

UNIVERSITY OF CALGARY

“Addiction sits in the background doing push-ups waiting for us to have a weak moment”

Doing Recovery from Gambling Problems Online

by

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Abstract

Despite increases in the prevalence of problem gambling, research is showing that many people are not seeking help. Online social support forums have become an increasingly popular option for receiving support for problem gambling. However, there has been little research exploring how these individuals interact within these innovative media, and specifically what is supportive about participation in online communities. A qualitative inquiry incorporating aspects of “Netnography” (ethnographic approaches online), discourse analysis, and ethnomethodology was used to analyze the discursive interactions of self-identified problem gamblers on an online forum. Specifically, this study explores the characteristics of this unique setting, the common discourses utilized by the members, and how these discourses were used to accomplish various interactional tasks, including negotiating membership, legitimacy and support. An examination of discourses and types of interactions occurring online is informative for both counsellors and researchers interested in better understanding people trying to overcome problem gambling.

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Chapter 1: Introduction

“The bizarre logic of this view – the contradictory sense that addiction is utterly normal *and* dangerously pathological – explains why so many Americans now claim to be addicted to behaviors that once epitomized individual autonomy.”

(Melley, 2002)

When I came into the world of problem gambling (PG), I was struck by the inconsistent conceptualizations and language used to describe the phenomenon. On the one hand, gambling is a common recreational activity; glorified in the media, where casinos and even entire cities (e.g., Las Vegas) thrive on it. On the other hand, medical experts are seen pathologizing the activity; those who gamble “excessively” are considered “addicted,” often thought to have dysfunctional neurophysiological and cognitive processes. This is further supplemented by the historical perspective of gambling, which viewed gambling behaviour with a moral lens (Bernhard, 2007), viewing gamblers as morally weak, irresponsible, untrustworthy, and involved in criminal activity (Grunfeld, Zangeneh, & Grunfeld, 2004). I came to realize that these are entirely different discourses; different ways of understanding PG, with entirely different languages. I became fascinated by the tension and divergence between the different discourses of PG used in the public domain and by experts, and began to wonder if and how these discourses are being used by problem gamblers themselves.

Gambling becomes problematic for many people, affecting their lives, their families, their social context, and their mental health (Potenza et al., 2001; Shaffer & Korn, 2002). Problem gamblers may not be seeking help due to feelings of stigma (Cooper, 2004; Cooper & Doucet, 2002; Hodgins & el-Guebaly, 2000) and difficulties

identifying with the stereotype of compulsive gambler (Derevensky & Gupta, 2000). Online support provides an option for those not seeking help, and may be used in place of, or as an adjunct to, traditional forms of counselling. Online social support forums present an innovative context for people to interact, make sense of PG, and receive support in a safe and anonymous manner. The anonymity of an online forum allows participants to be candid in their discussion, promoting more disclosure (Cooper, 2004) and general dialogue.

Analyzing the natural communications of forum members as they interact and discuss gambling on an online support forum makes this setting an ideal naturalistic site for analysis. Furthermore, exploring how they do so, on innovative media, such as in online communities, is essential to understanding how problem gamblers interact within such unique support communities. Finally, little research has been done into qualitatively examining online support forums, particularly in the area of problem gambling, creating an opportunity for novel research.

In this research I adopt a social constructionist perspective (Gergen, 1985; Lock & Strong, 2010; Shotter, 1993), which understands meaning as created, contested, modified, and negotiated through human interaction. This type of research illuminates how different discourses of meaning are drawn from by problem gamblers as they interact within this online setting. These discourses may be similar or different from the dominant discourses identified in the literature as utilized by experts and popularized in the media. Bailey (2005) examined contrasts and tensions between current popular and expert discourses of addiction (i.e., addiction, freedom from addiction and agency) and concluded that

examination of these competing discourses in “addicts’” own perspective should be a priority for research.

The discourses used, and the subtleties of interactions utilizing these discourses, need to be examined in order to understand how those involved with PG make sense of their lives, and to investigate potentials for change. Understanding more about the various discourses individuals use when talking about gambling will be helpful for practitioners to better meet their clients in a shared discourse. People turn to varied discourses to articulate their sense of self, gambling, and recovery. It is important for counsellors to be aware of the varied discourses that their clients may be exposed to, so that they can better join their clients in conversations about PG. Furthermore, counsellors can benefit from learning about the unique culture associated with efforts to overcome PG so that they can understand the innovative support options that their clients have access to, and may be already utilizing.

In the following chapters I describe how an online community of individuals concerned about problem gambling discursively construct problem gambling, recovery, identities as recovering problem gamblers, and this online culture. In the next chapter, I situate my research topic in the literature, reviewing how others have examined problem gambling, online social support, and online community interactions. In chapter three, I provide a description of my research methods, and the design I used for this study. Chapter four provides a discussion of results, focusing on my discursive analysis of the forum posts and online interactions occurring on this online support forum. Finally, in chapter five, I offer a summary, discuss the limitations of my study, and provide implications for research and practice.

Chapter 2: Literature Review

Gambling, while often assumed to be an innocent past time, carries with it the possibility of becoming problematic for those involved. In Alberta, 5.2% of the adult population has moderate or serious problems with gambling, the highest per capita incidence in Canada (Alberta Alcohol and Drug Abuse Commission, 2006). PG can have devastating consequences for those who gamble, as well as their partners, families, friends, and colleagues; affecting family dynamics, finances, and work, leading to mental and physical health issues (Potenza et al., 2001; Shaffer & Korn, 2002). Despite increases in the prevalence of PG and its negative consequences, research has shown that many people are not seeking help (Hodgins & el-Guebaly, 2000). However, online social support forums have become an increasingly popular option for persons experiencing concerns about their gambling, particularly for those who are reluctant to seek traditional help (Griffiths, 2005; Wood & Griffiths, 2007; Wood & Wood, 2009).

There is much controversy among experts around conceptualizing and classifying PG. Using a medical discourse, researchers and practitioners view PG from a variety of perspectives: as an impulse control disorder, a compulsive-impulsive spectrum disorder, a disorder of impaired control, a pathological disorder, or an addiction/dependence (Blaszczynski & Nower, 2004; Cantinotti, Ladouceur, & Jacques, 2009; Grant & Potenza, 2005). A medical discourse of PG correspondingly situates “treatments” within this model, most commonly pharmacotherapies (Sood, Pallanti, & Hollander, 2003) and cognitive-behavioural therapies (Toneatto & Ladouceur, 2003). Medicalizing or pathologizing problem gambling may stigmatize people concerned about their gambling behaviour. Classifying PG in the *Diagnostic and Statistical Manual of Mental Disorders*

(4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) may compound this stigmatization by including diagnostic criteria that reinforce stereotypes about individuals (e.g., as ‘lacking in self-control’) with problem gambling disorders (Grunfeld, Zangeneh, & Grunfeld, 2004).

The next edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is set to be published in May 2013, with a plan to reclassify PG from an “Impulse-Control Disorder” to an “Addiction and Related Disorder” classification. The addition of “related disorders” allows for the diagnosis of “behavioural addictions” or “excessive behaviours,” or behaviours that can be problematic if engaged in excessively (i.e., gambling, Internet use, shopping, working, exercising, eating, video game playing, sex) (Mudry et al., 2011). Not only does this have implications for diagnosis and treatment, it suggests a dominant discourse for the mental health community: PG as an addiction. Understanding PG as an addiction is congruent with the dominant discourses of medical community. When a non-medical behaviour or problem, such as gambling is defined or redefined as a disease that warrants treatment in the form of therapeutic intervention, the process has been called medicalization (Conrad, 1992; Rosecrance, 1985). The inclusion of PG in the DSM is a form of medicalization.

This medicalization may lead to greater internalized stigma, which has adverse personal consequences, such as lowered self-esteem and learned helplessness (Rosecrance, 1989). It may also exacerbate reluctance to seek treatment among community members who already struggle with seeking help. This may be particularly pertinent when there are “negative consequences at the societal level such as discriminatory behaviour toward labelled individuals, both from the public and from

members of the medical community” (Grunfeld et al., 2004). Further, those concerned about gambling may feel uncomfortable with a medical discourse and its corresponding treatments for PG, leading them to seek alternative options for help, such as online support.

Discourse and Discourse Analysis

Experts in PG and excessive behaviours more generally can be thought to form a discourse community (Bakhtin, 1981). A “discourse community” has been defined “as a group of people with sufficiently common interests to use a vocabulary of words and concepts, whose meanings are accepted and whose definitions are assumed, that are brought to bear on the subjects of the discourse” (Little, Jordens, & Sayers, 2003, p. 74). Other related discourse communities include psychologists or counsellors, who practice within a particular discourse (e.g., CBT or systemic therapies), often referred to as a theoretical orientation. A theoretical orientation provides a model for identifying and “labelling” their client’s concerns, as well as planning “appropriate” treatment for their client’s particular problem. Discourse communities do not stop with professionals and experts; however, an online support forum may also form a particular discourse community, where people share similar discourses when talking about their concerns (e.g., Galegher, Kiesler, & Sproull, 1998; Matsuda, 2002).

A discourse community both shapes the discourses used by the individual members, and the individuals members shape the discourses utilized by the discourse community. By utilizing shared discourses, the discourse community maintains the discourses and socializes new members into using these discourses. When new members join the forum, they enter into this discourse community, which both facilitates (provides

a way in which to speak) and limits their use of available discourses “appropriate to” their interactions (Parker, 1992).

Examination of discourses has become a topic of discussion and investigation unto itself, with much of the focus on the discourses of specific micro communities, such as medical experts, or macro communities such as society as a whole. There has been little focus on the discourses adopted by particular “labelled” community members, such as addicts. Davies (1992; 1997) discussed the medical discourse of substance addiction, wherein the role of the expert is to “save the addict from their helpless situation” (Bailey, 2005, p. 541). Adopting particular discourses, to the exclusion of others, may be thought to be advantageous to those aware in utilizing it. Davies argued that addicts often adopt the medical discourse for its functional aspects for example, to legitimize efforts to obtain medical treatment. When discourses are used and made sense of in context-specific ways according to a context's affordances (e.g., an online forum's discursive possibilities); they can be seen to be “appropriated” by users of those discourses (Linell, 2009, p. 347).

Gillies and Willig (1997) explored the multiple discourses women smokers utilized in understanding and providing meaning to their smoking. They found all of their respondents to frame their accounts of smoking within an addiction discourse. The authors argued that the predominance of the addiction discourse within their sample reflected the prevalence of this way of socially constructing smoking as behaviour, in a familiar, cultural discourse. In a similar way, Bailey (2005) highlighted the contrasts and tensions between popular and expert discourses of addiction, arguing that aspects of popular discourses subvert expert concepts of addiction, and operate as a means for reasserting the self-identity for those labelled. Bailey described, as an example from

popular discourse, individuals as “happily claiming to be ‘addicted’ to their expensive latte . . . [and] see the ‘addiction’ as inherent in the person rather than the activity.

Shopaholism is a problem of the person, not a problem with shopping” (p. 540). Such a discourse positions the individual as actively and willingly engaged in their activity, rather than being helpless and at mercy of a powerful drug. Thus, such discourses can be seen to be anything but neutral in how they are taken up and used.

While researchers have started to look at the various and often competing discourses in society and within discourse communities communicating about substance “addictions” (e.g., Bailey, 2005; Davies, 1992; 1997; Gillies & Willig, 1997; Rødner, 2005; Taleff & Babcock, 1998; Valverde, 1998); there has been much less emphasis on examining discourses pertaining to non-substance or behavioural “addictions” (e.g., Keane, 2002) such as gambling (e.g., McGowan, 2003).

