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A Mutual Support Group for Young Problem Gamblers

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Abstract A Swedish mutual support group for young problem gamblers is described and discussed. During the study period, 116 weekly meetings occurred, usually involving six to ten participants; in total, 69 problem gamblers (66 male and three female), aged 17–25, and 23 partners and friends attended the meetings. Half the gamblers had problems with Internet poker, one fifth with electronic gambling machines, and the rest with other forms of gambling and computer gaming. Nearly half the problem gamblers participated in under five mutual support meetings, while just over a third attended ten or more meetings. Gambling problems ceased or lessened among most participants in ten or more meetings. In some cases, attending just one or a few meetings had a positive impact on the problems. This mutual support group provides relatively effective help to adolescents and young adults with gambling problems, offering a valuable alternative and complement to professional treatment.

Keywords Problem gambling. Adolescents. Self-help. Mutual support. Treatment.

In 2006, Sweden’s Internet poker boom led to a rapid increase in the number of people seeking help for gambling problems relating to poker. According to statistics from Sweden’s national problem gambling helpline, 30% of help seekers experienced problems with Internet poker and approximately 40% of these were under 25 years of age (Nyman and Creutzer 2008). The Society of Gambling Addicts in Gothenburg (hereafter referred to as “the Society”)—a combined mutual support society and interest group for problem gamblers (Binde 2011; Binde and Jonsson 2010)—wished to do something about these rapidly increasing problems. The Society launched a preventive information campaign aimed at students and at professionals working with young people, as well as a mutual support group especially for young problem gamblers; this venture was called “Showdown Time: A Response to Adolescent Problem Gambling” (*Syna korten: En insats mot spelproblem bland unga*) (Binde 2010;

Sundgren 2010). The Swedish Inheritance Fund gave financial support to the venture for 2 years and the activities began in early 2007.

This paper describes the venture's mutual support group for young problem gamblers and discusses its effectiveness. Qualitative data were gathered from semi-structured interviews with four adolescents participating in the group and a parent of one of them, as well as with the counselor responsible for the group, his assistant, and three other people active in the Society. Furthermore, the author participated in seven of the group's mutual support meetings and, for comparison, in five meetings for adults.

Quantitative data come from two sources. The first is attendance lists. At the beginning of each mutual support meeting, an attendance list is passed around. Very seldom do participants decline to sign the list; the few who do are almost always friends of problem gamblers who, visiting the group only occasionally, feel that they do not really belong to it. The attendance list includes name, form of problem gambling, and duration of abstinence from gambling. The second source of quantitative information is the counselor responsible for the group and his assistant. They recalled all young people who had attended the meetings and could give, with a few exceptions in the cases of people who had come to only a few meetings, detailed information on each participant's gambling problem and how it had evolved over time. Their knowledge was gained not only from regular contacts with problem gamblers, but has often been corroborated by problem gamblers' partners, friends, relatives, and people at schools and workplaces. This information was quantified as a rating on a five-point scale of how the gambling problems had evolved over time for the regular group participants.

Previous literature on mutual support groups for problem gamblers is scant, despite the extent of help provided by such groups (for overviews, see Ferentzy and Skinner 2003, 2006). In many countries, such as in the USA and Sweden, most problem gamblers who receive help get it from mutual support societies. Worldwide, most mutual support groups for problem gamblers belong to Gamblers Anonymous (GA), a twelve-step organization modeled after Alcoholics Anonymous (Browne 1991; Ferentzy et al. 2006; 2009). GA emphasizes anonymity, and its mutual support meetings are in principle closed to those without a gambling problem. This makes societies belonging to GA difficult to study. Since mutual support groups for problem gamblers have traditionally been dominated by middle-aged men, there is virtually nothing in the literature concerning young peoples' participation. The group studied here differs from GA groups, not only by being composed of young people, but also by not encouraging anonymity. The Society to which it belongs interacts with its social environment in many ways, such as giving lectures, cooperating with social welfare agencies, and welcoming problem gambling researchers to its meetings (Binde 2011).

The academic literature on the effectiveness of psychological treatment for addiction is extensive and significant research resources have been devoted to the issue worldwide. Yet our understanding is still unclear as to what psychological treatments are more or less effective. This may be because reliably assessing treatment efficacy is a difficult task requiring meticulous planning, a long-term commitment, and considerable research resources. A related reason is that differences in effectiveness may not be very large and are therefore hard to measure (Frank and Frank 1993).

