A QUALITATIVE STUDY OF WOMEN WHO HAVE BEEN PROBLEM GAMBLERS

ERIC BURGESS

B.A., Psychology, Athabasca University, 2006

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ERIC BURGESS

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Dr. N. Piquette Thesis Supervisor	Associate Professor	Ph.D.
Dr. C. Currie Thesis Examination Committee Member	Associate Professor	Ph.D.
Dr. R. Wood Thesis Examination Committee Member	Professor	Ph.D.
Dr. T. Strong External Examiner University of Calgary Calgary, Alberta	Professor	Ph.D.
Dr. R. Marynowski Chair, Thesis Examination Committee	Associate Professor	Ph.D.

Dedication

There are many individuals I wish to recognize in the dedication of this thesis. Firstly, my wife Anjana, for not divorcing me and/or murdering me during this lengthy process. My son Chethan who has exhibited immeasurable love and patience for a frequently unavailable daddy. My guru and guardian angel, Dr. Piquette, whose encouragement and understanding assisted in my perseverance during my lowest moments. To the courageous and inspirational women problem gamblers who shared their personal truths and lived experiences for the sake of this research. Lastly, to the memory of my former co-worker Christine, whose hidden battle with problem gambling and subsequent suicide galvanized the importance of this research.

Abstract

During the past 20 years, there has been significant advancement in our conceptualization of problem gambling behaviour. Despite this progression, there remains a paucity of knowledge about gendered problem gambling behaviour. The purpose of this research was to elucidate the relationship between the female context and female problem gambling behaviour. The study employed qualitative methodology to explore the lived experiences of four female problem gamblers. Inductive content analysis resulted in the establishment of five core themes. A metaphor of self-protection emerged from examination of the core themes. The resultant metaphor suggests that female problem gambling may represent a maladaptive, yet functional self-protective behaviour against thoughts, memories, and feelings related to traumatic experiences. Further, these findings suggest a possible relationship between the metaphor of self-protection, trauma-mediated neurological changes in the brain, and amplified receptivity to gambling stimuli. Further research is required to verify and explore the generalizability of these findings.

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Chapter 1

Introduction

The possibility of material gains through gambling has motivated people to wager valuables since the beginning of civilization (Korn, 2000). Traditionally, gambling has been romanticized as being a male domain, but it is now recognized that an ever-increasing number of women are becoming involved in gambling activities (Boughton, 2006). Despite the increasing recognition of women's involvement in gambling, information pertaining to female problem gambling remains limited. Most investigations of gambling behaviour have focused almost exclusively on males, and such limited research has served to reinforce the inaccurate notion that problem gamblers are a homogeneous population (Piquette-Tomei, 2010).

The government-sanctioned and legalized gaming industry is one of the largest industries in Canada (Korn, 2000). Despite the noteworthy evidence for the devastating impact of gambling behaviour on problem gamblers, the industry continues to expand. Williams reported (as cited in Hoang, 2013) that within the province of Alberta, 40–50% of gambling revenue is shouldered by problem gamblers alone. This figure is disturbing given the reality that problem gamblers constitute a mere 2–3% of the gambling population (Hoang, 2013). Among women, the popularity of gambling is growing as denoted by the 22% increase in the involvement of women in gambling between the years 1975 and 1998 (Gerstein et al., 1999). This increasing expansion of the involvement of women in gambling is concerning, given that women tend to exhibit preferences for electronic gaming machines, the use of which are associated with greater rates of gambling addiction (Boughton, 2006). Furthermore, such concern appears to be

supported by recent research suggesting that women (compared to men) are at a proportionately greater risk of developing gambling addictions (Svensson & Romild, 2014).

Indeed, recent research is just beginning to uncover the significant diversity of the problem gambling population, moving from a homogeneous conceptualization to the recognition of the heterogeneity within problem gamblers. Part of this shift in understanding has resulted in changes to terminology associated with gambling. Specifically, there has been a movement away from usage of the term pathological gambler to the lesser-affected problem gambler (Blaszczynski & Nower, 2002; Piquette-Tomei, 2010; Sumitra & Miller, 2005). Perhaps this shift represents an acknowledgement that the financial, psychosocial, familial, and community damage associated with problem gambling can occur long before a gambler reaches pathological levels of dysfunction (Blaszczynski & Nower, 2002; Piquette-Tomei, 2010; Sumitra & Miller, 2005; Wood & Williams, 2007). As such, for the purpose of this research, the term social gambler refers to individuals who are able to self-regulate their participation in gambling behaviour. In contrast, the term *problem gambler* is used to designate those individuals whose sub-pathological to pathological gambling behaviour results in some degree of disruption to major life contexts (e.g., social, familial, financial, employment, etc.).

However, within the context of women who gamble, some researchers have proposed the possibility of socio-cultural mediators (e.g., sexism, socio-economic status, history of abuse, history of trauma, etc.) as potential variables of influence in the progression of women from social gambling into problem gambling behaviour (Afifi, 2009; Black, Shaw, McCormick, & Allen, 2012; Boughton, 2003, 2013).

Notwithstanding the recognition of apparent mediators in the development of problem gambling behaviour, there remains an incomplete understanding of the process by which women transition from social gambler into problem gambler (Piquette-Tomei, 2010).

As such, the purpose of this research was to determine what could be learned from women's lived experiences that could help illuminate factors that influence the transition from that of social gambler into problem gambler. This qualitative exploration of the transition in problem gambling occurred through data obtained by interviews of a sample of four female problem gamblers within the province of Alberta, Canada. The qualitative interviews consisted of audio-recorded, open-ended questions that solicited detailed information about the participants' lived experiences in relation to their gambling behaviour (i.e., Tell me about the pace/speed at which you moved from social gambler into problem gambler, Describe how you moved from social gambling into problem gambling behaviour). Together, the information derived from the qualitative analysis of the interview transcripts (i.e., the women's lived experiences) provided a picture of gambling progression over time and elucidated some important contextual factors that influence the transition from social gambling to problem gambling behaviour.

Outline of the Thesis

This thesis is organized into five chapters. Chapter 2 provides a thorough review of problem gambling related literature, outlines gender similarities and differences related to problem gambling, and explores the reality of gender through a feminist lens and its relationship to female problem-gambling behaviour. Chapter 3 provides an overview of the qualitative methodology utilized in this research. Chapter 4 outlines the emergent themes from the analysis of the qualitative data. Chapter 5 consists of a discussion of the

themes in relation to other research, the emergence of theory regarding the development of problem gambling behaviour in women, suggestions for future inquiry, and discussion of the limitations of this study.

Chapter 2

Literature Review

Why Study Women's Problem Gambling?

The researcher was first introduced to the importance of gendered differences in problem gambling behaviour while fulfilling the duties of a graduate assistantship. Prior to this experience, the researcher's knowledge of problem gambling behaviour was limited to its comorbid association with Attention Deficit/Hyperactivity Disorder (AD/HD)—a topic of personal interest. In the decade prior to the start of graduate school, the researcher coordinated and facilitated a support group for adults with AD/HD for several years. It was within the support group setting, the researcher recalled noting a few instances of problem gambling behaviour being discussed in relation to AD/HD symptomatology amongst members of the group. As the researcher's education progressed, he was introduced to and fascinated by the concept of feminist thought and gender differences. During the researcher's graduate assistantship, Dr. Piquette introduced him to the topic of female problem gambling behaviour, along with the unique etiology and consequences of gambling pathology specific to women problem gamblers. After learning more about issues surrounding female problem gambling behaviour, curiosity developed as an extension of his combined personal interest in AD/HD and feminist thought.

In time, happenstance would solidify the importance of the topic within the researcher's mind. Since the end of his counselling practicum, the researcher has been employed by a rural school district as a Family School Liaison Counsellor. It is within the context of this employment that the researcher would come face to face with the

devastating reality of female problem gambling behaviour. In the process of providing counselling services to children and youth within various communities, the researcher became aware of examples of female problem gambling behaviour amongst some of the parents and/or guardians (i.e., moms and grandmothers) of the children and youth who were on his caseload. Later within the same school year, a co-worker (with whom the researcher had a close working relationship) would end up committing suicide. In the weeks that followed her death, her family, her fellow coworkers, and her students grieved her absence and struggled to understand the rationale of her choice. Eventually, it would become known that her decision to end her life was motivated by accumulated debts resulting from her longstanding history of problem gambling behaviour—a feature of her world that was concealed from all but her closest gambling peers.

Later in the same school year, the researcher prepared for his Colloquium. It was during the stressful time leading up to the researcher's Colloquium that another female co-worker inquired about the thesis process and the research topic chosen by the researcher. Upon learning of the researcher's decision to study female problem gambling, she would disclose her personal shame and hardship resulting from her own private battle with problem gambling behaviour, which had been unbeknownst to the researcher. Up to this point, the researcher had long considered himself to be an empiricist at heart and skeptical of the notion of fate. However, within a short span of time, the researcher went from having been introduced to female problem gambling behaviour to, suddenly and unexpectedly, being personally and professionally affected by it in ways that he could not have imagined.

Background

The aim of this research was to examine the lived experiences of female problem gamblers, with the intent of clarifying the factors influencing the progression of gambling behaviour (i.e., from social gambler to problem gambler) among women gamblers. As such, there will be limited discussion of male problem gambling behaviour and the factors that influence it. The researcher's decision to focus on female gamblers was motivated by the paucity of information examining gambling and problem gambling behaviour amongst female gamblers. This limitation in focus is not intended to trivialize problem gambling behaviour and the consequences of problem gambling behaviour among males. Given the specific focus of this thesis on female problem gamblers, the preponderance of content within this literature review explores the reality of gender through a feminist lens, including gender associated sociocultural realities, gendered norms, and expectations, as potential contributory factors to female problem gambling behaviour. However, prior to delving into the relationship between gender and problem gambling behaviour, it is important to explore the construct of gambling itself.

The Gambling Context

Conceptualization of problem gambling behaviour requires an in-depth understanding of the gambling context. As such, the following sections explore the gambling context in terms of (a) what is gambling, (b) types of gambling, (c) Canadian gambling rates and statistics, and (d) the appeal of gambling.

What is gambling? The term gambling refers to the process of risking something of value when the outcome of the risk is uncertain. Wildman (as cited in Ferris, 2011), suggested that gambling is "a conscious, deliberate effort to stake valuables, usually but

not always currency, on how some event happens to turn out" (para. 1). Korn (2000) suggested that gambling has existed throughout human history. While the modalities of gambling have changed overtime, the intimate relationship between risk, wins, and losses continues to motivate people throughout the world to pursue gambling as a source of entertainment. Some of the most popular forms of gambling include casino card games, sports betting, animal racing, and electronic gaming machine use. However, in keeping with the evolution of technology, a plethora of online casinos has materialized providing 24/7 access to gambling opportunities from any Wi-Fi or cellular-enabled smartphone, tablet, or desktop computer ("Six Latest Tendencies," n.d.; Wood & Williams, 2011). Of the variety of gambling modalities, the most pertinent to this thesis are the preferred gambling activities of women, including bingo, scratch lottery tickets, and electronic gaming machines (Boughton, 2006; Piquette-Tomei, 2010).

Types of gambling. There are numerous games associated with gambling, ranging from random number generation (e.g., bingo, lottery) to traditional casino-based table games (e.g., poker, blackjack) that are often concomitant with skill and strategy. A few of the more popular forms will be briefly introduced within this paper. The games that are of specific interest to women will be given special focus.

Traditional table games. Table games in the practice of gambling refer to games played on a table, which are facilitated by a live dealer. Table games are often perceived as games of skill and have famously been depicted within a multitude of episodes from the James Bond franchise of films (Hills, 2012). Table games can be divided into three categories: (a) games that involve cards, (b) dice- or tile-based games, and (c) games that make use of random number generation. Card-based table games include poker,

blackjack, Texas Hold'm, and baccarat. Craps is an example of a dice-based game, while Pai gow (Chinese dominos) uses tiles. Roulette involves the use of a spinning wheel and a ball bearing to produce random numbers. Customarily, table games have been the domain of male consumers, many of whom are drawn to the perceived notion of skill, strategy, and excitement in the game play.

Animal racing. The practice of animal racing refers to events where groups of animals (e.g., horses, dogs, etc.) race around a track while being observed by patrons. Prior to the start of the race, money is wagered on anticipated outcomes of the race. At the end of the race, payouts are made to those individuals whose predictions corresponded with the outcome of the race. Of the various forms of animal racing, horseracing is considered one of the most commonly associated with female gambling. It became especially popular during the colonial times because of the widespread introduction of horses throughout the world ("Women's Horse," 2013). During the high point of British colonialism, horse racing was an event associated with the leisure time of the most wealthy and powerful in society, and as such, horse racing took on a prestigious tone.

Bingo. Bingo is a game of chance in which players compete against each other by matching randomly generated numbers against numbers listed in rows, columns, or diagonals on a pre-printed matrix. The player indicates a match by using an ink-based bingo dabber to highlight the correct numbers on the matrix. The game is completed when a player correctly matches all the numbers in a row, column, or diagonal on their assigned matrix and yells, "Bingo" ("Bingo (U.S.)," 2017). Most often, the game is played in large-group settings (i.e., bingo halls) and is considered to have a social

element, as it is often played with friends and family. The game is relatively simplistic compared to other forms of gambling, as there is little strategy involved in game play. Despite its relative lack of sophistication, the game of Bingo is of particular importance given Dwyer, Piquette, Buckle, and McCaslin's (2013) assertion that Bingo is perhaps a gateway into other forms of gambling—especially the use of video lottery terminals (VLTs) by women problem gamblers.

Slot machines and electronic gaming machines. Electronic gaming machines (EGMs) refer to a collection of different automated gambling devices. The grand-daddy of the EGM is the slot machine. Slot machines are essentially mechanized poker machines (Grochowski, 2005), with a series of wheels, usually three or more, emblazoned with symbols that spin upon the pulling of a lever or the push of a button. Historically, slot machines have been referred to as *one-armed bandits* in light of the activating lever and recognition that use of these machines can leave the player feeling like they have been robbed (Caroline K., 2017). With time, the mechanized slot machine evolved into the video slot machine, which did away with moving internal parts in favour of an internal computer and computer graphics display. The present form of the electronic gaming machine shares basic game play elements of its predecessors. However, modern day machines incorporate the use of stimulating visual displays paired with gentle tones and musical elements within a computer graphical user interface. The most significant difference between the modern electronic gaming machine and its more primitive brethren is the overall rate of play (Caroline K., 2017; Grochowski, 2005).

There is some evidence for an association between the modality of gambling and the speed at which one becomes addicted. Specifically, Breen and Zimmerman (2002)

postulated that the stimulus features of gaming machines (i.e., auditory and visual) increase their appeal and addictive potential. Furthermore, the play format inherent in electronic gaming machines consists of rapid and intermittent reinforcement, which are the two hallmarks of behavioural conditioning. Additionally, the payouts are "unpredictable small or large wins that generate excitement and encourage continued play" (Boughton, 2006, p. 14).

Gambling and technology. While the appeal of gambling is apparent throughout history, gambling activities and the relative accessibility of games of chance have evolved significantly. This change is most evident in the rapid leaps in gaming technology. In many respects, the introduction of electronic gaming has revolutionized the gambling industry. This has occurred by increasing the appeal through the diversification of gambling activities and mediums and through increasing accessibility to a broader range of consumers in both traditional gambling venues (e.g., casinos, bingo halls, tracks, etc.) and non-traditional gambling venues (e.g., bar/restaurant-based VLTs, internet-based gaming, etc.). In conjunction with the diversification of the gaming market, there has been a notable upsurge in rates of problem gambling behaviour. Disturbingly, it is purported that electronic gaming maximizes addictive potential through a combination of fast-paced game play and rich auditory and visual stimuli (Breen & Zimmerman, 2002).

Online gambling. As with many other aspects of our society, online gambling has gone mainstream. In recent years, expansion of online gambling venues has been occurring at an alarming rate (Gainsbury et al., 2015; Petry & Gonzalez-Ibanez, 2015; Wood & Williams, 2007, 2009). Virtual casinos and *electronic gaming machine* style

gambling can be accessed from any conceivable location via personal computer, smart phone, or tablet computer with the use of Wi-Fi or cellular networks. In part, this new level of accessibility would not be possible without access to internet-based financial services (e.g., Pay Pal, banks, credit cards, etc.). This new level of accessibility justifies growing concern about online gambling (Gainsbury et al., 2015; Petry & Gonzalez-Ibanez, 2015; Wood & Williams, 2007, 2009). Case in point, research conducted by Wood and Williams (2007) concluded that gamblers who prefer internet gambling represent a high-risk group for problem gambling behaviour. Additionally, Wood and Williams (2007) have postulated that internet gamblers have an increased propensity (up to 10 times greater) for problem gambling compared to rates of problem gambling in the general population. Unfortunately, the expansion of online gaming options is outpacing the establishment of regulatory policy (Wood & Williams, 2011).

At present, the legalized gaming industry is relatively diverse, as it encompasses a wide variety of activities including: slot machines, VLTs, card games, animal racing (e.g., horse and dog), and lottery (including instant-win tickets), Keno, bingo, and internet-based casino games, with instant-win tickets and lotteries being the most popular.

Canadian gambling rates and statistics. Over the past few decades, there has been an expansion of government-owned legal gambling throughout Canada, based on a desire to increase government revenue and support for charitable gaming without changing rates of taxation. The height of this expansion occurred during the 1990s (Afifi, 2009). According to Rutsey (as cited in Centre for Addiction & Mental Health, 2009), the gaming industry is the largest single entertainment industry in Canada. The Canadian

gaming industry is approximately the same size as the recorded music, television, movie, and professional sports industries combined. As of 2008, the Canadian national average spent on all government-run gambling was $528.00 per person, making the gambling industry worth more than 15 billion dollars. Wood and Williams (2009) suggested that approximately 71% of Canadian adults participated in some form of gambling in 2006-2007. Despite the pervasiveness of gambling behaviour within the Canadian population, it is estimated that a minority of Canadian adults (3 to 5%) can be classified as moderate to severe problem gamblers (Centre for Addiction & Mental Health, 2009). It is important to recognize that a majority of Canadian adults participate in gambling activities without indication of addiction, while a small, but significant, minority is afflicted with gambling pathology. From some perspectives, this number may seem trivial; however, the harm of gambling behaviour extends beyond the gambler and can impact family, friendships, employment, and even physical and mental health (Black et al., 2012; Centre for Addiction & Mental Health, 2009; Corney & Davis, 2010; Darbyshire, Oster, & Carrig, 2001; Dowling, Smith, & Thomas, 2009; Grant & Kim, 2002; Griffiths, 2004; Piquette-Tomei, 2010).

The appeal of gambling. For many individuals who are able to regulate their participation in gambling behaviour (i.e., social gamblers), the appeal of gambling seems to be closely embroiled with the emotional rush associated with the possibility of material gains. Many are seduced by the prospect of a seemingly *quick and dirty* method of attaining wealth, a goal set that is championed by the capitalistic ideology of the Western World. Canadians are by no means an exception to this phenomenon. The mass media of the Western World reinforces such dogma with the depictions of financial empowerment

being associated with elements of power, prestige, and even freedom. Perhaps, this is no better exemplified than within the James Bond franchise of films. The James Bond series of movies depict gambling as being enmeshed within the privileged culture of the social, political, and financial elite. It is allied with beautiful women and dashing men enrobed in high-end attire, sipping mixed drinks within the confines of lavish casinos in exotic milieus. The sum of which is likely a romanticized notion of an idealized lifestyle. Based on this glamorized notion, gambling might represent an opportunity to gain access to that which is seemingly unattainable for many of us—financial security, an escape from the everyday and an opportunity to live a dream. For some gamblers, the act of gambling may be distortedly perceived as a type of financial investment, with a positive return dictated by *lady luck* (Barnes, Weite, Hoffman, & Tidwell, 2010). For other individuals existing in low socioeconomic conditions, gambling may be viewed as an opportunity to evade poverty (Barnes et al., 2010). Irrespective of the motivation, the vast majority of individuals who participate in gambling are able to enact and ascribe to self-imposed limits on their gambling behaviour. These individuals are termed social gamblers (Piquette-Tomei, 2010; Piquette-Tomei, Norman, Dwyer, & McCaslin, 2008). In contrast, problem gamblers, who make up the minority of the gambling population (approximately 3% of individuals within the province of Alberta) are unable to modulate their gambling behaviour (Hoang, 2013; Wood & Williams, 2007).

Problem Gambling

To provide a broader base of discussion of problem gambling, it is necessary to understand the terminology used within the gambling literature as well as the sub-types of problem gamblers. Each will be discussed in detail in this section.

Terminology within gambling literature. In particular, discussion of gambling terminology will include an overview of the inconsistency of terminology within literature and the importance of the consideration of a continuum of gambling behaviour.

Inconsistency of terminology within literature. The two most common terms used to describe serious gambling problems are problem gambling and pathological gambling. The term pathological gambling is based on the diagnostic criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-V) and is thought to represent the extreme end of the continuum of gambling (American Psychiatric Association, 2013).

As outlined in the DSM-V (American Psychiatric Association, 2013, 312.31), a diagnosis of pathological gambling necessitates an individual displaying a minimum of four of the following suggested symptoms in a 12-month period:

1. Preoccupation with gambling
2. Regular increase of monetary bets
3. Difficulty reducing gambling behaviour
4. Exhibits withdraw symptoms when attempts at reduction are made
5. Gambles to elevate mood or to escape problems
6. Chases losses
7. Intentional concealment of gambling behaviour from others
8. Has endangered personal relationships, employment or education opportunities
9. Depends on others to rescue them from indebtedness

In short, pathological gambling is essentially an inability to resist the compulsion to gamble, despite the disruption to personal, familial, financial, and employment-related domains (Winslow, Subramaniam, Qiu, & Lee, 2010). Historically, sub-pathological levels of gambling have been considered relatively benign; however, it is now recognized that gamblers can experience detrimental effects from gambling long before they reach pathological levels. In other words, negative consequences of gambling can occur in

proportionately lesser forms of the addiction (Sumitra & Miller, 2005; Wood & Williams, 2007). Henceforth, gambling behaviour is best conceptualized as a continuum. Prior to widespread acceptance of such a continuum of gambling behaviour, imprecise definitions of pathological gambling have led to gambling intensity classification problems (Blaszczynski & Nower, 2002). As such, the term problem gambler usually refers to individuals who exhibit some signs of pathological gambling, but who are not sufficiently symptomatic to meet the full diagnostic criteria for pathological gambling (Piquette-Tomei et al., 2008; Sumitra & Miller, 2005; Wood & Williams, 2007).

The continuum of gambling behaviour. Given the apparent deleterious effects of sub-pathological levels of gambling behaviour noted by Blaszczynski and Nower (2002), Sumitra and Miller (2005), and Wood and Williams (2007), for the purpose of this thesis, "the term problem gambling (PG) will be utilized to encompass the spectrum of gambling behaviors that damage, compromises, or disrupts major life areas" (Piquette-Tomei et al., 2008, p. 4). In other words, problem gambling behaviour is best conceptualized as a continuum, with no problematic gambling on one end and severe or pathological gambling on the other end, with at-risk problem gambling and moderate-risk problem gambling in between (see Figure 1). As an individual progresses towards the pathological end of the continuum, there is recognition of increasing harm to personal, social, familial, and employment contexts for the gambler as well as the fact that gambling begins to supersede other aspects of life (Boughton, 2013; Orford, Wardle, Griffiths, Sproston, & Erens, 2008).

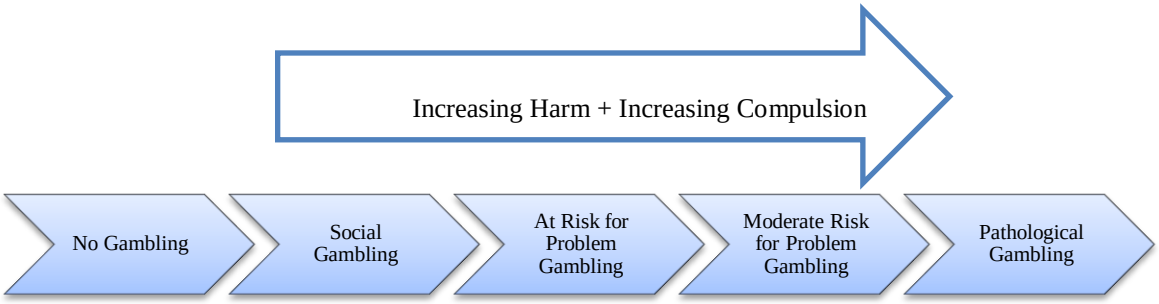

Figure 1. Gambling continuum.

Adapted from the Centre for Addiction & Mental Health (2009)

Sub-types of problem gamblers. Historically, in gambling-related literature, there has been an implicit assumption that pathological gamblers are composed of a homogenous population with similar psychological characteristics existing within all members of the group. It is now suggested that instead of being part of a homogeneous collective, problem gamblers should instead be considered to be more heterogeneous, in part influenced by the recognition of the existence of a problem gambling continuum (Piquette-Tomei, 2010; Piquette-Tomei et al., 2008; Sumitra & Miller, 2005; Wood & Williams, 2007). In addition to the recognition of gambling behaviour as a continuum, Blaszczynski and Nower (2002) have further suggested that there is evidence for different subtypes of problem gamblers. In particular, Blaszczynski and Nower argued that there is a total of three subtypes, including (a) behaviourally conditioned gamblers, (b) emotionally vulnerable problem gamblers, and (c) antisocial impulsive problem gamblers.

Behaviourally conditioned gamblers gamble excessively because of poor decision making resulting from cognitive distortions about the probability of winning. This group

of problem gamblers tends to *get stuck* in a cycle of chasing or trying to win back their losses. The emotionally vulnerable problem gamblers are similar to the behaviourally conditioned gamblers in terms of their susceptibility to operant conditioning, but they present with a premorbid history of anxiety and/or depression, decreased problem-solving ability, poorly developed coping mechanisms, and a history of negative family background and life events. The antisocial, impulsive problem gamblers are the individuals for whom gambling is the most devastating. These individuals are debilitated by neurocognitive deficits resulting in increased impulsivity and severe maladaptive behaviours (Blaszczynski & Nower, 2002; Milosevic & Ledgerwood, 2010). This next section will explore the influence of gender on the presentation of problem gambling behaviour.

Gender Differences of Problem Gamblers Investigated

Despite having made significant progress in the struggle for equality between the sexes, there remain noteworthy differences in the contexts of the two genders. Feminists argue that men and women are not the same and, indeed, have developed from early childhood in very different ways (Boughton, 2003; Cook, 1993; Guindon, 2011). Much of this variance is attributable to the influence of social and cultural norms on gender role formation through a process known as socialization. It is thought that differences in socialization between the two genders contribute to a dichotomy that permeates all aspects of life—even gambling behaviours and gaming preferences. Such gender-based differences will be explored further in the subsequent sections.

Characteristics of male gamblers. In Western society, males are socialized to perceive themselves as individuals competing within a hierarchy of power and

prominence, with personal achievement being both prized and celebrated (Cook, 1993; Cook & Doherty, 1993; French, 1985; Guindon, 2011). Some researchers studying gambling behaviour have suggested that male socialization patterns exert a powerful influence in men's motivation to gamble and their gaming preferences. Males tend to be motivated by ego, thrill seeking, and competition when gambling (Boughton, 2006; Walker, Hinch, & Weighill, 2005). The interaction between patterns of socialization and motivation to gamble is especially interesting when one considers that men exhibit a preference for games that are strategic, competitive, and that are of high intensity (e.g., poker, blackjack, etc.) (Boughton, 2003, 2006; Walker et al., 2005).

The role of socialization may also impart the tendency for men to begin experimenting with gambling earlier on in life compared to females. The focus on power and individual achievement inherent in male socialization may also contribute to the disproportionately larger bets placed by male gamblers as well as their reported need to boast about winnings among gambling peers. Despite the male socialization focus on individuality and competition, there appears to be some reinforcement derived from social forces through gameplay. It is conceivable that the bravado characteristic common to male gamblers reflects attempts to attain notoriety and enhance social status. Furthermore, there could be a relationship between *bravado* and size of bets.

Winners who triumph despite the significant risk, as represented by the size of bet, are afforded greater *bragging rights* and experience increased social reinforcement—similar to a football quarterback and a breakaway touch down. Lastly, male socialization patterns may, in part, contribute to the increased risk of males becoming problem gamblers (Afifi, Brownridge, MacMillan, & Sareen, 2010; Blanco,

Hasin, Petry, Stinson, & Grant, 2006; Boughton, 2003, 2006; Ibanez, Blanco, Moreryra, & Saiz-Ruiz, 2003; Ladd & Petry, 2002).

