselves. Therapeutic discourse is important because language is the forum for shaping addiction culture through interpretive practice; the addict tells his or her story laying the groundwork for re-framing by the practitioner. Specialists, according to Schaeffer et al (1989), look to their disciplines for answers: pharmacologists seek drug-related components, psychologists and psychiatrists examine personality disorders, physiologists study bodily processes, sociologists look at social forces and interactions. The practitioner relates the patient’s story to his or her own clinical ideology. Although therapists talk about addiction concepts as widely accepted truths, the notions are really categories derived from a multitude of theories (Schaeffer et al 1989). Disputes arise about defining dimensions of psychological conditions (Hester and Miller 1989). Is addiction biological in origin or spawned by environmental factors? If a practitioner believes it

is biologically or culturally based, therapy models would reflect this distinction (Hester and Miller 1989). And if a preponderance of evidence exists to contradict their framework, they may reject the information, re-frame it, or change their paradigm.

Treatment modalities and philosophical beliefs empower the practitioner to transform the addict. Therapists are receptacles of symbols from patients, texts, education, and personal experiences; they bring this collective thought to the treatment of addicts and addictions (Hester and Miller 1989). The caregivers have the power to “delabel” deviant users by legitimating their attempts to conform (Trice and Roman 1970; Littrell 1991; Scheff 1974; Pfuhl and Stuart 1993). Groups like AA or other support services have the same capability (Miller 1995). Through conformity and the cessation of deviance, the user gains a new status. These transformations have to be believable and accepted for the process to work (O’Brien and Bankston 1984; Trice and Roman 1970; Brown 1996; Kelly 1996; Herman 1996). Deviants may face the norm-abiding society through work or family relationships and conforming citizens may or may not accept the reformed status. The practitioners that facilitate the transformation from addicted to sober can influence this process greatly. The deviants’ chances to survive interactions depend on their abilities to participate in social groups (Kelly 1996). They can claim to be “non-addicts” or “abstainers” which may keep them free from further stigma and societal labeling.

Does this transformation process depend on accepting the therapists’ models? Herman (1996) discusses the strategies mental health patients use to exist in the world. They can conceal their deviance completely, avoid the subject when discussed by others, or carefully plan disclosure to appropriate audiences. If coached by the therapists and doctors, they are better equipped to survive on the outside. Medical personnel can help patients garner support thereby reducing stigma (Conrad 1987). Practitioners and patients must translate the deviant identity in

the outside world after rehabilitation to ensure success. Rosenfield (1997) found that a mental patient's quality of life reduces greatly by stigma associated with his or her condition but disclosure of his or her diagnoses is required for receiving services that improve life conditions. Mental patients expect to be stigmatized by normals and this has a debilitating effect on their sense of self. Receiving services can improve their self-concept which counters the problem of stigma according to Rosenfield's (1997) findings; his research points out the delicate nature of gaining acceptance after being negatively labeled with a psychological condition. For addicts to be accepted by their families, the criminal justice system, and their workplaces, the conforming identities must be understood by people who may not understand addiction.

One unique bridge between the outside world of sobriety and the inside world of addiction is the reformed addict turned counselor or Professional Ex (Gusfield 1996; Skoll 1992; Van Wormer 1995). The lower standards for these paraprofessionals seemed less legitimate than academically trained counselors, but this groups' beliefs permeated addiction treatment through workshops and training materials. One example that Van Wormer (1995) gives is the long-held belief that women alcoholics are harder to treat than male alcoholics. She states that this idea stemmed from the predominance of men in paraprofessional positions and the lower numbers of women seeking addiction treatment. Depending on the type of agency and administrative choices made, the "Recovered Ex" can receive more prestige than the academically trained practitioners and this disparity creates tension between workers. If an agency regards all counselors as equals, this problem can be eliminated. Ultimately the treatment arena can benefit from multiple methods and doctrines so that patients can find counselors that fit their needs (Keller 1986).

Brown (1996) suggests the Professional Ex is a successful status for practitioners. They coexist with both users and social institutions. The user can leave the deviant status and emerge

as a Professional Ex, receiving more prestige and normalcy than with sobriety alone. Rather than leaving the user identity behind, he or she integrates the deviant status into a better one, one that can influence the addiction culture as a meaning maker. The Professional Ex receives prestige by giving back time and effort to the recovery world and he or she is accepted by users as being authentically representative of their own culture and problems. Transforming the deviant back to normal status depends on the Professional Ex's abilities to walk and talk in both worlds, understand both symbolic systems. Perhaps the Professional Ex offers the most authentic expertise, making him or her the most influential in shaping addicts and addiction culture.

Acceptance of Professional Exes is not unilateral (Skoll 1992). Taber and McCormick (1988) suggest possible problems related to the tenuous position of peer counselors or Professional Exes. Although the peer counselors are good additions to recovery centers as positive role models for sobriety, they are neither professionals nor patients. They may be exploited as inexpensive mental health labor because of their lack of education and licensing or they may be unable to set boundaries with their clients, giving more time and energy in therapeutic relationships than recommended by professionals. The doctors and social workers are trained to set limits when working with mental health patients and the peer counselors may not cope well with the burdens of that client population. Whether Professional Exes are accepted or not, they may bring completely different frames to the interpretive practice of addiction treatment. Stephens and Smith state:

'The question of who is best qualified to work with substance abuse issues continues to be debated. Many agencies are split in terms of background, experience, and training needed in order for one to work effectively in the field. For years a large segment of substance abuse helpers believed that to be an effective substance abuse counselor, one must have abused a substance and recovered. According to this belief, one must have gone through the substance abuse process and treatment to understand and work with others. By having gone through this process, the counselor would be accepting of clients.' (Stephens and Smith 2000, p.339)

## Addictionology and Medical Social Control

People can be addicted to many substances and behaviors (Hester and Miller 1989; Trimpey 1996; Finestone 1964; Freeman 1993; Goldstein 1994; Griffin-Shelley 1991; Schaeffer 1987; Mondanaro 1989; Miller 1995). The recovery community adapts to new temptations and using patterns by studying, labeling, and organizing the problems. Alcoholics Anonymous, with its focus on alcohol addiction, was one of the first strategies and explications available. Founded in 1935, it has influenced subsequent addiction cultures (Hester and Miller 1989). We see Alcoholics Anonymous' legacy through the formation of Al Anon, Overeaters Anonymous, Gambling Addicts Anonymous, and Sex/Love Addicts Anonymous; while gambling and sexual behavior have long been the subjects of social control, moral entrepreneurs did not succeed at incorporating them into addiction culture until the 1950s and 1970s respectively (Pace 1991; Griffin-Shelly 1991). Although gambling behavior and sexual activity are not substances ingested by individuals, alcoholism explanations and treatments as well as other frameworks may be used in therapeutic practice. How do substance-related meanings affect the response to gambling and sex addictions? By implementing meanings for behavior, agents have the power to outline these social problems' causality and solutions (Gusfield 1983).

The addiction service community has its own language, accounts, theory, and practice. Within its discourse, one finds a unique lexicon of terms and treatments created and maintained by social control agents; therapists and institutional representatives. The practitioners of the recovery arts have many philosophies, narratives, and experiences from which to choose as addiction specialists. Professionals take language and meanings from various disciplines and process them into an eclectic presentation for themselves and for their institutional affiliates (Gubrium and Holstein 1989). Humans travel through social groups and positions to find these

meanings in discourse (Cicourel 1993). These exchanges always take place within a cultural context, and meanings are never outside of a culture (Pfuhl and Stuart 1993). Thus participants in any set of meetings use words and ideas learned in culture, as in this case, the addiction culture.

Addictionology utilizes dominant frameworks to make meanings both the practitioners and addicts can employ. Although individuals act on personal motivations and thought patterns, they learn language and its idioms from the society in which they were raised. The task of separating private explanations from mainstream frameworks is a complicated one. Public frameworks, or more socially acceptable and widely known ones, are recognized when told in private accounts; they are easily understood by the other participants in communications and interactions and are rarely questioned as authentic (Mills 1940). Practitioners may have been exposed to addiction culture first through personal experience and then sought institutional understandings of the behavior.

How do these symbolic systems or conceptual frameworks vary? Practitioners may have formal training in an addiction specialty but garner divergent symbolic schemas through treating addicts. Perspectives compete for attention, publicity, and adoption in the public arena, according to Hilgarten and Bosk (1988). This process begins when sponsors, or members of a belief system, bring a perspective into the arena for attention and the most successful perspectives are quickly adapted. If a social problem rises in one institution, the discourse surrounding it is likely to spread rapidly into other arenas making problems that gain widespread attention. The frames grow into celebrities and dominate not just one arena of public discourse, but many of them. Researchers, Hilgarten and Bosk (1988) suggest, should track this process for answers concerning the successful adoption of ideology into public frameworks. How do institutions share or negate perspectives? Each belief system in medicine, psychology, social work, and



rehabilitation contains a successful organization of ideas; what are the commonalities? Or, as Hilgarten and Bosk (1998) suggest, which one is the overriding perspective? Which belief system dominates the discourse; is evident in all systems?

Multiple addiction frameworks are distributed to the recovery arena through treatment manuals, empirical findings and theoretical treatises. Practitioners choose from a wealth of information, research, and theory. The recovery service provider must choose the methods he or she articulates in client interactions from this larger cultural arena both during and after the degrees are granted and practices formed. Hospitals, treatment centers, and school counseling centers exert institutional influences on their practitioners' personal agendas. What information do the practitioners and institutional representatives take from the many addiction modalities to create their own recovery discourse and practice?

Medical treatment was prescribed for people troubled with alcohol addiction even before the Diagnostic Statistical Manual defined alcoholism as a disease in 1956 (Conrad 1987). Physicians are primary agents in outlining addictive behaviors and their subsequent treatments (Hubbard 1987). General medical practitioners and psychiatrists diagnose the disease as substance use disorders or substance-induced disorders (Heitzig 1996) and treat them in therapy using psychotropic medications for depression, anxiety, and withdrawal symptoms. Antabuse is prescribed by physicians as a drug antagonist designed to make the alcoholic physically ill from drinking alcohol while under the medication's influence (Goldstein 1994). This form of aversion therapy may be affective if the user recognizes alcohol consumption as the stimulus causing the subsequent negative consequences (Miller 1995).

The disease model explains addiction as a genetic predisposition towards ineffective opioid receptors and other models of biological causation define addiction as an allergy to alcohol

causing control loss over consumption (Goldstein 1994). Because of its physiological nature, the disease advocates say alcoholism is caused by genetic and biochemical problems and is best treated with medical expertise and technology (Mondanaro 1989). Researchers in this framework explain stages of alcohol addiction as a progression in the disease caused by physical pathology beginning with the loss of control at the first drink (Littrell 1991; Dupont and McGovern 1994). The disease concept may help people seek treatment and maintain sobriety overall due to its relatively benign nature but it is especially so for women because of their fears of stigmatization (Mondanora 1989). Medical treatments are better received by the deviants and their families than formal criminal justice sanctions. Support groups like Alcoholics Anonymous may espouse the disease model of addiction because it locates the problem outside of personal control, relieving individuals from stigmatizing labels of immorality. The first step in twelve-step recovery is realizing personal powerlessness over the substance or behavior. Each following step attempts to stop using behavior.

Other practitioners emphasize personality traits, mental disorders, family of origin issues, and behaviorism for explanations in addiction (Littrell 1991; Miller 1988). Their treatment strategies encompass cognitive restructuring, treating mood or anxiety disorders, and psychotherapy, family therapy, or group therapy for addiction related problems. Behavior modification techniques detail reinforcement schedules for extinguishing behavior through rewards and punishments. Cognitive restructuring can be used to help compulsive gamblers and sex addicts to orient new meanings for emotion states by confronting irrational beliefs of gambling and sex then replacing them with new rational definitions (Taber and McCormick 1988). Family therapy explores systemic causes for addiction including experiencing early trauma, surviving the suicide of a loved one, or being physically or emotionally abused and

neglected. These events can act as impetus for learning gambling and sexual behavior as coping responses.

According to Conrad and Schneider (1985) medical social control agents have persuaded the public that addiction is a medical problem best fixed by medical personnel. Medicine trumps other competing paradigms when making claims about body-related conditions. Treatments are a means for ensuring normative behavior; by complying with the required treatment, the addict eliminates his/her deviance. Conrad and Schneider (1985) find that psychotherapy utilizes a dual influence by perpetuating mainstream beliefs and by shaping life outcomes for patients. Since addiction encompasses many frameworks, addictionologists can focus their explanations in different ways. They may make claims about biological causation, psychological factors, spirituality related issues or they may use a composite of many belief systems.

Medical social control is a far-reaching framework and offers many benefits for the deviants and conformists. Diagnosis can absolve the deviant of blame and free him or her to re-integrate into mainstream society after treatment. Illness relieves the sick person from functioning in societal roles and frees him or her from traditional punishments.

‘Medical ideology is a type of social control that involves defining a behavior or condition as an illness primarily because of the social and ideological benefits assured by conceptualizing it in medical terms. (Conrad and Schneider, 1985, p.245.)’

Many agents work together to enhance medical social control over addictive behavior. Although representing diverse agencies, they all buy into the paradigm of recovery; extending the power of medical social control and reinforcing the messages it carries. Addictionology exemplifies this relationship as the criminal justice system, a non-medical system, works with the recovery arena to help addicted inmates or parolees. Judges often assign rehabilitation in their sentencing formulas. Probation officers often require twelve-step group attendance and

many jails offer twelve-step meetings, as well. Medical social control dominates the addiction recovery culture.

### Gambling Addiction

Opportunities to gamble are growing and diversifying across the United States. No longer are Las Vegas and Atlantic City the national gambling hubs. Not only are gaming options expanding, the establishments offering gambling have increased. Several states offer electronic gaming machines at restaurants, truck stops, and bars. The most widespread change is the proliferation of Indian casinos. Many states have multiple casinos on Native American reservations. Gambling includes placing monetary bets on sports events, animal races, card games, dice games, and electronic devices (Pace 1991). The industry designs its slot machines and games to entertain consumers, but also to keep them playing. Gamblers anticipate the next time when the fruit clusters will fall into place and bring coins tumbling through the shoot so they keep feeding the machines for the payoff (Eade and Eade 1997).

Marketing gambling as entertainment, casinos provide daycare services, free drinks, and inexpensive meals in addition to musical performances by popular celebrities. Bus tours pick up the elderly from retirement communities and deliver them to casinos for gaming. The establishments consider themselves family entertainment centers. Some therapists are concerned about this development and link increases in problem gambling to the trend (Berman and Siegel, 1992; Trevorrow and Moore 1998; Volberg 1989). The typical problem gambler prior to 1990 was younger than thirty, white, and male but research shows women, non-whites and adolescents are joining their ranks (Volberg 1989). People are turning out to gambling establishments in record numbers and researchers are attempting to explain the change and its possible consequences.

Men have historically gambled more than women, at least partially because they have had easier access to public gaming halls and have garnered more social support for athletic gambling (Spanier 1987; Walker 1996). Women are discouraged from gambling because most risk taking behaviors and recreational activities are typified as masculine. In the past, women were more likely to be wives to gamblers, often playing the part of enabler to the compulsive gambler (McCurrin 1992). Recently women are gambling more often in lotteries, bingo, and raffles; games traditionally acceptable for them (Trevorrow and Moore 1998). In addition, they are beginning to frequent gambling establishments in larger numbers.

Gambling's role in recreation is long-standing and diverse. Historically gambling has represented both play with elements of danger and sin with connotations of immorality (McGurrin 1992). Gaming has been simultaneously common and prohibited. According to McGurrin (1992), the presence and manifestations of gambling options are dictated by governmental and societal whims. From state supported lotteries in 1776 to the establishment of Nevada gaming in 1931 to contemporary debates surrounding land-based casinos, the social construction of gambling recreation is debated and regulated. Similar to changing norms of moderation in alcohol use, these debates reflect changes in middle class values.

Overall recreational gambling is acceptable for men and women, but only as long as recreational rules are followed, gender specifications included (McGurrin 1992). When women take more risks, play skill-based games, or bet on sports, they are risking stigmatization for violating gender norms; whereas those same behaviors in men are acceptable. Gambling can be considered an addiction or a pathological behavior for both men and women, but the behavior that brings a diagnosis may differ between the sexes.

According to the gambling industry, only six percent of their customers gamble compulsively and these are the exception (Eade and Eade 1997). The players who will keep pulling the levers and rolling the dice even after they are broke are few and far between (Griffiths 1995). When gamblers lose large amounts or gamble uncontrollably, they have crossed tolerance boundaries. The norms of moderation mirror those attempted during the Temperance Movement (Gusfield 1996). By placing accountability on an individual, society is freed from responsibility. Although casinos are posting gambling addiction hotline numbers for their customers and training their employees to identify pathological gamblers and refer them to the hotlines and services (Eade and Eade 1977), the recovery service community has claimed this emerging social problem as their turf by including gambling addiction in their discourse, research, and treatment. A behavioral problem, gambling addiction is explained by many frameworks; those of biology, psychology, and sociology. Due to the focus on individual sickness, recovery culture easily claims gambling problems are addictions. The gaming industry says it is not to blame for people losing control and gambling executives are not like drug pushers because they work to bring gamblers into the casinos.

