

Betting on Black and White: Race and the Making of Problem Gambling

by

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Dissertation submitted in partial fulfillment of
the requirements for the degree of Doctor
of Philosophy in the Department of
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ABSTRACT

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Abstract

Problem gambling, a fairly recent addition to the *Diagnostic and Statistical Manual of Mental Disorders*, is estimated to affect between two and five percent of the US adult population (Volberg 2001). While present in all racial groups, this disorder is not evenly distributed, as Blacks are more likely than any other group to become problem gamblers (Welte et al. 2006). And while this pattern is consistent with those found with other disorders (Black 1984; Ford and Widiger 1989; Strakowski et al. 1993), it is important to note that thirty years ago, when the first study of problem gambling prevalence was conducted and the disease had only recently been institutionalized, there was no difference in rate of illness by race (Kallick et al. 1979). This dissertation aims to explore this phenomenon: the role of race in the making of problem of gambling.

Through a multi-site and multi-method approach, this study examines the assumed race neutrality of gambling addiction. By tracing the history of gambling policy and North Carolina's adoption of a lottery program, this study explores how the state further defined problem gambling as a mental illness. Following this, participant observation of state-sponsored problem gambling counselor training workshops provides insight into the ways racialized understandings of behavior are constructed and maintained through counselor education. To gain a sense of how gambling is lived, this study involves participant observation of lottery gambling in convenience stores to

interrogate racialized conceptions of behavior and reveal how financial gain motivates gambling across groups.

Dedication

For Jossem and Fahad.

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1. Introduction

1.1 *“He Won’t Eat, But He Will Gamble.”*

In the spring of 2010 Sal¹ won \$20,000 from a \$3 scratch-off lottery ticket. He tried to keep his good fortune a secret because as he told me, “If you tell everybody, you’ll have friends you didn’t know you ever had.”² But word spread among the community of customers who regularly frequently the store where Sal purchased the ticket; a month later, when he finally received his check from the state of New Jersey - \$12,000 after taxes – a few regulars, “friends,” had already asked him for loans.

I met Sal while conducting an ethnographic study of a convenience store in New Jersey and the people who frequently shopped there or stopped by. At 82 years old, Sal was a relic of the town’s long-gone White working class; he told me he “never had a steady job” but worked a number of odd jobs like janitor, landscaper, and school guard. Other than his sister, with whom he shared a small house, he never spoke of his family. He was an unofficial employee of the store, running errands or doing light work in exchange for free coffee, Cup Noodles Instant Soup, and the attention and company of Rashna, the store manager.

Before his big win, Sal would buy tickets throughout the day and sometimes rummage through the trashcan right outside the store to look for accidentally discarded

¹ All names have been changed.

² All quotations were transcribed from audio recordings or written verbatim in field notes at the time they were spoken.

winning scratch-offs³. But after his payday, Rashna was concerned Sal was spending too much of his winnings on lottery tickets and she started limiting the number of tickets she would sell him in a day. She estimated that within six weeks of receiving his prize money, Sal had spent \$4,000 on scratch-off tickets. She said,

“He’s, he’s got like an absolute addiction. Like he won again \$500 but he blew that up in, like, a day and a half or, I think, in two days. And it was all gone. And I told him you have to stop. I said, don’t use all your money up like that.”

By mid-summer, Rashna reported to me that Sal had run through his money.

When I probed if she thought his problem was serious, she said

“Of course. Definitely. I mean, he won’t eat, but he will gamble. He won’t get razors, socks, and all that nonsense he needs, but he will gamble his money, or he borrows money to gamble.”

She went on to describe Sal’s cycle of borrowing money, gambling, paying back his debts, a cycle she called “never-ending.”

When I began my study of this small New Jersey convenience store I did not set out to research any particular topic. An instructor had assigned me to observe a particular store, providing no other instructions than to get permission and observe what happened inside. Over the course of the project, I began to notice the significance of lottery gambling as a reoccurring theme in my field notes and observations (Fine

³ This practice of looking for accidentally discarded winning tickets is called “stooping” and is common at horse racing tracks and off track betting houses (Mallozzi 2009).

1993; Axinn and Pearce 2006; Charmaz 2000). I had noted that most transactions revolved around three products – phone cards, cigarettes, and lottery tickets – but realized that of the three, lottery tickets generated the most conversations, emotions, and meanings. Conversations about and around lottery tickets, both draw and instant games⁴, filled my field notes and piqued my interest. Throughout these conversations were discussions of addiction, the right or wrong way to play. And as such, the small study of Rashna, Sal, and the community of lottery gamblers at this New Jersey convenience store formed the foundation of my larger research project. Returning to North Carolina I began my study of problem gambling⁵.

1.2 Why Study Problem Gambling?

Gambling has a long history, and has enjoyed popularity amongst human beings for millennia. Archaeological evidence suggests that dice games were played among early Homo sapiens (Schwartz 2006). And much more recently, the early American colonies were financed through sophisticated lottery programs (Millikan 2011), which I will discuss in detail later. When considering how long gambling has been popular, one

⁴ Draw games refer to tickets purchased with a randomly or personally selected set of numbers. The winning numbers are announced at designated times of day or week and the prize is determined by the number of tickets sold. Popular draw games are Powerball or Mega Millions (multi-state lottery games) or Pick Three. Instant games refer to scratch-off tickets.

⁵ Problem gambling, pathological gambling, compulsive gambling, gambling addiction and disordered gambling are interchangeable labels within the literature. Recently, the term problem gambling has taken precedent over the other labels. Chiu suggests that this term is most popular because it “avoids the medical and derogatory implications inherent in the labels ‘pathological’ and ‘compulsive’” (Chiu 2010: 206). Throughout this text I use multiple names to describe problem gambling. Often this is done to reflect the usage most closely associated to the relevant discussion.

could presuppose that some individuals have always gambled more than they would have liked to. Because every gamble requires someone to lose, it is more than likely that at least some of those who lost would attempt another gamble to recover their losses. It is how those individuals – those that have lost more than they wanted to – have understood themselves and how society and government has understood them, that is sociologically interesting.

In the 19th century excessive gambling was considered a sin, something that could be absolved through a religious communion with God as mediated through a clergyman (Lesieur and Custer 1984). At the time, gambling was a moral issue: unholy and a sign of moral frailty (Rose 1987). Moving through the 19th century, as religious interpretations widened and in some ways relaxed, gambling and excessive gambling came to be understood as a vice. Gambling as a vice, like prostitution or drugs, required control, and rehabilitation was no longer delivered from a clergyman. Rather, laws set the punishment of heavy fines or jail time (Rosecrance 1988). This understanding of gambling as a vice continued through the 1970s.

However, by 1980, understandings of gambling had changed. That year, “pathological gambling⁶” was introduced as an impulse control disorder in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM henceforth), the standard classification guide published by the American Psychiatric Association. As an

impulse control disorder, pathological gambling was seen to be comparable to pyromania (failure to resist impulsive desires to start fires) and trichotillomania (failure to resist impulsive desires to pull out hair). Clinicians at the time questioned the addiction's categorization, remarking that problem gambling did not resemble the symptoms and signs of other impulse control disorders.

Since then, pathological gambling has changed in name and categorization. In 2013, the *DSM-5* renamed pathological gambling: it is now called "disordered gambling" and has been placed within a modified category, under "substance abuse and addictive disorders." This new category hosts disorders associated with ten classes of drugs and the first behavioral addiction disorder: disordered gambling.

The historical transformation of problem gambling - from sin to vice to mental illness - is one reason why the phenomenon deserves more scholarly attention. How the construction of problem gambling has changed over time is of particular interest to medical sociologists. Scholars like Metzl (2009) have examined the role of race in the historical transformation of mental illnesses. Metzl's *The Protest Psychosis* (2009) undermines the assumed race neutrality of medical diagnoses of schizophrenia and discovers how "racial concerns, and at times overt racism, were thereby written into diagnostic language in ways that are invisible to use now" (Metzl 2009: xix).

And while the story of the problem gambling is different than Metzl's analysis of schizophrenia, I argue that both demonstrate how social constructions of mental illness

are shaped by racial politics (Conrad 1992, Conrad 2007). By investigating how problem gambling was made into a medical issue and how it is maintained as such, it becomes clear that political processes are at play – ones that are informed by and reflect racialized understandings of the behavior of minority groups. As will be evidenced in this study, the making of problem gambling reveals how race operates at multiple levels, in institutions, and on the ground.

1.3 Race and Problem Gambling

The significance of race in the context of problem gambling is most immediately understood through a single statistic: Black men are five times more to become problem gamblers than White men (Welte et al. 2006). This is especially interesting, considering Black men are less likely to gamble than White men (Welte 2001). While being male, and young, is also associated with problem gambling, the significance of being Black is well documented (Kessler et al. 2008, Welte et al. 2001, Welte et al. 2006, Wallisch 1993). It is these findings that motivate the exploration of the race and problem gambling. Rather than examine Black men as a group – why they seem more likely to become problem gamblers - this project aims to explore how narratives and understandings of racial difference are embedded in the construction of problem gambling.

1.4 North Carolina as a Case Study

North Carolina makes a sociologically relevant research site to examine not just problem gambling, but the surrounding politics. In North Carolina, the debate

surrounding the establishment of a lottery was from the outset shaped by questions of poverty and addiction, with political groups arguing early on that the lottery takes advantage of poor people and would breed a new generation of addicts (Bobbitt 2007; Brenner and Brenner 1990). The debate was also racially-motivated, and only moved forward after the only Black representative lent his support for the lottery, arguing that the concern for the poor was misplaced (Bobbitt 2007). And to address criticisms that lottery would breed a generation of addictions, the lottery legislation (House Bill 1023) created the Division of Problem Gambling to study and treat incidences of problem gambling in the state.

As a graduate student in North Carolina, the state provided more than just a convenient research location. Residing in North Carolina allowed me convenient access to problem gambling training workshops. Further, being a graduate student at Duke University provided legitimacy to the project and myself as a researcher, as the university is generally respected as a research institution and has widespread cache across the state. More importantly, however, North Carolina's recent adoption of a lottery program enables us to observe the debate leading up to the legalization of lottery gambling in the state. Moreover, the recent adoption of a lottery program allows us to witness and trace the establishment of the state sponsored problem gambling program. For all these reasons, North Carolina is a prime location for a researcher to situate herself

to understand how problem gambling is made and maintained through racialized processes.

1.5 Research Questions

The overarching question motivating this project is: How does race operate in the construction and maintenance of problem gambling? To explore this phenomenon a series of themes have been developed to identify and analyze the varying actors and actions that work to racialize problem gambling. Each of the themes corresponds with a different research location and focuses on a particular actor present at that location. The first theme explores how racialized stereotypes played into the adoption of a state lottery program and the creation of a state-sponsored problem gambling program. The second theme involves understanding how state policies operate on the ground, among problem gambling counselors, to reinforce racialized beliefs of pathological behavior. The last theme examines gambling motivations and examines how lottery gamblers behave and understand their behavior.

The motivating question – how race operates in the construction of problem gambling – moves through three separate, but linked research sites. These sites operate as distinct lenses through which I examine and analyze problem gambling. By pulling the research question through these sites, I am able to collect three distinct data sets that I can then place in conversation with each other. This research approach allows me to triangulate data, to move beyond singular understandings of problem gambling, and to

examine how different constructions of addiction operate not only alongside each other, but in concert with each other. By weaving my research question through three sites and around multiple actors I am to gather a more complete understanding of how problem gambling is constructed and maintained.

1.6 Data and Methods

In each chapter, a more detailed account of the employed research methodologies is given, including data analysis techniques. Here, a brief overview of the methodologies and data types is described.

1.6.1 A Multi-Site Project

In brief, this project is a study of the role of race in the making and maintenance of problem gambling as a medical issue. It takes a multi-method approach, applying qualitative and quantitative strategies in analyzing three data sources moving across multiple locations (Axinn and Pearce 2006). To understand the processes and actors at play in making and maintaining problem gambling, the study identifies and connects patterns at multiple levels: the state, the counselor, and the gambler. This study charts a history of North Carolina's establishment of the lottery and development of a state-sponsored problem gambling program, combining it with a participant observation study of problem gambling workshops, and an ethnographic study of lottery gambling.

Moving from the macro to micro level allows a unique and valuable opportunity to analyze data and construct a broader understanding of how race operates (Burawoy

1998). The goal of this methodological approach is to triangulate data points to better understand the means through which race operates in the construction of problem gambling at multiple levels (Goffman 1989; Charmaz and Mitchell 2001). That being said, there are obvious limitations to this strategy. A more focused approach, isolating and exploiting, a single data point, may produce a deeper knowledge of a specific area. However, while a more detailed analysis of one data source may yield a more nuanced account, the multi-site and multi-method approach employed here is capable of producing a narrative with a wider analytic scope and implications.

1.6.2 Multi-Method Project

As this project moves between various locations, it is necessary to employ multiple research methodologies to collect data. Each location requires a type of methodology suitable to the environment and the data collection goals. When examining how race and the state construction of problem gambling I employ interview techniques. Here, the interviews with the head administrator and head educator of the North Carolina provide access into the state's goals. When analyzing the problem gambling program's counselor education, participant observation is used to gather data. By observing and participating in training workshops, I was able to understand how race and narratives of behavior operate in counselor training. Ethnography is used to understand gambling behavior of lottery gamblers at a convenience store. Here,

participant observation and spontaneous interviews is used to collect rich qualitative data.

As data involves interviews and participant observation at various sites, the figure below presents the entirety of this study’s participants. Here, participants noted as having been interviewed were most likely also observed. Individuals included below as having been observed were not interviewed. It should be noted that throughout my time observing convenience stores I am unable to precisely estimate the number of gamblers I observed (and briefly chatted with).

Table 1: Participant Observations and Participant Interviews

	Interviewed	Observed <i>In Situ</i>
State Administrators	3	0
Problem Gambling Educators	1 (in-depth)	0
Problem Gambling Counselors	19	72
Convenience Store Managers	3	1
Gamblers	14 (in-depth) 22 (short)	100+

1.7 Organization of Dissertation

This study sheds light on how race operates in the construction (and reconstruction) of problem gambling. Chapter 2 interrogates the literature surrounding problem gambling. Here, I move through various academic arguments explaining the disproportionate diagnoses of Black men. In doing so, I am able to identify how racial stereotypes and racialized expectations have operated in maintaining cultural myths of

minority group behavior. Further, Chapter 2 addresses the multiple methodologies used throughout the project's data collection.

