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Approaching problem gambling with a discursive sensibility

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Abstract

In this paper, I outline some aspects of what I describe as a “discursive sensibility.” Drawing from discourse theory and research, I consider problem gambling in terms of this sensibility: an appreciation for and flexibility in working with differences in

how language is used in describing and addressing gambling. I look specifically at how this discursive sensibility can be reflected in particular approaches to practice and research.

Introduction

> Language is at one and the same time helping and retarding us in our exploration of experience. (Sapir, 1964, p. 8)

What can be gained by considering and addressing problem gambling using the ideas and practices of discourse analysts and theorists? Answering this question is the primary aim of this paper, particularly given the recent proliferation of therapeutic and research approaches derived from discursive ideas and practices. Although discursive ideas and practices have featured in the addictions literature for some time (e.g., Arminen, 1998; Booth, 1997; Pollner & Stein, 1996), their appearance in the problem gambling literature is more recent (e.g., McGowan, 2003; Reith, 2007; Rossol, 2001). However, the words *discourse* or *discursive* have been quite varied in their use and often present conceptual (and other) challenges. Discursive ideas and practices have also encountered a mixed reception in the psychotherapy and problem gambling literatures (Held, 1995; Truan, 1993). Updating and unpacking these words, highlighting the controversies associated with their use, and considering what a "discursive sensibility" might offer to research and therapeutic practice with respect to problem gambling provides the focus for what follows.

Problem Gambling as a Discursive Challenge?

For a problem as destructive or potentially self-limiting as gambling, it might seem dismissive or reality denying to consider gambling in terms of language use or discourse. Underlying a discursive approach is the view that there can be many ways to describe and relate to phenomena such as gambling. Language is how people *bething* aspects of their experience (Heidegger, 1962) — enabling varied ways of relating to, as well as understanding, experiences such as gambling. For the discourse theorist or analyst, where things get contentious is if someone claims to work from correct or true articulations and evaluations (see Habermas, 1975). Words such as *correct* or *true*, for them, derive their meanings from contextual uses specific to discourse. To a forest industry representative, a stand of trees may be "harvestable biomass"; to the nature lover, it maybe a wildlife sanctuary. Try telling either individual that their meaning is incorrect; then listen to the words of their response, to the discourses through which they describe and relate to that stand of trees. Discourses in this relative sense refer to how people understand and evaluate phenomena such as trees or gambling through the languages they

use.

At a more basic level, discourse theorists such as Derrida (1976) advocated post-structuralist notions of how language development and use are ways of imposing human linguistic order on realms of social and physical reality. Trees or gambling, through such linguistic objectification, could thus acquire the different kinds of meanings related earlier. This post-structural view of language runs counter to a notion of correct scientific "discovery" in any absolute sense. Words, and the discourses they are derived from, may offer sense-making and reality-shaping resources for understanding phenomena, but, for Richard Rorty (1979), they cannot be mirrors of nature.

The assertion that discourse or words cannot reflect reality as "it" is (Potter, 1996) relates to language itself being socially and culturally constructed and imbued with meanings particular to the people using it. Paraphrasing Bakhtin (1984), the words or discourses we use come "peopled" with others' meanings and intentions and then are used in social and cultural interactions where differences in meaning can feature. The varied ways that language has been put to use to understand and relate to gambling as a personal and cultural phenomenon illustrates this point (Raylu & Oei, 2004). "Problem" gambling is variously discussed as leisure time activity, an accepted cultural practice, a vice, and so on. Controversies over articulating (as opposed to discovering) problems with gambling in medical terms (Bernhard, 2007; Suissa, 2008; Wedgeworth, 1998) further highlight such discursive differences.