The social gambler can stop at any time say Berman and Seigel (1992), but the compulsive gambler cannot. Addiction is about setting limits. Using a substance or performing a behavior is acceptable until it exceeds acceptable standards. Berman and Seigel (1992) say that the gambling addict must gamble to reach a comfortable mood and therefore becomes emotionally dependent. The gambler may feel stress if not able to gamble and could put everything in his or her life at risk to continue. Berman and Siegel (1992) say the gambling addict possesses the following characteristics:

1. charming
2. neglected or deprived in childhood

3. indulged or overprotected so they never learned to cope with frustration or stress
  4. narcissistic
  5. grandiosity
  6. exploitative tendencies
  7. poor reaction to criticism
  8. sense of entitlement
  9. recurrent fantasies of unlimited success
  10. chronic feelings of envy
  11. lacking in empathy
  12. craving attention and admiration
  13. feelings of uniqueness
  14. all or nothing tendencies
  15. passive aggressive
- (Berman and Siegel 1992.)

Practitioners use many common addiction treatments including Gamblers Anonymous, a twelve-step program, psychotherapy, financial counseling, and family group work. Many therapists use multi-system therapy believing that gambling addiction affects many parts of the patient's life.

### Sex Addiction

Sexual behavior is a historically pertinent topic for deviance scholars. Social control is evidenced by court records kept during Puritan times that show arrests and punishments for buggery, sodomy, fornication, and adultery (D'Emilio and Freeman 1990). Scholars and theologians have filled many volumes and manuals with explanations, interpretations, and advice concerning sexual activity in general. Many specific sex acts have been the subject of social institutional scrutiny (Rubin 1987). Religions create rules concerning acceptable sexual behavior. Governments write laws constraining sexual choices even as their members fall prey to sex scandals. Families govern sex acts by teaching rules and establishing appropriate partners. Teaching sexual education in primary schools is a controversial issue with parents and teachers fighting for control over the distribution of sex information. The economy continues to affix a monetary value on different sex acts (Sherman-Heyl 1987; Bullough and Bullough 1992).

Prostitution, exotic dancing, internet sex, and phone sex are available twenty-four hours a day. For a financial fee, people - mostly men - can purchase sexual gratification.

Sexuality has changed over time - the norms for sex that existed in 1950s United States culture broadened according to D'Emilio and Freedman (1988). The social movement of the 1960s is often credited for destabilizing mainstream sexual constraints by advocating sexual experimentation. This manifested in many ways but several sex acts became more acceptable and were more openly discussed. Promiscuous behavior, oral sex, bisexuality, and interracial dating became more commonplace and public discussion in the media of sexual issues reflected these changes. The growing availability of abortion and the development of oral contraceptives allowed for sex without reproduction. Marriage was being delayed by a cohort of youths and divorce became a more common option. The 1970s saw the sex industry blossom; more businesses made money through pornography, sex tourism, exotic dancing, and phone sex (Demillio and Freedman 1988).

Social changes also occurred to incorporate sexuality in the recovery arena. Sex and Love Addicts Anonymous was created in 1977 (Griffin-Shelley 1991). Following the structure of Alcoholics Anonymous, SLAA substituted sex and love for alcohol and followed the twelve-step process of admitting powerlessness over sex and love. Viewing frequent sex or compulsive sex as a diagnosable problem was not a new idea. Medical control over sexuality has been in place for most of the 1900s. Nymphomania was the predecessor to sexual addiction. Medical personnel question how much desire is normal and how frequent sex should take place between a healthy and normal couple. The cure requires a diagnosis – thus the debate over healthy sexuality persists.



A behavior with physical and emotional consequences, sex and sometimes love are labeled compulsive or obsessive problems when people deviate from acceptable behavior patterns. The recovery field has incorporated sex into its repertoire, too (Schaeffer 1987; Griffin-Shelley 1991). The addiction culture considers both sex and love to be compulsive behavior, but does not clearly define how sexual feelings, love feelings, sexual behavior, and love behavior differ or compare. Treatment manuals delineate sex addiction with many behaviors; excessive amounts of sex, use of pornography, purchasing sex acts and many more (Griffin-Shelley 1991; Schaeffer 1987; Charlton 1997). Therapists also treat biological and psychological dysfunctions people experience surrounding sexual behavior, like impotence or vaginismus (Charlton 1997). Prostitution, pornography, and phone sex are services and products available to consumers (Chapkis 1997; Flowers 1997) and choosing these sexual behaviors represents a symptom in sex addiction treatment manuals. Sexual behavior outside the heterosexual, monogamous, married, missionary position has been debated in many forums, but evidence shows people continue to choose deviant sex acts (Griffin-Shelley 1991; Schaeffer 1987; Charlton 1997). The question becomes which deviant sexual behaviors indicate addiction and at what frequency?

The addiction culture has the power to shape the many possible sexual choices into addictive behaviors, making them part of therapeutic frameworks and processes. Griffin-Shelley (1991), a practitioner treating sex addicts, outlines nine components of sex addiction:

1. a sense of enslavement to sex
  2. a loss of power and control to sex
  3. an imbalance in life
  4. centrality
  5. an inability to shift focus and priorities away from sex
  6. chronicity of sexual obsession
  7. a progression in acting out sexually
  8. a potential lethality to sexual behavior
- (Griffin-Shelley 1991).

These factors create a psychological compulsion to seek sexual or affectional attention to the detriment of other situations and relationships. He also outlines fourteen behaviors exemplifying sex and love addiction:

1. compelled to have affairs
  2. read or view pornographic materials
  3. look for love in the wrong places
  4. be sexual with children, pedophilia, incest
  5. masturbate
  6. go to prostitutes, exotic dancers
  7. go to massage parlors
  8. sado-masochism
  9. obscene phone calls
  10. exhibitionism
  11. voyeurism
  12. inappropriate touching
  13. rape
  14. anonymous sex
- (Griffin-Shelley 1991).

The list offered represents a wide variety of deviant sex acts. They obviously require parameters to signify which acts are healthy expressions. Therapists play a large role in determining where sickness begins in the legal behaviors. The incidence of illness can be more easily attached to the illegal sexual acts. Which of these behaviors are benign and which are destructive?

According to Griffin-Shelley (1991), 'Sex and Love addictions are probably more damaging to the addict than other addictions because of the secrecy and shame involved. Our sexuality is such an important and intimate part of us that when we lose control we feel like people. The self-esteem of any addict suffers from the constant promises and failures inherent in the addictive process. The sex and love addict probably suffers most because, unlike drugs, cigarettes, drink, gambling, work, spending, or even food, sex is a part of us, both physically and psychologically. When our loving and sexual feelings, thoughts, and instincts betray us, we believe it can only be because we are deeply flawed and worthless people. Why else would our body and mind betray us? Our culture judges addicts harshly, and considers sex and love addicts the lowest of the low. Even in jails there is a hierarchy, and so-called sex perverts are on the bottom. P. 51'

Are sex and love addictions different from other addictions? Should they be treated using special techniques? Obviously sex and love are related but one does not require the other.

Practitioners may agree and organize their treatment strategies to compensate for the destructive qualities of sex addiction. They may also disagree and use the same methods for treating addicted people irregardless of distinctions. Schaeffer (1987) offers a twenty characteristic typology describing love addicted people:

1. They feel consumed.
  2. They cannot define ego boundaries.
  3. They exhibit sadomasochism.
  4. They fear letting go.
  5. They fear risk, change, and the unknown.
  6. They experience little individual growth.
  7. They do not experience true intimacy.
  8. They play psychological games.
  9. They give to get something back.
  10. They attempt to change the other.
  11. They need to feel complete.
  12. They seek solutions outside the self.
  13. They demand and expect unconditional love.
  14. They refuse to commit themselves.
  15. They look to others for affirmation and worth.
  16. They fear abandonment when routinely separated.
  17. They recreate old, negative feelings.
  18. They desire, yet fear, closeness.
  19. They attempt to take care of others' feelings.
  20. They play power games.
- (Schaeffer 1987).

This list lacks the range of deviance presented in Griffin-Shelley's characteristics. None of the behaviors are illegal or require money being exchanged for services. In fact, they only have one element in common, sado-masochism.

Are these attributes found exclusively in sex and love addicted people? And how many instances of these behaviors constitute sexual addiction or love addiction? Many of the behaviors are culturally scripted into relationships due to gender norms. Men are still more likely to propose marriage than women so male and female patients may vary on commitment issues, one of the descriptive elements listed above. Are these diagnostic typologies reinforcing gender

stereotypes or are they breaking down traditional beliefs? Is the diagnosis of sex addiction gender neutral or gender specific?

Gender can be a primary axis for the diagnosis and treatment of the sex addict (Carnes 2001; Kasl 1990). The patient appears in the therapist's office with a problem. He or she is either encouraged to get treatment by a loved one or required to go by the legal system and his or her success in therapy may hinge on gendered expectations. He or she defines the conditions of their experience by telling the behaviors and situations that prompted the visit; but the therapist's job is to contextualize those symptoms, diagnose the problem as a sex addiction, and plan a treatment modality. The client needs to redeem himself or herself and this requires the therapist's pronouncement of health or sobriety. Based on which list is used, the client may be viewed differently. One way this takes place is through encouraging compliance to gender roles. Gender distinctions are expected since sexual norms are divided along gender lines, but can one expect the standards for diagnosing sexual addiction to be gender neutral? Crossing the line into addicted sex might be the same for both sexes; but since one symptom of addiction is purchasing a prostitute's services, women rarely cross that line. The prostitution industry is not organized to sell to women and being a prostitute is not a condition for diagnosing addiction. If an alcoholic drinks everyday or is no longer able to function in societal roles, would the diagnosis of that behavior be dependent on whether the alcoholic is male or female? Are male and female stereotypes related to the existence of a physical dependence on heroin for the intravenous drug user? Most identifications of psychological disorders are not dependent on the sex of the patient or client with some exceptions. Psychological trauma can be related to gender as in anorexia nervosa or bulimia. The incidence of these conditions is higher in the female population, but males experience eating disorders.

## Gender

Gender is one of the most significant social statuses in society today leading to stratification. Men and women occupy different statuses in society; their roles reflect the normative behavior that coincides with those positions. For example, the status of mother requires nurturing and care-taking behavior, whereas expectations differ for father. The status of father usually entails providing economic, but not necessarily emotional support. Often gender statuses are comparable, but meet different societal needs, the mechanic fixing cars and the educator teaching children. Both statuses require specialized skills, enable society to function, vary in prestige and pay, and are stratified by gender.

Using biological, socio-cultural theories, or a combination of both, gendered behavior is easily explained. Gender is a product of sex characteristics, environment, cultural expectations, and social institutions (Bem, 1993; Howard and Hollander, 1998; Lorber, 1994). While hormones, chromosomes, and reproductive organs designate sex, gender is a more complex social construction. Society sends messages whenever children witness gender-segregated behavior; they know expectations exist for them beyond their personal ones and that gender heavily influences the process (Bem 1993). Institutions like law and religion participate in gender socialization by teaching and enforcing gender norms. They constrain behavior and shape choices while shaming and punishing to perpetuate gender conformity. Sociology investigates the meanings of gender, the social forces creating and maintaining gender stratification, and the diverse experiences of males and females in order to fully explicate gender's part in society.

Children learn appropriate male and female behavior through lessons or modeling. Most youth know their gender and what it means to be male or female by the time they are six (Lorber 1994). Members of society perpetuate normative behavior through reinforcing or stigmatizing

actions. A child acting contrary to gender role expectations may receive negative labels like “sissy” or “tomboy”, whereas a child performing an appropriate gender role is rewarded. These labels are not equally stigmatizing. Young women are allowed more freedom to enact male gender roles and even wear clothes designed for boys whereas young men can not do the same. The sanctioning of gendered behavior continues throughout adulthood and is embedded in therapeutic discourse.

### Gender and Deviance

Deviant behavior is a common arena for gender investigation. Men and women participate in deviance and criminal behavior at different rates and do different behaviors (Mondanora 1989; Adler 1975; Steffensmeir 1993; Wilson and Daly 1992). Men occupy more prison cells, exhibit more violent behavior, and account for more street crime and corporate crime than women. Women are more likely to be victims than perpetrators of violence (Ferraro and Johnson, 1996; Scully and Marolla, 1996). The exceptions to these facts are rare. Women’s role in deviant behavior is usually a peripheral one. Typically they help execute criminal plans orchestrated by their mates (Adler 1975). Women’s crimes historically been writing fraudulent checks, embezzling, working in the sex industry, shoplifting, using drugs, and selling drugs.

The number of females arrested has been increasing since the 1970s and several theorists explain this phenomenon using a variety of frameworks. One of the first major attempts to explain women’s increasing criminal behavior was done by Adler (1975). She postulated that because women have less opportunity to deviate, they conform more than men. As they entered the male-dominated business world, their prospects for conformity and deviance expanded and they exhibited more deviant behavior than previously. Adler attributes this social change to the

women's movement during the 1970s which brought women into more mainstream activities and, subsequently, deviant ones.

Schur (1984) approaches this question in another way and suggests that women do break rules and deviate, but are stigmatized differently than men through the labeling process. After they break societal rules, women are labeled and punished based on gender transgressions. The promiscuous woman knows the sting of the word "slut" and the angry woman or aggressive woman hears "bitch" or similarly negative labels for violating gender norms. Women are not encouraged to demand, be loud, or be sexually adventurous, traits that are typified as masculine. The sexually adventurous male is given admiring labels like "stud" and the forceful man is a "go-getter". This reaction enables men the same behavior with positive reinforcement and acceptability instead of derision.

All men and women are capable of deviating, so why do women deviate less? Chesney-Lind and Shelden (1998) explain that social control theory maintains that when the social bond is strong, people are less likely to deviate. As the social bond with families or jobs weakens, rule breaking increases. The higher rates of female conformity are explained by the belief that women have stronger social bonds. The effective social bond, outlined by Hirschi (1969) has 4 elements: attachment to significant others, commitment to conformity, involvement in conformist activities, and beliefs in conformity. If people have important relationships, jobs, family obligations or traditional morality, they are more likely to conform. Women are more likely than men to meet these criteria. Since they have entered the work force in large numbers, even labor force participation is comparable for men and women. Female deviance may simply reflect multiple societal changes.

Men and women deviate from gender norms for separate reasons and have different consequences. As women have become independent over the past three decades in terms of labor force participation and expanded acceptable social roles, their rates of deviance and criminal behavior have increased (Adler 1985). Is this change evident in addiction treatment, too? As therapists encounter gambling and sex addicted patients, are women presenting for care in larger numbers? Are there commonalities in male and female sex or gambling addicts? Or are the experiences of male and female gambling or sex addicts completely different? Males and females display different psychological problems due to gender expectations (Rosenfield et al 2000). Men take more risks than women (Hagen, Gillis, and Simpson 1985) and men externalize more to act out whereas women do more internalized behavior (Rosenfield et al 2000). For example, a male may vandalize or steal a car whereas a female may experience depression or self-loathing.

#### Gendered Meanings of Addiction

Men and women deviate and do crime at different rates and with different actions (Mondanora 1989; Adler 1973; Steffensmeir 1993; Wilson and Daly 1992). Their gaming and sexual behavior vary as well (Griffiths 1995; Griffin-Shelley 1991). Gambling is a gendered experience because men have historically gambled more than women until the 1980s brought increases in the number of women gambling (Poltizer and Hudak 1988). Men are socialized to risk and compete - gambling meets both of those needs for compulsive gamblers. Hangouts or “action systems” are important parts of pathological gambling (Lesieur 1977). The places where gambling addicts get their fix; the bars where bookies have traditionally played a part in male gambling. As the number of socially acceptable places install video poker machines, hangouts may be increasingly important to women.



Gambling types vary; most research distinguishes the social from the professional and the recreational from the pathological (Lesieur 1993). In addition, research has identified some personality traits common to pathological gamblers: need for achievement, exhibitionism, dominance, heterosexuality, deference, and endurance (Lesieur 1993). These traits are more highly correlated with male socialization than female socialization. One of the main distinctions in types of gamblers stems from Lesieur's (1977) germinal work on gambling. He outlines two main types of gamblers, action and escape. Action gamblers, typically male, like the psychological benefits of taking risks. Escape gamblers, typically female, are trying to avoid stress and problems in their lives by gambling. The following quote illustrates Lesieur's explanation of female gamblers.

'Women gamblers are more likely to be loners than men. This is because they tend to use their gambling to escape from some other problem. Women gamblers are more likely to be single, widowed, or divorced than male gamblers. And if they are married, they are likely to be married to men with problems (alcoholism, substance abuse, or mental illness), men who are never around (traveling salesman, shift workers, or workaholics) or men who are less intelligent than they are, which means they are included in a marriage with virtually no communication as a result of their isolation. It is often easier for them to conceal the negatives of gambling from inquiring eyes' (Lesieur 1993, p.10).

Gender meanings may influence recovery practitioners to place significant gender differences in treating gambling and sex addictions. The practitioners may incorporate gender role differences into their treatment strategies and men and women may be punished based on their gender transgressions in addition to their primary deviance of gambling and fornicating addictively. How do therapists construct meanings for female and male patients exhibiting problem sexual and gambling behavior and apply the appropriate labels? Practitioners may construct explanations for this phenomenon in gambling and sexual behavior based on marital role expectations and gender norms as Lesieur does in the above statement. The female gambler

often lacks an aware and available husband to oversee her, possibly creating the problem or even fueling it.