This also applies to assessing the efficacy of psychological treatment for pathological gambling, an area in which the literature has grown notably in recent years. The current state of knowledge can be summarized as follows: psychological treatment is better than no treatment, but no specific treatment approach appears to work much better than any other (Carlbring et al. 2010; Gooding and TARRIER 2009; Pallesen et al. 2005; Toneatto and Ladouceur 2003; Westphal 2006, 2008).

The problems of measuring treatment effectiveness are particularly great in the case of informal and semi-structured help, such as that offered by mutual support groups for problem gamblers (Brown 1985; Stewart and Brown 1988). Among these problems are the following: participants are self-selected, there is no strict requirement to participate regularly and thus receive a set “dose” of treatment, and it is not clear whether the outcome criteria should be total abstinence, less intense gambling, better quality of life, or something else. To our knowledge, there has yet to be an outcome study of mutual support group participation for problem gambling employing strict scientific methods, i.e., a randomized control trial (c.f. Pallesen, et al. 2005) (Petry et al. 2006 primarily concerns referral to GA rather than actual meeting attendance). Our overall understanding of the effectiveness of GA and other mutual support groups is incomplete, but it can be stated that, although few of those who begin attending meetings become completely abstinent, many regular participants do improve (Brown 1987; Ferentzy and Skinner 2003; Stewart and Brown 1988). Furthermore, mutual support in conjunction with psychological therapy appears to work better than either modality separately (Gomes and Pascual-Leone 2009; Hodgins and el-Guebaly 2010; Petry 2003, 2005; Petry, et al. 2006).

Because of the small scale of this study, the assessment of the effectiveness of a mutual support group for youths presented here does not fulfill strict scientific criteria. Nevertheless, this assessment seems to offer a good estimate of the extent to which participation in the group has helped its members overcome their gambling problems.

The Youth Group and its Members

The main activity of the Society is to arrange mutual support meetings, similar to those of AA and GA. In 2006, meetings were held two evenings a week for people with gambling problems and their significant others. On average, approximately 50 people attended each week but few were young; in fact, several adolescents who had started attending did not feel comfortable and quit. The rapid increase in Internet poker problems among young people worried the Society, and the idea of establishing a separate youth group emerged. Extra resources would be allocated to create an inspiring environment tailored for young people and to motivating them to participate. The counselor responsible for the Showdown Time venture decided that the youth group should meet on a separate evening of the week, so participants would feel that they were independently managing their activities. The first meeting was held in early 2007; at the time of writing (spring 2011), the group is still meeting once a week.

The counselor has extensive previous experience working with young people, having worked as a teacher and with confirmation classes in the Swedish church. His assistant was around 20 years old when he came to the Society with severe gambling problems; he was later recruited as a part-time staff member. The motto of their work is to talk to young people in young people’s language (Sundgren 2010). They believe that social and cultural competence is crucial for successful social work with young people, to facilitate communication, gain trust, and build confidence. Their work with the mutual support group has been carried out in interaction with preventive lectures delivered at secondary schools to students aged 15–18 years (more than 5,000 students have been reached via 84 lectures). In the mutual support group, the discussions fostered insight into excessive youth gambling, while the interaction with students at the lectures gave more general insight into how young people perceive gambling in society and among their peers.

Young people aged 17–25 with a gambling or gaming problem are welcome to the meetings. Their partners and friends are also welcome; parents, however, are not welcome and

are advised to join the meetings for adults. Newcomers and their significant others have typically learned about the group by searching for help on the Internet or through contact with social services. Some have read about the Showdown Time venture in the newspaper.

The youth group got off to a slow start, with just two or three adolescents attending at first, but after half a year an average of about eight participants (excluding the counselor and invited guests) were attending each meeting. In the study period, from February 2007 to June 2009, 116 meetings were held involving a total of 69 young problem gamblers and 23 of their partners and friends. Most of the problem gamblers were young men—only three were female.

