A psychoanalytic and culturalist understanding of gambling

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Abstract
In the mainstream approach, gambling is regarded as the expression of illness, related to individual deficits, and the gambler is viewed as an individual free from social and cultural influences. On the other hand, anthropological and cross-cultural studies show that cultural variations exist in the meaning of gambling, its course and outcome.

In this paper, a psychoanalytic and culturalist interpretation of gambling is outlined, asserting the unity of mind and context. The gambling dynamic is framed as the marker of the mind’s affective way of making sense of experience. The various ways the dynamic is manifested, the individual and social implications are seen as strictly intertwined with the social-cultural context where sensemaking develops.

The clinical implications of this perspective will be underlined with regard to the way the request of help is approached, the role of the therapist in the clinical setting and the role of other inter-subjective contexts, such as the educational setting, in generating or limiting new semiotic opportunities for the individuals and their behaviour.

Keywords: gambling; affective semiosis; culture

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Introduction

Most social science explanations emphasise idiosyncratic or individual motivation for human social behaviour. Accordingly, in the traditional approach, psychopathology is conceptualised as determined by a faulty, erratic psychological mechanism, due to which the individual is no longer able to operate spontaneously and "realistically" in the situation according to principles of normal, healthy, goal-oriented behaviour.

The psychological theorisation on gambling reflects this construction of psychopathology and is one of the ways it is instantiated. Several empirical works have examined the biological, cognitive, emotional and social dimensions of pathological gambling (PG), in search of its determinants. In this paper, first we critically examine the basic assumption that invariance mechanisms underlie PG and that it is possible to identify its meaning and implications “once and for all”. Then, using a combined psychoanalytic and cultural approach, we will argue that the meanings do not lie in the behaviour, but are the outcome of an inter-subjective dynamic of sensemaking unfolding within a specific socio-cultural context. In the attempt to offer a psychological understanding of PG, two planes of analysis will be contemplated: one concerning the psychological processes which can be identified at the basis of the phenomenology; the other concerning the conditions that can facilitate, inhibit or in any case modulate such processes and give rise to gambling in its more adaptive forms, as well as in its more extreme ones. Part of the theoretical considerations proposed here are based on previous research contributions and findings developed by the authors with other colleagues (Venuleo, Mossi, & Calogiuri, 2018; Venuleo & Marinaci, 2017a; 2017b; Venuleo, Rollo, Marinaci & Calogiuri, 2016; Salvatore & Venuleo, 2010; Venuleo & Salvatore, 2008).

Gambling as output of intra-psychic process

A great many scientific works on gambling aim to identify attitudes, features and factors that are responsible of its more extreme forms; these are, in most cases, regarded as the expression of an illness (Castellani, 2000; Edman & Berndt, 2016, Rossol, 2001). Pathological gambling was introduced in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (APA, 1980), where it was codified as “Impulse Control Disorder that is not codified anywhere”. In the current edition (DSM-5), gambling is moved to the class of “Addiction and Related Disorders” (APA, 2013). The rationale for this change is that the growing scientific literature on gambling disorder reveals common elements with substance use disorders, not only from the external consequences of problem finances and destruction of relationships, but, increasingly, from the point of view of the biological and psychological process identified as the grounds of the addictive behaviour (Reilly & Smith, 2013).

The diagnostic approach identifies the gambling disorder with a specific set of symptoms, concerning behaviours, thoughts, feelings and moods (among others, Custer & Milt, 1985; Lesieur & Blume, 1991). It is useful to underline that a comparison between the findings of the different studies shows that such symptoms are connected to a variety of psychiatric conditions, among them: eating disorders, depression and anxiety disorders (Larimer, Lostutter, & Neighbors, 2006; Jauregui, Estevez, & Urbiola, 2016). The reviews point out the “data” that the clinical meaning of PG is not invariant and requires multifactor explanations (Allami, et al., 2017; Griffiths, 2005). Nevertheless, the assumption that it is possible to characterise PG (and pathological gamblers) “once and for all” seems to depend on the conceptual frame that has oriented the literature in the field. Cognitive theories have modelled PG as a function of false or irrational beliefs, founded on specific non adaptive cognitions: among
them, the control illusion over uncertain events (Brooks, Ferrari, & Clark, 2020; Ejova, Delfabbro, & Navarro, 2015; Goodie, Fortune, & Shotwell, 2019) and the overestimation of the odds of winning after several winning or losing bets (gambler’s fallacy) (Ladouceur, et al. 1988; Leonard & Williams, 2016). Focus on the specific individual meaning and defensive function of symptoms can be found in psychoanalytic theories where pathological gambling was in turn understood as an obsessional symptom related to the fear of the father (Reik, 1940), an elaborate defence against psychic pain (Whitman-Raymond, 1988), or a kind of “staying in action” which serves to escape intolerable feelings (Rosenthal, 2005). Behavioural theories have paid attention to specific environmental features/factors of the gambling setting (i.e. possibility to cash in immediately, speed of the games, their frequency, characteristics of machines, …) (Delfabbro & King, 2019; Ladouceur & Sévigny, 2005); these factors are conceived as reinforcers of the dynamic of chasing one’s losses, recognised as one of the key symptoms of pathological gambling. Neurobiological models emphasise cognitive dysfunction in domains germane to impulsivity/compulsivity, coupled with abnormal frontal-striatal circuitry (Grant, Odlaug & Chamberlain, 2016).