Chapter 3 provides a historical account of the construction of problem gambling, from sin to vice to mental illness. This chapter revolves around an analysis of the role federal and state institutions have played in the construction and institutionalization of problem gambling. By looking closely at the adoption of North Carolina's state lottery program and the consequent establishment of a state services to treat problem gambling, this chapter illustrates how seemingly race neutral policies manifest themselves in a manner that produces racial inequalities.

Moving down one level, Chapter 4 further examines the execution of state policies by analyzing counselor education in the context of problem gambling. This chapter, built on observations and data from problem gambling counselor workshops, identifies how color-blind racial discourses perpetuate racial inequalities in clinical settings. It examines the pedagogy of cultural diversity within these workshops to reveal how pathologies of the behavior of people of color are maintained and reproduced. This analysis also explores how White normativity and invisibility come to produce a message that race belongs to people of color.

Chapter 5 moves on to observe lottery gambling on the ground. Here, I return to the literature and evaluate the assumed racial differences in gambling behavior to identify how economic vulnerability shapes gambling play. Through observations in a

North Carolina convenience store I detail how individuals across race and class find meaning in playing the lottery. By reflecting back to my previous study in New Jersey, I come to understand how financial gain and a desire to dream motivate play.

By way of conclusion, Chapter 6 identifies the potential of this research, along with the areas needing further study. It discusses the limitations of the project, but also provides an account of how the project could be continued in the future to move beyond North Carolina. I briefly return to Sal to discuss how the multi-level approach helps us better understand the broader context of the history of problem gambling and manifestation of addiction discourses (like Rashna's) at a clinical and ground level. And here, policy implications are discussed.

2. Literature Review

2.1 *The Shifting Characteristics of Problem Gamblers*

In 1975, researchers at the University of Michigan conducted a national survey of gambling behavior and attitudes, one of the first large scale studies exclusively dedicated to the subject (Kallick et al. 1979). The survey was sponsored by the Commission on the Review of the National Policy Toward Gambling, a federal committee under President Gerald Ford attempting to understand the possible consequences of gambling legalization. One goal of the study was to estimate the number of potential "compulsive gamblers" in the US. In doing so, the researchers identified the characteristics most associated with problem gambling: being male and young.

Today, there is a third demographic characteristic associated with problem gambling. Study after study suggests that not only being young and male, but also being Black puts one at greater likelihood of being a problem gambler (Kessler et al. 2008; Welte et al. 2001; Welte et al. 2006; Wallisch 1993). In fact, today the odds of becoming a problem gambler are five times higher for Black men than White men (Welte et al. 2006).

Some scholars argue that because of regional variation in legal and illegal forms of gambling, it is difficult to establish an exact profile of an American problem gambler (Netemeyer et al 1998). But even despite the regional variations, being Black and being male are highly associated with problem gambling (Volberg 1994, 1995; Volberg et al.

2001). Studies indicate that gender, income, age, and education also influence the likelihood of someone being a gambling addict, but even when these variables are controlled, there are persistent racial differences (Barry et al. 2008).

What explains why Black men are more likely than any other group to be labeled problem gamblers? Thirty years ago, when the notion of problem gambling had only recently been institutionalized (Rosecrance 1988), Sal, a White man, would have been a better representation of a problem gambler. What explains this shift?

2.2 Who is a Gambling Addict?

It is estimated that the majority of US adults participates in some form of gambling. Sampling US adults, a 2006 Pew research report finds that two-thirds reported placing a bet within the last year. State lotteries were the most popular form of gambling, with more than half (52%) of the sampled US adults reporting having purchased a lottery ticket in the last year (Pew Research Center, 2006).

Using the *DSM-IV* criteria¹, it is estimated that between two and five percent of the US adult population can be classified as problem gamblers (Volberg 2001). Another 21% can be labeled “heavy gamblers,” gambling three or more times a week (Netemeyer et al. 1998). Moreover, American problem gamblers are twice as more likely to be men than women (Volberg 1995). Studies also indicate a higher prevalence among those who

¹ At the time of this writing, there were no published prevalence studies using the updated *DSM-5* criteria.

have never married, who are divorced, and who are less than 65 years of age (Volberg 1995, 2001).

Select state case studies provide more detailed and regional insight. Using data from Pennsylvania, Sommers (1998) finds that most problem gamblers are between 17 and 34 years old (44%), earn less than \$20,000 annually (61%), and have a high school education or less (67%). In Texas, Wallisch (1993) finds that most problem gamblers are male, non-white, younger (between 18 and 24 years of age), blue-collar, and typically unmarried.

Information from calls to gambling help hotlines provide researchers with further insight. Barry et al. (2008) finds that when compared to their White counterparts, Black callers are more likely to be women and less likely to have post-high school education. Additionally, these scholars found that after controlling for gender and education, Black callers report a longer duration of gambling problems, were more likely to have previously received mental health treatment, and were more likely to be engaged in daily tobacco use. A study of a Florida helpline finds that Hispanic callers differed from White callers, in that the latter were significantly more likely to engage in illegal activities to procure money to gamble and more often reported problems with their jobs (Cuadrado 1999).

2.3 Explanations

Addressing the central question of this study - why Black men are more likely to be identified as problem gamblers – the literature presents an array of possible explanations. Psychological explanations of problem gambling are generally centered on theories of impulse control. Some of the early work on this topic presented gamblers who too frequently lost too much money as being victims of compulsion and having an unconscious wish to lose (Bergler 1957). These psychoanalytic views, largely influenced by Freudian notions of masochism, have somewhat been replaced by a heavier emphasis on individuals' inability to control their behaviors (Lesieur and Custer, 1984). Recently, psychologists have taken to investigating the cognitive science, comorbidities, and risk factors associated with pathological gambling (Netermeyer et al. 1998; Jimenez-Murcia et al. 2010).

In economics, excessive gambling behaviors are often explained through the rationality of risk-taking. The Friedman-Savage model suggests that utility-maximizing individuals will take disproportionate risks if the gains are large enough to elevate their social standing (Friedman and Savage 1948). The Friedman-Savage model is consistent with an understanding among many economists that minorities (Blacks and Hispanics) and men are more risk averse across a number of behaviors (Horwitz 1984; Hersch 1996; Halek and Eisenhauer 2001). Additionally, some economists argue that many gamblers deny the operation of chance and believe they have control over randomly determined

events (Langer 1978; 1975). Following the principle that full information fosters rational decisions, an economic approach to reducing excessive gambling is increasing education of lottery games (Rosencrance 1988).

More recently a few public policy scholars have taken to examining the prevalence of gambling and gambling problems among minorities. The popular hypothesis follows that the increased accessibility to gambling in racially and ethnically concentrated neighborhoods relates to the increased incidence of gambling pathologies among minorities (Momper et al. 2008). Using geospatial statistical analyses, Wiggins and colleagues (2010) complicate this hypothesis. They find that compared to White concentrated neighborhoods, African American neighborhoods have fewer lottery outlets, but Hispanic neighborhoods have more, undermining the assumption that increased availability will lead to an increase of pathological behavior, rather than an increase in healthy play.

Sociology provides largely cultural and structural explanations for the disproportionate number of Black male gambling addicts. There is a history of early sociological ethnographic accounts linking Black neighborhoods to cultures of gambling. Drake and Cayton (1945) suggest that Black communities, like Chicago, had a certain “penchant” for gambling (484). Frazier (1957) understood illegal lotteries as providing avenues of upward mobility into the Black bourgeoisie. In the 1960s sociologists suggested an association between lower class neighborhoods and gambling, this time

emphasizing White ethnic cultures (Zola 1963; Goffman 1967). In part, some sociologists understood gambling to be part of the cultures of minority and poor folks. This explanation fit well with the relevant culture of poverty models (Moynihan 1965) that described tangled webs of pathologies that kept certain groups in poverty. While a few scholars stepped out to speak of the ways gambling could be understood as an adaptive strategy to racist exclusion (Light 1977), the gambling-obsessed Black man was a solidified type (Roebuck 1963). Today, much of the sociological work on gambling focuses on the state's role in institutionalizing the game. While scholars today look critically at how the government manipulates and exploits poor people through gambling, earlier notions of racialized gambling cultures go on uncontested, further reified.

The psychological, economic, and sociological studies of problem gambling do little to place gambling behavior within a larger context, historically or structurally. Psychology takes an individualistic model of behavior and pathologizes poor and minority people. Sociology's emphasis on the cultures of gambling behavior does little to recognize motivations that may reflect larger inequalities. Some may be surprised that economists are the scholars most likely to take into consideration class and social status. Nonetheless, their emphasis on economic rationality and decision-making limits their understanding of gambling as a social act. Broadly, all three fields normalize

white, middle class gambling behaviors and use this group as the comparison to show the deviant variations of poor and minority folk.

2.4 Theoretical Orientations

While the majority of research on race and gambling focuses on explaining Black behavior, this study takes a different approach. Rather than examining the behavior of Black gamblers, this project looks to understand how gambling has been constructed as a disease, and how racial stereotypes operate in the diagnosis and treatment processes. It turns the research on its head: instead of asking questions about Black gambling, it explores why Black people have been disproportionately identified with problem gambling. This study thus grounds itself firmly in the literature on medicalization.

There is a developing literature on the reconstruction of social problems as medical diseases. Termed medicalization, scholars argue that many social problems are redefined as medical problems mandating the intervention and control of licensed medical professionals (Conrad 1992). Defining a problem in medical language, adopting a medical framework, and developing a medical treatment are all key components of medicalization (Conrad 2007). From fetal alcohol syndrome (Armstrong 1998) to drug addiction (Morone 1997) to childhood gender identity disorder (Bryant 2006) to child hyperactivity (Conrad and Schneider 1980), these scholars trace the socio-historical factors that shape the construction of illness. Conrad and Schneider (1980) suggest that medicalization can occur at a conceptual level (in the vocabulary of defining the

problem), at an institutional level (of medical professionals), and at an interactional level (during client treatment). In this model social actors, through complex exchanges, are responsible for constructing definitions of mental illness (Conrad 2007).

A few critical scholars have taken to investigating how factors like race play into the construction of disease. Metzl's *The Protest Psychosis* (2009), explores the discourses of racial difference and relevant racial history that shape "diagnostic criteria, health-care policies, medical and popular attitudes about mentally ill persons, the structures of treatment facilities, and, ultimately, the conversations that take place within" (xi). Metzl's work undermines the assumed race neutrality of medical diagnoses of schizophrenia and discovers how "racial concerns, and at times overt racism, were thereby written into diagnostic language in ways that are invisible to us now" (xix).

Moral panic theorists (Cohen 1972; Good and Ben-Yehuda 1994), supporting constructivist views on disease, argue the politics of anxiety underpin the construction of social problems, particularly social problems of deviance. In *Policing the Crisis* (1978) Hall and his colleagues examine the development of a moral panic in 1970s Britain, a panic obsessed with Black male muggers. While Hall and his colleagues go on to reposition Black crime as a political protest, what is more relevant to this project is how the scholars were able to identify the ways in which the media ascribed certain behaviors to Black men and, ultimately, help to develop a salient and updated characterization of the Black male criminal.

Like, Hall and his colleagues, race scholars demonstrate how certain behaviors take on racialized meanings. Omi and Winant's influential work, *Racial Formation in the United States* (1986) further demonstrates how specific actions become associated with particular racial groups, regardless of the realities of these associations. These scholars define racial formation as the "process by which social, economic and political forces determine the content and importance of racial categories, and by which they are in turn shaped by racial meanings" (61). Following this analysis, scholars have demonstrated the racialization of "the drug problem" and the myriad of ways in which crack became attributed to Blacks and Latinos (Beckett et al. 2005).

And while there is scholarly work on the medicalization of different social problems, there is less work done on gambling addiction (Rosecrance 1985). From a historical perspective, the notion that problem gambling is a medical issue is a recent innovation. Historically, heavy gamblers who too frequently lost too much were understood to be morally conflicted and in need of religious intervention (Lesieur and Custer 1984); problem gambling was a sin and in moral opposition to all that the Protestant ethic encouraged. Over time, a moral opposition to problem gambling was legislated and problem gamblers were understood as criminals. This new phase began around the time when states started to institutionalize lotteries. Criminalizing problem gamblers was another way for state authorities to exterminate street gambling and usher in new, legal forms (Rosecrance 1988).

Moral and criminal opposition to problem gambling was challenged as psychoanalysts began to report on the psychological behavior of heavy gamblers. The medical model was officially established when the APA formally recognized problem gambling as a disorder in 1980 and entered it into the *DSM-III* as an impulse control disorder. Walker (1996) argues that the APA's recognition of problem gambling gave the issue visibility, both within medical fields and the public. The compulsion model of problem gambling has maintained a dominant position, in spite of harsh critiques that there is little supporting evidence for compulsive behavior and that problem gambling research focuses only on a small minority of people who are attempting, typically unsuccessfully, to stop their gambling activities (Rosecrance 1988). And while the medical model of problem gambling may have dominance, often all three models come into play.

The politics surrounding the medicalization of problem gambling are complicated. Reinerman (2005) sees the more recent notion of addiction-as-disease as an invention. He argues that this turn did not emerge from scientific discoveries, but can be explained as a "social accomplishment" and the product of historically and culturally specific conditions promulgated by particular institutions. Collins (2006) sees the medicalization of addiction as coming out of a meshing of the psychological sciences and government. He argues that in constructing social problems as medical issues, the psychological sciences can provide addicts treatment to overcome personal difficulties

and become “happier, more fulfilled, and ultimately, more efficient citizens” (2006, 357).

It is important to note that in order to assuage public fears, the state of North Carolina, like many other states, included addiction rehabilitation programs in the lottery legislature (Bobbitt 2007). State run rehabilitation programs are particularly interesting considering there is a major and longstanding ethical debate on the government’s involvement with lotteries and debatable exploitation of the poor.