Sexual behavior is gendered, according to Seidman (1992), in that women reportedly seek nurturing, committed sexual experiences based on their personal desires for love. Men, he says, are believed to be phallogentric, focusing on their ability to perform sexual behavior successfully. This dichotomy relegates men and women into stereotyped sexual patterns where both get punished for choosing outside these constrictions. Women are often punished more severely for sexual wrongdoing (Schwartz and Rutter 1998). Part of the negative responses to female promiscuity and adultery is due to the threat they pose to family, one of the most significant social institutions. Women are less likely to deviate sexually for fears of obtaining reputation slurs, catching sexually transmitted diseases, or failing family obligations (Schwartz and Rutter 1998).

Carnes (2001) outlines three levels of sex addiction that while reflecting an escalation in harm and deviance also reflect gender differences. The addict can locate himself or herself in the cycle of addiction by the symptoms he or she experiences. Level one behaviors are somewhat socially acceptable in moderation, but when exhibited compulsively are considered symptoms of sex addiction. The example Carnes gives is that of masturbation. Masturbatory behavior does not become problematic until it becomes a substitute for a healthy relationship. Masturbation is more common with males than females (Lauman et al 1993). Would this affect the level of diagnosis? Carnes also cites pornography use and having sex with prostitutes as level one symptoms. He links danger and victimization to the escalation of addiction that increases in level two and culminates in level three. The pornography industry sells most products for male consumption. Would this affect female behavior? The romance novel phenomenon may be comparable to

pornography for women in that women buy these products more often than men, but reading romance novels is far less stigmatizing than using pornography. By the time the addict is at level two, he or she is victimizing others through exhibitionism and voyeuristic behavior. The third level of sex addiction has a higher level of harm for the victim through forced sexual contact including incest. The levels are not inclusive of all deviant sex acts but instead describe a changing relationship to risk, stigmatization, and punishment. Given the obvious gender constraints, where do women fit into the schema? They are far less likely to rape or molest and are less likely to buy prostitutes' services, so how is their sexual pathology defined or diagnosed?

Schaeffer (1987) outlines three different types of love addiction although they do not demonstrate an escalation in destruction, they do reflect some gender stereotypes about romantic love and fantasy. She describes three types of love addiction. The romantic love addict seeks out a complicated story of love and pursues a "love high" instead of a real relationship. The second type, a sexual love addict, needs all three kinds of stimuli to be engaged, those of emotional arousal, physical satiation, and mental fantasy. The third kind of love addiction is dependent love and is exemplified by powerlessness typically caused by molestation. To Schaefer (1987) obsession with sex and love addiction leads to a struggle with control and even though the addict wants to empower himself or herself, he or she actually loses control to others. She suggests this stems from being fearful of pain and failure. The resulting relationships will appease the fears for the love addict, but not in a healthy way. She illustrates this issue in the following quote on how childhood experiences shape an individual's "love map."

'Our need to share love is legitimate. That is not the issue. The problem is that our culture has instilled in us such an unrealistic need for others that we sometimes become dependent, addictive, or neurotic or parasitic. We let others dictate our happiness. We become dependent almost unconsciously, and then we resent our dependence. At times we may even become hateful, projecting the hate onto others. Our society trains us to be effective at getting what we

want, and when we cannot control others to give us what we want, when we want it, we feel anxious (Schaeffer 1987, p. 27)'.

The result of this dilemma varies for men and women. She says males are “love avoidant” and females “love dependent” which motivates them to have similarly unhealthy relationships but for opposite reasons. Holland and Eisengart (1990) point out that romance culture permeates women’s lives from their childhood on to adulthood. Women seek marriage and commitment from their mates whereas males seek sexual experiences, delaying marriage for casual dating relationships. Variance in these relationship expectations may explain differences in sexual behavior.

Gagnon (1977) suggests humans learn sexuality by seeing, trying, and gauging responses. Parents socialize kids with a version of sexual behavior acceptable to themselves, so children replicate their parents’ norms. Sexual information is available in books or through popular culture, but discourse on sex – deviant or conformist - is still controversial for most public forums. Quatman (1993) says a reality suspension exists when sexual imagery is everywhere, but people are not supposed to acknowledge its power or importance, leaving anxiety surrounding sexual behavior and related problems. Therapists should discuss sex openly with their patients, says Quatman, but the question pertinent to this research is how are they discussing the topics of sex and love with male and female clients? Are the gendered stereotypes of sexual behavior being examined and discarded or are they being reified through the therapists’ belief systems?

#### Comparison of Gambling and Sex Addictions

Gambling and sex are both recreational behaviors, but is that where the similarity ends? Impulse control is a large part of each addiction according to the literature (Berman and Siegel 1988; Griffin-Shelley 1991). People who have sex and gamble compulsively find it difficult to stop. Gambling and sex meet different psychological needs; gamblers get respite from

socializing with players whereas sex addicts may avoid contact with others. Prostitution, pornography, phone sex, and internet sex are all designed to prevent emotional exchanges between people. Both involve commerce – receiving pleasure from these behaviors can require money although sex can be free.

Deviant gambling and sex can both affect personal relationships if exposed. Family members feel hurt by money lost and secrets kept, but illicit sexual behavior contains a special betrayal. A spouse or romantic partner can feel violated by adultery or promiscuity. An extra-marital relationship threatens the strength of a marriage whereas gambling behavior lacks this connotation. Gambling and sex addiction are both extensions of alcohol recovery, couched in norms of excess and standards for acceptable behavior. Manipulation is one common personality trait found in most types of addictions. Characteristics of gambling addicts center around finding instant gratification as do those of sex addicts, but one significant difference lies in the search for fulfillment. Sex addicts may victimize others to get this need met and although gambling addicts do harm to their loved ones, rape and incest are both illegal and have severe consequences for the victims (Schaeffer 1991).

#### Investigative Areas

1. How do therapists and counselors explain the occurrence and the causes of gambling and sex addictions? How do they treat these addictions? I expect to find institutional affiliations, academic training, and personal belief systems will shape the symbolic meanings of gambling and sex addictions for the practitioners.

2. How is gender incorporated into gambling and sex addiction explanations? How does gender influence treatment strategies for gambling and sex addictions? I expect to find both male and female practitioners believe men and women should be treated differently based on

traditional gender expectations concerning social roles and opportunities. Their recovery discourse will include gender-specific references to the failed social roles of men and women. Men and women may seek therapeutic help for different reasons and their motivations may affect relationships with practitioners.

3. What are the commonalities or differences in gambling and sex addictions? Do therapeutic narratives explain these two behavioral addictions as thematically linked or as conceptually distinct? I expect to find that gambling and sex addictions have different frames due to the greater depth of social control regarding sexual behavior.

## CHAPTER THREE

### DATA AND METHODOLOGY

Skepticism inspires qualitative inquiry, according to Gubrium and Holstein (1998), and prompts researchers ‘to scrutinize at close range, to place themselves, in direct contact with or in immediate proximity to, the lived world of those being studied, p.11.’ The end result is an inspection and analysis of social life being lived. One goal of qualitative research, and social science in general, is to increase people’s understandings of life conditions in order to affect change where necessary (Lofland and Lofland 1995). Data should inform policy and policy should improve social conditions. Researchers differ on how this process is best accomplished which makes for interesting debates and diverse methodologies. Qualitative methods offer an explanation for how human experience is contextualized, located, or embedded in social life. They provide a view into culture, a sensitizing examination of human life, both male and female.

The exploration of the recovery culture starts with therapeutic discourse. The counselors, through narratives and frames, communicate with clients and present the language and tenets of that culture. Interviewing counselors yields insight into the making of that interpretive discourse. Cultural interviews seek to understand social standards and shared meanings, to get the details of events and processes (Rubin and Rubin 1995). They show what is learned and passed on between people in a given community.

‘To find the boundaries of cultural arenas, we begin by assuming for the moment that those people who interact frequently share cultural premises then check out this assumption in the interviewing’ (Rubin and Rubin 1995, p. 22).

Addiction treatment in the recovery culture is appropriate for this type of data collection because it demonstrates relationships between life experiences, belief systems, and the process of treating people. Meanings are rooted in the words chosen, the phrases used, and the descriptions offered

by the research subjects. The researcher's job is to make linkages between them - to explicate the process of making meaning in a social control system.

### Sample

To collect data on the recovery community in the research area, I used investigative field research to outline the sample: counselors and rehabilitation facilities advertising addiction specialties in the phonebook and members of a professional licensing body for addiction treatment. Through discussions with professional counselors acting as informants, I ascertained that the phonebook is used as a major resource for prospective patients and that private practices, clinics, and hospitals advertise in it. I was also led to a licensing body as a source for potential subjects. There are two such organizations in the research area and I chose one. Several of the therapists I interviewed maintain licenses in both organizations, but many are licensed only in the one used for this research. I attended a workshop on gambling addiction sponsored by a gambling organization and a continuing education class on gambling addiction in order to meet therapists and get information for the interview instrument. I knew of no such opportunities for finding sex addiction information and contacts.

In addition, I used snowball sampling to elicit names of sex and gambling addiction therapists from interview subjects. Since the therapeutic community uses referrals to get new patients, many of my initial interviews yielded potential subjects. The snowball technique garnered some names not listed in sources other than those listed above. The combination of sampling techniques allowed me to investigate the recovery community treating gambling and sex addictions in this community.

A stratified judgmental sample, or purposive sample, was used to explore the population pertinent to this research's goals, the addiction treatment culture surrounding gambling and



sexual behavior (Berg 1989). Using the narratives of addiction specialists, I constructed a framework of experiences, affiliations, and dialogues manifesting in the addiction recovery interpretive discourse.

Twenty-two interviews were conducted with twenty White people and two African Americans, all of them addiction specialists with diverse addiction clientele. Ten of the subjects were academically trained in therapy and twelve came to the profession from personal experiences with addiction. Eleven of the therapists are women and eleven of them are men. They work in private practices, rehabilitation hospitals, and clinics. Out of thirty-eight calls made, fourteen were refusals or calls not returned. Two numbers were disconnected and twenty-two were completed interviews. The interviews took place between March and August of 1999.

#### Methods

Ethnography is a good way to understand a community because interviewers can participate and observe the subjects in their own environments and collect data on their own turfs (Jankowski 1995). Researchers have completed ethnographies related to substance abuse, specifically rehabilitation centers (Skoll 1992), mental institutions (Goffman 1967), and mutual aid organizations (O'Reilly 1996). Addiction lends itself well to ethnography because of its subcultural nature. People develop using networks and go to specific places to drink, to drug, to gamble, or have sex. The ethnographer may use participant observation to collect data or use open-ended interviews to get information in these places (Fetterman 1989). Because the focus in this research is on treating addictions and socializing addicts, I conducted an ethnography of the treatment culture: its practitioners and institutions providing services to people who present for gambling and sex-related problems.

Informants were used because they are able to describe the recovery settings, terminology, and industry standards. Their knowledge base enhanced the creation of the interview instrument. They also contributed to snowball sampling.

#### Data Collection

To study the narratives of gambling and sex addiction treatment, I used face-to-face interviews with recovery practitioners working in private practice and in rehabilitation centers. After talking with informants, I learned that therapists' treatment styles are often inspired by their life circumstances. Whether therapists enter the profession from their own recoveries or through academic training, their techniques may be related. Interviews are a good way to map the "life situations" (Prus 1996) of people particular to research interests, so I explored the life situations of people labeling deviants and working to transform them. My first question became 'How did you get interested in treating addiction' to bring out the therapists' stories. The life stories of therapists treating addiction show the sequence of events in their careers and practices. This sequence of events is especially pertinent to the issue of training, whether the counselors entered the field through academic training or personal life experience with recovery. Entre' into the field may influence treatment strategies and consequently shape deviant identities for clients (Harold et al 1994). In this case, practitioners treating gambling and sex addicts have a unique set of life experiences in their education and addiction specialties and these experiences are responsible for creating the community addiction culture. These unique life experiences lead to symbolic systems that influence their insights into their patients' problems.

Qualitative research helps researchers to understand 'the meaning of an interpreted experience for another individual' (Denzin 1989, p.28). Because the practitioners enact these meanings on a regular basis, they have established the vocabulary and beliefs within recovery

discourse. Dey (1993) says that measurement is the outlining process of where events begin and end, so I approached the data collection process as measuring the scope of gambling and sex addiction treatment discourse in a geographical territory during a specific time period. This research represents a look into those boundaries.

I used creative interviewing techniques to appeal to the therapists' expertise in hopes of gaining 'entre' into the culture (Douglas 1985). My role as interviewer was that of an interested outsider. For gaining information, it is important to be likable and not too incompetent while using this strategy (Douglas 1985; Lofland and Lofland 1995; Spradly 1979). During the initial contacts and at the first part of the interview, I mentioned my interest in the research topic stemming from attending some open Al Anon and Alcoholics Anonymous meetings and hearing stories in the media about addiction. In addition, I wanted to show interest in the research topic but to gather information, I played the role of the uninformed, unaware of recovery culture and theories, in order to be "taught" by the experts. As Douglas (1985) points out, it is important to use positive aspects of relationships in creative interviewing so presenting an interest in the area builds a comfortable component into the relationship. If able to accomplish this presentation, a component of our non-research relationships is enhanced – that of ease, friendliness, and likability.

I used open-ended questions on a flexible schedule covering the research agenda, what Berg (1989) calls a "semi-standardized interview" because it contains set research questions with the freedom to build new questions as concepts are introduced by subjects. The interview is focused, but allows for probing as topics occur in random order. Because the interviews would be conversational and around fifty to sixty minutes, it was more efficient to keep the question order flexible (See Appendix A).

Due to the importance of obtaining and organizing information in qualitative investigations, I used a tape recorder during twenty-one of the interviews and then transcribed them into a data set for analysis (Douglas 1975). If an interview is taped, the interviewer can think of probes in the situation and can link answers to questions more easily in analysis (Lofland and Lofland 1995). Only one therapist declined the use of a tape recorder and I wrote her responses as closely as possible. In addition, I used field notes during the phone conversations before the interviews and I wrote my thoughts and impressions after interviews in my car. This was one way to record general impressions of subjects and possible referral information. I included comments they made after sessions ended, which usually took place while walking me out of the reception areas or away from buildings. The interviews ranged from 30 minutes to 70 minutes.

#### Data Analysis

Data analysis is the final stage of research where the subjects are “heard” by the researcher (Rubin and Rubin 1995). Themes, if not obvious, can be implied by stories told or examples given. Often there are contradictions in people’s narratives and the researcher must “listen” for multiple meanings. The investigator is looking for relationships in interpretive discourse, the details, the connections, and the explanations.

To interpret findings, Patton (1990) says the researcher must first examine why subjects answered as they did and whether their statements are pertinent to the research question. Common themes should be organized into a framework because the analysis is contingent on related questions formed in the beginning of the process and insights gained during the collection of the data. (Patton 1990). In assigning categories for analysis, I worked through the answers to crucial questions first looking for patterns to emerge. I organized the data into themes related to

the research questions about addiction definitions and explanations. Reading the transcripts the first time, I coded them by general themes about stigmas, stereotypes, and labels. I then immersed myself in the data, reading and re-reading the transcripts, to group the codes and condense the responses surrounding the descriptions used by the therapists to define gambling and sex addictions.

Coding the data began with organizing the data into themes by looking for differences in answers and looking for distinguishing characteristics or descriptors (Berg 1989). I also looked for confirmation on the emerging themes about stigmas, stereotypes, and labels by asking therapists about issues originating in prior interviews. This acts as a triangulation technique by asking the subjects for knowledge concerning other strategies for treating gambling and sex-related problems. Triangulation acts as a reliability measure in qualitative research (Fetterman 1989), so I used the information gathered by these questions to verify the subjects' statements as integral to recovery interpretive discourse. Berg (1989) suggests using triangulation in qualitative research because of its 'more substantive picture of reality; a richer, more complete array of symbols and theoretical concepts; and a means of verifying many of these elements, p. 87'

Following the conversational sequence, I built an understanding of therapeutic use of gender norms. Once gender was introduced as a topic, the respondents would often use examples of gender issues in treatment. The initial answers, in conjunction with illustrations throughout the conversations, create the gender narrative explaining the transformation of people into recovered addicts. Research should confirm, change, or deny theories and policies to build knowledge on a subject area (Rubin and Rubin 1995). This research elaborates on the construction of behavior into gender-based stereotypes, stigmas, and labels. Although most addiction typologies outline

addictive behavior, most do not indicate strict gender differentiation. What became apparent during the data analysis was a common use of gender-based typifications.

According to Layder (1998), building a typology is a useful research tool. The typifications, or concept indicators bridging links between the data, that result from this kind of analysis offer many benefits. The following quotation illustrates this point.

‘I am arguing that typification fills up a conceptual space concerned with behavioral implications which are not represented or captured in common-sense or everyday understandings. Therefore such concepts should be regarded as existing alongside member-defined concepts since they are not in competition for the same ‘factual’ ground or semantic territory. Importantly however, such concepts do add to the corpus in vivo concepts. The difference is that synthetic concepts are not simply grounded in the data of lived experiences or local narratives, but are also anchored to a chain of reasoning and analytic vantage point which gives their conceptual representation of the behavior in focus a rather different basis. In this sense such concepts are a unique amalgam of member-defined and formally defined elements which make them epistemologically distinct.’ (Layder 1998, p.82)

Therapists exercise personal power in the therapeutic process through diagnosing and treating patients for illnesses or conditions, but the therapists are also influenced by the historical organizations of the system within which they work. Typifications originate with the social control agents, but are also embedded in social practices (Layder 1998). Building on the interpretivist perspective, Layder (1998) suggests an additional layer of analysis inclusive of systemic effects that produces typifications. The typifications found in the therapists’ narratives offer insight into how integral gender stereotypes are to the diagnosing and labeling of addictive behavior. When asked about gender differences, therapists answer with their first response. Although they may have many thoughts about male and female addiction, their statements reflect a dominant frame.