A newcomer has an individual introductory conversation with one of the Society’s employed counselors. The extent and nature of the gambling problem is assessed at this meeting, and there is discussion of how to handle urgent issues, such as debts or pending suspension from school because of truancy. The counselor uses the DSM-IV screen for pathological gambling to assess the severity of the problem (A.P.A. 1994). The typical score of these young problem gamblers (excluding those who play computer games excessively) is between 7 and the maximum score of 10 points (5 points or more indicate pathological gambling).

About half the 69 problem gamblers (49%) had problems primarily with Internet poker and one fifth with electronic gambling machines (21%). Problems were also experienced with computer gaming (16%), sports betting (6%), Internet casino (4%), and multiple forms of gambling (4%). The Society does not take a position as to whether or not excessive computer gaming is an addiction similar to pathological gambling (Griffiths 2010; Wood 2008). It simply acknowledges that such gaming can ruin a young person’s life and offers help to those in need. As in the Society, the ideal in the youth group is total abstinence from gambling. Computer gaming, however, is accepted unless it is excessive or has previously caused serious problems for an individual.

Nearly half the problem gamblers (44%) participated in fewer than five meetings (Fig. 1) during the study period; a little more than one fifth (21%) attended between five and nine meetings and 35% attended ten or more meetings (including two individuals who attended more than 50 sessions). These figures do not include the problem gamblers who were newcomers to any of the last nine of the 116 studied meetings and thus could not have attended more than nine sessions. This keeps the presence of people who started attending

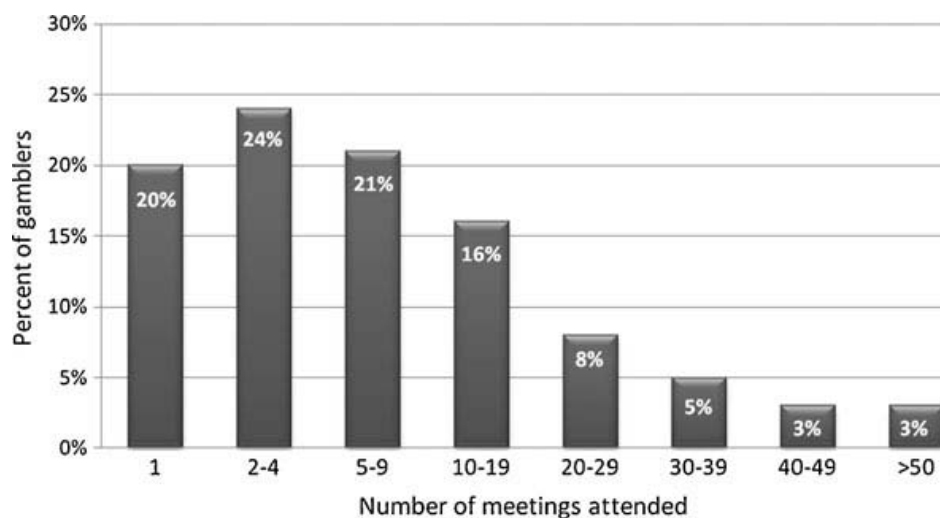


Fig. 1 Problem gamblers’ attendance, excluding newcomers to the last nine meetings during the study period.

only towards the end of the study period from inflating the tally of attendees participating in just a few meetings.

The Meetings

On the day of each meeting, the counselor or his assistant reminds all recent attendees about the evening's session, using phone, SMS, or e-mail, and posts a reminder message in the Showdown Time Facebook group. People who have not participated for a while are occasionally contacted and reminded that a meeting will take place, as a way of keeping in touch with them. Even if they do not feel the need to come to the meeting, they may wish to talk about possible gambling-related problems or simply about how things are going in general.

Meetings last 2 h, including a 15-minute coffee break. Some of the participants arrive early, as they wish to chat for a while with their friends in the group and with new participants who may show up.

A meeting consists mainly of a "round" in which each participant tells as much as he or she likes about his or her gambling problem. The atmosphere is serious, yet relaxed given the severity of the problems being discussed. Joking is common, and the discussion occasionally veers off in the direction of typical interests of adolescent males, such as movies, pubs, and sport events. However, everyone eventually helps bring the discussion back on track.

Usually, each participant gives at least a synopsis of his or her history of gambling problems and a report on what has happened since the last meeting attended. When a person has finished his or her account, the other participants comment on it and discuss issues raised. The counselor acts as a moderator, asking follow-up questions, giving advice, and summing up discussions.