3. The State

As a pastime, gambling in the United States has long been fraught with tensions and surrounded in debate. From the establishment of the early American colonies to the present day, public opinion on gambling has been complicated and contradictory, wracked with moral anxiety and competing definitions of vice and public good (Rosecrance 1985; Clotfelter and Cook 1989). In some cases – particularly when it concerned the poor and working classes – gambling was seen as one of many vices that could lead to moral and financial ruin on a personal level, and thus had to be stamped out (Bernhard 2007). However, in other cases gambling was seen as either a harmless pastime or even potentially a profitable pursuit, especially amongst the more affluent classes (Vaz 2014).

These tensions, complications, and contradictions have also characterized public policy on gambling. Different authorities over nearly three hundred years, from the British Crown to the present United States Federal Government, have wrestled with how best to manage gambling (Crews 2008). On the one hand, state-sponsored gambling has been proven to be an efficient vehicle to generate revenues for cash-strapped states that needed them. On the other hand, gambling has long been seen as a detriment to society, a dangerous exploiter of the hopeful and hopeless alike. Policymakers in charge of overseeing the public good have struggled to navigate the tensions between gambling's potential harms and its benefits to state coffers (Clotfelter and Cook 1989;

Bogart 2010). This fine line that policymakers have had to walk has resulted in a broad range of responses in public policy, ranging from prohibition to legalization.

However, underpinning the debate, both within society and in policymaking circles, is a narrative of the moral, and often racialized, pitfalls of excessive gambling (Bobbit 2007). As public debates on gambling reveal, the primary concern is not necessarily that gambling is harmful to everyone, but that gambling targets particularly vulnerable populations – namely, poor and minority communities (Bogart 2010). This particular dimension of the discourse, which finds clear expression in contemporary debates on lottery – particularly in North Carolina, which I examine in detail below – has deep roots in centuries-old perceptions surrounding the proclivity of certain groups toward vice, as well as stereotypes surrounding those groups that themselves grew out of regulatory efforts by the state.

Further complicating the situation is the fact that it is those same vulnerable populations – the poor and minority communities that form the focus of much of the public anxiety surrounding gambling – that revenues from state sponsored gambling programs claim to help (Korn et al. 1999). As a perceived at-risk population, working-class Black and Brown (and to a lesser extent, White) people have historically formed the target population for legislation that aims for the treatment and rehabilitation of problem gamblers.

These tensions and debates form the focus of this chapter. Here, I trace the complicated history of gambling public policy, highlighting the degree to which race and class assumptions and stereotypes have played a role in shaping the conversation surrounding problem gambling and motivating different laws on the subject. Through a combined analysis of the historical debates surrounding problem gambling and its emergence in the field of medicine as a disorder, I argue that the emergence of problem gambling as a medical disease has helped to mediate the tension and debate surrounding legalized gambling, while at the same time furthering the belief in racialized behaviors.

To realize this sort of analysis, it is necessary to quickly review the history of gambling in the United States, both in order to outline the broader history of the issue and to give context to contemporary gambling policy in places like North Carolina. Although it may seem a stretch to look as far back as the formation of the early American colonies in a study on the contemporary United States, I hope to highlight that by doing so we can begin to identify the patterns in discourses surrounding gambling and addition – the very same discourses that form the foundation of current gambling public policy. Public policy, I argue, is not simply the product of present concerns, but is situated in a history of discourse on vice, poverty, race, and medicine that dates back hundreds of years.

3.1 History of Gambling Policy in the US

The history of gambling regulation in the United States begins with the first wave of colonies (Crews 2008, Orson et al. 2003).² At the time, card and dice games, in both public and private spaces, as well as betting on horse races were popular pastimes among all social classes, and as such efforts to deal with them on the level of public policy were ambiguous at best. While the popularity of gambling was widespread, gambling laws were inconsistent across colonies (Millikan 2011). In New England and Pennsylvania, for example, Puritans saw a link between gambling and other vices that were more clearly reprehensible, like drunkenness and overconsumption. They thus prohibited gambling and gambling paraphernalia on the grounds that they promoted ungodly idleness and other sinful behaviors (Orson et al. 2003).³ To steer the inhabitants of the colonies away from gambling, they enacted laws were enacted that threatened gamblers with punishments from fines to whippings (Crews 2008). In other English colonies, views on gambling were more relaxed, and sometimes even positive: certain forms of legal gambling, for example, were reserved for upper-class men (Findlay 1986). From early on, then, and despite their varying responses, authorities in the American colonies made clear class distinctions in their assessment of and responses to gambling:

² This is not to say that gambling in the US began with the colonies. There is a long and documented history of gambling among native people predating European arrival (Schwartz 2006). In no way does this chapter mean to erase this history. Rather, because this chapter aims to focus on contemporary gambling policy, it is appropriate to start with the earliest manifestations of these policies, colonial laws.

³ To get a sense of how gambling was understood, dancing and singing were also prohibited.

among the working classes, it was a path to vice, whereas among the upper classes it was a harmless pastime.

The distinctions between some forms of gambling and others, and the tensions surrounding its pitfalls and potential, continued as the colonies moved forward. When the colonies continued to decline in profitability in the mid-eighteenth century and became a source of political unease in Britain, authorities felt looked to gambling as both a scapegoat for their worries and also, potentially, an answer to their revenue problems (Rosecrance 1988). On the one hand, gambling was seen as having contributed to the failure of the colonies, on account of it discouraging people from hard work and contributing to a lazy work ethic. In a discourse that mirrored early Puritan attitudes towards gambling, the issue was seen as one of a broader complex of vices, all of which would serve to undermine the work ethic that Puritan leaders brandished as a Christian and American ideal (Clotfelter and Cook 1989).

At the same time, however, some officials also began to recognize that gambling might potentially form a source of revenues that would save the colonies from outright economic failure. Gambling, then, could be a public good, if not a virtue. Specifically, officials looked to lotteries as the principal vehicle to augment public funds in the colonies, and all thirteen of the original colonies employed some type of lottery to raise revenues (Millikan 2011). Generally, there were two types of lottery games: in the first version, winners would be announced when all tickets were purchased, in a public

event that best approximates the numbers-based lottery play that we see today. The other version, which was running lottery most closely resembling present-day scratch off tickets, was the most popular. In both versions, tickets were expensive – usually more than a carpenter’s daily wage – and prizes were enticing, including more than just money: prospective players were lured with the potential that they might win land, goods, slaves, or livestock (Millikan 2011). To play the instant game, a person would buy ticket of a small, sealed piece of paper that they could instantly unravel to reveal their prize. (Millikan 2011).

With the introduction of state-sponsored gambling came a qualitative shift in public attitudes toward lotteries. Historian Neal Millikan traces this shift, noting how lotteries “far from being seen as a purely base form of gambling, often appeared as honorable endeavors in the colonies” (Millikan 2011: 26). Officials and public figures encouraged people to purchase lottery tickets, hailing it as a civic responsibility. Revenues from the lottery funded the construction of institutions like churches and universities – Harvard, Yale, Columbia, Princeton, and the College of William & Mary were all recipients of lottery revenues – but also public works projects like roads, canals, and bridges. As endeavors that supported the development of a civic and physical infrastructure in the country, state-sponsored lottery programs were thus seen as providing a public good, and thus broadly shielded from the vice-based discourses that they had once been subjected to. Further, lotteries were promoted on the grounds that

not only did they support public projects, but also facilitated the spread of Christianity: not only was the establishment of churches in the colonies a win for religious development, but more broadly, the financial success of the colonies was tied to the proselytization of the New World (Millikan 2011).

The popularity of state-sponsored lottery programs grew throughout the eighteenth century, and along with them grew other forms of gambling, like horse racing and card houses. Cities in the expanding frontier along Mississippi River were becoming popular gambling spots, and as American cities spread further West so too did these forms of gambling (Orson et al. 2003). Indeed, it wasn't until a scandal involving a Congressionally-approved lottery in the early 19th century that people lost faith in state-sponsored gambling programs and the government rethought their position. The lottery, like many others, was approved by Congress to beautify Washington DC; however, instead of using the proceeds as they pledged to, the organizers took off with the money (Crews 2008).

Following this scandal, government and to some extent public opinion changed about the lottery. By the 1830s, states began prohibiting state-sponsored lotteries in part because of their vulnerability to fraud. At the same time, however, they legalized other types of gambling like pari-mutuel betting and horse racing, arguing that while lotteries fostered scandal and fraud, other types of gambling, if properly regulated, could stimulate the economy (Millikan 2011). From 1864, and until 1964, there were no

government-sponsored lotteries in the United States. What was once seen as a breeding ground for vice was outlawed on the basis that it was too exposed to the moral hazards of fraud and was likely to cause public scandal. The discourse had shifted from lottery play as an individual hazard to a public one; meanwhile, other forms of private gambling went on as before, though subject to heavy regulation.

3.2 Prohibition, Legalization, and Tensions

During the hundred year period between 1864 and 1964, when governments outlawed lotteries on the basis of the scandal and embarrassment they might cause, lottery players responded by moving their lotteries underground. However, unlike the lotteries of the past, these new lottery games were community-based, and were run by criminal syndicates (Vaz 2014). As community-based games, they were also segregated: Black and White communities each had their own lotteries that were run by crime syndicates from within their communities. And as an illicit activity, lottery operators were frequently harassed by policemen; to keep running, organizers would have to pay off policemen. As an illicit activity, then, lotteries made lots of money for everyone – organizers and law enforcement alike.

It was within this context, and particularly in the 1940s and 1950s, that a particular racial stereotype emerged: the Negro Numbers Man. He was Black. He was understood to be “comparatively older, more intelligent, and more literate than other offenders” (Roebuck 1963: 52). He was sometimes ‘better adjusted’ and sometimes

“middle class” – but as a person involved in running an illegal numbers game, he was always criminal (Drayton and Cayton 1945) 1. Here, we see a stereotype emerge – one that is useful in understanding the racialized narrative of behavior that counselors discuss in the next chapter. Interestingly enough, however, it was a stereotype that emerged almost directly from government attempts to regulate gambling – in this case, by prohibiting lottery play altogether. A stereotype that emerged from government regulations, then, would go on to feed back into later regulations surrounding lottery play – namely the identification of at-risk communities and the development of programs aimed at combating a perceived problem of vice and thriftlessness within minority communities.

The tension between the regulations that policymakers put in place and the forms of gambling they gave rise to were clear from the outset. When states began to legalize lottery play (again) many of these syndicates protested. Vaz (2014) documents one such conflict in Harlem, New York – a microcosm of a much broader conflict between syndicates and government officials that took place in many cities from Chicago to the North East. In Vaz’s account, the Black syndicates claimed that the government legalized gambling in order to intentionally chip away at their ability to make money and support their community. To protesters, the battle for the lottery was an issue of racial justice: Black community leaders – those profiting from the local numbers game – “expressed proprietary notions over the game and defended numbers

gambling as a community pastime that provided abundant employment to the poor” (Vaz 2014: 73).

However, the standoff between the syndicates and the government over who had the right to run lottery games reflected more than just a concern over revenue and illicit behavior. At the same time that these tensions were making themselves felt across the country, a parallel discourse on gambling was emerging – one that came from the field of medicine. For as the discourse surrounding gambling in the public and in policy circles moved from one revolving around vice to economic benefit, and from there to scandal and then ultimately to addiction, theorists and practitioners in the field of mental health began to see the issue of gambling in their own terms.

3.3 The Beginning of Problem Gambling

In 1980, the term “pathological gambling” first entered the third edition of the *DSM*. The appearance of “pathological gambling” as a mental disorder in the *DSM-III* stemmed largely from the efforts of psychiatrist Robert Custer, who pushed the APA to accept the phenomenon into the manual. Custer had a long history of treating patients with gambling issues, and had published several studies on his experiences and the results of his treatment (Reilly and Smith 2013). He had an enormous influence on the study and treatment of problem gambling: he helped found the National Council of Compulsive Gambling, Gamblers Anonymous, and Gam-Anon, an organization that

offers help and support for the spouse, family, and close friends of problem gamblers (Weisbroat 1991).

Custer is widely recognized as one of the first people to consider “out-of-control” gambling as a disease, rather than an undesirable behavior or simply a vice as it had been in the past (Fowler 1990). In his understanding of the phenomenon – an understanding that emerged from his work with military veterans in VA hospitals that he served as a psychiatrist in – gamblers engaged in their pursuits to escape pain, not simply to pursue pleasure or even to inflict self-punishment. As an escape or coping behavior, gambling was treatable through therapy – and indeed, he argued, it *ought* to be treated through therapy, rather than demonized and punished by the state as it had been in the past. And there were importantly legal consequences to the campaign Custer engaged in to include pathological gambling as a mental illness. His testimony on the subject of pathological gambling was used to establish legal precedents, as advocates for gamblers urged courts to show compassion towards excessive gamblers (Weisbroat 1991).

Custer’s efforts and experiences were also critical to the formation of the first diagnoses and treatments of pathological gambling. Although the work of determining the diagnostic criteria and corresponding threshold for pathological gambling fell to a committee of psychiatrists, the committee drew extensively from Custer’s research and experiences. The result of the committee’s work was a list of seven criteria for the

diagnosis of pathological gambling, all of which emphasized the destructive impact that gambling had on work and relationships. The criteria, which were never tested, firmly placed pathological gambling within the DSM category of impulse control disorders (Reilly and Smith 2013).

Julia Jefferson, a problem gambling counselor and educator whom I discuss in more detail in the next chapter, provided me with some insight into the story of how the committee came to settle on the seven criteria for the diagnosis of pathological gambling – a story that is little-known, even among those who study the issue. Jefferson was the first counselor hired at the first-ever gambling addiction treatment facility. The director of that facility had served on the committee and had told her about how the criteria came to be. According to the director, the committee – which consisted exclusively of male psychiatrists, all of whom had some experience with problem gambling – had agreed on the seven criteria, but had more difficulty coming to a consensus on the threshold for what constituted pathological gambling. Almost everyone on the committee was of the opinion that in order to be diagnosed as a pathological gambler, a person had to meet two of seven criteria. The problem, however, was with one committee member, who refused to accept that a person had to only meet two criteria; he himself met two of the seven, and adamantly denied that he had any gambling

problems. In the end, the committee relented, increasing the threshold to three of seven – a threshold that is reflected in the *DSM-III*.⁴

3.4 Definitional Shifts in the DSM

In the next edition of the *DSM* – the *DSM-IV*, published in 1994 – the criteria for diagnosing pathological gambling underwent a revision. The list of criteria expanded from seven to ten, and to be diagnosed a person had to meet five of the ten criteria. The changes were loosely based on studies carried out by a small group of researchers using similar methods (Reilly and Smith 2013). Although pathological gambling remained under the classification of an impulse control disorder, the new revisions made it more comparable to substance abuse than the disorders it was classified with.