Despite the diversity of etiologic factors investigated, the different explanatory models outlined depict gamblers as free agents, who are in no way coerced either by the force of material conditions or by what other people think (Reith, 1999; Venuleo & Marinaci, 2017a; 2017b). PG is conceived as the output of a specific intra-psychic configuration. In some approaches this configuration is seen to be activated by the features of the stimulus (i.e. arrangement and availability of Electronic Gaming Machines, anonymity, event frequency), but it is argued that the effect of these features is mediated by the gambler’s intra-psychic process, seen as the target/content of individual evaluation (cf. Salvatore & Venuleo, 2008).

Certainly mental health professionals and scientists acknowledge that there are different sub-types of gamblers (i.e. social, at risk, problematic), just like different sub-types of drug abusers (i.e. occasional, habitual, dependent), or different sub-types of anxious persons (i.e. phobic, reactive, compulsive) and so on, each influenced by a different set of factors and with different levels of social adaptation (i.e. Guerreschi, 2000; Mallorquí-Bagué, et al., 2018). Nevertheless, they argue for the static, rather than dynamic, nature of the features (cognitive operations, psychic states, kind of problems, etc.) regarded as discriminating criteria of the different typologies of patients sharing the same diagnosis. Typologies are by definition general and contextless ways of psychic functioning, that do not change with the change of the historical, local and contingent circumstances in which they spread (Billieux, Schimmenti, Khazaal, Maurage, & Heeren, 2015; Venuleo & Marinaci, 2017b; Venuleo, Salvatore, et al., 2020).

**Gambling as polisemy**

Over time, various heterogeneous discourses have been made on gambling: it has been condemned as a kind of sin in the Christian tradition (Paton, 1913) and then as a kind of irresponsible behaviour in modern western societies and the industrial era, according to a prevailing conception of the citizens as producers who should engage primarily in a work ethic based on saving and frugality (Dixon, 1991). Gambling was encouraged as a form of entertainment between the 1950s and the 1960s, with the emphasis on consumer products and free time (Abt, Smith & Christiansen, 1985; Markham & Young, 2015) – a change related to the economic logic (Kingma,1996) and to a more general change in moral values (Clotfelter & Cook, 1989), that brings with it a different vision and a different attitude to social behaviour such as divorce, living together without marrying, and so on. Nowadays, some types of gambling have gained legitimacy and are even recognised for their psychological benefits.
(Westberg, Beverland, & Thomas, 2017). At the same time, gambling is recognised as a very serious health problem, with major implications for society and individuals (i.e. family breakdown, job loss, depression or even suicide, criminal charges and jail sentences) (Hoffmann, 2011). Anthropological studies show that gambling undergoes major changes related to its use value, the meaning that it assumes and the reactions that it solicits in different relational, social and cultural contexts (Binde, 2005). For instance, among the Hadza of Tanzania it plays an egalitarian function working directly against the chance of a systematic accumulation of goods (Woodburn, 1982): those who win a lot are pressed to continue gambling, so that other gamblers can win back their property. Among the Tiwi of North Australia, most of the gamblers are women, and gambling is positively regarded a “way of working” that “brings money into the family” (Goodale, 1987). Ethnographic studies show that cultures play a central role also in the identification of what makes a “good” vs a “pathological” gambler, in the elaboration of hypotheses as to the nature of pathological gambling, its aetiology and treatment (Raylu & Oei Po 2004; Rosenthal & Faris, 2019).

Recognizing the polisemy of gambling, its different potential meanings, does not mean that gambling cannot be modelled in a psychological key. Our view is that this challenge needs to be dealt with on two planes of analysis, which are related, but do not coincide: one, concerning the factors or the psychological processes underlying gambling phenomenology; the other concerning the conditions that can make facilitate, inhibit or in any case modulate such processes and give rise to gambling, in its more adaptive shapes, as well as in its more extreme ones. To this end, the following sections outline a joint psychoanalytic and culturalist model framing the explanation of the gambling dynamic as the marker of the mind’s affective way of making sense of experience, and the changeable ways it is manifested as strictly intertwined with the social-cultural context where sensemaking develops.

A psychoanalytic and culturalist point of view on gambling

The affective semiosis at the ground of gambling dynamic

Attention to cultural variability may benefit from the observation that people have the same basic cognitive processes, despite different forms of cultural experience (Moll, 1995). This section is devoted to highlighting how the psychoanalytic view of the unconscious as the specific way of making sense of experience (Fornari, 1979; Matte Blanco, 1975; Salvatore & Freda, 2011; Salvatore & Venuleo, 2008; 2010; Salvatore & Zittoun, 2011; Tonti & Salvatore, 2015) can help to conceptualise the gambling dynamic as a psychological process and to understand the specific psychological mechanism underlying its changeable ways of manifesting itself.