Grunfeld et al. (2004) investigated the use of clinical discourse within a professional online forum on gambling issues. They examined the discourse of clinicians and researchers in defining gambling pathology, and investigated how professionals perceive the potential problems of stigmatization for their clients. They found that the majority of professionals had an explicit awareness of the stigma attached to being identified as a pathological gambler, exemplified by stigmas, such as “the appearance of being unable to control oneself,” “irresponsible, selfish or self-serving,” “liars, cheaters,” and “un-trustworthy . . . [performing] criminal acts to get money” (p.12). A few professionals even endorsed these stereotypes themselves, and argued for the accuracy of these stigmas. Despite such endorsements, few professionals commented on the consequences of such stigmatization, although some contended that stigmatization is

“both a treatment barrier and a treatment issue,” which can result in “help avoidance” (p.12). Investigating the common discourses used by self-identified problem gamblers themselves can provide another perspective, expanding the current research examining the discourses of gambling beyond the clinical discourse community.

Social Support Communities

Support groups have become an increasingly popular source of help for individuals struggling with personal concerns in contemporary western culture (McGowan, 2005). Addiction oriented 12-step groups, such as Alcoholics Anonymous (AA), account for the vast majority of the face-to-face groups attended (King & Moreggi, 2006). In fact, over 6,000,000 adults per year have contact with an addiction self-help group (Humphreys et al., 2004) such as Gamblers Anonymous (GA). These groups emphasize interactive, mutually supportive, non-professional environments, helping group members to discuss and share their personal experiences and understandings of their issue with others who are similar (King & Moreggi).

One of the central therapeutic factors of self-help groups is an ability to normalize a stigmatizing condition, buffering the shame from having an undesirable disorder (Madara, 1999). Many studies on mutual help have emphasized the role of telling one’s story for communicating social support (Arminen, 2004; Denzin, 1987). GA and AA also follow this tradition, as Harvey Sacks (1992) described:

A collection of people get together and tell a series of stories, one alike to the next, i.e., places like AA involve a series of stories where we come to see that we’re all in the same boat, and people figure that they’re understood and that they’re not alone - where among the problems present in therapy is that for all you

know, given that the therapist doesn't respond with telling you he had the same experience, nobody had the same experience as you. (p. 260)

Sharing personal stories is a key function of social support groups and is fundamental to in the AA discourse community, as Denzin described:

Central to the recovery of self is learning how to become a storyteller about one's own life, before and after AA membership. The self is recovered in and through the stories the member learns to tell. Talking and listening thus become the key processes that structure the member's new senses of AA selfhood. (1987, p.193)

The AA discourse community uses various interactional devices to construct their experience as "shareable," such as invoking mutual intimacy by making references to prior speakers (Arminen, 2004), and closing their turns with expressions of gratitude to construct the felicity of AA interaction (Arminen, 2001).

Online social support forums. As today's social world is becoming increasingly digital (Kozinets, 2010), so too has the culture of social support forums and social networks. Cyberspace has become a common social environment in which people interact and operate. Computer-mediated communication (CMC) has been conceptualized as an alternative social space that facilitates both social interaction and the development of supportive social networks (Garton, Haythornthwaite, & Wellman, 1999; Wellman et al., 1996). Thousands of email and web-based support groups, devoted to many health concerns exist on the Internet (King & Moreggi, 2006) including those for "addictive" or excessive behaviours (Griffiths, 2005). King has claimed that addiction is unlike other health conditions in that overcoming addiction depends on peer support; "[a]ddicts who

exchange stories, information and emotional support by computers are not just engaging in an adjunct to their therapy, [but] that activity is part of their therapy” (1994, p. 51).

Participation in online social support forums has been positively correlated with stigmatizing health and social concerns such as addiction (Davison, Pennebaker, & Dickerson, 2000). Consequently, stigma associated with gambling (Cooper, 2004; Cooper & Doucet, 2002; Hodgins & el-Guebaly, 2000) and difficulties identifying with the stereotype of compulsive gambler (Derevensky & Gupta, 2000) may lead individuals to seek help in an anonymous fashion, such as online.

One of the most powerful components of online communication comes from it enabling a discourse community member to anonymously access and share information with others. Anonymity appears to be a major motivator for seeking support online and disclosing personal stories (Barak & Gluck-Ofri, 2007; Kummervold et al., 2002). Because of members’ abilities to anonymously share experiences and obtain peer support, online support forums have been proposed as a powerful tool to assist those seeking help for mental health and addiction concerns (Farvolden, Cunningham, & Selby, 2009). Further, Stommel (2009) has suggested that the increased use of online support may reflect an increased sense of responsibility for health and self-help utilization, which may be pertinent to persons struggling with stigmatizing conditions. While members may create a pseudonym to interact anonymously, their pseudonym serves as a recognizable marker of their identity to other members (and observers) as they interact with other members.

Online support forums for problem gamblers. There is an increasing number of websites devoted exclusively to providing information and support to problem gamblers.

While most of these sites offer information about PG (e.g., signs and symptoms of a problem gambler) and options for face-to-face treatment, sites are beginning to offer social support with therapeutic functions (Cooper & Doucet, 2002), including online social support.

While research on the subject is in its infancy, Cooper (2004) has suggested that problem gamblers are satisfied with their use of online support forums. In a qualitative study involving a thematic analysis of posts and online interviews, participants indicated that online support forums helped them to better understand and cope with their own gambling problems (Wood & Wood, 2009). Participants reported utilizing online support for the following reasons: a lack of alternative support or a need for additional support, ease of access and availability, insight gained through posting and hearing others' stories, help in resisting urges to gamble, and perceived anonymity (Wood & Wood). While a small amount of research has been conducted examining the benefits of online forums, little research has been conducted using online social support forums as a site for analyzing forum members' discourses and interactions online. Analyzing the discourses and interactions displayed on the online forum provides an important addition to the literature on online social support.

Discourses of health, illness, and addiction are entrenched in society, and are shared through expert conversations (Horton-Salway, 2004), mass media (Stout, Villegas, & Jennings, 2004), everyday conversations, and online discussion forums. There have been few analyses of discourses of health related topics on online forums (e.g., Guise, McVittie, & McKinlay, 2010; Horton-Salway, 2004; Stommel, 2009) and even less so examining the discourses of problem gamblers. One study utilized discourse analysis

(DA) to examine the context and narrative forms female gamblers used in telling their stories of PG and recovery (McGowan, 2003). Further research is required, therefore, to qualitatively examine multiple discourses of gambling not specific to women.

Online Community as a Site of Analysis

Online social support forums create an interesting site for analysis, as the support forum is both a community for and created by its members. From an ethnomethodological standpoint, members' interactions are simultaneously context-shaped and context-shaping (Heritage, 1984). The discourse community and the members' interactions within the community are shaped by the individual members and their enactments of the norms of the community. Norms are particularly relevant when members are first joining a community (Stommel, 2009), as these enacted norms shape the interactions by the members and the culture of the community. In addition to informal norms, formal rules and regulations or *netiquette* are also apparent on the forum. These are enforced by the moderators and senior members, but also exist because of how members sustain the forum through their interactions, such as through forum topics and the asynchronicity of the interactions.

Members' interactions contribute to the community's evolution, but, at the same time, its evolution is accomplished through responses that uphold the community's purpose, member roles, and policies/rules, which are simultaneously evolving (Preece, 2000). Thus it is important to examine how individual members are "doing" the community, participating in and practicing the community as they join, and evolve to become senior members of this community. Ethnomethodology is concerned with people's shared methods in making sense of their social world, or *practical reasoning*

(Garfinkel, 1967). A focus on members' "doing" of community allows for a better understanding of the community and individual members' roles within.

Community of practice. The concept of Community of Practice (CoP) (Lave & Wenger, 1991; Wenger, 2004) encompasses both the external structures and the agency or "doing" of the participants (Stommel, 2009). A CoP is mutually constitutive with the meaning of both a discursive community and topic of interest (i.e., problematic gambling), as members pursue a shared enterprise over time, always situated in socio-historical, cultural and institutional contexts (Stommel). A CoP has been defined as: An aggregate of people who come together around mutual engagement in an endeavor. Ways of doing things, ways of talking, beliefs, values, power relations – in short practices – emerge in the course of this mutual endeavor. As a social construct, a community of practice is different from the traditional community, primarily because it is defined simultaneously by its membership and by the practice in which that membership engages. (Eckert & McConnell-Ginet, 1992, p. 464)

Membership in a CoP relates to the practices which engage its members. Thus, membership norms, such as norms for legitimate membership, are constructed, sustained and negotiated in the actual practices of the community. Legitimacy is crucial in establishing one's position within a CoP (Sandaunet, 2008). Galegher and colleagues (1998) discussed the importance of displaying legitimacy in a face-to-face group as a means "to obtain direct support and information from others in the group, one must demonstrate legitimacy – that his or her concerns are genuine and justified" (pp. 449-500). This includes physical presence, appropriate dress, and contribution to the coffee

fund, but they question how one can do the same in an online environment (pp. 449-500).

I am interested in understanding how member legitimacy is established and negotiated among members in a unique community; in this case, an online forum for problem gambling.

Identity in Community

In joining a CoP such as an online support forum, and in establishing legitimacy, new members are also negotiating identities online. Participants who take up a position in a discourse in line with an illness or problematic behaviour, such as gambling, simultaneously present themselves to others in the CoP as having a gambling problem, as part of co-constructing this community. How participants “do community,” by their individual presentations to others, and responses to others, both help to shape the community and their own self-presentation of their gambling. Stommel and Koole (2010) have argued that membership to an online CoP is granted on the condition that newcomers align to the norms and practices that are constitutive of that community. They found, in an eating disorder support group, that a newcomer is confronted “with the normative requirement that she adopts the forum community’s orientation on eating disorders – that an eating disorder is an illness that needs to be cured, not celebrated” (Stommel & Koole, p. 374). Members of this particular CoP adopt the community’s illness discourse in order to be a legitimate member of the CoP.

Just as members of the eating disorder group adopt the discourses of the CoP, so too do members of an online forum for problem gambling. The CoP acts as a site for discursive construction, as members use these common discourses to dialogically co-construct and perform their role as a problem gambler (or recovering gambler). In a

discursive psychology approach (Edwards, 1997; Edwards & Potter, 1992; 2005; Potter, 1996) talk is treated as a form of social action, or interaction, through which online members construct meanings and identities, and accomplish interactional tasks.

Category entitlement is used to establish membership legitimacy as a problem gambler by virtue of locating themselves in the category of “problem gambler.” According to Potter (1996), deploying category entitlement allows individuals to claim the right to speak with authority on certain topics by virtue of their membership in a specific group (p. 132). Claiming category entitlement obviates the need for speakers or writers to explain how they know what they claim to know (Potter, p. 132).

As individuals join a CoP and establish legitimacy within the community as “ill enough” or having enough of a problem with gambling, they are simultaneously adopting an identity as a problem gambler. “Membership categorization” (Sacks, 1992) can be displayed through *doing description* of the member’s activities, and through their *word selection*, “how speakers come to use the words they do, and how that informs the hearing that the talk gets from recipients” (Schegloff, 2007, p. 463). In the same way, part of the success of group support, including online support, is through the shift from an “ill” identity to that of a healthier one (Lave & Wenger, 1991). Lave and Wenger explained:

In A.A. . . . discussions have a dual purpose. Participants engage in the work of staying sober and they do so through gradual construction of an identity. Telling the personal story is a tool of diagnosis and reinterpretation. Its communal use is essential to the fashioning of an identity as a recovered alcoholic, and thus to

remaining sober. It becomes a display of membership by virtue of fulfilling a crucial function in the shared practice. (1991, p. 109)

Lave and Wenger (1991) argued that an individual joins the group and identifies both as an alcoholic and recovering alcoholic, and through their sharing of their story and interactions in the group, they reassert their identity in recovery. Establishing identity is not the sole responsibility of the newcomer; the accomplishment of identity occurs within a social context, when performing interactions with other community members. Members of any CoP play a critical role, as analogously demonstrated by processes of admission into *total institutions* such as prisons, concentrations camps, and mental hospitals (Goffman, 1961). While online support forums cannot be compared to total institutions, the process of socialization and examining the community's involvement in this socialization is relevant. Members present themselves in a context, such as an online forum, in a kind of performance, which is “‘socialized,’ moulded, and modified to fit into the understanding and expectations of the society in which it is presented” (Goffman, 1959 p. 35).