Characteristics of female gamblers. Similar to male problem gamblers, socialization patterns appear to play a role in aspects of gambling behaviour for women. As such, an increasing number of researchers are drawing attention to the unique characteristics of female problem gamblers and the influence of socialization in gambling motivation, gaming preferences, and other characteristics associated with female problem gambling behaviour.

Motivation to gamble. It would appear that gender differences exist with regards to motivations for gambling (Wenzel & Dahl, 2009). While men seem to enjoy the thrill associated with gambling, it would appear that women engage in gambling activities to escape, and in some cases dissociate, from depression, unpleasant feelings, or from life challenges (Wenzel & Dahl, 2009; Piquette-Tomei, 2010). It is interesting to note that female problem gamblers describe the combination of auditory and visual stimulation or feedback produced by electronic gaming machines as hypnotic, suggesting that gambling machines may present a possible mechanism of inducing dissociation (Piquette-Tomei, 2010). Additionally, for some women, gambling provides an opportunity for socialization and, in some cases, mental and physical excursions from the confines of the household and/or work (Piquette-Tomei, 2010).

Mood states and gambling behaviour. One of the more important aspects of female problem gamblers is the apparent relationship between mood states and gambling behaviour. Specifically, female problem gamblers self-report episodes of gambling that correlate with intense feelings including: anger, sadness, loneliness, boredom and worry

(Afifi et al., 2010; Blanco et al., 2006; Boughton, 2003, 2006; Petry & Steinberg, 2005; Piquette-Tomei, 2010). When compared to female social gamblers and non-gambling female peers, women problem gamblers are more likely to have a history of trauma stemming from violence and other abuse. Female problem gamblers report more extreme gambling symptomatology when compared to male problem gamblers (Boughton, 2006).

Neurocognitive differences. In Grant, Chamberlain, Schreiber, and Odlaug's (2012) research examining gender-related neurocognitive differences in problem gamblers, it was noted that there were no significant differences in response inhibition or cognitive flexibility between male and female problem gamblers. However, females demonstrated faster psychomotor speed on the correct *stop-signal* task (Grant et al., 2012). While the importance of this finding is unclear at present, it may be an influential factor in women's preference for electronic gaming machines.

Gambling and illegal behaviour. There is some evidence to suggest that women problem gamblers may be more likely to participate in illegal behaviours (i.e., embezzlement or theft) that are secondary to gambling (Grant et al., 2012). Participation in illegal activities may be explained, in part, by the tendency for women problem gamblers to carry greater debt loads compared to their male counterparts, perhaps leading to increased levels of desperation (Boughton, 2006; Grant et al., 2012).

Comorbidity. There appear to be increased rates of psychiatric comorbidity common to female problem gamblers. In general, female problem gamblers report greater levels of present depression and anxiety as well as increased lifetime occurrence rates of affective disorders. When compared to male problem gamblers, female problem gamblers have an increased likelihood of receiving a diagnosis of a mood disorder and/or anxiety

disorder and/or personality disorders. It is interesting to note that when compared to female non-gamblers, the presentation of psychiatric morbidity is significantly more pronounced amongst female problem gamblers (Afifi, 2009; Boughton, 2006, 2013; Grant et al., 2012; Piquette-Tomei, 2010). Counterintuitively, there is little difference in the rates of substance use disorders between male and female problem gamblers; however, female problem gamblers are more likely to have a first-degree relative with a history of gambling or alcohol abuse (Boughton, 2006; Vogelgesang, 2010).

Gaming preferences. It has been well established that female gamblers prefer low intensity games of luck (e.g., Bingo, electronic gaming machines, etc.) (Afifi, 2009; Blanco et al., 2006; Boughton, 2003, 2006; Dwyer et al., 2013; Gavriel-Fried & Ajzenstadt, 2012; Li, 2007; McCormack, Delfabro, & Denson, 2012; Piquette-Tomei, 2010; Wenzel & Dahl, 2009). Boughton (2003) suggested that women's preference for these games is not necessarily related to game complexity or intensity of the gambling experience; rather, it may be a function of maintaining relationships with peers. In contrast to men, women are socialized to be selfless and focus on nurturing the needs of others. Women place great value on the importance of belonging to a community or intimate network of interpersonal connections (Cook, 1993; Cook & Doherty, 1993; Guindon, 2011). As such, there is reduced emphasis on individual achievement and competitiveness (Boughton, 2003) in favour of cooperation for mutual benefit (Guindon, 2011). In general, female gamblers will avoid games that are perceived as combative in an effort to avoid competition, especially when "winning is at the direct expense of their peers" (Boughton, 2003, p. 2). When wins occur, female gamblers will often downplay

the significance of their wins and publically attribute their success to luck as opposed to *skillset*.

Furthermore, some researchers have suggested that female gamblers may use gambling as a medium for networking socially with peers (Boughton, 2006; Walker et al., 2005). Thus, it would appear that the inclination towards non-strategic games, modesty regarding wins, and avoidance of competition might reflect *decorum*. Such decorum is likely intended to maintain and promote social connectedness to other female gamblers (Boughton, 2003, 2006; Cook., 1993; Walker et al., 2005). Alternatively, Wexler (as cited in Perry, 2008) suggested that economic reality for women may shape gambling preferences, given that women typically have less disposable income compared to men as a result of being historically disadvantaged (*Journal of Women's History*, n.d., para. 1). According to Wexler, in the United States, slot machines can be played for as little as a nickel and, thus, may be a more affordable gambling option for women of low socioeconomic status.

Gambling trajectory. Another important variable for consideration is the relative rate at which women make the transition from social gambler into problem gambler—otherwise known as trajectory. For reasons that are poorly understood, females begin gambling later in life and, thus, transition into problem gambling behaviour at an older age compared to that of men (Blanco et al., 2006; Greco-Gregory, 2002; Ibanez et al., 2003). Given the recognized age difference in the introduction to gambling activities, some researchers have suggested that women may have an expedited transition from social gambling into problem gambling. In other words, once females begin gambling, they appear to become *hooked* (i.e., addicted) faster than their male counterparts (Lesieur,

1977; Nelson, LaPlante, LaBrie, & Shaffer, 2006; Potenza et al., 2001; Tang, Wu, & Tang, 2007; Tavares, Zilberman, Beites, & Gentil, 2001; Wenzel & Dahl 2009). While the notion of telescoping effects on the part of female problem gamblers has been commonly endorsed in literature, an understanding of the factors contributing to expedited trajectory continue to elude researchers. As such, the issue requires further investigation through research (Jimenez-Murcia et al., 2010). It is worth noting that the practice of endorsing expedited trajectory on the part of female problem gamblers is contentious, as only a handful of studies specifically examined gendered variation in gambling trajectory. Of said research, only a few studies have supported the notion of an expedited trajectory on the part of women problem gamblers. In contrast, other researchers have reported little or no difference in problem gambling trajectory between the sexes (Grant et al., 2012).

Age of onset of problem gambling and severity. There is intriguing evidence to suggest that the age at which an individual moves from social gambling into problem gambling (i.e., age of onset) influences the clinical presentation of problem gambling. Age of onset may also act as an indicator of lifetime gambling severity (Boughton, 2006; Jimenez-Murcia et al., 2010). Some individuals are experienced gamblers early in life, but do not necessarily cross the threshold into problem gambling for some time. However, others transition (i.e., telescope) into the problem gambling realm quickly. Gamblers who transition into problem gambling earlier in life (i.e., have a younger age of onset) tend to be more severely afflicted and are more likely to be found on the pathological end of the gambling continuum (Jimenez-Murcia et al., 2010). Furthermore, research into the association between age of onset, psychopathology, and personality

suggests that individuals who exhibit a younger age of onset often have higher measures of novelty seeking tendencies, impulsivity, and lower levels of self-directedness (Jimenez-Murcia et al., 2010). Additionally, there was evidence to suggest that individuals with younger age of onset are more likely to have had a childhood diagnosis of AD/HD, which corresponds to the characteristics described in this discussion (Harrow, 2010; Jimenez-Murcia et al., 2010).

Gender similarities in gambling behaviour. Despite the significant differences between male and female problem gamblers, there exists an interesting collection of shared characteristics. It would appear that both genders tend to be introduced to social gambling by friends and family. The overall rates of gambling behaviour are similar between males and females. Lastly, both genders describe feelings of gratification associated with the possibility of winning money (Boughton, 2006).

Knowledge about female problem gambling behaviour. Much of the existing literature about problem gambling behaviour was derived from the experiences of male problem gamblers. However, problem gambling behaviour is not exclusive to men. Women continue to become increasingly involved in gambling behaviour (Piquette-Tomei, 2010). In fact, the gaming industry has noted tremendous growth in the female gambling demographic (Boughton, 2006; Null, 2015). Notwithstanding women's increased rates of participation in gambling activities, knowledge specific to women's gambling remains limited. In particular, Piquette-Tomei (2010) noted this discrepancy, as related to gambling trajectory, in the following statement: "Although empirical research has clearly identified patterns emerging from gender related gambling and problem gambling domains, the knowledge of women's progression from a social gambler to that

of a problem gambler remains inadequate and understudied" (p. 5). The reason for the apparent knowledge differential regarding male and female problem gambling is unclear. However, the discrepancy warrants further investigation. On the surface, though, it would appear that some degree of androcentrism could be a contributory factor.

Demographics of women problem gamblers. According to Afifi's (2009) research using data from the Canadian Community Health Survey (Cycle 1.2), Canadian female problem gamblers share a cluster of demographic characteristics. Specifically, female problem gamblers are likely to fall within the age grouping of 40 to 49 years of age. Their education is often limited to the completion of high school. They tend to subsist on total household incomes of less than $50,000.00. The majority have never married. Perhaps most pertinent to this thesis is the sobering reality that female problem gamblers often rely on negative coping skills as a function of exposure to significant life stressors (i.e., violence, trauma, etc.) (Boughton, 2006).

Influence of androcentrism in gambling research. Within the context of general scientific inquiry, androcentrism remains commonplace (Bueter, 2015; Hegarty & Buechel, 2006). Such research practices tend to overlook the influence of gender in the exploration of phenomenon. In literature, it was not uncommon for the discussion of findings from primarily male samples to be generalized across genders. Ultimately, this results in apparent minimization of gender as an influential element to behavioural phenomena. Within the context of the study of gambling behaviour, it is conceivable that elements of androcentrism have aided the perpetuation of erroneous conceptualizations of gamblers as a homogenous collective that is independent of the influence of gender (N. Piquette, personal communication, December 8, 2014; see also Bueter, 2015; Hegarty &

Buechel, 2006; Verandert, 2010). Fortunately, a growing number of researchers are shedding light on the importance of the interaction between gambling and gender via research demonstrating patterns in gambling behaviour that are a function of gender (Afifi, 2009; Boughton, 2006; Dwyer et al., 2013; Hagen, Grant Kalishuk, Currie, Solowoniuk, & Nixon, 2013; Piquette-Tomei, 2010). Given the significance of the relationship between gender and gambling, it is essential to explore the role of the female context (e.g., socio-cultural influences and expectations, gender role, etc.) as possible contributory factors to the development and maintenance of problem gambling behaviour. It is anticipated that investigation of the female context and problem gambling through a feminist lens will highlight the significance of adversity in the lives of women as potentiating the development of problem gambling behaviour among female problem gamblers (N. Piquette, personal communication, December 8, 2014; see also Afifi, 2009; Black et al., 2012; Boughton, 2003, 2013; Piquette-Tomei, 2010).

The importance of the female context in examining gendered gambling behaviour. Traditionally, it is thought that the location of slot machines within casinos separate women from their male partners, while their partners participated in traditional casino card games (Boughton, 2006). As such, until recently, casinos were designed with the male consumer in mind. However, a hallmark of successful business in a competitive environment is the recognition for and implementation of strategies to broaden product appeal and increase market share (Invest Northern Ireland, 2016). It is apparent that the gaming industry has embraced such diversification strategy through their acknowledgement of the lucrative importance of the gender context. This newfound appreciation for the significance of gender context in gaming has resulted in evolutionary

changes to casinos, such that they have become increasingly welcoming to women (Null, 2015; Piquette-Tomei, 2010). Null (2015, p. 2) has noted that some of the changes employed by casinos include:

- Increased floor space between games, making it feel less crowded.
- Increased navigability through reduction in the traditional ‘maze’ type layout of the various games.
- Games clustered in smaller groupings.
- Easily accessible restaurants, bars, and washrooms.
- Moving ‘higher payout’ electronic gaming machines closer to the entrance.
- Approachable service staff—de-emphasis of ‘scantily clad’ employees.
- Incorporating elaborate artwork.
- Increased use of natural light.

The strategic changes in casino atmosphere have resulted in increased casino game-play among women gamblers (Piquette-Tomei et al., 2008). However, with this diversification of the customer base, comes diversification of the potential for addiction. The reality of gambling addiction is that there exists an omnipresent relationship between gambling and gender, such that vital differences manifest as a function of gender (Centre for Addiction & Mental Health, 2009). Specifically, “gender impacts the type of gambling people engage in, how much people spend while gambling and how often people gamble. Gender also impacts the reasons why people gamble, their treatment seeking behaviour and treatment needs” (Boughton, 2006, p. 9).

Given this important relationship between gender and gambling behaviour, it is imperative that the context of being a woman within our society (i.e., the female context)

be further explored. While there are many possible theoretical orientations from which to examine the notion of the female context (i.e., bio-psycho-social perspective, Bronfenbrenner's ecological model, etc.) and given the possibility that gender-related experiences may contribute to the development of problem gambling behaviour in women, it seems most logical to examine the female context through a feminist lens.

The feminist lens. The exploration of the female context requires an understanding of the concept of feminism and its usefulness in examining female problem gambling. It is paramount that one differentiates the concept of sex from gender roles. For many individuals, the concepts of gender and sex are often confused and misused within popular culture. The term sex refers to the fundamental biological differences (e.g., gonadal differences, chromosomal differences, hormonal differences) that account for the physical and, to a limited degree, behavioural characteristics that are associated with females or males. While the biological aspect is indeed important, in and of itself, this perspective is short-sighted because it fails to account for the multitude of ways in which biological sex interacts with environmental and contextual variables (e.g., psychological, cultural, and social variables) (Cook, 1993). Cook (1993) suggested that a far more complete conceptualization of gender that it is inclusive of biological differences in conjunction with "the psychological, cultural, and social characteristics that distinguish the sexes" (p. 1). Thus, as noted by Cook, the concept of gender is important since:

> Our society itself is highly differentiated on the basis of gender. Everyday men and women confront different expectations, opportunities, rewards, and resources on the basis of their biological sex. We perceive and respond to others in certain

> ways because of their biological sex, and how others respond to us in sex-differentiated ways shaped our own conceptions of ourselves as individuals. (p. 1)

Indeed gender is a reality that not only shapes one's behaviour, but also serves as a criterion for organizing one's world (Cook, 1993). This conceptualization of gender is indispensable for understanding the basis of feminism. The notion of feminism is somewhat difficult to describe, as there are numerous varied interpretations of it, such as radical feminism, goddess feminism, second-wave feminism, and third-wave feminism (Brayton, Olivier, & Robbins, 2014). Each type of feminist thought focuses on particular characteristics or ideals, which are beyond the scope of this literature review. However, despite the individual differences between the varying types of feminism, they all share underlying principles (Redfern, 2001). As such, feminism is most eloquently described as "an assertion that women as a group have been historically disadvantaged relative to men of their race, class, ethnicity, or sexual identity and a commitment to changing the structures that systematically privilege men over women" (*Journal of Women's History*, n.d., para. 1). The feminist movement highlighted the relationship between the unique context of oppression, sexism, and devaluation, which are said to all but universally characterize the lives of women throughout the world (Cekelis, 1998; French, 1985). In other words, feminism has provided a pathway for the examination of gender and gender-related experiences and how they contribute to people's understandings of their lives. More importantly, feminism is useful in understanding the occurrence of distress that may serve as a catalyst for the development of dysfunctional coping mechanisms such as gambling.

The double bind. An important aspect of feminism that is relevant to understanding and framing distress common among women is the *double bind*. The cumulative distress that many women experience on a day-to-day basis is, in one way or another, partially attributable to a devaluation of feminine characteristics, including empathy, sensitivity, having a focus on others, and nurturing, in favour of more masculine characteristics, such as independence, aggressiveness, individual achievement, and competitiveness, that our society idealizes as successful (Collier, 1982; Cook & Doherty, 1993). In other words, "if a woman was to be healthy as an adult [male] then she would be unhealthy as a woman. If she was to be healthy as a woman, then she would be considered unhealthy as an adult [male]" (Cekelis, 1998, para. 3). This *damned if you do and damned if you don't* scenario is commonly referred to as a double bind, because of the mutual incompatibility between being a happy, healthy, and self-fulfilled woman and the act of striving to obtain idealized masculine gender role characteristics. From this, it becomes readily apparent that the female gender role within the context of our society and culture, may negatively impact the mental health of women (Cekelis, 1998). Such insults to mental well-being of women may, in turn, lead to the adoption of dysfunctional coping mechanisms such as problem gambling behaviour.

Double-bind and gambling motivation. Guindon (2011) promoted the perspective that women conceptualize their world through relationships as connections to others, whereas men are more likely to perceive the world in terms of power, competition, and hierarchy. Perhaps certain gaming activity provides a safe medium or freedom in which the female problem gambler can express, celebrate, and/or practice her feminine characteristics that she may otherwise feel pressured to suppress. It is

conceivable that this notion of a double bind may be reflected within the gaming preferences and gambling etiquette displayed by women gamblers. Alternatively, Lesieur and Blume (1991) suggested that some middle-class women involved in problem gambling behaviour report feeling empowered by participating in competition within an androcentric society. If Lesieur and Blume's assertion holds true, it is anticipated that the pressure put upon women to adopt more masculine characteristics may eventually manifest itself in an increase in the number of women gamblers who begin to participate in game-play that has traditionally been the domain of men. In other words, they may exhibit movement away from games of chance to more competitive and strategic games (e.g., poker). However, participating in increasingly competitive games, with hierarchy and afforded bragging rights, may undermine the social relationships a female gambler has established among her gambling peers by violating the gambling etiquette embraced by fellow female gamblers, precipitating further stress.

Gender role of self-sacrifice. It is not uncommon to find women who are experiencing episodic distress, chronic distress, or even crisis in response to attempting to meet the needs of the various demands of life (i.e., the workplace, the family, and the household). Many women become caught in a gender-role-imposed cycle of perpetual self-sacrifice, in which there is a constant struggle to fulfill gender-role expectations to meet the needs and desires of others, in place of fulfilling the needs of the self (Cook & Doherty, 1993). Fulfilling the role expectations of wife, mother/nurturer in conjunction with occupational or educational role expectations could potentially tax or compromise the physical, emotional, and even spiritual resources of many women. This practice of failing to consider the needs of the self will eventually result in a depletion of social,

emotional, and physical resources (Collier, 1982). Further, the depletion of internal resources can lead to feelings of failure, depression, and anxiety. This path is attributable to a devaluation of feminine characteristics, including empathy, sensitivity to others, and nurturing, in favour of more masculine characteristics, such as independence, aggressiveness, individual achievement, and competitiveness, that our society idealizes as successful (Collier, 1982; Cook & Doherty, 1993). Women have been conditioned to feel that their feminine gender role qualities are necessary, but yet are insufficient to be valued by others in their family or in the society they are a part of (Cook & Doherty, 1993).

Socio-economic status. Compared to men, women continue to be financially disadvantaged in our society. For example, the average take-home wages of women amount to 55% of a man's income in the province of Alberta (Statistics Canada, 2011). On average, women tend to make 30% less than their male counterparts in the same fields of work do. Women are also more likely to be employed in part-time work settings (Statistics Canada, 2011). Part-time work placements often lack extended workplace benefits (e.g., dental care, eye care, etc.) and are unlikely to be provided by the employer. Overall, part-time employment equates to decreased take-home pay (Boughton, 2006; Rodas, 2016). Women who are single parents carry an average debt load of $68,000 (Statistics Canada, 2011). Ultimately, it is clear that even in our relatively progressive society, there appears to be an economic disadvantage for women. At the end of the day, females have less disposable income than men (Rodas, 2016): a fact that is of critical importance in the context of problem gambling behaviour.

Care-giving for children and seniors. According to Cook and Doherty (1993), many women who choose to focus their lives on carrying out traditional female role responsibilities (e.g., being a full-time mom and/or homemaker) tend to undervalue themselves and experience low self-esteem. Unfortunately, our society reinforces this by undermining the achievements and importance of full-time nurturers. Furthermore, the contributions of full-time nurturers lack the recognition or monetary remuneration that is associated with other occupations. All too often, it is recognition of individual performance or the extent of monetary remuneration that is often considered to define the credibility of the individual and the individual's role (Cook & Doherty, 1993). In other words, some women can feel "lost and cheated by a reward system that fails to recognize the value of what they have given" (p. 27).

Nevertheless, women continue to be the primary care-givers for children in both dual-parent and single-parent households (Rodas, 2016; Statistics Canada, 2011). The number of women with children less than 16 years of age who work outside the home for financial reasons is increasing (Statistics Canada, 2011). For those individuals who cannot afford external childcare, part-time employment may be the only compromise. More disturbing is the fact that an increasing number of single mothers have to work more than one job to make ends meet.

For many women, the care-giving reality extends beyond that of childcare to also include caregiving for aged parents. As with childcare, the burden of eldercare is shouldered primarily by women (Rodas, 2016; Statistics Canada, 2011). For many women, balancing the multifaceted demands of care giving exacts a personal price that may include increased stress and reduced time allocation for socialization and self-care.

This way of life may facilitate the emergence of dysfunctional coping mechanisms such as gambling. This sentiment was best summarized by Gavriel-Fried and Ajzenstadt (2012), who most eloquently stated, “Women gamble because the nest is too full” (p. 142). In other words, women encounter obstacles, both intrinsic and extrinsic, that are impediments against developing a sense of power and self-determination or internal locus of control (Egan & O’Neil, 1993). It is conceivable that these feelings of powerlessness and lack of control may give rise to depression, hopelessness, anxiety, and fear. In turn, this may contribute to the spawn of dysfunctional coping strategies/behaviours, including the development of problem gambling behaviour.

Abuse. Women are disproportionately more likely to experience abuse during their lifetime. It is estimated that 50% of all Canadian women have been subjected to either physical or sexual violence during the course of their lifetime (SACHA Sexual Assault Centre, 2013). However, recent female immigrants, women of First Nations ancestry, women with disabilities, and women under the age of 24 are most likely to experience physical and/or sexual abuse (Sinha, 2013). In comparison to males, Sinha (2013) suggested that women are 11 times more likely to experience sexual assault, with upwards of 25% of women in Canada reporting having been sexually assaulted; this statistic does not take into account the numerous sexual assaults that go unreported. Of women who are survivors of sexual assault, 50% will have experienced sexual abuse prior to age 18. Approximately 83% of women with disabilities experience sexual abuse (SACHA Sexual Assault Centre, 2013). The vast majority of the time, the perpetrators of sexual violence will be known and, in many cases, related to the victim. To add insult to injury, women are three times more likely to experience criminal harassment or stalking.

Women who experience partner violence are twice as likely to sustain physical injury from the attack, three times as likely to experience difficulty in carrying out daily activities as a result of violence, and seven times as likely to report fearing for their lives (Sinha, 2013).

As a consequence of the alarming rates of physical and sexual abuse perpetrated against women, women report greater levels of fear of crime compared to men. Ultimately, such fear results in elevated rates of overall stress among women (Sinha, 2013).

In summary, notwithstanding the advancements towards gender parity, there continues to remain a stubbornly persistent inequity that distinguishes the life contexts of men and women. Such disparity is, in reality, a significant obstacle that makes it difficult for women to achieve a sense of power and self-determination (Egan & O'Neil, 1993). Even within our progressive society, women continue to experience financial inequity and employment limitations, resulting in disproportionately less disposable income compared to men. Women overwhelmingly bear the burden of child-rearing and eldercare responsibilities compared to their male counterparts. They are more likely to experience abuse over the course of their lifetime, frequently associated with long-lasting physical and/or emotional impact. Given the diversity and significance of the challenges that women experience, it comes as no surprise that many women have difficulty balancing everyday demands and are left struggling to cope. For an increasing number of women, gambling presents as an opportunity to have fun, to escape from life's stressors, to network socially, along with the possibility of attaining economic security for themselves and their families. On the other hand, gambling behaviour carries inherent risks.

Inevitably and unintentionally, the consequences of problem gambling behaviour experienced by the female problem gambler will eventually be shared by her family.

Impact of female problem gambling behaviour. Despite the increasing popularity of gambling among women, it is not without consequences. Some of these consequences, such as winning, are positive and reinforcing; while others, such as financial loss and addiction, are troublingly negative (Piquette-Tomei, 2010). Problem gambling affects many aspects of life, including health and well-being, financial stability, psycho-social functioning, employment, family functioning, and legal trouble (Petry, 2003a, 2003b). For many problem gamblers, the involvement in gambling is a positive experience marked by intensified emotion, opportunity to live in the present and escape from troubled thoughts, along with the infrequent, but energizing, thrill associated with monetary gain (Morasco, Weinstock, Ledgerwood, & Petry, 2007). However, for the problem gambler, these positive consequences are short lived and quickly disappear once the individual is removed from the gambling environment. The negative consequences of gambling behaviour are far more salient and persistent (Morasco et al., 2007) and will be discussed in this section: (a) familial and marital impact, (b) parental dysfunction and impact on children, (c) financial stressors, (d) financial loss, (e) health impact, and (f) legal impact.

Familial and marital impact. Examination of the impact of gambling on the family unit is especially pertinent to the study of women problem gamblers. The family unit is not exempt from the impact of problem gambling behaviour. For the problem gambler, dysfunctional family systems, family conflict, and marital discord are relatively commonplace (Black et al., 2012; Morasco et al., 2007; Shaw, Forbush, Schlinder,

Rosenman, & Black, 2007). The increased propensity for family discord is thought to be attributable to a variety of factors. For instance, as problem gamblers become increasingly preoccupied with gambling, there is a corresponding decrease in their ability to invest in and maintain current relationships (Momper & Jackson, 2007). This is not to suggest that problem gamblers lose the desire to be involved in relationships; rather, their relative importance of the relationship is superseded by the insidious evolution of the compulsion.

As the addiction progresses, time, money, and personal energy expenditure become reallocated to maintaining the gambling habit. The need to maintain the gambling habit can lead to changes in personal behaviour (e.g., deceit, evasiveness, and possible involvement in criminal activity) that undermine both marital and family relationships (Black et al., 2012). It does not come as a surprise that partners of problem gamblers report increased personal distress related to the severity of the gambling problem. Such personal distress on the part of partners of problem gamblers contributes to decreased levels of marital satisfaction and reductions in subjective ratings of their mental and physical health. In some cases, marriages involving problem gamblers end up becoming abusive (Hodgins, 2007; Wenzel, Oren, & Bakken, 2008).

Despite the recognition of some relationship between problem gambling and marital and familial dysfunction, there remain important unanswered questions about the strength and directionality of such relationship(s). On the one hand, Black et al. (2012) suggest that it makes good sense that pathological gambling could contribute directly to marital discord and family dysfunction. On the other hand, it is also plausible that persons experiencing marital and/or family discord may be more likely to take up gambling as an

escape (Black et al., 2012). Ultimately, the disruption to the marital relationship and the decreased levels of marital satisfaction contribute to escalated rates of separation and divorce for problem gamblers.

Despite notable social changes that have occurred within the Twentieth Century, women continue to be disproportionately responsible for child rearing and household operational demands within family units as compared to their male partners. Numerous authors have also noted that women continue to earn approximately 20% less than men in similar occupations do ("Couples and Housework," 2012; McVeigh, 2012; Piquette-Tomei et al., 2008). In situations where pair-bonded unions separate or divorce, women are more likely than males to maintain custody of the children and, therefore, continue to shoulder the primary parenting role as single parents (Piquette-Tomei et al., 2008). It is within the context of this disparate responsibility shouldered by women that that the true significance of problem gambling behaviour can be understood.