Until recently, modern science seemed capable of yielding a meta-discourse, a correct language for understanding any phenomenon. Problem gambling, by such a modern view, was capable of a culture-free or value-free comprehensive understanding. Postmodern writers on science (Toulmin, 1990) now see such "meta"-efforts as inherently social and political. This was evident when homosexuality was removed from a previous *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., *DSM-III*) as a psychiatric disorder (Spitzer, 1981); such politics feature in current deliberations over what should or should not be included in *DSM-V*. The origins of today's modern scientific discourse were in response to the "truth" claims of corrupt religious officials. Requirements for rigour and peer-review were developed and welcomed to curb problematic biases in scientific claims making (Potter, 1996; Toulmin, 1990). Unsurprisingly, people now put more stock in scientific findings than other, less rigorously proven, truth claims. But, seldom, in the social sciences, did such findings establish scientific laws, such as those that physics could offer engineers. Lyotard's (1984) postmodern conclusion was that a humanly developed social science was incapable of creating a meta-discourse or *truth* for any experience.

One upshot of these discourse-informed critiques was concern about relativist

knowledge claims and the “culture wars” they were accused of fostering (e.g., Gergen, 2006) on campuses and within disciplines. The authority of (or belief in) science — for those who regarded science and its knowledge claims as culturally and socially constructed (e.g., Bernstein, 1983) — was disparagingly referred to as a kind of scientism. For Wittgenstein (1953), rigorous efforts (scientific and otherwise) were needed to keep our understandings and actions fresh, efforts directly at odds with finalizing understandings in areas such as problem gambling.

Relating this tour through discourse theory to problem gambling, a few comments seem in order. Problem gambling, as a research and therapeutic concern, has witnessed some of its own tensions over the kinds of issues raised. Some of the tension has been over the field's ambivalence on whether to consider problem gambling a medical, moral, or cultural concern (e.g., Castellani, 2000; Reith, 2007; Rossol, 2001). Different implications follow from how problem gambling is “languaged.” As a medical problem, problem gambling is diagnosable and treatable; as a moral problem, personal faults are to be corrected; as a cultural problem, laws can be enacted — and so on (Bernhard, 2007; Conrad & Schneider, 1980). Foucault's historical examination of madness (1965) highlights how differently that personal and cultural concern was understood and related to, as articulated in the discourses of each era. For Wittgenstein (1953), each kind of discourse evokes a distinct “form of life,” a particular constellation of shared understandings and social practices. Relating scientifically to any concern with discourses (plural) can present challenges. Although problem gambling remains undeniably real to members of each discursive community, how it is understood and related to can be profoundly different when compared across communities. These kinds of discursive differences can pose challenges for scientists and practitioners alike: should there be an official medical understanding of problem gambling, or should the field accept diverse understandings that come with approaching problem gambling with a discursive sensibility? Such questions can seem initially silly until one turns to efforts to systematize or standardize knowledge and practice.

Problems with Systematizing Understanding and Practice to Singular Discourses?

To some extent science is a social mapping activity that enables new social interactions and interventions (Hacking, 1983). As new areas of research open up, specific scientific discourses and related social practices follow. The history of addictions as a field of research shows this well, as different conceptualizations of addictions (and practices to address those conceptualizations) were mapped and lost traction over time (e.g., Rossol, 2001). In approaching problem gambling as a field of scientific endeavour, questions can arise as to how best to do such

mapping, intervening, and interacting. Because discourses help to map or coordinate understandings about concerns according to particular values, language, and social practices, decisions as to which discourse best addresses such concerns and values are inescapably human. In bringing a discursive sensibility to problem gambling, the human concerns and values at stake are not matters that science or scientists alone can address. Our varied political, historical, and cultural responses to other potentially addictive behaviours, such as drug or alcohol use, remind us that other cultural and institutional discourses show how such concerns are mapped and addressed.