Sick role behaviour. When members of a CoP use a medical discourse of addiction or illness, it can be interpreted as sick role behaviour (Parsons, 1951). Illness requires a person to act according to the normative expectations of that sick role, and among those expectations is the obligation to seek and comply with medical treatment (Parsons). Using this model, individuals live out their addiction and recovery as a matter of doing their job as recovering (gamblers), preparing for the future without gambling, and getting through their process of recovery. However, the patient's (or the recovered gambler's) agency is limited to compliance (Frank, 1997). This sick role behaviour

occurs within a context, and members, having been socialized into the norms of the CoP, treat their own actions and one another's actions as accountable (Garfinkel, 1967; Heritage, 1984). Thus, illness and recovery behaviour can be seen as an interactional (between CoP members) and situational (online) accomplishment.

Displaying legitimacy. Storytelling can be used by members to establish legitimacy, as belonging to a particular category, such as “problem gambler.” They can do this by telling their story, and expressing severity of their problem by providing a vivid description (Edwards & Potter, 1992) of their problem or using extreme case formulations (Pomerantz, 1986). Extreme case formulations are used to mark and intensify his or her personal viewpoint, such as “all the time,” “everybody,” or “no one” (Pomerantz, p. 228).

Further, providing advice and information to others can also be used to display legitimacy. When members provide advice, information, and answer questions, they take on an “expert” role and signal to readers to “believe not only that they have a right to speak, but also that their answers should be believed” (Galegher et al., 1998, p. 500). Senior members may share personal stories as a means to display legitimacy as someone who is no longer “ill,” or a “recovered” gambler. Although statements made on personal experience are epistemologically weak, such statements pertaining problem gambling, and recovery from it, are seen as both appropriate and relevant by members of the CoP (Galegher et al.). Legitimate claims are acknowledged as signals that come from “legitimate” people - that is, people who have the right to ask questions and make claims on the group's attention.

Ethnomethodologists would argue that knowledge, “expertise” and personal “experience” are always locally produced in the process of arguing, explaining and reasoning (Housley & Fitzgerald, 2002). Different categories of person and different forms of knowledge are locally produced in the process of building up people’s entitlement to make legitimate and credible claims (Potter, 1996; Sharrock, 1974).

Houseley and Fitzgerald explained:

An utterance only becomes a knowledgeable claim in and through the situated recognition work of members . . . the appeal to recognizable and stable bodies of knowledge external to the site of category production is re-specified in favour of a concern with the situated and methodological work of members in accomplishing recognizable parameters of knowledge and the associated practice of claims making, decision making, opinion forming, offering advice. (2002, pp. 74-75)

That is, legitimacy displayed through expression of knowledgeability (via providing information, advice, telling stories), is locally co-constructed and established in the CoP by the members, according to the norms and discourses of the forum. “Certain categories of people, in certain contexts, are treated as knowledgeable” (Potter, 1996, p. 133), because categories are “inference rich” and associated with conventions and expectations to which speakers orient (Sacks, 1972).

My analyses of the discursive construction of problem gambling vis-à-vis an online community of lay members yields new insights in the use of discourse analysis in examining problematic behaviour, such as the role of one’s understanding the behaviour displayed by using medical terminology or other dominant discourses. Adopting particular discourses have important implications for psychology and counselling

practice. Sick role behaviour and adopting a sick role identity could impact the member's sense of agency and self-efficacy in overcoming their gambling problem. Furthermore, analyzing how members participate in the community, how they are able to negotiate membership in the CoP, and are socialized into this community, can provide important insights in understanding a discursive community's culture, such as the benefits and perplexities involved when participating in an online forum.

Chapter 3: Research Methodology and Design

Research Paradigm

My research is situated within a social constructionist research paradigm. Social constructionism falls under the umbrella of postmodernism (Burman & Parker, 1993), which represents a shift in focus from a notion of pre-existing, ultimately determinable realities to recognizing the significance that language plays in constructing or representing reality. Social constructionists are interested in explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live (Gergen, 1985). Potter (1997) argues that reality cannot be understood outside of language, as we use discourse to describe, make sense of, and negotiate meaning of our reality with others (Berger & Luckmann, 1966). Consequently, from this perspective, PG is understood through language and interaction. PG as an “addiction” has been described as a historically and culturally situated social construction and socio-political accomplishment (Reinarman, 2005). The concept of PG as “problematic” has also been socially and politically constructed, and maintained.

Theoretical Framework

Discursive psychology is the theoretical framework that informed my analysis. The main theoretical underpinnings of discursive psychology, summarized by Edwards and Potter (1992), are ethnomethodology (Garfinkel, 1967), the sociology of scientific knowledge (Gilbert & Mulkay, 1984), functional approaches to language use, and conversation analysis (Sacks, 1989). Discourse is seen as a form of social action; as people *do* things with words (Searle, 1969), such as negotiate meaning with others. Informed by ethnomethodology (Garfinkel, 1967; Heritage, 1984), discursive psychology

regards construction of reality and social order as a practical accomplishment of discourse community members. Thus, PG becomes a particular constructed reality for those concerned about gambling, through how they interact in a particular social order online. As members of this CoP interact online, their interactions are both context shaped and context shaping (Heritage, 1984). The members' interactions within the CoP are shaped by the individual members and their enactments of the norms of the CoP. In the same way, members' enactments are both influenced by the norms and at the same time work to maintain the norms.

Discursive psychology is also informed by critical discourse analysis (Fairclough & Wodak, 1997), which is interested in relationships between language use and societal influences. Discursive events are performed by people in a social context, and are shaped by institutions and social structures. At the same time, these discursive events also help to shape these structures. They are constitutive in that they both helps to sustain and reproduce the social status quo while sometimes contributing to transforming it (Fairclough & Wodak). The various discourses which participants can access and deploy in the CoP both facilitate and limit their use of discourses (Parker, 1992). At the same time, the participants' use of particular discourses on the forum contributes to the context of the forum, either by sustaining the status quo, or alternatively creating a breach to what is considered normal or expected interaction (Garfinkel, 1967).

Method

An online social support forum, a "place" where people are currently and naturally discussing their experiences and understandings of PG, acts as an ideal, naturalistic setting to examine the discourses used by problem gamblers. I approach the

concepts of discourse and CoP with a discursive lens strongly informed by discourse analysis (DA) and ethnomethodology. My central focus is on how individual members use online interactions to accomplish goals, such as establishing legitimacy, sharing their story, supporting others, and displaying their understanding to others. I used DA (Nikander, 2008; Wetherell, Taylor, & Yates, 2001) and ethnomethodology (Garfinkel, 1967) to analyze the ways in which members of this CoP talk about problem gambling and recovery from such, and how they do so on this online medium.

Aspects of Netnography (Kozinets, 2010) were also used to examine characteristics of the social support forum. Netnography is a type of online ethnography that utilizes ethnographic approaches to understand online communities and culture as accomplished through members' computer-mediated communications (CMC). Garcia and colleagues argue that, to effectively explore the nature of social worlds and culture - members' constructions of identities and beliefs and values - ethnographers must incorporate the Internet and CMC into their research to adequately understand this growing aspect of social life in contemporary society (Garcia, Standlee, Bechkoff, & Cui, 2009).

Data Collection Procedure

Data was collected from GamTalk, a free Canadian online support forum for persons concerned about problem gambling. Ethical approval was obtained from the University of Calgary's Conjoint Faculties Research Ethics Board (CFREB). Given the forum's accessibility on the internet, my analysis examined publicly available data, through a form of participant-observation research, similar to "lurking" in CMC jargon and not requiring permission of the posters. However, "the blurring of public and private

in the online world raises ethical issues around access to data and techniques for the protection of privacy and confidentiality” (Garcia, Standlee, Bechkoff, & Cui, 2009, p. 53). Researchers have recommended that Internet research procedures follow rigorous ethical practice, gaining informed consent from the participants involved (Brownlow & O’Dell, 2002; Hudson & Bruckman, 2004). While members on the social support forum likely understand that their posts are public, these posts are personal and were not posted with the intention of having research conducted on them. For these reasons I obtained informed consent from all the participants in my study.

Following recommendations made during the CFREB ethical approval process, I sent a private message to each of the forum’s members who had posted one or more times, inviting them to participate in the study. A brief description of the project (using a standard consent form) was provided, and I asked them to have access to and analyze their publically available past and present forum posts (see Appendix A for the consent form). Participants replied to my private message indicating that they were providing their informed consent. I also created a post in the “Introduction” thread where I introduced myself and the project (see Appendix B). After an amended ethical approval, I posted a second time thanking the participants who had agreed to be a part of my study, and informed them that I would be collecting general, anonymous data from the site, such as number of members and number of posts under each topic and thread (see Appendix C). If they had any questions or concerns, or did not want me to count their particular contributions, I asked them to send me a private message to be excluded.

Participation was therefore completely voluntary, anonymous and confidential. No personal identifying information was collected in this study, and all participants remained anonymous. Pseudonyms have been used in my reporting on my research.

Procedure of Data Analysis

Using a netnographic approach (Kozinets, 2010), I collected anonymous data from the site, including number of members and number of posts under each topic and thread. I observed the forum as a unit, noting the types of interactions that occurred on the forum to gain a sense of how the CoP was co-constructed. Ethically, I was only able to discursively analyze the posts of members who provided informed consent; however, the results of these posts help demonstrate and exemplify how discourses and interactions occur in the larger CoP.

I utilized DA and ethnomethodology to analyze the posts of participants who provided informed consent. Posts by each participant in the sample were copied and pasted into a word document and imported into NVIVO 9 (2010), a qualitative data management software program. All participant posts were collected for the time period between July 2008-February 17, 2011. The data was open-coded (deriving code names from what I observed in the data) according to common categories related to types of discourses and interactions. For example, if a participant was talking about his/her gambling as an addiction, the text would be coded as “addiction.”

In addition, types of interactions, such as provision of social support, asking for help, and various other interactions were also coded. Smaller sub-discourses were analyzed to identify larger over-arching discourses, where appropriate (see Appendix D for a list of codes, discourses, sub-codes, and sub-discourses). “Deviant cases” (Wetherell

et al., 2001) or inconsistencies with common codes were also identified and noted as such. A matrix framework was utilized with the coded data to determine how the various discourses were associated with the types of interactions (see Appendix E for an example). Verbatim quotes (spelling and grammar not corrected) were extracted as exemplars, indicating any additions or changes that I made to protect privacy or make sense of the quote are indicated by square brackets “[]”. Throughout the research process I made notes about what I was identifying in the data, and I referred to these notes during my analysis and reporting of findings.

Enhancing the Quality of Data

There are many checklists to enhance rigour in qualitative research, though they “achieve little unless they are embedded in a broader understanding of the rationale and assumptions behind qualitative research” (Barbour, 2001, p. 1115). “Methodological coherence” (Morse et al., 2002) aims to enhance congruence between the research question and the components of the method. In the current study, the research aim matches the chosen theoretical framework (discursive psychology), which correspondingly matches the type of data used (textual data) and the method (DA, ethnomethodology, and netnography).

Throughout the research process I kept notes (memos) about the research process and reflections about my interpretations and findings. I was reflexive and recognized that the knowledge produced in this project is situated in a particular context, which owed something to my involvement in making sense of this context. While the results of my study may be useful and relevant (Wetherell et al., 2001) to various groups interested in gambling and practitioners, my account is one of many accounts of the phenomena,

intended to credibly, but not finally or absolutely, account for members' communications and accomplishments. According to social constructionists, there is no ultimate, determinable, truth; discourses highlight the multiple truths and realities associated with any phenomenon or experience. Throughout the process of analysis and interpretation, I shared my findings and consulted with a DA group at the University of Calgary that was working on a separate project examining discourses of recovery in problem gamblers. This group provided a venue to discuss my findings and analysis process.

