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A Swedish Mutual Support Society of Problem Gamblers

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Abstract *Mutual support societies for problem gamblers have existed in Sweden for 20 years. They have helped more people with gambling problems than any other institution inside or outside the Swedish health care system. This paper outlines the background of these societies and describes the meetings of one of them. Data come from interviews with members of a local society and participation in mutual support meetings. It is argued that these mutual support societies provide help in a variety of ways and in all phases of recovery from gambling problems. In particular, they help people form personal narratives about the origin, progression, and resolution of their problems, narratives that give insight and guide recovery. These mutual support societies are valuable complements and alternatives to professional treatment.*

Keywords Problem gambling. Self-help. Mutual support. Treatment. Narrative psychology

Mutual support societies for problem gamblers exist in many countries. Most such societies are associated with Gamblers Anonymous (GA), an international organization that arose in the USA in the 1950s along the lines of Alcoholics Anonymous (AA, for overviews, see Browne 1991; Ferentzy et al. 2006, 2009). GA and AA share important features, for example, the ideal of abstinence, and have similar guiding principles for how to bring about recovery (i.e., the “Twelve Steps”) and organize local and national societies (i.e., the “Twelve Traditions”). However, they differ in other respects, most notably in that the religious element is less pronounced in GA than in AA.

Despite the great number of people receiving and giving support in GA groups, academic literature on the subject is limited (Ferentzy and Skinner 2003, 2006). There are two main reasons for this. First, the groups are hard to study, since the principle of anonymity is genuinely honored. GA mutual support group meetings are in principle closed to those without a gambling problem. Second, evaluating efficacy, in terms of recovery from

gambling problems, is complicated (Brown 1985; Stewart and Brown 1988). Among the many problems are that participants are self-selected, making the use of control groups virtually impossible, and the difficulty of defining the number of attended meetings that would constitute a sufficient “dose” of support. Nevertheless, it is generally acknowledged that GA societies provide valuable help to many problem gamblers. Several studies suggest that combining GA attendance and professional cognitive–behavioral therapy is more effective than either form of aid by itself (Gomes and Pascual-Leone 2009; Hodgins and el-Guebaly 2010; Petry 2003, 2005; Petry et al. 2006).

This paper describes a local society in one of Sweden’s major cities that organizes mutual support meetings for problem gamblers and their significant others. The society is not part of GA, but belongs to a national organization for problem gamblers that is unique to Sweden. The paper is based on data from a study of a mutual-support group for youth run by the society (Binde 2010, 2011). Research was carried out in 2009 and involved long, semi-structured interviews, mainly with adult members of the society and adolescents participating in the youth group. It also involved attending seven mutual support meetings of the youth group and five of the adult groups. The paper outlines the organization and form of mutual support available to problem gamblers in Sweden, provides rare insight into the closed world of mutual support groups, makes suggestions as to what makes such groups effective, and finally discusses the relationship between mutual support groups and professional treatment for problem gambling.

The National Association of Gambling Addicts in Sweden

Most mutual support societies of problem gamblers in Sweden’s neighboring countries (i.e., Denmark, Norway, and Finland) belong to GA. In Sweden, however, GA has found it difficult to gain a foothold. There are a few local groups, but the organization is much less important than the National Association of Gambling Addicts (*Spelberoendes riksförbund*, SBRF).

SBRF is unique to Sweden. It is a national organization that currently has about ten local societies as members. SBRF and its member societies represent a cross-fertilization between the AA concept, modern self-help ideology, and traditional Swedish organizational culture.

The main activity of SBRF’s local societies is to organize mutual support meetings. These meetings are similar to those of AA and GA: a small group of people sit in a circle or around a table, talking about their problems and providing mutual support and advice. Although the local societies have shared guidelines for how to conduct meetings and conceptualize gambling problems, unlike AA and GA they are not bound by an officially established doctrine. There is no religious tenor and nothing similar to the “Twelve Steps” or “Twelve Traditions.” Instead, many of the activities of the societies are shaped locally through the experience of what works well and less well in a particular society and context. In this way, the societies are similar to the many self-help groups formed in Sweden in the 1980s and 1990s, for example, groups of people with a specific disease, who are mourning a deceased loved one, or who have children with problems. Such self-help groups are small scale and rarely have an established ideology. Their activities are shaped by the participants’ knowledge, experiences, and needs.