The change to the DSM definition of pathological gambling stemmed from a number of critiques leveled at the first set of criteria. One critique was that the original criteria displayed a middle class bias. One criterion, for example, stipulated that the person being diagnosed had been arrested for forgery, fraud, embezzlement, or income tax evasion in order to obtain money for gambling – all of which, critics alleged, were offenses confined to the middle class. Moreover, critics grumbled that the criteria explicitly excluded individuals diagnosed with Antisocial Personality Disorder (Leseiur 1998).

⁴ While this story has not been confirmed in any of the literature on problem gambling, I trust Jefferson's telling of it. She has a long history of dealing with problem gambling and a strong reputation in the field; she would have no reason to fabricate any part of it.

Researchers further questioned the categorization of pathological gambling as an impulse control disorder, a category which included kleptomaniacs and pyromaniacs. They recognized that gamblers, unlike people who exhibited these other tendencies, did not feel overwhelmed with a compulsion to gamble. Rather, gamblers felt distress after an unsuccessful gamble (Shaffer and Korn 2002). Pathological gambling was consequently reclassified within the category, under “impulse control disorders not elsewhere classified.”

In the most recent edition of the *DSM*, the *DSM-5*, published in 2013, pathological gambling underwent a further reclassification and relabeling. Under the new manual, it is called “gambling disorder” rather than pathological gambling, and is classified under “substance-related and addictive disorders.” The new classification was largely based on new research that had been completed since 1994 (White and Reilly), and had lost some of the characteristics of earlier classifications. As a “gambling disorder”, the phenomenon lost the “pathological” label, which some had found pejorative. The new classification also eliminated criteria that stipulated that one had to commit illegal acts to finance gambling (Temcheff et al. 2011), as this was a feature that researchers really only saw in prison populations. The *DSM-5* also lowered the threshold for the diagnosis of gambling disorders to four out of a new total of nine criteria.

3.4 Development of North Carolina's Problem Gambling Program

In North Carolina, the debate surrounding the establishment of a lottery was from the outset shaped by questions of poverty and addiction. To be sure, establishing the lottery in North Carolina was an arduous process. From the outset, a coalition of political groups and leaders had successfully kept the lottery at bay, rallying behind two main arguments: that the lottery takes advantage of poor people, and that the lottery would breed a new generation of addicts (Bobbitt 2007; Brenner and Brenner 1990). The first bill was introduced and defeated in the state legislature in 1983; it took seven more bills and 22 more years before North Carolina finally approved the lottery in 2005. Momentum in favor of a state lottery slowly gained when Governor Mike Easley introduced his campaign for an "education lottery." Even still, the new campaign failed to win over the state legislature and the bill failed again in 2000.

Although most anti-lottery arguments focused on a race-neutral "poor," there is evidence that race politics were at play. Part of this evidence is that the lottery bill was approved after the Black representative for Wilson County, Milton Fitch, announced his pro-lottery position. Fitch publically argued that the perception that poor people were buying lottery tickets was exaggerated, and that opponents were not sincere in their concern for the poor – otherwise they would try to prohibit the poor from buying cigarettes and alcohol (Bobbitt 2007: 179). Fitch, as a representative of Black communities

- both figuratively and literally – dismantled the poverty rhetoric and publically approved lottery sales.

To address criticisms that lottery would breed a generation of addictions, the lottery legislation (House Bill 1023) required the North Carolina Department of Health and Human Services to study the incidence of gambling addiction in the state. The Division of Problem Gambling was created to meet this need; it is responsible for maintaining a helpline – a toll-free telephone line printed on all lottery tickets offering help to individuals who think they may have a problem with gambling (DHHS 2007). Additionally, the division is responsible for providing treatment, prevention, and outreach services for problem gamblers across North Carolina. To do this, The lottery provides over \$1 million a year to North Carolina’s Problem Gambling Program (NCPGP) (North Carolina Education Lottery). It is important to note that North Carolina’s lottery sponsored problem gambling program is not unique. While there is no standard in services, as of 2013, 39 states had similar state-funded problem gambling programs (National Council on Problem Gambling 2013).

3.6 Agents and Agencies of Change

As this chapter traces the transformation of gambling policy, the introduction of problem gambling, and the diffusion of problem gambling through state-sponsored addiction programs, we begin to see the agents and agencies motivating change. For a very long time, the state was not concerned with regulating or combating gambling

addiction. Instead, policy was aimed at minimizing scandals and fraud, and controlling criminal activity surrounding lotteries (Millikan 2011). As demonstrated here, there was a racial tension embedded in these in the assumed criminal nature of lotteries, particularly as they went underground in response to state restrictions (Vaz 2014). The decision to relax gambling policy in the 1960s and to reintroduce lotteries as possible sources of revenue streams was in large part tempered by a prevailing narrative claiming that lotteries exploited poor and minority communities. To address this concern, states like North Carolina adopted legislation that stipulated that lottery funding be at least partially spent on the development and maintenance of programs to treat gambling addiction.

Throughout this history of gambling policy and the concomitant medicalization of problem gambling, the agents and agencies responsible for change emerge as central actors. Conrad and Schneider's model of medicine as an institution of social control (1980) becomes apparent throughout, from the impact of a singular psychiatrist's push to institutionalize problem gambling into the *DSM* to the proliferation of problem gambling treatment programs. Conrad and Schneider identify medical social control as a phenomenon characterized by "using medical means to minimize, eliminate, or normalize deviant behavior" (1980: 242). Drawing on the work of Talcott Parsons (1951) and Irving Zola (1972), Conrad and Schneider articulate multiple models of medical social control, from medical technology (medical and behavioral technologies like

psychoactive medications, but also genetic screening and counseling) to medical ideology (the process of defining particular behaviors as an illnesses).

One model in particular, Conrad and Schneider's medical collaboration model, is useful in understanding the processes and significance of the medicalization of problem gambling. They define medical collaboration as the interplay between medical personnel and state authorities. Through this interplay, both the roles of the medical professional and the patient are reinforced, as is the definition of the disease. When used to examine the issue of problem gambling, Conrad and Schneider's model highlight the multiple levels of interplay between state authorities, counselors, and patients – an interplay that takes place primarily in counselor training workshops, but also other forums, institutions, and platforms like the *DSM* – and their role in reinforcing particular definitions and characterizations of problem gambling. Thus, rather than address and treat problem gambling, problem gambling programs work to further define problem gambling, and as we will see in the next chapter, this becomes a means to reify racialized narratives.

As Conrad and Schneider's medical collaboration model helps us to understand how the definition of disease is create and reinforced through state authorities, Goldberg's theoretical conceptualization of the racial state allows us insight into the way the state constructs racial order through "control, divide, and rule" (2002: 122). For Goldberg, the state "enacts racial configuration in virtually all, or at least all significant,

social practices and conditions, markers and indices from birth to death and burial, from the personal to the institutional” (2002: 117). By categorizing types of gambling behavior as addictive behavior – as problem gambling – the state is not just interfering in everyday life, but redefining and controlling it. Further, this process of categorization – as detailed in the next chapter – involves racialized understandings of behavior. To return to the medical collaboration model, as Goldberg argues the within the racial state institutions merge rendering “the trace of the state’s racial dimensions relatively invisible” (2002: 117)

4. The Counselor

4.1 “If You Don’t Know the Culture, You Can Do More Harm Than Good”

It is late on a Thursday afternoon, with only a few hours left in a two-day workshop certifying providers in problem gambling training, and the group's energy has practically melted away in the overheated hotel conference room. The tired group of counselors and social workers slowly opens their folders and, following the trainer's instructions, they pull out the "Cultural Diversity and Problem Gambling" handout. The instructor moves through her PowerPoint presentation and stops at a slide showing the following question: In what ways is race and ethnicity important to you? A young White woman, a counselor, raises her hand to share a story. She tells the class how she once had a “Hispanic” client who treated her STD with a chili pepper. For the few moments she takes to share the story she holds the attention of the class. She explains that her client’s mother swore by this chili pepper method. Through crude pantomime, she makes clear the method is painful and involves penetration. Turning around in her seat to fully face the class she says, in an exasperated voice, “They use chili peppers to treat everything. I’m not kidding.” To this the trainer replies, “Uh huh. I know you're not kidding.”

This prompts the instructor to discuss Latino families. She describes to the class concepts like *mariaismo* and *machismo*, all of which are pronounced with too-heavy accents (*marr-ee-uh-ees-mo* and *mah-cheese-mo*, respectively). I'm writing notes as quickly

as possible, but also looking up to gauge the class' reaction to the conversation unfolding. For a moment, I think the trainer is going to address the dangers of relying on stereotypes, but I am surprised to see her quickly move onto the next slide discussing gender. When I entered the field and attended these workshops I expected to learn more about the treatment of problem gambling and hoped to recruit treatment providers for interviews. What emerged from my fieldwork was unexpected. Very quickly, within the first day, I came to realize the workshops, and the education they presented, were in need of examination. In these workshops I was confronted with a cultural diversity model that crafted conjectures to explain away racial inequalities.

What I will argue in this chapter is that the cultural diversity education presented at these problem gambling counseling workshops obscures racism as an explanation of mental health inequalities. Rather, and consistent with color-blind racism ideology (Bonilla-Silva 1997, 2010; Bonilla-Silva and Lewis 1999), the workshops use a cultural diversity model to minimize the significance of race and promote cultural explanations. This argument builds upon Embrick's (2011) analysis of cultural diversity ideology in the business world. He finds that a cultural diversity ideology allows organizations to appear progressive without having to conduct "deeper investigations into the gender and racial inequalities that continue to persist" (2011: 2). My goal is to follow Embrick's lead in examining another area, mental health education, and to further reveal how cultural diversity as an ideology operates on the ground, in a

workshop setting, to conceal racism. I will argue and highlight evidence that the cultural diversity model produces cultural conjectures to address real racial inequalities. To that end, I will begin with a discussion of the literature surrounding racial disparities in mental health and then provide context for my field research. I will then present the history of cultural diversity education in mental health training before presenting my analysis of the training content at the workshop.

4.2 Literature

Studies have shown that racial minorities are disproportionately diagnosed with mental illness across a number of disorders (Cook and Wright 1995; Block 1984; Strakowski et. al 1993). Problem gambling exemplifies this inequality because while all racial groups present somewhat similar rates of gambling (Welte et al. 2002), minorities are at greater risk of becoming problem gamblers (Lad and Petry 2002). In fact, some studies suggest Blacks are five times as likely (Welte et al. 2001) and Latino and Asians are twice as likely (Welte et al. 2008) to be identified as problem gamblers. Some scholars argue that this disparity likely reflects “a combination of true group differences as well as artifacts of how these disorders are conceptualized and measured” (Crisp et al. 2004: 318), but few studies take both into account.

On one side, researchers have produced ample studies presenting cultural explanations for excessive gambling among Blacks. Economists have taken the Friedman-Savage model (Friedman and Savage 1948) – which claims that utility-

maximizing individuals will take disproportionate risks if the gains are large enough to elevate their social standing – and have used it to argue that minorities are less risk averse across a number of behaviors (Horwitz 1984; Hersch 1996; Halek and Eisenhauer 2001). Classic sociological studies of Black low-income neighborhoods have encouraged the belief that Black and Brown communities have a “penchant” for gambling (Drake and Cayton 1945) and use illegal gambling as an avenue of upward mobility (Frazier 1947). These studies fit well with “culture of poverty” models (Moynihan 1965) that describe tangled webs of pathologies that keep certain groups impoverished. Only recently have scholars given serious consideration to the racial bias of providers, demonstrating how this bias plays a role in producing diagnostic disparities. Audit studies, where counselors are presented with client profiles varying by race but not by symptoms, suggest that there is a strong degree of diagnostic variance (Hayes et al. 2009). Researchers have explained this disparity as a result of race bias in clinical decision-making (Helms 1984), suggesting that providers often rely on racial stereotypes (Gushue 2004; Rosenthal 2004; Abreu 1999) to guide their diagnoses.

4.3 Methods

During the spring of 2011, I attended three two-day problem gambling workshops in eastern, northwestern, and western North Carolina. At first, I imagined these workshops as opportunities for me to recruit providers to participate in interviews, but I quickly came to understand these workshops as critical spaces for

research in and of themselves. There, I witnessed how providers discussed and addressed race in the context of problem gambling through the language and ideology of cultural diversity. During the workshops, I took notes on the trainer's instruction and the questions the audience asked. I also took notes during breaks and lunches, often times talking to counselors about their experiences treating gamblers and learning about the addiction. The classroom setting encouraged note taking, and although I took more notes than my peers, no one commented on it. At the end of each day, I would retire to my hotel room to transcribe my handwritten notes covering classroom discussions and conversations.

Positioning these workshops as critical sites for meaning-making allowed me to collect data from multiple sites (Lofland et al. 2006). I wrote notes recording interactions between the instructor and the participants, and examined the physical and visual material that was presented (Emerson 1981). Over the two-day workshops, the instructor presented on 10 different topics, including *DSM* criteria, assessment and screening, motivational interviewing techniques, and basic co-occurring disorders. Each presentation had a corresponding handout – a printout of the presentation slides with room for notes. These handouts became important to my analysis, as they allowed me to compare what was written with what was said. And while all the talks were useful in understanding how mental healthcare providers understood problem gambling, the presentation on “Cultural Diversity and Problem Gambling” provided important data

and stimulated conversations both within the workshops and beyond them. Thus, although I mine all of the workshops as data for this chapter, I pay special attention to the cultural diversity presentation and related discussions.