Parental dysfunction and impact on children. For the female problem gambler, compulsive dedication to gambling translates into decreased spousal contact, less interaction with children, a reduction in ability to parent, and in more extreme cases, abuse and neglect of children (Corney & Davis, 2010; Shaw et al., 2007). Grant and Kim (2002) studied the parenting styles of individuals with problem gambling. The result of their research was rather troubling, as approximately 40% of their sample of problem gamblers self-reported neglectful parenting styles. In research examining the effects of maternal gambling problems on child behavioural functioning, Momper and Jackson (2007) found a direct association between mothers who gamble, poor parenting skills and supervision, and an increase in childhood behavioural problems (Grant & Kim, 2002).

While there is no known research that specifically examines the parenting aptitude of single mothers who gamble, it is anticipated that such a scenario could be especially devastating, given fewer options for parenting support, increased financial challenges, and little buffer against other potential shortcomings associated with a gambling parent. This is an especially important consideration for women problem gamblers, given the fact that women continue to disproportionately maintain custody and shoulder child-rearing responsibility of children post-divorce.

Financial stressors. Financial stress resulting from gambling behaviour can have serious consequences for the female problem gambler and her family. Firstly, financial instability resulting from gambling behaviour is likely to be a significant source of stress that translates into marital conflict and family discord (Wenzel et al., 2008). Gamblers often experience periods of financial instability that intensifies the perceived need to participate in gambling activity. In such cases, further participation in gambling may represent an attempt to remediate the financial crisis. For the female problem gambler, periods of financial instability combined with other life challenges (e.g., abuse history, family conflict, marital conflict, employment difficulties, etc.) could precipitate unwelcome thoughts and feelings. In turn, the unwelcome thoughts and feelings may fuel a desire to escape or avoid (Blaszczynski & Nower, 2002). The desire to escape or avoid, combined with pressure to bring resolution to the financial crisis, may set the basis for binge gambling—such that financial difficulties beget further financial difficulties. It is anticipated that financial stressors can reduce parent availability/accessibility and possibly the overall quality of parenting. For the single mom who is a problem gambler,

such financial stressors could result in compromise to the parent/child relationship and even neglect.

Financial loss. Problem gambling can result in both direct and indirect financial loss. The direct financial losses result from lost bets and paying off gambling debts (e.g., paying off bookies, loans, repayment of stolen money, etc.). Indirect financial loss results from wages lost from workplace absenteeism, inconsistent employment, and premature redemption of retirement savings plans/investments. Employment problems are often tied to workplace time and resources being reallocated to gambling. It has been reported that pathological gamblers are twice as likely to report having experienced termination of employment in the past year (Sumitra & Miller, 2005). Such financial loss is especially troubling for low socio-economic status families, single-parent/single-income households, and senior citizens subsiding on low fixed-incomes (McCormack, Jackson, & Thomas, 2003). In extreme situations, problem gambling behaviour can result in bankruptcy, with rates approximately four times higher for pathological gamblers (Sumitra & Miller, 2005). Most troublingly, problem gambling is suggested to be an under recognized contributing factor to homelessness (Rota-Bartelink & Lipmann, 2007).

Health impact. A reality that is poorly acknowledged among problem gamblers is the impact that problem gambling behaviour has on one's emotional well-being and physical health. Such impact also extends to the loved ones of problem gamblers (Griffiths, 2004). When compared to individuals without gambling problems, problem gamblers tend to rate their health more poorly and are more likely to report episodic insomnia and migraine headaches. Problem gambling behaviour results in increased utilization of healthcare services and is a notable cost to the healthcare system (Morasco

et al., 2006). For both males and females, participation in problem gambling behaviour increases the risk for a variety of medical disorders, such as obesity, hypertension, intestinal disorders, depression, and anxiety (Morasco et al., 2006). Female problem gamblers tend to report proportionately greater rates of somatic complaints and physical discomfort (Tang et al., 2007). Disproportionate levels of depression and anxiety experienced by individuals with gambling problems tend to result in sleep dysfunction and reduced problem solving or cognitive functioning. The reduction in problem solving or cognitive ability, in turn, may promote further gambling behaviour (Centre for Addiction & Mental Health, 2009; Petry, 2003a, 2003b). Most disturbing, female problem gamblers report more frequent suicidal ideation as well as actual suicide attempts (Feigelman, Gorman, & Lesieur, 2006).

Legal impact. Historically, gambling has been intimately enmeshed with organized crime, frequently associated with loan shark outfits and illegal gambling operations (Ferentzy & Turner, 2009). More often, it is the problem gambler themselves who gets into legal trouble, and the female problem gambler is no exception. For the female problem gambler who has exhausted her financial resources, her family's savings, and the financial help afforded by friends and family, gaining revenue through illegal means becomes justifiable. Sadly, theft from family, friends, and employers is most commonplace. Ensuing legal difficulties result from credit problems and issues related to theft or embezzlement (Dowling et al., 2009). It is well known that pathological gamblers are 20 times more likely to be incarcerated when compared to individuals who abstain from gambling behaviour (Sumitra & Miller, 2005). The degree of representation of women problem gamblers caught in the justice system is beginning to come to light. In a

study conducted by Abbot and McKenna (2005), 26% of an entirely female sample of newly incarcerated prisoners in New Zealand admitted to having committed a crime to finance gambling or pay off gambling debts. There is some preliminary evidence to suggest that women may be more likely to participate in illegal behaviours (i.e., embezzlement or theft) that are secondary to gambling (Grant et al., 2012). It is possible that some of the increased propensity towards criminal behaviour may be explained by the tendency for women problem gamblers to carry greater debt loads compared to their male counterparts (Grant et al., 2012).

The researcher speculates that because female problem gamblers have more invested in their lives, (i.e., their children), they may take increasingly desperate measures to ensure the security and well-being of their families. Unfortunately, for an increasing number of women problem gamblers, legal difficulties are expanding beyond theft or embezzlement to include a growing number of instances of child neglect/endangerment directly related to gambling behaviour (Greig, 2014; National Council on Problem Gambling, 2007). There have been occurrences in which female problem gamblers have been charged with involuntary manslaughter related to the tragic deaths of unattended children left in hot vehicles outside casinos (abcNEWS, 2008; "Examples of Children," 2012). Here in Canada, a woman with a history of problem gambling from Winnipeg, Manitoba, has been charged with multiple counts of fraud, along with concealing the remains of six dead infants within a rented U-Haul storage locker (Barghout, 2014). Most horrifying of all is a recorded instance in which a female problem gambler intentionally suffocated her infant in order to collect insurance monies to further her gambling (California Council on Problem Gambling, 2014).

Gendered Intervention Issues/Barriers

An increasing number of number of researchers are beginning to recognize the importance of gender context as a factor in the treatment of female problem gambling behaviour (Boughton, 2006; Piquette-Tomei, 2010; Piquette-Tomei et al., 2008). While this recognition is a step in the right direction, it is important to examine the process of treatment seeking and possible impediments to treatment programming.

Treatment seeking for problem gambling. Unfortunately, many female problem gamblers will not explore treatment options until they have experienced significant consequences resulting from their gambling behaviour. Those who seek out treatment supports are often motivated to do so by the emergence of crisis—whether financial, legal imposition, and/or family ultimatums (Boughton, 2006). Despite the noted hardships resulting from crisis, there can be many impediments to accessing treatment programming for the female problem gambler.

Barriers to getting treatment. Irrespective of the controversy related to gendered rates of treatment seeking behaviour, it is thought that women may experience disproportionately more impediments to receiving treatment service compared to males. In general, these barriers can be divided into two groups: (a) extrinsic barriers (e.g., the logistical hurdles); and (b) intrinsic (e.g., gender roles, thoughts, and feelings related to addiction, stages of change, stigma, etc.) (Boughton, 2006; Piquette & Norman, 2013; Piquette-Tomei et al., 2008).

Extrinsic barriers to treatment. Many aspects of the female context serve to distinguish women problem gamblers from their male counterparts. A significant reality for women is the fact that they are more likely to have limited financial resources, have

experienced abuse in their lifetime, and shoulder the primary care-giving responsibilities for children and elders. These factors serve as a reminder that many different variables need to be considered when evaluating efficacy and accessibility of treatment programming for women problem gamblers (Piquette-Tomei et al., 2008). Henceforth, one has to query the stated efficacy of any treatment programming when variables influencing accessibility have been excluded as components of program evaluation.

For many women, the logistics of accessing treatment programming serve as barriers themselves—a reality that is all too easily overlooked. For mothers who are problem gamblers, the availability of childcare can be a considerable obstacle in treatment programming. For individuals who cannot rely on family or friends for childcare, the cost of external childcare services may be prohibitive. Furthermore, the proximity of treatment supports to home, childcare placements, and time constraints may be influential factors in attending treatment programming, especially for women who rely on public transportation. For individuals who have the option of friends and/or family support, there may be reluctance to access such assistance with childcare out of concern for feelings of shame, fear of stigma (i.e., “Mommy is going to her gambling meeting again”), or concern related to burdening others with childcare duties as well. Conflict with unsupportive partners could decrease motivation to pursue or participate in treatment programming, especially for women existing in relationships where physical and emotional abuse occurs.

Two important elements of consideration in relation to treatment programming are (a) the use of androcentric programming and (b) the group composition, which will be discussed in Chapter 5. For those women who are willing to participate in treatment for

problem gambling behaviour, traditional avenues of treatment have been primarily androcentric in scope. However, there is important emerging evidence that the androcentric *shot gun* approach to treatment programming common for male and female problem gamblers fails to address the specifics of the female context (e.g., the need for childcare, etc.), and more specifically, generic programming fails to address the distinctive treatment programming needs particular to women problem gamblers (e.g., treatment groups composed only of females) (Piquette & Norman, 2013; Piquette-Tomei et al., 2008).

Intrinsic barriers to treatment. There is little doubt that barriers to treatment seeking exist. The intrinsic barriers may be the most difficult to overcome. For many women, part of the difficulty in accessing treatment services might stem from gendered social norms. These internal barriers can consist of stigma, gender-role subversion and shame, and hope as a barrier to treatment; each of which is discussed in detail in this section

Stigma. Within our society, it can be argued that women are expected to adhere to high moral standards along with maternal roles. Those who do not fulfill such expectations may experience condemnation from others (Lesieur & Blume, 1991). There is evidence to suggest that society is more critical of females with gambling problems compared to their male counterparts, and as such, women may perceive greater amounts of stigma related to their gambling problems accordingly (McCormack, Shorter, & Griffiths, 2012; Roberts & Ogborne, 1999).

It has been well established that female problem gamblers will go to extraordinary lengths to cover-up and maintain secrecy regarding their problem gambling behaviour. In

part, the effort put into the concealment of problem gambling behaviour could be explained by possible consequences associated with perceptions of stigma (Boughton, 2006; Piquette-Tomei et al., 2008). Perceived stigma may also influence to whom women initially reach out to for help. McCormack, Shorter, and Griffiths (2012) suggested that out of reluctance and concerns related to confidentiality, some women may begin their quest for treatment by consulting with non-professional supports (e.g., peer networks, family, the myriad of self-help information on the internet, etc.) for their problem gambling behaviour. This may result in accessing inaccurate information, mistrust of treatment programming, and delayed access to professional treatment services (Boughton, 2006).

There is evidence to suggest that many women will access mental health services to address their mental health concerns (e.g., depression, anxiety, and other comorbidities) and avoid disclosure of their gambling problem. Sadly, treatment will often focus on issues that are secondary to gambling until the individual is willing to disclose their problem gambling behaviour to the practitioner (Boughton, 2006). Compounding this problem, there are still some mental health professionals who neglect to ask specifically about problem gambling behaviour, thus curtailing the treatment process. For women who have been able to maintain secrecy about their gambling behaviour, the energy expended on building and maintaining cover stories may prove too exhaustive to bother accessing supports. They may also be concerned about privacy and confidentiality. Additionally, some women may be resistant to treatment out of a fear of required total abstinence from gambling behaviour (Boughton, 2006). Lastly, similar to other addictions, treatment services can only be accessed if the problem gambler

acknowledges their behaviour as disruptive and\or damaging to their life space and is willing to participate in treatment programming.

Gender-role subversion and shame. Numerous and profound consequences can arise out of problem gambling behaviour. Consequences that can extend beyond the female problem gambler and can result in hardship for her family. As gambling increasingly becomes a priority for the female problem gambler, time and energy allocation towards care-giving responsibilities (parenting/elder care), social connectedness, household management, concern for others, and self-control will correspondingly decrease. In other words, the female problem gambler becomes subversive to the gender roles that are expected of her. The researcher speculates that this subversion is unlikely to be malicious in intent, but rather a necessary trade-off for the reallocation of time, energy, and finances to her evolving gambling behaviour (N. Piquette, personal communication, August 1, 2014).

Irrespective of the intent behind her behaviour, Custer (as cited in Boughton, 2006, p. 18) maintained that "there is a quality of dissoluteness, immorality and indecency that people read into" the gambling behaviour. Furthermore, Lesieur and Blume (as cited in Boughton, 2006, p. 18) submit that "women are acutely aware of the stigma applied by society to a woman who fails to meet the high moral standards expected of women." For the female problem gambler, the end result of this subversion is likely the development of profound shame. Firstly, shame for indulging in gambling activities and subsequently forfeiting control of her behaviour. Secondly, shame for ostensibly *abandoning* her societally expected gender role, her duty, and her focus—to care for her family and manage her household. In the end, such shame might be expected

to reinforce her gambling behaviour and strengthen her perceived need for absolute secrecy. Ultimately, shame may be a profound obstacle to problem gambling treatment.

Hope as a barrier to treatment. Many barriers make it difficult for women problem gamblers to access treatment programming. While seemingly counterintuitive, it is suggested that a sense of hope, fueled by desperation, can be one of the more significant impediments to treatment (Boughton, 2003, 2006). For the female problem gambler, hope is centred on the notion that a *big win* will eventually occur and result in solutions to life difficulties for herself and, perhaps more importantly, her family. It is thought that the notion of hope is deeply embedded within the psyche of female problem gamblers, such that "the gambler actively believes that the outcome of the behaviour will be positive, improving her life in the long run" (Boughton, 2003, p. 4). In other words, it would appear that the female problem gambler is able to derive some semblance of comfort from the inherent certainty in uncertainty, such that gambling eventually equates to hope. The desire to bring significant positive change to her personal life and the well-being of her family serves to motivate further gambling behaviour. Here in lies the paradox of problem gambling behaviour, such that "gambling is fueled by an expectation that doing more of the very behaviour that caused the problems will resolve the problems" (Boughton, 2013, p. 24).

The researcher speculates that for some female problem gamblers, resistance to treatment may stem from a combination of fear and desperation related to the thought of life that is devoid of gambling. For the female problem gambler, cessation of gambling may be akin to giving up on the possibility of a better future for herself and her family. Such a thought-train could be unthinkable for those who are desperate for financial

security. According to Boughton (2003), this notion of hope may serve to reinforce cognitive distortions related to the odds of winning and the benefits of gambling. Furthermore, the development and maintenance of hope, related to the big win, are likely reinforced through a combination of promotional messages from the gaming industry, experiences of having personally benefitted from sporadic wins, witnessing others' wins, and ultimately, desperation (Boughton, 2003). This construct of hope as a characteristic of female problem gamblers is significant enough that it can be used to differentiate female problem gamblers from other women with substance use disorders, as hope appears to be inconsequential in substance use disorders (Boughton, 2003). Further research is warranted to explore the construct of hope as a differentiating characteristic and as a factor in the development and maintenance of women's problem gambling behaviour.

Treatment seeking and the androcentric assumption. Treatment seeking behaviour among women problem gamblers is yet another area of research that has been tainted by androcentric assumption: the idea that there is little meaningful difference in gendered treatment seeking behaviour. Such an androcentric assumption has also helped to maintain inaccurate conventions about treatment programming (i.e., programming that meets the needs of male problem gamblers will also meet the needs of female problem gamblers). Fortunately, an increasing number of researchers are beginning to challenge these assumptions. Crisp et al. (2000) suggested that women are more reluctant than men to seek treatment for difficulties with problem gambling behaviour. The assertion that women are more reluctant to participate in treatment programming was also echoed by Boughton (2006) and Volberg (2003). However, other studies have reported quite the

opposite, instead suggesting that female problem gamblers are more likely to seek treatment and represent approximately 50% of the individuals participating in treatment programming for problem gambling behaviour (Slutske, Zhu, Meier, & Martin, 2010). Clearly, given the differing results, this discrepancy would benefit from further study. While it is unclear as to why these different studies have yielded contradictory results, the researcher of this proposal speculates that the noted difference could be indicative of:

1. Variability between sample populations in each of the studies.
2. A possible change in the number of women seeking treatment for problem gambling behaviour compared to previous studies.

The preceding statement is interesting in that it may reflect Piquette and Norman's (2013, p. 55) proclamation that: "Women have unique cultural, social, health and gender characteristics; hence their distinctive needs must be addressed." This notion that women have inherently distinctive needs relative to men suggests that gambling treatment programming should be tailored by gender to better reflect the requirements of female clientele. Some researchers are beginning to question this assumption and are ensuing to explore the notion that female problem gamblers may have different treatment needs relative to men (Piquette & Norman, 2013; Piquette-Tomei et al., 2008).

Based on the information provided within this literature review, one can establish that there are remarkable gender differences in etiological presentation of gambling, gambling motivation, gaming preferences, gambling etiquette, and consequences related to problem gambling behaviour. These gender differences are both complemented and reinforced by gendered socialization, disparity in gender role expectations, and the gendered inequity that continues to permeate our society. There is great power afforded

by the recognition of the dichotomous nature of gender in society and in the varied presentation of problem gambling behaviour. However, said recognition is but a meagre *starting point* in the process of developing a more comprehensive understanding of female problem gambling behaviour. Further exploration of this topic is critically important for the development of both prevention and intervention strategies to tailor treatment programming, enhance the training of clinicians, support families, and most importantly, empower the female problem gambler. It is anticipated that the findings from this research will contribute to much-needed prevention and intervention supports.

Current Study

The framework of the qualitative methodology to explore the lived experiences of a sample of female problem gamblers is provided in Chapter 3. The framework outlines in detail the goals of this research, research setup and implementation, participant inclusionary criteria, participant recruitment, data gathering procedures, and the process used for data analysis.

Purpose

This research seeks to gain a better understanding of the process by which women transition from social gambler into problem gambler, to identify the factors that influence such transition and to better understand the impact of problem gambling behaviour on the lives of women.

Research Questions

1. What can we learn about the pace of transition from social gambler into problem gambler in women?

2. What can we learn about potential mediating factors that may influence the movement of female leisure gamblers into problem gamblers?
3. What can we learn about the impact of problem gambling behaviour on the lives of the women within this sample population?
4. What can we learn about the treatment seeking experiences of the women within this sample?
5. What can we learn about the role of the female context on the development of problem gambling behaviour in women?

Chapter 3

Methodology

Over the past few decades, there has been a marked increase in the quantity of research dedicated to the study of problem gambling behaviour. Such research has served to increase awareness about problem gambling and has broadened the understanding of its significance on those afflicted within our society. Despite the advancements in one's understanding of problem gambling behaviour, androcentric assumptions continue to permeate the conceptualization of gambling behaviour, thereby minimizing the importance of gender as an influential factor in problem gambling etiology and its treatment (Afifi, 2009; Piquette-Tomei, 2010). Consequently, there is a paucity of research dedicated to examining the role/impact of gambling specific to the lives of women. As such, the primary goal of this research was to expand the understanding of the unique context of female problem gamblers and to uncover the factors that influence women's transition (i.e., pace of transition) from social gambling to problem gambling status.

It is hoped that the results obtained from this research will further the understanding of the unique characteristics, predictors of problem gambling behaviour, and the impact of problem gambling behaviour on the lives of women. Based on an extensive review of existing gambling related literature conducted by the researcher, this thesis research represents the preliminary investigation of gambling progression specific to women (i.e., movement from social gambler to problem gambler) and the lived experiences of women problem gamblers. Given that this study represents a foundational investigation of female problem gambling behaviour, the research methodology

employed had to be appropriate for the purpose of preliminary investigation. Henceforth, the researcher has chosen to utilize an inductive qualitative investigatory process, which is ideally suited for preliminary investigations. The discussion contained within this chapter includes rationale for the use of qualitative methodology, an overview of the complementary nature of feminist thought and qualitative methodology, details specific to the interview procedures, recruitment of participants, and the data analysis process.

Rationale for Using Qualitative Methodology

An overview of the logic for the selection of inductive qualitative research methodology for this research is provided in this section. Also included is a discussion of qualitative research and the associated rationale for using content analysis.

Qualitative research. Quantitative research has long been the workhorse of scientific investigation. It is indispensable for the exploration of the *how*, *how many*, and *how often* of phenomenon. While it is a powerful investigatory tool, it does have innate limitations. Within the social sciences, qualitative research has evolved out of a need to explore and deepen the understanding of the complex behavioural phenomenon that proves difficult to measure, such as the *why* of behavioural occurrence. It is best conceptualized as a modality for the detailed investigation of complex human behaviour, including changes in behaviour, in which data are derived from participant interviews, utilizing open-ended questions to solicit information. Further, it represents both a holistic and naturalistic approach to the exploration of behaviour that takes into account lived experiences, feelings and opinions.

The use of qualitative investigation excels in deepening the understanding of said phenomenon through the development of concepts and theory (University of Surrey,

2016). The use of open-ended questions empowers participants in the research to provide data in their own words (Bricki & Green, 2007; Creswell & Plano, 2011; Stevens, 2003; White & Marsh, 2006). The resultant text data explores the *how*, *what*, and *why* of behaviour and provides contextual understanding through the participant's perspective. Being that the intent of this research was to explore the lived experiences of female problem gamblers, it made sense to employ qualitative methodology to explore the phenomenon and, additionally, to honour the voice of the participants. The data derived from qualitative research are often voluminous, and the challenge became how best to sort it for the purpose of analysis.

Rationale for using content analysis. In the case of the research at hand, part of the intent was to find out what could be learned from the lived experiences of female problem gamblers. The exploration of such complex behavioural phenomenon requires the collection and analysis of interview data—tasks that are ill suited for quantitative investigation and analysis procedures. In the qualitative approach to research, the data undergo analysis to illuminate patterns (e.g., keywords, themes, etc.), resulting in the development of a conceptual framework for understanding the construct being explored (Stevens, 2003). There are many approaches to the analysis of qualitative data. One such qualitative analytic modality is the process of content analysis. Content analysis is best described as a systematic classification process that involves the coding and identification of themes or patterns within the text data (Cho & Eun-Hee, 2014; Elo & Kyngas, 2007; Hsiu-Fang & Shannon, 2005). According to Bricki and Green (2007), Stevens (2003), and White and Marsh (2006), an inductive approach to qualitative research is ideally suited to the investigation of subject matter for which there has been little or no previous

research. Given the paucity of information regarding the lived experiences of female problem gamblers and the process by which female social gamblers transition into problem gamblers, it made sense to employ an inductive approach to the qualitative exploration.

As discussed early on within this document, there was a surprising lack of research examining women's transition from social gambler into problem gambling status. In light of the absence of previous investigation into this topic, the researcher felt that inductive content analysis would be the most appropriate form of analysis for examining the qualitative data. Inductive content analysis is best used when there are no previous studies examining a particular phenomenon, as the process of investigation ultimately leads to the development of theory (Blackstone, 2012; Elo & Kyngas, 2007). Within the inductive approach to content analysis, "the classification scheme is not imposed by the researcher; rather, the categories emerge from discovery analysis" (Ptacek, 2009, p. 3). The data are examined and re-examined until patterns emerge and categories are formed. These patterns are categorized and, in turn, lead to the formation of theory or a framework. Such theory can then be employed to explain the noted patterns.

The Complementary Nature of Feminist Thought and Qualitative Methodology

Qualitative research methodology appears to be advantageous in that it is better suited for (a) elucidating the contextual variables in gambling progression and in the lived experiences among women problem gamblers, and (b) contributing to a more holistic understanding of problem gambling behaviour among women (Hsiu-Fang & Shannon, 2005). Furthermore, qualitative methodology complements the exploration of

women's problem gambling through a feminist lens, as it focuses on the "standpoints and experiences of women" (Brayton et al., 2014, para. 5). Qualitative research provides insight into how individuals make sense of their world given their particular life experiences (Merriam, as cited in Guest, Namey, & Mitchell, 2012). It must be emphasized that research through a feminist lens "cannot claim to speak for all women, but it can provide new knowledge grounded in the realities of women's experiences" (Brayton et al., 2014, para. 7). It is through the examination of the lived experiences of women that a better understanding of the female context can be obtained.

Qualitative methodology further complements feminist thought, whereby the knowledge gained has the potential to contribute to social change by drawing attention to the issues in the lives of female problem gamblers. Lastly, qualitative research methodology complements the *feminist lens* through the empowerment of the female participants, as they are understood to be experts about their lived experiences. It is hoped that the theory derived from this research will lead to a more complete understanding of the factors that influence women's transition from social gambler into problem gambler. Further, it is expected that this research will assist the development of targeted prevention and intervention strategies specific to the needs of women gamblers. The following sections will discuss the research set-up and implementation as well as issues related to the recruitment of research participants.

Research set-up and implementation. Each of the interviews was conducted in the hamlet/town/city in which the respective participant resided. The interview locations varied between participants as a function of the availability and accessibility of private spaces in which to conduct the interviews. The interview sites were mutually agreed upon

by both the research participant and the researcher in advance of the interview. Every effort was made to ensure that the interview environments met the following criteria:

1. Safety: The environment was mutually determined as *safe* by the participant and the researcher. The researcher felt that *safety* was of particular importance given the increased probability that one or more of the participants are survivors of abuse. The researcher was concerned about the possibility that his male gender could trigger uncomfortable memories and/or feelings of discomfort within the participants that could negatively affect the establishment of trust between the researcher and the participant. This issue could potentially affect the interview process and the quality of data collected during the interaction. Several strategies were employed to mitigate these concerns including: telephone contact with the participants in advance of the interviews, disclosure of the interviewer's gender to the participants, giving participants control over logistics of the interview (i.e., date/time, location), frequent reminders for participants about the right to opt out of the research at any point in time (including during the interview), and so forth.
2. Confidentiality: The environment was assessed, both by the participant and the researcher, as being sufficiently confidential as to respect participant's privacy and facilitate open communication for the duration of the interview.
3. Setting: The interview environment was conducive to encouraging and maintaining open communication between the participant and the researcher (e.g., physical proximity, lighting conditions, background noise, placement of furniture, etc.).

4. Accessibility: The interview location was mutually agreed upon and easily accessible for the participants. In three out of the four interviews, the researcher travelled to the community in which the participant resided. In the remaining interview, the researcher and the participant each travelled to a mutually convenient location within a particular community. The time and date of the interviews were negotiated as to minimize disruption to the participant's routine (e.g., taking into account their work schedule, availability of childcare, leisure time, transportation time, appointments with professionals, etc.)

Research participants. Many factors were considered in the development of the inclusionary/exclusionary participant criteria, the process of participant recruitment, and the use of incentives for participation. These factors will be discussed in the three subsequent sections.

Considerations for participant recruitment. The inclusionary criteria for the research necessitated that prospective participants be female, over the age of 18, have a history of problem gambling behaviour, and be currently receiving treatment or have previously received treatment for problem gambling behaviour. This stipulation of current or previous treatment for problem gambling was imperative to the research, as it was indicative of the sample population exhibiting a sufficient amount of gambling pathology necessary to meet the minimum criteria for problem gambling behaviour as suggested by Piquette-Tomei (2010). Over and above the requirement of sufficient gambling pathology, the researcher put much thought into possible challenges to the recruitment of research participants for this study. It was anticipated that the most

difficult obstacle to participant recruitment would come from the reality that women problem gamblers are generally secretive about their problem gambling behaviour (Boughton, 2006; Piquette-Tomei, 2010; Wenzel & Dahl, 2009). Furthermore, as a group, female problem gamblers are reluctant to self-identify, which is perhaps a function of perceived shame and/or embarrassment, and will often make great effort to conceal their problem gambling, and cover their tracks, from others, including treatment professionals.

Based on this reality, the researcher anticipated two possible problems with participant recruitment. Firstly, that potential recruits could be reluctant to participate in the research due to embarrassment, shame, and/or privacy concerns. Secondly, the researcher could end up with a sample population that self-identified for the study, but may not have had a history of receiving treatment specifically for problem gambling behaviour from a mental health professional. In order to minimize the potential impact of these concerns, and in consultation with Dr. Piquette, the researcher initially employed *snow ball* (i.e., chain-referral) sampling (Bricki & Green, 2007). It was thought that the use of chain-referral sampling would help mitigate these concerns, as problem gambling treatment practitioners would reach out to perspective research participants, thereby decreasing the likelihood of recruiting individuals who have failed to disclose their problem gambling behaviour to their treatment provider.