According to Fornari (1979, 1983) the unconscious is the basic mediator of affective semiosis, by means of which the subject makes experience of the world meaningful. Affective semiosis is a dimension of thought, distinguishable from the cognitive process of categorisation for its particular semiotic qualities. Based on a phenomenological and logical analysis of feelings, as well as of psychotics’ thinking and accounts of dreams, Matte Blanco (1975) manages to depict the syntax of the unconscious in terms of a formal logical model. According to his bi-logic theory, the way of thinking of the unconscious can be understood as the way the mind works, mentalising the field of experience in terms of an indistinct totality and leading every perception of a discrete object back to this totality. What psychoanalytic theory calls "secondary process" – that is rational/paradigmatic thought – constitutes the mind’s opposite and complementary way of working in terms of setting categorical distinctions-relationships within the unconscious homogenising (symmetrical) way of functioning. By working jointly, these two functions create the generalised and homogeneous class of meaning (affects) that
affective semiosis uses in order to make sense of the experience of the world (Salvatore e Freda, 2011; Salvatore & Venuleo, 2010). For our purpose, it is worth underlining two features of affective semiosis that we can deduce from symmetry and generalisation principles, identified by Matte Blanco.

1) Atemporality. Such a property was already pointed out by Freud (1900) and is a corollary of the symmetry principle. As Matte Blanco (1975) highlights, the symmetry principle entails that the unconscious does not see any difference among signs. Unlike rational thought, it projects every object in an indistinct and homogeneous categorical space (Bria, 1999) where there are no distinguishable purposes, constraints or resources. It follows that the unconscious cannot represent the future, because it cannot organise the experience in temporal sequences, nor make plans or projects or establish the implications and consequences of an act. This property prompts a review of those models that describe gambling as a field of suspension of daily rationality but designed to fulfil plans and/or projects (i.e. the achievement of a specific status, the prestige of a millionaire, the fame of a big gambler ...), and with a specific function (i.e. the homeostasis of an intrapsychic state, the escape from a depressing reality, the search for sensations, etc.), even though such models marked an important line of psychoanalytic thought (Lichtenberg, 1989). At the same way, atemporality is incompatible with any biological perspective grounded on the concept of “need” (Salvatore & Venuleo, 2008), since the unconscious cannot represent absences, it cannot represent states of need. Salvatore (2019) suggested the semiotic notion of desire, instead of motivation/need. On an unconscious plane, to desire does not mean – as represented by the common sense – to feel the lack of something that is good and try to obtain it; rather, to desire means to transform on a symbolic plane the significant (the object of reality) into presences for the mind using the same mechanism in which the reality of the mother’s absence is symbolically transformed by the infant into the presence of the bad mother (Klein, 1967) and the absence of the loved object into the presence of a hated object in the mourning process (Bowlby, 1969). Such presences have an ontological valence, that is a strong, constraining value of life for the symboliser and his/her existential domain. We use the term “reification” to indicate this other property of affective semiosis (Salvatore & Venuleo, 2008; 2010).

2) Reification. The process of reification is a further corollary of the symmetry principle of the unconscious (Matte Blanco, 1975) which makes the components of sensemaking (the sign and its reference) identical. Whereas asymmetrical/paradigmatic thought treats signs as something standing for the piece of the world the sign refers to (e.g. a national flag as something representing the Nation, the money icon on a scratch card as representing cash, the picture of a pizza as representing the pizza, but not having the property of being able to be eaten), symmetrical thought treats the sign not as standing for something else but as being "without mediation" the state of the world the sign refers to. It entails that for the unconscious, representing something is equivalent to experiencing it as real, actually existing in the outside world (Salvatore & Venuleo, 2008). From this point of view, affective semiosis reifies: it makes signifier and referent the same thing, and in so doing it turns representations (discourses, behaviours, thoughts, images) into realities for the mind, as in the process of hallucinatory satisfaction of desire described by Freud (1900). Still, one can refer to gambling and to a person’s promptness to bet ever greater sums, after a big loss (Lesieur, 1984). Chasing a win is hardly understandable from the point of view of paradigmatic thought. However, in affective semiosis, the act of trying to win and the experience of having won are equivalent (see: Salvatore & Venuleo, 2008): representing something is equivalent to experiencing it as true and real. In this perspective, the faith in winning is something more than, and different from, the hope to gain an advantage. Winning is the way of shaping experience, the only available
semiotic category of the gambling act (Salvatore, 2019). This does not mean that the gambler does not perceive the loss; rather, it means that the loss is experienced as the contingent lack of winning. In other words, the loss stands for the desired object, and therefore it works as the trigger of the desire, in turn signified in the performative terms of the commitment to punting. We can add the consequences of such a mechanism on the plane of reality: the higher the loss, the more desirable the reparative goal, and thus the more the psychological value of the hallucinatory satisfaction. In short, the gambling dynamic is enough to fuel the propensity to gamble (See Salvatore, 2019).