Common topics of discussion include how to plan for abstinence, what to do when craving for gambling is acute, irrational thoughts about gambling, defining what games and behaviors constitute gambling (and hence a relapse if engaged in), what psychological factors are involved in excessive gambling, how to restore good relationships with one's partner, and what to consider when planning for one's future education and working life. Among the topics that are discussed occasionally may be mentioned fun and engaging things to do instead of gambling and gaming, how to make new non-gambling friends, to what extent money brings happiness, and the psychodynamics of father-son relationships.

A newcomer to the group may not give much advice to others and, having told his or her own story in the round, mostly listens to the discussion. However, after having attended several meetings, attendees' participation in discussions usually becomes more active, as the individuals feel they can make relevant comments and give good advice. Veteran participants feel the satisfaction of being able to put hard-earned experience to good use by helping others—the "helper" therapy principle (Riessman 1965).

In addition to the mutual support meetings on Tuesdays, the group also holds a social activity each Saturday afternoon and evening. This is a critical time of the week for many young problem gamblers, who may be tempted to gamble when going out for a drink with friends or to play Internet poker when relaxing at home after a week at school or work. The activity may be a barbeque in a public park, going bowling, or going to a movie. Twice a year the group goes on a weekend camping trip. Friends and partners of the young problem gamblers are welcome to attend these activities. In this way, those who have become socially

isolated because of excessive gambling get to know new people and relearn how to have fun without gambling. The Society gives some financial support for the activities, but the budget is intentionally kept tight so that those young gamblers, who have lost a sense of the value of money, get some training in how to keep within financial limits. The group members themselves collectively plan the activities for the coming month.

The counselor not only moderates the meetings and is available during working hours, he is also available to group members via cell phone for emergency calls, in principle 24 h a day 7 days a week. Two types of calls are more common than others. One is calls on weekend nights from adolescents in pubs with gambling tables or machines and needing support to refrain from gambling. The other type is calls in the late evening towards the end of the month, when wages or allowances will be paid and become available in bank accounts at midnight, from young people who need to talk about how to resist spending the money on Internet poker.

As has been argued in detail elsewhere (Binde 2010, 2011), participation in mutual support groups for problem gamblers potentially gives help and guidance for all phases of recovery and at several levels, from the practical to the emotional and existential. Participants enrich their social lives, get emotional support, relieve themselves by talking about their troubles, come to feel “normal” in the company of people with the same problem, learn to recognize erroneous thoughts about gambling, strengthen their motivation to stay abstinent, gain insight into their problems and emotions, get inspiration to form a new non-gambling identity, and get advice on practical matters and on choice of education and occupation. All this is accomplished by the social community of the group, its and the Society’s collective experienced-based knowledge, and by the healing power of narratives.

Narrative psychology holds that forming a personal story about one’s problems and how they can be overcome is an important component of the process of recovery from addictions and many other serious ailments (Hydén 1997; Hänninen and Koski-Jännes 1999; Koski-Jännes 2002). This psychological perspective is especially relevant in the case of mutual support groups. Attendees’ narratives about the history of their gambling problems—how they commenced, evolved, and are currently being resolved—are the principal element of the meetings and the motor that drives discussions.

Each narrative told at the meetings has an individual content but all are structured by a limited set of templates. The most common template is that of problem gambling as an addiction, like alcoholism and drug dependency, that requires abstinence to be overcome. Other templates stress the importance of individual willpower and strength of character in resisting temptation, the process of maturing from a wild and irresponsible adolescence into responsible adulthood, and how to better manage emotions so that the need for escape into gambling is reduced. A regular group participant chooses a template that fits his or her character and experiences and fills it with his or her personal story. The gambling problem is thereby explained and its solution established: the individual has come to understand what was wrong and knows in which direction to go. This story is not told only at the meetings; it is present in the teller’s own thoughts and is useful when explaining to others what has gone wrong. The narrative helps to turn their confusion and despair about loss of control into order and insight; it guides the recovery process.

Assessing Effectiveness

The following assessment of the effectiveness of the mutual support group takes the form of a discussion of three issues: (1) subjective evaluation provided by participants, (2) participation frequency, and (3) effect on gambling problems.