The researcher also contended with a separate concern regarding the accessibility of research participation opportunities. In Piquette-Tomei et al.'s (2008) study of group programming for women problem gamblers, the study participants expressed frustration with the relative inaccessibility of treatment programming and the lack of treatment

programming options specific to female problem gamblers. Therefore, the researcher of this thesis felt that it was important to make himself as available as possible in order to best accommodate the schedules, life commitments, and transportation limitations of the women involved in the study.

Participant recruitment method. The process of participant recruitment started with the compilation of a comprehensive list of mental health professionals and organizations/agencies that provide treatment programming for problem gambling behaviour within Southern Alberta. This list was entered into an electronic database for documenting initial and follow-up contact with service providers. Using the contact information of treatment providers gathered in the database, the researcher then began an advertising blitz. Each of the service providers was contacted systematically, and the contact (i.e., name, job title) was recorded within the database. Contact with treatment providers took place via telephone whenever possible. In specific instances, emails were also sent when direct telephone contact was not possible or whenever voicemail messages were left. The researcher also made every effort to coordinate face-to-face meetings with treatment professionals when logistically and geographically feasible. The professionals were informed of the details of the research (e.g., purpose of the research, research questions, inclusionary and exclusionary sample criteria, copy of documentation indicating HSRC approval, intent to offer an incentive for participation, etc.). In accordance with Gall, Gall, and Borg's (2007) conceptualization of chain-referral (i.e., snow ball sampling), each of the interested treatment providers was given advertisement posters (Appendix A) for their respective organization and were encouraged to share the information with colleagues and clientele alike.

Incentive for research participants. An incentive for participation was given to each of the participants. The decision to distribute incentives to the research participants was based on a desire to express appreciation for the time and energy required for completion of the interviews. Careful consideration of possible incentives took place, and in the end, it was decided that the appropriate incentive had to meet three criteria. Firstly, the incentive must not be something that could be used to contribute to future problem gambling on the part of the participants. Secondly, the incentives needed to be accessible to the participants. Lastly, the value of the incentive must not be perceived as a form of coercion. As such, Tim Horton's gift cards were chosen because their usage is limited to the purchase of food and beverages, and it was thought that such gift cards would be unlikely to contribute to or precipitate problem gambling behaviour. Additionally, Tim Horton's establishments are relatively accessible within most communities in Southern Alberta. The researcher believed that the $15.00 gift card denomination was unlikely to be considered to be of sufficient value to be interpreted as a form of coercion.

Interview Procedure

Pre-interview contact with prospective participants, interview contact with participants, an overview of the informed consent process, and data collection will be discussed in the following sections.

Pre-interview contact with prospective participants: Information for research recruits. During the initial telephone contact, each of the participants was provided with a verbal synopsis of the research study (e.g., purpose, expectations risks/benefits, etc.) over the telephone. Then a brief verbal screening took place to determine the research participant's eligibility based on the inclusionary/exclusionary

criteria (i.e., being female, over the age of 18, current or previous participation in gambling treatment from a mental health professional). For those individuals who were interested in continuing forth with participation in the research, mutually convenient interview time, date, and locations were established. Prior to the end of the telephone call, the researcher informed the participants that their participation would require them to review and sign a consent form with the researcher. The participants were provided with a verbal synopsis of the consent form to familiarize them with the contents prior to the scheduled meeting date.

Interview contact with participants. The interview contact with the participants consisted of a three step process that included a review of the (a) Human Subjects Research Committee approval letter, (b) a thorough discussion about the research and informed consent, (c) signing of the consent forms and finally, (d) the process of data collection.

Review of human participants and ethics research form. In accordance with University of Lethbridge (2016) Faculty of Education policy, an Application for Ethical Review of Human Research was submitted to and approved by the Human Subject Research Committee (HSRC) prior to the start of the research. The letter of approval by the HSRC (see Appendix B) was presented to each of the participants preceding the review of the informed consent process and the actual consent forms.

Review of participant informed consent. On the scheduled dates of the corresponding interviews, the researcher drove to the respective communities of the potential participants. Upon meeting with each individual participant, the researcher introduced himself and engaged in some rapport building conversation. Once the

researcher sensed that a basic level of rapport had been established, he presented the participant with a copy of the consent form. The researcher read the contents of the consent form out loud while the participant followed along on their own copy. Refer to Appendix C.

The verbal review of the consent form covered the following:

- An overview of confidentiality and exceptions to confidentiality.
- An overview of the consent form.
- The contact information for the researcher and the direct supervisor of the researcher.
- Notification of the intent to record the interviews using an audio recording device for later transcription.
- Information about their right to withdraw (and have data removed and subsequently destroyed) from the study at any point in time.
- Review of identity and information protection strategies (i.e., coding of data and electronic encryption).
- Information about data storage protocols (on both paper and electronic media)
    - Data will be housed in a securely locked cabinet for a period of five years post analysis.
    - After five years, all data, including transcription, recording, and questionnaire data sources, will be securely destroyed.
- Information regarding the dissemination of research findings, including the possibility of results being published or presented.

- Participants were informed of their right to both review and respond to the conclusions drawn from the data.
- Participants were informed that they would receive a $15.00 Tim Horton's gift card as incentive for participation.

Final review of consent forms prior to signing. Once the consent form was reviewed with the participants, they were presented with the opportunity to ask questions. The researcher answered each of the questions posed by the participants. The participants were then encouraged to review the consent form one more time. The participants were then asked whether they would like to continue with their participation in the research. Each of the participants who indicated that they wished to proceed was provided a pen with which to sign both copies of the consent forms. The researcher took one copy and the participant was given the other.

The interview: Data collection. The interviews consisted of a series of open-ended questions and accompanying probes that solicited detailed information about the participant's lived experiences in relation to their gambling behaviour. During the interview, the following questions were asked to each of the participants:

1. How do you think and feel that gambling has changed your life and the lives of your significant others?
2. What motivated your gambling behaviour?

   2.a. Were there specific thoughts and/or feelings or life factors that would lead to gambling cravings or changes in your gambling behaviour?
3. How did you know that your gambling behaviour was becoming a problem?

   3.b. What were the cues that signaled it was time for help?

4. How did you know that you needed help for your gambling behaviour?

   4.a. How did you go about finding help?

   4.b. What steps did you take to find help that worked for you?

5. Tell me about when you noticed a change in the way you gambled or how often you gambled?

   5.a. Can you tell me what the pace of that change looked like?

   5.b. What else can you tell me about this gambling shift from "just having fun" to more of a "need to gamble"?

The dialogue between the researcher and the participant, including participant responses to each of the questions, were recorded via a TASCAM linear PCM (pulse code modulation) digital audio recorder (model DR-05). The audio segments were saved into the internal memory of the digital audio recorder at the end of the interview. The files from the digital audio recorder were then transferred by a USB connection to the researcher's home computer into an encrypted 128-bit file folder that could only be opened with a password known only by the researcher. This encrypted secure folder was then copied several times and put on USB thumb drives for the purpose of maintaining several redundant backup copies of the digital audio files, to be used in the event that the original files become corrupted prior to the transcription. Each of the file-folder copies was also encrypted to secure them against unauthorized access. The USB thumb drives were then locked in a cabinet as added security.

In light of the researcher's established *working memory* difficulties and slow *cognitive tempo*, the services of a transcriptionist were utilized to expedite the transcription process. The transfer of the audio files to the transcriptionist proved to be a

logistical challenge. Despite the use of audio file compression (i.e., MP3 file format), the audio files were too large to be sent via email. Additionally, the researcher was apprehensive about the transmission of the audio files by email given possible concerns about the security of the data. In the end, a Google Drive account was created to *house* the audio files in preparation for transcription. The Google Drive service was selected by the researcher because of the robust security protocols and 256-bit transport layer security (TLS) encryption employed by Google for both the transmission and storage of all data on their servers. This 256-bit security protocol appealed to the research, as it is double that typically used by major banks for securing online banking transactions. The files were uploaded to file folders on google drive to be shared with the transcriptionist. Each of the participant's audio files was put in separate electronic file folders that were differentiated by the alias names of the participants. The Google drive account was secured using a multi-factor security protocol. Access to the audio data was only possible by entering the correct password from the pre-established IP address. The transcriptionist was provided with the password during a face-to-face meeting with the researcher. Her IP address was then added to the pre-established IP address list in order for her to be able to access the audio files. She had previously worked as a court transcriptionist and was required to take the oath of confidentiality in that setting, which also governed her participation in this research project.

The transcriptionist transcribed each of the audio files into Microsoft Word documents, which were then uploaded to the respective file folders in the secure Google Drive account. The transcriptions were verified against the audio files by the researcher

for accuracy. Once the transcriptions were received by the researcher, the transcriptionist deleted the audio files and transcriptions from her computer.

A note about importance of confidentiality. In light of the fact that participants in this study shared intimate details about their lives (their lived experiences with problem gambling behaviour), the researcher felt that it was of paramount importance to protect their anonymity, their privacy, and their dignity. For one of the participants, safety was an added concern given her unpaid debts to *informal creditors*. As such, certain components of the participant characteristics and/or background have been altered to prevent the identification of individuals who participated in this research. Each of the participants was assigned a pseudo name, and they are referenced by their pseudo name within this thesis. References to their respective ages are approximated to the nearest decade, and there is no mention of the communities in which they reside. As an additional layer of security, any potentially identifying details of their personal stories have been altered in a manner that maintains the fine balance between the authenticity of their stories and their right to privacy.

Sample size. The use of qualitative methodology within this research was influential in determining the sample size, with the goal being 15 participants. Despite exhaustive attempts to recruit as many women problem gamblers as possible, in the end, the sample population was limited to four individuals. A total of six individuals came forward and expressed interest in participating in the research. Four of the six individuals were referred to the research project by mental health professionals from several communities. Two of the six responded to advertisements they had seen in the community. Of the six individuals interested, one individual did not meet the

exclusionary criteria, as she had not received any sort of treatment programming specific to problem gambling behaviour. Another individual expressed interest in participating in the research, but in the end decided to opt out of the study because of an immediately available job opportunity in a remote community.

A note about difficulties with participant recruitment. As the data collection timeline progressed, the researcher became increasingly concerned about the smaller than anticipated sample size—a total of four participants. In consultation with Dr. Piquette, the decision was made to augment the participant recruitment process through the use of a variety of advertising mediums to spread the word about the research project, including:

- Having the research profiled in the community events section of the Lethbridge Herald newspaper.
- Further face-to-face contact with numerous service providers, including physicians, psychiatrists, mental health therapists, several treatment centres (Aventa treatment centre in Calgary, South Country treatment centre in Lethbridge), Legal Aid, Legal Guidance, various law practices, and a representative of the criminal investigation unit from the Alberta Gaming and Liquor Commission.
- Telephone contact was made with other treatment service providers, outpatient mental health centres, Sun Rise Native Addiction Services, Claresholm Centre for Mental Health and Addictions treatment centre, and Gambler's Anonymous.
- Advertising posters (Appendix A) were put up on public notice boards, bars with VLTs, in the hospital, in physicians' offices, the Legion, YWCA, public

library, and various providers of counselling services (Lethbridge Family Services, Family Centre, Calgary Counselling Centre, etc.) The posters were refreshed on a regular basis after each of the pull-tabs had been removed. It is interesting to note that many of the posters had to be refreshed on an ongoing basis, as they were routinely stripped of the pull-tabs. The locations requiring the most frequent refreshment of posters were Lethbridge Regional Hospital's public notice boards, the public notice boards in downtown Lethbridge, and the bulletin boards in specific physicians' offices in Lethbridge. The researcher has interpreted this as being representative of the level of interest in the research, but also a reflection of reluctance to participate.

Ultimately, information about the research was disseminated to numerous communities in Southern Alberta, including Calgary, Cardston, Crowsnest Pass, Claresholm, Vulcan, Brooks, Strathmore, Airdrie, High River, Okotoks, Fort McLeod, Taber, Coaldale, Lethbridge and Medicine Hat. A list of the supportive agencies is provided in Appendix D.

Research Participants

A synopsis of the sample composition, a description of the participants, initial impressions of the participants, and general participant demographics are provided in the following sections.

Sample composition. Each of the participants in this research was a woman over the age of 18, who resided in the province of Alberta at the time of the study. All of the participants were either currently receiving or had historically received treatment programming for problem gambling behaviour from a mental health professional.

Remarkably, none of the referrals came from the local Mental Health and Addictions office in Lethbridge. It is also interesting to note that the researcher was told by a representative of the Lethbridge Mental Health and Addictions office that they rarely provide treatment for problem gambling behaviour because of the low incidence of problem gambling within the community. This issue will be further examined within the discussion portion of this thesis.

Description of participants. Despite the fact that the small sample size was less than ideal, the composition of the sample population had an interesting demographic spread. It is important to note that pseudo names were used to protect the identity of the research participants. The following represents a brief description of each of the participants. For more detailed information about the participants, refer to the participant profiles listed in Appendix E.

1. Nikita: A Caucasian individual approximately aged 30 who is also a newlywed. At the time of the data collection, she was on a medical leave from her place of employment due to health concerns. Nikita possesses insight and life experience well beyond her years. When gambling, Nikita prefers to use electronic gaming machines.
2. Elsa: A Caucasian individual who is married, a mother of adult and young children, who is employed as a business professional. She possesses a phenomenal organizational ability that allows her to excel as a mother and business professional. She is incredibly introspective and appears to a have a keen understanding of issues and theory related to addictions. Her problem gambling difficulties stemmed from the use of electronic gaming machines.

3. Jasmine: An individual of Indo-Canadian ancestry who immigrated to Canada many years ago. She has been widowed for several years and is also a proud grandmother. She has postponed her retirement and returned to her previous work in a *helping profession*, a consequence of financial difficulties associated with her problem gambling behaviour associated with the use of electronic gaming machines.
4. Blythe: A woman of First Nations ancestry who is employed as an educator. She is a parent of adult children and has recently returned to university to further her post-secondary education. Gambling is a pastime common to both her immediate and extended family. She was introduced to gambling as a child during family gatherings, during which she learned many traditional games practiced by members of the Blackfoot Confederacy. She is a skilled tactician and possesses an exceptional aptitude for strategic card games. While Blythe has participated in many forms of gambling, it was her involvement in casino card games that fueled her problem gambling behaviour.

Initial impressions of participants. The researcher was struck by several elements about the group of participants within the research. Firstly, there was absolutely nothing about the individuals that was externally indicative of their respective histories of problem gambling behaviour. On the surface, the participants were *ordinary* people. However, their lived experiences and personal truths clearly delineated them from social gamblers and non-gamblers. The researcher was caught off guard by the level of intelligence apparent in each of the participants as evidenced by their individual introspectiveness and self-reflection concerning their problem gambling behaviour. He

was also captivated by the level of enthusiasm that each participant exhibited for participating in the research. With an unanticipated level of immediacy, it became clear to the researcher that the women who participated in this research were strongly motivated by a sense of altruism and need to *cleanse* themselves of their personal demons. This manifested in a prodigious desire to share their personal truths, despite their vulnerability, with a primary goal of helping others in the process.

Participant demographics. The sample size ended up being smaller than originally anticipated. Nevertheless, the demographics of the participants were quite varied and unique, while sharing some interesting commonalities. In an attempt to capture the demographic similarities and differences between the participants, the researcher compiled a table of participant characteristics as derived from the interview data. Refer to Appendix F for the table outlining the similarities and differences of the participants.

Data Analysis

A variety of approaches exist to qualitative research, with some of the more common modalities, including phenomenology, grounded theory, and content analysis. Given the exploratory nature of this research, data analysis was conducted using the process of inductive content analysis (see Figure 2). As is implied by the name, inductive content analysis relies on inductive reasoning to sift through, by looking for patterns, or condense coded data into preliminary categories. In turn, the established categories are further condensed to generate theory, moving from the examination of specific components to the development of a general overview (Cho & Eun-Hee, 2014; Elo & Kyngas, 2007; Hsiu-Fang & Shannon, 2005; Thomas, 2013).

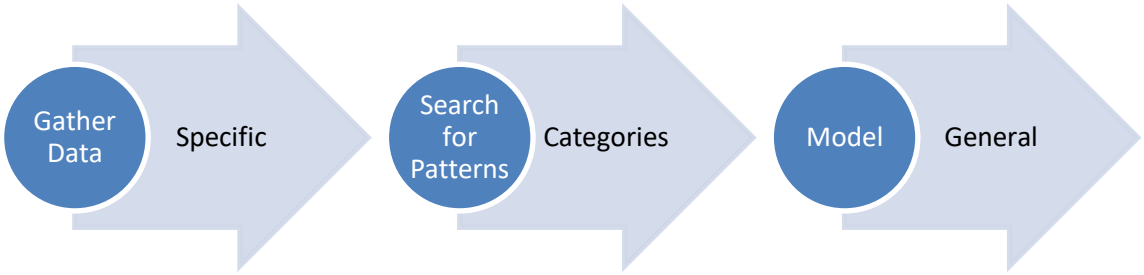

Figure 2. Inductive content analysis.

Developed from Elo and Kyngas (2007, p. 110)

Data analysis procedure. In the case of this research, the content analysis focused on interview transcription data. The process of content analysis is typified by three phases: (a) preparation, (b) organization, and (c) reporting (Blackstone, 2012; Elo & Kyngas, 2007; Hsiu-Fang & Shannon, 2005). During the preparation phase, the interview transcript data were reviewed for errors in transcription, and thematic analysis took place through the identification of keywords. The keywords were used to uncover underlying themes or patterns within the text data. For this research, the thematic analysis was inductive in nature, as the creation of categories was derived from the data as they were being reviewed. The organization phase entailed development of a numerical coding system to aid in the categorization of the transcript data. Based on the themes or patterns emerging from the transcription data, the system of codes was used to represent each of the uncovered thematic categories (Blackstone, 2012; Creswell & Plano, 2011). In the reporting phase, the instances of expressed themes within the transcription data were tabulated, providing a survey of the common themes across the interview transcription datasets. Relative theme prevalence was determined by tabulation (Blackstone, 2012; Creswell & Plano, 2011; Elo & Kyngas, 2007).

Data analysis process. As previously indicated within the methods section of this thesis, inductive content data analysis was chosen because of the paucity of research and knowledge about female problem gambling. The purpose of inductive content analysis is to distill or filter larger quantities of data into general categories that can be used to develop theory (Elo & Kyngas, 2007; Hsiu-Fang & Shannon, 2005; White & Marsh, 2006). In addition to the inductive content analysis, the researcher also decided to examine participant data by creating visual timelines of the important life events as described by each participant within her respective interview transcript (Appendix G). The timelines were created using an Ipad app called Timeline Version 1.2 (Readwritethink, 2016). The decision to use Timeline was based on the simplicity of the user interface and the ease in reformatting timelines as more information was added to them. During the process of creating the participant life event timelines, it occurred to the researcher to also compile a matrix of demographic similarities and differences across the participants. Consequently, findings derived from each of these analytic processes will be discussed in separate sections.

Thematic analysis process. A brief overview of the system employed to analyze the transcript data and identify overarching themes is provided in this section. It is interesting to note that despite the passage of time between the interviews and the interview transcription, the researcher was able to vividly recall the individual interviews to the extent of being able to evoke the sound of the voices of the participants in memory. The steps included familiarization with the data, initial coding, theme exploration, and accuracy and quality control.

Familiarization with the data. The initial step in the data analysis process was to conduct an in-depth review of the transcript data and compare it to the audio files to ensure accuracy. After having received the completed transcriptions from the transcriptionist, the researcher read each of the individual transcripts several times to become intimately acquainted with the data. Some minor punctuation changes were made to the transcript data to more accurately reflect the flow of the dialogue. Once the punctuation edits were made, each of the transcripts was printed out. After completion of several reviews of the transcript text data, the researcher began the process of coding the data.

Initial coding. The coding process began with reading and re-reading sections of text systematically in individual transcripts. This process included highlighting sections of text within the transcript data and making notations about initial themes, ideas, concepts, and items of interest, resulting in approximately 200 preliminary codes. An example of the initial coding process is presented in Appendix H. An extensive chart depicting the demographic, etiological, comorbidity, similarities, and differences between the data sets was created as a secondary step to this initial coding.

Theme exploration. The intent of exploring and organizing the data is to find patterns (needles) within vast quantities of data (haystack). To facilitate this process, the researcher decided to use mind-mapping (i.e., concept mapping) software in the form of an IPad app called Inspiration Maps, Version 2.1 (Inspiration Software, 2016). For an example of the mind map, refer to Appendix I. The touch screen interface of the software proved advantageous as a visual medium in the process of distilling overarching themes, while simultaneously depicting connections or relationships between the codes.

List of categories. Gradually, the data were condensed into a series of categories. In the case of this research, coding resulted in the formation of the categories presented in this discussion. The categories were further condensed into central themes with the use of the Inspiration Maps software. The figure representing these themes is presented in Appendix J.

- Loss of Awareness of Time
- Significant Grief & Loss
- Positive Mood Change
- Wins
- Losses
- Avoidance
- Survival
- Regret / Shame
- Compulsion
- Illusion of Control
- Desire for Success
- Context Dependent Cognitive Changes
- Asserting Control through Gambling
- Just One More Time
- Oppression
- Gender Roles
- Abuse
- Desire for Control
- Desperation
- Hope
- Deception
- Lack of Control (Game, Self, Others)
- Social/Familial Conflict
- Table Escape
- Hyper Focus
- Cognitive Distortions
- Care Giving
- Resiliency
- Embarrassment
- Loss of Control
- Perception

Accuracy and quality control. In qualitative research, the precision of the research findings is established through conceptual consistency between observation and conclusion (Elo & Kyngas, 2007). In light of the subjectivity inherent in qualitative data interpretation, the researcher sought to have an element of quality control present to ensure the integrity of correct interpretation. As such, the researcher shared the themes derived from the data with three of the four participants to obtain feedback. Despite repeated attempts, the researcher was unable to follow-up with one of the participants due

to the inability to contact her with the contact information that was provided to him. Each of the participants was systematically contacted via email and presented with a list of the themes (Appendix K) as well as a brief descriptor for each of the themes. In particular, Elsa shared that all of the themes were an accurate representation of her. Jasmine indicated that the themes of dissociative-like symptoms and trauma were most relevant to her. Nikita stated that she related most strongly to the themes of trauma and external frontal lobe. Overall, the feedback obtained from the participants suggested that the themes accurately represented the data derived from the participant interviews.

Summary

In summary, the writer's rationale for the implementation of the qualitative methodological process employed in this research has been outlined in this chapter. Further, a detailed account of the inductive content analysis applied to elucidate themes from the transcript data was also presented. A comprehensive description of the themes that emerged from the inductive content analysis of the interview data is presented in Chapter 4. The themes are related back to quotations from the interview data, and a series of sub models are presented that link the identified themes to female problem gambling symptomatology. An overarching model is presented that describes a possible conceptual mechanism for the evolution and maintenance of gambling behaviour among female social gamblers who are survivors of trauma.

Chapter 4

Results

The themes that emerged from the inductive content analysis of the interview transcripts from the sample population are presented in this chapter. Segments of the individual transcripts have been utilized to provide context to and to substantiate the identified themes derived from the data analysis. Based on established themes, a metaphor of self-protection is presented that suggests a possible trauma-mediated mechanism for cognitive changes that lead to the evolution of gambling behaviour in some female social gamblers.

The purpose of this research was to elucidate what could be learned from the lived experiences of women problem gamblers that could facilitate a better understanding of the progression from social gambler to problem gambler. The interviews of the sample of four female problem gamblers resulted in transcription data, which underwent inductive content analysis. To protect the privacy of the individuals who chose to participate in the research, each participant was assigned a pseudo name. The following interview questions were asked for the purpose of soliciting data for the research:

1. How do you think and feel that gambling has changed your life and the lives of your significant others?
2. What motivated your gambling behaviour?

   2.a. Were there specific thoughts and/or feelings or life factors that would lead to gambling cravings or changes in your gambling behaviour?
3. How did you know that your gambling behaviour was becoming a problem?

   3.b. What were the cues that signaled it was time for help?

4. How did you know that you needed help for your gambling behaviour?

   4.a. How did you go about finding help?

   4.b. What steps did you take to find help that worked for you?

5. Tell me about when you noticed a change in the way you gambled or how often you gambled?

   5.a. Can you tell me what the pace of that change looked like?

   5.b. What else can you tell me about this gambling shift from "just having fun" to more of a "need to gamble"?

The process of inductive content analysis consisted of the creation of a series of mind-maps for visually manipulating and linking categories. This inductive content analysis utilized a mind-map format in which the specificity (i.e., categories) were placed in the outer regions of the map, and the condensed themes were listed within the central regions (i.e., specific to broad). This resulted in what seemed to be unending evolution as a function of each new association made from the data. An example of a mind map that demonstrates the formation of the theme of dissociation-like symptoms from a cluster of subthemes is presented in Figure 3.

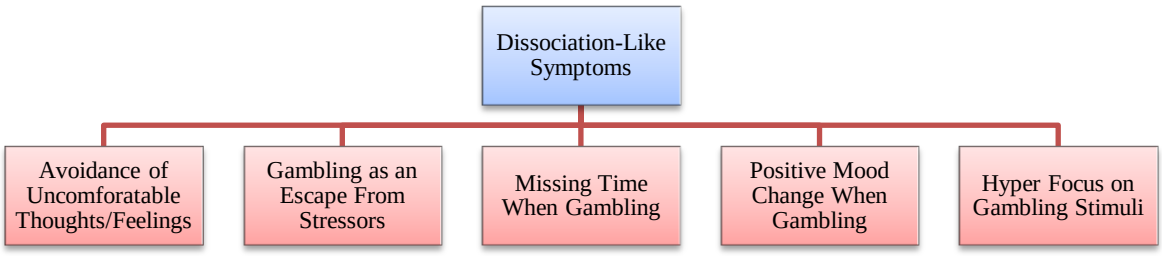

Figure 3. Example of condensation of sub-themes into the theme of dissociation-like symptoms.

Findings: The Core Themes

Using this system of visually manipulating and linking categories, five distinct themes emerged from the data. The themes included (a) trauma, (b) locus of control, (c) emotional reasoning, (d) dissociative-like symptoms, and (e) external frontal lobe. These five themes, in turn, were incorporated into a metaphor of self-protection that will be further discussed in Chapter 5.

Synopsis of identified themes. The inductive content analysis resulted in the identification of five core themes and one encapsulating theme. The identified themes included:

1. Trauma: exposure to one or more instances of stimuli that evoke feelings of helplessness, horror, shock, and extraordinary stress that compromises an individual's ability to cope, resulting in the suppression of thoughts, feelings, and memories associated with the traumatic event(s);
2. Dissociative-like symptoms: refers to changes in affect and cognition that result in a hyper focus on gambling stimuli, decreased awareness of the immediate environment, perceptual changes in the passage of time (i.e., missing time), and escape from thoughts of stressors and uncomfortable feelings;
3. Emotional reasoning: is a form of cognitive distortion that is characterized by the increased reliance on emotion to validate one's subjective reality and a corresponding decrease in the assessment of objective evidence (i.e., feelings become facts);

4. External locus of control: refers to locus of control that transitions between internal and external as a function of wins and losses for the purpose of fostering resiliency and to add support for continued gambling behaviour;
5. External frontal lobe: the imposition of checks and balances and structured time and/or financial accounting systems and/or supervision of gambling behaviour by loved ones, with the intent of minimizing damage from problem gambling behaviour.

In the end, these five themes are incorporated into a metaphor of "Self-Protection." This metaphor represents the affective and cognitive changes that occur in response to the use of gambling behaviour to protect the self against thoughts, feelings, and memories associated with trauma. The five core themes are presented in Figure 4.

These themes will be outlined with the use of direct quotations from the transcript data to highlight the nuances within these themes. Information that could compromise confidentiality has been removed (e.g., names of towns, agencies, gambling venues, etc.) and replaced with an "X" in the narratives. It is noted that these participant quotations enable the reader to hear their voices, whilst recognizing that the wording is taken from the actual transcripts is only a mere part of the complete interview that the researcher analyzed. To review, the participants in this study are Jasmine, an Indo-Canadian retiree who has rejoined the workforce; Nikita, a Caucasian newly-wed; Blythe, an Indigenous person who is an educator; and Elsa, who is a Caucasian business managerial professional.