Finally, in a further effort to be reflexive and transparent, I utilize positioning theory (Davies & Harré, 1990; Tan & Moghaddam, 1995; Van Langenhove & Harré, 1994) to explicate my subjective role in the research process. Positioning theory contends that people "take up" positions in relation to the discourse that is available in the very moment of making an interaction with another or with text. In my last stages of analysis, I chose to include the "GA" sub-discourse under the larger "Addiction and Illness" discourse. When I did this, I referred to my memos. In one memo, I reflected on my struggle with deciding whether to categorize certain quotes in a broad "addiction and illness" discourse or a more specific "GA" sub-discourse. My prior research interest and experience was focused on discourses of "addiction and illness," with less exposure to the "GA" discourses. My initial inclination to code these exemplars as "addiction and illness," along with my decision to specify a "GA" discourse, made the resolution to collapse the GA sub-discourse into the larger "addiction" discourse more rational.

Each interaction with a text must necessarily be situated in discourse simply because it uses discursive material (words and meanings) in order to make sense of the event. For example, when reading a participant post and constructing a discourse

category, such as “addiction,” I am cognizant of my biases, conceptualizations, theoretical orientation, and prior research in the area of problem gambling. I am situated in a particular disciplinary, political, and cultural context, which provides the lens by which I analyze, interpret, and write up my research results. Just as the participants use specific discourses anchored in their own positioning towards PG, I too, “take-up” particular discourses in my interaction with this research project, data, and results. For the purpose of this study, I position myself as a social constructionist, with a view that there are multiple realities and discourses “taken up” by those seeking assistance for problem gambling.

Chapter 4: Findings

In this chapter I present my finding in three main sections. First, I describe the sample and the setting, which was informed by a netnographic approach (Kozinets, 2010). Next, I provide an analysis of the common discourses used on the forum. Finally, I describe the socialization demonstrated in this CoP, how members negotiate their roles within the CoP and how they interact with others.

The Sample and the Setting

By February 17, 2011, the end of my data collection, there were 3,253 members of the online social support forum, GamTalk. Of those 3,253 members, I sent a private message to the 228 members who had posted one or more times, meeting the eligibility criteria of my study. Of the 228 members that I private messaged, 147 were no longer active on the site, leaving 81 members available in my sample population. My total sample contained 11 participants who agreed to be a part of my study. These 11 participants were comprised of six “junior members,” two “senior members,” two “moderators,” and a single “member.” These labels were forum-specific labels, created by and used on the web forum, specifying a junior member as having less than 30 posts, a member having between 30-99 posts and a senior member having 100 or more posts. The web forum management team appoints moderators/administrators, who moderate the discussions, keep the forum clean from spam, and provide assistance to the members.

At the time of data collection there were 3,638 posts distributed across 459 topic threads, under 12 Forum categories. My corpus included 1,791 posts in my analysis; the number of posts per participant varied between 3 and 833 (See Appendix F for participant and forum profiles). The number of contributions per participant varied in the sample,

which is comparable to posting by the larger population of members. A majority of the members of this particular site did not contribute at all; they may have left the forum, or decided to “lurk,” or observe the forum unobtrusively. While my sample contained only 7% of the site’s active participants, the number of posts analyzed (1,791) made up nearly half (49%) of the total posts during the period of data collection. Since 7% of the members contributed to nearly half of the posts on the forum, I contend that my analysis provides a reasonable account of the forum’s activities.

Common Discourses on the Forum

One of my key interests in this research was to identify the common discourses used by members as they interacted on the forum. My process for identifying the discourses, or ways in which people talk about gambling, involved a thorough reading of all posts while identifying recurring key words and terms used in the members’ posts. In total, I identified 44 key words or sub-discourses (specific discourses), which I collapsed into six larger common discourses (see Appendix D for coding of discourses and sub-discourses): shame and guilt, causality, the nature of gambling, gambling as an addiction or illness, control and responsibility, and recovery as a process. Next, I will describe each of these six common discourses, using the more prominent sub-discourses (specific discourses under the larger discourse) as exemplars.

Shame and guilt. Members often utilized a discourse of shame and guilt in their self-descriptions of being a problem gambler. In these self-descriptions, they shared that they were secretive, hid their gambling behaviour, and felt terrible that they were hurting others. Some members offered accounts of their current struggles, using a discourse of shame and guilt.

Margaret:

Now here I am again, crying, fretting, stressed out and wondering where I will find the money to fix my car, buy groceries and buy food. It's not just that I feel like a failure -- I am a failure.

In this example, Margaret presented herself as a failure, feeling like a failure and labeling herself as such. She listed evidence for why she is a failure (not having any money to pay for her basic needs, because of gambling) and demonstrated how she reacted in a shameful way "again" (with stress, crying and fretting). Margaret provided a vivid description of how bad her situation was; she stated that she could not even meet her basic needs. By providing an account of being someone who was unable to take care of herself, because of her gambling problem, she established herself as a "real" problem gambler.

Another way to provide an account for one's presence on the site is by displaying knowledgeability, through "expert information." Grant, a senior member, provided information to the group about how compulsive gamblers struggle, using the discourse of shame and guilt.

Grant:

Many compulsive gamblers struggle in the early days of their recovery, through looking back to their past life, burdening themselves with guilt, remorse, money they have lost, opportunities they have missed, or lack of progress at work . . . Guilt and remorse can cripple us. They are very close to self-pity.

Here, Grant displayed how members of the CoP should present themselves early in their recovery process, indicating that utilization of a discourse of shame and guilt is required to be in the membership category of "compulsive gambler." He demonstrated his legitimacy through knowledgeability by providing information of what to expect, and

affirming other members who may be already using this discourse in a similar way.

Causality. When members interact on the forum, they often used a discourse of causality to convey their understanding of gambling. Members provided accounts of gambling behaviour stemming from (i.e., being caused by) childhood, a dysfunctional background, or having grown up in an environment of chaos. Some provided accounts of how gambling was normalized in their lives as a socially acceptable pastime, currently and from a young age.

Grant:

My Mom and her parents were / are as I know today compulsive gamblers and gambling was a normal way of living for me. I placed my first bet at [the] Race Track when I was 10 and was betting with a bookie at 16.... I truly believe that I missed the chaos of the family life I grew up in and set about creating my own chaos in my life with both drinking and gambling.

In his post, Grant attributed his gambling problem to growing up in an environment that normalized gambling and caused him to create his “own chaos.” His account of “betting with a bookie at 16” is used to demonstrate severity in his gambling symptoms - that he was involved in serious gambling from a very young age.

When members discussed “triggers,” motivations and desires for gambling, two sub-discourses of causality were offered, one of gambling for the “buzz” or “thrill seeking” and one of gambling to “escape” or as a “replacement” activity. Rodney, a moderator, demonstrated this when he explained why people gamble to the group. He wrote, “People gamble for many different reasons, and it can become an issue when they gamble to escape from problems in their lives, if they chase losses, and/or get hooked on the buzz of winning (or almost winning).” Similarly, Ben used a discourse of causality when he provided an account for his gambling in the context of life events:

Ben:

The more I think about it the more I start to link gambling with stress. I was off work for almost half of 2009 sorting out this [mental health] condition I was diagnosed with and I have finally returned to work and boy is it super stressful! . . . I think I used gambling as a form of relaxation or reward for handling working again.

Members used a discourse of causality when they tried to negotiate accounts of how gambling problems occurred and how gambling became problematic. By displaying their knowledgeability about PG and “causal factors,” moderators and senior members provided a discourse for the CoP to use in negotiating an understanding of gambling causality.

Nature of gambling. The nature of gambling (their understanding and relationship to gambling as recreational or problematic) discourse was constructed in members’ postings about “responsible gambling,” gambling as part of a continuum, and the role of the casino in problem gambling. The concept of “responsible gambling” was debated using a discourse of the nature of gambling, and members conveyed their opinions strongly.

Ben:

Personally I don’t believe there is a thing as “Responsible Gambling”... people go to casino’s for fun and to lose their daily responsibilities. Casino’s are businesses and sell dreams and thrills for cold hard cash, nothing more. Anyone trying to be responsible wouldn’t be there in the first place.

Ben conveyed a sentiment that gambling can never be “responsible,” as the nature of casino is malevolent and those who enjoy going to the casino are irresponsible.

Alternatively, Linda, a moderator, responded with a different position when she posted, “Many people do drink/take drugs/gamble recreationally without ever becoming

‘addicted.’ Also, a lot of people teeter on the edge of spending a bit too much money without having an outright problem with gambling.” In this excerpt, Linda positioned herself as someone who adopts the “responsible gambling” sub-discourse, and does not see all gambling as problematic.

The nature of gambling discourse was also used with a sub-discourse of gambling on a continuum when members provided an account of their progression into problematic gambling.

Grant:

For me a hobby is something that is enjoyable healthy and rewarding. In the beginning I thought that was what my trips to the casino were. But have heard that to develop a habit you have to do it at least 21 times. So my hobby quickly turned to a habit & from there to an addiction. Just couldn’t stop was all I thought about 24/7. Until it almost cost me my life.

Grant displayed his position on the nature of gambling when he told the story of his own gambling problem; how a hobby that was enjoyable and rewarding became addiction that almost cost his life. Grant also established legitimacy as a real “gambler in recovery” when he presented his account of his progression into addiction.

In addition, there were discussions about the odds of winning and the role of gambling companies in creating gambling problems, often in posts aimed at educating new members.

Rodney:

Games are always stacked in favor of the gambling company. Even if you are up for a bit it won’t last. That is why these companies make so much money. They understand the odds of winning and set them so that they come out on top overall.

In this example, Rodney used the nature of gambling discourse and expert-like knowledgeability (the extreme formulation, “always stacked”) when he demonized

gambling and the gambling company in a factual way, leaving little room to question or refute. His status as a moderator and his uncontested provision of information both assisted to accomplish his legitimacy as a moderator.

Gambling as an addiction or illness. One of the most prominent discourses identified in the forum posts was the medicalization of gambling as an addiction or illness. This discourse is akin to medical discourse utilized by many addiction practitioners and by members of groups such as GA. Problem gambling was usually categorized as an “addiction” by members; occasionally listing the similarities between gambling and other addictions.

Grant:

Compulsive gambling needs to be treated like other addictions. Cocaine, alcohol, heroin, are all the same as compulsive gambling. All of these addicts need help to break free from their addictions, they cannot just walk away and quit. Addiction lies much deeper than that.

As illustrated in this quote, and central to the addiction or illness discourse, is the criterion that one cannot just “walk away and quit.” In this excerpt Grant constructed a parallel between drug “addiction” and gambling, and argued for a corresponding treatment. Using this discourse, members presented a common picture that involved “denial” and a “downward spiral” where a gambler continues to “lose control” of their gambling, becoming “powerless,” until their life becomes “unmanageable” and they “hit rock bottom.” The future of the gambling “addict” is portrayed bleakly by members.

Ben:

This addiction has the ability to put [people] out on the streets with nothing but the clothes on [their] back....Gambling addicts are like drug addicts...only takes one "hit" and we're back on the dark path destroying ourselves.

The use of vivid description is common in this discourse, as demonstrated by Ben's quote and the examples above. Using vivid description and extreme case formulation sets the stage for the addiction discourse, presenting a picture of the severity of a gambling addiction. The members' use of vivid description and extreme case formulation mark and intensify his or her personal experience, thus establishing legitimacy in the membership category of "real addict."