#### Ethical Considerations

The study did not expose informants and subjects to any risk and participation was voluntary. At the beginning of the interview, the purpose of the study was explained,

confidentiality was assured, and consent forms were signed. I offered the consent form for copying in case the subject wished to have a copy for his or her personal files. In addition, I provided the name and phone number of the dissertation chair for further information. The tapes and files were either in my possession or locked in a file cabinet. To ensure confidentiality, the transcripts did not include the names of the respondents. The principal investigator was the only person with the knowledge of names and institutional affiliations.

The existence of addiction, its causality and its treatment, are controversial topics. Because of the complex nature of addiction, I knew therapists might have opinions that I would disagree with, so I was purposefully strategic in my relations. This approach was especially important because I was relying on referrals for more interview subjects. I did not disagree with therapists' comments during the interview. At times, I was asked about my experiences and opinions. I believed this to be a consequence of interviewing therapists who ask questions for a living. In those moments, I would either say that I didn't know what to think or I would echo a comment the therapist made during the interview in keeping with my role as a likable novice.

#### Limitations of the Study

I should add that I am an outsider to the recovery culture. I am not an addict nor am I a therapist. Because of this I may have been unaware of networks for sampling. The setting of the research may have influenced the study. The research area has several casinos and the comments made by therapists may be shaped by the prevalence of gambling. The findings may not be generalizable. I was unable to interview therapists working at a prominent rehabilitation center for sex addicts. Although there is a special license for gambling treatment and I was able to interview people with that license, there is no such companion license for sex addiction so the cultural legitimization may be different for these two specialties. Since the therapeutic culture in

the geographical research area does license Recovered or Ex-Addicts as counselors, these findings cannot be generalized to the larger population of addiction specialists who require academic training for licensure. In addition, many of the Recovered Addicts trained at the same institution and this may affect their commentary.

All but two of the participants scheduled an hour of time for the interview. Several of them commented on the time restraint during the initial conversation. Informants had warned me that therapists would probably only give me an hour of time because they schedule back-to-back sessions with patients. Because of this time limitation, I kept my interview questions brief. To fully gather ethnographic information, I would have benefited from longer interviews, participant observation in groups, and more contact with counselors.



## CHAPTER FOUR

### GAMBLING ADDICTION

Prior to this research project, two news stories were published about the same time in the research area. One story told of a grandmother who had gone into a video poker establishment to spend an afternoon gambling while leaving her young grandchild locked in a car with the windows only slightly rolled down. The hot and humid weather soon overwhelmed the child, killing him while the grandmother gambled. The second story reported on a woman forced to live on a shelterless camp because of her gambling losses. The husband sat on a plastic chair in the accompanying picture while the copy explained how the wife's gambling problem led to their homelessness. Both of these stories told of increasing numbers of gambling women in the area and framed the issue as a potential problem for the community. Women traditionally don't break societal rules in the same fashion or in the same number as men, but these two stories foretold of a growing concern in the area media about gambling women. Rule formation and rule breaking are divided along gender lines and prompts questions about these differences. Is gambling tolerated when done by men, but not so when done by women? Are women more vulnerable to pathological gambling behavior and men less so? Are explanations based on rigid gender constructs? The therapists interviewed for this research project elaborated on the complexities of male and female gambling: risk, pleasure, and pathology.

#### Analysis

Gender is a primary focus of this research because of the disparity in male and female deviance and subsequent differences in stigmatization and treatment. I asked the therapists who I interviewed to describe differences or similarities they had noticed in their male and female patients' gambling behavior and, if it varied, how did they deal with gender issues in their

treatment strategies. The commentary from the interviews reveals that experts explain male and female gambling addictions with gender stereotypes and that these beliefs influence therapeutic frames of deviant behavior. Implicit rules of masculinity and femininity are used to explain gambling and the discourse is embedded in the social spheres of family, work, and recreation. I will describe the main gender typifications in these narratives and explain the consequences of these deviant labels. The interview data reveals a set of typifications employed by the therapists to explain gambling addiction deviance. The terms used to explain gender differences coincides with gender stereotypes about male and female roles. They are often paired together in the following narratives and used to demonstrate gendered behavior in opposition. The Escapist is described in terms of her differences from the Action gambler. The Bored Housewife is described in comparison to the Hard Worker. The symbolic construction of these typifications demonstrates how agents of social control transform people into deviants.

#### Escapists and Action Gamblers

The legacy of Lesieur's (1977) germinal work on compulsive gambling is his gambler typology. Compulsive gambling, according to Lesieur, meets psychological needs and he outlines the various motivations behind the behavior. Women are Escape gamblers seeking psychological relief through gambling. Men are more likely to be Action gamblers seeking stimulus through risk-taking. These typifications dominate the gambling literature so I expected to find reference to them in the narratives. The following quotes demonstrate the use of these labels in treatment.

MPM runs an addiction recovery business that employs several therapists. In addition, he consults on addiction issues throughout the country. He became a therapist after completing recovery from alcohol and drug addictions and has treated several gambling addicts. Growing up

in an alcoholic family, MPM's first experiences with problem drinking were due to an alcoholic father. Lesieur's labels figure largely in his comments.

KJ – 'Do you see any gender differences between men and women in gambling addiction?'

MPM - 'Okay, so to answer your question, I don't know except that what we're seeing is we're seeing a higher percentage of women becoming gamblers pathological compulsive gamblers, uh, than we are men. AA, GA used to be about 60, about 70-30 female. Today it's about 60-40 female male. Most of them {women}, most of them are coming in for slots and play video.'

KJ – 'Why? What causes that? What do women get out of gambling now they didn't before?'

MPM – 'Men and women gamble differently. Men gamble based, now this is generalization, men gamble generally for excitement. Have you ever walked to a crap table? Have you ever walked to a racetrack? See all high excitement energy that's going on. Women, if you ever watch a woman in front of a video poker machine, it's an escape and she's in a whole different world – she's gone.'

KJ – 'Really?'

MPM - 'Yeah, so one's excitement and one's escape.'

Gendered expectations shape this narrative; women are not excitement junkies or thrill seekers like men. MPM describes compulsive gambling women as depressed and seeking to detach from interactions and expectations. This idea is characterized by his comment that women 'are gone'. Women are more likely to be diagnosed with depression and researchers often debate the causal relationship of this diagnosis (Jack 1991). Are women more likely to be depressed, more likely to seek help when depressed, or are they just more likely to be diagnosed with depression? Men in this narrative are engaging in competitive games and interacting with fellow gamblers at racetracks and gambling tables. Men start in childhood building relationships with other men in sporting contexts (Messner 2000) and MPM's comments reflect this distinction. Male social contacts are enhanced by gambling; they are strengthening ties to others through gambling behavior and consequently acting out their masculinity. Women, on the other hand, are detaching from people which contradicts their roles as kinkeepers.

MPM's explanation completely differentiates men from women. Excitement is not viewed as providing a psychological release similar to escape, from personal problems or everyday pressures. Escape gambling in this context is a psychological barrier for women. It allows them to disengage from reality and prevents them from fulfilling role requirements. Action gambling increases male opportunities for relating with people and links them to the public, a traditionally male domain. Men are not deviating by gambling, but women are by failing to live up to their relational expectations with people.

The following quote comes from a social worker at a mental health facility. His interest in gambling addiction treatment stems from increases he has seen in patients seeking help for gambling problems. He is known in the community as a gambling specialist and his comments elaborate on the Escape/Action typifications.

TSF – 'There's a gender bias about gambling first of all. Women tend to do video poker or blackjack in my experience and much more video poker. It's much more available. It's uh, less intimidating. They're almost always in a cubbyhole or smaller environment just with that one machine. They talk about developing a relationship with that machine. They, they talked about the Pavlovian stimulus of the sound of bells, the chimes, the music and how it just how they get excited just hearing that noise. Uh, it has a perceived skill level and it doesn't embarrass them. It won't say why did you play that card.'

KJ – 'Right.'

TSF - 'Uh, they'll play blackjack because it has, uh, uh, a parallel play reality to it in that they are playing with a dealer and there may or may not be people near them but it has again that, that more of a skill level to it. So I see that as a, so if there's a progression I would say it's when women go from video poker to blackjack. Uh, but I find women to be much more electronic oriented, and I think it's because it's less competitive. You know, if I had to sum it up in something it's just, it's a gateway for women. You know it's easy to sit down and learn how to play. It doesn't require, uh, going and taking a course or having to be with other people. Uh, men tend to be more willing to sit across a table from somebody and run a bluff and do all that kind of head stuff, that uh, competitive people like to do. Uh, I find men to be more addicted to, uh, cards, or uh, sports or if it's going to be a table game, it's usually going to be craps cause the odds are the best odds and I've seen men try to play the safety zone. Men tend not to say that their primary form of gambling is, uh, video poker but they'd say video poker before they'd say slots.'

KJ – ‘Right.’

TSF – ‘Because there’s still that perceived skill. Yeah, if you look around, there are gender differences. Another thing about gender that I’ve found was that there were women, the number of women presenting at a Battered Women’s shelter here had doubled, uh from 94 to 95 where they presented and gambling was a feature of their battering environment or they were coping with a battering environment. So women were either gambling because of they were being battered or they were being battered because the spouse was gambling. So I found it to be on both sides. Again, if you look at it as maladaptive behavior, it’s a great escape behavior.’

The Action gambler is competitive; he seeks stimulus and does ‘head stuff’ and this matches the masculine gender role of performance and success. Women are frightened by competition, according to this explanation, so the Escape gambler wants to get away from whatever her problems may be. The Escape typification encompasses many traits: fear of others, fear of judgment, the need to hide from societal expectations, the need to avoid a challenge and the need to avoid competition. Men will not even admit they play the ‘women’ games because feminine-typed behaviors harm their reputations; there is not enough action in those games to meet male needs. Women will not take classes to improve their skills nor will they confront challenges while gambling because they are unwilling to do masculine-typed behaviors.

In TSF’s explanation, he outlines a progression for women into more male typifications. If an Escape gambler is escalating in her deviant behavior, she will go towards more masculine games. We see this reasoning in his comment about women avoiding the ‘why did you play that card?’ question. Women are embarrassed by their inability and they are fearful of stigmatization. TSF does acknowledge women’s deviance and vulnerability, but reduces it to an electronic orientation women hold that men do not have. When he says that men are more willing to sit across a table from somebody and ‘run a bluff’ and women aren’t, he makes the point that men would never gamble like women because of the shame factor. In addition, the Escape gambler is linked to domestic violence. The women are either escaping psychological pains of abuse

through their gambling or their gambling is inciting violence. The Action gambler is not tied to such serious consequences in the therapist's narrative.

CAH works extensively with gambling addicts through group and individual therapy at a treatment center. Working with family members is an important focus of her treatment strategy. Although she considers herself an addictionologist and has worked with different types of addicts, a large part of her patient load have gambling problems. The following quotation comes from a discussion on the causes of addiction.

CAH - 'Um, I don't think there's anything more simplistic than the first look at genetically, uh, like alcoholism, there is, uh, a great deal of talk about predisposition, uh, one of the foremost psychologists uses the concept also of dissociation that, um, there's a piece of what goes on with the gambler about totally, if you will, zoning out everything else and let's say for instance it's a woman who generally will gamble for escape where a male, uh, it's more, uh, about the win, not the win but the challenge of the game – "can I beat this machine", etc. etc. Uh, both go to that place of totally disregarding, and that's part of maybe the OCD stuff, uh, consequences that they can pretty much count on, getting away from a job, "my husband, my life." They tell me this is the last time, etc. etc. And it's like where did that information go when you decided to take that money and to go and gamble? Didn't even register. Well, the family falls apart – they're furious, they're angry, they're frustrated. "You mean to tell me that it didn't make any difference to you that we'd lose our home or, you know, our car or whatever or the shame and embarrassment that you're writing hot checks" and the person's, like, in total honesty "It didn't even, you know if my head is a computer it did not come up on the screen" and the family just has a really hard time to get that peace.'

In response to the question concerning gender differences, she made the following comment.

CAH – 'This is one of the things that, uh, the people and I think that the reason that they {video poker machines} probably got voted out is primary to almost all of the women that I have seen do video poker, and it is about accessibility. It's like it's in every, I want to say gas station, service center kind of thing, it's right there.'

KJ – 'Yes?'

CAH – 'It's right there. Right where initially it would be an occasional trip to a casino, perhaps in Mississippi or Vegas or whatever, and they kind of store up money and would do what we call binging in that sense. Uh, but I had one woman who was going daily. She would drive back and forth before video poker was here and that's when she began to know that she was in trouble.'

CAH's Escape gambler is afraid of challenge, too, and the consequences of her gambling are devastating to her family. The Action gambler only wants to beat the machine and he quickly disappears from the therapist's narrative. Instead, CAH focuses on the injury created by the Escapist. Built into this pair of typifications is a serious failure on the female's part to meet her societal expectations whereas the male so briefly discussed above, is not described as harmful to the family. The Action gambler may cause problems in the family but go unexamined by this therapist. The degree of stigmatization attributed to the gamblers can impact the therapeutic work done with the clients and their families as well as their personal interpretations of their addiction.

#### Bored Housewife and Hard Worker

The Bored Housewife represents a variation of the Escape gambler because she seems to be an escapist, but she is acting out her frustrations with being a wife and a mother through her gambling behavior. The theme of gambling as acceptable deviance for women as opposed to other forms was a common one in the Bored Housewife explanations. She is acting out specifically because of her limited access to deviance and her gender role constraints.

The following quotes demonstrate an explanation for the increase in women gambling as well as provide insight into the influence of gender norms. OFB runs a substance abuse clinic in a rural area in the community where there are many video poker establishments and a large casino. Originally she studied addiction counseling because of a family member's addiction, recovery, and subsequent therapist training. She attended gambling training to receive her license to treat gambling addicts and she started a Gamblers Anonymous meeting for residents in her area. The therapists at her clinic screen for gambling problems but do not focus on gambling as a separate addiction, more as a related problem to chemical addictions.

OEB – ‘Uh, gambling is real acceptable right now, you know. I think people go in to it real innocently, just like they do with drinking. That 15-year-old, you know, that developed problems was doing it real innocently. He had no idea that one day he would be the one with X factor, you know, that inherited tendency. {Part of a larger explanation for addiction, some people are genetically predisposed}

‘But it is really easy to do it. You can go to lunch. I could go to lunch, you know. Where I ate lunch today, they’ve got a couple of video poker machines. Uh, most gamblers don’t go to casinos, they go to the store around the corner to do the video poker thing, and I really believe that to be true, just from what I’ve seen, but, uh, I know that one of the things about this addiction is women will go on their lunch hour from the bank and use the video poker machines when they go eat lunch or else use their whole lunch hour where they wouldn’t think of going to a bar and drinking and going back to the bank. So this addiction really has a lot more permission to grow and get bigger than the alcohol problem you know, it’s its’ just a whole different animal, and it’s real scary because of that. I know some women who would not think of being..., go home at night to a bar by themselves who will sit at a video poker machine or a slot machine for 8 hours nonstop and get home at 10 or 11 o’clock.’

I asked this therapist about her treatment of women and men for gambling and she discussed issues women face in gambling addiction recovery with financial losses. She had heard of women gamblers losing large amounts of money although she hadn’t encountered that in her practice. She went on to say:

‘The kind of stuff I’m talking about is the little housewife who goes in the afternoon after she finished the housework, you know, and goes to the slot machine or the video poker, and I don’t know how that affects that family as far as the money and stuff, but, you know, like, I know a lot of ladies who are using retirement money to gamble, so I’m sure that that must get sticky. And children must have to help and, and, that sort of thing.’

One of the striking features of this commentary is how gender expectations, even in deviance, make women fearful of stigmatization. The housewife cleans the house then heads out to gamble. Her exposure to gambling may be related to the increased number of acceptable hangouts with gambling machines. Lesieur (1993) mentions how integral hangouts are to male gambling. The Bored Housewife is described in terms of her ability to be in public places previously off limits to her.



Gambling women are linked to societal expectations in ways that men are not. In OEB's explanation of family problems gambling women face, the husbands and fathers are not mentioned. Children help their gambling mothers with financial problems, but men are absent from this narrative. OEB's Bored Housewife meets the gender role expectations because she only gambles at lunch or after the chores are done, but she breaks significant rules in that she spends retirement money and requires her children and other family members to help her.

Family plays a chief role in explaining the Bored Housewife though an explication of familial roles, the division of labor in the household, and gender norms. Therapists use family relations to explain how those requirements influence gambling behavior. The following therapist has worked in addiction recovery for over twenty years after successfully completing her own treatment for alcoholism. She also feels behavior addictions are still seen as moral weaknesses, reminiscent of the social construction of chemical addictions. She is licensed to treat addicts and does crisis assessments for a hospital in the research area as well as group therapy work. She explains the relationship between women, depression, and gambling.