My approach to data analysis is through a modified style of grounded theory. I aimed to borrow the intent of grounded theory (Strauss and Corbin 1990) and marry this with a flexible and reflexive system of coding to identify key narratives. My coding technique is similar to the constructivist technique developed by Charmaz (2000, 2006) but involves more abstract codes that move across data sources. First, I performed line-by-line coding, developing codes that are “active, immediate, and short” (Charmaz 2006: 517). I used this first round of coding to begin comparisons and return to the literature and become aware, “sensitized” (Glaser 1978; Charmaz 2001) to the relevant issues and theories surround these codes. Next, I returned to the data and performed another round of coding, combing codes and creating more abstract definitions to foster theoretical development. Through this process, the theories I developed from the data grew out of an iterative process of moving between data, codes, and extant theory. For example, in my first round of coding I combed through the material – field notes, interview transcripts, presentations, and written materials – and collected all data points related to “community”. I then took this collection of data points, and through conversations with the counselor educator, Jefferson, created a more nuanced theme of

“neighborhoods” that allowed me to identify racialized and classed narratives involving historical and contemporary definitions of how neighborhoods shape gambling play.

4.4 Problem Gambling Treatment Education in North Carolina

While open to anyone interested in learning about problem gambling, the audience in the gambling workshops was almost exclusively¹ counselors and social workers looking to gain the education credit hours necessary to maintain their professional licenses. The motivations for attending this particular workshop were divided. I would learn from conversations that some of the attendees had chosen this workshop purely out of convenience – because the state required a certain number of annual training hours and this workshop was held at a convenient time and location – while others were motivated by a financial incentive. During the workshop, the head of the North Carolina Problem Gambling Program (NCPGP), Morgan Johnson, would make an appearance to solicit attendees to become part of the state's registry of problem gambling providers. As she would explain, the NCPG provided a higher hourly pay, required less reporting and paperwork, and delivered quicker payments than other sources or insurances.

¹ According to the workshop's brochure, the target audience includes psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, substance abuse counselors, pastoral counselors, and school counselors and administrators. I observed, and learned during introductions, that almost everyone in attendance was a licensed professional counselor, social worker, or marriage and family therapist. The only exception I observed was an older black couple that attended one workshop and stated they thought the workshop would be helpful in the type of assistance they provided to their congregation.

The NCPGP had hired Julia Jefferson to develop a curriculum (that they would approve) and run the workshops. Jefferson, a White woman originally from Canada in her sixties, is a nationally certified gambling counselor with over thirty years of experience. She describes herself as coming from the "old time drug and alcohol world" as her career developed alongside the medicalization of problem gambling. She first became involved with problem gambling as an undergraduate researcher: her university, also where she would later earn her master's degree, was attached to the first state-sponsored problem gambling program². Her resume boasts a lifelong commitment to treating problem gambling: throughout the years, Jefferson has held multiple directorships of treatment and training programs, and has co-chaired numerous certification boards. As the author of multiple publications on gambling treatment, she has consulted for state lottery programs, casinos, and racing groups, but also organizations like the FBI, Pentagon, and CIA. Jefferson has trained counselors in over 45 US states and ten countries: on the day of our first meeting, Jefferson had just returned from a consulting project in a Southeast Asian country, from which she returned with a souvenir, a long Asian-style tunic.

Throughout the workshops, Jefferson appeared confident, comfortable, and sometimes mechanical in her delivery. Her style was simple - long dark hair, slacks, and

² During her presentation, Jefferson repeatedly talked about her early experiences studying and treating problem gambling. It is important to note that not only did she develop her career within a state sponsored program, but also that this program was attached (administratively and physically) to a veteran's hospital.

sweaters, punctuated with ethnic looking jewelry or scarves. Jefferson was a seasoned presenter, so much so that she would often anticipate an attendee's question after hearing only a few words. A few times she would stop her presentation and ask the class if they were thinking about a certain issue or topic, and the crowd would almost always nod their heads to confirm her intuition. All of this - her history, experiences, and presentation style – made Jefferson appear to be the definitive expert on problem gambling.

The two-day workshop covered 16 hours of education as Jefferson gave a number of presentations. Of the three workshops I attended, two were held in hotel conference rooms and the third in a community health center. Despite the different locations, the set-up of the room was nearly identical in every workshop: two rows of long tables, five or six tables deep, a projector and screen at one end and food at the other. Outside the room sat a county health representative who would record attendance and later provide attendees with a certificate to verify completion of training hours. This person would also provide attendees with a folder, filled on one side with brochures and the other with handouts corresponding to different presentations.

The workshop would begin with Jefferson introducing herself and her long history of studying and treating problem gambling. Next, she would ask the attendees to introduce themselves and here, when it was my turn, I would explain that I was not a

counselor, but a graduate student studying problem gambling.³ Jefferson would move through a series of presentations on different topics, break for lunch, and then move through a number more.

4.5 From Diversity to Competency

Within the context of provider education, one would expect a presentation addressing culture. Although today's cultural competency training addresses many different categories of difference, this training was historically aimed at confronting the gap between White providers and Black and Latino clients (Saha et al. 2008). Cultural diversity training emerged in both social work and counselor education in the 1970s (Abrams and Moio 2009; Iglehart & Becerra 1995; Spencer et. al 2000). Propelled by the civil rights movement, social workers and counselors of colors, and their white allies, this training pushed back against the racism, classism, and nativism embedded in their fields by early founders (Abrams and Moio 2009). In the early 1970s both fields made institutional changes to recognize the importance of cultural education and mandated universities and colleges to incorporate content addressing cultural differences.⁴

Originally, when this content aimed at bridging the gap between White, middle-class

³ Johnson, the director of NCPG invited me to attend these workshops. She notified Jefferson by email that I would be attendance.

⁴ In 1973, the American Psychological Association required training programs to incorporate cultural education components (Korman 1974). In the early 1970s the Council on Social Work Education (CSWE) developed a mandate requiring accreditation-seeking schools to incorporate content on race, racism, and culture diversity into their curriculum (Spencer et al. 2000).

providers and Black and Latino low-income communities, it focused on issues like language and client mistrust (Saha et al. 2008).

Since the 1970s, the development of cultural diversity training has occurred in additive waves, with each decade contributing a new area to a growing list. By the end of the 1970s, race and gender were already on the list; the 1980s added sexual orientation, and the 1990s brought on mental and physical ability (Spencer et al. 2000). Today, in the 21st century, programs encompass a long list of differences, including immigration status, language, and class. And while the training programs were developing to include more categories, the programs changed in both name and objective. In the 1980s, the term "cultural competence" emerged as the accepted title for these types of training programs in healthcare and beyond. With the new title, there was a shift in focus from bridging the client-provider gap to addressing the emerging literature on health and healthcare disparities (Saha et al. 2008). Cultural competency programs have become the platforms through which institutions can address the racism embedded in their practices and policies.

While cultural competency training is today understood as an essential component of academic programs in social work and counseling, there is a growing critique of those training programs. Typically, cultural competency training programs are designed to meet three goals: to encourage counselors to become more aware of their own attitudes towards minorities; to increase knowledge about minority populations;

and to develop culturally sensitive communication skills (Brach & Fraserirector 2000; D'Andrea et. al 1991). Cultural competency is assumed to improve patient outcomes, but there is little research supporting this position. In a review of the past two decades of cultural competency educational interventions for healthcare professionals, Lie and colleagues (2011) find no evidence of a positive relationship between training and patient outcomes. Furthermore, these training programs may encourage participants to falsely perceive a positive change in their attitudes towards minorities. Participants of cultural diversity training consistently rate themselves as having undergone a positive change in bias, although no studies (comparing pre- and post-tests) have been able to measure a change immediately after the program or over time (Kiselica et al. 1999). Overall, there is little evidence that cultural competency training programs are effective mechanisms to confront provider biases or healthcare disparities (Bhui et al. 2007). This research fully supports Embrick's (2011) argument that cultural diversity ideology gives participants a false sense of personal improvement without forcing participants to address real structural issues that reproduce racial inequalities. What I aim to demonstrate here is *how* the cultural diversity ideology operates to obscure racism and continue maintaining racial inequalities in mental health.

4.6. The Diversity Daisy

The "Cultural Diversity and Problem Gambling" presentation begins with a drawing. The drawing resembles a daisy and on each petal is a word: female,

heterosexual, middle-age, middle-class, divorced, Unitarian, compulsive gambler, biracial. Jefferson, the instructor, explains that people are socialized into different “identities.” From another slide she reads, “Psychological functioning involves an interaction of a persons [sic] multiple identities” and “People are holistic, consisting of a variety of assets.” The next five slides each feature a specific identity: race/ethnicity, gender, sexual orientation, age, and socioeconomic status. With each slide there is either a short description of the scope within that identity (for example, on the sexual orientation slide there is a list of different identifications from heterosexual to bisexual) or a few questions (the age slide, for example, reads “Do we also inquire about generational influences?”). The questions, although read out loud, are never answered by the audience or the instructor. Each category is presented in one slide and Jefferson spends about equal time reading through the slides.

The notion here – that cultural diversity involves accounting for different categories of identities – is consistent with the development of cultural diversity education (Saha et al. 2008). As these training components developed, cultural diversity expanded beyond race, gender, and class to include a broad list of variables. At first glance, it is as if this training is taking a progressive and intersectional approach: the individual exists at the center of the diversity daisy, surrounded by unique petals. The issue here is that within such a broad set of categories, the significance of race is neutered; racism is neutralized. This is not to say that a person’s experience is only

shaped by race, but that the daisy of diversity minimizes the seriousness of race. Race, unlike other categories presented as petals of the daisy, engages with a system that produces and maintains massive inequalities in mental health care.

This finding is consistent with critiques of contemporary models of cultural diversity. Some researchers argue that categories that fall under cultural diversity are broadened so organizations can appear culturally sensitive without having to address actual inequalities (Razack and Jeffery 2002; Embrick 2011). By spreading the attention to a broad list of possible oppressive categories it is more difficult to concentrate on any particular one. In education, Ahmed argues that a “focus on diversity works to individuate difference and to conceal the continuation of systematic inequalities within universities” (2007: 236). Herring and Henderson (2012) find that not only does the diversity ideology work to shift attention from race, it can also shift resources from race-based programs. When cultural diversity was included in counselor and social work training programs one of the primary goals of such programs was to bridge the gap between White, middle-class providers and Black and Latino low-income clients. In these early stages, race was a central concern.

However, what I find here, in the context of mental health care provider education, is that the contemporary cultural diversity ideology directs attention *away* from racism. And, how does it do this? By minimizing the significance of race. The diversity daisy sends the message to providers that race is just one part of a client’s

experience – no more or less important than other characteristics. The cultural diversity ideology, and particularly this diversity daisy model, allows the classroom conversations to stop short of discussing racism. This model reinforces the idea that people are so complicated and “made up” of so many different identities that it would be unhelpful to concentrate on just one. Rather, providers should focus on understanding their clients holistically, taking into account all parts of their person. The consequence of message is that providers and institutions end up avoiding addressing actual racial inequalities.

The broadening of diversity works to minimize race, but also frames race as a cultural issue. When race is placed alongside other characteristics like age and religion, it is far removed from discussions of oppression or systems of power. Instead, race becomes a cultural phenomenon, something to be explained by behaviors and beliefs.

4.7 The Pathological Behavior of People of Color

Although the message is clear – that race is just one small part of a client’s experiences – Jefferson does take time to discuss cultural differences by race. She dedicates a portion of the lecture to describing the cultural backgrounds of Blacks, Latinos, and Asians. Here, the audience learns that the gambling behaviors of these groups can be explained by history, community, and family.

Jefferson shares that in Black communities “numbers running” was a “historical vocation.”⁵ She goes on to explain that for Blacks, gambling often begins with “street dice games” in grade school and continues into old age with card games like pinochle and baccarat. She asks the class rhetorical questions like “Is gambling within this community similar to what we understand about problem gambling?” Or, “Is gambling considered a problem with the context of this culture and community?” Again, the questions are not answered.

Her discussion of Asian American families is short. She admits that there is little research on this topic, but pulls from her recent trip abroad to explain that gambling is popular in Asian countries. She shares that Asian holidays typically involve some sort of gambling, but because the gambling takes place in a family setting it is less at risk of becoming excessive. In just a few words, Jefferson has made the case for Asians as the model minority gamblers. She claims that while Asians gamble at high rates, because the gambling is done within a family context it is less dangerous.

For Latinos, Jefferson struggles to generate new material. She restates her earlier comments about *marianismo* and *machismo* to explain how cultural pressures may encourage problem gambling behavior among Latinos. For Latino men, the stress of having to support an (assumed) entire extended family may encourage them to gamble. Additionally, she explains, Latina women most likely do not have control of the

⁵ Here, Jefferson is implicitly referencing the “Negro Numbers Man”, a Black archetype from the 1960s of a urban career criminal who supported his lavish lifestyle by running illegal gambling games (Roebuck 1963).

household finances, which put them at greater risk of not recognizing the gambling habits of their Latino husbands.

By providing cultural explanations for behavior, Jefferson is demonstrating Bonilla-Silva's cultural racism frame, a central component of the color-blind racism ideology. Bonilla-Silva argues that cultural frames have replaced biological views but are just "as effective in defending the racial status quo" (2006: 29). Not too long ago biological arguments of the inferiority of minorities, that people of color are biologically predisposed to more frequent and more risky gambling, were in favor. Today the contemporary convention is to blame culture. Culture here is represented in historical stereotypes: the Black numbers runner, the machismo Latino man, and the Asian holiday gambler. All of these stereotypes completely obscure racism as an engineer of mental health inequalities, and more specifically how providers and institutions produce disparities. This model of cultural diversity allows providers to talk about explanations for the behavior that require no self-reflection.

The importance of understanding these cultural types is stressed through the presentation. As Jefferson says, "If you don't know the culture you can do more harm than good." And while this sentiment represents the understanding that providers and clients may be culturally mismatched, it also reinforces the idea that Whites do not have culture. To clarify, when culture is only defined in terms of Black, Latino, and Asian

communities and families, then the assumption is that whites do not have a culture. This conjecture is further supported by the use of case illustrations throughout the workshop.