Participants' Subjective Evaluations

When those in a mutual support group, or any other help program with voluntary participation, are asked for their own perceptions of the support received, they usually state that they are content. This is because those who are dissatisfied have quit. This is true also of the participants in this group: all interviewees were very content with the help received and no serious criticism was ever raised in the meetings observed.

However, some participants might have been even more content with professional psychological therapy, but few had any experience of it. Nor is the kind of support that pleases an individual necessarily the most effective one. Perhaps some other kind of support, not initially perceived very favorably, would be more effective in the long run if persistently carried through.

Nevertheless, slightly more than half the problem gamblers came to five or more meetings and can thus be assumed to have been at least relatively content. All regular attendees seem content or very content with the support obtained. Comments such as "This saved me," "Here I feel at home", and "This has produced an incredible number of benefits" were common in the interviews. A positive experience of a form of support is likely to contribute to its effectiveness.

Several participants who had earlier occasionally attended the regular meetings for adults found the youth group to be superior. The main reason was that they did not feel comfortable in the adult groups and felt that some of their members did not take their problems seriously. Their stories had elicited comments from the adults that they should be happy that their problems were not as grave as those of some adults, who had gambled away their families, homes, and careers. "You have your whole life in front of you" was the well-intentioned yet inappropriate remark from some adults. For young problem gamblers who felt that their lives were hopeless, such comments did not bring consolation but instead estranged them from the group. In the youth group, no one made such remarks; there the youngsters had much more in common and could easily recognize the experiences and emotions of others.

None of the three young women who attended meetings was interviewed, so little can be said about their perception of the group. One of them participated in nine meetings and the two others came to the group towards the end of the study period. The young male members of the group warmly welcomed the women, but in the interviews and during informal talk it became clear that the issue of female participation was not uncomplicated. Some of the group members pointed out that there were advantages to an all-male group: talk was easier, because "guys talk with guys in guys' language." Another argument was that many of the group's gambling problems were related to a specifically male way of gaining recognition and achieving, and in an all-male group everyone will easily understand this and discussion will be smoother. The advantage of a more mixed group was believed to be greater diversity in the nature of the gambling problems discussed, which would give a fuller picture of the phenomenon of problem gambling.

Participation Frequency

The participation statistics presented earlier indicate that close to half of young problem gamblers attended fewer than five sessions. Only one third participated in more than ten meetings and can thus be regarded as attending regularly. This dropout rate appears similar to that reported from a retrospective study of a three British GA societies over 5 years—22% of newcomers dropped out after the first meeting and a further 47% attended less than ten meetings (Stewart and Brown 1988). Although not presenting detailed statistics, many

other sources concur that the vast majority of participants in GA meetings do not become actively involved in the fellowship (Petry 2005; Rosecrance 1988).

Some adolescents who came to the meetings had been more or less forced to go. They had no perception of having a serious problem with gambling or gaming, but parents as well as school and social welfare officers insisted on their participation; these participants attended once or a few times to please these authority figures. Others had unrealistic expectations that attending just one or a few meetings would put an end to their problems. When they realized that quitting gambling and gaming might not be that easy, they stopped going to meetings. These two kinds of people had low motivation, which predicts quick dropout and poor effectiveness of any kind of treatment.

Presumably, some young problem gamblers, like some adults in the regular groups, were highly motivated to stop gambling but quit after just a few sessions because they felt that the mutual support group did not suit them personally. They preferred some other kind of help, such as professional psychological treatment individually, in a group, or at an institution. This is to be expected. People are different and their preferences vary: a form of help or treatment that suits one individual may not suit another.

Unlike most forms of professional treatment for pathological gambling, such as cognitive behavioral therapy (CBT), regular participation in a mutual support group is not presupposed. People are free to come to group meetings when they feel a need for it and are free to stay away if they do not feel the need. Regular attendance is recommended to those who have strong cravings for gambling and have to struggle hard to abstain—attending meetings is a way of “charging one’s batteries” (as the saying goes in the group) with motivation. Irregular attendance is not something bad in itself: it is expected of those whose current problems are not severe.