Of course, discourses, like maps, are not the same as the territory or phenomena they purportedly depict (Bateson, 1972). Discourses are commonly understood as distinct but systematized ways of understanding and communicating experience. To critical discourse analysts (e.g., Fairclough, 1993; Wodak & Meyer, 2001), discourses exhibit identifiable properties associated with distinctly recognizable uses of language (as in our earlier forest example). A common and problematic idealization of language is that we all share the same linguistic system, with local, moral, or cultural variations in language use to be understood as distortions of that linguistic system. Such an idealization is furthered by what phenomenologist Edmund Husserl (1913/1983) described as the "natural attitude": the generally unproblematic ways we use language. Language, in this sense, serves as an effective stand-in for the reality of our experience. The fact that people effectively use different languages and cultural variations of languages (i.e., discourses) belies any notion that there are singularly correct ways to use language. This would be like telling a Spaniard or Russian, a Democrat or Republican, or a Christian or Jew that her or his language for understanding and relating to experience is scientifically incorrect. The discourses of gambling are not much different; describing gambling in Gamblers Anonymous (GA) discourse overlaps with, but is also distinctive from, psychiatric discourse for depicting gambling. Such differences in discourse get at what linguist Herbert Clark (1993) described as "arenas of language use," or what Wittgenstein (1953) more evocatively referred to as "forms of life." GA is one such arena wherein one gets acculturated to particular ways of describing, understanding, and evaluating experiences associated with gambling (cf., Pollner & Stein, 1996; Raylu & Oei, 2003). Talk of gambling as a legitimate leisure pastime at a GA meeting would raise eyebrows, if not reproach. Talk of gambling as a disease (i.e., pathological gambling) maps out a different discourse of medical understandings and responses. Problems arise when one claims one discourse should make others unnecessary.

Historically, human efforts to prescribe or advocate one discourse over others have been contentious, regardless of the religious or scientific warrant behind the efforts (Hallward, 2005). In science, this problem acquires complexity, given scientists' needs to work from common understandings. However, it is when such

understandings escape from the lab that language that is standard for scientists can problematically dominate those engaged in everyday life and clinical practice (e.g., Rose, 2006). Discursive thinking, in large part, has arisen as a response to such dominance; it now features in approaches to clinical practice (e.g., Friedman, 1993; Strong & Paré, 2004) and in research that exposes such dominance, particularly in psychology (e.g., Danziger, 1997; Edwards & Potter, 1992). A discursive sensibility, as I will describe it, involves welcoming and working flexibly with such differences in meaning and conversational practice. I will now turn to how such a sensibility might feature in research and clinical practice.

Discursively Oriented Research?

A number of research methods have developed from what I am describing as a discursive sensibility, many of these being qualitative research methods embracing a social constructionist or discursive epistemology. The *Handbook of Qualitative Research* virtually doubled in size between its first and third editions in a little over a decade (Denzin & Lincoln, 1994, 2005), much of this growth attributable to a creative uptake of discursive research ideas and practices. These research approaches tend to cut in three directions: those critiquing the mainstream research literature (e.g., historical and critical discourse approaches); those which study discursive interaction itself (conversation analysis, discursive psychology); and those promoting emancipatory or generative meanings and practices through discursive interaction.

For example, say a non-discursive researcher conducts an ethnographic study of the culture of lottery ticket buying. From such a non-discursive stance, the aim is a single, normative account of that culture, presuming a commonly shared experience and set of cultural practices. For the discursively oriented researcher, a problematic reduction would occur with any account from the previous stance. For starters, different discourses (e.g., GA and “leisure”) provide varied positions from which one could relate to lottery ticket buying — with no discursive position capable of articulating lottery ticket buying correctly as a cultural phenomenon. What is needed for the discursively oriented ethnographer is an account reflective of the different discourses that the study participants use in participating in this culture of lottery ticket buying. The discursive assumption would be that such discourses translate to literally different realities for those who relate to lottery ticket buying (Schatzki, 2002; Wodak & Meyer, 2001).

Particularly since the historical research of Foucault (1965) and hermeneutic scholarship such as that by Cushman (1996), it has been fascinating to relate what is discursively and historically upstream to how dominant knowledge and practice features downstream. The modern scientific narrative (Toulmin, 1990) is a Darwinian account of ideas scientifically proven or failed, en route to knowledge

deemed ultimately correct. Historical examinations of science indicate discontinuities in this narrative, whether such discontinuities can be depicted as "paradigm shifts" (Daston & Galison, 2007; Kuhn, 1962), "epistemes" for Foucault (2001, shifting conditions for knowing) or Hacking's (2005) "historical ontologies." Such histories illustrate how vocabularies, methods of research, and clinical practice took hold (e.g., Cushman, 1996; Danziger, 1997; Lesieur & Custer, 1984; Suissa, 2008) while indicating what language and actions were passed over along the way. What can be taken away from such research is a sense of how scientific understanding and practice is discursively tied to cultural and historical contexts. This is not a derogation of such research, but a reminder that science is an inescapably human activity, however rigorously understood and practiced (Gergen, 1994). Some sociologists explicitly focus on science as a human activity. Latour (1987) examined science as a social activity while discourse analysts (e.g., Potter (1996)) turned to analyses of actual scientific communications used to establish facts. Peer-review illustrates one such communicative context. One point of these critical forms of research is to deconstruct or link knowledge and practice back to differences in discourses reflective of varied human values, activities, and understandings.