4.8 White Normativity and Invisibility

White normativity refers to “the schema in which whites serve as the exemplification of the human being and presumption of what it means to be human” (Gordon 2004: 181). Theoretically grounded in whiteness studies, the concept of White normativity brings to light how whiteness operates, often invisibly, as the reference of normal behavior. Scholars have theorized the normativity of whiteness (Lewis 2004; Anderson 2003), but more recent research has revealed the mechanisms that produce and maintain white normativity in different settings, from video games (Dietrich 2013) to LGBT organizations (Ward 2008) to nursing (Allen 2006). Here, in the context of training for mental health providers, what I find is that there is a particular mechanism at work to normalize whiteness.

Throughout the two-day workshop Jefferson used case illustrations. Quickly, and in just a few words, she would sketch out a fictive client complete with details of a particular situation relevant to the topic she was discussing. Some examples were presented in the slides and handouts and others she created off-hand. Some seem to be based on actual clients she may have helped, while others seem spontaneously imagined. The use of examples seemed benign – an easy way to make the conversation more interesting and to engage the audience – but upon further examination all the

examples followed a similar pattern. Jefferson's examples were either Black or Latino, or never given a specific race. To explain, there were many examples where a Black or Latino race was identified. In the presentation slides, we learned about James the 32 year old African American custodian who spends too much money each week on lottery tickets, Donald the 64 year old African American bus driver whose race track gambling has put his marriage in crisis, or Gloria the 50 year old African American mother whose gambling is hidden from her husband and church family. We also discussed Larry the 47 year old married man working two jobs, Mary the 34 year old divorced single mom addicted to video poker, and Sally the 58 year old school teacher over \$10,000 in debt. What we see is that when race is defined it is always non-White. Of the examples Jefferson provided in her lectures I have no record of an example of an identifiable White gambler, but I do have notes on Maria, the young Latina mother with an abusive husband, and Jose, the Mexican father who gambles away his paycheck.⁶

When Jefferson's case illustrations only identify race as Black or Latino they quietly, but powerfully, reinforce the notion that whiteness should be assumed when race is not stated. This assumption of whiteness reinforces its normativity: White is the standard category and doesn't require explicit identification (Anderson 2003, Lewis 2004). When whiteness is the standard category it is invisible, as supported by the lack of White client illustrations. The invisibility of whiteness in these workshops produces

⁶ To be clear, I analyzed all examples that were presented in written and visual materials for all three workshops, but only recorded examples given orally for two workshops.

two effects: first, because Whites are never given a cultural character, culture remains something belonging to non-White people; and second, Whites are essentially removed from any responsibility in producing inequalities. Because whites are never given a racial character and are allowed to exist as the standard of behavior, there is no avenue to address White racial actors.

Further, the normativity of whiteness that exists in these workshops cements the idea that providers are White themselves. In these workshops, it appeared that Whites were always the majority, sometimes marginally and other times overwhelmingly.⁷ This serves to further underscore the notion that white providers do not have a racial, or even cultural, identity that is worthy of examination. Whites, the providers and the institution, are neutral actors that are faced with understanding the complex culture belonging to Black, Latino, and Asian people.

4.9 Discussion

All together, the workshop supported three views: that race is not important; that race is the culture of minorities; and that whites have no race or culture. Together, these three ideas work to obscure the significance of racism as a fundamental component of mental health inequalities. The conjunctures overlap, support each other, and work in tandem. As Young, a social work scholar in Australia, writes, when “race

⁷ This was determined by appearance and conversation and as such runs the risks of being inaccurate. When including Jefferson, the attendance for each workshop is as following: 6 White attendees, 5 Black; 24 White attendees, 5 Black; 18 White attendees, 1 Latino, and 2 Black.

has to compete for attention" it reinforces its marginality and "race becomes hidden as a factor in the creation of inequality." Further, she explains, the marginality of race allows social workers to "neatly side step the problematic of Whiteness" because it "allows the acknowledgement of multiple oppressions" that are "externalized to the Other" (2004: 114-115). What I find here is that all of this work is done through the language and ideology of cultural diversity. Additionally, when the focus of programs is the behavior of individuals, there is little room for a discussion of institutional racism (Abrams and Moio 2009). What I hope to have made clear is that the cultural diversity program presented at these problem gambling workshops is inadequate and in need of redevelopment.

How might a cultural diversity program be reconstructed to address the racial inequalities inherent in mental health practices, practitioners, and institutions? Who would be equipped to teach these programs? And, what would be the goals and how might we measure success? A new program would need to address institutional racism at the personal, structural, and global level. Color-blind racism and racist practices would need to be featured prominently. Educators would need to be trained to speak of and identify whiteness and White normativity in healthcare. Audits would allow licensing programs to confront racial inequalities in diagnosis and treatment.

The new training program would shift focus from cultural awareness and prioritize awareness of racial inequalities. The current model of cultural diversity

education is overwhelmingly focused on increasing the cultural sensitivity of providers (Saha et al. 2008). A new model would need to make room for discussions and lessons on racial inequalities in mental health care, both historical and contemporary. As part of this, providers - white and minority providers - would be taught to identify and confront racism and racial bias in practice and policies (Abreu 1999, Bhui et al. 2007). One part of this process would be to address head-on the cultural stereotypes surrounding problem gambling (Bernherd 2007) and to work with providers in identifying how these stereotypes may shape their perceptions of clients.

It is not enough that the program focuses on racial inequalities. The training must include a discussion of how color-blind racism operates in mental health settings. Within the last decade researchers have begun to measure color-blind racism attitudes among, typically using graduate students in social work, clinical psychology, and counseling. This research indicates that those students with higher levels of color-blind racism, the would-be future providers, are more likely to judge Black clients as more symptomatic than White clients, while those with greater awareness of racism were less likely to judge a Black client as more symptomatic (Gushue et al. 2004, Gushue and Constantine 2007). From this we know that color-blind racist attitudes can shape the diagnosis and treatment process: an awareness of racism, one that addresses the typical color-blind explanations for inequalities, helps ensure that providers are less likely to present a diagnostic bias.

All of this suggests that education, when it moves beyond cultural sensitivity and addresses racism, can have the potential to moderate diagnostic bias. To do this, to create a program that confronts racism, the training would have to address whiteness and White privilege because in the words of Frankenberg, “To speak of whiteness is ... to assign everyone a place in the relations of racism.” (1993: 6). The training program would need to teach providers how whiteness operates as a privilege in mental health settings, allowing White providers to appear as unbiased, neutral authorities and White clients as individuals free of cultural baggage or pathologies.

And while research suggests that education can have the potential to moderate diagnostic biases and, potentially, racial inequalities in mental health care, education alone is not enough. Education, when paired with monitoring oversight system, can be incredibly powerful. Already, problem gambling counselors in North Carolina are required to submit paperwork of their client’s diagnosis and treatment to receive payment from the state. They are also subject, as part of their contract to be providers on the state’s registry of problem gambling counselors, to random financial audits. The state could use these already existing systems to identify racial patterns in terms of treatment and diagnosis, and the diagnosis of co-occurring disorders. To have weight and meaning, the monitoring system would have to have the authority to issue reprimands, force further education, and possibly revoke licensing.

All of this would entail the state making strong commitment to challenging the racial status quo: the disproportionate and more severe diagnosis of minorities. What I hope to have highlighted here is how the cultural diversity education present at the problem gambling training workshops operates to minimize racism by providing cultural explanations and obscure whiteness. A new training program, one that confronts color-blind racism and whiteness, could have the potential of altering the racial status quo.

5. The Gambler

5.1 *“It’s an Investment, Baby.”*

When I began my study in Central North Carolina and searched for a convenience store to observe, a place to watch and know lottery gamblers, I knew what I was looking for. My previous fieldwork in New Jersey had taught me to avoid stores with bulletproof glass partitions around the cash registers. These stores, according to my previous key informants, had mostly likely been held up and were too unsafe for me. I had been advised to look for a store near a bus stop, because bus stops brought high foot traffic. Moreover, I learned to find a store that sold newspapers and single-cup coffees, both products that often encouraged customers to linger. Over the course of two weeks in the fall of 2012, I visited seven potential stores, chatting up store clerks and slowly perusing aisles and beverage coolers. Most stores I visited sold lottery tickets, but some did not. At one store, when I found no signs of the lottery, I asked the clerk if he sold tickets and he quickly and loudly responded, “Do I look healthy?” When I answered back yes and he explained, “That’s cause I don’t sell the lottery. When you sell the lottery people bother you too much.” His words resonated with my observations of the New Jersey convenience store. Selling lottery tickets was not as simple of a transaction as selling other goods, like cigarettes or beer. The lottery – or, more specifically, why people played the lottery – created a complex dynamic between the clerk and customer.

I eventually found my field site after following a recommendation from another store clerk, Ali. Ali ran a shack-like store in a predominately Black and low-income neighborhood. He sold lottery tickets, but not very frequently. He explained, "Black people in this neighborhood care about material things. They say, 'I won't spend my two or three dollars on that [lottery].'" He invited me to observe his store and talk to his customers – although he did worry that I would be mistaken for a prostitute or worse, a parole officer – and I did so for a few days. The lack of gambling sales (about one or two sales an hour) was disappointing and when I expressed this to Ali he gave me directions to another store, a mini-mart he claimed was a top lottery seller in the state. He knew the owner and told me to go to the store the next afternoon.

The mini-mart was located just off an interstate highway connecting two cities; its location probably helped make it one of the top lottery retailers in the state. Evidence of the store's high sales was posted to the glass counter: a paper award certificate from North Carolina's Education Lottery Executive. While the location may have been critical to the store's lottery sales, perhaps it was Andy who should have taken credit for the award. The certificate was a source of pride for Andy, the daytime store manager, and he immediately pointed it out to me when I came to the store and proposed my study. He knew about the other stores on the top sellers list. They were in better locations or had extra-large display cases, he said. The mini-mart was on the list, according to Andy, because of him. He knew how to get people to buy lottery tickets.

Over the course of seven months I observed Andy's sales techniques: sometimes pushy, sometimes funny, but more often successful. I would get to know Andy, a self-professed gambling addict, and the regular customers and visitors of the mini-mart. When I entered the store I was motivated to understand why people played the lottery and why they sometimes played more than they intended to. This interest emerged the previous year when I spend three months observing a convenience store in New Jersey. Through that experience, I had witnessed lottery gamblers of all types – from bankers, to custodians to men living on the street. When I returned from the field and immersed myself in the literature in a search to learn more about gambling motivations, I was struck by what I found. The literature – the sociological, economic, anthropological, and psychological literature – had varying explanations for gambling and problem gambling. Some of these explanations fit my study in New Jersey, while others seemed out of touch with the reality I observed. As I began my study in Central North Carolina, settling in with Andy and mini-mart, I wanted to test the accuracy of the literature: I wanted to measure my observations and conversations against the prominent theories, analyze the motivations of lottery gamblers, and find a better understanding of what motivated gamblers.

What I would learn from my fieldwork in North Carolina and New Jersey was that when prompted, lottery gamblers provide varying explanations for their play. And while these explanations provide some insight into gamblers and gambling, it was

through careful and long observation that I was able to see how these explanations changed and took shape through wins and losses. I came to understand that lottery gamblers were often motivated to play by two factors: lottery gambling provided a fun diversion from the monotony and heaviness of everyday life, but also constituted a form of financial investment (Casey 2008). My analysis is represented unevenly in the literature, especially my emphasis on the social and investment aspect of lottery gambling.

Possibly more importantly, I found that the cultural and racial narratives presented in the literature – explanations and theories as to why different groups gamble – were unsupported by my observations. My fieldwork in two racially diverse convenience stores – diverse in that they had both Black and White customers – presented an opportunity to explore the race and culture literature. What I observed, in contradiction to some previous research, was that motivations for gambling cut across race and class: the behaviors I observed and the meanings I came to understand ran across groups, and were dictated more by the social and financial dimensions of lottery play than they were by race or culture.

This chapter presents my findings from a seven month-long observational study of a convenience store in Central North Carolina. I buttress my observations from North Carolina with my previous fieldwork in New Jersey, an exploratory study of a convenience store, placing these two studies in conversation with one another to

demonstrate that my findings are not isolated despite each store having its own unique context, culture, and customers.

5.2 The Problematics of Lottery Gambling Research

Despite the popularity and history of lottery gambling in the US, research is thematically disjointed and findings are inconclusive. Although estimates vary, the majority of US adults gamble. A 2006 report found that two-thirds of all adults had placed a bet in the last year (Pew Research Center 2006), while a 2002 survey suggested that 82% of adults did the same (Welte 2002). Both surveys found that the lottery was the most popular form of gambling, although again at differing rates: one study stated that 52% of adults purchased a lottery ticket in the last year (Pew Research Center 2006), while another suggested that the number was closer to 66% (Welte 2002). Whatever the case may be, it is undeniably clear that state lotteries, which are present in 44 states¹, Washington DC, and Puerto Rico, are popular.² They are also profitable: in 2012, when only 43 states hosted lotteries, total ticket sales reached \$59.4 billion (Census 2014).

Quantitative research on lottery gambling is limited and complicated. Broadly, lottery gambling prevalence studies struggle with underreported frequency of play and financial loss (Hodgins and Makarchuk 2003). Gambling is often understood as problem behavior, even by gamblers, and gamblers thus tend to minimize the frequency of their

¹ As of August 2014, Alabama, Alaska, Hawaii, Mississippi, Nevada, and Utah were the only states without lottery programs.

² It is interesting to note that while lottery play is obviously more popular in states that have lotteries, it is estimated that 18% of adults living in states without lotteries still purchase tickets (Barnes 2011).

play when reporting. Additionally, financial wins from gambling are often exaggerated, while losses are minimized (Volberg et al. 2001). What further complicates lottery gambling research is that the majority of prevalence studies originate from a collection of researchers at one institution: the Research Institute of Addictions at the State University of New York, Buffalo. The prevalence statistics this institute reports are used throughout the field and are often the basis, or justification, for lottery studies examining different variables and contexts. Although I never came across any critique of the institutionalization of lottery research, it would be remiss to not discuss the problematics. Most of these studies rely on the one type of method: random telephone surveys (LaPlante et al. 2010). Moreover, and maybe more importantly, it is possible that this institution, as an addiction studies program, may be invested in a particular interpretation of data. The depths of this critique are beyond the scope of this project, but the issues ought to be flagged.