However, the organizational form of SBRF and its local societies differs from that of both AA/GA and modern self-help groups—it resembles that of the Swedish voluntary sector. Sweden is internationally renowned for its many voluntary and non-governmental organizations (e.g., trade unions, the temperance movement, and consumer organizations) that were

crucial in building the Swedish welfare society. The traditional structure of such popular organizations is that of democratic local societies affiliated with an overarching national organization. Many of these societies receive some form of economic support from the state.

This applies also to SBRF and its local societies, which are fully democratic and receive support from the state at the national level and from municipalities at the local level. Unlike GA, SBRF actively engages in gambling policy issues. The organization is regularly asked for its opinion by the Swedish government, when it refers gambling policy proposals to concerned stakeholders and authorities for consideration.

The local societies interact with their social environment in various ways. They cooperate with social welfare services and other organizations at the community level, for example, by offering lectures about problem gambling at schools and workplaces. The societies act as local knowledge banks on problem gambling, and members typically appear in the press when problem gambling is covered. Anonymity is not a principle of the society; on the contrary, members are encouraged to be open. Some appear in public to comment on their gambling problems and involvement in gambling policy issues. The local societies welcome guests with serious interest in their activities to participate in mutual support meetings. They are thus not touched by the criticism sometimes directed towards mutual support groups, namely, that experience and knowledge created in the groups are not transmitted to others for whom it could be useful (Karlsson 2006, p. 191).

A Local Society of Gambling Addicts

The local society of gambling addicts in Gothenburg (Sweden's second largest city with about half a million inhabitants) was formed in 1994 and currently has nearly 200 members (Axelsson 2010; Ekenberg 2010). The members pay a small membership fee and have the right to participate in "closed" meetings a few times a year when issues pertaining to the society are dealt with democratically. The "open" meetings, however, are open to everyone affected by problem gambling, whether members or not.

Society premises are open during office hours, allowing people with gambling problems to drop in to seek help or spend time with their fellows. There are two full-time employed counselors, some additional staff, and about 20 voluntary "resource people." These volunteers have had gambling problems themselves (or are significant others of problem gamblers), must have abstained from gambling for at least 6 months, and have undergone a brief training arranged by SBRF.

Most of those who seek help contact the society by phone. They are offered an individual conversation with one of the counselors. During that conversation, the counselor gains an overview of the nature and extent of the individual's gambling problems. Questions covering the ten DSM-IV criteria for pathological gambling (A.P.A. 1994) are asked in the interview; the average score for these help seekers is about seven, indicting a severe gambling problem. A plan for handling immediate problems (e.g., pending levy execution, eviction order, or being fired from work) is devised. If there are no impediments, the individual and his or her significant others are invited to participate in the open meetings as soon as possible. Impediments can be acute depression that requires psychiatric treatment or the excessive gambler or gamer being under 17 years of age.

Open meetings for problem gamblers and their relatives are held on Mondays, Wednesdays, and Thursdays. In 2009, on average 54 individuals a week, of which about one or two were newcomers, participated in these meetings. Two of the weekly meetings are for adults

and one is for youth and young adults up to 25 years of age. Once a month, significant others of problem gamblers form a separate group; otherwise, they are included in mixed groups. The society believes it is very important to involve partners and relatives in the recovery process.

In 2009, 70% of those who attended meetings were male problem gamblers, 9% female problem gamblers, 14% female relatives, and 7% male relatives (excluding invited guests). The most common problem forms of gambling were electronic gaming machines, live and Internet poker, Internet casino, casino games, and sports betting.

Monday evening meetings attract the most participants, approximately 35–40. People start to show up about an hour before the meeting. Many have been with the society for some time and take the opportunity to chat for a while with their fellows. When it is time to start the meeting, all participants gather in the largest room. The head of the society greets all attendees and, if there is nothing special to report, the participants are assigned to smaller groups of about six to eight people. The head estimates how many groups there should be and points at one after another of the participants while counting one-two-three-four, one-two-three-four (e.g., when there will be four groups), and so on, until everyone knows which group to join.

This procedure is not only a practical matter of assigning the participants to groups of equal sizes, but is an important expression of the society's aim that the meetings should be varied, interesting, and rewarding. Most people present have been at meetings before and some have participated for years. If participants were allowed to choose their own groups, habit and social convention could often cause them to end up in the same groups with their acquaintances. Randomly assigning participants to groups ensures that no meeting will be like another. It also counteracts the uneasiness felt by newcomers, who know nobody. Each meeting will be a unique experience providing new insight and knowledge.