Discourse is also an analyzable activity. Conversation analysts, linguists, and symbolic interactionists share an interest in language use and what arises from it. Whether this be of therapeutic dialogues (Peräkylä, Antaki, Vehviläinen, & Leudar, 2008; Pollner & Stein, 1996; Rossol, 2001; Roy-Chowdhury, 2006), on-line self-help interactions (McGowan, 2003), or professionals' on-line discussions about their work with problem gamblers (Grunfeld, Zangeneh, & Grunfeld, 2004), what such studies make evident is how people's use of language is consequential. For example, how therapists conversationally use and clients respond to a particular therapeutic intervention in working with problem gamblers (e.g., probing clients' ambivalence to change in motivational interviewing, Miller & Rollnick, 2002) is an analyzable activity for discourse analysts. Unlike psychological studies focused on self-reported experiences and participant evaluations, these approaches aim to understand discourse as an activity, examining how people use language to influence and make sense of each other. The focus is on how people interactively "do" conversational interactions, such as negotiating post-consultation homework tasks during a therapeutic consultation (Strong & Massfeller, 2010; ten Have, 1999).

Research interviews are a form of discursive activity that can have transformative potentials as well. The common metaphor of discourse as consisting of receipts and transmissions of information (Lakoff & Johnson, 1980) is inconsistent with the kind of discursive sensibility that I have been describing. Conversational interaction can be a primary means by which social reality is kept the same, or it can be transformed by those involved in sustaining that social reality (Berger & Luckmann,

1967). According to this performative view of discourse (Austin, 1962), our words and ways of talking reflexively “do things” socially. Thus, interview questions and survey items can be seen as more than neutral data-gathering tools. Used with intention, they can become reflexive invitations for participants to expand understandings, take positions on challenges, articulate preferred futures, and so on (Finlay & Gough, 2003). This insight applies as much to therapeutic dialogue (e.g., Friedman, 1993) as it does to what can be accomplished through collaborative research (e.g., Moore & Charvat, 2007).

Appreciative inquiry (Cooperrider, Whitney, & Stavros, 2008) and participatory action research (Reason & Bradbury, 2001) have been two research offshoots of this discursive insight. The emphasis in these forms of research is less on understanding things as they are and more on learning from collaboratively developed and emergent processes of inquiry as to what can be transformed by them. There is another discursive element involved in these research approaches that makes them purposefully collaborative. Specifically, and also contrary to the earlier mentioned information reception-transmission metaphor of communication, it is a dialogic (Linell, 2005) view of human interaction. Dialogic communications are seen as both interpreted and socially negotiated for the understandings and communicative processes co-developed (Roy-Chowdhury, 2006) or shaped by those communicating. Resistance to the aims and proceedings of such inquiries is a sign that the process is no longer dialogical for one of the parties involved. We will return to these dialogic and reflexive aspects of dialogue when we later examine how a discursive sensibility can feature in therapeutic dialogues with problem gamblers.

With respect to problem gambling, different qualitative research questions arise from a discursive sensibility. These questions often relate to how participants make sense of and communicate their experiences and what is produced by this sense making and communicating. Experiences of gambling are, of course, different from interpretive accounts (Scott & Lyman, 1968) of them occasioned by researchers interviewing participants (cf. Ervin-Tripp & Kuntay, 1997; Gubrium & Holstein, 2003). To ask someone for their account of an experience, in other words, is to disrupt the experience they may be having; talking *about* gambling is not the same as being engaged in it. The research methods that follow from this recognition tend to focus on interpreted meanings (narrative analysis; social constructionist approaches to grounded theory such as that of Clarke, 2005; and postmodern ethnographies such as that of van Maanen, 1988), or they focus on processes and products of social interaction (Heritage, 1984; Latour, 2005; ten Have, 2004) — sometimes to highlight what dominates such processes (Fairclough, 1993; Smith, 2006). A discursive research sensibility entails recognizing that humans’ language use and patterned interactions are how humans bring discursive order and social intelligibility to otherwise anarchic realities. Data clearly do not speak; humans

interpreting data according to particular theoretical premises and their associated methods do, however. This is how researchers bring discursive order to making sense of messy phenomena such as gambling (Law, 2004).