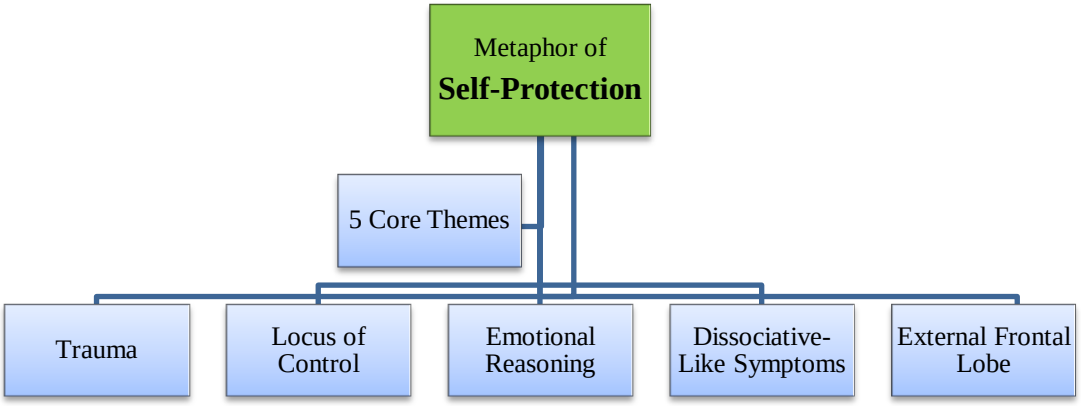

Figure 4. Core themes and metaphor derived from the data.

Theme of trauma. The first theme to be identified from the data analysis was that of trauma. The emergence of trauma as a core theme was anticipated given its suspected influence in the development and maintenance of problem gambling behaviours (Felsher, Derevensky, & Gupta, 2010; Scherrer et al., 2007). Indeed, trauma clearly permeated the stories for three of the participants within this research. While the fourth individual did not expressly disclose a history of trauma, she did share that the start of her gambling behaviour linked to a period of extraordinary stressful transition. Such association between the start of her gambling behaviour and stress could imply that the experience was indeed traumatic for her. Trauma can be described as an individual's reaction to exposure to a stimulus that is subjectively perceived as an extraordinary threat to the physical and/or emotional safety of the self or others. The exposure to traumatic stimuli overwhelms the individual's ability to understand and assimilate the emotional experience (American Psychological Association, n.d.; Centre for Addiction & Mental Health, 2016). Irrespective of its source, trauma results in the functional impairment of affective, cognitive, social, and physical domains. Such adulteration can manifest as shock, denial, emotional dysregulation, cognitive impairment, flashbacks, dissociative

symptoms, relationship difficulties, and somatic complaints, with varying duration and severity of the impairment (American Psychological Association, n.d.; Pearlman & Saakvitne, 1996).

In the first transcript excerpt, Jasmine expresses an awareness of the relationship between her problem gambling behaviour and her extensive history of trauma. She describes feeling like a *switch* was flipped in her brain as a function of her exposure to cumulative trauma. Her description appears to suggest some sort of psychological and/or perhaps physiological change taking place within her mind. Regardless of the nature of the change, Jasmine clearly links it with an involuntary deterioration in her control over her gambling behaviour:

> *And I think . . . I almost think that all this is a culmination of all the trauma. It's either something like a switch flicked in my brain and my brain couldn't take it anymore. And this was a way of escaping it. I don't know. I feel like at some point something turned and I can't flick it back. (Jasmine)*

Similarly, Nikita spontaneously links her lived trauma with her gambling behaviour. In the following quotation, she verbalizes her perception of the pervasive impact of the trauma stemming from her rape as a child:

> *Well it impacted my entire life. It impacted everything. All my relationships to gambling, to drinking too. . . . If that one incident didn't happen, I don't know. . . . It could be a lot different. That's an interesting one, too. (Nikita)*

In the subsequent statement, Nikita expands on her previous account and infers that her trend towards self-destructive behaviours is linked to trauma from her rape, her silence

around it, and the ensuing ridicule by those who should have supported her. Consequently, she describes self-criticism and is haunted by her perceived life *mistakes:*

> *It was interesting. It was interesting. It came out again, you know, dad just . . . like I was saying. You know how everyone just hopes these little girls [referring to her nieces] don't end up like me and how I didn't wake up one day and just decide I'm gonna be a rebel and I'm gonna drink and I'm not gonna listen and shit. There was a reason for it. There was a reason all this has happened. I mean, when the counsellor said something about the trauma in the eyes—it made sense. I don't know how many people you could actually go up to and ask them if they had trauma in their lives, but maybe that's something that their feeding off of. (Nikita)*

Similar to Nikita and Jasmine, Elsa has also experienced trauma over the course of her life. In Elsa's statement, she shares her struggle with clinical depression. It is interesting to note that she identifies an unambiguous antecedent and a clear start date. This association between the event and the beginning of her depression suggests that the event was especially traumatic for her:

> *I still suffer from clinical depression and I have since my son's death in 1999. (Elsa)*

In the next statement, Elsa hints at the possibility that her gambling behaviour could also be related to the trauma associated with the stillbirth of her son:

> *The counsellor was saying, "Do you think that with XXXX's death, do you think that…?" No, I don't. It's been 16 years since he's been gone. It was 14 when I started gambling. No. Maybe. I don't know. (Elsa)*

Unlike the other three research participants, Blythe made no specific mention of trauma within her interview. However, she does identify the start of her problem gambling behaviour with a period of significant life transition for her:

> *Then when I turned 18, I was on my own, I moved to XXXXXX to go to XXXXXX (post-secondary institution). That was when it really escalated. It was every day. Every day right after class—even if I had $1.00—that dollar would go from one dollar to five dollars. (Blythe)*

In this example from Blythe, she speaks of a transition to living on her own and attending post-secondary education. While she doesn't explicitly state that the transition was traumatic for her, it is not unreasonable to infer that the transition was both difficult and stressful. Blythe moved to a larger urban centre from a much smaller rural community. During the time period of her transition to post-secondary studies, the recognition and implementation of social, emotional, and spiritual supports specific for First Nations students was still in its infancy within post-secondary academic institutions. A multitude of stressors would be associated with this upheaval, including separation from her natural supports, especially her immediate and extended family, and the potential impact of intergenerational systemic racism as suggested by Hagen et al. (2013).

Further, it is important to consider the possible influence of the concept of internalized oppression as a contributory factor to her stress during this transition to post-secondary education. Internalized oppression refers to the conscious or unconscious adoption of oppressive stereotypes (e.g., inferiority in intelligence, work ethic, and capability in comparison to the oppressors) by an individual belonging to a marginalized population. This results in self-defeating cognitions and/or behaviours that limit an

individual's ability to prosper. While some might consider internalized oppression as less overt compared to other forms of trauma, internalized oppression results in both individual and intergenerational trauma (Poupart, 2003; Pyke, 2010; Speight, 2007; Weaver, 2001).

Theme of locus of control. The fourth theme to emerge from the data analysis was that of locus of control. The construct of locus of control was originally conceptualized by Rotter (1966) as referring to one's perception of influence over what happens in one's life. Locus of control has traditionally been dichotomized as either internal or external, with an internal locus of control indicating the recognition of a causal association between one's behaviour and associated consequences. In contrast, an external locus of control has been identified as signifying a perceptual disconnect between one's behaviour and associated consequences (Asberg & Renk, 2014; Chung & Reed, 2016; Rotter, 1966).

Analysis of the participant data suggests that the theme of locus of control manifests in different ways. Specifically, locus of control emerged as related directly to gambling behaviour and as related to significant life events described by the participants. Both will be elaborated upon in the following sections.

Locus of control related to gambling behaviour. In the following statement, Elsa epitomizes a cognitive distortion that many would typify as characteristic of problem gambling behaviour:

If I could just get 60 bucks out of the bank, I could turn that into 300. (Elsa)

Her quotation suggests that she perceives herself as having influence over the outcome of her gambling behaviour. By extension, this would indicate a bias towards an internal locus of control within her mindset.

In sharp contrast, the subsequent quotation from Blythe appears to externalize the responsibility for her gambling losses:

> *Well somebody else needed it more . . .* [and] *That's okay, next time. You can't win all the time. (Blythe)*

In this example, the externalization of responsibility suggests a shift towards an external locus of control. Her statement appears to be an attempt at self-soothing post-gambling loss.

Remarkably similar to Blythe, Jasmine also externalizes responsibility of her gambling losses as indicated in the subsequent quotation:

> *I went to the Casino, and I maxed out the credit card to $4,000.00 without thinking. Pssht! That's it. I remember coming home and thinking, "Why the hell did they ever allow women to drive? If I didn't have this freakin' car, I wouldn't be here. I would be in my house." (Jasmine)*

As with Blythe, there appears to be an inherent bias towards an external locus of control associated with Jasmine's gambling losses. Thus, this could suggest that for both Blythe and Jasmine, an external locus of control could be functional, perhaps as a mechanism for fostering resiliency in situations of adversity (i.e., gambling losses).

The potential significance of a particular locus of control bias related to gambling behaviour is unknown. It is possible that further exploration of the construct of locus of control related to participant life experiences would bring some clarity.

Locus of control related to life experiences. This next section will explore the theme of locus of control as related to participant life experiences. The quotation from Elsa appears to express frustration and/or powerlessness related to the imposition of parental role responsibilities on to her. It is interesting to note that within the same statement, she expresses a similar sentiment related to her marriage and subsequent motherhood:

> *I literally moved out of my parent's home and into his. So I went from being their child, my brother's sister, and even then at home, my mom had twins when I was six. So I had always helped her with those boys, and then, when I was 15, my dad had injured himself and was laid up really bad and in hospital for 2.5 years. So then again, I was thrown back into the role of mothering these twins and helping her. Cause she was working three jobs, I was working and helping her look after the boys. So I went from XXXX's girlfriend to XXXX's wife. Now I am XXXX's mom, and I'm XXXX's mom. So my identity kept changing, and now all of a sudden—I'm just Elsa! (Elsa)*

It is evident that part of Elsa's frustration stems from being thrust into a series of life roles that were not necessarily sanctioned by her. Her lack of choice and voice regarding her perception of the externally imposed changes to her identity suggests an external locus of control.

Jasmine expresses a similar sentiment in the following statement:

> *So I feel like I got married at 16, at 17 I was a mom, and I was that kid who never moved out from home. Straight into a very controlling, rigid Indian family. I grew*

up in Toronto . . . and I feel like now, I just want to run away from home and work at McDonald's and be that kid again. (Jasmine)

In this quotation, Jasmine shares her frustration with having been thrust into a culturally imposed gender role that was sanctioned without her input. Jasmine's lack of choice appears to denote an external locus of control. Yet, her concluding statement infers a desire for an increased internal locus of control. Indeed, there are numerous examples of a sentiment similar to that shared by Elsa and Jasmine throughout the participants' interviews. The significance of this commonality will be further discussed in Chapter 5.

Theme of emotional reasoning: When feelings become facts. The third theme identified was that of emotional reasoning. Emotional reasoning refers to a type of cognitive distortion in which conclusions are based exclusively on emotional response (i.e., feeling) as opposed to an assessment of objective evidence. So in effect, one's feelings serve to validate one's subjective interpretation of reality, irrespective of evidence to the contrary (Berle & Moulds, 2013; Mobini, Pearce, Grant, Mills, & Yeomans, 2006; Muris, Merkelbach, & van Spauwen, 2003; Yurica & DiTomasso, 2005). It is interesting to note that the theme of emotional reasoning, in the context of gambling, was universally described by the individuals within the sample population.

Several examples of emotional reasoning related to the gambling context were evident within the transcript data. In the following quotation, Nikita exemplifies emotional reasoning as influenced by her gambling behaviour:

You just block it out because there's so much going on in front of you, and like a thought will come in, and it's like, "Oh man, XXXX will be so pissed off," and it

> *doesn't even matter. It's like: "Eh, whatever; I`m just gonna win." You always think you're going to win. (Nikita)*

In this statement, Nikita describes her thoughts as she engages in gambling behaviour. She shares that she is consumed by the stimuli afforded by the electronic gaming machine. Within this state of apparent hyper-focus, she dismisses her own thoughts of anticipated negative feedback from her husband. More importantly, she alludes to elements of emotional reasoning as she describes her conviction about winning. She does not appear to consider evidence to the contrary (i.e., historical loss-to-win ratio) as evidenced by her description of her internal dialogue. This would suggest that the certainty of her expected win is based on a *feeling* or *hunch* and excludes other forms of rational cognition, evidence to the contrary, and anticipated negative feedback.

However, Nikita is not the only individual within this sample population to demonstrate elements of emotional reasoning. In a similar fashion to Nikita, Blythe also engages in emotional reasoning that is linked to her gambling behaviour:

> *Being in control and controlling the table. Control of other people. Control of the money. Control! And winning—beating the dealer. (Blythe)*

Unlike Nikita's focus on winning, Blythe's thoughts fixate on the notion of control within the gambling context. In particular, control of herself, control of the other gamblers, control of the money, and ultimately, control of the gameplay. It would appear that her perception of control is founded on an illusory feeling of control. As with Nikita, there does not appear to be consideration of evidence to the contrary. This further supports the possibility of a bias towards reliance on emotional reasoning specific to the gambling context.

Similar to Nikita and Blythe, Elsa also seems to engage in emotional reasoning related to the gambling context, as demonstrated by the following quotation:

> *Like, free money, free money—shit, you lost your free money. Now you gotta go and just take $200 more out of the bank, and you'll be good. (Elsa)*

Within Elsa's statement, her self-talk hints at a feeling of desperation, implying a recent loss. Her internal dialogue infers that things will become *even* subsequent to her withdraw of an additional $200. Her self-talk does not offer any evidence to support her assertion, nor does there appear to be consideration of her recent loss as evidence to the contrary. Thus, it would seem that for Elsa, she will feel like she has fixed the problem (i.e., made up for her losses) if she withdraws additional money. For Elsa, the problem will be fixed if she feels like it has.

Interestingly, it would seem that the reliance on emotional reasoning as a cognitive strategy halts when the individual is removed from the gambling stimuli. This may suggest a possible relationship between the gambling stimuli triggering the onset of the use of emotional reasoning. This perspective is further supported by the fact that each of the interview participants recognizes the fallacy in their thinking when discussing it. At the same time, they universally express frustration with the return of their thought distortions in the presence of gambling stimuli.

Theme of dissociation-like symptomatology. Another element to emerge from the analysis of the transcripts was the fourth theme of dissociative-like symptoms. Specifically, three out of the four research participants reported dissociative-like symptoms linked with their respective gambling behaviour. Traditionally, dissociation is described by the collection of symptoms, including one or more of the following:

blunting of emotion, memory difficulties, disengagement behaviours (e.g., spacing out, inattentiveness), feeling removed from one's body, feeling as though one is functioning in a dream-like state, and at the most extreme, fragmentation of identity (Giesbrecht, Jay Lynn, Lilienfeld, & Merckelbach, 2008; McKinnon et al., 2015). It must be noted that the references made to dissociative-like symptoms simply reflect observations reported by the research participants that happen to correspond with elements of dissociative phenomenon. They are not necessarily indicative of a formal diagnosis of dissociative disorder.

An interesting cluster of dissociative-like symptoms were described by the women within the sample population who expressed a preference for the use of electronic gaming machines. In particular, the participants alluded to a perceptual distortion in the passage of time while engaged in gameplay, such that many hours elapsed in what seems like just a few moments. In addition to the perceptual distortion in the passage of time, participants also described changes in both affective and cognitive states.

In the following statement, Nikita describes her interaction with electronic gaming machines as mood enhancing. She also reports that her exchanges with the machines leave her mind devoid of thought, with a corresponding reduction in self-reflective cognitions:

> *I feel so much better when I'm sitting there gambling. You don't think about the consequences or anything else. (Nikita)*

Similarly, Jasmine alludes to affective changes that are linked to her gameplay:

> *Or when I can't find the girls, and I have those tears in my eyes. I just go to (location of casino). It's easy to do. (Jasmine)*

In the subsequent quotation from Jasmine, she expands on the inferred affective changes and mentions a transformation in her subjective reality that corresponds with gameplay. In particular, she appears to describe a cleansing of thoughts from her mind, along with a reduction in tension:

> *Because I can go there, put down my bag, put some money in the machine, and the whole world goes away. Everything that happened that week evaporates. (Jasmine)*

Furthermore, the quotations from Nikita and Jasmine also appear to imply that the resulting changes in affect and cognition experienced are desirable. Elsa further expands upon these notions in her description of her state of mind prior to entering inpatient treatment programming:

> *February I was still just—I was still just sleeping. (Elsa)*

Her description of herself as sleeping suggests a profound change in her state of consciousness and/or cognition. It may also be suggestive of the possibility for longitudinal impairment, rather than just transient or acute, that may exist even when removed from the presence of the gambling stimuli.

The descriptions of the change in subjective reality, emptying of thoughts from the mind, and change in affective state are suggestive of dissociative-like experiences being shared by the three women. This also corresponds with other researcher's assertions (Imperatori et al., 2015; Piquette-Tomei, 2010) that electronic gaming machine use maybe functions as a means of escape from stressful and unpleasant moods and/or mental states and/or painful memories.

Theme of external frontal lobe. A fifth theme universally evident from the analysis was that of external frontal lobe: in particular, external frontal lobe as an intervention strategy. For the purpose of this thesis, the construct of external frontal lobe will refer to the imposition of strict limitations and supervision, on the part of loved ones, in an effort to control or minimize problem gambling behaviour: in effect, relying on others to serve as external surrogate forebrain (frontal lobe) for implementing stop/think, foresight, and/or impulse control during those times in which the gambler is most compromised by their gambling addiction. Such limitations include restrictions on access to gambling stimuli; reminders related to destructive powers of gambling behaviour; escorting the problem gambler to the gambling venue to supervise gambling activities and impose *on-the-spot* limits; restrictions on access to money—imposed credit limitations, confiscation of credit/debit cards, and/or changing PIN numbers, and/or revoking rights at financial institutions; permitting the problem gamble to have limited quantities of money in his/her possession; accountability to loved ones regarding money spent (e.g., submission of receipts for purchases made); accountability to loved ones regarding usage of time; reducing physical access to gambling venues by increasing geographic proximity and/or terminating access to vehicles; establishment of a daily routine or plan; and gradual reinstatement of privileges and access to money over extended periods of time.

In the following quotation, Elsa describes her frustration with her family's imposition of measures of accountability and control related to her gambling behaviour:

> *So, for example, I had to give up all my bank cards, my checkbook, my Visa—I have nothing. If I want money, I have to ask for money. I have to supply receipts. I*

know why I have to do that, but some days, I get really angry, and okay, you know what? It's been eight months, and I've been really good. I forgot to get a receipt for the coffee. You know what I mean? (Elsa)

Nikita expresses similar frustration to Elsa in the subsequent quotation:

They're pretty supportive now that it's come out that it's a problem. Now the safeguards are in place. I've got mom watching the accounts and stuff so I'm [states her age], and I have to be babysat with money (giggles)—pretty sad. (Nikita)

"What's that like for you?" (Interviewer)

Sucks! Sucks! I have no control over anything. For a while there, I had to, uh, my dad made [name of husband] go and take my bank cards and switch all the pin numbers so I had no access to anything. Which, I mean at that point, I probably needed that, or I needed a kick in the ass, but to be [states age] and still be parented—a married adult and you still got your parents in your business—it sucks, and it still sucks. (Nikita)

In Blythe's situation, her boyfriend assists her in moderating her gambling in what appears to be a harm-reduction approach instead of full-fledged abstinence:

I do this, and it's. . . . So, my boyfriend, that's where it's controlling me because it's his money, as well. Like, he has the income too, and he has that insight, and well if we're going to spend it, let's spend it right, but he doesn't stop me at the time, but he kind of refocuses stuff. If we have money left over money after bills, well maybe we'll give it a shot, and he's not much of a gambler. He controls the situation, but doesn't stop me. (Blythe)

It is interesting to note that Blythe states that he does not stop her from gambling, but instead, assists her in moderating her behaviour through redirection, externally mediated impulse inhibition, and external insight.

Somewhat analogous to Elsa and Nikita, Jasmine shares her resentment in the following quotation related to her family's attempts at monitoring her whereabouts:

> *Now you just patrol the yard until I come home. Two in the morning, three in the morning . . . fine! I know you are there. I know, no matter how I creep in, you're there. (Jasmine)*

The imposition of an external frontal lobe (i.e., restrictions by loved ones) on the gambling behaviour of the participants in this research does indeed impinge upon the rights and freedoms of the female problem gambler. More importantly, said restrictions result in a change in the relationship dynamic between the female problem gambler and her loved ones ensuing from an imposed power differential. Indeed, three out four of the individuals within this sample population expressed resentment related to imposition of an external frontal lobe. However, in an unanticipated twist, all four of the women verbalized some level of recognition of the benefit of the restrictions and monitoring.

Metaphor of Self-Protection

Extensive analysis of the interrelationships between the five themes led to the development of a *metaphor of self-protection*. This metaphor of self-protection represents the affective and cognitive changes that occur within this sample of female problem gamblers in response to the use of gambling behaviour to protect the self against thoughts, feelings, and memories associated with trauma. A thorough examination of the

metaphor of self-protection is provided in Chapter 5. This section contains quotations from the participant data related to the metaphor of self-protection.

The following excerpts from the transcript data appear to suggest the possibility that women within this sample population may have utilized their problem gambling behaviour as a *tool* for the protection of the self from uncomfortable thoughts, memories, and feelings. In particular, examples of said phenomenon are most prominent within the transcript data provided by Elsa, Nikita, and Jasmine.

In the subsequent quotation, Elsa expresses frustration regarding her perceived difficulty in establishing healthy interpersonal boundaries:

> *I'm co-dependent, and I'm not very good at setting boundaries. I let people walk all over me. One of the people I had to set boundaries with was my mom. It's been kinda hard because my dad tried to kill himself and my brother has cancer. He's just been diagnosed with cancer, and they took a big huge—they took six ribs, all this mass in here, three vertebrae, partial derma. So trying to set boundaries with all that shit going on, it was a little bit . . . actually when I think back, like with my dad and XXXX, maybe that was all gonna make me go to a head anyways. (Elsa)*

It is within the chaos of Elsa's personal context that gambling behaviour can be interpreted as a medium for the establishment of a rampart against distressing thoughts and feelings. Despite her stated difficulty implementing boundaries with others, her favourite stool, VLT, and the confines of the gambling venue afford Elsa with an opportunity to physically isolate herself and minimize communication regarding the tribulations that wait outside.

Akin to Elsa, Jasmine shares her utilization of gambling as a tool for shielding herself from the stressors associated with her work-place in the following statement:

> *The other effect, and I know that this may be a positive one, I used it to cope with pressures at work. So, I also think that that's the reason I haven't had a stroke (being a diabetic) or a heart attack. (Jasmine)*

Within this quotation, it is apparent that Jasmine consciously perceives her gambling behaviour as a protective factor in her world: one that buffers against despondency and promotes physical resilience.

Similarly to Elsa and Jasmine, Nikita has also contended with significant life stressors and distressing emotions. She is haunted by guilt and shame related to her decision to gamble instead of being with her friend on his deathbed:

> *When I started saying . . . like, XXXX was in hospital. When they found out he had cancer, they rushed him up to Edmonton to do a surgery, and I didn't have enough money for fuel to get there, and I wanted to get there. This is how bad a fucking gambling addiction is. I wanted to be there so bad, I borrowed money from my parents to go up and see him. They still think I went up there and saw him, but I gambled the money away. That's sick. That is a sickness. Right then, I knew it was fuckin' bad. I knew before that, but I didn't think I would go as far as screwin' people out of money. Lying to get money to go and gamble when I could have gone and got a bus ticket. I coulda went and saw him before he died, and gambling stopped that. That's a hard one. (Nikita)*

As with Elsa and Jasmine, Nikita's interaction with the VLT promotes physical and emotional isolation from the harshness of reality. While it would appear that Nikita

derives benefit from the relative safety and comfort furnished by the VLT, she also recognizes the association of her problem gambling behaviour as a precipitant of further emotional distress.

In a manner that is reminiscent of Jasmine's account, Nikita describes both emotional and physical benefit from her problem gambling behaviour.

> *Like, I have anxiety so bad that I have seizures. Like, I pass out. That's, like when I was gambling, it seemed that my seizures would go, like they would dissipate. In October, I was having seizures every single day. Then in January when I started gambling, they weren't that bad. Now that I stopped, in the past three months, I'm having them three-four times a week again. (Nikita)*

She describes positive emotional change associated with gambling: in particular, a reduction in anxiety. Puzzlingly, she clearly indicates that her problem gambling behaviour also safeguards against her history of idiopathic seizure activity.

Overall, the transcript data suggested that each of these participants possess a degree of insight into the relationship between emotions, thoughts, and life stressors and their respective gambling behaviour. These excerpts from transcript data appear to indicate utility in problem gambling behaviour as a possible *tool* for the protection of the self from thoughts, memories, and worries associated with trauma and significant life stressors.

Summary

This research sought to reveal what could be learned from the lived experiences of women problem gamblers. Inductive content analysis of the interview transcript data was employed to develop categories. Mind maps were constructed and utilized to

condense the categories in to core themes. Five themes were identified through this process, including trauma, dissociative-like symptoms, emotional reasoning, locus of control, and external frontal lobe. Each of the themes was described and related back to quotations from the transcript data. A metaphor of self-protection was created that encompasses the five themes as identified from the data analysis. Most importantly, the metaphor of self-protection appears to suggest that gambling behaviour is a mechanism for the insulation of the self from both previous and current life stressors and thoughts, feelings and memories associated with trauma.

Chapter 5

Discussion Chapter

The popularity of gambling continues to increase in Western society. Traditionally, gambling has long been considered a male pastime. However, evolving business models and clever marketing, combined with expanding accessibility and evolution in gameplay mediums, has led to an increasing popularity of gambling as a leisure activity for women (Boughton, 2006; Gerstein et al., 1999; Null, 2015; "Six Latest Tendencies," n.d.). This continued growth in the female demographic is concerning, given that women are more likely to develop problem gambling behaviour and are drawn to gambling mediums that are associated with increased propensity towards addiction (Boughton, 2006; Svensson & Romild, 2014). Despite the increased participatory rates and recognition of potential mediating socio-cultural factors (Afifi, 2009; Black et al., 2012; Boughton, 2003, 2013), there continues to be a woefully inadequate understanding of the factors that influence the progression of women from social gambling into problem gambling behaviour (Piquette-Tomei, 2010).

Henceforth, the purpose of this research was to determine what could be elucidated from the lived experiences of female problem gamblers, while simultaneously exploring the factors that influence the evolution of gambling behaviour from social gambling to problem gambling. Given that this research represents the inaugural investigation of the lived experiences of female problem gamblers, qualitative research methodology was employed to capture the stories, experiences, and personal truths of each participant.

The process of participant recruitment involved the dissemination of knowledge about the research project amongst mental health professionals and the distribution of advertising materials to numerous communities in Southern Alberta. This process resulted in the recruitment of six participants. However, one of the six participants was lost due to competing commitments, while another was excluded, as she did not meet the inclusionary criteria. Qualitative data were obtained via recorded interviews of the four research participants. The following interview questions were asked for the purpose of soliciting data for the research:

1. How do you think and feel that gambling has changed your life and the lives of your significant others?
2. What motivated your gambling behaviour?

   2.a. Were there specific thoughts and/or feelings or life factors that would lead to gambling cravings or changes in your gambling behaviour?
3. How did you know that your gambling behaviour was becoming a problem?

   3.b. What were the cues that signaled it was time for help?
4. How did you know that you needed help for your gambling behaviour?

   4.a. How did you go about finding help?

   4.b. What steps did you take to find help that worked for you?
5. Tell me about when you noticed a change in the way you gambled or how often you gambled?

   5.a. Can you tell me what the pace of that change looked like?

   5.b. What else can you tell me about this gambling shift from “just having fun” to more of a “need to gamble”?

The interview data were transcribed and subjected to an inductive content analysis. Mind maps, charts, and timelines were utilized extensively in the data analysis process. Said process involved coding of transcribed data, the establishment of categories, and ultimately, the elucidation of five core themes. The explicated themes included trauma, dissociative-like symptoms, locus of control, external frontal lobe, and emotional reasoning.