The groups gather in separate rooms; the participants sit around a table or on chairs placed in a circle. The circular shape is important, as it manifests the equality of those present and the expectation that everybody should participate in the discussion. The discussion is led by a resource person. He or she initiates the group's session by reminding the participants of the moral obligation of secrecy—"what is said in the room stays in the room." However, it is permissible to subsequently speak about ideas, viewpoints, and matters discussed at a meeting without mentioning any participants' names. This helps transmit and aggregate experience and knowledge within the society.

The resource person further declares that sums once won or lost at gambling should not be mentioned. Mentioning how much one occasionally won may trigger an urge to gamble among other participants. It may also amount to the glorification of high-stakes gambling, which strikes a discordant note in this setting, in which the aim is to abstain from gambling. Talking about the size of one's gambling losses is inappropriate because the problems and suffering of someone who lost "only" fifty thousand crowns can be as acute as those of one who has lost millions. The size of gambling losses has nothing to do with how much sympathy an individual deserves. The society's approach is that the emotional and social impact of gambling problems should be the focus. The recovering problem gambler should look ahead, form a new life, and leave behind all thoughts of the money lost. If not, he or she risks becoming embittered, and may fantasize about taking revenge on gambling companies by trying to win back lost money.

An attendance list is passed around and is usually signed by everybody, although this is voluntary. Participants record their names, whether they are gamblers or relatives, the type of gambling engaged in, how long they have abstained from gambling, contact details, and whether or not the society is permitted to contact them. This information helps the society to

follow up its work. Since 2009, data from the attendance lists have been entered into a computer file. Complemented with information from the initial individual conversations with the counselor, this information will allow compilation of statistics on attendance, relapse, and recovery.

Then it is time for the “round,” when participants tell as much or as little as they wish about themselves and their gambling problems. The resource person sets a good example by being the first to tell his or her story, then the rest follow in clockwise or counterclockwise order. The meetings last 2 h. At half-time, all groups take a 15-min coffee break during which those who know each other but are participating in different groups take the opportunity to chat.

In the round, almost everyone talks about how their (or a significant other’s) gambling problems started, what life was like when the problems were at their worst, how they came into contact with the society, and their path to recovery. Where the emphasis is placed depends on how far they have come along that path and also, in the case of veteran members, by the composition of the group.

Those who have participated in just a few meetings, and are still struggling to abstain from gambling, usually have a lot to say about the past week—urges to gamble that they have felt, whether they have resisted or relapsed, and other events related to their gambling problems. They receive comments and advice from others in the group.

Participants who have abstained from gambling for longer periods may eloquently tell their stories, describing their way into and out of gambling problems, and about how the society has helped them via its meetings. If there are newcomers in the group who have not heard them before, they tell their full stories—such stories are considered very instructive and valuable for new attendees. If all people in the group already know each other, veteran participants may, after briefly presenting themselves and their current situations, reflect and elaborate on a topic that someone raised or that they came up with themselves.

The resource person encourages those who are not so talkative to speak up more and mildly restrains those who are talking a lot. Some resource people have an active style, highlighting important issues in the stories and identifying lessons to be drawn. They ask for comments on what has been said and weave together the discussions by offering their own reflections. Others keep a low profile and mostly ensure that the discussion runs smoothly. Whatever the case, all participants are expected to be involved in the discussion and contribute their views, experiences, and advice. If there is time left after the round, the resource person brings up a discussion topic relating to problem gambling.

After the group sessions, there is no reassembly of the participants in the different groups. When the meeting is over the participants go home, providing many of them valuable time for reflection on what has been said.

The youth group meets on a separate evening of the week and usually attracts about six to ten participants; there is thus seldom any need to form separate groups of smaller size. This group is normally led by one of the counselors, who does not talk about his own past gambling problem. The counselor has a more active role as discussion leader than do the resource people in the adult groups, asking more questions, suggesting solutions, and often generalizing from the individual level to what is shared by problem gamblers of various types. The youth group differs in other ways from the adult groups; for example, the counselors always remind the regular participants of upcoming meetings (by phone, SMS, e-mail, and a Facebook group), keep in touch with past participants, and the adolescent members gather Saturday afternoon and evening for purely social activities (Binde 2010, 2011; Sundgren 2010).

What Meetings Provide

The meeting participants are quite diverse, each being current or past problem gamblers (or their significant others), having played various types of games, and having a wide range of life experiences. They form a rich pool of experience and knowledge with the potential to provide support and guidance in all phases of recovery and at several levels, from the practical to the emotional and existential.