5.2.1 Who Plays the Lottery?

It is difficult to identify the characteristics of a lottery gambler because they vary by frequency and type of play. Most prevalence surveys have measured lottery play by asking if participants gambled in the last year or how much they gambled in the last year. More recent research has included a more meaningful measure, asking participants to identify the number of days in the last calendar year they played lottery. From these studies, it is understood that men and women lottery gamble at similar rates (68% of

men compared to 64% of women), although men spend more (\$362 compared to \$295, respectively) (Welte et al. 2002). Additionally, men gamble more frequently, averaging close to 18 days a year compared to nearly 12 days a year by women (Barnes 2011). In terms of race, Whites and Native Americans are more likely to have gambled in the last year, but Blacks and Native Americans play more frequently (Welte 2002; Barnes 2011). Poorer people are more likely to play than wealthier people (Welte 2002) and the poorest people play the most (Barnes 2011). Over the life course, play increases at 18 (legal gambling age), increases again after 30 and then declines after 60 (Welte 2002; Barnes 2011). Compared to gamblers of all games, lottery gamblers do not look any different and follow similar patterns.

5.2.2 Why Do People Gamble?

Psychological explanations of problem gambling are generally centered on theories of impulse control. Some of the early work on this topic presented gamblers who too frequently lost too much money as being victims of compulsion and having an unconscious wish to lose (Bergler 1957). These psychoanalytic views, largely influenced by Freudian notions of masochism, have somewhat been replaced by a heavier emphasis on individuals' inability to control their behaviors (Lesieur and Custer, 1984). The American Psychological Association previously categorized pathological gambling as an impulse control disorder. Many medical professionals, finding that the behavior of their patients resembled the progression and withdrawal of drug addicts, shifted their

treatments to be more like substance abuse programs (Walker and Barnett 1999) and called for a reclassification of the disorder. In 2014, the *DSM-5* re-categorized problem gambling as a Substance-Related and Addictive Disorder. Previously, problem gambling sat alongside pyromania (obsessive fire starting) and trichotillomania (obsessive hair pulling), but now sits alongside alcoholism and drug abuse.

In economics, gambling behaviors are often explained through the rationality of risk-taking. The Friedman-Savage model suggests that utility-maximizing individuals will take disproportionate risks if the gains are large enough to elevate their social standing (Friedman and Savage 1948). The Friedman-Savage model is consistent with an understanding among many economists that minorities (Blacks and Hispanics) and men are less risk averse across a number of behaviors (Horwitz 1984; Hersch 1996; Halek and Eisenhauer 2001). Additionally, some economists argue that many gamblers deny the operation of chance and believe they have control over randomly determined events (Langer 1978; 1975). Following the principle that full information fosters rational decisions, an economic approach to reducing excessive gambling is increasing education of lottery games (Rosencrance 1988).

More recently, a few public policy scholars have taken to examining the prevalence of gambling and gambling problems among minorities. The popular hypothesis follows that the increased accessibility to gambling in racially and ethnically concentrated neighborhoods is related to the increased incidence of gambling

pathologies among minorities (Momper et al. 2009). Using geospatial statistical analyses, Wiggins and colleagues (2010) complicate this hypothesis. They find that compared to White concentrated neighborhoods, African American neighborhoods have fewer lottery outlets, but Hispanic neighborhoods have more, undermining the assumption that increased availability will lead to an increase of pathological behavior rather than an increase in healthy play.

The discipline of sociology provides largely cultural and structural explanations for the gambling behaviors. There is a history of early sociological ethnographic accounts linking Black neighborhoods to cultures of gambling. Drake and Cayton (1945) suggest that Black communities, like those in Chicago, had a certain “penchant” for gambling (484), while Frazier (1947) understood illegal lotteries as providing avenues of upward mobility into the Black bourgeoisie. In the 1960s, sociologists suggested an association between lower class neighborhoods and gambling, this time emphasizing White ethnic cultures (Zola 1963; Goffman 1967). In part, some sociologists understood gambling to be a component of the cultures of minority and poor folks. This explanation fit well with the relevant culture of poverty models that described tangled webs of pathologies that kept certain groups in poverty (Lewis 1966; Moynihan 1965). While a few scholars stepped out of the mainstream discourse to speak of the ways in which gambling could be understood as an adaptive strategy to racist exclusion (Light 1977), the gambling-obsessed Black man had become a solidified type (Roebuck 1963). Today,

much of the sociological work on gambling focuses on the state's role in institutionalizing the game. While scholars today look critically at how the government manipulates and exploits poor people through gambling, earlier notions of racialized gambling cultures remain uncontested and in some ways have been further reified.

The psychological, economic, and sociological studies of problem gambling do little to place gambling behavior within a larger context, historically or structurally. Psychology takes an individualistic model of behavior and pathologizes poor and minority people (Bergler 1957, Lesieur and Custer 1984). Sociology's emphasis on the cultures of gambling behavior does little to recognize motivations that may reflect larger inequalities (Roebuck 1963). Some may be surprised that economists are the scholars most likely to take into consideration class and social status (Friedman and Savage 1948). The economic literature on gambling and race recognizes that given the conditions and lack of financial resources, like well-paid and available work and access to wealth generation through home ownership, gambling may appear to be lower risk and a reasonable means to make money (Horowitz 1984, Hersch 1996). Nonetheless, their emphasis on economic rationality and decision-making limits their understanding of gambling as a social act (Halek and Eisenhower 2001). Broadly, all three fields normalize White, middle class gambling behaviors and use this group as the standard against which to compare the deviant variations of poor and minority folk.

5.3 Methodology

The data for this chapter involves participant observation and interviews collected over ten months at two convenience stores, one in New Jersey and one in North Carolina. Here, the data involves continuous, in-depth interviews with three convenience store managers and 14 gamblers and short, one-time interviews 22 gamblers. At these sites I observed an one additional convenience store manager, as well as over a hundred gamblers. The data, field notes and transcribed recordings of interviews, was analyzed through a modified style of grounded theory. The coding technique is similar to the constructivist technique developed by Charmaz (2000, 2006) but involves first performing line-by-line coding to develop codes that are “active, immediate, and short” (Charmaz 2006: 517). Through a second round of coding I “sensitive” the data (Glaser 1978, Charmaz 2001) to create more abstract definitions in order to foster theoretical development. For example, I began with an initial code of motivations, which lead me to examine fantasy as a motivation for play. This “for fun” code was then combed through the data again.

5.4 Back to the Mini-Mart

When I started my fieldwork, Andy asked that I park my car on the right edge of the parking lot, the spot furthest from the store’s entrance. This was the only request the owner made of me when Andy asked if I could observe the store. Andy would sometimes refer to the owner as his cousin, although I would later learn from the

owner's son that they were neither related by blood nor marriage. The owner and Andy had immigrated to the US from the same part of the Middle East and were part of a network of convenience store owners, all immigrants from the same country, which would explain how Andy came to work at the store.

Andy wasn't his real name. His real name was Ahmed, but he chose this Americanized nickname when he arrived in New York as a teenager. Teenaged Andy, fresh to New York, worked at convenience stores owned by family friends, which later led to him co-buying a convenience store in Atlanta. In Atlanta, he owned and managed the store, and later bought a laundry mat and then another convenience store. He shared that his life in Atlanta was good, for a long while. He married an American woman, had a son, and his businesses thrived. But Andy liked to gamble, and his gambling losses not only put him in debt but also forced him to give his share of his businesses to his partners and move away. Through his network he was able to take a job managing a store – a step down from owning – that came with a small attached apartment.

From the highway you could easily read the mini-mart's large sign and possibly make out the advertisements taped to the front windows: advertisements for beer, soda, cigarettes, and the lottery. Beer, soda, and other drinks were held in coolers lining two walls. Cigarettes were shelved behind the long glass counter, a wall they shared with phone cards, condoms, and personal grooming items. The cash register and a plastic case displaying all the scratch-off tickets sat on top of the counter. Next to the register

there was almost always a box of individually wrapped pastries. Six shoulder-height aisles filled the middle of the store selling candy, packaged foods with long expiration dates, and a few household goods. The area behind the register sat higher than the rest of the store giving anyone working the register a clear view of the coolers and in between the aisles. Ahmed told me theft was common and although he never caught anyone stealing while I was observing, he often had to clean up the evidence, like an opened box of Brillo pads most likely stolen to create a filter to smoke crack cocaine.

The mini-mart customers, much like the New Jersey store, were diverse in terms of race and class, but not gender. The customers at both locations were predominately male. I would try to read clothing, accent, or transportation to learn a little more about each customer, but I was usually introduced to regulars by Andy. Andy was talkative and often asked personal questions, and so I learned about his customers' backgrounds, family situations, and work through these conversations. There were young men wearing basketball shorts and t-shirts from the local universities, salesmen in suits from the nearby car lots, and warehouse and garage workers in jumpsuits. The clientele reminded me of the New Jersey store, also located near a university where it was typical to see a banker, a student, and a janitor in line together.

This mix of class, along with race, was important. Discussions of race and class were featured heavily in the literature. What I would find, across both sites, is that

motivations and explanations for gambling centered on two factors – fun and investing – regardless of race and class.

5.5 Explanations

Most days I sat at the end of the counter near the register on a stool Andy had pulled out from the back of the store. There, I would thumb through old newspapers, take notes, and chat with and watch customers. I learned from my time in New Jersey that I needed to be able to sit – that sore legs and feet from standing would limit the time I could spend observing. In the New Jersey store I sat on the ledge of the cooler and leaned up against the side of the ATM machine. Both spots were ideal in that I wasn't mistaken for a customer and could oscillate between chatting and receding into the background. When I would return to the store after having been gone for a few days, Andy would sometimes tell me that customers had asked about my whereabouts, signaling to my missing presence by pointing to the space at the end of the counter. I took this as some measure that I had managed to become a fixture of the store.

On a few different occasions – slow days where Andy and I had exhausted all possible conversation – we played a sort of interview game asking lottery customers a question: Why do you play the lottery? Sometimes I'd ask, quickly explaining to unfamiliar customers that I was writing a paper, or sometimes Andy would ask, in the over-the-top manner of a game show host. The notes from those days reveal an interesting pattern of how people chose to explain their gambling.

“For the kids” was a common response to our questioning, one explained to me by Ben. Ben, a Black North Carolina native in his 70s, was a regular customer. Once or sometimes twice a week Ben and his wife would pass by the store to purchase a handful of scratch-off and single draw tickets. Ben explained to me, and his wife agreed, that even when they lost they felt good knowing the money was going to help “the kids in school,” like his grandchildren. The frequency of this reasoning made sense considering that the momentum that helped pushed the final lottery bill through the North Carolina state legislature was based on then Governor Mike Easley’s campaign for an “education lottery” (Bobbitt 2007). The emphasis on supporting education is no more present than in the lottery’s official name - The North Carolina Education Lottery. Moreover, the lottery readily advertises, through commercials, radio spots, and posters, their annual contributions to different educational programs throughout the state.

While, “for the kids” was a common response, there was an even more popular reply: when asked why they played the lottery, most people would explain that “it’s fun.” There were varying forms of this reply, from “for the fantasy” to “so I can daydream” to “it gives me something to think about” (Casey 2008). Very often, lottery customers explained that playing the game added excitement to their day, as it allowed them to imagine how they would spend the money. Customers could often recite an itemized account of how they planned to spend their winnings. Down payments on houses, new cars, paying off debts, and helping out a family member with tuition were

often on the list. At first, I was surprised at the readiness of these mental lists, at how quickly people could itemize their future winnings, but soon I realized that this was part of the “fun.” Lottery gambling encouraged thoughts of not just wealth but of generosity, because almost everyone had accounted for helping friends and family, not just taking care of their own financial needs.

The fantasy, or rather fantasizing, aspect of gambling is featured in the scholarly literature. Some has been written about gambling as a form of escapism, but these accounts typically depict gamblers as falling prey to their fantasies, allowing their fantasies to push them into spending more than can be afforded (Rosecrance 1988). The literature further claims that fantasizing is more prevalent among heavy gamblers, a trend that did not present itself in my observations. Light to heavy players all seemed to talk about some form of fantasizing – so much so that this aspect of gambling appeared a routine aspect of play.

Whether for “kids” or for the “fun”, it is difficult to decipher explanations from justification. Even though Andy and I asked customers why they played, it is possible they were imagining we were asking them to justify their spending on a game with low odds. What wasn’t often articulated, but could be seen only after long term observation, were the factors that motivated lottery play.

5.6 Motivations

Chris stood out from the other mini-mart customers. First, he wore a suit and tie. Second, he drove a brand new, always clean, expensive-looking pickup truck. Third, and what really set him apart from the others, was that he bought entire rolls of scratch-off tickets. Chris, White and in his 40s, was a regular enough customer that Andy knew he worked at a nearby car dealership and knew Chris's favorite scratch-offs. But Chris' visits were never predictable; he'd visit the store multiple times a day for two or three days consecutively and then disappear for weeks. Andy thought during these absences Chris was buying his tickets elsewhere, but Chris explained that no, he just took breaks from playing and only bought from the mini-mart. When I asked Chris why he only bought his tickets from the mini-mart he replied that Andy was the reason, that Andy "knew the games."

When Chris would come into the store he'd ask Andy which tickets had paid out or which tickets were new, and Andy would direct Chris to certain ones. One day in February Chris came in with a few scratch-offs in his hand. He turned them over to Andy and Andy handed him \$220 in cash. He told me that he was on his sixth roll of Carolina Gold tickets³, each roll costing \$300. The highest pay-off, according to Chris, had been \$175 and the lowest \$75. He said he usually got back 30%, but on that day he

³ Carolina Gold was a \$10 scratch-off ticket that included a \$1 million instant prize and a \$1 million second-chance drawing prize, the latter being the highest second-chance drawing the NC Lottery had offered. The overall odds were 1 in 3.36.

received something more like \$220 a roll and was waiting for his payout. He bought another roll and didn't return until the next day, when he revealed to me that the previous day's roll had paid out \$300.