While it can be assumed that the more meetings an individual attends, the more he or she will benefit from the support and help offered by the group, several young people who attended just one or a few meetings still benefited greatly (c.f. Brown 1987; Ferentzy and Skinner 2003, p. 3). They have experienced a gambling problem, come to a meeting, and been overwhelmed by the severity of problems and great suffering of the other participants. The meeting was truly an eye-opener: they recognized their own problems in the stories of others and saw what might occur if they did not reduce their gambling or quit entirely. In one case, an excessive World of Warcraft (WoW) player went home after his first meeting and erased all his characters from the game, quit his gaming account, and destroyed the game installation disks as well as manuals, posters, and other WoW paraphernalia (he has briefly written his own story, “David” (pseudonym), 2010). To this day, he has abstained from playing WoW. Occasionally he comes to meetings, since he periodically feels that he spends too much time on the Internet, but regards the first meeting as a turning point in his life.

In some other cases, adolescents have attended a meeting, thought that the other participants were “losers,” that they could control their gambling themselves, and decided not to attend any more. However, they could not gain control, returned to the group, and began to appreciate it. One such youngster became a regular, attending more than 50 meetings. In his and similar cases, the first meeting provided knowledge of the group and made it easier to return, since the high resistance threshold to starting to attend had already been overcome. It is possible that some of these people, who appear in the statistics here as attending only one or a few meetings, may return in the future and become regular participants.

In summation, the dropout rate appears neither particularly low nor particularly high. Since attendance frequency is governed by needs, infrequent attendance does not necessarily indicate that the group is ineffective in providing help. Even a single meeting may have

beneficial effects. For young people with strong cravings for gambling, however, regular attendance will likely be positively related to the ability to cut down on or abstain from gambling. We will now take a closer look at a subset of the regular attendees of the mutual support meetings to get a quantitative measure of this.

Effect on Gambling Problems

As mentioned earlier, the attendance list, as well as the counselor's and his assistant's detailed knowledge of the attendees, was used to form an overview of how the attendees' gambling problems had evolved over time.

A summary of this data for all 69 individuals who had ever attended a meeting was entered into a spreadsheet. Examining the data reveals wide individual-level variation in how the gambling problems developed. Some people did not significantly change their gambling habits even though they attended meetings. These attendees typically seem either to have had additional psychological problems or to have gambled mainly on weekends when visiting pubs. A few participants have abstained completely from gambling but most have abstained periodically. Relapses range from occasional returns to low-stakes gambling to weeks of intense gambling causing considerable economic and emotional harm. By and large, the impression gained from inspecting the spreadsheet data is that gambling problems have ceased or become less severe for most who have attended more than just a few meetings.

To check this impression and quantitatively assess the group's capacity to help, a subset of participants was analyzed in greater detail: all those who attended ten or more meetings. In the case of these people, it is reasonable to assume that attending the mutual support meetings have had the potential to positively influence the progression of their gambling problems.

This subset consists of 22 individuals. One subject, however, was excluded, as he was admitted to a psychiatric nursing home for a relatively long time and his treatment there is probably more important than his participation in group meetings for his abstinence from online computer gaming. He formerly suffered from a strong compulsion to play a specific online game to the point of collapse from exhaustion, after which he would start playing again as soon as he came around. None of the 21 other individuals received any other treatment specifically for gambling problems during the period, though a few had received it earlier. Four individuals were known to be periodically on medication for psychological problems (depression, social phobia, and alcohol abuse).

The subset thus consists of 21 individuals who are further divided into two groups: those who can be tracked less than 1 year after having attended their tenth meeting ($n=8$), and those who can be tracked longer than 1 year ($n=13$). The people in the first group can be tracked on average 22 weeks after the tenth meeting attended and those in the second group on average 78 weeks; the average number of meetings attended is 19 and 33, respectively.

The development of gambling problems—i.e., the intensity of gambling and its negative impact on the individual—refers to the period immediately preceding the first meeting an individual attended, compared with the period after the tenth meeting. The development was classified as follows:

- Totally abstinent—the individual has not gambled at all since the tenth meeting
- Major improvement—the gambling problems have become considerably less severe and/or the periods without gambling much longer
- Moderate improvement—the gambling problems have become less severe and/or the periods without gambling longer
- No change—no significant change in gambling problems
- Worsening—the gambling problems have got worse

The change in gambling problems in the two groups is shown in Table 1.