USM – 'I see, I have seen more women that, um, you know, either go to the boats or video poker and they spend all the money. Maybe because men, if they're making {money}, a lot of those women and they're spending their husband's money, you know, they're married. I suspect that the men, um since they're earning the money, they may not have emotional repercussions, you know, that the women do because they feel so real guilty about taking away from their husband and lying to them and all that, and I think it's just different from men. I don't think there's less of a problem. I think I just don't see them in the emergency room suicidal – the men.'

'I think women, uh, in general have more self-esteem issues, more, uh, not knowing, you know, the men typically the last thing to go for a man is his job. You know, and women often times don't have a job or if they do have one, it's really not their identity like it is men and women tend to, uh, at least the older women tend to, uh, just have a lower self-esteem, you know. They're not fitting the norm of what the, uh, the perfect wife is supposed to be doing, and men, in gender, I, uh, guess what would you're dealing with them is their denial that there is a problem. I think women are more, uh, once they get to an emergency room or an assessment, they are very aware there's a problem. Men are more driven there by external circumstances and think they can handle it.'

USM is describing a key component of the Bored Housewife; it is not her money, she didn't earn it, and she does not have the right to lose it. She relates male gambling addicts to the world outside family. The male gambler does not suffer the same consequences as the female gambler. Women have suicidal thoughts and low self-esteem as consequences to their gambling. She introduces the companion typification to the Bored Housewife, the Hard Worker. The Hard Worker earns his money and is strongly connected to his work identity. He does not even believe he has a problem because he is meeting the needs of his family despite gambling. He is living up to his gender expectations, as well. The Hard Worker is driven by masculine role expectations but not those constructed in the family, those of father and husband. Instead, male gambling is situated outside the family in the worlds of business, work, and competition.

Women depend on personal relationships with spouses and children to define their identities, consequently these relationships shape their addictions or deviant careers. Therapists reinforce the personal/emotional elements in female psychology/experience by explaining their seeming relationships to machines. It is hard to see silent interaction with a machine as risk taking behavior until it is juxtaposed with gender expectations. Stepping into a casino or a video poker booth is a risk for women. Spending money earned for other purposes is risky behavior for women. Their consumption patterns are oriented towards clothing, make-up, magazines, and food – things that helps them meet beauty expectations and familial obligations (McDowell 1999). In other words, they consume things that help them to be socially acceptable wives and mothers. Making the choice to spend money on gambling-derived pleasure veers away from stereotypic norms for women, making them risk takers.

Another therapist explained the increase in women gamblers because of recreational gambling's acceptability, elaborating on the Bored Housewife by explaining the husband's

problems. BCA works in a predominantly rural parish that permits video poker machines in restaurants and convenience stores and is close to a casino in another parish. She is a recovering gambling addict with several years of sobriety. Her comments combine both the Escape/Action dichotomy and acceptability explanations of gender differences, but she furthers the narrative of the Bored Housewife account by blaming gender expectations specifically.

BCA - 'Women tend to play noncompetitive games. I have never met a woman that did sports betting with bookies and stuff. Mostly men do black jack or craps and stuff. And by the way, in this area, nationwide 20% of compulsive gamblers are women. In Louisiana it's more like 60 to 70%. If you ever go to a GA meeting you will note instantaneously because there are always more women than there are men.

'And these women traditionally for the most part are not career women. They're housewives, the homemakers who have been sitting at homes waiting for an addiction to happen. It's like these are the women who would never have gone to a bar room during the day. Never because I mean, it just wasn't proper. But they'll go to Joe's Pizza or Betty's Po Boys, any of the legitimate places you can go play video poker all day. And, of course, they are gambling the mortgage money and the utility money and the grocery money and usually takes about four months for the spouses to get wind of what's going on. The bank calls and says 'Mr. So and So, you are four months behind on your mortgage. What's going on?' And this man thinks its being paid all this time and I want to tell you they are royally pissed.'

'And I think that's where a lot, one of the reasons for a lot of recidivism is that emotionally they beat the crap out of these women. They are just unforgiving and so the women stay real depressed. Their self esteem is non-existent so its like why not? It's an escape for women where men don't tend to use it for that. Men gamble in the competitive. Men like to compete with each other, compete with the table.'

KJ - 'So they do black jack?

BCA - 'And craps. Whereas women, the world consists of this little four foot space. "There is the machine. There's me. Nothing else exists." It's called relief and escape gambling and uh, traditionally that is what women do. Certainly I was doing it.'

KJ - 'Do you have to take that into account in terms of treating them? Because women have different issues?'

BCA - 'They have much different issues especially if they are married and their spouse is not supportive. I hate to say this. I almost go into it feeling hopeless. Knowing this woman's chances of staying clean are just so slim. Because if her spouse isn't going to support her and help with this. And I do everything I can to get him in there but most of the time, they are too angry to

even talk about it. They just want her to be bad and wrong. They don't want it to be about addiction or sickness or any of that kind of stuff.'

The comments on gender differences locate both men and women in the family context. This narrative explains women's vulnerability to gender role constraints. Middle class housewives are bored and unhappy. Gambling because of its acceptability is a way out of psychological problems caused by gender-based limits. An unhappy wife can lunch and escape from boredom and frustration built into family, according to BCA. Men, in this scenario, are going about their lives, fulfilling their role expectations as providers, assuming women are obeying the rules. Again, they are cast as Hard Workers in comparison to the Bored Housewives. Although BCA is not explaining male gambling in terms of their work roles, she is explaining the husbands' reactions to their wives inability to conform and function to the roles of wife and keeper of the house. When the Hard Worker husbands find out that their Bored Housewives have gambled away the finances, they are blind-sided. Men expect conformity from women and because women typically manage the bill paying (Rubin 1994), they can gamble in secret. Only with failure to make the bill payments are the wives exposed for their deviance and sickness. The differences between male and female gambling addictions are explained by the disparity in gender roles. Power to gamble away the assets is a unique position for women to be in because of their historical exclusion from controlling the family money which could explain the intensity of the husbands' reactions described by BCA. Women have historically faced the consequences of male gambling on family finances (Berman and Seigel 1992), but men have more rarely been victimized by this problem.

#### The Angry Housewife

PFT treats gambling addicts for one of the larger parishes in the area and was himself an alcoholic. Although licensed as an addiction therapist and a gambling specialist, he is not a

gambling addict himself. Most of his patients come from state referrals and he has worked in recovery for more than twenty years. He believes women are especially vulnerable to gambling's lure as a means of escape, but he elaborates on escape as a purposive choice.

Gambling becomes a powerful tool against abusive or neglectful spouses. His Housewife is not bored but angry instead.

PFT – ‘And one of the reasons I think that I see so many women video poker addicts is because of that, uh, it’s the correlation of, uh, of people who are women who have been physically abused, uh, I mean violently hit and slapped and, and put down and stuff like that are extremely high. You know, and this is a way for them to get away, you know, so I think it makes them sitting ducks for addiction for a behavioral addiction such as uh video poker.’

He goes on to explain that women gamble as a means of retribution.

PFT – ‘I can, I have several women clients that got into video poker and some of them have done it intentionally, uh, because they wanted to, uh, they wanted to really financially punish their husbands for how they either neglected and/or abused them. And in the process they became addicted themselves and now they can’t quit, but, uh, uh, I, I have one gal that is 37 years old whose husband is in his mid-50’s and was getting ready to retire and she blew his entire retirement account, she put a mortgage on the house, the whole damn thing. He can’t retire ever.’

When asked about the husband’s reaction to his client’s behavior, he stated:

PFT – ‘My, my, actually he’s pretty docile now but he had, he had, he used to beat her pretty regular. The other one, uh, these guys are both former cops by the way.’

KJ – ‘Really?’

PFT – ‘Uh-huh, and uh the other one uh had heart surgery about 5 years ago, open heart surgery and bypasses and uh, his wife went to the hospital and told him while he was in the hospital, “if you ever hit me again, I’m going to hit you right in your chest.”’

Outlined in his comments are many motivations for the Angry Housewife to gamble: escape from problems, payback for previous abuse, and hostility towards men. All of these rationales coincide with gender stereotypes about female victimization and passive aggression. The Angry Housewife is an extension of the Bored Housewife. She is reacting to gender constraints in a new way. She uses her opportunity to gamble as a way to even the score. Women

are framed in this narrative as powerless to escape male control in marriage and relationships so they plot revenge and punish them financially. They strike back when they can no longer take the abuse or the spouses are particularly vulnerable. Gambling could be secondary to the goal of payback and act only as an expedient means to spend men's money. Through their own actions, women become 'sitting ducks' to gambling's addictiveness. The Angry Housewife is escaping from marital problems, but she is also empowering herself by responding to prior abuse. The standard notions of gamblers being out of control and chasing losses are absent from this narrative. Women gamble for revenge and concomitantly become addicted.

#### The Angry Housewife, The Little Old Lady, and The Egotistical Male

A therapist who works for the state may see many kinds of addicts in his/her practice but can also specialize in a given area. RNB treats gambling addicts for her parish. She graduated with a degree in social work, but is licensed as a substance abuse counselor and a compulsive gambling counselor. Her first job was in the recovery field and, unlike many of the therapists in this study, she has not experienced addiction in her own family. Her explanations of gender differences are the most complex and multi-faceted; she includes the common female gambling descriptions, but also looks at male need for power and control. She was one of the few therapists to locate discussions of male gambling in a family context and female gambling in a work context. She builds on the Angry Housewife but introduces the Little Old Lady and the Egotistical Male.

RNB - 'Oh, I could tell you stories that would make your hair stand on your head in the 30 years that I've been in this business, but I tell you, the 30 years that I've been in this business, this thing called gambling is worse than any addiction that I have seen because so progressive and such a fast, fast span of time. You got people who don't know what hit them, okay? You got little old ladies who never gambled in their life dealing with the death of a spouse or child or real lonely and "all of a sudden here's somewhere for me to go. There's some excitement. I feel good when I'm here, you know, so I go here often, not knowing I'm developing a problem here now, when I'm coming here every day, taking my money. Uh, draining my savings account, put the

second mortgage on my home, about to lose my home, having to go live with my child because I've lost my home, okay?" Depressed, ready to commit suicide and they still don't know what hit them.'

'Now women gamblers, women gamble 'cause of self-esteem, relationship problems, they had, "I had fight with my husband, me and my husband not getting along, I got the kids on my back, the job's on my back, I just need to get away, you know, I need some time to myself so what do I do? I go down to the river boat where music is playing, they're serving the drinks, everybody's laughin', money is hitting the pan, you know, so I feel good here, and then I find this machine that I like, okay? And I call it my machine. I personalize it, okay? This is my machine." And some people are so into personalizing that if someone is on that machine, they will sit there and they'll sit there and they'll wait until that person get, in the meantime they're sitting there saying "I wish that sucker would get off my machine. Look at him playing my machine. I'm going to get angry, okay?" Get really angry and then when that person... they live on that machine, they play on that machine for hours and sometimes days at a time, okay?'

'But they don't think about the pain that's back home. They don't think about the kids. They don't think about the husband who just beat them or either cursing them out. They don't think about the problems on their job that they have to face the next day, everything that they are dealing with is tuned out when they're sitting at that machine, okay? It's not about poor compulsive gambler, it's not about the money –it's about the high, it's about the buzz, it's about that feeling they get when they sit at that machine.'

'The males gamble – egos. Now you see a male around a dice table, he's not going to "just throw out the dice." He's all "come on baby." He's, he's excited. He's, it's like my thing, you know, it's like, okay? And the male gambles for power. It's a power thing with them. If they're feeling bad about themselves or had a fight with the wife and she just made him feel less than a man, "I'm going over here to this roulette table or this blackjack table and, and I'm going to show them what kind of power I got," all right?'

Both men and women in this narrative are escaping pain from relationships and work.

Although she says men gamble to gain power, her example links masculine power to being a husband, the only therapist to do so. The Angry Housewife has the ability to emasculate her man through fighting and the Egotistical Man must regain it through gambling. The Little Old Lady is especially interesting given the large number of elderly women at casinos and their relative non-existent participation in crime and deviance. The women she describes are avoiding abuse and family responsibilities but they are gambling for excitement, a previously masculine attribution. She believes women gamble to achieve numbness, because they are angry, or to get high.

Although she uses images of family to describe gambling, RNB describes a wide range of causal factors. Low self-esteem, unfulfilling relationships, and recreational needs are prominent in her typifications. The male described in her statement is reacting to his role as a husband and father as well as his need for ego-boosting. He gambles not to make friends at the roulette table or to compete with others. He gambles to establish himself as a successful male and to gain power.

### Counselor Variations

Professional Exes and academically trained counselors do not always coincide in their rationales for addictive behavior, but there is great overlap in some areas. Both the Exes and the academics discuss Escape and Action gamblers. Lesieur's typifications are so widely disseminated that this result is expected. The Bored Housewife and Angry Housewife appear in the narratives of both types of counselors as do the Hard Worker. Where the counseling frames vary is in the Little Old Lady and the Egotistical Male. Social workers introduced these typifications in a comprehensive frame explaining many kinds of gamblers.

Differences do lie in the depth of each frame. TSF is an academically trained counselor and although he agrees that women are Escape gamblers and men are Action gamblers, he uses a more thorough analysis of related social problems in his explanation. He describes the progressive steps in the behavior and offers a more in-depth exploration of motivations and psychological provocation. CAH comes from an academic background and she used diagnostic terminology as well. She links gambling to obsessive compulsive disorder. Counselors working from academic belief systems are more likely to invoke societal causes and personality traits. OFB and RNB both come from the paraprofessional track and have very similar explanations for female gambling. They both describe biological causation for addiction and explain female



gambling in terms of accessibility to gambling machines and acceptance of women playing video poker in restaurants.

## Conclusion

The therapists in this study reify the traditional gender roles in the family through their typifications of gambling women and men. Throughout their explanations of gender differences in gambling addiction, one hears the family invoked. Some gambling women are escaping family expectations while others are openly defying them. The therapists attribute an emotional core to women gamblers that is lacking in men. Most of the males they describe gamble only to prove their masculinity, their power or domination. When women gamble to establish power it is because they are hostile and vengeful wives and mothers. Only one gambling expert located male gambling in relation to family problems.

According to Neisser (1994), the family has changed shape in recent years. The traditional image of man, woman, and children in the nuclear family is gone, but the ideal lives on and guides male and female behavior. "Family values" has become a catch phrase for politicians and legislators and it implies a correct way to have family. These therapists buy into these notions as well. Neisser believes 'social control is never benign' (p. 264), so if this is true, are social control agents invested in perpetuating their version of family? If so invested, by treating gambling addiction, therapists can reframe patient behavior along these normative lines using the typifications described in their narratives.

Using the family as a normative guide is not unusual. Gubrium (1990) states that family is often a mechanism for attributing normalcy or deviancy to people or social practices. Public figures and social control agents talk about family and use family metaphor to make their

political statements. Family constructs are common images that societal members can identify and understand.

‘If family reality is the product of descriptive practice, family discourse can be understood as a form of social action through which aspects of social life not only are assigned meaning but also are organized and manipulated - that is, controlled.’ (Gubrium 1990, p. 132)

These gambling addiction typifications explain gamblers along gendered lines and, in turn, familial ones. The distinction in this process is between men and women. Men are not metaphorically tied to their families in this discourse. Instead they inhabit the world of masculinity outside of the home and inside work and the world. The danger in this process is tying women to social relationships that men escape. The male addict might leave treatment without examining his role requirements. The female addict is almost certain to identify her problems with mother and wife role requirements. She may blame the limits of these roles for her gambling behavior in ways men might not. She may also attribute domestic violence to her gambling behavior. Three therapists described physical and emotional abuse as a common reaction to gambling women.

Scott’s (1981) study on the socialization of blind men showed how the ideology of a case manager could influence the identity of the client. Blind men were encouraged to take on the identity of a disabled, dependent person because it matched the beliefs of the caseworker. Therapists have this same power. If a female gambler comes into therapy seeking help, she may walk out believing herself an angry wife or an inept mother. The male gambler may never be encouraged to explore his intimate relationships as a source of problems. Instead, he might conclude inadequate masculinity is to blame and only the role requirements of man will be challenged. People approach therapy as a transformative process. Their assorted sets of behaviors are introduced in therapeutic dialogue and the patients rely on the professionals to frame and

label these behaviors. By using those typifications, therapists are constructing particular symbolic systems to transform the people into gambling addicts.

## CHAPTER FIVE

### SEX ADDICTION

People interpret sexual feelings from a combination of mental and physical stimuli, labeling the information as good or bad. They choose actions to perform their sexuality and label themselves as heterosexual, homosexual, or bisexual. Although typically a private experience, sex acts and sexual stimuli are embedded in social context. People interpret feelings and emotional states as sexual and decide whether the sensations are derived from either appropriate or inappropriate conditions. Physical sensations such as trembling and nausea could be desire, fear, or illness. Each person has to correctly assign meaning and attach it to specific experiences and make behavioral choices based on those interpretations.