A GA sub-discourse was also prominent in the addiction discourse, with many posts displaying a GA sub-discourse. However, much of this was owing to one particular member and one particular forum topic category. Within the GamTalk forum topics, there was a topic labeled "Gamblers Anonymous Talk" under which had eight threads related to GA and correspondingly contained a GA discourse. Further, one of the senior members (Grant), whose posts were entrenched in the addiction and illness discourse, had his own thread, "GA Reflection for the Day," where he posted a reflection each day:

Grant:

Reflection for the Day

Among the many gifts that we are offered in the Gamblers Anonymous Program is the gift of freedom. Paradoxically, however, the gift of freedom is not without a price tag; freedom can be achieved only by paying the price called acceptance. Similarly, if we can surrender to God's guidance, it will cost us our self-will, that "commodity" so precious to those of us who have always thought we could and should run the show.

Is my freedom today worth the price tag of acceptance?

Today I Pray

May God teach me acceptance – the ability to accept the things I cannot change.

God also grant me courage to change those things I can. God help me to accept the illness of my addiction and give me the courage to change my addictive behavior.

Today I Will Remember
Accept the addiction. Change the behavior.

In the example above, Grant posted a “GA reflection,” which contained a strong GA sub-discourse. Grant’s GA reflection posts appear to be taken from a GA book of reflections. This particular post included an identification of the “Gamblers Anonymous” program, and a variant of the *Serenity Prayer*. This CoP (GamTalk) has constructed a place specific for the GA sub-discourse, under a forum category topic and under Grant’s daily thread. While the GA sub-discourse is also displayed under other threads and categories and used by other members, it is presented much more strongly by Grant in these particular places. Grant has established his legitimacy as a GA expert in his interactions in these two places and his use of the GA sub-discourse.

In addition to a GA sub-discourse, I also identified a sub-discourse of problematic gambling as functioning as a prison or requiring battle against a “demon.” In their self-presentations, members provided accounts of needing to be “determined to fight” gambling urges and be set “free” from the prison of gambling. At the same time, gambling was presented as having a permeating quality, as something that one can “never really overcome and be free” from. Inside this sub-discourse a gambler cannot “just play occasionally” or engage in “responsible gambling;” the stakes are too high and the “risk of relapse” and “loss of control” is too great.

Grant:

we should always be on our guard and try to be aware of any backsliding into old habits, any signs of complacency, any thoughts that may come into our heads that

“gambling wasn’t all that bad”, that “maybe we are cured” or “maybe we were not compulsive at all - just unlucky”. These thoughts are all symptoms of our illness and can lead us back to the miseries we have tried so hard to put behind us. These thoughts are not dangerous only to new members, they are just as deadly to any member, no matter how long they have been gambling-free.

In this excerpt, Grant presented himself as an expert in gambling and recovery when he cautioned other members to be on guard, waiting to fight and defend oneself in the battle against gambling. He argued that dangerous thoughts (symptoms of the illness) might enter one’s head, regardless of how long one has been abstinent. Grant used vivid descriptions and extreme case formulation in his account of how a gambling addiction is enacted.

In line with the danger of relapse is the requirement of, and celebration for abstinence within the addiction and illness discourse. The CoP also represents a place to celebrate abstinence and talk about “not gambling.” It is a cultural norm for members to state how long they have been abstinent, to help one another celebrate their accomplishment, and remind others to celebrate. For example, Ben posted, “Today is officially 2 weeks of no gambling! To keep me busy and entertained me and my girlfriend went out and got a Nintendo Wii. Feels good to come this far!” Linda shared his excitement when she responded to Ben, “Wiiiiiiii! Love the Raving rabbids series. Have fun and congrats on making it 2 weeks.” Over a year later, Ben provided advice to a new member, citing his earlier victory,

Ben:

Don’t forget to celebrate each day that you don’t gamble as a victory! I started to count my days then weeks and made a goal/reward system for myself. 2 weeks got me a Nintendo Wii....3 weeks new shoes.....4 weeks new jeans.....it is a lot less costley than gambling and I have something to show for it!

In the excerpts above, Ben and Linda enacted the norms of the site. Ben provided an account of success in order to accomplish a context for celebration. Linda responded to Ben according to the norms of the CoP; by joining Ben in the celebration, they co-constructed recovery and the celebration of recovery. Ben sustained the norms of this CoP when he utilized the same discourse and recounted the same story, in the form of advice, with a new member on the site. This series of excerpts demonstrates how the norms of the CoP are enacted through the interactions of the members. Linda and Ben, a moderator and senior member display the norms of the site, and invite a new member into the culture.

In order to celebrate abstinence, one has to be demonstrably abstinent, and according to the discourse of addiction and illness, overcoming a gambling “addiction” requires the help and assistance of others. Just as disease and illness require medical treatment, the members in this CoP asserted that gambling problems require help, such as social support from GA, support from friends and family, and/or professional help. In my analysis all of the new members were recommended to seek additional help and support.

Linda:

Perhaps you should take a look at what resources are around you locally and try to decide what methods might best suit you. Do you like the sound of going to meetings? Do you prefer a more one on one approach? A lot of people really like the anonymity of the forums to express themselves and to keep up a diary of progress. Have a think about your options and get ready to act!

Using a discourse of addiction and illness, Linda provided a new member with a list of options he or she ought to use in order to overcome problem gambling, all of which require external help. As a moderator and by providing advice, Linda established herself within the membership category as expert in the CoP. Linda displayed the norms of the

CoP, outlining what is expected behaviour of a recovering gambler and what is required of members when they self-present as such. In order for members to enact the role of a recovering gambler, they must be willing to engage in the treatments and strategies deemed appropriate and necessary by the other members.

Control and responsibility. Alongside the discourse of addiction and inability to control one's gambling is a parallel discourse of controlling one's gambling and behaving in a responsible manner. The discourse of control and responsibility also presents a tension: on the one hand, members display adamancy about one's responsibility to choose abstinence and take control over their lives and their gambling behaviour. On the other hand, there is an admission of the power of the illness and disease and the active choice to relinquish personal control, having others manage their finances, and self-excluding themselves from the casino. This tension is exemplified in two posts, by Linda and Ben. In one post, Linda told a new member, "You have the ability to control your own future, it doesn't control you." On the contrary, Ben provided advice to another newcomer,

Ben:

Are you aware of the self-exclusion process? You can [ask] to be voluntarily banned from the premises and should you show up they have the ability to charge you with trespassing. There are other options such as handing over all your finances to a loved one for the time being until you are back in control of your behaviour.

Engaging in strategies to control gambling was paramount in this discourse.

Members were recommended to engage in these strategies to control gambling if they want to be successful in recovery. In this discourse, I identified the following strategies: self-exclusion from the casino, having others (spouses, parents) manage finances, debt

management programs, tapping into social support, blocking software for online gambling, being aware of potential triggers, posting on the forum when the urge strikes, and finding alternative activities to replace gambling. The underlying assumption is that without these strategies, one would likely fail at their attempts to control or abstain from gambling. By engaging in these strategies and giving up control to others, members are able to control their gambling. According to this CoP, the proper way to do recovery is through the use of the outlined strategies, as a means to control gambling behaviour. Further, gamblers in recovery must display their use of these strategies in their posts and interactions with other members, demonstrating their legitimacy as a gambler in recovery.

Recovery as a process. A companion discourse to the discourses of addiction and illness, and responsibility and control, is the discourse of recovery as a process. In this discourse recovery is not portrayed as a destination or ideal, but rather is seen as a life-long “process” that one must continue to work through and navigate. Cynthia demonstrated this discourse when she stated, “I haven’t gambled in 596 days. I see a problem gambling counsellor every 2 weeks. I go to a GA meeting 1 1/2 hours away every Tuesday.” Here, Cynthia provided her account as a gambler in active recovery, and provided insider-information (from an expert in recovery) to members about how long active recovery should last. The recovery process isn’t depicted as an easy feat, but rather a hard journey.

Linda:

Getting over a gambling problem is not easy but it can be done. Recovery is like a journey and there are going to be ups and downs but the important thing is to keep moving forward even if you have a few setbacks. You have made a good start by

coming here and deciding to talk about what is going on in your life. Talking about the problems is an important step towards understanding the problem.

In this post Linda advised a new member about the process he or she is about to endure. She affirmed the member in his/her decision to join the CoP and encouraged sharing. Linda presented the norms of the CoP to the new member, guiding them in how they must do recovery in order to pass as a recovering gambler. Whereas Cynthia established legitimacy as a gambler in recovery, through her story and self-presentation, Linda demonstrated legitimacy through her belonging to the membership category, “moderator.” Both Cynthia and Linda displayed the required legitimacy to signal to new members that their posts ought to be taken seriously; though each established their legitimacy in a different manner (by self-presentation or membership categorization).

Supplementing the discourse of recovery was a sub-discourse around managing life’s struggles, avoiding triggers, and being mindful of vulnerabilities. There were statements about how one must learn how to “deal with everyday problems,” stress, holidays, and larger problems, rather than escaping them via gambling. Stress, interpersonal and contextual problems, and holidays were all identified as “triggers” to gambling in this discourse. The forum was also promoted by the members to function as a mediator in countering the urge to gamble. Linda illustrated this when she advised a new member, “Gambling problems often strike when we are most vulnerable, it is easy to gamble and escape for a short while, but of course that brings it’s own problems.”

In addition to facing and dealing with struggles, triggers, and vulnerabilities, an additional criterion required to pass as a recovering gambler is to be “honest” and “active” in their recovery. Sandra exemplified this when she posted:

Sandra:

I can continue to get support which is what I really need right now. Maybe now i can tell people to go to meetings, and work an active recovery and honestly mean it rather than fooling myself that gambling is not a problem for me.

In this excerpt, Sandra provided an account which positioned her in the active phase of recovery. She writes that she is continuing to get support (which is required for the addiction and illness discourse); she indicates that she is going to meetings (an important strategy for control); is in “active” recovery and being “honest” with herself (recovery as a process discourse). The “long” recovery process was portrayed by members as taking “one step at a time” and a journey of “finding balance” in their lives, which often included developing and identifying replacement activities, particularly when facing “triggers.”

Socialization on the Site

In this section I provide a discussion of the accomplishment of socialization, or enacting the norms of this community, through members’ interactions, including membership and support negotiated in this CoP. I discuss the various roles of the junior members, senior members, and moderators in the CoP. Moderators were included in this analysis because they contribute to and have a strong influence on the discourse and culture of the CoP, even though they themselves are not gamblers. Following a traditional role, the moderators in this analysis answered questions related to the site, coached members on using the site, enforced the rules of the site, and welcomed members. While not typical to web forums, the moderators in this sample acted more like senior members in that they were central providers of support.

Moderating and policing the forum. Moderators (officially) and senior members (unofficially) demonstrated their role to moderate or police the forum through their posts, helping to teach the members what is appropriate to the CoP and setting the parameters of the site and of membership. For example, in prefacing a heated debate about “responsible gaming,” Rodney posted, “Some people will disagree with me and that is fine. We are all entitled to a view and GamTalk is all about expressing and sharing our views (as long as we don’t deliberately upset anyone).” This quote demonstrates how Rodney explicated the norms of the discussion, informing the members that the CoP ought to be respectful of all opinions. Later, Rodney responded to a member who argued against “responsible gambling,” breaching the CoP’s role in respecting responsible gambling as an option for members.

Rodney:

Yes this can be a controversial issue. However, the forum tries to help people at all points on the gambling continuum and as prevention is always better than cure so some people may benefit from sharing strategies that help them to avoid their gambling developing into a problem. We fully accept that at some point this is no longer an option for others and then it would be better to quit gambling completely, in which case it would be better to avoid that thread. I hope you understand that we want to support people with a variety of gambling issues.

In these examples, both legitimacy and authority is displayed by the moderator (Rodney) in a clear sense that he can make an authoritative statement about group norms. His role as “moderator” was also institutionally appointed by the forum manager, which positions him in the membership category of moderator and unofficially “expert.” He outlines the norms and parameters of the CoP, responding to members who breach the norms or act in a way against the norms.