Discursive Sensibilities and Therapeutic Practice

A discursive sensibility has increasingly featured in recent approaches to therapeutic practice. Specific discursive therapies (Strong & Paré, 2004) have emerged: narrative, solution focused, and collaborative, for example. Informing these therapies is a view that language and dialogue is an interpretive and generative resource, but that, for the most part, clients' language is used uncritically and unconstructively in understanding problems and addressing them. From this perspective, the therapeutic consultation can become a context to reflect upon such client understandings and transform them through new meanings and actions. That is the simple view.

The role of language in making sense of experience is at first not obvious, given Husserl's (1983/1913) natural attitude. Experience does not name itself, yet it often seems unfiltered or unmediated by humanly constructed language. Still, cultural differences point out how differently an experience can be shaped by the languages and cultural practices brought to understand it (Harre & Gillett, 1994). Within narrative therapy, for example, much emphasis has been given to conversationally deconstructing the taken-for-granted understandings that clients present (Strong & Schultz, 2010). For example, clients presenting their understanding of problem gambling as a disease offer therapists an opportunity to invite such clients to consider how that understanding of problem gambling became unquestioned over other understandings. Such a deconstructive conversation can promote consideration of alternative, preferred, and actionable understandings.

Discourses — the ways we make experience intelligible to ourselves and others — comes freighted with other peoples' past uses and expectations. To paraphrase Russian literary theorist Mikhail Bakhtin (1984), such discourse is only half ours, given that others have claims on the words we use. How such words shape one's understandings and attitudes of phenomena such as gambling or addiction is shown in the media (Mitchell, 2007). For most critical discourse analysts, the discourses that dominate public life tend to dominate one's private inner experiences as well (Fairclough, 1993; Wittgenstein, 1953). Addressing how critically unreflected language qualitatively shapes one's natural attitude toward experience is a basic tenet of cognitive therapy (e.g., Dobson, 2001). Where the discursive or social constructionist therapies (Gergen, 2006; Strong & Paré, 2004) generally depart from the cognitive therapies is on the critical and generative potentials of therapeutic dialogue.

It is the reflexive dimension of therapeutic dialogue — the intentional therapeutic use of questions and styles of discourse to socially construct client-preferred outcomes — that is most unique about discursive approaches to therapy (e.g., Tomm, 1988). Eschewing an information transmission- reception metaphor of communication (see Lakoff & Johnson, 1980), these therapists literally see their dialogues as helping clients talk preferred actions and understandings “into being” (Strong, 2007). A good example of this is with solution-focused therapy's miracle question (Berg & Miller, 1992), which invites clients to think and talk from a sense of how they specifically would be living their lives differently — if they weren't “addicted” to gambling.

Motivations to change, seen this way, can also be a focus and by-product of such generative dialogues (Lewis & Osborn, 2004). But, so too, can be the identity stories by which people live. Addiction stories of identity (e.g., “I am an addict”), for narrative therapists (e.g., Diamond, 2002; White & Epston, 1990), do more than describe: They can prescribe client thoughts and actions consistent with those stories unless such stories are re-authored. For the narrative therapist, this line of thought extends further: problems, not people, are problems. Thus, narrative therapy offers a context in which client and problem can be separated (the problem is linguistically externalized from the client's personality or character) so that the client can mobilize her or his resources against problem gambling. Therapist questions, used with reflexive intent (e.g., Tomm, 1988), can be seen as rhetorical interventions to invite — if clients take up such invitations — reflection on taken-for-granted understandings and articulation of new understandings. Questions, in this sense, can be story-making, reality-altering therapeutic tools.