Feeling that signs have an ontological value is a very basic phenomenon. For instance, this is the case when people are caught up by the film they are watching, feeling they are part of the story being told, and ultimately reacting to it as if it were a real fact. Nevertheless, the ontological value given to the representation is not a ubiquitous phenomenon: everyday all of us treat many representations as fantasies, as hypothetical and imaginative signs, as in daydreams. Moreover, the interaction between these two mental scenarios (realistic and virtual representation) is not always forced to work in the same way (Salvatore & Freda, 2011). This means that giving ontological value is the side-effect of a specific psychological mechanism and the varied modes of functioning lead this very basic mental process to be manifested in different ways (Salvatore & Venuleo, 2008, 2010).

In our view, the reference to properties of the unconscious offers a way of conceptualizing the ontologisation of the sign that we regard as the key psychological mechanism in gambling. This is because — as we have shown — affective semiosis tends to make the components of the semiosis identical (to symmetrise): the sign (intended as a combination of signifier and signified) and its referent, that is: the thing in the world the sign refers to (Eco, 1975). Obviously, people can limit the generalizing tendency of affective categorisation. Yet placing constraints on generalizing categorisation has to be understood as the consequence of the moderation function exerted on unconscious thought by the mind’s paradigmatic way of functioning, to use Bruner’s terminology (Bruner, 1990); or the secondary process, to use psychoanalytical terms, characterised by the prevalence of asymmetric logic. According to this view, what makes the difference between gamblers, and between a gambler and a person who does chase the prospect of winning, is the mixture of the symmetrical and asymmetrical function in their way of thinking: the so called pathological gambler represents – is forced to represent – the context of the game according to a dominant affective thought. This constraint is related to the inefficacy of a mental function – with a modulating valence – that mediates the generalizing impact of affective semiosis and allows the person to recognise the differences between the world of their own meanings and reality.

Empirical studies in the field of addictive behaviours offer support to this thesis. They show that the more the subjects tend to have a reactive, extreme and negative attitude towards the micro and macro social environment, depicted as the worst of all possible worlds, the more likely they are to show a problematic engagement with gambling (Venuleo, Mossi & Calogiuri, 2018; Venuleo, Salvatore & Mossi, 2015) or other types of addiction (Venuleo, Calogiuri, & Rollo, 2015; Venuleo, Rollo, Marinaci, & Calogiuri, 2016). The subjects’ tendency to express negative, extreme connotations and evaluations, through different situations, events and states of the world, can be interpreted as the marker of an intense affective activation. Such an interpretation is supported by studies (Thorberg & Lyvers, 2006) that have shown that addicts reported significantly higher levels of affect intensity compared to non-addict controls. Now, from a clinical standpoint, it can be pointed out that the condition of intense affective activation triggers a homogenizing form of thinking (Bria, 1999; Salvatore & Freda, 2011), which in turn reduces the capacity to distinguish...
between the value attributed to one’s own beliefs and their consistency with facts. Thus, the more the affective activation, the more the inability to learn from reality, to use reality for the regulation of one’s thoughts, desires and beliefs, therefore to tackle social constraints and requirements effectively (Venuleo & Salvatore, 2008; Venuleo et al., 2020). A study by Ladoucer and colleagues (1988) provides indirect evidence in support of this view. They found that social gamblers, as play proceeded, developed a critical attitude toward their perceptions while pathological gamblers are more and more convinced of the validity of their erroneous perceptions, thus less able to accommodate their beliefs to the information coming from reality.

According to our thesis, the capacity to adaptively related to gambling and, widely, to respond adaptively to the demand of the social and interpersonal environmental, is a function of the variable degree of affective activation characterizing the sense-maker (Venuleo, et al., 2020). Whereas a high affective activation corresponds to a rigid, polarised, way of thinking, producing homogenising affect-laden interpretations of the reality, a low salience corresponds to a more flexible thinking, able to learn from experience.

The conceptual task here is to model why certain persons and not others, engage in gambling. And why in some cases such engagement produces critical events from the point of view of the gambler and/or his/her community, while in other cases gambling is even approved and encouraged, rather than condemned, punished or treated. In the following pages, in the attempt to contribute to deal with this crucial issue, we will examine in depth the assumption that there is a strict linkage between subjects’ sensemaking and cultural milieu. Accordingly, the meaning of gambling in people life depends on the way people, the situated systems of activity (where they act and exchange discourses) and culture recursively interact with each other.