In addition to addressing breaches of CoP norms, moderators structure the forum by clarifying the function of the forum to the members. In response to a new member who was seeking support, Linda responded, “As stated before, we don’t actually provide therapy on this site but we do provide support!” Moderators and senior members also elucidated how the forum can be helpful, Rodney explained to a new member, “Just reading other people’s stories can be a helpful experience but telling your own is even better, and when temptation comes a knocking the forum can be a good distraction instead.” In these examples the moderators socialized new members into the norms of the CoP, teaching newcomers how they should utilize the forum and informing them about how they may find it helpful. By virtue of their membership category, the moderators are best positioned to articulate and enforce the norms of the CoP.

Moderators are similar to senior members in that they provide advice, are heavy posters, challenge and encourage others, and display knowledgeability. Where they differ from senior members is that they tend not to share gambling stories, as they don’t disclose that they are recovered/recovering gamblers, nor do they solicit or receive support. Senior members display an additional component of legitimacy by having overcome a gambling problem. For example, Ben, a senior member, displayed support and shared understanding when he posted, “Don’t beat yourself up just yet. You are not alone. We have all been in your shoes when it comes to the grip that gambling can hold us by.”

Moderators make clear their authority and legitimacy through administrative actions conveying expertise and status, whereas, senior members’ contributions are legitimized through accounts of lived experience and success. Their accounts exemplify

ideal attainments in a recovery process. As junior members post more, they are able to share examples of successes (abstinence), tending to become more supportive in their interactions, and slowly gain more of an expert, success story status. For example, a month after joining the site, Margaret began providing advice to other members, including Rodney in her post.

Margaret:

As [Rodney] has commented many times, when you feel like gambling, come on here and post instead. My gambling counselor says the same thing. When you get the urge to gamble - do something else for about 10 - 15 minutes and most times the urge will pass. I didn't believe him at first, but he was right.

In this example, Margaret demonstrated her increasing role as expert as she began to provide advice. Her inclusion of Rodney in her post helped to establish that she and the previously established expert (Rodney) are on the same page. In some ways, Margaret was establishing legitimacy by proxy.

Whereas moderators, senior members, and junior members all provide support to predominantly junior members, senior members on occasion receive support. In one instance, Ben, a senior member, relapsed over the course his involvement in the CoP, which changed the trajectory of his recovery process:

Ben:

December 3, 2009

I just signed up here, Im not even sure I know what I aim to accomplish except to quit gambling. I have been gambling all my life and it has eaten away at everything I try to achieve. I am in debt over my head and many people are very upset with me.

Today is Day 1 of no gambling.

I hope this is the one try that works!

Jan 3, 2010

Recognizing the issue is the first step! Congratulations!
 Since I have made my choice and also acknowledged the need to change I have been 5 weeks now without any sort of gambling and it feels very good to say that. I even had money to buy a new pair of jeans today.

The reason I share this with you is to show you that there IS light at the end of the tunnel.

Feb 14, 2010 - I can't believe I relapsed!

Hi all,

Well I relapsed. I don't know what brought it on. 10 weeks of abstinence and ruined by one day! The more I think about it the more I start to link gambling with stress. I was off work for almost half of 2009 sorting out this bipolar condition I was diagnosed with and I have finally returned to work and boy is it super stressful!

I have been back 3 weeks now and have been super exhausted and simply stressed to the max with everything I have to get done. I think I used gambling as a form of relaxation or reward for handling working again. Good news is I didn't lose money I couldn't afford too. Bad news is... I GAMBLED! Not cool! Oh well start the count again I suppose...

Any stress relief advice?

March 2010

Welcome to the site! Many people experience big wins in the first little while of gambling and end up in the same situation. Admitting the issue is an invaluable step - congratulations! It is up to you if you want to attend GA, many people do and many do not. Personally I do not but I love this forum and love participating in it.

In this series of posts I show the trajectory of Ben becoming more confident in his recovery and offering support, relapsing and asking for support, and later providing support again. Over the course of his involvement, Ben took on a senior role, often coaching junior members on how to tackle problem gambling; however, upon relapse he

transitioned briefly to a position of receiving rather than providing support. This series demonstrates that membership in the CoP is indeed fluid beyond the static intuitional discourse (“senior member”) category created by the forum. As the members and their use of discourses change and evolve, so too does the CoP.

Encouraging sharing. Members are encouraged to share their story of addiction and recovery on the forum, by moderators typically, but also by senior members. Encouragement of sharing is demonstrated by moderators and senior members in their welcome post to new members, by asking questions, and checking in. For example, Linda asked a series of specific questions, “Have you thought about how you are going to quit? Are you interested in going to meetings or attending therapy? Are you planning on giving up control of your cash (for now at least?) to your husband?”

In addition to asking specific questions, sharing is encouraged with an explanation of why they ought to share, i.e., “Please do tell us your story and how you got here... may help us give you even more and better directed support and help you vent at the same time.” The assumption here is that sharing is helpful both in the form of expression and in helping the group better support members in their recovery. After members share the others regularly display gratitude for sharing and validation of how it is helpful to the CoP.

Linda:

Thank you for sharing your story, I know it’s not always easy to let things out. I’m sure that others will read this and it will help some who are facing similar hard times. You have learned from your mistakes and writing out your story, others can learn from them too.

The interaction is often closed with an invitation to continue to share and to keep the

forum “posted” on their recovery.

Rodney:

It’s really good that you have decided to talk about what is going on as it is the first step to making a change. It isn’t an easy process but it can be done and there are people on this forum who have done it and can tell you all about it. The important thing is that you decided to do something about it. Keep telling us about how things are going, even if it’s just some thoughts it all helps.

By encouraging sharing, the moderators and senior members engage new members in the process of interacting within the CoP. They set the stage for the new CoP members, informing them that sharing their story is an expected interaction in the CoP. Further, sharing their story is an important step in the recovery process, enacting such provides evidence that they are engaged in the process of recovery.

Introductions and sharing their story. When new members join the CoP, their first task is to introduce themselves. There is a forum topic called “Introduction” with a description that clearly indicates what should be done under this topic:

This is the place to start on the GamTalk Forum. Say “Hi” to everyone and maybe say what you want to get out of the forum. Please keep your intro brief and then move on to another area...

A new member is easily directed to the norms of the CoP, on how to proceed after joining the forum, as directions are clearly posted. When a new member posts outside of the introduction section, it is often suggested that they return to the introduction section to enact the correct way to becoming a member.

Rodney:

Maybe you could tell us a bit about your story in the "introductions" section. Writing about your situation can help give yourself a clearer picture of what is going on, and the rest of us can have a better idea of suggestions that might help you.

In his post, Rodney informed the new member about the rules of forum, that they should tell their story in the appropriate place, and provide the appropriate details. He indicated that it is in the best interest of the new member to provide those details, as providing this information assists the other members in being most helpful.

Although the instructions don't specify how one should introduce themselves, there is a common script demonstrated in the posts. Some members follow this script rather immediately; suggesting they had previous experience with other support networks such as GA, or have spent time "lurking" on the forum and reading others' posts. One junior member, well seasoned in the norms of the introduction section appropriately introduced herself.

Margaret:

Hi everyone. I am a compulsive gambler...I have been in recovery since Janaury when I decided to admit to my problem and contacted the [provincial] Gambling Hotline. They in turn sent me to an Addictions centre in my area; where I have been attending meetings with a counselor since the end of January. I have also self-excluded myself from the casinos in [province]. The only place I gamble now is the bingo hall and I have been slowly reducing the number of times I go there per month. Things are starting to look better for me. My counselor found this site and suggested I join. I hope that talking to others in my financial and gambling position will help me with my problem and in my fight against it.

In this excerpt, Margaret presented herself a "compulsive gambler," and admitted that she has a problem. She described her process of recovery, the length, what she has been doing so far, and how she has sought out external help and support. She appears to be well versed in the discourses of addiction and illness, control and responsibility, and recovery as a process.

Common in many of the "appropriate" introductions is a self-presentation of having a gambling problem or being addicted to gambling. Newcomers provide an

account of their gambling through listing their gambling activity of choice, what they have tried in order to quit, whether or not they were successful, the losses they have experienced, and how long they have been abstinent. An introduction with such detail establishes legitimacy in their identity as a problem gambler. Members utilize membership categorization when they self-identify as a problem gambler, and in their account provide a vivid description of their problem. The severity of the gambling problem is demonstrated by more severe details, or meeting more “addiction” criteria, such as calling themselves a “addicted,” having unsuccessfully tried to quit in the past, and many dire losses, including money, employment, and social support.

When new members introduce themselves but fail to provide all of the “appropriate” information, senior members or moderators typically ask questions, inquiring about the information. This occurs over the course of several posts, “Do you go to a casino, bars, bingo or somewhere else?” or all at once.

Linda:

What do you feel is your motivation? A few questions I have for you are
 1) [D]oes your family know about your gambling
 2) Do you have any support in place (i.e. therapy or meetings etc...)
 3) Do you really, genuinely want to quit now?

In this example, Linda asked the new member about their motivation to gamble, whether or not his/her family is affected, and questioned if he/she really wants to quit. By asking these questions Linda helps the new member enact the norms of the CoP.

Asking for help and venting. The forum functions as a place for members to vent about problems and ask for help on how to manage problem gambling in trying times. Members who are more familiar with the discourse of “taking one day at a time,”

“dealing with stress,” and handling “triggers” seek and ask for support of others when they are struggling. Two years after initially joining the forum, a junior member turned to others for support after a relapse.

Margaret:

Once again I started my downward spiral - spending more and more until I could barely pay my rent or buy groceries. I found another similar site and started winning again and the high of gambling came back with a vengeance. I cashed in \$700 in winnings. But then I started putting it all back in again until it was gone as well as much, much more....I wish I could go back just a year and slap myself silly but of course I can't....So here I am, pouring my heart out to a bunch of strangers (meant with respect!) who I hope can give me some guidance and help. I need help. I think since I left Ontario and the one-on-one counselling I've needed the help but I just haven't been able to find it. So again, here I am.

In this excerpt, Margaret returned to the forum and asked for support. She provided a few details about how “her” gambling has “spiralled out of control” again and is now seeking assistance to get back on track. The forum is a place for members to obtain support from others, and one of the best ways to obtain support is to simply ask for it.

When members enter onto GamTalk they enter into a CoP that shares common discourses and membership norms. In my analysis of GamTalk, I explored the characteristics of the setting and the sample or CoP. I also presented the six common discourses utilized by the CoP; shame and guilt, causality, the nature of gambling, gambling as an addiction or illness, control and responsibility, and recovery as a process. I described how these discourses were used to accomplish various interactional tasks, such as establishing identities within the CoP, displaying knowledgeable, providing support for others, and enacting the norms of the site. Further, I discussed how members were socialized on the forum through their interactions, and how they negotiated

membership, legitimacy and support. In the next chapter I summarize key findings, discuss limitations to my study, and provide implications for research and practice.

Chapter 5: Summary and Conclusions

There is no cure for [compulsive gambling], the addiction sits in the background doing push-ups waiting for us to have a weak moment so we need to stay focused on our recovery. (Grant)

When I began this study I was interested in learning about the discourses that were used by members on a social support forum for problem gamblers. Further, I was interested in understanding how these discourses were used and how those interacting on the forum dialogically accomplished the interactional tasks (e.g., providing support) taking place on the forum. I wondered how members introduced themselves, how they presented themselves, and how they supported one another. I also questioned how these interactions may affect the ability for members to overcome gambling concerns, and how knowledge about these interactions might help counsellors to better assist their clients.

When members join GamTalk they enter into a CoP that shares common discourses and membership norms. In my analysis of GamTalk, I explored the characteristics of the setting and described the six common discourses utilized by the CoP. Further, I examined how these discourses were used to accomplish various interactional tasks, and how members were socialized on the forum through their interactions, including negotiating membership, legitimacy and support. In the following sections, I summarize my findings, cite limitations of my study, and discuss possible implications for research and practice.