An example of this occurred in my practice (Strong & Flynn, 2000) when a client seen during a single consultation reported symptoms of anxiety and alcohol abuse. When asked what he put his symptoms down to, he recounted witnessing a massacre in a Korean prisoner-of-war camp. Efforts to share his story were not believed and were actively discouraged. He began down a path of isolation, drinking, and anxiety. When I asked him: “Do you want this story to die with you?”, he first grew upset and then very responsive to a plan we developed together whereby he swore legal testimony to a notary and had his sworn testimony circulated among war historians. They not only vouched for the story he had been discouraged from telling, but they also linked him up with other soldiers present at the massacre. Subsequently, he invited television and newspaper journalists to discuss this story and became active and engaged with others, whereas before he had been isolated and abusing alcohol. My point in recounting this story is to point to the reflexive or interventive power of a question such as, “Do you want this story to die with you?” The answer to that question engaged a very different kind of story telling for a client who had otherwise come to understand himself and his circumstances on very different terms.

Some might be concerned about such reflexive questioning for how it leads clients. For therapeutic approaches that purportedly focus on client-preferred outcomes and processes, ironically, potential ethical concerns can arise about how therapists might use such questions in ways that clients find or respond to as objectionable (McMartin, 2008). Thus, an important dimension in the use of such questions is clients' capacities to resist answering them and to have such resistance inform therapists' subsequent responses to them (Strong & Sutherland, 2007). As conversation analysts point out (Peräkylä et al., 2008), therapeutic dialogue is negotiated between therapist and client to varying extents, even if such dialogues occur according to particular scripts or protocols. How such negotiations in therapy transpire has been a considerable focus for discursive therapists, as new sensitivities to, and flexibilities with, language use are central to the conversational practices of these therapies (e.g., deShazer, 1984; Strong, 2007). A collaborative ethos, among the discursive therapies, has inspired democratizing decisions for clients in the therapeutic process (Anderson & Goolishian, 1992). This ethos, when animated in addictions counselling (e.g., Berg & Miller, 1992; Diamond, 2002), suggests therapists avoid confronting or directing clients toward recovery. Therapeutic dialogue instead, for discursively oriented therapists, is depicted as a negotiated or collaborative process in which client preferences, resources, and recovery-facilitating understandings are talked into significance and action (Lewis & Osborne, 2004; Seikkula & Arnkil, 2006).

Claims regarding what transpires or is accomplished within these therapeutic dialogues can be empirically researched in several ways (Gale & Lawless, 2004). Discursive research of discursive therapies helps to bring to light a tacit dimension of how therapists and clients use language (their "sayings and doings"; Schatzki, 2002) to negotiate or construct some outcomes, *in and through* their talking, over others. What such research does not account for, however, is how the immediacies of therapeutic dialogue, and its accomplishments, translate to the world beyond therapy. What is the relationship between a better story or a solution constructed in therapy and its possible enactment in the client's normal life contexts? Outcome research into these therapies has faced challenges, given that standardizing or manualizing such therapies into reliably replicable protocols, a normal expectation of outcomes research (American Psychological Association, 2002), runs counter to the improvised ways that many therapists practice these therapies. Still, preliminary evaluative overviews of the effectiveness of these therapies have been published (e.g., Corcoran & Pillai, 2009; Etchison & Kleist, 2000; Gingerich & Eisengart, 2000), and increasing numbers of therapists engage clients by using these therapies.

A discursive sensibility applied to clinical practice has several dimensions. First, experiences and concerns do not author what clients present to practitioners; clients do, using the languages and understandings gained from their interactions

with others, interactions with the media included. One clinical question that follows is, Relative to their goals in seeking treatment, how well have clients been served by the language used to understand their concerns and act on them? Hermeneutic scholar Paul Ricoeur (1976) suggested two basic therapeutic moves with respect to language: (a) distance oneself from language used to stand in for problems, to reflect on its adequacy; and (b) imaginatively re-language those linguistic stand-ins. Some might feel aghast at seeing therapy reduced to such basic moves, possibly ready to cite Alice in Wonderland's Humpty Dumpty for his assertion that he could make words mean whatever he wanted them to mean (Carroll, 1984). Such assertions can sound psychotic because not just any words will do. Any new words have to be plausible as well as effective in how clients use them in addressing their concerns and goals. Ricoeur's general suggestions of distanciation and imagination take up different emphases in the discursive therapies (e.g., Strong & Paré, 2004), but boil down to deconstructing and reconstructing understandings through generative dialogues and critical reflection upon language's potentials. Thus, discursive therapy dialogue is partly devoted to a co-editing (i.e., therapist and client) process of finding language that clients deem as apt and effective. There still are, of course, important relational and other dimensions to therapeutic dialogue. These dimensions extend to discursive therapists' reflexive use of questions to promote reflection and invite resourceful and actionable descriptions.