### Affective semiosis and cultural milieu

As the socioconstructivist perspective states (inter alia, Abbey & Valsiner, 2004; Gergen, 1999; Rommenveilt, 1992; Valsiner & Rosa, 2007), signs do not have a fixed meaning ready to be used. Sensemaking is channeled by super-ordered, generalised meanings that work as basic embodied systems of assumptions (e.g. “the world is a matter of luck” or “the world is under the attack of a harassing stranger”), embedded in the socio-cultural environment, channeling lower generalised meanings i.e. specific concepts and opinions concerning facts and objects of the social and physical world. Accordingly, each person interprets the actual event “gambling” in terms of specific meanings that are consistent with the generalized meanings grounding his/her own self and her/his being-in-the-world. From a semiotic psychoanalytic standpoint, Salvatore and colleagues (Salvatore & Freda, 2011; Salvatore & Venuleo, 2013, 2017) have conceived generalised meaning as the output of affective semiosis. Affective semiosis transforms the infinite dynamic, ever-changing set of occurrences comprising the (inter)subjective circumstance into a unique, homogeneous whole – the semiotic scenario – that is able to operate as the ground of the lived interpretation of experience. Accordingly, the subjects do not deal with single events or contents of the experience; rather, they react to the single event as a function of their more general way of interpreting the scenario where they live. The fairy tale of “the boy who cried wolf” shows this principle in action. If an interpretation of the scenario as “false alarm” has emerged and been

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1 The general idea that rigidity is a key distinctive feature psychopathology has solid roots in clinical theory and research. For instance, Bickard (1989) proposed to see mental disorders as the manifestations of an intrinsically rigid, auto-protective and unable-to-change cognitive system (see also Christopher & Bickard, 1994). A relationship between low psychosocial adjustment and low intra-individual variability in psychological states, behavior or affects has been posited by many personality and clinical psychological theories (cf. Erickson, Newman & Pincus, 2009; Hill, 2011; Morris & Mansell, 2018).
consolidated as a result of a series of incidents where the cries (the alarm signal) did not occur in the presence of a danger (the wolf), people give the cries a different meaning which prevents them from responding to the alarm. The affective interpretation of the scenario therefore defines the way the actual event will be interpreted (Salvatore, 2018; Salvatore, et al., 2019; Salvatore & Venuleo, 2017; Venuleo, Gelo & Salvatore, 2020).

Let’s think of the advertising for the Italian national lottery of some years ago: “Today might be the day. Take the chance” (2004); “Do you like easy wins?” (2004); “Win often, win now” (2005); “Bring out the rich man within you” (2005). These signs can be interpreted in very many ways: to give an example of two opposite interpretations, as the expression of a cynical government which uses the desperation of its citizens to steal their money, or as the expression of a generous government which offers its citizens an extraordinary economic opportunity. According to our argument, the affective scenario works as a way of making one path of interpretation more probable than others. Thus, for example, if there has been a connotation of hostility as semiotic scenario, the utterance will be interpreted in the sense of the first option we indicated. The same reading will be less probable if the semiotic context depicts a world full of good things/good people. Moreover, the interpretation of the sign will make some actions more probable than others (for instance, buying or not buying the lottery ticket).

It is worth pointing out that – from a combined psychoanalytic and cultural point of view – the semiotic scenario organizing the interpretation of the events and objects of the social and physical world is not a given; rather, it is itself a representation available in the cultural milieu and conveyed by people as they engage in a system of activities that involves inter-subjective engagement. Above, we have observed how among some populations what we call gambling is defined as a way of working, that is, with another conventional semantic content, having a different closed, albeit infinite, spectrum of significance. Consequently, affective semiosis develops on signs – meanings – that already exist in the cultural milieu, as part of an instituted system of signs. It entails some patterns of connections among the signs emerging as more probable than others in a certain context, and some other patterns that do not occur. Furthermore, like any other intersubjective exchange, gambling spreads in and according to a system of undeclared assumptions (normative aspects and values, codes, socially shared meanings), concerning the goals, rules, and roles of the exchange. Such assumptions are the a priori depicting the sense of the gambler’s request to play as well as the model enabling gambling houses, gamblers’ parents and friends, health professionals and so on to govern the relationship with him/her. In short, according to our argument, even if everyone thinks and acts according to his/her own autonomous semiotic capability, on the other hand his/her semiotic activity of construction of meaning is in any case mediated and constrained by the signs he/she finds in his/her social environment. The actors in an intersubjective space, on one hand generate an affective categorisation of their shared context, and in so doing, define the frame of sense of their interaction, orienting the objects’ representation (Sanford, 1987), and therefore the meaning one ascribes to the mission/identity/act of the game/player. On the other hand, at the same time, social actors construct and exchange discrete meaning on the objects. Such objects work as the signifier carrying the affective structures and in this way make them reproduce over time. So, for instance, defining the national lottery as a “game for the Lucky” probably brings out a symbolisation of the game as the expression of a world that is regulated by entities (Providence, a Divinity, the State itself) with generous/good intentions, rather than punitive ones (gambling as a Divine way to punish “sinners”). And it fosters premises and parameters of reification (aims, functions, reasons…) that are different from the ones
calling the national lottery a tax or a national business, and so on, may suggest.