Common Discourses

Through my analysis of the interactions on CoP, I identified six common discourses: “shame and guilt,” “causality,” “the nature of gambling,” “gambling as an addiction or illness,” “control and responsibility,” and “recovery as a process.” Utilizing

these particular discourses can be thought of as facilitative as these provide a language for members to use in sharing and exploring the phenomenon of PG and their recovery. However, using these discourses in interaction is not without potential consequence. For example, utilizing a discourse of shame and guilt in an “affirmation” to a new member could confirm and reify these attributions, which may lead to greater internalized stigma about their gambling concerns. Self-efficacy may be compromised by adopting an addiction or illness discourse, which dictates that one requires the assistance of others, preferably a mental health professional, to overcome the illness. Similarly, the discourse of recovery as a process constructs a position where recovery is seen as a life-long battle against an illness or addiction, which requires constant effort and work to stay abstinent. Furthermore, recovery within this discourse requires external help, stifling the ability of the gambler to be personally agentive in their recovery (e.g., Zidjaly, 2009).

The discourse of gambling as addiction or illness may be thought of as paradoxical. It situates problem gamblers in a bleak existence, where they “lose control” and are “powerless” against the illness of gambling; however, they can somehow live gambling-free by seeking help. Despite a life-long imprisonment by addiction, gamblers are also positioned to be capable of being empowered to master their “disease” through ongoing participation in a therapeutic community (Weinberg, 2000, pp. 616-617). A further tension arises with addition of the discourse of control and responsibility, where recovering gamblers take up positions as being in control of their gambling behaviour. In utilizing this discourse members are instructed to take “responsibility” and “control” over their recovery, by relinquishing control. They relinquish this control by giving others the responsibility of managing parts of their lives, and engaging in strategies to avoid losing

control. The implicit assumption in these discourses is that without engaging with others and adopting strategies of control, one will likely fail at their attempts to control or abstain from gambling.

Using addiction and illness discourses in self-presentation can be thought of as enacting sick role behaviours, which requires compliance (Frank, 1997) to corresponding strategies to manage this illness. Failure to comply is in a sense immoral, as “morality of illness is about seeking to do the right thing” (Frank, 1997, p. 135), with the “right thing” presented by the CoP as these strategies of control and responsibility. When members use discourses of control and responsibility they are demonstrating to the CoP that they are indeed practicing their recovery in a moral way, and abiding by the norms of the CoP. Discourses are used to signal to the other members that they are enacting appropriate roles on the site, members learn about these appropriate roles through their socialization within the CoP.

Socialization on the Forum

Members utilize the common discourses of the CoP in ways to accomplish specific tasks, such as to establish legitimacy and negotiate appropriate behaviour within the CoP. My analysis illustrates that there are recurring ways of interacting online, subtly and not so subtly enforced by the moderators and senior member. When members present themselves they incorporate and enact the expected values, discourses, and processes of the CoP. This process is interactional and constituted, the community and the member negotiate these performances almost as an apprenticeship. The senior members and moderators both model and police appropriate behaviour, while new members learn to demonstrate appropriate behaviour as a means to establish eligibility and legitimacy.

Displaying legitimacy and authority as a senior member or moderator. By virtue of having the institutionally created title “senior member” or “moderator,” these members have category entitlement, allowing them to speak with authority in the common discourses of the forum. Senior members and moderators also convey authority through knowledgeable - answering questions, providing information and advice, and challenging others. Senior members, but not moderators, draw authority from their ability to connect their own experiences and personal stories with the problems presented by other people in the group.

Moderators and senior members moderate or police the forum through their posts, to teach the members about appropriate posting and parameters for acceptable interaction in the CoP. Senior members and moderators, as seasoned experts of the CoP, use the CoP’s preferred discourses, and in doing so demonstrate what is required to be in the membership category of “problem gambler” and later “gambler in recovery.” They are seen using the discourses of addiction or illness, and shame and guilt when they talk about what it’s like to be addicted to gambling. They use the discourse of causality when they invite new members to understand their gambling behaviour. They also demonstrate legitimacy by displaying their knowledgeable in providing information about what to expect, and affirming other members who may be already using this discourse in a similar way. Senior members and moderators enact their roles as expert, using these discourses, which helps to establish legitimacy for their position in the CoP. They simultaneously function as role models to newcomers, as they demonstrate appropriate interaction and use of discourse for the CoP.

The Discursive Construction of a Recovering Gambler

Members discursively construct their role as a problem gambler and gambler in recovery through the discourses they use and their interactions negotiated with others on the site. In the discursive psychological approach, talk is treated as a form of social action or interaction, through which online members construct meanings and identities, and accomplish interactional tasks. The forum acts as a site for discursive construction, as members use these common discourses to dialogically co-construct their role as a recovering gambler. The new members are apprenticing to become eligible and legitimate members of the online forum, by following observed and socialized norms when joining the discourse community.

Following the norms of the site and taking up the forum's common discourses, members were seen to be co-constructing their role as a recovering gambler in three stages. First, members were introduced themselves to the forum as a problem gambler, utilizing a discourse of addiction and illness. They used category entitlement in establishing their legitimacy as a problem gambler by positioning themselves within the category of "problem gambler." Second, members interacted on the forum, telling their story and drawing from the discourses of shame and guilt, gambling as an addiction or illness, and discourses of causality. Their self-descriptions demonstrated the use of vivid description and extreme case for formulations to establish legitimacy in the membership category of "real addict."

In the third stage, as members began to recover, they tended to utilize the discourses of control and responsibility, the nature of problem gambling, addiction or illness, and recovery as a process to position themselves as "in recovery." They

celebrated abstinence and successes presented to the CoP; and in doing so, they dialogically co-constructed their recovery through their posts. Furthermore, junior members gained authority and legitimacy as recovering gamblers by utilizing the recovery as a process discourse, posting more success stories and supporting other members. By the end of this process there appeared to be a common umbrella discourse: “Though I am addicted to gambling, and cannot control it, through a recovery process of control and responsibility, I can stay free from gambling.” Here, they shifted from an “ill” identity to that of a one in “recovery.”

The overarching umbrella discourse I observed parallels the addiction or illness discourse and the GA sub-discourse. For example, it can be linked to the *Serenity Prayer* (a variant of which was seen in one of the posts analyzed): “God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference” (Ferentzy, Skinner, & Antze, 2006, Discussion section). Similar to the umbrella discourse, the *Serenity Prayer* indicates a lack of control, but at the same time, an ability to change and control “some” things. The umbrella discourse parallels the GA sub-discourse (part of the larger addiction or illness discourse), by conceptualizing gambling as an illness where lives are “unmanageable,” and gamblers are “powerless” against gambling (Ferentzy et al.). Both discourses depict recovery as a process, which occurs “one day at a time,” and where one should avoid “triggers,” and attend meetings or post online to share their story (Ferentzy et al.).

Sharing their story. Sharing stories was a significant function of the online forum and appeared important in the discourse of the process of recovery. Junior members were encouraged by moderators and senior members to tell their story and to share with the

group, a key ingredient in the recovery process. In order to successfully transition into a “recovered” gambler, one must engage in sharing with others. Using the discourses of addiction and causality, members were socialized and moderated into telling their story, providing sufficient information, and demonstrating proficiency in utilizing the discourses of addiction and causality. When insufficient information was provided or the appropriate discourse was not used, senior members and moderators asked questions, and invited the use of preferred discourses, such as addiction and illness. Members also used storytelling to establish legitimacy as a problem gambler, first by telling their story; then by expressing severity of gambling as a problem, by providing vivid descriptions and by using extreme case formulations.

Transition from junior member to senior member. The transition in status from that of a junior member to a senior member was seen to be both institutionally moderated, after 100 posts their label changed, and socially moderated according to the socialization of the junior member. Presumably, senior members represent a success story in recovery; the junior members may view senior members’ accounts of success as something to aspire to. Junior members become apprentices of the senior members, for the next generation of senior membership. The junior member is socialized into being a senior member, gaining legitimacy as a senior member after having sufficient posts and presence, and by interacting in accordance with the norms of the site. They also acquire this status by *providing* support, information, and advice, rather than by receiving other members’ support, information and advice.

An online social support forum such as GamTalk is simultaneously a place to provide and seek support when undergoing recovery, but it is also a CoP whose

moderators and senior members display and moderate norms for how that recovery should be accounted for. Through their discourses and successive forum interactions members dialogically co-construct gambling and recovery. These interactions also normatively function to contextualize posting behaviour on the site, helping to sustain the CoP discourse and practices.

Limitations

My analysis provides an account of interactive developments within this particular web forum, which is always evolving and changing. It was not my intention to argue or seek evidence for definitive conclusions about dominant discourses in society or interactional practices of CoPs online. The exchanges I studied cannot be seen as representative of those on all online media that persons concerned about problem gambling might engage with (i.e. chatrooms, email, instant messages). My sample contained 1,791 posts by 11 members (see Appendix F), where nearly half of the posts on the forum were contributions from these 11 members. Such a sample of 11 members, each contributing vastly different quantities of posts, cannot be said to be representative of the entire site, or representative of other sites.

I also cannot contend that these are *all* of the discourses that are being utilized on GamTalk. My analysis was contextualized and grounded in a postmodern lens; I acknowledge that my choices in indentifying specific discourses are contextualized by my own cultural situatedness, as well as my actual interaction with the text that I was analyzing. However, this analysis provides a good illustration of the types of discourses, the ways of interacting, and means by which one is socialized into interacting on an

online forum. It also highlights how more dominant or higher posting members greatly shaped this CoP.

In addition, my presence on GamTalk may have influenced the interactions on the site. Because of ethical recommendations I introduced myself and my research on the site, my presence may have influenced the interactions on the site. While I did not conduct any analysis of any differences pre and post my presence on the site, I did not see evidence of any changes in members' posting. None the less, in joining and posting on the site, I became active in the CoP and my interactions may have had an effect on others' interactions.

I was unfortunately unable to analyze full conversations between members, which was due to my inability to obtain consent from the large proportion of inactive members. One limitation to my analysis - a large proportion of inactive members - highlights the fluidity and diversity of membership of this CoP. Further, this may demonstrate a likelihood that an individual might join an online forum, but never post, or only interact a few times on the site. Nevertheless, I was able to analyze a significant number of posts, appropriate for an exploratory study examining how people conduct identity and community work online, and how they use discursive resources in order to accomplish online supportive tasks.

My study acknowledges that the nature of "addiction" recovery groups is co-constructed to be transient, anonymous, and inaccessible to the general public. Because of this, interactions occurring in such groups may be considered elusive and secretive, and not typically observable to the general public. Investigation of such a closed group,

such as the account provided in this study, offers valuable “insider” information important for future research and practice.

Implications for Research

As online interaction and online support have become more common, the need for research in this area grows in importance. Understanding how support occurring online compares to face-to-face support remains an important area for study. In addition, other methods of computer mediated communication require further analysis. For example, a synchronous format such as chatrooms, would afford different kinds of interactions where participants may spend more time working out what their interactions are about. A CoP in a synchronous context would likely look much different than what was seen in my analysis, begging such questions as: How do participants in synchronous interactions introduce themselves? How do senior members and moderators display policing or moderating in “real time”? How do they make evident and manage misunderstandings and repairs?

It would also be interesting to examine the negotiations of discourses in other support formats, answering questions such as: How do clients negotiate the performance of divergent discourses of support and counselling (i.e. counselling, in person group, online group, other health professionals)? How do counsellor and clients negotiate the performance of discourses of problem gambling; and, do such negotiations depend on clients’ prior experiences in support groups? Finally, I am interested in the discourses and interactions of persons suffering from other behavioural “addictions.” There appears to be media and research attention towards new behavioural “addictions” such as sex, shopping, internet, work, eating and exercise. Other questions follow: Are there many

internet support sites available to these newer behaviours? How do individuals who are self-identifying as having problems with these other behaviours talk about these behaviours? Do they utilize similar discourses or different discourses? Are the CoPs similar or different? How do professional CoPs view, diagnose and treat these other behavioural “addictions” in light new evidence and changes proposed for the new DSM-5?