Chris had a plan, which over the course of my fieldwork he would share and I observed. He had two daughters in elementary school, one of whom was about to enter junior high, and he wanted to be able to send his daughters to a private and expensive high school. Chris explained that he played the lottery to win tuition money – that playing the lottery was an investment in his children's education. As a car salesman his income was somewhat unpredictable, as it was dependent on bonuses from meeting monthly sales goals. And while his fluctuating income may have encouraged Chris to "invest" in the lottery, it would be careless to explain it as the sole motivator. In many ways, Chris treated the lottery like a more traditional financial investment. He was acutely aware of his potential for return; his estimate of receiving 30% back on each roll was consistent with the games odds. This type of thinking was seen in other players.

Another customer, Jimmy, was more direct in describing his playing as an investment. In his 60s, Jimmy, a native North Carolinian, worked odd jobs as a handyman. He visited the mini-mart frequently, often in the morning and the late afternoon. He'd usually come in and grab a snack at the counter and sometimes, but not always, a few lottery tickets. Although his time in the store seldom lasted more than 10

or 15 minutes, he came in regularly and frequently engaged with customers. His enthusiasm for playing the lottery was constant.

He was eager to swap stories with other lottery customers, even engaging in unprompted conversations with complete strangers. One repeated story was about a “dude down in Atlanta” who “played \$400 or maybe \$600 a day and won \$15,000.” Jimmy was quick to encourage others to continue playing, especially when he watched a customer turn in “burnt tickets.” The North Carolina Education Lottery should have considered hiring Jimmy for his witty, one-liners, creative and never-ending:

“If you never play, you never win.”

“If you don’t put something in, you don’t win.”

“Yeah man. If you win, you turn it back in.”

“Someone’s got to win.”

“That’s cause you gotta stick with it.”

Jimmy would sometimes exaggerate his closeness to winning. One day he came into the store with a single draw ticket, a Pick 5. He turned the ticket over to Andy, to double-check his loss, and announced to all that could hear that he was only one number away from winning \$250. When Jimmy had left the store, Andy picked the ticket out of the trash and examined it. No, Andy said, Jimmy was one number away from winning \$7.

When I asked Jimmy why he played the lottery, his answer was straightforward: “It’s an investment, baby.” He explained to me that playing lottery was like putting money away. Each ticket was building his chance of winning big, which is why he played daily even if in small amounts. For Jimmy and Chris, lottery playing came with an expectation of a return. They had each, in their own way, calculated their returns and decided how much and how often to invest.

I had witnessed this logic, this understanding, in New Jersey. There, a customer named Joey D. has been playing the “numbers” since he was a kid in Trenton. He said, back then, that he would play the “colored people’s” game, something he described as a three-number lottery draw operating illegally out of private homes. After running into some trouble with one of the houses, Joey D. moved on to playing craps in Atlantic City. He told me he’d often take his wife because she has a knack for picking good tables. But now, he explained, he was a “bread man” driving a daily delivery route between New Jersey and “Pensy” and didn’t have time to go to Atlantic City, so he played the New Jersey State Lottery and he played to win.

The summer before I came to the New Jersey store, Joey D. had won \$5,800 on a Pick-3 ticket. He said he was playing to win money to give to his son for a down payment on a house. He played 3-2-2 – the numbers of his son’s police badge- twice daily. For a month he bought twenty \$1 tickets for the afternoon draw and twenty \$1 tickets for the evening draw. Jatin, one of convenience store managers, confirmed his

win but remembered him playing differently, spending \$40 twice daily. Joey D.'s number hit and he gave \$5,000 to his son and kept the remainder. From then on, Joey D. was playing to win money for retirement; he changed his game to New Jersey Cash Five, a game with larger prizes in the hundreds of thousands of dollars.

5.7 Discussion

What I learned from my fieldwork in North Carolina and New Jersey was that some lottery gamblers approach playing the game as making an investment. While some would explain that their reason for buying tickets was to have fun and imagine the ways in which they would generously spend their new wealth, other took lottery gambling as a more serious game. These gamblers calculated their risk and designed a system of play around it (Netemeyer 1998). What's important is that these findings come from observing two racially- and economically-diverse conveniences stores. In these spaces, I was able to observe, collect stories from, and speak with Black and White men across different occupations and backgrounds. I use Joey D., Andy, Jimmy, and Chris as examples of the patterns I observed from these stores, but there are many others.

What I have observed is not well represented in the gambling literature. There is a discussion on escapism, which supports customers explaining their play as fun and fantasy, but there is little to support how individuals "invest" in the lottery. Further, and more importantly, I did not observe the cultural and racial differences presented in the literature. In fact, my study suggests that lottery play operated similarly across racial

and economic groups. In many ways, I saw White customers play more heavily - more frequently and with larger bets - than Black customers. The narrative presented in the literature – that some groups are more vulnerable than others – was not apparent here (Welte et al. 2002; Welte et al. 2008). All of this says more about the literature than the people I observed. Specifically, it speaks to how Whites have been left out of the cultural discussions of gambling and how racialized stereotypes have permeated the literature.

6. Conclusion

Nearly a year after Sal's win – the \$20,000 scratch-off lottery ticket win highlighted in the introduction – I returned to New Jersey to catch up with Rashna, the convenience store manager. She kindly picked me up from the train station and on our way to lunch she updated me on the store regulars. Sal, she told me, had nothing left of his substantial win and was regularly borrowing small amounts from her and others to play the lottery. Rashna was distressed about Sal's lottery playing, saying she felt like he didn't have control. She said, "It's extremely sad, but he is so content, it's not even funny." When I asked her to explain what it was that made her sad, she said,

"I mean, I feel sad for him, but then I'm, like, there's not a day that goes by that he's sad. He's just as happy as can be. Wakes up in the morning, comes to the store, gets free coffee. I means he's such a sweet man. He's just a sweet man. He makes me feel like crying sometimes he's that sweet. His major problem is the lottery and it annoys me, but what am I going to do?"

Later that day, I spent a few hours in the store and was able to witness Sal's continued lottery playing. I watched him hand Rashna a scratch-off ticket and Rashna give him \$8 in return, his win. Then, I saw him silently slide her \$5 across the counter, paying off his debt for the day. In that moment I shared Rashna's feelings: I, too, felt sad and frustrated to watch Sal gamble. But like Rashna, I also felt that there was no reason to pity Sal or his behavior. He clearly enjoyed what he was doing and showed no visible signs of stress.

How does Sal's experience inform our understanding of problem gambling? And, how does Rashna's interpretation of Sal's behavior inform our understanding of addiction narratives? At one time Rashna described Sal's behavior as an "absolute addiction" and now, less than a year later, she still identified Sal as having a "major problem" but also recognized that he appeared happy and content. Over the course of the year, Rashna had reconstructed her understanding of Sal's problem gambling. In some ways, her on-the-ground diagnosis of an "absolute addiction" used some of the same criteria present in the *DSM-V*. She measured his addiction against his overall health, happiness, and ability to maintain relationships, and ended up concluding that while his gambling was a "major problem" it wasn't enough to raise any alarm.

Looking back I would ask myself, would Rashna's narrative surrounding Sal be different if Sal was Black? Or Latino? Because he was White, did it make him more or less remarkable? Had Rashna fallen into the same trap as the counselors I had observed, recognizing patterns of behavior that could be associated with problem gambling, yet offsetting them with the implicit privileges that came with Sal's whiteness? And more importantly, how much was there that I couldn't understand about Sal precisely because he was a White male playing the lottery in a small convenience store while in the presence of two women? For as many insights into Sal's world that my work in North Carolina and New Jersey afforded me, I came to understand that there were clear

limitations to my understanding of the issue – limitations that largely grew out of the nature of the research itself.

6.1 Limitations

Although this study crosses multiple research locations and employs various methodologies, there are a number of limitations that should be addressed. As a qualitative project, this study focuses in on the dynamics occurring in North Carolina. While I sometimes discuss my preliminary fieldwork from New Jersey in an attempt to balance the North Carolina focus, this study is limited in its scope. Presumably, this project would look different if it had taken place in a state with a longer history of gambling (say, New Hampshire) or a larger gambling industry (like Nevada). As I argued earlier, North Carolina presents a particularly interesting case study for sociologists given its recent history of the lottery and the politics surrounding it, but it is a unique history and politics that may not apply to other states. As noted earlier, North Carolina is one of the last states to adopt the lottery.

I hope that these limitations of scope are at least partially offset by the broader dimensions of some of my research subjects. Although this study does not examine counselor education in other states, the lead educator in North Carolina also led problem gambling counselor training programs in many other states and a few other countries. The presentation she used in North Carolina and the cultural diversity model she mobilized there would have been similar, if not identical, to ones she would have

used in any other locations. As local manifestations of a national training program, then, the North Carolina workshops in some ways transcend their own geographic limitations.

The same applies to the gamblers themselves. While this study doesn't attempt to speak for all gamblers, my observations on gamblers in New Jersey and North Carolina suggest that both groups appeared to have shared motivations, despite the tremendous differences in context. Moreover, the wide-ranging demographics of lottery gamblers that I observed in North Carolina also applied to New Jersey – at least insofar as they challenged the notion that problem gamblers are overwhelmingly members of minority groups and poor. Although I am cautious about taking two small samples and generalizing from them, I can confidently say that my observations are at least not entirely context-specific.

And while the convenience stores allowed me to observe gamblers across race and class, they did not provide important gender diversity. While this paper focuses on race, intersectionality is critically important, and the lack of an intersectional discussion is a result of my sample and a clear limitation of this project. From my observations of various convenience stores and from speaking with different store managers, I believe men more frequently patronize these spaces. Because of this, my sample is more male. Because of the locations where I chose to conduct my research, I have learned less about female gamblers than male gamblers and I am thus less able to speak deeply about

gender. This is especially limiting when considering that studies have shown that in general, women tend to display less-risk adverse behavior (Hersch 1996), which explains, in part, why men gamble more than women (Blanco et al. 2006). Some scholars argue that women may have somewhat different motivations than men. Similar to my findings on men, Casey (2008) finds that working class women gamble as a pursuit of happiness, although they are more likely than men to seek emotional security from gambling. Additionally, how and why women gamble may be related to game of choice, as some researchers find that women are more likely to report problems with interactive forms of gambling, like slot machines and bingo (Potenza et al. 2001). With a broader sample that included women, and a project that went beyond convenience stores, I might have been able to address some parts of this debate.

Related to the limitations of my sample, I feel compelled to also comment on my own limitations as a researcher. As a woman, I've had to negotiate my body and presence in male-dominated spaces. In New Jersey, I was able to align myself with Rashna. Many of the patrons understood me to be her friend and, as such, I was somewhat protected from negative or romantic attention from men. In North Carolina, I carefully and consistently explained my role as a researcher (often I wore a Duke t-shirt) as a way to explain my presence. This strategy helped to mitigate some, but not all, of the unwanted attention from men. Still, I must acknowledge that in the field I was a youngish-looking woman speaking mostly to men, and have to consider that some may

have offered their stories because I was a woman while others did not for the same reason. Moreover, I have to allow for the possibility that some store patrons would have explained their motivations to me in slightly different terms because of the gender differences between us.

6.2 Future Research

The limitations of this study – the focus on North Carolina, the lottery, and male gamblers – beg for future research on games beyond lottery. In particular, the recent popularity of Internet gaming centers, sometimes called “sweepstakes cafes,” is one area that requires future research. These centers present an opportunity to explore the legal dimensions of gambling, as many operate in a “gray area” between unlawful and legitimate businesses (Silver 2012). Further, like convenience stores, these centers foster a community-like atmosphere of gambling (Dunbar and Russell 2012). These sweepstakes cafes, as they offer interactive games that are popular with women, may provide opportunities to better understand women gamblers.

Moreover, future research should concentrate on better understanding the most recent constructions of disordered gambling. How this new entry in the *DSM* will shape counselor education is yet to be examined. And, possibly more importantly, how this new construction – with modified criteria – will shape prevalence statistics is yet to be determined.

6.3 Policy Implications

Despite this study's limitations, the research here challenges our notions of addiction by highlighting the process by which mental illness is constructed in a range of different settings. In doing so, the findings here interrogate the assumed race-neutrality of medical diagnoses, both as expressed in diagnostic manuals and on the ground, in the workshops in which those manual guidelines are actualized. The research presented here thus helps identify the actors and actions that have possibly contributed to the racial disparities in diagnoses of mental illness, paving the way towards a clearer understanding of how gambling has been made into a medical problem that overwhelmingly plagues Black and Brown communities. In highlighting how race operates in the diagnosis and treatment of problem gambling, I hope to have contributed to the ongoing work of mental health justice fighters.

But concrete steps must be taken in order to prevent these stereotypes and disparities from becoming further entrenched. By examining the process and pitfalls of counselor education, my findings help identify key points of intervention into gambling treatment programs. In order to avoid the stereotypes which have plagued it and hindered its efficacy, counselor education must be reworked to include components on whiteness, challenging White counselors to confront their own racialized beliefs.

To be clear, these training programs must include a discussion – a carefully planned and properly lead discussion – of how color-blind racism operates in mental

health setting. It is critical that these programs move beyond the cultural sensitivity or cultural competency models and move in a direction that confronts racism. Moreover, counselors ought to be regularly audited and monitored to ensure that their diagnoses and treatments do not produce racial inequalities.

In taking on this subject, I hope this study encourages the pursuit of a new direction in research on addiction. Rather than pursuing the well-trodden path of assuming that minority groups display different behaviors when it comes to gambling and other pursuits that now qualify as addictions, this study has chosen to more critically examine the processes by which racial disparities in diagnoses and treatments come to be. What I hope the study has highlighted is that there are clear limitations to the cultural difference and diversity models of diagnosis and treatment, which have done nothing to reduce the racial disparities I have pointed to. Instead, what is necessary is a more critical, reflexive paradigm for diagnosing and treating addiction: one that more directly addresses these racial disparities and interrogates how and why they are replicated. Only then – only when these disparities are critically examined and eliminated – can counselors and government programs claim to have successfully addressed the threat of addiction in state-sponsored gambling pursuits.

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Biography

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