Social Support

Many people with serious gambling problems have poor social lives. They forsake friends and family, instead engaging in excessive gambling. The acquaintances that remain are often other gamblers, and if they wish to abstain from gambling, it will be difficult if not impossible to keep those contacts. At the mutual support meetings they get together with other people, who may become their friends in private. If they actively participate in the society, they become part of a social community. Adolescents who have done little else in their youth besides gambling or gaming are inspired and supported to create new identities not based on being gamblers or gamers. The youth group often discusses educational and occupational choices, and what adolescents can do in their leisure time instead of gambling.

Emotional Support

Those who start to attend meetings are doing something real and tangible to change their situations. This enhances self-esteem and the perception that one is taking charge of directing one's life. Participants also realize that many others have the same problem, an insight that makes them feel less deviant. Gradually, an individual who regularly attends meetings begins to support others, which creates a positive feeling of being able to help people in trouble and put hard-earned experience to good use (the "helper" therapy principle, Riessman 1965).

Many participants initially feel great relief in speaking out about their problems and telling others how badly they behaved when they gambled excessively—lying, embezzling money, and neglecting their family members. Telling others about such things is like confessing, and the others in the group can understand and console. Feelings of shame may also be relieved by the understanding, common in the society, that excessive gambling is a pathology, a kind of psychic illness. The excessive gambler is viewed as sick, not as stupid, greedy, or morally corrupt.

For couples, attending meetings helps them not to dwell on the gambling problem every day. Instead, they devote one evening a week to reflecting on and discussing how the problems should be resolved and their relationship repaired.

Motivation

Attending mutual support meetings represents a fresh start in life. Among the participants are recovered gamblers and their relatives who tell how the society and its meetings have helped them. They are living evidence of the effectiveness of mutual support. Their testimony is that there is good hope that the gambling problems will be solved: if one struggles, one will eventually recover. In that struggle, individuals and their significant others receive considerable support from the other participants in the meetings. They get praise when things

are going well and encouragement when the struggle feels heavy and there have been setbacks (i.e., relapse).

An important function of the meetings for those who still experience frequent and strong cravings for gambling is to maintain motivation by reminding them of the misery that gambling can cause. These reminders come from the stories of suffering and anguish told by people in the groups. A common expression is “charging one’s batteries” (i.e., with motivation) by attending mutual support meetings. Some people who are troubled by strong cravings for gambling may aim to abstain at least until the next meeting, usually in 1 week. They find it easier to strive for that goal rather than setting the target of abstaining for the rest of their lives. Social pressure also has a positive effect on motivation: It feels bad to attend a meeting and tell others that one has relapsed, even though they will understand and not condemn you.

Insight

At mutual support meetings people can learn a lot about gambling problems. This knowledge can, in various ways, provide relief and help in handling the problems. Among other things, participants learn about erroneous thoughts that contribute to excessive gambling, such as believing that there are winning strategies for playing on slot machines. They also learn about the craving for and addiction to gambling, and about the erosion of rational decision making these bring.

Although attending mutual support groups is not psychological therapy in a conventional sense, many of those who participate regularly have gained psychological insight into gambling problems. They have learnt about the typical personalities of excessive gamblers, how gambling problems affect family relationships, the psychological functions and needs that gambling fulfills, and how to deal with feelings of guilt and shame. Such psychological insights shape the comments of these veteran participants and can be of great value to others.

Group discussions occasionally also concern existential issues, such as whether money brings happiness and the things that genuinely make life worth living. Gambling as a societal phenomenon may also be discussed: Who is to blame for creating gambling problems, gambling companies, the state that allows gambling, or the gamblers themselves? Or perhaps no one is to blame if susceptibility to problem gambling is genetically determined? Through such discussions, individual problems come to be seen in a societal and existential context, which is unusual in conventional psychological therapy.

Practical Advice

At the meetings, participants receive practical advice on everything that needs to be done when an individual, couple, or family must deal with the negative consequences of problem gambling. These include such matters as debt rescheduling, advice on how to abstain from gambling, how to organize household money management, and where to get further support and assistance.

Narratives of Suffering and Recovery

Attending mutual support meetings thus provides help at several levels and for all phases of recovery from gambling problems. The core function of the meetings, however, is to allow

participants to create and tell personal narratives of their problems and recovery. These stories are modeled after what other participants have told the group about how their gambling problems arose and progressed and about how they began recovering; they are further elaborated on the basis of comments received during the discussions. This interactive group process of creating and organizing meaning distinguishes mutual support meetings from getting advice from a professional counselor or undergoing psychological therapy.