The rules and meanings governing sexuality are societally driven. They stem from religious and cultural beliefs that delineate standards for partners and actions in the sex act (D’Emilio and Freedman 1988; Masters, Johnson, and Kolodny 1992; Gagnon 1977). Opportunities for sexual expression are constrained by social control. Normative sex, depending on the definer, has many contested elements: gender and age of partners, whether the sex is within marriage or not, and what genitalia are used in the act. Rubin (1993) says normative or “good sex” is comprised of married heterosexual reproductive sexual relations. This standard stems from Judeo-Christian ethics promoting childbirth and monogamy to stabilize the family. Deviant sex or “bad sex” is many things: prostitution, homosexuality, public sex, cross-generational sex and many more acts. At any given time in history, behaviors are debated and punished or rewarded (Demilio and Freedman 1988). Sex connotes many factors including interpreting feelings, choosing actions, negotiating with a partner or partners to perform acts and concluding physical or emotional expectations or needs. With whom will sex take place? How

often? Will artifacts be allowed? Will force be used? What genitalia are involved? Does money change hands? All of these criteria are relevant in determining normal and deviant sexuality. Sex addiction is a unique arena for analyzing the social construction of sexuality. The criteria for diagnosing a sex or love addict reflect many of the contested areas for sexual behavior.

Gender is a primary factor in defining normative sex and consequently the parameters of deviant sex, too. Specific sexual roles are assigned to men and women. Men are the seducers and if they fail, they lose prestige (Messner 2000). If they succeed, they gain prestige. Women are the gatekeepers; they choose if and when the sex acts take place (Lorber 1994). The most common gender difference is that of the double standard - the slut/stud label distinction. Men are allowed and encouraged through norms to have many sex partners and their value as people is not lowered because of promiscuity (Carnes 1993). Women are discouraged from having multiple sex partners and are devalued because of premarital sex and promiscuity (Tannenbaum 2000). Women are often punished more severely and more publicly for sexual wrongdoing (Schwartz and Rutter 1998). Males and females exhibit different sexual behaviors due to varying levels of social control.

### Analysis

The notions of masculinity and femininity are often presented as polarizations, sets of traits in opposition to each other (Lorber 1994). They represent companion behaviors that complement one another. The therapists in this study use gender-based typifications to explain sex addiction. Their narratives often pose related typifications for men and women that reflect reciprocal gender norms and that work together to represent gender stereotypes in sexuality.

### The Predator and The Voyeur

NMS is a recovered alcoholic. He works in a private practice and has seen clients for many different types of addiction. After explaining that most of his work with sex addicts had been with males, he outlines his understanding of the issue.

NMS – ‘Most, most that I see fit the predator model. Uh, the, uh, the ones that I see and the ones that I treat fit the predator model. Uh, it’s uh, it’s one thing to be a voyeur, uh, it’s another thing to be a victimizer. When you’re a victimizer, you’re talking about some pretty significant boundary violations, and that’s with sex addiction. That’s often where I draw my distinguishing lines is, you know, one of the things I look at. What are the boundary violations and what that tells me, you know, once I can establish what those boundary violations are, then that, uh, that in a way sort of dictates the type of treatment plan I’ll offer.

KJ – ‘And where would you go with, I mean, how would you treat a predator versus some other kind of sex addict?’

NMS – ‘Well, if a predator’s, you know, if you’re talking about a predator who is, uh, who is very active and who really doesn’t have the capacity to self monitor himself, regulate his behavior. You’re talking about, you’re talking about some form of institutional treatment. Uh, you know, if you’re talking about a predator with some ability to self modify, self regulate, then you know, uh, we might be, you know, I might be talking at that point about some pretty significant outpatient work and SAA group. Um, if you’re talking about somebody who, let’s see, uh, occasionally who occasionally engages in some voyeurism, um, you’re talking about simple outpatient treatment and, uh, and helping them restructure some behavior, if that behavior is discomfoting to them.’

KJ – ‘So if they want to make changes because they don’t feel their behavior’s appropriate rather than the criminal justice system being the instigator to get them to stop?’

NMS – ‘Yeah, you’re talking about somebody that engages in a certain kind of behavior, you know, they deem to be socially unacceptable and they get into a conflict sort of an internal conflict about their behavior. Well, you know, “I’m doing this and I don’t particularly, uh, I enjoy it and at the same time I feel, I think that this is wrong.” Uh, they experience some emotional discomfort about that. That would be what I mean and the issue then becomes help, just helping them straighten out the emotional conflict within themselves and helping them get back in line with their own values and belief system.’

NMS describes the Predator as needing institutional help, but he also goes on to describe other kinds of addicts who are simply acting outside of acceptable sexual standards. He seems to be referring to Carnes’ level two behavior and level three behavior. Voyeurism is a problem but one

that requires an adjustment to the addict's value system and is differentiated by the more harmful issues of force described in the Predator.

### Frigid Wife and Normal Husband

The following comments from AFL illustrate a picture of sex and love addiction with related typifications based on access to sex and control of sex. After being treated for addiction in the 1970s, AFL been working in the treatment area since then. Therapist AFL describes his dilemma with defining sexual addiction based on a normative standard. Gender is invoked several times to explain distinctions in his definition of normal sexual expectations. Below is his delineation of the Frigid Wife and Normal Husband typifications.

AFL - 'Well, again, you know, when you say what is a sexual addiction process - is it something abnormal? Our culture struggles with normal a lot about sexuality. Uh, what is normal? I've heard, uh wives complain that their husbands must be sex addicts because they have a strong sex drive, stronger than them. Uh, they maintain the same sex drive into the 40's, mid-40s, that they, uh had in their 20s and yet the wife may no longer have her same sex drive or vice versa. I mean, and so therefore, the man, they must be sex addicts. '

'Well, reproduction is such a primary function of the species, uh, and you're given such strong and instinctive drives to reproduce that people, I think, in our culture tend to define aberrant sexual behavior as if it's non-monogamous, uh, uh, more frequent or different than what has been established as the norm, you've got to remember what was the norm but Judeo-Christian pure fanatical Victorian mentality that overlaid everything as a function of birth control. I mean, you know, what was the, what's, you know, what's religion but a form of, one of the functions of religion, I believe, is economic necessity of marriage because a woman when she's pregnant and trying to bear and raise a child can't fend for herself very well. You know, I mean, when you're an agrarian society, you know, how you going to plant the field, shoot a deer, and raise a baby. You just don't do it, so you had extended family structures and there's a tribal mentality and all that and so, and they are much less structured. They didn't have the same structural context to sexuality that we have placed, say earlier in our culture. Um, so think a lot of normal sexual behavior gets labeled sexual addiction because it differs from some significant other or some person who doesn't understand normal sexuality, and I have seen a lot of people beat up.'

The Frigid Wife is involved in the marriage to ensure the success of her offspring, but she is also influenced by religious and cultural definitions of appropriate sex. He mentions that acceptable behavior may be negatively labeled as sex addiction if it 'differs from some significant other or

some person who doesn't understand normal sexuality.' The Normal Husband seeks sex because his drive is still strong but given his wife's attitude about sex, he is labeled a sex addict and pathologized for possessing a normal sex drive. Control is both a female and societal based problem. Women control the resource of sex and society dictates the standards of acceptable sexuality therefore controlling people's behavior.

#### Domineering Woman and Fearful Man

Therapist AFL goes on to say that mentally ill people suffering from paranoid schizophrenia may act out sexually and people with dependency issues and profound anxiety seek relief through sexual activity. These people may or may not be sexual addicts but he comments that sex is a process used by people for many different psychological releases.

Whether these releases are healthy or not is in the hands of the therapist, according to AFL. The following statement points out an example of this situation.

AFL - 'I guess another way to define what is sexual dysfunction, uh, causes severe problems. May have a history, uh, they may, the person perpetuating this particular problem may have had sexual dysfunction perpetrated onto them. They may have been victims of incest, rape. Uh, they may use it [sex] as a function of power and control themselves. They may not even use it as a function of sex or intimacy as a function of anger and aggression and get even, like, you know, the people who dance, exotic dancers, are they sex addicts? No, uh, they are people who are into using the demonstration of their sexual body parts as a function of acquiring power of control and economic power. You know, uh, it's not about love at all. It's usually about aggression, you know, uh, some of the studies I've read is that exotic dancers don't like men at all. They hate the son of a bitch, you know.'

He enlists victimization as a possible cause for sexual problems. He is not necessarily locating causation for sex addiction with rape and incest, but he is examining the issue of power and control as it applies to female sexual choices. Women are more likely to be victims of rape and incest. They are the majority of exotic dancers. He explores this theory with a description of exotic dancers' desire to have power and money despite their hatred of male customers and that



these possibly victimized women use their bodies to regain control from despised men. In a later comment, he explains the customer's behavior and the Fearful Man emerges in his narrative.

AFL - 'What's he looking for in that exotic dancer? Number one, safety because he doesn't know how to take off his clothes, um, and be intimate, communicate, vulnerable, know doesn't know how to be economically responsible in a relationship so all he can do is go out and drink and raise Cain and drive his pickup truck around and then go throw his money around, maybe even hire a prostitute. I know, I have had male patients who never married and their only encounters with intimacy are from hookers a couple of times a month. Are they sex addicts? I don't know if addiction is the right word. Do they have sexual problems? Do they have intimacy problems? Do they have relation problems? Do they have self-esteem problems? Yeah.'

Men use these sexual services because they are unable to have intimacy, relationships, and self-esteem. By using the illustration of prostitution as a symptom of sexual dysfunction, AFL is invoking Carnes' Level One sex addiction. He is not directly referring to Carnes' typology but by including this example in his narrative, he is speaking to a strong gender-based norm surrounding the sale of sex. His exotic dancer is a cold angry woman seeking money, power, and control, but his customer is a frightened man who has problems functioning in dating relationships. Intimacy is invoked in the Fearful Man narrative. He seeks contact with women, an integral part of masculinity, but he is unable to connect in a dating relationship. The sex industry is the only available opportunity to have sex and intimacy. Schwartz and Rutter (1998) say that women fear stigmatization, sexually transmitted diseases, and unwanted pregnancies too much to have non-relational sex, whereas Bullough and Bullough (1987) maintain that women don't buy non-relational sex because of gender socialization, a lack of economic purchasing power, and physiological constraints of male erections. Males must be aroused to experience an erection which limits their abilities to perform coitus whereas women do not require physical attraction to have intercourse. The Domineering Woman and the Fearful Man are an interesting pair. He fears her anger, but needs her attention. She despises his weakness, but he must be weak in order for her to dominate him.

## The Whore and The Orgasmic Man

The following therapist, SCS, works in private practice after being treated for addiction years before. He has worked with the criminal justice system extensively and has seen both male and female sex addicts in his practice as well as other types of addicts. His comments expand on gender differences in sex addiction, sexual behavior, and non-relational sex. He believes men and women are looking for different outcomes by acting out sexually and that men and women suffer different consequences due to gender norms. At the time of the interview, he was treating men and women for sex addiction, many of who were referred by the courts.

SCS – ‘I don’t know. I think there would be quite a lot there, particularly in sex obviously, patterns of women’s versus men’s perception of sex and need for sex and such is so different, but, you know, I think you can certainly look at the idea that a woman who’s a sex addict per se and a man who’s a sex addict are viewed differently by society. A woman gets more shit for it because she’s termed a whore where a guy just gets, you know, he’s a stud or whatever, but I think in terms of pure addiction, it needs to be differentiated from somebody who’s just like likes to have sex, you know. I mean if you have a true sex addict you’re talking probably somebody who’s either masturbating 10 to 15, 20 times a day or having sex that many times a day, is probably getting raw, their genitals are getting raw. They’re, They’re not happy necessarily basically they’re, they’re either jerking off or they’re having sex in order to relive anxiety and tension to the extent that it can actually become painful, unpleasurable, and, and just a cycle of pain and misery. Uh, I think severe cases of sexual addiction are, are like that – not like what you think, oh, somebody just likes to have sex.’

SCS – ‘And I’ve seen more men, uh, acting out sexually. Uh, but I also have the belief system that women who act out sexually, as long as they are acting out, uh, with legal age, um people in heterosexual fashion, uh, there isn’t any publicity. You know, it’s looked at different and, uh, you know, since all this is secretive, uh, they can do it forever. You know, people don’t come and go, uh, you know, this nice looking woman down the street who’s doing everybody, you know.’

KJ – ‘Some people suggest that men are more addicted to sex and women are more addicted to love. Do you see any differences?’

SCS – ‘Yeah, I think they’re, uh, looking for different things. Uh, in the book, uh, The Illusion of Love, uh, which is really, uh, an excellent book, and, uh, it serves to answer the question why battered women return to the batterer, but, uh, about half of the book is set up to explore the dynamics that go with this and that and, uh, you know, the females tend to be looking for that, uh connection way back during the separation and individuation time. Uh, when you want to have enough memories of mom or primary caregiver being good enough and you being of personal

worth and value and when you get any discomforts, she comes or he comes, primarily she, and fixes that and makes it go away, and as the years go by and you get frustrated and get jammed up and get in pain, you have enough memories, enough positive memories to understand, you know, this is only temporary and I'll get through this and we'll all be okay. That, that part doesn't take place, uh, and I think that a lot of females, uh, then attempt to get those primary needs that were never met, met, and uh, the love addiction component is picking people who cannot do that. But you pick them again and again, uh, and, you know, like a lot of women, uh, have affairs, uh sexual physical affairs when their initial motivation was, you know, just connection, somebody to talk with, somebody accepts me, somebody understands me, somebody puts some value on me. But the dynamic of that from the male component is, yeah, and then, in exchange for me doing this, you know, this [sex] needs to take place and it always does. I, I don't think, uh, you know, males can get a whole lot more, uh, they're visual oriented a whole lot more one dimensional than that. Open a magazine, put on a video, uh, you don't have to worry about, uh, what kind of day she had, is she 'pms-ing', uh, you know, what uh, her parents are, you get to where you turn the off switch on the VCR, close the magazine and that wraps it.'

SCS – 'Yeah, uh, the, the, uh, sexual component, uh, and for men it's always orgasmic, you know. It's like we get something kicked off and it ends either in copulation or some kind of thing, or that they're orgasmic and, you know, uh, men. That's typically, I don't believe, the goal at all to the women.'

He goes on to make the point that women are meeting emotional needs and men are looking for sexual gratification. Due to childhood intimacy issues, the Whore and the Orgasmic Guy both seek intimate connection but through completely different manifestations. The woman he describes most closely resembles Shaeffer's (1998) Romantic Love Addict, always seeking a relationship that meets emotional needs but using sexual behavior to interest a man. Men, given the same developmental disruption, look for sex instead of love. His typifications demonstrate a true gender split. Men don't need the acceptance that women seek. Instead, the male need for climax is most important and non-relational climax is preferred. The parameters of gender-based needs are outlined. His female patients do not use sex acts to reach orgasms whereas his male clients do. Would the Whore need the redemptive label of Ex-Addict if her behavior is legal and heterosexual as mentioned by SCS? What does it take for a woman to be labeled unhealthy and deviant? The Orgasmic Guy experiences some resentment of female emotional characteristics.

He chooses masturbation to avoid intimacy. He doesn't fear it like the Fearful Man; he just doesn't desire it. Sex, for him, provides any emotional sustenance he requires.

#### Angry Man and Shameful Woman

Therapist BSL works in private practice and is not a recovering addict herself. Her addiction training comes from an academic degree. She relates sex addiction to a spiritual hole felt by people; that sex meets a need like alcohol and drugs do when used by addicts. She supports a gendered analysis of sex addiction and attributes anger to both male and female sex addicts when asked if there were gender differences in her clients, but describes women as experiencing much more shame.

BSL - 'Oh sure. Oh yeah. Most of my, uh, all of mine right now, uh, clients that I'm working with sexual acting out are male. Uh, with women there tends to be promiscuity, you know, but generally a lot of the sexual acting out has a rage component, an anger component. Masturbation in the mutual masturbation in the, uh, roundups [public sex areas], uh, areas mostly or have an anger sort of in your face kind of, uh, component to it which most women don't have. Mmm, so what I found with the sexual abuse is that the addiction, I mean, is that it's its mostly men. Um, haven't found too many women who are, uh, sexual in the addictions field, that it hits men more and but also that there's a greater shame with women. You know, women in our society are supposed to act like ladies and drink like ladies and have sex like ladies, you know. And so there's a greater shame to it. You don't have a component, you know, equal component of saying a man's a slut. You know, for a woman that's a, uh, insult. We don't have any kind of equal thing and it's kind of a pride thing if you're a slut, if you're a man, yeah. So that I think the shame is more with women so that you're going to have less women self diagnosing and less women seeking help.'

Her comments suggest that women may be addicted to sex at similar rates to men but social factors like gender expectations keep them from being identified and treated as such. She goes on to discuss sexual abuse as a causative factor in addiction by describing some of her clients' experiences with victimizing and their subsequent realizations that they were no longer victims but perpetrators. In each case she describes males acting out sexually, but she makes the point that not all sex addicts are abuse survivors. The following comment about women's coping strategies to sexual victimization illustrates this issue.

BSL 'Yeah, with women, you know, since we're not supposed to be angry because we're all supposed to be sweet, what I've found is that it goes into other ways, because, of course, we're angry, but I find that women uh, have eating disorders and that's a lot of where their anger is sublimated or it gets dumped on their kids, they're real sarcastic or they're uh, abusive in some way, I mean, you know it's a passive sort of anger because of not being allowed up until lately. Now you're finding more and more angry girls, you know, now because society is allowing them to be angry, so it's more straight and so we're having more women in prison, but, uh, traditionally women have not been allowed to be straight with their anger and so their, uh, sex, their anger of the abuse stuff goes into other ways.'