The intersubjective context as terrain for the reification of the world of one’s own meanings

We have suggested above that what characterises problem gamblers is the inefficacy of a mental function – with a modulating valence – which in most social situations mediates the generalizing impact of affective semiosis, thus allowing the exercise of paradigmatic thought, and consequently accommodation to the requests of reality. It is worth emphasising that, in our view, this mental function is not to be understood as the output of an intra-psychic structure, but as the precipitate of a cultural device, made available by the semiotic environment where people live, through the mediation of their system of belonging. In other words, our hypothesis is that the so-called “pathological” gambler suffers from the identification with a system of meaning where asymmetrical thought and its fundamental mental function of modulating desire, a constitutive part of the psychic world – is not promoted. Let’s think to the famous story of Don Quixote of la Mancha (de Cervantes, Part I: 1605; Part II: 1615). Don Quixote is fascinated by the romances of chivalry, and comes to confuse the fiction with historical reality, to the extent of making himself "a knight-errant, roaming the world" and of interpreting everything as part of a world of chivalry. Externally, from the point of view of the people that encounter Don Quixote, “he is mad”. Nevertheless – or since as they think of him as “mad” – they play along with him. Some people without believing the game is true, recognise it as unrealistic. This is the case of the innkeeper that agrees to dub him a knight with the aim of entertainment. Others, as in the case of Sancho Panza, the farm labourer Don Quixote chooses as his squire, are caught up in the world of meanings suggested by Don Quixote, until they react to it as if it were real. From such a perspective, the “madness” of Don Quixote is fuelled by a relational context that takes for granted he is a mad and – since he is mad – one has to grant his wishes. In short, Don Quixote can chase his fantasy since his relational context produces signs that help to reproduce his mental scenario. A study on the context of Italian gamblers anonymous (GA) self-help groups (Venuleo & Marinaci, 2017a), provides an example of how the intersubjective context where people negotiate the meaning of their experience can contribute to establishing a “pathological identity”. In the narratives collected among the members, the idea that problem gambling is a chronic disease (“I am a compulsive gambler and I will be so for life”), which one can only manage, is a common dominant assumption, which homogeneously identifies the initial diversity among members’ identities with a fixed sick identity, that of pathological gamblers. Focus groups with GA members highlight how recognizing oneself as an individual with a disease was the result of a troubling process of negotiation for some but – once actors achieve their reciprocal syntonisation, the resulting shared representation – “we are sick individuals” – is established as a taken-for-granted reality. This organises the way of defining one’s identity and allows the actors to converge in a shared view of what is or is not useful to manage the “chronic disease”. The narratives of gamblers and their relatives allow us to grasp the social value of this process of internalisation of a “sick identity”. The medical template counteracts stigmatizing connotations (irresponsibility, selfishness, insensitivity), gives the players and their families the power to reaffirm a social canon (the value of being a good, spiritual person) and to link its breakdown (a failure to meet family and social obligations) to something external to the individual’s will. Above all, people reconstruct a symbolic terrain for their relationship, grounded on the role of the sufferer and sick individual, that must be understood and accepted in his “human weakness” and guided, and who must be cared for. The family and the group itself (symbolised as a salvation) has the duty of care of the gambler, symbolised as a needy
vulnerable child. The acculturation to a sick identity was crucial for mobilizing these resources and re-shaping the self in culturally appropriate ways. Ironically, the change rests on continued reinstatement of pathology: the idea of ‘once an addict, always an addict’ (Reith & Dobbie, 2012).

Clinical Implications

The observations presented above allow us to think of psychopathology as the by-product of a maladaptive intersubjective and culturally situated process, more than a maladaptive entity encapsulated in the individual mind. This standpoint does not entail neglecting the evidence that the subject may be characterised by specific elements acting as risk factors for conditions recognised as pathological. Instead, it underlines that the psychological value (i.e. the meaning) of individual elements cannot but be interpreted according to the semiotic environment the subject is part of, thus in the light of the dynamic and field-dependent nature of sensemaking. Important clinical implications can be underlined.

First, this perspective leads to thinking of gambling and other critical events in which psychologists are called to intervene as socially and culturally fuelled constructions, rather than unchangeable states of affairs produced by the individual mind. Schizophrenia (Sarbin & Mancuso, 1980), childhood (Kessen, 1979), menopause (McCrea, 1983) acquire their meanings not from real world references but from their context of use. In support of this thesis, consider the variability of the way gambling is approached in different countries, which leads us to think that the interpretation was a function of the different affective frameworks characterizing the cultural milieu of those countries. For instance, we have already observed how among the Hadza of Tanzania (Woodburn 1982) and the Tiwi of North Australia (Woodburn, 1982), the gambler is connoted as a “generous” man rather than “sick” or “selfish”, as in other cultural milieus. These different connotations, on the one hand, reflect the cultural milieu framing gambling according to a dominant symbolic frame, in some cases of generativity (your life, my life), in other contexts of domain/antagonism (your death, my life). On the other hand, they help to shape the meaning of gambling, its use values, the reading and the reactions it suggests, even the decision of whether or not to go to the Health service. From this standpoint, the “good” or “bad” nature of a behaviour, is not an intrinsic quality of the behaviour itself, but a semiotic construction which the cultural milieu makes possible.