Chapter Structure

Over the course of this chapter, each of the five themes will be introduced and anchored in theoretical background. The introduction of the themes will be followed by a detailed examination of the findings derived from the research, in conjunction with a review of the additional insights discovered through the data analysis. Subsequent to the review of additional insights, there will be a discussion of the limitations of this research and a final summary discussion. An outline of implications for future research is provided as the conclusion to this chapter.

Further Exploration of the Data

The participant interviews ended up being more extensive than originally anticipated, resulting in copious amounts and varying types of data. Some of it included demographic information (i.e., age, employment, marital status, educational attainment, etc.). The data also contained personal stories, disclosure of trauma, and summaries of significant life events (i.e., marriage, divorce, empty nest, legal difficulties, etc.). All of the participants disclosed personal and familial histories of mental health, addictions, and physical health. Further, the interviews captured detailed information about gambling behaviour, problem gambling behaviour, treatment seeking (i.e., availability and

accessibility of treatment for problem gambling behaviour), and spontaneous critiques of treatment programming.

Given the extensiveness of the information derived from the interviews, the researcher struggled with how best to organize and make use of the *treasure-trove* of the demographic data derived from the interview transcripts. In the end, a chart of commonalities was created to bring order to the demographic data.

Commonalities chart. An extensive chart was created that compared the participants' data from the original transcripts. Please refer to Appendix F for the chart of commonalities. This chart proved invaluable for examining the similarities and differences between the participants.

Visual timelines. The creation of the visual timelines was initially motivated by a desire for a visual reference for exploring relapse and remission patterns between the participants. Unexpectedly, the visual timelines proved to be invaluable as a medium for the exploration and comparison of gambling behaviour, problem gambling behaviour, significant life events, relapse, and remission across the participants. Ultimately, the visual timelines also aided in the qualitative analysis process (see Appendix G). In the end, the insight derived from the chart of commonalities and visual timelines will be discussed further in the following section.

Supplementary Data Exploration

The primary process for the data exploration was inductive content analysis. However, supplementary data exploration consisting of observed patterns within the data (separate from the inductive content analysis) yielded important findings regarding gambling trajectory and prevalence of historical trauma.

Gambling trajectory. One of the initial findings to come out of the visual timeline analysis was a universal pattern of extensive histories of social gambling behaviour prior to the onset of problem gambling behaviour. At approximately 15 years of gambling experience, Blythe had the most extensive history of social gambling prior to the onset of problem gambling behaviour. The other participants (i.e., Nikita, Elsa, and Jasmine) ranged from approximately five to 10 years of participation in social gambling prior to their respective transformation into problem gambling behaviour. Furthermore, two members of the sample population contravened the generalization that women begin their gambling careers later in life. Both Blythe and Nikita are examples of early life gamblers, with Nikita's gambling beginning in adolescence and Blythe's in childhood. This finding challenges both the contemporary conceptualization of expedited trajectory and later age of onset of problem gambling behaviour for women (Boughton, 2006; Tavares et al., 2001). Interestingly, the participants' perceptions of transition from social gambler into problem gambler seem to suggest a slow, insidious, and seemingly unobservable experience that gradually builds in intensity until a crisis occurs in response to problem gambling behaviour. The significance of these findings is unclear at present given the limited sample size; however, they suggest that the concept of gender-differentiated expedited trajectory and age of onset warrant further investigation.

Survivors of trauma. Another important piece of information to emerge from the analysis of the visual timelines is an apparent relationship between traumatic experiences, significant life stressors, and relapse of problem gambling behaviour post-remissive periods. There is no question that momentous traumatic experiences were clearly evident for three of the participants. Exposure to significant life stressors was universal amongst

the sample population. There appears to be a correlation between the experiences of significant life stressors and relapse of problem gambling behaviour after extended periods of remission.

Ultimately, the chart of commonalities and the timelines proved useful in the exploration of the demographic characteristics of the participants. The inductive content analysis of the transcript data resulted in the formation of five core themes. The relationship between the demographic characteristics and the five themes will be elaborated upon in the subsequent sections. Further, these findings will be related to an overarching meta-theme of self-protection: a visual metaphor of self-protection. First, an exploration of the five themes derived from the participant interviews will be elaborated upon.

Theme I: Trauma

Trauma was identified as one of the five core themes stemming from the inductive content analysis and the analysis of the visual timelines. Trauma references exposure to a horrifying or overwhelming event that is subjectively perceived as a direct threat to emotional and/or physical well-being that compromises the individual's ability to integrate emotional experiences associated with the shocking stimuli (American Psychological Association, n.d.; Centre for Addiction & Mental Health, 2016). Trauma results in functional impairment of affective, cognitive, social, and physical domains. Often impairment manifests as emotional dysregulation, dissociative symptoms, cognitive impairment, flashbacks, to name a few (American Psychological Association, n.d.; Centre for Addiction & Mental Health, 2016; Pearlman & Saakvitne, 1996).

Trauma and problem gambling behaviour. Over the past 20 years, there has been an increasing amount of research investigating the relationship between trauma and problem gambling behaviour (Greco-Gregory, 2002; Hagen et al., 2013; Kausch, Rugle, & Rowland, 2006; Scherrer et al., 2007; Wenzel & Dahl, 2009). The majority of this research has focused on trauma stemming from emotional abuse, neglect, and physical or sexual abuse. Many of these studies demonstrate an interesting and heart-breaking association between maltreatment in childhood and later problem gambling behaviour. While the mechanism behind this association is poorly understood, it is speculated that abuse incurred in childhood is disruptive to the developmental amalgamation of various mental functions (i.e., executive functions, emotional regulation) that somehow increases the likelihood of future involvement in problem gambling behaviour (Imperatori et al., 2015).

However, as was demonstrated by members of this sample population (i.e., Jasmine), abuse and maltreatment are not specific to childhood. Research exploring the relationship between age and maltreatment suggests that adult victims also have an increased propensity for the development of anxiety and other internalizing difficulties. It is thought that these internalizing difficulties are attributable to an inability to derive meaning from the abusive experiences (Roazzi, Attill, Di Pentima, & Toni, 2016). Thus, it would seem that exposure to abuse during adolescence and adulthood appears to play some role in the inclination towards problem gambling behaviour (Imperatori et al., 2015). Ultimately, what one can garner from research suggests that trauma is influential in the development and maintenance of problem gambling behaviours (Felsher et al., 2010; Scherrer et al., 2007). Furthermore, the severity of problem gambling behaviour is

perhaps mediated by the frequency and intensity of lifetime exposure to traumatic events (Afifi et al., 2010; Cartmill, Slatter, & Wilkie, 2014; Cloitre et al., 2009; Imperatori et al., 2015).

Commonalities and patterns in trauma. Three of the participants (Nikita, Elsa, and Jasmine) within this sample disclosed one or more episodes of significant trauma that occurred prior to the onset of problem gambling behaviour. While the fourth individual (Blythe) did not disclose specific instances of trauma, she did indicate that her problem gambling behaviour began shortly after a major life transition: specifically, her move away from home for post-secondary education. For the three individuals who disclosed a history of trauma, the traumatic event(s) occurred many years prior to the onset of problem gambling behaviour. In the case of Blythe, her problem gambling behaviour appears to have coincided with her move into a larger urban centre and subsequent transition to a post-secondary educational environment. If one reframes Blythe's transition to post-secondary education as having been traumatic for her, then it is possible to conclude that all four of the participants appear to follow this distinct pattern regarding the emergence of problem gambling behaviour post trauma.

Despite these similarities, there are also notable differences between the members of the sample. In particular, there is apparent variation in the elapsed time between exposure to traumatic events and the start of problem gambling behaviour. Specifically, for Nikita, Jasmine, and Elsa, extended periods of time elapsed (approximating a decade or more) between notable traumatic events and the onset of problem gambling behaviour. Similarly, Blythe engaged in social gambling for well over a decade. However, unlike the other members of the sample population, she disclosed a rapid transition between her

significant stressor/trauma (i.e., the start of her post-secondary education) and the onset of her problem gambling behaviour. This temporal differential could be reflective of variation in individual response patterns to trauma or, alternatively, accounted for by retrospective recall memory errors. However, regardless of the basis for the apparent variation in the onset of problem gambling behaviour following exposure to traumatic events, this relationship warrants further investigation.

It is important to note that all of the women within the sample reported episodic remission of problem gambling behaviour, often for extended periods of time. Yet, they also indicated recurrent relapses. Further exploration of the timeline data yielded an interesting relationship between the occurrence of major life events (e.g., empty nest, death of loved ones, childbirth, changes in employment, marriage, etc.) and relapse into problem gambling behaviour subsequent to remission. While this relationship between major life events and relapse can be interpreted in many ways, the researcher speculates that the stress and instability associated with major life events may result in the resurfacing of feelings, memories, and/or thoughts associated with unresolved trauma and, hence, precipitate a desire for escape and/or dissociation.

Unresolved trauma and problem gambling. An additional consideration in the exploration of the relationship between traumatic events and the development of problem gambling behaviour is that of unresolved trauma. In the following statement, Jasmine implies that she has avoided confronting her trauma for an extended period of time:

> *I know that I have pushed through all the trauma and that it is buried deep. (Jasmine)*

While she does not provide rationale for the avoidance of her lived trauma, her statement appears to signify repression of her lived trauma and speaks of a drive for steadfastness and perseverance, despite the insults incurred from repeated instances of horrific abuse. This appears to be a sentiment common to each of the participants. Notwithstanding the magnitude of the traumatic events experienced by the participants in this research (i.e., childhood rape, stillbirth, being subjected to repeated murder attempts), none of the individuals reported accessing mental health supports specific to their respective histories of trauma. Yet, all the individuals have been active participants in gambling treatment programming. The reason for this discrepancy is unknown; however, it could be related to a reluctance to disclose, minimization of trauma, practitioner discomfort with trauma work, negligence in asking about trauma history, or avoidance of confronting core issues.

Self-care limitations and the female gender role. Another important factor worthy of consideration is the competing burdens associated with the female gender role. This idea is echoed by Elsa in the following statement:

> *I try, really. As a mother, my self-care has really been on the back shelf. As a mother and a wife, you're always looking out for other people—the caretaker. (Elsa)*

Given that the socially contrived notion of the female gender role prioritizes selflessness, self-sacrifice, and nurturance of others over opportunities for self-care, it is conceivable that the magnitude of demands associated with the female gender role serves as an impediment for self-care, including supported opportunities to process traumatic experiences. Further, it is also plausible that avoidance of the process of working through trauma could fuel a desire, conscious or unconscious, for escape and dissociation.

Problem gambling behaviour as further trauma. Another aspect that warrants consideration is the possibility that problem gambling behaviour could serve as a source of further trauma. Indeed, such has been recognized by Hagen et al. (2013). The mechanism(s) by which problem gambling behaviour could induce trauma requires further investigation. However, problem gambling behaviour could be traumatic for one or more of the following possible reasons: the stress associated with cumulative losses and acquired debts; stress associated with creating and maintaining stories, explanations, and/or lies to hide gambling behaviour or its consequences; stress and/or guilt associated with subverting gender roles, missing work, neglect of family and friends, missing commitments in order to maintain gambling behaviour; the possibility that the act of participating in gambling behaviour may result in (unknown) pathophysiological changes in the brain, which, in turn, may augment or amplify the impact of existing trauma—perhaps by promoting further mood dysregulation; and the possibility that gambling may serve as a distraction from unresolved trauma, as a mechanism for avoidance of resolving feelings and memories related to the trauma(s). In other words, gambling as a distractor could prolong the agony of trauma, potentially taxing coping ability. In the end, the activity that serves as a source of escape becomes entrapping, builds compulsion and dependency, raising anxiety and ultimately, becomes an additional trauma for the problem gambler.

Problem gambling behaviour in response to trauma. Some researchers have suggested the possibility that problem gambling behaviour amongst survivors of trauma could serve a functional, albeit maladaptive, purpose: specifically, as a distractor from feelings and memories derived from traumatic stimuli or as a tool for regulating or

enhancing mood (Boughton, 2003, 2006; Hagen et al., 2013; Hodgins, Schopflocher, Smith, el-Guebaly, & Casey, 2010; Imperatori et al., 2015; Piquette-Tomei, 2010; Wenzel & Dahl, 2009).

Theme II: Locus of Control

The second theme to emerge from the data analysis is the concept of locus of control. The emergence of the theme of external locus of control from the data analysis was not surprising given the significance of trauma, life/role changes, and stressors within the lives of the women within the sample population. However, it must be noted that no measures of locus of control were administered to the participants in this research.

Rotter's (1966) construct of locus of control is traditionally delineated in one of two ways—internally or externally. An internal locus of control suggests that individuals perceive themselves as having some measure of influence over what happens to them (i.e., that their behaviour is linked to a consequence). In contrast, an external locus of control implies that an individual perceives that external forces (i.e., fate, decision of others, luck, or some other outside influence) as determinant over what happens to them (Asberg & Renk, 2014; Chung & Reed, 2016). Superficially, it would appear that an internal locus of control is advantageous over an external locus of control. Instead, it is best to frame locus of control as a continuum, with varying degrees of internal versus external control within a given individual, which can change in relation to context (Clarke, 2004; Stern & Manifold, 1977). Most importantly, the notion of locus of control is important for conceptualizing gender, trauma, and gambling behaviour.

Female gender role and locus of control. Despite the continued progression towards a closer approximation of egalitarianism within our society, the female gender

role continues to be one of self-sacrifice, which prioritizes meeting the needs of and nurturing others. Additionally, women continue to experience disproportionate levels of abuse (i.e., emotional, physical and sexual abuse) during the course of their lives and report elevated levels of fear related to crime compared to men (Sinha, 2013). Indeed, Egan and O'Neil (1993) argued that women experience both intrinsic and extrinsic impediments during the course of everyday life that delimits the development of a sense of power, self-determination, and internal locus of control. In other words, it would appear that the socially contrived gender role expectations, gendered adversity, and gendered experiences collectively foster what can be best described as a predominately external locus of control for women (Deaux & Emswiller, 1974; Rubinstein, 2004). Thus, the female gender role in and of itself could predispose women for the development of female problem gambling behaviour.

Locus of control and problem gamblers. The relevancy of locus of control as a contributory factor in problem gambling behaviour has been scantly explored in literature. Of the research that has explored locus of control, there has been contradictory findings, which serves only to complicate the matter. For instance, Clarke's (2004) research revealed greater levels of internal locus of control among problem gamblers. Cursory examination would suggest that problem gamblers are likely to be biased towards a primarily internal locus of control as evidenced by the cognitive distortions (e.g., magic thinking, gambler's fallacy) frequently reported by problem gamblers. Conversely, other researchers have found greater levels of external locus of control in problem gamblers (Hopley, Wagner, & Nicki, 2014; Pace, Zappulla, Di Maggio, Passansi, & Craparo, 2015). In opposition to Clarke's findings, Pace et al. (2015) argued

that the frequent losses experienced during gameplay should serve to maintain and reinforce an external locus of control among problem gamblers. While the reason for the contentious findings is unclear, the opposing findings do at least support the value of the notion of locus of control, whether internal or external, as a perceptive tool for conceptualizing problem gambling behaviour.

Locus of control and trauma. Locus of control is thought to play an instrumental role in guiding one's perceptions about one's place in the environment and one's understanding and sense of safety. As such, it has significant implications for conceptualizing some of the psychological consequences related to abuse and trauma.

Research examining the influence of child abuse on longitudinal perceptions of locus of control appears to suggest that adverse experiences in childhood (i.e., abuse and/or trauma) increase the propensity for the development of an external locus of control. Further, there appears to be a relationship between a predominately external locus of control and an amplified perception of environmental threats to physical or psychological well-being. This seems to suggest that the development of an external locus of control could represent an adaptive self-protective response to adverse environmental stimuli (Roazzi et al., 2016).

It would appear that trauma and/or abuse mediate the development of a bias towards an external locus of control (Karsoft, Armour, Elklit, & Solomon, 2015; Mellon, Papanikolau, & Prodromitis, 2009; Wesley-Esquimaux & Smolewski, 2004; Zhang, Liu, Jiang, Wu, & Tian, 2014). This conceptualization is of paramount importance given the overrepresentation of the theme of trauma to emerge from the data analysis of this

research and the predominance of trauma and/or abuse associated with female problem gambling behaviour within gambling literature.

Avoidance and escape behaviours as related to locus of control. Glasser (1999) championed the perspective that all human behaviour is inherently purposeful. While some behaviour is innately adaptive (e.g., helpful, positive, purposeful), other behaviours are inherently maladaptive (e.g., negative, unhelpful, impede progress). Regardless of the outcome of a particular behaviour, an individual's behaviour represents his or her best attempt to habituate to a particular environment or to attain a specific goal, given the resources available within that moment of time (Glasser, 1999). Within the context of survivors of abuse and/or trauma, one can expect that survivors will change their behaviour, consciously or unconsciously, in an attempt to increase their sense of control and empowerment post exposure to abuse and/or traumatic stimuli. Extending this idea to the framework of female problem gambling behaviour, it is then possible to re-conceptualize problem gambling as escape and avoidance behaviours, resulting in problem gambling as adaptive or maladaptive attempts to increase the perception of control by the problem gambler.

In the case of the women within the sample population, the researcher speculates that gambling behaviour may represent attempts to garner increased sense of control, with the efforts ultimately proving maladaptive. As such, escape and avoidance behaviours within the context of this research will from this point forward be assumed to reflect attempts of problem gamblers to gain control over some aspect of their environment, lives, and/or world. Glasser's (1999) conceptualization of a drive to seek

out control complements Rotter's (1996) construct of locus of control: specifically, internal locus of control.

Locus of control and treatment strategies. It would seem that locus of control even plays a role in terms of the treatment of problem gambling behaviour. It has been demonstrated that when gamblers are encouraged to focus on the longer-term negative consequences of their gambling behavior, there is a reduction in their gambling craving. While this may prove to be a viable treatment option, more research is necessary (Pace et al., 2015). Furthermore, focus on longer-term consequences may help to explain some of the spontaneous remission observed within some problem gamblers.

Theme III: Emotional Reasoning

Another theme derived from the data analysis was that of emotional reasoning. This theme was prominent amongst each of the research participants, especially as related to problem gambling behaviour. Emotional reasoning can be conceptualized as a type of cognitive distortion in which conclusions are based on affective state and associated bodily sensations, while available objective evidence is disregarded. In this way of thinking, feelings are construed to be facts and are utilized to guide decision making (Burns, 2016; Ferguson et al., 2009; Muris, Merckelbach, Schepers, & Meesters, 2003).

Emotional reasoning and survival. It is hypothesized that the capacity for emotional reasoning evolved as a mechanism for facilitating survival through the deployment of on-the-spot decision making in dangerous situations (Ferguson et al., 2009). Conjecture suggests that the utilization of emotional reasoning in threatening environments may be advantageous, in contrast to detailed objective assessments of contextual information (Ferguson et al., 2009). It is thought that less time is required by

the brain to process contextual information via emotional reasoning, which would decrease reaction time to the threat. This implies that most emotional reasoning occurs on an unconscious level, especially as a mechanism for self-protection (Ferguson et al., 2009; Pace et al., 2015).

Emotional reasoning, trauma, self-protection, and cognition. An interesting relationship exists between emotional reasoning and Post Traumatic Stress Disorder (PTSD). The extent to which an individual employs emotional reasoning is directly related to the significance of PTSD symptoms (Engelhard, Macklin, McNally, van de Hout, & Amtz, 2001). Furthermore, recent research appears to suggest that excessive reliance on emotional reasoning may be integral to the development and maintenance of PTSD (Karsoft et al., 2015; Verduijin, Vincken, Meesters, & Engelhard, 2015). In brain imaging studies of individuals engaged in emotional reasoning, there is activation of the medial ventral prefrontal cortex and corresponding deactivation in the dorsolateral prefrontal cortex. When the same individuals participate in logical cognition, the reverse occurs, with the dorsolateral prefrontal cortex becoming active, followed by subsequent deactivation of the medial ventral prefrontal cortex (Lasing, Amen, Hanks, & Rudy, 2005).

This finding suggests that there are indeed specific physiological changes that occur in the brain during episodes of emotional reasoning. More importantly, that emotional reasoning appears to result in inhibition of brain regions necessary for logic (Lasing et al., 2005). This is not to suggest that the utilization of emotional reasoning is limited to only those individuals who have experienced trauma, but rather that individuals who have experienced trauma become more reliant on it as a cognitive strategy for self-

protective purposes. Collectively, this apparent relationship between trauma, self-protective behaviours, emotional reasoning, and the associated deactivation of logic centres in the brain may have profound implications for the development and maintenance of problem gambling, especially for problem gamblers with a history of trauma.

Emotional reasoning and gambling. There was limited research to suggest that problem gamblers tend to conduct irrational assessments about the probability of winning and that they are prone to developing the belief that they are able to influence the outcome of the game (Boughton, 2006; Pace et al., 2015). It would seem that such irrational assessment is reinforced by self-talk (i.e., "I know my luck will improve if I try again") (Pace et al., 2015, p. e127). Such self-talk is representative of internalized cognitive distortions and thought to be a product of emotional reasoning, as there appears to be exclusion or absence of complementary assessment of objective evidence to the contrary (Pace et al., 2015). Thus, it would seem that for some problem gamblers, emotional reasoning may take precedence, as decision making is often based on a hunch or feeling in place of more rational cognition. It also brings into question the conscious awareness of emotional reasoning among female problem gamblers, given the inhibition of brain logic centres noted by Lasing et al. (2005). Perhaps related, several of the participants reported an apparent reduction in their reliance on emotional reasoning that coincides with isolation from gambling stimuli.

Based on the transcript data, it would appear that the women within this sample have some level of recognition of the link between their emotional reasoning cognitions and their gambling behaviour. However, their expressed frustration with the transient

nature of this understanding seems to suggest that the use of emotional reasoning is not generalized to all decision making. By extension, this could imply that the reliance on the use of emotional reasoning maybe stimuli dependent, with increased reliance on emotional reasoning in the presence of gambling stimuli. It would also seem there could be a relationship between emotional reasoning and self-talk and/or cognitions related to the justification for further problem gambling behaviour, despite cumulative losses. In other words, emotional reasoning as a cognitive strategy within a gambling context might help to explain the apparent disregard of the ratio of cumulative losses, while formulating justification cognitions for continued gambling behaviour.

Emotional reasoning and resiliency. Elsa, Nikita, and Blythe each reported having one or more significant wins during their respective gambling careers. Behaviour theory would suggest that intermittent large *payoffs* could stimulate further gambling behaviour. It is unclear as to how the eventual occurrence of a coincidental win, based on the large number of gaming cycles played, would influence emotional reasoning. However, one could surmise that a coincidental win would inevitably serve to reinforce the credibility of emotional reasoning. Enhanced credibility of emotional reasoning may add support to future justification-related cognitions. This possibility was supported by Yurica and DiTomasso (2005), who purported that: “Cognitive distortions skewed in an overly positive direction tend to be functional, and benefit the individual in maintaining positive mental health (although a ‘too positive’ view might be interpreted as narcissism)” (p. 118). In other words, the use of emotional reasoning by female problem gamblers as a cognitive strategy may have the added benefit of fostering resilience and the willingness to *try again*, even with the recognition that the odds are against them.

Perhaps this resiliency, as derived from emotional reasoning, reflects a distorted attempt at self-protection: one foraged out of primitive brain responses to trauma and oppression. Henceforth, one could reframe emotional reasoning as a *tool* for self-protection and maintaining resiliency in the presence of adversity. However, this tool of resiliency, when paired with gambling stimuli, ultimately facilitates further self-destructive behaviour for the female problem gambler.

The use of emotional reasoning as a cognitive strategy related to gambling behaviour was universal amongst the study participants. Further, it would seem that reliance on emotional reasoning decreased upon separation from gambling stimuli for extended periods of time.

Theme IV: Dissociative-Like Symptoms

The fourth theme to be identified from the data analysis was that of dissociative-like symptoms. It must be emphasized that any reference to dissociative-like symptoms is not meant to imply a diagnosis of dissociation; rather, it simply reflects behavioural observations noted and shared by the sample population. Intriguingly, all of the participants described a cluster of episodic dissociative-like symptoms that corresponded with their participation in gambling activities. Furthermore, removal of the gambling stimuli appears to result in the discontinuation of these symptoms. Those participants who indicated a preference for electronic gaming machine play described proportionately more dissociative-like symptomatology than the solitary individual who expressed a preference for casino card games. In order to understand the notion of dissociative-like symptoms, it is imperative to review the conceptual basis for dissociation.

Understanding dissociation. Dissociation can be intellectualized as an unconscious psychological response to danger, threats, and/or trauma that permits an individual to engage in behaviours that are likely to enhance survival both during and after a traumatic or threatening event (Gershuny & Thayer, 1999). Some of the survival behaviours are thought to include automatization of behaviour, depersonalization, increased analgesia, and extrication of physical and mental self from traumatic or threatening stimuli (Dalenberg et al., as cited in McKinnon et al., 2015). Gentile, Snyder, and Marie Gillig (2014) have suggested that:

> [Such a process is] hard-wired to diminish anxiety and foster hyperarousal states. Under these conditions, the person transforms into a survival mode where physical resources are conserved and adaptive behaviour takes control during the threatening or dangerous situation. The individual's response becomes pathological when the response either generalizes to other situations or persists beyond the immediate threat. (p. 40)

Thus, dissociation can occur removed from threatening or traumatic stimuli as a means of mentally and/or emotionally dulling or *escaping* memories, thoughts, and feelings associated with traumatic experiences (Gentile et al., 2014; McKinnon et al., 2015).

Dissociation as a continuum. Dissociation is best conceptualized as existing on a continuum in which normal integration of perceptions and consciousness lies on one end, derealisation or depersonalization in the middle, and fragmentation of identity on the opposite extreme (McKinnon et al., 2015). A visual representation of the increasing impairment associated with dissociation is presented in Figure 5.

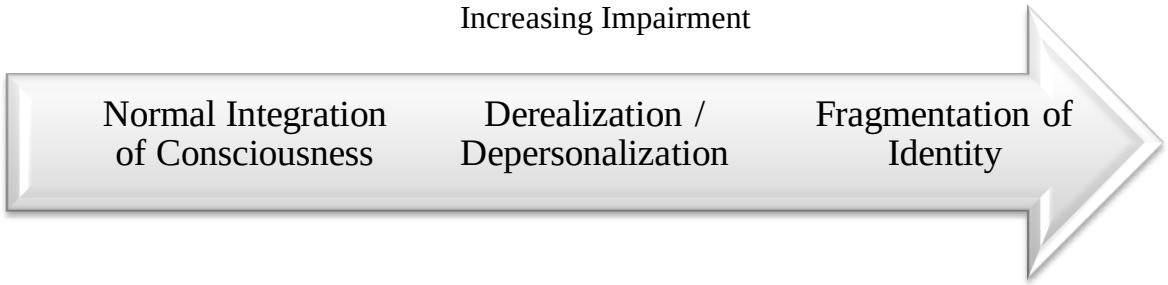

Figure 5. Continuum of Dissociation.

Neuropsychological impact of dissociation. Some literature has suggested that dissociative states are a manifestation of avoidant information processing. However, an increasing number of researchers are challenging this assumption (Giesbrecht et al., 2008) and instead purport that dissociative phenomenon is marked by measureable neuropsychological changes in executive functions, including increased distractibility and decreased behavioural inhibitory capacity (Giesbrecht et al., 2008; McKinnon et al., 2015). Thus, it would appear that the act of dissociation results in some degree of impairment of multiple brain processes, affecting cognition, memory, and emotion (Giesbrecht et al., 2008; McKinnon et al., 2015). It is likely that such impairment has important implications related to the development and maintenance of problem gambling behaviour.

Dissociation and gambling. Numerous authors have noted the apparent role of a dissociation-like phenomenon amongst problem gamblers. This is most notable for individuals with a prior history of trauma and who exhibit a preference for electronic gaming machines (Casey, 2006; Cartmill et al., 2014; Hodgins et al., 2010; Jacobs, 1988). It is thought that the combination of visual and auditory stimuli, along with rhythm of game-play, may contribute to what some consider to be a dissociative state among

problem gamblers, perhaps via temporal lobe stimulation (Marmurek, Kanetkar, & Londerville, 2009; McCormick, Delfabro, & Denson, 2012). Interestingly, three of the participants in this study reported self-described innate attraction to the flashing lights and displays common to electronic gaming machines. Regardless of the modality for triggering dissociative-like symptoms, the hypnotic-like state has been described by problem gamblers as being similar to a drug induced *high*, with the altered state of consciousness (i.e., *being in the zone*) referenced as desirable (Schull, 2005).