Implications for Counselling Practice

I identified the common discourses displayed by the members of GamTalk, some of these discourses were more dominant on the site than others, yet they were all displayed and encouraged by the senior members and moderators. These six discourses can be seen as resources available for members, particularly new members, to draw upon when engaging on the forum, and in negotiating identities as a gambler and recovering gambler. At the same time these discourses are limiting, in that they denote certain behaviours and recovery processes that may not be fitting for every individual. Further, any time particular discourses are utilized, other potential discourses fall into the background, and become obscured and inaccessible. In my study the members who did not come to GamTalk with a discourse of addiction and illness, were quickly socialized into using this discourse. These same members may have benefited from trying on and using other discourses that may be more helpful for their situation.

Knowledge about the diversity of recovery discourses is important for counsellors, providing an opportunity to better recognize and join the discourses their clients present. Similarly, an understanding of the co-construction process involved in using discourse provides an important counselling resource from which counsellors could

negotiate new, shared discourses with clients, conducive to each client's recovery. Just as members of GamTalk co-constructed their recovery according to the norms of the CoP (evident by the way that discourses were taken up), counsellors and clients co-construct the counselling process and recovery in their sessions. It is vital that counsellors do not unknowingly impose their preferred discourse onto clients, but rather join their clients in conversations that invite new discourses that the client deems helpful.

It is also important for counsellors to know about the types of supportive interactions that occur on online forums. Engaging with others in a social support context can be therapeutic and helpful as an adjunct support for clients. Moreover, utilizing online support is becoming more common, and counsellors may have clients who are already using online support. What is occurring on the forum, especially the discourses members utilize, may be at odds with the discourses drawn upon in the counselling context. When a counsellor meets with a new client, it might be advantageous to have a conversation with the client about their engagement online, and what they found to be helpful from their participation on that forum. Checking in to find out how they "talked" about gambling (discourses used) on the forum may be a useful starting point.

Similarly, before referring a client to engage in online social support, it may be beneficial to discuss with that client how a forum may host specific ideas about recovery and addiction and what that may mean to the client. Depending on the client's preferred or dominant discourse, that discourse may not fit in with the discourses of the forum, which may turn clients away from interacting on the forum. Divergent discourses or divergent norms of CoPs may help to explain the high number of non-active members in my study. Similar to face-to-face support groups, studies of online self-help groups report

high drop-out rates (Sandaunet, 2008). Three of the five identified barriers to using a support site are directly related to the CoP norms and discourses at GamTalk: a need to avoid painful details, not being “ill enough” to participate, the challenge of establishing a legitimate position in the group (Sandaunet). If members are not acting in accordance with these norms of the forum, or feel uncomfortable with the CoP’s discourses, they would not likely benefit from the supportive functions of the site.

Conclusion

In my study of the CoP GamTalk, I identified the common discourses utilized by members of GamTalk and discussed how these discourses are used to accomplish various tasks. Such tasks included establishing legitimacy in their identities and interacting in a supportive manner. The members dialogically co-constructed these identities on the site as a gambler, gambler in recovery, senior member, or moderator. Members also displayed self-presentations and negotiated supportive interactions via these discourses in their interactions with other members.

Knowledge about the various discourses involved in psychological phenomena, such as gambling is critical for counsellors who may be working with clients concerned about gambling. Furthermore, understanding how these discourses are negotiated and utilized in online forums is relevant to practice. It is important that counsellors and researchers examine what is happening in online interactions, so that they can better understand what is occurring online for their clients, and better interact with their clients in counselling.

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Appendices

Appendix A: Consent Form



Hi there,

My name is Tanya Mudry and I am a graduate student in counselling psychology at the University of Calgary. I am interested in the ways in which people talk about and understand gambling and would like to examine forum posts on GamTalk. I would really appreciate your permission to use your posts in my project, which you can provide by reading through this message and responding back indicating permission.

This information is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like further information, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information. The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

The purpose of this project is to examine the language used by persons concerned about their gambling, as they interact on GamTalk (past and present posts). Understanding the different ways people talk about gambling is helpful for counsellors working with people concerned about their gambling. In terms of benefits, you have the opportunity to help me, and in turn other researchers and counsellors, understand online forums and the ways people talk about gambling. This information will be helpful in the creation and modification of programs to support people who want to cut down their gambling.

I am seeking permission to use your forum posts that you have posted on GamTalk. These posts will be examined to find common ways that people talk about gambling. I will not be recording your particular experiences of gambling, but rather the words you use to talk about gambling. As GamTalk is a publicly available forum, there are no additional risks for you in participating. The primary use of data is to inform a Masters Degree project.

Participation is completely voluntary, anonymous and confidential. No personal identifying information will be collected in this study, and all participants shall remain anonymous. Pseudonyms will be used in my reporting of the project, including any publications. You may withdraw at any time, but that any data obtained up to the point of withdrawal will be retained for use in the study. No one except me and my supervisor (Dr. Tom Strong) will be allowed to see any of the forum posts or analysis. Dr. Strong will have access to data, but will not have any personal use of data. The anonymous data will be stored for three years on a password protected computer disk, at which time, it will be permanently erased. There will be no identifying information pertaining to your involvement in the study used in any presentations or publications. If you are interested

in a copy of the results, please indicate so in your permission message. Please note that your participation, non-participation or withdrawal will in no way affect an individual's ability to access or use GamTalk in the future.

By responding to this message and telling me I can use your posts, indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

Should you have any comments or concerns about this study, please contact me, Tanya Mudry, at mudryt@ucalgary.ca, or my supervisor Dr. Tom Strong at strongt@ucalgary.ca.

If you have any concerns about the way you've been treated as a participant, please contact the Senior Ethics Resource Officer, Research Service Office, University of Calgary at (403) 220-3782; email rburrows@ucalgary.ca

Ms. Tanya Mudry, MSc, Division of Applied Psychology, Faculty of Education
mudryt@ucalgary.ca

Tom Strong, PhD. Associate Professor, Division of Applied Psychology, University of Calgary
strong@ucalgary.ca

Appendix B: Introduction Post



Re: I am interested in learning from you!

Hi there,

My name is Tanya Mudry and I am a graduate student in counselling psychology at the University of Calgary. I am interested in the ways in which people talk about and understand gambling and would like to examine forum posts on GamTalk.

I would really appreciate your permission to use your posts in my project, which you can provide by reading through the message I sent to everyone privately (a consent form) and responding back indicating permission.

These posts will be examined to find common ways that people talk about gambling. I will not be recording your particular experiences of gambling, but rather the words you use to talk about gambling. As GamTalk is a publicly available forum, there are no additional risks for you in participating.

In terms of benefits, you have the opportunity to help me, and in turn other researchers and counsellors, understand online forums and the ways people talk about gambling. This information will be helpful in the creation and modification of programs to support people who want to cut down their gambling.

Participation is completely voluntary, anonymous and confidential. Please note that your participation, non-participation or withdrawal will in no way affect your ability to access or use GamTalk in the future.

If you have any questions please feel free to message me. If you want to provide me any additional information or begin discussion on the forum about how people talk about gambling, or how you understand it, please feel free.

Thank you so much!!

Tanya

Tanya Mudry, MSc, Division of Applied Psychology, Faculty of Education

Appendix C: Second Post

Thank you for all of you who have agreed to be a part of my study, I greatly appreciate it. I wanted to mention, in addition to what is outlined above, I will be collecting anonymous data about the site in general, such as number of posts under each topic, thread, type of interaction, etc. If you have any questions or concerns, or do not want me to count your particular contributions, please send me a private message and I will not count your posts.

Appendix D: List of Codes and Sub-codes for Discourses and Interactions

Discourses

Discourses of Causality

- Dysfunctional background
- Family addiction
- Gambling as escape, symptom replacement
- Gambling for the buzz or thrill seeking
- Social activity, socially acceptable, cultural norm

Discourses of Control and Responsibility

- Active responsibility in recovery, taking an active role in recovery
- Choice or ability to change or control gambling
- Replacement activities
- Strategies: self-exclusion, financial strategies, relinquishing control
- Social support, talking or posting as a strategy

Gambling as an Addiction or Illness

- Addiction
- Can't just play occasionally
- Celebrating Abstinence
- Commitment and determination
- Compulsive gambling
- Denial, need to admit there is a problem and be ready to change
- Downward spiral, loss of control
- Falling back into it and relapse, response to relapse
- Gamblers Anonymous
- Hitting rock bottom, revelation
- Illness, demonizing, something to battle
- Not responsible for addiction, responsible for recovery
- Prison of gambling Vs freedom from gambling
- Requiring help and support
- Rollercoaster of gambling
- Triggers and motivations

Recovery as a process

- Dealing with day to day problems, stress, holidays
- Process of recovery, beating gambling
- Requiring balance

Nature of gambling

- Gambling as rigged or a scam, real odds
- Problem gambling on a continuum
- Responsible gaming is false

Shame and guilt

- Failure, self-destruction
- Hurting people, not being accountability
- Regret, living in the past
- Secretive

Types of Interactions

Asking for help

- Asking for support and guidance
- Venting

Breaches

Discussions about the forum

- Asking for feedback on site
- Functions of the forum
- Parameters of the forum
- Technical aspects

Encouraging participation

- Asking questions
- Gratitude for sharing or advice
- Hearing others stories is helpful
- Inviting perspective
- Inviting sharing
- Keeping us posted
- Welcoming members

Telling their story

Support

- Advice
- Affirmational
- Challenging others
- Checking in
- Esteem, encouragement, celebration
- Informational

Appendix E: Example of Coding Matrix

Discourse by Type of Interaction

	Discourse of Causality	Discourse of Control and Responsibility	Discourse of Addiction and Illness	Nature of Gambling Discourse	Recovery as a Process Discourse	Discourse of Shame and Guilt
Asking for help						
Asking for support	0	0	2	0	0	1
Venting	1	0	1	0	0	0
Breaches						
Breaches	1	0	1	2	1	0
Discussions about the forum						
Asking for feedback on site	0	0	0	0	0	0
Functions of the forum	1	3	2	2	1	0
Parameters of the forum	0	0	1	0	0	0
Technical Discussion	0	0	0	0	0	0
Encouraging participation						
Asking questions	3	9	6	1	3	1
Gratitude for sharing	0	1	2	0	0	0
Invite perspective	0	0	0	0	0	0
Invite sharing	1	5	1	0	1	0
Keep us posted	0	5	3	0	0	0
Welcoming members	1	2	3	0	0	0
Support						
Advice	5	20	22	0	5	4
Affirmation	8	23	27	3	9	5
Challenging	1	7	6	0	0	1
Checking in	0	0	0	0	0	0
Esteem, encouragement	5	13	14	0	6	1
Information	9	10	8	3	1	2
Telling their story						
Telling their story	10	8	16	0	3	4

Appendix F: Participant and Forum Profile

Participant Characteristics

Pseudonym	Role	# Posts
Rodney	Administrator	312
Margaret	Junior Member	16
Abby	Junior Member	3
Sandra	Junior Member	7
Grant	Senior Member	833
Joel	Member	50
Linda	Moderator	398
Ben	Senior Member	159
Dorthy	Junior Member	3
Cynthia	Junior Member	4
Darcy	Junior Member	6
Total		1791

Forum Profile

Forum Topic	Threads (n)	Posts (n)
Ask the Dr.	11	58
Stories of Hope	6	12
My Story	75	586
Introductions	103	536
Overcoming Problems	83	1,167
Progress Diary	84	714
Gamblers Anonymous Talk	8	77
Friends and Family	16	104
Responsible Gambling	12	93
What's Going on Today	42	187
Feedback and Suggestions	17	95
Multi-media Links	2	9
Total	459	3,638