Gender socialization leads men and women to make different choices in their dysfunctional coping strategies or propels them to the most socially acceptable ones. When faced with childhood victimization, BSL explains separate trajectories for men and women. She directly links this to conformity's hold over women. Historical trends are used to explain variation in women's behavior. Using the phrase 'because of not being allowed up until now' locates female dysfunction as a freedom. Victimization provides psychological benefit. They are supposed to be sweet and not angry and this holds true for their destructive behavior, too. Women internalize gender norms and this leads to the progression of self-abusive behavior. Overeating and child abuse are directly linked to gender socialization and women's place in society. She extends boundaries of addiction by including behaviors like shopping and eating. The commonality is consumption. Although men and women suffer from sex addiction and its consequences; women feel shame and men feel anger.

Angry Cat, Fearful Man, Coke User, and the Predator

The following therapist works for the state and has been treating patients since the 1970s. After sobering up from his own alcohol abuse, he began training to counsel other alcoholics. He was worked in both private practice and various hospitals throughout his career. PTF strongly supports the use of twelve-step groups in his therapeutic practice.

KJ – 'Well, what about sex addiction? How do you think that, where does that come from? How is that different?'

PTF – ‘There are all different kinds of sexual addiction. There are survivors of incest who, uh, statistically, uh, half of them, if not treated, will become abusers themselves. The other half will become protectors of, uh, of kids. The, uh, other kinds - I saw a lot of people get into, uh, sexual addiction through chemicals, uh, primarily cocaine, uh. I heard some of the most bizarre stories of sexual orgies you've ever heard of, you know, and for example, uh, uh, getting in a bathtub with several gallons of mazola oil and having sex. What you do is you get loaded on coke first and, and initially when you start using cocaine, it is a sexual stimulus - the same with alcohol, the same with most other drugs. You know, initially it is a sexual stimulus. After a while it makes you become impotent but, but at first it's such a rush, you know, and, and people get again, they, they had that experience and they keep wanting to recreate it and they try and they try and the experience gets less and less and pretty soon you're taking mountains of the damn stuff and nothing's happening.’

KJ – ‘Right, it's correlated to the drug use and the thrills.’

PTF – ‘But it's, it's so especially with males, it's so, uh, almost everything I deal with is somehow sexually oriented. Males are so are so, uh, uh, committed and fearful of their sexuality that, uh, uh, anything that's going to to increase their sexuality is positive and anything that's going to decrease it is negative, you know, but it's all threatening, it's all threatening to them.’

KJ – ‘Why is it so threatening to them?’

PTF – ‘Because, well, I mean, throughout history man has always man has always thought he was the supreme one because of his penis, you know and testosterone, you know. When you look at that, you look at the uh, uh statues of ancient and primitive times, I mean, they're all sexually male and female. You know, they exaggerate the uh the uh the breasts and the and the stomach of women, and they exaggerate the genitalia of men, you know, and that's been since before recorded history.’

KJ – ‘Right. That's interesting. Well, tell me, then what are female sex addicts like?’

PTF – ‘In my experience, they generally have been abused. I mean, this is this is just a uh generalized statement, and I have no data to support that but almost every single female sex addict I've ever run into has been someone who was abused at one time or another - either as a child most generally or as an adult or as a teenager. You know, they may have run away and and got involved in some type of sexuality. Uh, kids who are drawn to cults are often drawn because of the sexual side benefits of it.’

KJ – ‘Well, when men and women act out in sexual addiction when there's been so much discussion about whether Bill Clinton's a sex addict because of his relationships but do men and women act out differently? Do they have different behaviors when it comes to addiction, sex addiction? How so?’

PTF – ‘Well, women sex addicts in my in my experience, and again now I think I probably am seeing just a uh small segment of this society of women sex addicts, but the ones that I see are

generally hyper-sexual and uh uh and want to uh have sex, and it's very much like - have you ever watched cats mating?

KJ – ‘Yes.’

PTF – ‘Okay, you know the process then, the female indicates that she's willing, the male then comes and mounts her and, and then she will literally throw him off and and attack him.’

KJ – ‘Right.’

PTF – ‘And then pretty soon she allows him back, and the poor guy goes through that time after time, you know, but that's how women sex addicts are. I mean, they will they will have they will attract, uh, a male and allow him to, uh, uh fulfil her need, whatever that need is - intimacy or whatever, and then they almost always attack them and uh drive them away and then get them they get them in this real schizophrenic relationship - come here, go away, you know.’

KJ – ‘Un-huh. What about men? How do they act out?’

PTF – ‘Men act out all kinds of ways. Men act out by, uh, uh being voyeurs, men I I know I know several ministers who are voyeurs.’

KJ – ‘Really?’

PTF – ‘Yes. Uh, they act out by being flashers. They act out by being child abusers - it's basically the priests that you hear about all the time and teachers and boy scout leaders and uh firemen.’

PTF sees sex addiction as completely different for men and women. He explains men as cocaine users, thrill seekers, perpetrators, and exhibitionists. Women on the other hand are bent on harming men due to explosive anger which results in sexual exploitation of their mates. Throughout these narratives female sex addiction is linked to prior victimization. Women's behavior is explained as angry and rageful, designed to pay men back for prior abuse. Male sexual dysfunction is rarely linked to victimization. Given that one in six young men is sexually molested in the United States, odds are that young men may manifest similar sexual dysfunctions as their female counterparts, but this issue is rarely introduced by these therapists.

PTF alludes to historical changes as well and he discusses anger and excitement quite extensively. He differs from BSL in that he believes female sex addicts use sexual behavior to

exhibit anger towards men on non-sexual issues. The ‘mating cat’ analogy is animalistic and violent but the cat is not out of control. The male is described as a ‘poor guy’ used by the female sex addict. Despite this analogy, PTF still believes women are seeking intimacy in addicted sexual behavior. The belief that women want to feel psychologically close to their mates is so integral to therapeutic discourse that even the violent cat metaphor doesn’t eradicate the therapist’s commitment to the idea.

Male sex addiction is linked to occupation and a need to watch people or flash them. The occupations he describes are positions of power and traditionally male professions. With the exception of firemen, all of these jobs require contact with children. He links addicted behavior to child molestation for men making them predators. This contrasts sharply with voyeurism and exhibitionism, behavior used to increase sexual excitement but also illegal. The Fearful Man and The Predator are the most common male typifications in these narratives. The Fearful Man is again paired with a female typification of dominance and retribution.

#### Empowered Slut and Egotistical Guy

The following therapist currently treats mainly college age women for sex addiction but has treated men as well. He works in a residential treatment center and has a degree in a social service field. His entrance into the recovery profession was due to an early job after graduation.

He has continued to seek jobs in this area because he enjoys working with recovering addicts.

YBD – ‘Okay, that the the girls that I’ve seen, uh, the college age, I think that that the self esteem was bad before it was low before and so this began as an act of sort of get intimacy to get approval and then they began to have consequences, and it began to snowball on them to where that was the only way they could get that because everybody was on their case. You know, when they found out, “what are you doing, what are you doing, you got so many boyfriends, what are you doing” and the parents would get down on them, and they would hear nothing but negative and consequences would happen that would make them, uh, feel extremely bad. For instance, waking up the next morning, you know, and there was a lot of dual addiction in terms of chemicals, too, because a lot of times they had to have something to set this up. They couldn’t just sober go into a bar and try to hook up and find somebody to sleep with.’



YBD – ‘Oh, yeah, especially with the girls. The girls that I've seen happen to be Catholic, uh, which added a whole ‘nother monkey wrench into it because they just were like, ‘I am just so ashamed, and this is, you know, how can I even show my face ever again because I've been doing these things’ and, uh, and the shame and the guilt only leads to more acting out because they feel unloved, they feel totally worthless and for a little while each night, they can feel like they are somebody, you know, like they have power and control again.’

KJ – ‘So the sex gives them power?’

YBD - ‘Right. The, the actual not the act itself but actually the whole process gives them power of being able to go in and pretty much manipulate a situation, and imagine if you're in college and these girls were were nice looking girls, I mean, they they certainly would not have problems finding boyfriends, I wouldn't think. Uh, and you go in, and imagine the power of being able to pretty much sit down with whoever you wanted to that was there, uh, and set this whole process up, and it empowered them, and so they would repeat this and and then the next morning they'd feel horrible, just like the crack addict, you know, the power of being able to go, get the stuff, you know, manipulate, uh, hiding the money, hiding the money from your spouse, hiding the paycheck, you know, taking money out of the bills and putting it back and trying to keep up and that whole excitement. You know, sex addiction, crack, gambling, very similar, you know, operations because there's a lot of hiding, there's a lot of shame associated with those particularly because they're not as socially acceptable.’

KJ – ‘Right.’

YBD – ‘Especially for a woman. I mean sex addiction for a man, I would think, would be a little bit more palatable because that's, he the amorous, aggressive male, you know, this is him sowing his wild oats and, you know, this isn't anything more than that, but a girl to do that, especially a college age girl, uh, it has much more shame attached to it and a much bigger stigma, uh, and SAA operates different than probably any other 12 step program that I'm aware of because you have to be, uh, interviewed, uh, by the people who are in the group, and there's 2 or 3 groups in town, I think, that operate a week, and if you're a woman who wants to go into SAA, uh, as part of your recovery, you have to meet with a woman, and she has to find out, are you legitimate or are you trying to get in here to hook up with guys who are sitting ducks for this, you know, so they go through that whole process, and it's much more secretive. You have to have the interview, say okay, come on, then you start with that, and there's only 1 woman in town that's involved in SAA and there's probably only about 10 people that go to that program.’

YBD - ‘The guys interview the guys and the girls interview the girls, you know, and the guys are looking, you know, ‘are you you some perv who's, you know, are you legit, do you have a legitimate disease process going on where you can't stop this and you need some support and fellowship?’ Once they go to SAA, it's very, very successful because, just by definition, to be involved in that group, you have to, you know, be willing to bare the most intimate parts of your life, so they, once they're hooked, they're hooked, and they tend to talk, they can talk about anything cause, man, ‘I'm already putting my bedroom out there for everybody to see, I mean, it doesn't get any more personal than that.’’

YBD - 'Yeah, and they these girls are there, and they're young, and they're attractive, and they're in SAA, and they know they're with sex addicts, sex addicted men, most of whom are probably over 40, you know, and, you know, cause the general MO of the of the male sex addict that I've seen is over 40, uh, single or divorced, uh, and he generally hooks up using the internet, pulls the pornography off the internet, uh, and that sort of starts the process that feeds the process, and he sees this stuff and it sort of excites him, so he goes out and tries to live this stuff. He has to find somebody to to, uh, to that's similar to what he sees on the internet, so he goes out to these college bars, and these guys are going to these places, and they're trying to hook up, you know, they're smoking the cigar, and they got the car coming up and they they go through these elaborate schemes because it's exciting, you know, to get somebody half my age, you know, uh, and so this girl is walking in here to this at 21, you know, uh, it was it was scary.'

He feels women are setting up opportunities to get power through sex acts but his comment about male sex addicts indicates promiscuity in males is normal and the males are just becoming men or 'sowing their wild oats.' His comments reflect the belief that women use their bodies to get attention. These typifications speak to the Gatekeeper/Initiator dyad. The Initiator must seek sexual conquests to support his male identity. The Gatekeeper must decline sexual offers to maintain her clean reputation. Men are 'feeding the ego' but women are acting out sexually to get to a normal level of control and men need to overachieve to feel good about their masculinity. The Gatekeepers get power by displaying their bodies and attracting potential suitors. The Initiators get status if they gain new sexual experiences. He extends this illustration to the SAA groups. The young women seek sexual power from the male sex addicts.

The Empowered Slut differs from the Whore mentioned earlier in SCS's narrative. The Empowered Slut is heterosexual as is the Whore but she has youth and beauty and gets male attention at her whim. She is stigmatized by her family and society. She feels isolation and shame so she is punished but acts out again to keep what little power she has. The Whore suffers less as fewer people know about her transgressions.

When asked about how men and women act out differently, he provided the following comments.

YBD - 'I think I think it works the same way as the other addictive principles. If you're acting out sexually, if you're going to have sex or you're going to hook up with somebody before, during, or after a problem, you could be using this as an emotional escape or a way to emotionally help yourself through a difficult situation, you've got a problem, you've got an addiction. Uh, and you and that requires a lot of honest introspection obviously. You know, I have to really be in tune with myself to be able to figure out, well, when I go and do these things, what's going on in my life at the times that I go and do these things, what's the setup? You know, did I have a fight with my boyfriend, and he broke up with me and I'm feeling unloved, so I go hook up with somebody else just to kind of ease that, you know, is this the stuff going on. Now, obviously, people that do that were not sexually addicted, uh, but if it's a pattern that continuously goes and it and it operates independently of what your other relationships are doing. Uh, maybe I had a bad day at work, you know, and I feel like, uh, the boss is really on my case and I'm feeling like I'm being persecuted. I need to go feel some acceptance and for and for the women that I've seen especially, they use their body for that. You know, they dress very provocatively and you can tell the ones that are getting well because their dress code changes as they go through treatment.'

KJ: 'Isn't that interesting.'

YBD - 'Now the young girl came, I mean, it was unreal. I told her you can't bring all that back here now. You can't bring all that on the unit, ain't going to be anybody able to talk about nothing in here. All right, that's right. Now I say, now look, when you go to the store, if they don't have your size, buy big not small, okay? Please.'

KJ: 'Isn't that interesting. I hadn't even thought about that.'

YBD - 'Yeah, and then after a while you'll start to see, you know, the the dress level goes up, goes down, you know, and, uh, uh, the tightness of the clothes, uh, at first they come in and they want to be noticed completely, you know, they just want everybody to turn when they walk in the room and look at them, just like if they were at the bar or the hookup spot, and by the end if they're if they're getting well right they come in like everybody else, they don't want anything specific, uh, uh, they're less, uh, acting out, trying to get approval in group, they're there's less of that, they're just like a regular Joe in group - they look like everybody else, if they get well right.'

KJ: 'Right.'

YBD - 'Um, and for the women that I've seen, there's a lot of borderline personality disorder that goes along with that, you know, feelings of, uh, intense insecurity mixed with feelings of power, plays right into sexual addiction, especially if you've got, you know, uh, if you've got a decent body going on for you and you can go out and it's easy for you.'

KJ: 'Right.'

YBD - 'You know, I'm insecure so I want to feel this power, I want to feel like I've got control, so I'm going to go out here cause I can control these guys. All that I've got to do is give them a look, and I can control what they do.'

KJ: 'For the guys, is it about control?

YBD - 'I think so. I, I think it is. It's about feeding the ego. Uh, for women it's sort of like to, uh, they tell me that it's, it's like bringing them up to normal to be able to do this. You know, they feel so bad about themselves, and when they go act out, it it sort of brings them up to a normal level, you know, the, the power that they get from it just brings them to normal. For men, I think it jacks them up, way up high where they have inflated ego, there's a lot of narcissism in, in male sex addicts where it's borderline personality disorder with women.'

Women use their youth and good looks to achieve power and control because they lack access to societal power. YBD describes elaborate rituals sex addicted women have around selecting clothing, partying, and attending SAA meetings. All of these bring power and control to the women. Men have better access to societal power and control and need to augment their sense of self with sex-addicted behavior. The additional high cements their egos or helps them maintain dominance.

The Victim

The following therapist is not an addictionologist, but she was referred as a potential research subject because she treats sexually compulsive patients. She works in a counseling center and came to treat sex addicts through referrals. Her training is in a social service field. She works with several sexual abuse survivors and she explains the linkages between childhood victimization, compulsive sexual behavior, and recovery. Her comments explain a key issue in sex addiction, that of abuse. Because of the sexual abuse focus of her practice, she spoke to victimization quite extensively.

WAS – 'Let me share this with you. Just a client I have, uh, that I remember had been exposed early on and through much of his teenage years to his mother always having sex with different men, you know, different man every night, that kind of thing. Just really a lot of acting out, promiscuity, and the child was sent to his room and told to be quiet and go to bed, you know, like at 8 o'clock and the kid was 13, you know, 14 years old. And, uh, then he started struggling, of course, with his own sexuality, with his orientation as well as just being sexual in general. Uh, couldn't decide if he wanted to homosexual or bisexual, heterosexual, uh, reacted by not having sex with women but was still interested in women but then having sex with men but then was

totally confused. So, you know, he, he was just all over the board trying to figure that out. I saw him when he was like 19 or 20, so he still hadn't figured that out.'

WAS - 'Um, and there was a lot of acting out behavior, and women can do the same thing. I mean, again, I kind of see them functioning at either extreme. They can either be, you know, extremely sexual or shut down completely, uh, or be so vulnerable that they fall into really, uh, get manipulated and then get hurt. They really don't know who the badger is, they don't know how to how to judge that and accept that.'

The Victim suffers in creating a sexual identity and has many issues regarding appropriate behavior for himself or herself. Both men and women, in her narrative can be promiscuous or be unable to function sexually. Because of their prior victimization, they may be targeted by other predators and suffer more pain.

When asked about how men and women differ in terms of sexual addiction, she made the following comments.

WAS – 'One difference that I pick up on which, I don't know how you'd take it, but, um, I don't know if it's societal or really is genetic in terms of that built in men are given more carte blanche with sex and women are given more guilt, that the guilt seems to, um, hit the women even quicker and bigger than it does the men. Women have an overdeveloped conscience maybe around that issue and men an underdeveloped conscience. I mean, so, uh, to me that might be one difference. Women can sometimes, I mean, so women can really get caught up in thinking about it, you know, and worrying even to some degree about the other person they're involved with and men are less likely thinking about who they were involved with and what the consequences to them are.'