According to narrative psychology, people's understanding of their situation is very important to their ability to handle problems successfully (Hydén 1997; Hänninen and Koski-Jännes 1999; Koski-Jännes 2002). When such understanding is formed and conveyed to others, it takes the form of a narrative. The individual tells a story to himself or herself and to others about the origin of the problem, its progression, and its solution.

Narrative psychology assumes that each story, though personal, is shaped by a template acquired from other peoples' narratives or from other sources. These sources could be a psychologist who relies on a specific psychological theory or a cleric who elaborates on some moralizing story from the scriptures. An individual may also find a fitting narrative template in society or culture, for example, in a novel, autobiography, or movie. Narrative templates have an internal logic that explains how problems develop, progress, and are resolved, and that semantic organization makes them similar to myth and folktale (cf. Lévi-Strauss 1968; Propp 1968; Steffen 1997).

The narrative templates structuring the stories told at the meetings of SBRF mutual support societies have various ideological and cultural origins. What they all share is that they have been molded by the interactive process of group discussion. Templates have been subjected to a selection process amounting to the survival of the fittest: those templates that are convincing, general enough, compatible with Swedish society and culture, and have an effective symbolic and semantic structure are selected for perpetuation.

By creating a personal narrative according to a template perceived as convincing, promising, and personally fitting, an individual increases his or her ability to manage a gambling problem. The problem and its progression are explained and the individual need no longer mull over what or who caused the suffering. What may seem irrational, frightening, and uncontrollable in one's own behavior, thoughts, and feelings has now become understandable. Above all, the individual can see a solution, or at least relief: he or she knows in what direction to proceed and what to do. In that way, the narrative has healing power.

Thousands of personal stories about gambling problems are told at mutual support meetings in Sweden, but they are all based on a few templates. One main template refers directly to the name of the local societies: gambling *addicts'* societies. This template suggests that the root of gambling problems is addiction, i.e., one may be addicted to gambling in the same way as to alcohol or narcotics. This template has scientific support in problem gambling research (Potenza 2006; Shaffer et al. 2004; Westphal 2008b), which views gambling addiction as a disease that develops predictably. The addict spends increasing time and money on gambling, with many negative economic, social, and emotional consequences. Gambling finally comes to dominate the addict's life, and the individual must decide to quit the habit. According to this template, mutual support meetings are effective in helping one to quit, as they provide knowledge and support. Professional psychological therapy is also good. However, since the force of the addiction is strong, considerable determination and peer support is needed to abstain from gambling. The common interpretation of this medical template is that an individual who has once been genuinely addicted to gambling will never be able to play moderately. Even the smallest bet or buying a seemingly harmless lottery

ticket may very well initiate a period of escalating gambling that will cause considerable harm, so total abstinence is recommended.

Personal stories based on other templates are also told at the meetings, stories that do not describe gambling problems as primarily medical. Some people may emphasize strength of character and will, conceptualizing gambling as an alluring temptation to be resisted. Young adults may relate how they have changed their lifestyle and become more responsible than they were as excessive adolescent gamblers, but have to struggle hard not to fall back into their former wild, hedonistic, and irresponsible habits. Women may tell how they have learnt to better manage their emotions and no longer need to escape into the world of gambling. Partners may describe their relationships with excessive gamblers, how they have been hurt by the betrayal and lies, but then repaired relations by communicating more openly than before. Such stories are structured by narrative templates that emphasize strength of character, personal maturation, emotional development, and the value of openness and trust in close relationships. The personal story may incorporate as substructures elements from various templates, or have several layers, but the overall structure typically follows a single master template.

Anyone who participates in mutual support meetings has a good chance of listening to stories that resonate with his or her own life history and experiences, stories that provide a template for shaping one's own narrative of suffering and recovery.

Mutual Support and Professional Psychological Treatment

Gambling addicts' societies in Sweden emphasize that what goes on in their meetings is mutual support and not psychological therapy. Psychologists who treat problem gamblers also stress the difference between psychological therapy and mutual support, regarding the former as a strictly professional treatment modality and the latter as an amateur activity. They point out that mutual support groups are run by people who, although dedicated to their task and possessing considerable knowledge of gambling problems, have no formal education for what they are doing, are not bound by a professional code of ethics, and are not strictly responsible for handling any needs for additional support necessitated by the emotional processes set in motion by participation in the group. Both parties regard mutual support and professional therapy as alternatives and complements.