From a socio-constructionist perspective, Gergen (1985) emphasised how psychopathological categories are “socially connoted scripts placed within the sphere of social discourse, which some individuals identify with” (p. 268). This is not to say that pathological gambling does not exist outside linguistics practices. However, emphasis is on the power of discursive and cultural practices to have value-of-life for people. Once one begins to describe or explain what pathological gambling is, one inevitably proceeds from a fore-structure of shared intelligibility, that organises the way people (gamblers, as well as relatives and social network) make sense of their experience and problems in life or also present their symptoms and the reason they go for care (Conrad & Barker, 2010; Kleinman, Eisenberg, & Good, 2006).

Consistent with this acknowledgment, Carli (1993) suggested that people seek the help of the psychologist because the psychologist exists, remarking that there is no direct linkage between a certain kind of problem and the request for help. Rather, this linkage is mediated by the meanings people ascribe to their experience; the request itself for psychotherapy is a semiotic construction, reproducing and empowering one’s own cultural assumptions on what has to be recognised as a maladaptive way of feeling and reacting to a certain condition, and who and what needs care (Montesarchio & Venuleo, 2009). As the above cited example on members of gambling anonymous group highlight (Venuleo & Marinaci, 2017a), the
request for help involves a recognition of these social and cultural roles and expectations (see also: Rogers, et al., 2019) and an attempt to re-shape behaviour in ways that affirmed them. In other works, one of us has suggested that the *strangeness*, understood as the limit of the identification/objectification of a person's world of meanings (Paniccia, 2003), is the intersubjective world of clinical practice (Montesarchio & Venuleo, 2009; Venuleo, 2012). We refer to the definition proposed by Paniccia (2003) who uses “strangeness” to mean the symbolic relational space that does not take the psychic reality of the other for granted. Accordingly, in the clinical setting – the therapist should suspend the certainty that there is a shared frame of sense stating what and how a specific relationship is/must be (what is the problem, what is the correct way of functioning, how the reciprocal role should be interpreted), through the methodological choice of not taking the patient’s premises for granted, but of making them the subject of sensemaking. So, *Why do you think that your gambling requires the help of a psychologist?* This is the same as: “What assumptions make this picture portrayed of you, and this description of your problem reasonable?” Perhaps, this is a question that we might keep in mind when we work on the goal of opening an intersubjective space grounded on the unknown (Anderson & Goolishan, 1992), as a limit for the identification/reification of the patient’s mental scenario.

As a related point, this perspective entails an important change in the way of conceiving the role of the patient in the identification and understanding of his/her problem. Whereas in the DSM models, “the patient is viewed as a poor historian, oblivious or misinterpreting the true nature of his/her condition” (Gone & Kirmayer, 2010, p. 90), here the patients’ clinical presentation are used as a key element to understanding the problems they face. Indeed, their presentation is recognised as more than a mere source of error, but rather a powerful semiotic organiser of the mind orienting the way they feel and think about their experience, make sense and relate to the clinical setting (Montesarchio & Venuleo, 2009).

Therapists have to promote and support the client's recognition of the assumptions his/her sensemaking activity is based on, the meanings it unfolds, the utility of its output, the viability of the acts it entails, in order to lighten the weight of his/her own models of meanings towards his/her desires and aims (Salvatore & Valsiner, 2006). In the absence of attention/understanding of the users’ position and semiotic activity, such a powerful organiser ends up working as an external and out-of-control element, decreasing the therapist's capability of controlling the efficacy and effectiveness of the clinical action. A clinical sketch by Rosenthal (20005, p. 4) may help to make this point clearer:

“After a period of individual therapy and regular attendance at Gamblers Anonymous, Mr. A appeared to have turned his life around. He abstained from gambling, which no longer seemed attractive, and his old debts were being paid off. He had remarried (his first wife divorced him because of his gambling) and claimed he and his wife were happy. His career had gone in a new direction and he was doing even better than before. He worked hard but got satisfaction from his work. His employer and clients praised his accomplishments, and he was rewarded with frequent bonuses. By all accounts he would be considered successful. What was wrong? With a great deal of embarrassment, he confided that he had begun frequenting prostitutes. He attempted to rationalise his behavior by telling the therapist that his sex drive was stronger than his wife's, and that she had been less available for him recently because of their different work schedules, and because of her involvement with her ailing mother. His turning to prostitutes, he said, was "quick and easy." Such assignations were anything but
"quick and easy." He experienced enormous anxiety that the prostitute would give him AIDS or some other disease which he would then pass on to his wife, or that the prostitute would turn out to be a policewoman and he would be arrested. In addition, he was certain that if his behavior became known, his wife would leave him and his career would be ruined (...). He would find himself preoccupied by it while at work, inventing excuses for driving home through neighborhoods where there were streetwalkers. The anticipation, and the guilt afterwards, and the need to lie about where he spent his time and money, all reminded him of his previous gambling.