Within their research exploring the relationship between cue-reactive altered state of consciousness and cue-reactive urge among patrons of electronic gaming machines, Tricker, Rock, and Clark (2016) highlighted the potential importance of dissociative-like symptoms in facilitating problem gambling behaviour. In the end, their research implies a relationship between cue-reactive altered state of consciousness and cue-reactive urge amongst problem gamblers, with the implication being that gambling stimuli can trigger both dissociative-like symptoms and urge to gamble. Perhaps more importantly, problem gamblers with a preference for electronic gaming machines report they will actively and intentionally seek out such dissociative-like experiences (Imperatori et al., 2015). Changes in cognition during dissociative episodes may have unknown and profound implications regarding the development and maintenance of problem gambling behaviour.

Dissociation and female problem gambling behaviour. Interestingly, it is now well recognized that problem gamblers who prefer electronic gaming machines are much more likely to report dissociative-like symptoms (Boughton, 2006; Giesbrecht et al., 2008; Imperatori et al., 2015; McKinnon et al., 2015; Piquette-Tomei, 2010). The

dissociative-like symptoms described by the sample population encompassed changes in affective states, cognitive disturbances and hyper-focus, and perceptual distortion. Variation of affect included mood elevation or blunting and/or numbing of emotion. Cognitive disturbances were comprised of spacing out, changes in memory recall, disregarding of consequences, reduced awareness of consequences, decreased awareness of the surroundings, and feeling as if in a dream-like state. Hyper-focus consisted of *tunnel vision*-like focus on immediate gambling stimuli, an effect that persists for extended periods of time. Further, the phenomenon of hyper-focus was complemented by perceptual distortion in the passage of time while engaged in gambling behaviour, such that hours passed in what the participant perceived to be a few minutes.

It is interesting to note that the interviews, several of the individuals within the sample population verbalized recognition of a relationship between their gambling behaviour and an opportunity for escape from or avoidance of cumulative tension, stress, memories, commitments, and uncomfortable mood states. Thus, it would appear that with introspection, conscious recognition of an unconscious process might develop.

Issues of nomenclature. Controversy existed within literature regarding the nomenclature used to describe the distorted perception of time, hyper-focus, and trance-like states that are characterized by problem gamblers (Hodgins et al., 2010). Part of this controversy stems from uncertainty about what is actually taking place during the episodes of detachment. Do the self-reported behaviour and anecdotal observations represent actual dissociative episodes or dissociative-like phenomenon? Alternatively, does the behaviour simply represent episodes of idiopathic hyper-focus that precludes attending to other stimuli, which limits elements of cognitive function? It is hoped that

future research will help to answer these questions. Irrespective of the issues related to nomenclature and diagnosis, the trance-like states seem to suggest the possibility of episodic departure from higher cortical brain functions, in particular the executive functions, which appears to correspond with electronic gaming machine usage (Giesbrecht et al., 2008; McKinnon et al., 2015).

Theme V: External Frontal Lobe

The last of the themes derived from the inductive content analysis of the data was that of external frontal lobe. There has been significant research exploring the contribution of executive function deficits in problem gambling behaviour, with the majority of such research focused on impulse control, response inhibition, and delay of gratification. Not surprisingly, the research suggested that problem gamblers tend to have decreased response inhibition, greater levels of impulsivity, prefer immediate gratification, and have difficulties with forethought and planning (Jain, Turner, Muglin, & Spence, 2002; Petry, 2001; Roca et al., 2008; Rodriguez-Jimenez et al., 2006). This constellation of characteristics could imply some degree of executive function disturbance common to problem gamblers.

In the case of the present research, it must be emphasised that no formal assessment of executive functions was carried out. Nevertheless, the data analysis uncovered the theme of external frontal lobe that was universal to all of the participants in this research. The theme of external frontal lobe manifested as the imposition of strict limitations by loved ones (i.e., close supervision, prompts/reminders, reduced access to credit/money, revoking rights at financial institutions, financial and time accountability, etc.) in an effort to help the female problem gamblers within this sample better regulate

or abstain from gambling behaviour. In other words, loved ones served as surrogates (i.e., external) frontal lobes for the female problem gambler.

Personalized normative feedback. The idea of implementing an *external frontal lobe* as an intervention strategy for problem gambling behaviour has not been specifically addressed within research literature. However, seemingly parallel concepts are emerging as possible intervention strategies. One example is that of personalized normative feedback. Hing, Russell, and Sproston (2016, p. 18) advocated for personalized normative feedback as an intervention strategy, since "personalized normative feedback is potentially more effective as it is both personal and salient because it reveals discrepancies between individual behaviour, perceived normative behaviour, and actual normative behaviour." Alternatively, Ciarrocchi (as cited in McComb, Lee, & Sprenkle, 2009) advocated for the use of a family therapy approach. Specifically,

> According to Ciarrocchi, the first goal of couple therapy for the treatment of problem gambling is to help the partner support the gambler's desire to stop gambling. This is achieved by (a) developing environmental controls (i.e., limiting access to money); (b) working together toward financial recovery; (c) addressing legal issues; and (d) providing a context of support for the partner. (p. 423)

It would appear that the loved ones of the women within this sample population implement a composite approach, albeit more extreme, with the integration of prompts, tracking, reminders, and the introduction of limitations and accountability. However, while there does appear to be some anecdotal evidence for this strategy, there is the potential for harm.

Complications with external frontal lobe as an intervention. The imposition of restrictions requires considerable effort, organization, communication, and dedication on the part of loved ones. Furthermore, the implementation of an external frontal lobe as an intervention strategy impinges upon the rights and freedoms of the female problem gambler. It also results in a change in the relationship dynamic between the female problem gambler and her loved ones, ensuing from imposed power differential. Thus, this intervention strategy is far from innocuous and carries the potential to rupture the relationship between the female problem gambler and her loved ones, with animosity being the likely outcome. It is interesting to note that three of the four women within the sample expressed resentment related to the intrusive measures enforced by loved ones. Paradoxically, they also verbalized recognition of the benefit of the tactic, given their personal perception of loss of control over their gambling behaviour. While there does appear to be some benefit in this intervention strategy, more research is required to examine the longitudinal efficacy of this approach.

Overview of Female Problem Gamblers Analysis

To recap, the themes that came out of the inductive qualitative analysis were trauma, locus of control, emotional reasoning, dissociation-like symptoms, and external frontal lobe. Based on the findings from these three modalities of analysis (i.e., inductive content analysis, chart of commonalities, and participant timelines), there appears to be shared commonalities between and patterns in the lives of the female problem gamblers within this sample population. Perhaps most importantly, it would appear that the themes derived from the data could represent a constellation of affective and cognitive changes that occur as part of the transformation from social gambling to problem gambling

behaviour amongst this sample of female problem gamblers. Such commonalities appear to include exposure to one or more traumatic events, major life role changes and relapse, history of social gambling, and cognitive shifts.

Exposure to one or more significantly traumatic events. It would appear that trauma is a universal commonality between this sample of female problem gamblers and one of paramount importance. There was indeed variation in the number of traumatic experiences, types of traumatic experiences, and the severity of the trauma disclosed by the sample population. What was evident is that exposure to trauma appears to predispose the female social gambler to a greater propensity for developing future problem gambling behaviour. Three out of four of the participants in this study reported being survivors of one or more profoundly traumatic and life-changing experiences. This finding adds support to existing research linking trauma and problem gambling behaviour (Boughton, 2003, 2006; Cartmill et al., 2014; Casey, 2006; Hagen et al., 2013; Hodgins et al., 2010; Imperatori et al., 2015; Piquette-Tomei, 2010; Wenzel & Dahl, 2009). However, this finding also differs from that of other researchers, as many of the participants incurred multiple traumatic experiences. The significance of exposure to multiple episodes of trauma as related to the development of problem gambling behaviour is unclear and warrants further research.

The researcher noted an additional pattern regarding the history of trauma: specifically, that none of the participants reported accessing mental health supports specific for trauma, despite receiving service provision for problem gambling behaviour. This pattern of untreated trauma (i.e., repressed trauma) is consistent irrespective of the problem gambling treatment modality (i.e., inpatient vs. outpatient) accessed by the

participants. The relative importance of this pattern of untreated trauma as a factor of influence in the movement from social gambling to problem gambling behaviour is unknown. However, such possibility is worthy of future research as there doesn't appear to be literature addressing the potential influence of untreated trauma in the progression of female problem gambling behaviour.

Major life role changes and relapse. Further analysis of the visual timeline data appears to demonstrate a relationship between significant life changes (e.g., employment changes, marriage, empty nest, critical illness, and/or death of friends and family, etc.) and relapse of gambling behaviour after extended periods of remission. The researcher conjectures that the apparent correlation between significant life changes and relapse of problem gambling behaviour may be mediated by stress. It is speculated that the stress associated with significant life changes could precipitate the resurfacing of thoughts, memories, and feelings related to unresolved and repressed trauma, thereby triggering a desire for dissociation associated with gambling behaviour. By extension, this could imply that remissive periods of problem gambling behaviour are consequential to the cessation of or adaptation to significant life stressors. While this proposed relationship is intriguing, research is required to verify it.

History of social gambling. Participation in social gambling behaviour was universal amongst the sample population. While participation in social gambling was a universal characteristic, the actual involvement in gambling prior to the onset of problem gambling behaviour was quite variable amongst the sample population, with some individuals having had long-standing and extensive involvement (i.e., since childhood), while others have had proportionately little, with their involvement beginning in

adulthood. Such extensive variability in gambling trajectory within this sample population seems to call into question the relevancy and utility of the notion of speed of trajectory, in terms of being predictive of future problem gambling behaviour among female problem gamblers. Common sense would predict that participation in gambling behaviour is a necessity for future gambling behaviour. According to the qualitative data derived from the transcripts, previous exposure to gambling stimuli does appear to play a minor, but yet important, role in the development of future problem gambling behaviour. Despite the apparent role of previous participation in gambling behaviour, there is a much more significant component—that of previous trauma. The potential causal mechanism behind this association remains enigmatic. Exposure to trauma results may increase reliance on the utilization of emotional reasoning, which maybe functional as a survival and/or self-protection mechanism.

Cognitive shifts. An unexpected piece of information to come out of the qualitative data analysis was the notion that there appears to be a cognitive shift that occurs for female problem gamblers, especially in terms of their acknowledgement and understanding of the probability of winning when they are actively engaged in the act of gambling. It is very interesting to note that all of the women within the sample verbalized a clear understanding of the reality that the odds of winning a significant payout were very remote. Furthermore, three out of the four participants indicated that they recognize the inherent financial cost of gambling far exceeds the amount of money they will likely win over the course of their lives. This would infer that the women within this sample have a good understanding of the risks and consequences of problem gambling behaviour, and yet, they continue to gamble. Based on the self-reported discrepancies in

cognition related to gambling behaviour amongst the participants, along with the purported neuropsychological changes in brain function associated with trauma, dissociation, and emotional reasoning, the transcript data would appear to suggest that the act of participating in gambling behaviour temporarily changes an individual's ability to understand the odds against winning or, perhaps, persuades the individual to disregard their understanding of the odds against winning while engaged in gameplay. Furthermore, upon separation from the gambling context, typically a result of depleting available financial resources, there is a return to the recognition and understanding of the odds against winning. Such cognitive transformation could be indicative of state- or context-dependent cognition that varies according to the presence or absence of gambling stimuli. The proposed state-dependent changes in cognition are presented in Figure 6.

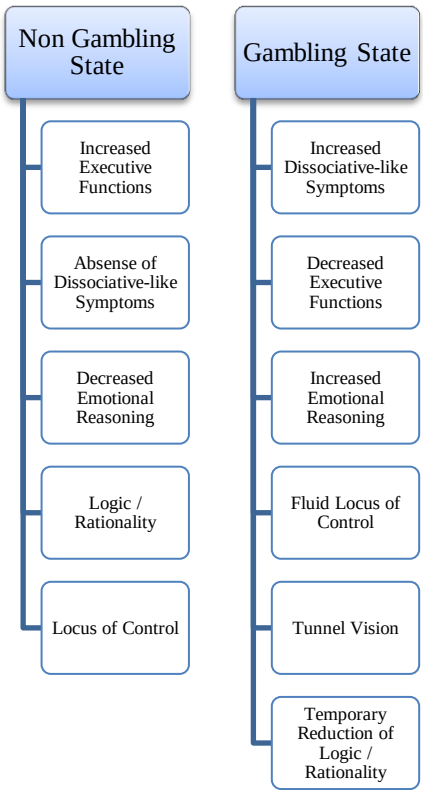

Figure 6. Proposed state-dependent changes in cognition.

Development of a Metaphor Encompassing the Themes

The five themes to emerge from the inductive content analysis include trauma, external locus of control, dissociative-like symptoms, external frontal lobe, and emotional reasoning. The prevalence of these themes across the participant transcripts suggests cohesion concerning the conceptualization of the individual themes. Superficially, the themes may appear fragmented and disconnected from each other. However, further examination and cross comparison of the themes resulted in the creation of a metaphor as a medium for the conceptualization of the inter-relationships between the five themes. Carpenter (2008) argued, "The use of metaphors in qualitative research provides an opportunity to examine phenomena from a unique and creative perspective" (p. 274). Several researchers have examined the utility of metaphors within qualitative research and champion their use for developing a framework for envisioning data (Carpenter, 2008; Jensen, 2006; Miller & Fredericks, 1988). Additionally, it is thought that metaphoric analysis is an alternate strategy for triangulation of data. Irregardless, it would appear that the use of metaphors within qualitative research is both established and credible as a medium for connecting ideas. In the case of this research, the metaphor contributes to an understanding of trauma as a mediating factor in the development and maintenance of female problem gambling behaviour.

Within this metaphor, trauma is abstracted as a storm cloud. Rain falls from this storm cloud and signifies the thoughts, feelings, memories, and worries associated with the lived traumatic experience(s). The female problem gambler, who is a survivor of trauma, seeks shelter from the storm under an umbrella. The umbrella is composed of four panels, each of which is representative of one of the four remaining

themes—external locus of control, emotional reasoning, dissociative-like symptoms, and external frontal lobe. Many people instinctively seek shelter from rain, as rain can bring a measure of discomfort. Thus, the female problem gambler seeks refuge from thoughts, memories, feelings, and worries associated with lived trauma. Stepping under the umbrella feels different, not necessarily pleasurable as the rain still falls. Regardless, there is a noticeable reduction in the degree of dampness that some may perceive or interpret as comfort. Individually, the panels offer a measure of shelter; however, collectively, they afford increased protection, perhaps even sanctuary from the rain. It is within this context that gambling behaviour can be understood as a maladaptive attempt at self-protection from the storm afforded by trauma. However, there is a perverse irony within this metaphor, as the very behaviour associated with asylum becomes a source of further trauma that potentiates additional problem gambling behaviour. A visual depiction of the metaphor is presented in Figure 7.

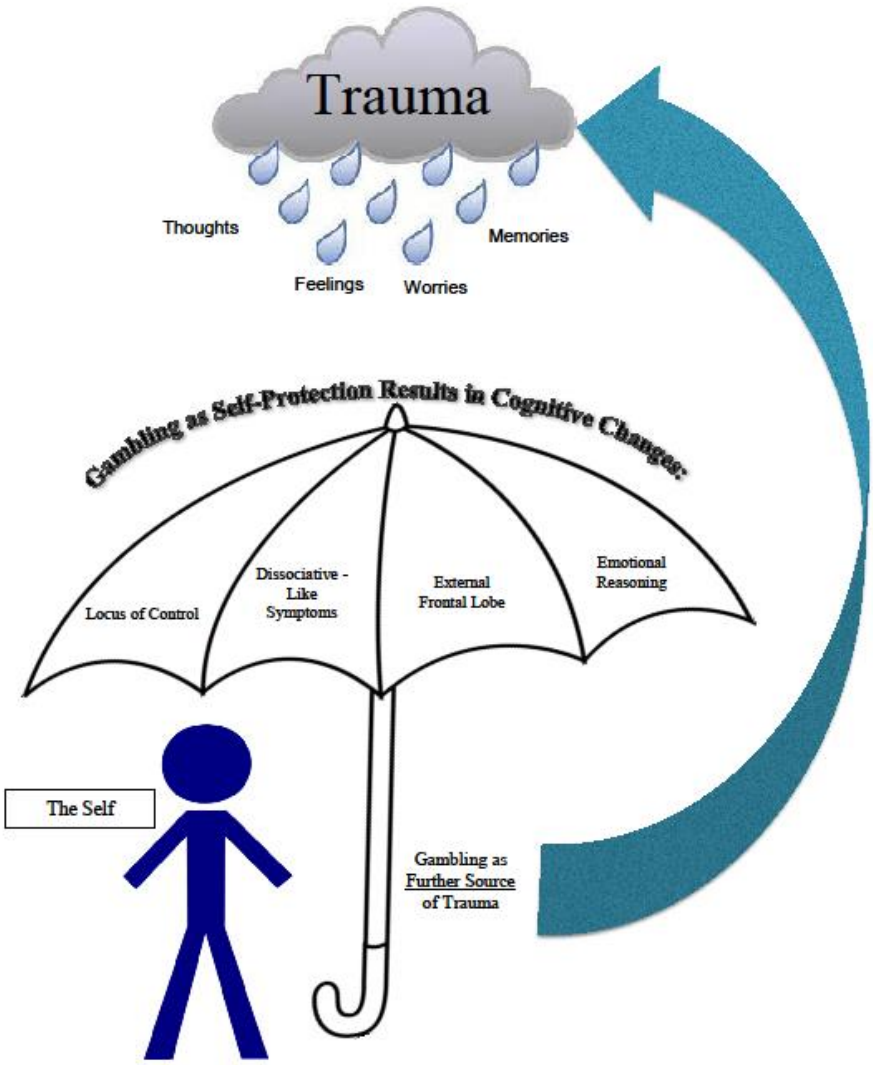

Figure 7. Metaphor: Gambling as self-protection.

Limitations of Research

This research represents an inaugural exploration of the lived experiences of female problem gamblers. The preliminary investigative nature of this research requires that the findings be interpreted with caution, especially given the limited sample size and

concerns regarding the representativeness of the sample population and the presence of an outlier within the sample population. The limitations that impacted this study included sample size, representativeness of the sample, and the outlier.

Sample size. The first limitation lay in the sample size. One of the major issues with the current research is the limited sample population size. It calls into question the representativeness of the experiences of the female problem gamblers within this sample population. As such, the results of this research could not be extrapolated to other female problem gamblers. Despite having made use of multiple concurrent participant recruitment strategies, the end result was a total of four participants. Recruitment issues may have arisen through a reluctance to participate in research (e.g., perceived stigma, lack of acknowledgement of a gambling problem, desire for anonymity, etc.) or complicated life contexts. In addition, there is a possibility that some female problem gamblers opted to keep their gambling behaviour secret from their treatment professions or that they were not ready to disclose yet. Finally, the possibility that the inclusionary and/or exclusionary criteria were too strict, and therefore, participants could have felt that they were not eligible to participate in the research.

Representativeness of the sample. The second limitation within this research was the level of relative representativeness of the sample population compared to other female problem gamblers. While this sample exhibited interesting diversity, there are questions as to how well it is representative of female problem gamblers in general. It would appear that the women in this sample population differed from other reported samples of female problem gamblers in a variety of characteristics. The majority of the women within this participant population (i.e., three out of four) reported being married

or in long-term common-law relationships. The remaining individual is a widow. This contrasts with demographic reports from other researchers that purport a greater incidence of female problem gamblers having never married (Afifi, 2009; Boughton, 2006; Piquette-Tomei, 2010).

All of the participants completed their high school education, and three of the participants report having attained post-secondary education. This differs from reports within literature, which have suggested that female problem gamblers infrequently attain education beyond completion of high school (Afifi, 2009; Boughton, 2006).

All members of the sample population have comparatively extensive histories of social gambling, ranging from approximately five to 15 years, prior to their respective transition to problem gambling behaviour. This finding runs contrary to the commonly accepted notion that women have an expedited trajectory from social gambler into problem gambler (Boughton, 2006; Lesieur, 1977; Nelson et al., 2006; Potenza et al., 2001; Tang et al., 2007; Tavares et al., 2001; Wenzel & Dahl 2009). Further, two of the participants began their gambling careers prior to adulthood, with one gambling regularly in childhood and the other starting in mid-adolescence. This varies from reports in gambling literature claiming that women tend to begin gambling later in life. This finding is also inconsistent with reports that early onset gambling behaviour is limited to males (Blanco et al., 2006; Boughton, 2006; Greco-Gregory, 2002; Ibanez et al., 2003).

Despite the noted variances between this collection of participants and other reported sample populations of female problem gamblers, the consistency of the findings, given the wide geographic spread, could suggest the possibility of regional variation—a possibility that requires further investigation.

The outlier. Compared to the other individuals within the sample population, Blythe appears to be somewhat of an outlier. She has had extensive exposure to various gambling activities since early childhood. Gambling behaviour was part of her learned social norm, and it was associated with positive, exciting, and fun social interaction during family gatherings. Indeed, intergeneration participation was not only welcomed, but was encouraged. Despite having had extensive exposure to and participation in gambling from a very early age, her problem gambling behaviour did not surface until after her transition to post-secondary education, which contradicts the notion of expedited trajectory in her case. Compared to the other women within this sample population, she exhibited greater frequency and intensity of her participation in gambling behaviour from early childhood. What makes her gambling behaviour especially unique is the fact that most of it occurred in the presence of immediate family.

A fundamental difference emerged between Blythe and the other participants in this research: specifically, Blythe did not report having experienced traumatic events in her life history. The absence of reported trauma in her interview may have represented a reluctance to share traumatic history with the interviewer. At face value, it could also indicate a lack of traumatic experience. However, both scenarios are conjecture at best. Irrespective of disclosed trauma, she clearly identified the onset of her problem gambling with her transition to post-secondary education within a larger urban community. One cannot help but wonder about the impact of her transition to the post-secondary education institution. Blyth grew up with widespread gambling involvement of both immediate and extended family in her world, but in a smaller urban centre. Going off to start her post-secondary educational career meant her moving to a significantly larger and perhaps even

overwhelming urban centre, physically removed from the all-embracing support of her immediate and extended family. Being away from her close-knit family, moving to the isolation associated with an overwhelming large urban centre, one can surmise that such a transition may have proved traumatic or at the very least anxiety and stress provoking. Lastly, one must consider that the potential impact of internalized oppression needs to be considered as a possible variable in Blythe's transition from social gambler into problem gambler. While her transcript data did not clearly link trauma to her problem gambling behaviour, the notion of internalized oppression does present a plausible basis for trauma, worthy of further exploration in future research specific to women's problem gambling behaviour (Poupart, 2003; Pyke, 2010; Speight, 2007; Weaver, 2001).

Interventions and Treatment of Problem Gambling

Analysis of the data yielded important insight into concerns about existing treatment programming accessed by the participants. In particular, these include (a) concerns about the quality of information being relayed to female problem gamblers, and (b) absence of differentiated treatment programming.

Mixed quality of information provided by addictions treatment professionals. A few troubling trends emerged from the interview data, calling into question the awareness and knowledge of some treatment professionals regarding problem gambling behaviour and female problem gamblers. One of these concerns pertains to the accuracy of psychoeducational information being provided to female problem gamblers and indeed, gamblers in general. As expressed by one of the participants,

> *So when I went to treatment, everything is designed around alcohol and drugs. Sex addiction actually rates up there, higher than gambling. I was told several*

times by Alberta Health Services (AHS) that gambling is not a problem in Alberta. (Elsa)

In this example, the information provided to Elsa regarding the existence of problem gambling behaviour in Albert is incorrect. Problem gambling is indeed a serious issue among a minority of gamblers within Canada (Centre for Addiction & Mental Health, 2009), and Alberta is no different. In the next quotation from Elsa, she expresses her frustration with having been told that gambling is a comorbid condition to alcohol use. She describes feeling pressured to acquiesce and declare alcoholism, despite the fact that she does not consume alcohol. She ultimately decided to challenge the perceived expectation:

So, I had to say that I had, they wanted me to say that I had an alcohol problem because alcohol is primary and gambling is secondary. I refused. All I would say is: I am an addict. I am addicted to smoking cigarettes, I'm addicted to coffee, and I'm addicted to gambling. I'm just an addict. I'm not going to say that (I have an alcohol problem if I don't drink! (Elsa)

It is unknown as to how representational Elsa's experience is amongst female problem gamblers or, for that matter, gamblers in general receiving treatment via inpatient or outpatient programming. Nikita likewise reported having been told similar information despite significant variation in the geographic location of the treatment providers. Additionally, in a conversation with an addictions treatment provider, a similar message was conveyed to the researcher. Underlying messages regarding gambling treatment could be both confusing and frustrating for the female problem gambler. These underlying messages could be heard as: Problem gambling behaviour does not exist

independently of other addictions; Problem gambling behaviour must evolve out of a separate primary addiction; Problem gambling behaviour is trivial in comparison to other addictions; and/or Problem gambling behaviour is not a real problem.

Irrespective of the intent on the part of the treatment professional, such communication directed to a problem gambler could:

1. Serve to dissuade the problem gambler from further attempts to seek help;
2. Perhaps encourage the development of further addictive behaviours to justify treatment for their struggle with problem gambling;
3. Inspire the female problem gambler to come to erroneous and dysfunctional conclusions;
4. Reinforce perceived stigma against problem gambling behaviour, amplify shame, and further alienate the problem gambler; and
5. Precipitate a belief that the addictions treatment specialists do not actually know what they are talking about.

Ultimately, such communication is unhelpful to the problem gambler and would inevitably serve as prophylaxis to the development of a therapeutic alliance and, ultimately, the efficacy of treatment programming. A culmination of misinformation and lack of knowledge about problem gambling behaviour could serve to reinforce perceived stigma related to problem gambling behaviour and further alienate the problem gambler who has come forward to seek help. Furthermore, there is a serious risk associated with *treatment incompetency*, as it could become a further source of trauma for the female problem gambler, thus helping to perpetuate the problem gambling cycle.

Lack of differentiated addictions treatment programming. Another concern to emerge from the interview data was the inclusion of female problem gamblers in programming intended for alcohol and drug addiction. As Jasmine stated,

> *I started going to XXXX recovery program. Good, but then, I started going out with the guys while they smoke, and I listened to all their drug stories and their other stories. They have got "multiple," and it's not like I feel I didn't belong, but this is not going to help me. I might acquire another addiction, and they're nice guys, a lot of young guys. (Jasmine)*

In this previous quotation from Jasmine, one can garner a sense of alienation related to acrimonious group composition. While she indicates that she feels welcome amongst the group of substance addicts, she also recognizes that the programming and group composition is not effectual for her. Her personal context differs markedly from that of the other group members. In particular, there was discordance between Jasmine and the other group members in terms of the type of addiction, gender, and age. A single treatment modality or curriculum is clearly not suitable across the spectrum of addictions:

> *These guys, they just come. They count how many weeks they didn't go. It's more of a social club; they know each other. I don't fit in, I don't belong. I'm not dropping out, but I'm not going to attend. This is not it. (Jasmine)*

In this previous statement, Jasmine alludes to there being differences in the stages of change between herself and the other group members. She emphasizes her desire to access treatment programming. However, one can sense her frustration related to the lack of accessible and relevant treatment options for her.

Perhaps the most important discovery elucidated from this research is that trauma, especially unresolved trauma, appears to be a catalyst for the evolution of social gambling behaviour into problem gambling behaviour amongst the women problem gamblers within this sample. Further, it appears that unresolved trauma and the evolution of gambling behaviour is related to changes in both affective and cognitive functioning, the development of dissociative-like symptomatology, suspected disturbances in executive functions, and the formation of a bias towards an external locus of control. It is also apparent that subsequent episodes of trauma and/or extraordinary life stressors are associated with the relapse of problem gambling behaviour after extended periods of remission. The sample population universally reported periods of cessation from problem gambling behaviour. In some cases, the remittance of problem gambling behaviour seemed to be spontaneous. However, the vast majority of cessations corresponded with the implementation of restrictive measures on the part of loved ones, as indicated by the theme of external frontal lobe, in an attempt to regulate gambling and/or to minimize damage from gambling.