They are indeed alternative forms of help, and alternatives are necessary: people and their problems differ, and what suits one individual may not suit another. Some people cannot imagine attending a mutual support meeting and telling strangers about their personal problems and misery; they prefer individual psychological therapy or perhaps cognitive behavioral therapy in a group in which they learn various techniques for controlling their urge to gamble. Others regard such forms of psychological therapy as alien to their nature, instead preferring the companionship and informal atmosphere of a mutual support society.

Mutual support societies and professional therapy may also complement each other. Professional therapy can be tailored to the individual and his or her psyche and situation. Cognitive behavioral group therapy provides psychological tools for coping with gambling urges and thinking realistically about the chances of winning and making money at gambling. In-patient psychological treatment may be the best choice for pathological gamblers who have long tried unsuccessfully to quit but not succeeded; they may need to detach themselves completely from their everyday lives, focus on overcoming their problem, and get intense help for a period. Mutual support societies provide, as outlined here, an overall solu-

tion covering all phases of recovery from gambling problems. As a complement to professional treatments, such societies are especially valuable in helping people remain motivated and abstinent when treatment has concluded.

It is to be expected that those involved in mutual support societies and professional psychological therapy would emphasize the differences between these forms of help. Professional therapists wish to justify their position as experts on the human psyche; people from the mutual support societies do not wish to encroach on the territory of professionals, but to position themselves within the tradition of Swedish civil society and associational life.

However, mutual support groups and professional cognitive-behavioral therapy actually share many features (Petry 2005; Toneatto 2008). This is especially apparent if these two activities are viewed from a comparative cultural and anthropological perspective. American psychologists Frank and Frank (1993) asked what makes it effective for people simply to talk about their psychological problems, regardless of whether the discussion involves psychoanalysis, cognitive psychology, a mutual support group, spiritual guidance, or some other context in which recovery is expected. That a plaster cast helps heal a broken bone and that penicillin is good when suffering from blood poisoning is not hard to understand, but how can conversation heal a suffering and disordered psyche?

In their classic book, *Persuasion and Healing: A Comparative Study of Psychotherapy*, Frank and Frank compared many forms of psychological therapy, support, and aid. They conclude (Frank and Frank 1993, pp. 40–44) that all successful forms of psychotherapy (in a broad sense) share at least four effective features.

An emotionally charged, confiding relationship with a helping person (often with the participation of a group). ... A healing setting. ... A rationale, conceptual scheme, or myth that provides a plausible explanation for the patient's symptoms and prescribes a ritual or procedure for resolving them. ... A ritual or procedure that requires the active participation of both patient and therapist and that is believed by both to be the means of restoring the patient's health.

If these four features are present, a therapy or form of support fulfills the basic requirements for effectiveness. Generally speaking, the specific content of the therapy or support is not that important, although it of course should be adapted to the nature and severity of client problems. This is why we do not find more than minor differences in treatment efficiency between various forms of psychological treatments and interventions (Frank and Frank 1993, ch. 1), even as used for treating excessive gambling (Carlbring et al. 2010; Pallesen et al. 2005; Toneatto and Ladouceur 2003; Westphal 2006, 2008a).

Gambling addicts' societies in Sweden share all four of these effective features. First, there are emotionally charged, confiding relationships at the mutual support meetings. Second, there is a healing setting: the premises of the local societies with chairs in circles, posters on the walls telling about gambling addiction, and the people who come there to give and receive help. Third, there are schemes for recovery: the narrative templates structuring the personal stories told at the meetings. Finally, there is a ritual or procedure believed to be effective for resolving the problems, i.e., the round at the meetings with its stories, discussions, and exchange of advice.

Conclusion

Swedish gambling addicts' societies are valuable alternatives and complements to professional psychological treatment for problem gambling. The core activity of these societies is

mutual support meetings at which helpful advice, insightful discussions, and narratives of problems and recovery are shared. Meeting participants give and receive support during the various stages on the path to recovery and at various levels—practically, socially, emotionally, motivationally, intellectually and existentially. By listening to and discussing participants' life stories in the mutual support groups, participants can view their own problems in a broader context, gain explanations, and see solutions. The narrative templates structuring the stories have been selected and shaped via an interactive process unfolding at the meetings. The help and support offered by these local societies are based on experience accumulated over years of activities and thousands of meetings.

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