Our patients can ask for help because of their gambling but, as Rosenthal suggests, there is a repertoire of ways in which the individual can act and remain in a gambling mind-set while technically abstinent (the thrill of getting away with something, the possibility of significant loss or the opportunity for spectacular success, driving without gas in the car, being late for appointments…) and sometimes, “what appears to be a new problem is merely new wine in an old bottle” (Rosenthal, 2005, p. 4). If the therapist focuses on the label that the user gives to his experience (gambling addiction), and deals with this kind of problem, he loses sight of the more generalised system of meanings orienting the patient’s being in the world. Psychotherapy is one of the main contexts in which the patient’s construction of the world can be mobilised. Like any other intersubjective exchange, it is a process of making a possible world (of meaning). This acknowledgment emphasises the need to pay close attention (whatever the theoretical orientation of the clinical conversation – psychoanalytic, cognitivist, humanist and so on – to the discursive practices the therapist and his/her client undertake together (cf. Guanaes & Rasera, 2006). By making some aspects of the patient’s clinical presentation salient and others less so, defining what it is useful to work on, what is secondary, what is obvious, the therapist concurs in making some discursive positions more adaptive than others and, in so doing constructs the clinical reality (Kleinman, Eisenberg, & Good, 2006). Therefore, the therapist must be aware both of the ways the client makes sense of the clinical relationship (its goal, its function and so on) and of the way he/she takes part in the dialogue, since this helps to open or to limit the possibility of generating new meaning, and thus new semiotic opportunities for development (Salvatore & Valsiner, 2006).

Last but not least, insofar as we recognise that the mind and the context are recognised as interrelated, thus that there is not a specifiable "owner" (or "carrier") of the meanings underlying people’s maladaptive behaviour, we must also recognise how productive it might be, both for researchers and psychologists, to go beyond exclusive studies and strategies of intervention addressed to the individual, towards studies and strategies aimed at taking into account the relationship between individuals and their specific cultural and social world (Borrell & Boulet 2005). For instance, this means working on the setting (health services, family, school, media.…) which makes a certain version of the mind (seen as semiotic process) possible, thus enabling certain discursive and behavioural practices.

**Preventing gambling: brief considerations on the educational field**

In the context of the promotion of healthy lifestyles and behavior among young people, school may represent a privileged microcosm where attitudes, habits, ways to relate to gambling and other hazardous behaviours can be mobilised (Roth, & Brooks-Gunn, 2003). Although it is beyond the scope of this article to examine in depth how to do this, a key methodological point related to the theoretical considerations made above is worth underlining.

In traditional approaches, prevention of hazardous behaviours takes the form of knowledge transmission (e.g. on the risks and
harmful consequences of an excessive use of gambling or Internet use). This knowledge may be described as given knowledge. Knowledge is given as much as it is “a truth out there” that has been discovered and therefore can be transmitted to others (Cf. Berlak & Berlak, 1981). The underlying assumptions of this conception are that a) youngsters become addicted to gambling or other activities or substances because they lack knowledge of its negative consequences and b) knowledge is the means through which behaviour that is a health risk can be prevented and good/healthy behaviour promoted. This assumption in turn fosters expectations that there might be a direct controllable linkage between the contents transmitted by the educators and the contents learned by the users.

In contrast, if – as the psychoanalytic and culturalist perspective maintains – the kind of relationship that people have with gambling (as well as the contents and stimulus of knowledge) depend on more generalised meanings which organise the ways they interpret their identity and social experience, then we need to analyse and work not only, and not primarily, on the meaning the young attach to gambling but on the more generalised meanings which organise the ways they interpret their identity and social experience, then we need to analyse and work not only, and not primarily, on the meaning the young attach to gambling but on the more generalised meanings which organise the ways they interpret their identity and social experience.

In a previous paper, one of us with others (Venuleo & Guidi, 2011), used “Reflexive Training Setting” (RTS) to refer to an educational model aimed at making explicit the semiotic context through which the students interpret their educational relationship and their experience. This kind of setting involves two main points for trainers: on the one hand, they have to enhance the methodological competence to make explicit the users’ premises (cognitive, affective and/or symbolic) and constraints; at the same time, they are required to develop these premises through the methodological choice of not taking them -for granted, but making them the actual subject of sensemaking. From this perspective, the reciprocal attunement among the participants involved in the training setting is not taken for granted or considered a natural premise of their relationship but interpreted as the product of their dialogic exchange on meanings.

Conclusive remarks

According to a psychoanalytic and culturalist perspective, we suggested seeing gamblers as constructors of meanings and recognising their gambling as a form in terms of which they semiotise their presence in the world. As clinical implications, the semiotic approach looks for the forms and the symbolic products – therefore also the diagnostic labels – through which people organize the meaning of their experience, define what is wrong/bad/non-canonical/pathological and what is right/good/canonical/normal in the different situations of living together, describe their problems as well as the aims they intend to reach in their relational and social context, represent the functions and the tools of psychological consulting and any other object of their world. Psychologists – in the different fields of intervention – are called on to support – by means of signs (the contents of the discourse produced, the way of presenting them, the space-time organisation of the work, etc.) – the emergence of an
intersubjective frame grounded on the “unknown” as a limit for the identification/reification of the mental objects conveyed by the user’s discourse and as a way to open them to a possible ongoing process of redefinition.

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