Table 1 Development of problem gambling (PG) for individuals tracked less and more than 1 year after having attended their tenth meeting

Development of PG	Tracked less than one year ($n = 8$)	Tracked more than one year ($n = 13$)
Totally abstinent	3	2
Major improvement	2	4
Moderate improvement	2	5
No change	1	2
Worsening	0	0

The statistics confirm the impression that gambling problems have ceased or become less severe among most of those who regularly attend the mutual support meetings. The statistics also indicate that gambling problems are difficult to overcome and that relapse is common. Some of those who could be followed more than 1 year after their tenth meeting experienced long periods of abstinence, but relapsed to varying degrees. For a small minority (3 of 21 people), regularly attending mutual support meetings seemed not to have had any significant positive effect on their gambling problems, though no one became any worse.

It should be kept in mind that about half the young people in the group have had problems with online poker. Such problems are often particularly difficult to overcome: online poker is readily available, young people may assume an identity as poker players, and skill and chance are mixed in a way that can cause players to continue playing, despite great losses, in the belief that they are learning and will ultimately recoup their losses.

Conclusion

The help to young problem gamblers provided by the studied mutual support group is based on knowledge gained from practical experience transmitted within the Society of Gambling Addicts and the group. The Society uses the personal narrative to structure the individual's insight into his or her gambling problem and guide the path to recovery. This help benefits from the strong commitment on the part of counselors and is enhanced by the social community of the group members.

Those who regularly attend group meetings are content or very content with the help received. Help is multifaceted, covering all phases of recovery and all dimensions ranging from the practical to the psychological and existential. This suggests that a problem gambler has a good chance of finding at least something beneficial and useful in the struggle to overcome his or her problems. Gambling problems have ceased or become less severe among most who attend meetings regularly. There are also indications that individuals participating in just one or a few meetings have been positively influenced. Thus, this mutual support group seems to have a relatively good effect on problem gambling.

Some people who have attended meetings felt that this form of help did not suit them, at least not at the time. They quit going to meetings; some tried to control their gambling themselves, while others may have sought professional treatment. Certainly, there are young people with gambling problems who have heard about the group but decided not to contact it, since they think that mutual support would not suit them. Conversely, the group includes people who have received professional treatment for problem gambling but found it inade-

quate or insufficient. They felt that the mutual support group was more effective or that it complemented treatment by “charging one’s batteries” with motivation to refrain from gambling. Still others have heard about the professional CBT treatment, individual or group, available in Gothenburg, but for various reasons preferred to join the Society’s group. Although free-of-charge CBT group treatment for problem gamblers is available in Gothenburg, the Society receives the largest number of people seeking help. It can thus be concluded that this mutual support group is a valuable alternative and complement to professional treatment.

Successful social work of this kind calls for understanding of the social and cultural world of young people. It also requires, compared with work with adults, more commitment—in this case, reminding all regular participants about the meetings, keeping in touch with former participants, ensuring that social activities are running, and being available 24 h a day for emergency calls.

The good results produced by this group suggest that mutual support societies, as well as professional treatment providers, should consider forming specific groups for young people with gambling problems. Their problems differ somewhat from those of adults, and young people may find it difficult to feel at home in the social and cultural environment of adult problem gamblers.

This study has several limitations, especially given the unconventional method used in evaluating the effectiveness of the help provided, for example: group participants are self-selected, there is no other form of help or a control group with which to compare the effectiveness, no standard psychometric instruments are used, and the group has its own mode of working and specific collective knowledge. Although I have strived to be impartial and objective, the ethnographic approach, with much personal interaction with the people under study, may have produced a bias in interpreting the observations. For these reasons, caution should be exercised in generalizing the results. The strength of the study is its combined qualitative and quantitative approach, which gives a multifaceted picture of the group’s activities. The discussion of effectiveness is based on detailed information on the development of gambling problems. In all its simplicity—lacking standard measures and advanced statistic calculations—the evaluation is likely to render a picture close to reality.

The present study is exploratory. The particular characteristics of mutual support groups for problem gamblers that contribute to their effectiveness, and how their effectiveness compares with that of other forms of help, merits further research. This is desirable not only to uncover the recovery mechanisms, but also since mutual support societies in many countries receive most of those seeking help for gambling problems.

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