Possible Tensions Raised By a Discursive Sensibility

The discursive sensibility I have been describing, with respect to research and practice, has made recent, though not always welcomed, inroads into areas of social concern, such as problem gambling. Where the modern, enlightenment view of science promised correct knowledge and convergence on ration-technical solutions (Toulmin, 1990), postmodern or discursive researchers and practitioners offer up a "mess" (Law, 2004). Such a mess, as Law suggests, is something humans overcome partly with the help of language. But, each response to the mess — for discourse analysts and hermeneutic scholars — affords opportunities while closing down others. A discourse view suggests that our uses of language are always inescapably partial, however systematized they may be. The *DSM-IV-TR* (4th ed., text rev.; American Psychiatric Association, 2000) view of mental health, for example, offers a symptom-based language while absenting languages of desire or cultural differences (cf. Watters, 2010). I have suggested an analogy between a discourse and a Wittgensteinian (Wittgenstein, 1953) view that, to know a discourse, is to know a distinct "form of life." Although there can be some overlaps in discourses — for example, that of Gamblers Anonymous and psychiatric discourse — there are still undeniable differences in how one conducts oneself in either discourse.

Politics can feature when deciding what criteria should determine how problems should be articulated and addressed. A current example relates to the recent deliberations on evidence-based practice by psychologists (Presidential Task Force on Evidence-Based Practice; American Psychological Association, 2006). Are there ultimate evaluative criteria and procedures that can be used to decide which therapies merit scientific recognition as evidence based and which should be dropped from professional practice? This is no small point. The government of the United Kingdom for a brief moment authorized only the use of cognitive behaviour therapy for this reason, a position they retracted when it was met with torrents of protest (Prime Minister's Office, 2008). Expertise itself has been a target of criticism for discursively oriented therapists (e.g., Anderson & Goolishian, 1992) and researchers (Potter, 1996). For dialogue theorist Bakhtin (1984), there are no finalizable understandings — no last word on how things are or should be. What saves people from Law's mess, or anarchy, are the coordinating capacities afforded by the languages and discourses people use, regardless of their partiality.

The Canadian philosopher of science Ian Hacking (1999) suggested a necessary tension between the efforts of discourse thinkers and those of committed realists. In trying to better understand and therapeutically respond to problem gambling, researchers and clinicians have faced their own tensions. For example, when constructing systems of care, institutional discourses offer common sets of understandings, practices, and ways to be understood while dismissing others (Smith, 2006). In emulating biomedicine, the addictions field predominantly chooses one discursive form of life, or therapeutic discourse: addictions discourse. But understandings and therapeutic practices are far from a settled matter in problem gambling. Our research and treatment narratives might converge on a single Lyotardian meta-narrative, but such an achievement might reflect the will of practitioners and researchers and not be taken up by clients. As Foucaultians would contend (Rose, 2006), efforts to arrive at such meta-narratives often end up being legislated or imposed as political or institutional solutions. From a discursive perspective, a challenge is to avoid getting ensnared in the limitations of any discourse or narrative (Shotter, 1993). Where some saw scientific modernity promising narratives capable of settling controversies (e.g., Toulmin, 1990), of finalizing things, discursive and postmodern thinkers see a field in constant dialogue about limitations seen as inescapable. For other historians and philosophers of science, this is what healthy scientific discourse is about — keeping our best understandings and practices at the forefront of any discipline's discussion.