Both male and female Victims suffer, but because of gender socialization concerning sexuality, WAS makes the point that females experience more guilt. In addition, when discussing 'acting out' behaviors for sexual addicts she's counseled, she did comment that men and women she had seen acted out very similarly. They acted out alone with pornography and masturbation, but also with others and that having sex with people was the most stimulating and risky for her clients.

The Victim is not gender neutral, she says, but males and females share more commonalities than differences

## Counselor Variations

AFL is a Professional Ex working in addiction treatment. He offers many contingencies in defining sex addiction. His typifications reflect the complexity of diagnosing the behavior and assigning the correct label. The Domineering Woman is either making a living or consumed with punishing men. The Fearful Man is working through intimacy issues or addicted to non-relational sex and he appears only in the narratives of paraprofessional frames. SCS, another recovering addict, outlines several nuances in correctly identifying the sex addicts. Female promiscuity is acceptable under certain circumstances and both men and women may be chasing childhood needs. The Whore and the Orgasmic Guy are functional and free from stigmatization until they are caught or have relationship difficulties.

Academically trained counselors were more likely to describe victim/predator distinctions although not exclusively. In addition, BSL and WAS provide a lengthy description of shame-based consequences for sex addicts. They discuss the social constraints of female sexuality and share examples of more acceptable deviance for women. YBD is a social worker and he discusses how gender limits access to power for women. Both YBD and AFL discuss women's power over men through sex and describe how women use sex to dominate male companions. Coincidentally, YBD and AFL work at the same treatment center and their shared view of female control may be institutionally supported.

## Conclusion

As Gubrium points out, the therapist has the power to construct the problem.

'It is necessary to name, sort, and categorize sights and sounds for parts or wholes to appear as distinguishable objects. Before those concerned can proceed with the business of treatment and recovery, the objects of treatment must be constituted. p.231'

The gender typifications described in this analysis represent competing frames about sexual deviance. The ability to label a person for sexual deviance is significant given the legal implications of those labels. How would patients respond to therapy given the references to power, abuse, fear, dominance, control, and shame in these typifications? Social control dictates many of these normative frames. The Domineering Woman can only exist in a society with an extensive sex industry. The Fearful Man can only be understood in a society that socializes men to be Initiators resulting in possible performance anxiety. These therapeutic frameworks indicate conditions caused by social forces, but the therapists in this study rarely attribute social conditions as causative factors in their typifications.

Tiefer (1997) argues that therapists do people a disservice when outlining normal sexuality. The medicalization of sexuality presupposes a framework to interpret sexual behavior as either normal or sick and that practitioners and therapists exert their power to determine sexual health. The end result is a set of labels and diagnoses that shape deviant careers and act as stigmas for people in their social interactions. The typifications used by the therapists in this study show the differentiations in how male and female sexual dysfunction is diagnosed and treated.

#### Comparison of Gambling and Sex Addictions

Gambling and sexual behaviors may both be seen as social problems that society creates and perpetuates through legislation and public response. Gambling and sex are both industries that coexist with other recreational businesses. Casinos pepper the coastline in the southern United States and several major cities host gambling houses. Sex sells legally through pornography and communications systems. One can find internet sex pictures for purchase around the clock. Gambling and sex are also illegal activities. Jurisdictions prohibit these

behaviors although the laws and punishments rarely act as a deterrent. The media often tell stories of sexual hijinks especially those of politicians and celebrities.

Deviant gambling and sex may be viewed as the personal problems of a small minority of people who cannot control themselves. Religious leaders preach about the sins of excess and law enforcement agents routinely arrest prostitutes, johns, and pimps. People making illegal bets are also apprehended and processed in the criminal justice system. Dog fights and sports betting in some states are two kinds of gambling behaviors deemed illegal. Gamblers and sexual deviants are also shunned. Pete Rose, a former Cincinnati Red, was excluded from the Baseball Hall of Fame for his gambling. President Bill Clinton was impeached for his sexual exploits.

Overall, gambling and sex addictions share conceptual frames. The typifications presented in this research represent diverse norms surrounding pleasure, excess, recreation, and deviance. Even though sickness was mentioned by the different therapists, most of their descriptions explore access and control of resources as well as accessibility and tolerance for behaviors. If someone gambles or has sex, he or she can do so within limits. If large quantities of money are spent, he or she goes beyond acceptable boundaries. If he or she has sex, acceptable behavior brings no consequence.

Availability is a key issue in both gambling and sex for women. Women can play video poker and have sex if they do so “under the radar” or without exposure. Female gambling and sex addicts are stigmatized when spending other people’s money or loosely distributing their sexual resources. The Bored Housewife, the Angry Housewife, the Angry Cat, the Domineering Woman, and the Empowered Slut pay a price for their behavior – the labels they garner earn more repercussions. Male gambling and sex addicts become deviant only when they victimize or harm others. The Fearful Man, the Normal Husband, the Orgasmic Man, and the Coke User do



not cross major boundaries. The sex industry is organized to accommodate these fellows. Ironically the Domineering Woman who sells to these men exploits their vulnerability and is stigmatized for it. The Empowered Slut takes advantage of the older sex addicts in SLAA. Female sex addicts are discussed in terms of their control over sexual resources whereas male sex addicts are described as wanting to avoid intimacy. Can male intimacy be considered a resource that men control and hold over women? This idea was unexplored by these therapists. Gambling women are penalized for losing money earned by men but completely lacking in these therapeutic narratives is accountability for male financial losses. In both gambling and sex addiction typifications, male and female addicts are held to different standards of behavior.

## CHAPTER SEVEN

### CONCLUSIONS AND IMPLICATIONS

Social control agents shape deviant careers in many ways. They have the authority to define labels, apply them, and the power to rescind them. Agents also create punishments and assign them based on collective norms and laws.

This research focuses on formal social control agents who utilize their interpretive capabilities to diagnose and treat deviant behavior. Mental health professionals are empowered to apply a set of specialized labels with varying levels of seriousness. Their expertise allows them to outline a prognosis and treatment schedule for each patient. This research has focused on only one type of mental health counselor, that of addiction therapists. Their power lies in a specific cultural arena, that of addiction recovery. Addictionologists influence the identities and symbolic frames of their clients and they also shape public consciousness about addiction. The typifications explored in this research offer a unique model for addictionology. Although it is expected that therapists bring cultural frames to their work, understanding those frames elucidates the transformation process of deviance to conformity. When addicts exit therapy and achieve redemptive labels, their new identities spring from these typifications.

#### Culture of Social problems

Families, friends, and criminal justice personnel all rely on counselors to locate someone in the process of addiction; whether the person has just been labeled an addict, he or she is progressing towards a state of sobriety, or is declared cured. The counselors in this study define the problems and solutions of addiction for their clients and families. The social control of treatment extends beyond the patient sessions into the patients' lives and relationships. The

counseling profession distributes symbolic frames through research articles, conference presentations, continuing education, and advice manuals.

Therapists have the capacity to make meaning for more than their patients. Their rhetoric extends beyond the office and beyond the client. A public discourse exists surrounding addiction due to societal concern on the issues of mental health. The spread of information through the media expands the domain of addictionology and shapes public awareness of normal use and deviant use. The typifications produced by the addictionologists reflect institutional parameters of deviance; they outline motivations, explanations, and characteristics of problem behavior. Addiction therapists must attend continuing education courses to maintain their licenses and many of the courses are taught by community professionals. Their belief systems are perpetuated through their lectures and conversations with one another. Just as Gergen describes in his “Cycle of Infirmary”, addiction typifications create public understandings of personal problems.

### Stigma

The therapists in this study offer insight into stigma. Each deviant label they apply shapes the public consciousness surrounding addiction and deviant behavior. They use normative frameworks to explain the criteria for gambling addict and sex addict. The typifications described in their narratives represent a set of normal cases, clients who meet the behavioral qualifications of people addicted to gambling and sex. The predispositions and beliefs about addiction that these therapists possess shape the stigmatization process as well as the redemptive process. The Domineering Woman, the Empowered Slut, the Orgasmic Man, and the Fearful Man are all indicative of power struggles between men and women over sexual activity. When sex addicts bring their life stories to the therapists, therapeutic dialogue allows the therapist to reframe sexual incidences into stigmas. By locating the patients’ behavior into specific

typifications, the therapists shape potential salvation. If the Empowered Slut is using her youth, body, and beauty to augment her sense of self, the therapist affects her sobriety identity by indicating what constitutes sexual health. The therapist outlines acceptable behavior for her thereby telling her how to conform and be redeemed.

People entering therapy for gambling or sex related problems are aware of the stigmatizing label. The typifications used by these therapists will shape the consciousness of the problem. As Goffman suggests in the following quote, the type of stigma affects the type of solution.

‘How does a stigmatized person respond to his situation? In some cases, it will be possible for him to make a direct attempt to connect what he sees as objective basis of his failing, as when a physically deformed person undergoes plastic surgery, a blind person eye treatment, an illiterate remedial education, a homosexual psychotherapy. Where such repair is possible, what often results is not the acquisition of fully normal status, but a transformation of self from someone with a particular blemish into someone with a record of having corrected a particular blemish.’ (Goffman 1963, p.9)

Addicts come to therapists specializing in addiction treatment because they can claim expertise in addiction and apply the label of “sober” or “recovered”. Re-alignment with societal norms will depend on acceptance to the framework offered by the counselor. The patient’s typification is the spring-board for the fix. The Fearful Man will have to orient sexually to people and face intimate relations. The Domineering Woman will have to reassess her needs for power and control and destabilize the super-ordinance she relies upon. The Angry Housewife will have to find meaning in her familial roles, chafe less at the constraints of gender expectations, and accept her place in society to reach her transformation of self. The Egotistical Guy will have to substantiate his masculinity with conforming activities like sports or job success. Each of these typifications represents a path to acceptance. The stigmas are corrected through particular restorative behaviors.

## Shame

Lynd (1958) says that shame is an awareness held by a person of judgment from others. Failing in a role can lead to shame. Exposure of deviant behavior leads to shame due to its affects on important relationships. An identity shift takes place for the shamed person as he or she incorporates the feeling into his or her emotional world. Shame acts as a catalyst for life changes as well as affecting feelings and thoughts about oneself. By experiencing shame, the person is, on some level, reflecting acceptance of societal norms, according to Lynd (1958). He or she must agree with the social construction of norms if rule violation leads to the negative experience of shame. Pattison (2000) says that there are no universal sets of behaviors that elicit shame in people. The dictates of shame vary across cultures although the consequences for people are similar. The following quote describes Pattison's beliefs about shame's impact on the bearer.

'However it is likely that most people have some direct experience of shame in their lives, for it seems to be a fairly universal phenomenon. And for some individuals and groups, shame plays a persistent and dominant role whose effects are baleful and destructive. If shame becomes a constant experience, a perennial attitude to the self, a dominant mood or character trait, its effects can be very negative. The habitually deeply shamed or shame-bound person is trapped, self-rejecting, paralyzed, passive, often depressed,' (Pattison 2000, p.29)

The research data is replete with images of shame. The Empowered Slut wants to improve her self-esteem, but her sexual activity leads to judgment by friends and family once she is exposed. The Fearful Man avoids contact with intimacy because he is unable to connect emotionally to people. He feels shame at his inability to have a "real" relationship. The Angry Housewife must face the wrath of her spouse as he shames her. Although shame is discussed in therapeutic literature, studying shame leads to interesting insights into identity. The rules and regulations surrounding gaming and sexual behavior dictate a standard of normalcy. Stepping outside of those boundaries brings harm to the individual and his or her loved ones. When the

addiction behaviors are exposed and the addict arrives in treatment, the people recreating through gambling and sex behavior become gambling and sex addicts. The depth to which they absorb those judgments affects how they function in society.

## Gender

Gender is one of the many factors that affect deviant behavior but the elements of gender stereotypes in these therapeutic typifications imply more than the socialization process of gender performance. The gendered notions used in therapeutic narratives speak to social conditions constraining and shaping access to opportunity, empowerment, and sanctions. Deviance scholars often explore stigmas, their meanings and associations. Therapeutic typifications are particularly pertinent to the study of symbolic interaction because they impact culture and they shape identity. The typifications themselves indicate the level at which gender is embedded in the social construction of deviance. How the therapists create standards for normalcy and locate their patients in this framework demonstrates societal conditions. By declaring symptoms, patients are asking for a re-framing of their personal experiences. The patients then use these frames and explanations in how they relate to people. By explaining gambling behavior through unfulfilling roles as wives and mothers, therapists are locating the stigma in gender socialization. Instead of a personality trait or a biological anomaly, the status of wife and mother is to blame. Consequently the social conditions producing the role expectations of wife and mother are tied to deviant behavior.

## Disengagement

One key issue for deviance scholars is that of disengagement. Why and how do deviants choose to reform or change? Using the typifications described by the therapists, what is the likelihood the Whore or the Orgasmic Man will change their behavior? How do the criteria of

these stigmas affect the process of conformity? What meaningful acts could the Orgasmic Man do to heal or convert to normalcy? What symbolic structures could the therapist use to change the Orgasmic Man's behavior? If he prefers non-relational sex or masturbation with pornography to monogamous coitus, can the therapeutic process restructure his sexual desire patterns by locating them in a deviant frame? The potential for disengagement is linked to the believability of the therapeutic frame and the belief on the part of the Orgasmic Man to enact different choices.

The therapist, theoretically, can cure the patient through psychotherapy and support groups. The Little Old Lady gambles because she is isolated and troubled. Given the roles elderly women play in society, what criteria are necessary to foster her conformity and deviance cessation? Would dialogic counseling and the subsequent social construction of her deviance be enough for her to find fulfillment and satisfaction in something other than gambling? Given the gambling industry's marketing strategy towards the elderly, what elements are necessary to assist the Little Old Lady in stopping her gambling? Is it necessary to change the social conditions facing the elderly? Given the near impossibility of that, what likelihood do these patients have of stopping their addictive behavior?

In summary, therapists shape recovery culture, the public perception of problems, and the patient's sense of self. They further the symbolic construction of gambling and sex addiction problems. The norms implied in these frames are varied. Non-relational sex is cast as deviance. The goals of male and female sex acts are constructed as oppositional to each other. Male gamblers are one-dimensional, seeking only exciting competition to enhance their masculinity. Women are frustrated with social conditions they face: domestic violence, boredom, and

loneliness. Therapists perpetuate frameworks and expand the power of their domain by naming and utilizing these stigmatizing typifications.

### Implications

In future research, a beneficial approach would be to interview gambling and sex addicts to further examine the labeling process. We could gain insight into how labels affect the person's sense of self, the changes taking place in his or her experiences, and the effects on personal relationships to others. We could also learn about how addicts choose realigning actions to decrease their stigma. In addition, we could examine how closely addicts follow normative prescriptions dictated by therapists.

These research findings also represent concerns for therapy providers. Counselors bring their cultural assumptions about men and women to their therapeutic practices. Using these typifications in training manuals would enhance understanding of stereotype use for addictionologists. By examining their beliefs about men and women, therapists could see any bias in symptom identification and diagnosis. In addition, recovery workers could learn about commonalities and differences in gambling and sex addictions.



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## APPENDIX

### INTERVIEW SCHEDULE AND RESEARCH AGENDA

#### > Affiliations and Explanations for Recovery Participation

What Training have you experienced in addiction treatment?

Where have you worked in treating addiction?

What Licenses do you possess certifying your addiction specialty?

What Personal experiences have you had with addiction that led you to this field?

Was addiction an issue in your family while growing up?

#### > Individual Constructions of Gambling Addiction and Sex Addiction

What is addiction?

How do behavioral addictions vary from chemical addictions?

Do clients require different strategies when addicted to gambling or sex/love as opposed to alcohol and drugs?

#### > Use of Treatment Modalities

When a client comes to you for help, how do you plan his or her treatment?

Looking for reference to: medical model, disease model, behavioral model, social learning model, socio-cultural model

#### > Use of Psychotherapy and Psychiatric Diagnosis

Looking for reference to compulsion, obsession, depression, personality traits

Stigma and Reintegration into Society: How can therapist facilitate normalcy for the addicts?

#### > Explanations for Gender Variations

In your experience as an addiction counselor, what do you think about men's addiction rates in general? For Gambling? For Sex and Love?

Do you plan treatment options specific to your patients' gender?

Do men and women face different financial issues due to gambling addiction?



## VITA

M. Kelly James was born in Cape Girardeau, Missouri, but she moved to Memphis, Tennessee, at age eight where she learned to love Elvis and Barbeque. She has always loved asking questions and getting answers. Sociology is the best way she knows how to make a career out of this need. She received an undergraduate degree in social work from University of Memphis. Minor in Sociology, her favorite class was the Sociology of Mental Health taught by Dr. Graves Enck. He changed her outlook on life. After graduation, she entered massage therapy school and worked as a massage practitioner. Her love of school drove her to the masters program in sociology where she taught for the first time. She was hooked. Reading books, talking for a living, and spreading knowledge seemed like fine ideas to her. After working as an adjunct faculty member for four colleges, she entered the doctoral program at Louisiana State University and she receives the degree of doctor of philosophy in August of 2002.