The tensions I have been describing as occurring in the field of problem gambling also translate to the conversations occurring between practitioners and clients. Clients present to therapists wondering if there is a correct way of understanding their concerns and wanting proven ways of addressing those concerns. Therapists

recognize that a conversational mess will not be helpful to clients. Whereas modern views of practice promoted a standardized approach to clinical dialogue and its meanings, discursively oriented practitioners tend to focus on how therapeutic dialogue is variably performed (e.g., Friedman, 1993; Strong & Paré, 2004). Therapeutic dialogue, for this latter group, can range from highly structured solution-focused conversation (Berg & Miller, 1992) to one that involves more improvised, collaborative language systems (Anderson, 1997). Regardless, their focus is on how the meanings and talk of therapy are performed and what reflexively gets “talked into being” from that talking (Pain, 2009). This is not a case of talking first so that interventions can be designed from the information gained from the talk; the talking is intentionally “interventive” (Tomm, 1988).

With such a focus come concerns about whose talk and words are privileged and how meanings and conversational processes can be imposed, even hijacked by therapists (Strong, 2008). Such concerns can extend to the cultural constructions of therapy that clients bring to their dialogues with therapists. Because clients have come to view therapy as a place to be expertly understood and directed, might therapists who prefer to invite clients to hold the expert role (e.g., Anderson & Goolishian, 1992) impose collaboration on such clients? Or, might it even be more helpful to invite clients to join therapists in deconstructing the roles of client and therapist, so that a more democratized dialogue can result (Parker, 1999)? To what extent can the therapeutic process — its meanings and ways of talking — be beneficially or detrimentally negotiable? To what extent should therapists be the evaluators or promoters of best or correct meanings *for* clients? In discursive therapies that embrace the “co-” prefix (e.g., Anderson, 1997) to denote collaborative decision making on process and meaning, are there occasions when therapists’ decisions should still trump those of clients? These questions come after those about whether or not to consider a discursive sensibility or approach to practice.

A related set of tensions has accompanied developments in social science research, erupting into what some have called a “politics of evidence” (Denzin & Giardina, 2008; Larner, 2004). Some of these tensions relate to how to regard evidence and the methods used to obtain it. Can psychotherapy outcome research be premised on the same principles that guide clinical trials of pharmaceutical interventions, for example (Stiles & Shapiro, 1989)? Are the accounts or evaluations of experience offered by participants in therapy equivalent to the experiences clients have in the immediacies of their dialogues with therapists? Another source of tension relates to a philosophy of science concern that evidence is always tied to the theories or conceptual schemes used to identify and evaluate evidence — data do not interpret themselves; scientists using particular conceptual frameworks do (Potter, 1996). Problem gambling can no doubt be well accounted for within a biomedical conceptualization or discourse, but should that discourse

supersede or make irrelevant a spiritual, moral, or financial discourse on gambling? In the absence of absolute evaluative criteria or methods, discourse communities (these are subject matter for resolution in political discussions within disciplines such as the American Psychological Association), like the problem gambling field, are faced with human choices to decide what will guide the field's understandings and practices.

Conclusion

Problem gambling, like other fields of social science research and therapeutic practice, has seen several decades of discursive ideas and practices. These ideas and practices, although not mainstream, are an enduring feature of the research and practice landscape in problem gambling. These ideas and practices are based on a very different view of human science (Gergen, 1994; Harre & Gillett, 1994), one in which language is treated as an interpretable resource for understanding and social influence. Such a human science arises from a different paradigm (Kuhn, 1962) from the cause-effect Newtonian view of social science that has dominated the field. An interpreted social reality, one seen as understood and shaped by those engaged in it (Giddens, 1984), presents different challenges from a social reality that can be correctly understood and predictably responsive to intervention. Thus, a discursive view of research and practice acknowledges the role of researcher and practitioner in shaping the understandings and actions that come from her or his uses of language and discourses of social interaction. There is a humbler offer made by researchers and practitioners who bring a discursive sensibility to an attempt to address problem gambling than has seemed the case in clinical sciences and practices in the past. Plural discourses suggest and promise less certainty and effects than a singular scientific discourse. The diverse social reality of problem gambling — as a field of study and a realm of therapeutic intervention — continues to spark robust dialogue with respect to discursive ideas and practices. That, from the sensibility I have been describing, is how I hope such dialogues continue.

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