It would appear that one's understanding of probability, chance, and randomness has little or no influence over problem gambling behaviour. Perhaps Nikita summarizes this contradiction best in her discussion of having completed Proserve and Reel Facts training through AGLC while employed in a bar:

> *I've taken Proserve. I've taken the courses that tell you when there's a gambling problem, becomes a gambling problem, and what the odds are, and you're never gonna win. I've taken all this, and I know all this and it's [pause] . . . Still I wanna sit there, and I wanna win! (Nikita)*

Implications for Treatment of Problem Gambling

The findings of this research have many important implications for the treatment of female problem gamblers. Given the prominence of the association between unresolved trauma and female problem gambling behaviour amongst the women within this sample population, it is paramount that treatment and intervention strategies recognize and address unresolved trauma as a precursor and/or maintainer of problem gambling behaviour. Further, it is important that the female problem gambler is educated about the link between unresolved trauma and problem gambling behaviour. Perhaps most importantly, treatment programming must include psychotherapy within the safety of a counselling relationship to address the thoughts, memories, feelings, and worries associated with unresolved trauma.

In addition to the trauma work, it is suggested that treatment programming should also contain a discussion of the relationship between locus of control and trauma and/or abuse. Part of this process should entail the empowerment of the problem gambler via recognition of his or her perceived bias in locus of control, followed by strategies to help the gambler make a shift towards a closer approximation of an internal locus of control.

Yet another important component of treatment should include psychoeducation about the construct of emotional reasoning and other cognitive distortions. This psychoeducation should lead to the development of an understanding of the role of emotional reasoning, and other cognitive distortions, in facilitating justification of gambling behaviour. To complement this knowledge, the treatment provider should encourage the development of increased self-awareness of emotional reasoning through the process of assisting the problem gambler in identifying and tracking instances of

emotional reasoning and other cognitive distortions. In turn, the increased awareness should be reinforced with strategies to challenge or minimize attention paid to emotional reasoning.

Expanding upon the emotional reasoning, treatment programming should also facilitate the development of awareness of state-dependent cognitions (e.g., gambling vs. non-gambling states). Understanding of the implications of such cognitions in relation to problem gambling behaviour is integral to the recognition of gambling-related cognitive distortions

Assisting the problem gambler in understanding that further problem gambling behaviour will exasperate trauma, which, in turn, increased the desirability of dissociation. Assist the problem gambler in learning coping and self-soothing strategies to employ during times of stress.

Lastly, an important strategy to evolve out of this research is the allocation of external supports that can serve as surrogate external frontal lobes to assist the problem gambler with impulse control, limit setting, and help to provide oversight and accountability regarding usage of time and finances. In more extreme situations, this may involve total isolation from gambling stimuli and carefully controlled and/or monitored access to financial resources. The end goal associated with the implementation of external frontal lobe should be a carefully supported gradual return to *normalized* executive function and increased independence on the part of the female problem gambler.

Final Summary

The purpose of this research was two-fold: firstly, to find out what could be learned from the lived experiences of female problem gamblers, and secondly, to learn more about the factors that influence the progression of gambling from social gambling into problem gambling behaviour among female problem gamblers.

Based on the information derived from the inductive qualitative analysis of the data, it would appear that there is a common constellation of characteristics shared by the female problem gamblers within this sample population. Each of the participants reported having experienced one or more traumatic events, in most instances, years prior to the onset of their respective problem gambling behaviour. They also shared a pattern of not having received treatment for their trauma prior to the onset of their problem gambling behaviour. All reported significant histories of social gambling, with some spanning a decade or more prior to the onset of problem gambling behaviour. Three out of the four participants shared experiences of having won one or more jackpots while gambling. Three of the participants described dissociative-like symptoms that correspond with participation in gambling behaviour. This was especially true for the individuals who exhibited a preference for electronic gaming machines.

All of the participants alluded to an increased reliance on emotional reasoning that was connected to their gambling behaviour. Additionally, the theme of locus of control was apparent throughout the interviews. In particular, abuse and trauma were linked with an external locus of control and a corresponding desire for an increased locus of control. Gambling behaviour was also associated with locus of control, but appeared to vacillate between internal and external, as a function of wins/losses. The theme of external frontal

lobe was universal to all of the participants. It is interesting to note that this theme was most prominent when the problem gambling behaviour was at its worst. During the peaks in their problem gambling behaviour, each of the women described increased reliance on others (i.e., loved ones) to restrict, monitor, and/or impose harm reduction strategies.

All of the women described episodes of remission in their problem gambling behaviour, ranging from months to years at a time. Interestingly, relapse of problem gambling behaviour appeared to be subsequent to significant life or role changes (i.e., marriage, family health difficulties, death of loved ones, employment transitions, empty nest, etc.). The researcher speculates that this could be related to re-emergence of thoughts, memories, feelings, and/or stressors related to unresolved trauma.

Collectively, the constellation of themes (i.e., trauma, dissociative-like symptoms, emotional reasoning, locus of control, and external frontal lobe) and the other noted commonalities amongst the sample of female problem gamblers is strongly suggestive of both affective and cognitive changes within the brains of the individuals within this sample. It appears that the affective and cognitive changes are a function of unresolved trauma. It is suggested that the affective and cognitive changes increase the susceptibility of female social gamblers to gambling stimuli—as well as increase their propensity towards problem gambling behaviour. In some senses, the most baffling component of problem gambling behaviour is the motivation to keep gambling despite the cumulative financial loss and associated stresses.

Based on what has been learned from this research, ongoing motivation to gamble among female problem gamblers needs to be re-conceptualized beyond the realm of addiction. Such behaviour is better understood as both inherently maladaptive, but also

potentially functional. Therefore, problem gambling can be reframed as a tool that facilitates escape from thoughts of burdensome stressors and uncomfortable feelings of both past and present. Henceforth, problem gambling behaviour serves as a tool for self-protection. It is within the framework of conceptualizing problem gambling behaviour as a misappropriated tool for protection that the addictive process can be understood. What starts off as an escape from feelings, memories, and stressors leads to the discovery, both conscious or unconscious, of dissociative qualities of participation in gambling behaviour. Dissociative-like symptoms, in turn, lead to further impairment in executive functions, increasing novelty seeking behaviour, reduced impulse control and enhanced emotional reasoning. It is with the unlikely *chance large win* within a dissociative-like state that fate becomes sealed.

Perhaps, it is the pairing of a chance large win in a dissociative-like state, combined with reduced executive functions, emotional numbing, and increased reliance on emotional reasoning, that the basis of addiction is formed. The inherent problem with this tool is that the inevitable gambling losses outweigh the wins. In other words, in a sick and twisted manner, a chance large win ultimately becomes a further source of trauma. The tool that had utility in facilitating escape ultimately furthers the addiction. Thus, instead of conceptualizing female problem gambling as being motivated by *chasing losses*, it may be more useful to conceptualize such behaviour as a dysfunctional mechanism by which one can *protect the self* from trauma.

This present research clearly highlights the importance of considering trauma as a predisposing factor for the development of female problem gambling among the women within the sample population who prefer electronic gaming machines. Given that this

study utilized inductive qualitative analysis, it must be emphasized that this study cannot be said to have established a causal link between trauma and the development of problem gambling behaviours. However, the results derived from the qualitative analysis strongly suggest the potential for a relationship between trauma and the onset of problem gambling behaviour. The researcher can only speculate about such a relationship. However, given the prevalence of these five themes within this research, the prospect of a shared underlying trauma-induced pathological mechanism warrants further research, especially among female problem gamblers with a preference for electronic gaming machines.

It could very well be that unresolved trauma results in a maladaptive self-protective response, triggering pathophysiological changes, including dissociation-like symptomatology, reliance on emotional reasoning, and the establishment of a *fluid locus of control*—together implying diminished executive functions. Perhaps the pairing of a chance larger win experienced within the context of dissociative-like symptomatology could result in a cascade of neuropsychological changes that inadvertently increase the propensity towards addiction. In such a scenario, the stress and dysfunction associated with problem gambling behaviour may, in turn, serve as further trauma, thereby perpetuating the continuation of the cycle until loved ones step in and delimit access (i.e., external frontal lobe) to further gambling stimuli.

Indeed, shortly after beginning this research endeavour into female problem gambling behaviour, the researcher was blindsided by the suicide of a friend and former co-worker. Her suicide was motivated by shame and guilt related to having gambled away (a relatively insignificant) sum of money that had been entrusted to her to purchase

goods on behalf of a colleague while on holiday in a remote locale. No one had been the wiser about her history with problem gambling. With her suicide came a personal realization: The anonymity and invisibility of problem gambling behaviour are what makes this affliction so insidious and terribly dangerous. Female problem gamblers are not just gamblers; they are people. They are partners, spouses, girlfriends, mothers, aunts, daughters, grandmothers, sisters, coworkers, and friends. Motivated by the voices, stories, and life experiences of the participants in this research, the researcher must relay and emphasize the importance of taking the time to ask the question: Do you have a gambling problem?

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Appendix A. Recruitment Poster

Female Problem Gamblers

Research Participants Wanted!

University of Lethbridge

Hearing your personal story as it relates to gambling, will help me better understand how problem gambling behaviour impacts the lives of women and their significant others.

Purpose of Research

- To gain a better understanding of the process by which women transition from social gambler into problem gambler.
- To identify the factors that influence such transition from social gambler into problem gambler.
- To better understand the impact of problem gambling behaviour on the lives of women

Seeking women over the age of 18, who are either **currently being treated** for or **have previously been treated** for problem gambling behaviour by a mental health professional.

***Participation will involve a **30 minute long interview** regarding (audio will be recorded for transcription purposes)

***Participants will be awarded a **$15.00 gift card redeemable at any Tim Horton's** restaurant

If you are interested in participating in this research, please contact:

Eric Burgess
(403) 485-5823 cell (text, call or leave message on confidential voicemail)
womenproblemgamblers@gmail.com

Women Problem Gambling Research Participants Contact Eric (403) 485-5823 womenproblemgamblers@gmail.com	Women Problem Gambling Research Participants Contact Eric (403) 485-5823 womenproblemgamblers@gmail.com	Women Problem Gambling Research Participants Contact Eric (403) 485-5823 womenproblemgamblers@gmail.com	Women Problem Gambling Research Participants Contact Eric (403) 485-5823 womenproblemgamblers@gmail.com	Women Problem Gambling Research Participants Contact Eric (403) 485-5823 womenproblemgamblers@gmail.com

Appendix B. Human Subject Committee Approval Letter

The University of Lethbridge

MEMORANDUM

TO: Eric Burgess
FROM: Richard Butt
Date: June 11, 2015

RE: Human Subject Research Application: A Qualitative Study of Women Who Have Been Problem Gamblers

The Faculty of Education Human Subject Committee has approved your HSR application. The approval adheres to the Tri-Council Policy Statement, published on the website http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

Good luck with your research.

Richard Butt, Ph.D.
Chair Human Subject Committee
Faculty of Education

Cc: Graduate Studies
Noella Piquette, supervisor

Appendix C. Sample Consent Form

A Qualitative Study of Women Who Have Been Problem Gamblers

You are being invited to participate in a study entitled A Qualitative Study of Women Who Have Been Problem Gamblers that is being conducted by Eric Burgess.

As a graduate student, I am required to conduct research as part of the requirements for a degree in Masters of Education specializing in Counselling Psychology. It is being conducted under the supervision of Dr. Noella Piquette. If you have questions or would like more information about this research, feel free to contact the principal researcher, the supervisor or the Chair of the HSRC. See below for contact information:

Eric Burgess (Principal Investigator) ***[phone #]***. Email ***[email address]***.
Dr. Noella Piquette (Researcher's Supervisor) [phone #]. E-mail [email address].
Chair, University of Lethbridge Education Faculty HSRC [phone #]

*This research is being partially funded by a scholarship from the Alberta Gambling Research Institute (AGRI).

Why Am I Being Asked to Participate – Part I?

You are invited to participate in this study which examines problem gambling behaviour in women. Hearing your personal story as it related to gambling, will help me better understand how problem gambling behaviour impacts the lives of women and their significant others. This information will also help us better understand why some women develop problem gambling behaviour, while others do not. Additionally, it is anticipated that this research will be useful in the development of gambling treatment and prevention programming that are tailored to the unique needs of women. You have been invited to participate because you are either currently receiving treatment or you have previously received treatment for problem gambling behaviour from a mental health professional.

Why Am I Being Asked To Participate – Part II?

You are being asked to participate in this study because:

1) You are a woman over the age of 18.
2) You have a history of problem gambling behaviour and you are currently receiving treatment for problem gambling behaviour from a mental health professional.

OR

3) You have previously received treatment for problem gambling behaviour from a mental health professional.

What Will Participation Involve?

Participation in this research will involve a 30 minute interview during which I will ask you questions about your gambling behaviour. It is important to realize that I will record the audio from the interview and it will be saved on electronic media. It will be recorded that so I can later transcribe our conversation into text. No images will be recorded at any time. Have a text copy of the interview will help me better recall and understand the specifics of your interview at a later point in time. The interview will take place in a private room in a public library location that is most convenient for you.

Potential Inconvenience Associated with Participation

There will be some inconveniences with participating in this research. The inconveniences include:

1) Having to participate in an approximately 30 minute long interview.
2) Your time and energy required to travel to the mutually agreed upon public library location.

Potential Risks Associated with Participation

The interview will require you to remember details about your gambling behaviour, life stressors and relevant life experiences. It is possible that the process of remembering and then talking about those memories may trigger a powerful emotional response and possible discomfort associated with those memories. It is also possible that talking about those memories could result in intensification of present gambling behaviour or relapse into gambling behaviour from a period of abstinence.

Risk Mitigation

You have the right to stop the interview at any point if you choose. If during the interview, the interviewer senses that you are experiencing difficulty, you will be reminded of your right to stop the interview. If any of the issues described above do occur, you will be provided with a referral to counselling services for support (refer to appendix B).

Benefits of Participation

There are several ways in which your participation in this research will be of benefit:

1) The interview may help provide you with opportunity to release built-up feelings related to your gambling history.
2) The interview may help you gain more personal insight into your gambling history.

3) It will help researchers better understand the impact of gambling on women and their significant others.
4) Such information will be used to design treatment and prevention programming specific to the needs of women.

Compensation for Participation

In light of the fact that your participation in this research will involve an investment of time, energy and discussion of personal experiences, you will be given a $15.00 Tim Horton's Gift Card redeemable at any Tim Horton's restaurant. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants and, if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not otherwise choose to participate if the compensation was not offered, then you should decline.

Participation is Voluntary

Please note that your participation in this research is completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. You have up to two weeks (14 days) from the date of the interview to withdraw your consent for participation. If you choose to withdrawal, any data (electronic recording, electronic data, text data) collected from you will be destroyed within 48 hours after having received your request.

Procedure for Withdrawal of Consent

The procedure for requesting the removal of your data from this research is the following:

1. You can send a text-message to the phone number 403-485-5823. Note that the text messages received at this phone number are completely confidential and can only be viewed by the researcher. Within the message write your first and last initial and your participant number (e.g., E. B. # 13) and request removal of data from study.

OR

2. Call 403-485-5823 and wait for the voicemail prompt. Note that this confidential voicemail will only be accessible to this researcher. At the tone leave a message stating: Your first and last initial and your participant number (e.g., E. B. # 13) and request removal of data from study.

Protecting Your Anonymity

The researcher will collect your first and last name. Your data will be coded using your first and last initial and your participant number (e.g., E.B. # 13). Only the

researcher (Eric Burgess) and the researcher's supervisor (Dr. Noella Piquette) will have access to the data.

Protecting Your Confidentiality

Your confidentiality and the confidentiality of the data will be protected by Protecting your confidentiality is of the utmost importance. As such, there will be a limit on the amount of identifying information will be collected from you. Your data will be coded using your first and last initial and your participant number (e.g., E.B. # 13). The researcher will not record your address or phone number. The original data will be kept for five years. The print data will be kept in a locked filing cabinet for a period of five years. At the end of the five year period, the print based data will be shredded using a confetti shredder. Any electronic data will be securely destroyed (made unrecoverable) using Department of National Defense data destruction protocol – electronic data will be written over no less than 7 times to make it irrecoverable.

Data Storage and Security

The original data (both electronic and print data) collected for the purpose of this research will be will be kept for five years. The print data will be kept in a locked filing cabinet and access to the electronic data will be limited to only the researcher and the researcher's supervisor (Dr. Noella Piquette). At the end of the five year period, the print based data will be shredded. Any electronic data will be securely destroyed (made unrecoverable) using Department of National Defense data destruction protocol (the data will be overwritten no less than 7 times to make it unrecoverable).

Data Usage Post-Research

As previously stated, the information derived from this study will be used to develop a better understanding of how women progress from leisure gamblers into problem gamblers. It will also provide insight into the factors that influence or protect from transition into problem gambling behaviour. It is hoped that such information will be useful in designing gender specific gambling treatment and prevention programming unique to the needs of women. As such, it is important for you to be aware of how the information derived from this research could be publically disseminated in the future:

1) The research will be published in the form of a bound Master's Thesis housed at the University of Lethbridge.
2) The research in its entirety or in part could be submitted for formal publication in an academic journal.
3) The research in its entirety or in part could be used for the design of gender specific intervention and prevention programming.
4) The research findings in their entirety or in part may be presented publically at a conference or gathering of individuals interested in the material.

If information is publically disseminated in any of the manors listed above, rest assure that no identifying characteristics about you or the other study participants will be

released. The data will be used exclusively for the purpose of the stated research. The results will be compiled in the form of a written thesis. Please note that this research may in turn be published within academic peer reviewed journals.

Access to Results of Study

Your participation in this research study is much appreciated. A summary of the results and the accompanying write-up of this study will be posted at (website address to be established) in the near future. If you have questions about the results of the research, feel free to contact the principal investigator (Eric Burgess).

In addition to being able to contact the researcher [and, if applicable, the supervisor] at the phone numbers noted above, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

_____	_____	_____
Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D. List of Addictions Support Services by Geographic Area

Addictions Related Counselling Supports by Geographic Area

Airdrie

- Addictions and Mental Health Services
  Airdrie 209 Centre Avenue West
  Suite 100
  209 Centre Avenue W, Airdrie, Alberta T4B 3L8; 403-948-8553 Help Line 1-866-332-2322

Brooks

- Addictions and Mental Health Services
  Brooks 403 2 Avenue W
  Suite # 1
  403 2 Avenue, Brooks, Alberta T1R 0S3; 403-362-1265 24 Hour Help Line 1-866-332-2322

Calgary

- Peter Lougheed Centre – Addictions Day Program
  Room 19111, 3500 26 Avenue NE, Calgary, Alberta T1Y 6J4; 403-943-6555

- 1835 House
  Recovery Acres Society - Calgary (Funded Agency)
  1835 27 Avenue SW, Calgary, Alberta T2T 1H2; 403-245-1196

- Calgary 1010 8 Avenue SW
  Distress Centre (AHS Funded Program)
  1010 8 Avenue SW, Calgary, Alberta T2P 1J2; 24 Hour Crisis Line : 403-266-HELP (4357), 403-266-1601 (administration), ConnecTeen 403-264-TEEN (8336)

- Calgary 1177 11 Avenue SW - Stephenson Building
  Adult Addiction Services
  2nd floor, 1177 11 Avenue SW, Calgary, Alberta T2R 1K9;
  403-297-3071 24 hour Help Line 1-866-332-2322

- Calgary 1231 34 Avenue NE
  Sunrise Native Addictions Services Society (AHS Funded Agency)
  1231 34 Avenue NE, Calgary, Alberta T2E 6N4; 403-261-7921

- Centre of Hope

  Salvation Army Centre of Hope (AHS Funded Program)

  420 9 Avenue SE, Calgary, Alberta T2G 0R9; 403-410-1145

- Aventa Addiction Treatment for Women
  610 25th Avenue SW, Calgary, Alberta T2S 0L6; 403-245-9050

- Insight Psychological Inc.
  Suite 703, 7015 Macleod Trail South, Calgary, AB T2H 2K6; 403-252-1716

Cardston

- Addictions and Mental Health Services
  Cardston Provincial Building
  576 Main Street, Cardston, Alberta T0K 0K0; 403-381-5183, 403-381-5183 (Booking Office - Lethbridge) 1-866-332-2322 (24 Hour Help Line)

Claresholm

- Addictions and Mental Health Services
  Claresholm Centre for Mental Health & Addictions
  139 43rd Avenue W, Claresholm, Alberta, T0L 0T0; Telephone: 403-682-3500

Cochrane

- Addictions and Mental Health Services
  Cochrane Community Health Centre
  60 Grande Boulevard, Cochrane, Alberta T4C 0S4; 403-851-6111 310-0000 then dial 403-851-6111

Crowsnest Pass

- Addictions and Mental Health Services
  Crowsnest Pass Provincial Building

12501 20 Avenue, Blairmore, Alberta T0K 0E0; 403-562-2966 1-866-332-2322 (24 Hour Help Line)

High River

- High River Addiction and Mental Health Clinic
  617 1 Street W, High River, Alberta T1V 1M5; 403-652-8340 1-866-332-2322 (24 Hour Help Line)

Lethbridge

- Addictions and Mental Health Services
  Lethbridge Provincial Building
  Main Floor
  200 5 Avenue S, Lethbridge, Alberta T1J 4L1; 403-381-5183 1-866-332-2322 (24 Hour Help Line)

- South Country Treatment
  Box 1418 Lethbridge, AB T1J 4K2; 403-329-6603

Medicine Hat

- Addictions and Mental Health
  Medicine Hat Provincial Building
  Room #01
  346 3 Street SE, Medicine Hat, Alberta T1A 0G7; 403-529-3582 1-866-332-2322 (24 Hour Help Line)

Okotoks

- Okotoks Mental Health Centre
  11 Cimarron Common, Okotoks, Alberta T1S 2E9; 403-995-2712 or 1-877-652-4700 (Intake Line)

Pincher Creek

- Addictions and Mental Health Services
  Pincher Creek Provincial Building
  Room 212
  782 Main Street, Pincher Creek, Alberta T0K 1W0; 403-562-5041 (Book Appointments)

Strathmore

- Addictions and Mental Health Services
  Hilton Plaza
  Suite 209
  209 3 Avenue, Strathmore, Alberta T1P 1K2; 403-361-7277 24 Hour Help Line 1-866-332-2322

Taber

- Addictions and Mental Health Services
  Taber Provincial Building
  Room #13
  5011 49 Avenue, Taber, Alberta T1G 1V9; 403-223-7953 1-866-332-2322 (24 Hour Help Line)

Vulcan

- Vulcan Community Health Centre
  Mental Health Therapist, 610 Elizabeth Street, Vulcan, Alberta T0L 2B0; 403-485-3356

Appendix E. Participant Profiles

Participant Profiles

The following participant profiles were created from the interview data and are important in understanding the unique life contexts of the research subjects.

Nikita. Nikita is Caucasian and under the age of 30. She is on a medical leave from her place of employment. At the time of the interview, she was receiving mental health and addictions supports for depression, anxiety and problem gambling behaviour. Interestingly, she has developed transient idiopathic seizures that appear to have some relationship to her gambling behaviour. She reported that her seizure activity worsens as a function of her abstinence from gambling activity. She resides in a smaller rural community with her husband and their beloved pet. She was interviewed in her home at her request. The researcher was reluctant to interview her within her home but was left with little choice given the lack of alternate facilities within the community and her inability to commute to other communities. As such, the interview took place under the close supervision of her large unorthodox pet. Nikita could easily be mistaken for a Hollywood starlet on the cover of an entertainment magazine, if not for her humble nature, calm manner and the profound hurt apparent in her eyes. She resides in a smaller rural community with her husband and their beloved pet. She considers herself to be the "black sheep" of the family for her longstanding history of rebellious behaviour and has experienced significant and damming ridicule from both immediate and extended family. Nikita and her husband moved to a smaller community based on their collective decision to geographically isolate Nikita from electronic gaming machines. Her loved ones have implemented elaborate measures to 'help' her control her gambling including: Terminating all of her access to finances (ability to access banks, destruction of credit cards, relocation to an isolated rural setting, infrequent and closely supervised excursions to larger communities, supervised use of money for the purchase of necessities, and rigid system for accounting for finances). She considers herself to be rebellious against authority. Her gambling career began in mid-adolescence with scratch tickets, closely paralleling her growing alcohol dependence. At age 18 she started working in a bar where she first received training from AGLC about patron alcohol and gambling abuse. Consequently, she is well aware of probability, odds against winning and the dysfunction that can result from problem gambling behaviour. Nikita has experienced several significantly traumatic events over the course of life. She was raped at the age of 10, by an adult male whom she met online in the early days of the internet - an experience that she describes as pivotal in changing the course of her life and her ability to relate to others. Her parents were unaware that she is a survivor of sexual assault until very recently. She is haunted by and grief stricken regarding the death of her best friend from a quick progressing terminal cancer. She harbours much guilt related to her reaction to his death and her subsequent behaviour. Her gambling modality preference is VLTs. Has found some value to outpatient counselling supports.

Blythe. Blyth is a mother of adult and adolescent children. She is of Blackfoot ancestry and is employed as an educator. She has recently resumed post-secondary

studies. During the interview, she was a matter of fact, which was punctuated with a witty sense of humour and infectious smile. Blythe has a fascinating history of atypical 'telescoping effects' as her problem gambling behaviour appears to have evolved over an extended period of time. There is a significant history of intergenerational gambling among her immediate and extended family. She has participated in gambling activities with family and friends since childhood. Family gatherings almost always included participation in gambling activities by family members of all ages (hand games, stick games, betting on games related to physical aptitude and card games). Her problem gambling behaviour is remarkable in that she has had alternating episodes of extreme problem gambling behaviour interspersed with extended episodes of complete abstinence, along with periods of non-problem gambling behaviour. Her gambling modality preference is for casino card games as she loves the strategy involved along with She is secretive about her problem gambling behaviour from most, with the exception of her partner. She has found treatment programming helpful when she relapses but is quick to admit that she tends to avoid treatment when in remission. She accesses support from a group of peers with histories of gambling difficulties. Blythe enjoys the energy and intensity of casino card games. She enjoys the feeling of 'being in control' over her competitors, the dealer and the game itself when she is winning. She is very forthcoming regarding the economic hardship and stress that has resulted from her gambling. She feels significant guilt related to having let gambling supersede her involvement with her family. Blythe employs a series of strategies to help her cope with her gambling cravings. Specifically, she focuses on self-care (i.e., relaxation, quiet space, etc) and references the uncomfortable memories/feelings.

Elsa. Elsa is a Caucasian office managerial professional and proud mother of adult and older adolescent children. She is outgoing, assertive and possesses the charisma that most talk-show hosts would be envious of. Elsa was interviewed at her place of employment at her request. As a child, Elsa was forced to assume child rearing and domestic responsibilities due to her father's sudden inability to work, while her mother's role was reallocated to that of breadwinner for the family unit. Based on her experience, Elsa decided that she would not marry, and was turned off by the idea of having children. Years later, she would marry. Her very first child was delivered stillborn sometime later. She continues to struggle with memories and feelings pertaining to the loss of her baby. She would go on to have several more children. Fast forward some years and her eldest children are beginning to move out on their own. Her suddenly empty nest resulted in much stress and emotion for her and yet within a span of months, Elsa would be dealing with added stressors. The business that she managed would undergo a change in ownership, with the new owners being very difficult to work for. It is at this point her gambling would start the transition to becoming more problematic. Her brother would soon be diagnosed and treated for cancer. Elsa would once again resume her nurturing role as her father would eventually make a suicide attempt. At the time of the interview, she was dealing with criminal charges related to theft from her former employer. She would eventually take part in both inpatient and outpatient treatment programming, which proved to be helpful for her, but also a source of significant frustration. Her concerns regarding the treatment programming will be further addressed in the discussion section of this document. In response to the sudden discovery of her problem gambling

behaviour, her husband and her children would come to rally around her offering much support, but also imposing stringent limitations on her access to money and to electronic gaming machines. The process of recovery has forced her to become more introspective and reflective on her life, her relationships and who she is as a person.

She expressed noteworthy concern about the lack of treatment programming specific to gambling and is resentful for having to participate in generic treatment programming with, "...crack and meth heads." She was admitted to a 28 day inpatient treatment program which she described as being of very little value to her considering the significance of her out of pocket cost. Was told by an addictions therapist that gambling problems don't exist in Alberta and that problem gambling is a secondary or tertiary problem to alcoholism and/or drug abuse - despite the lack of substance abuse behaviour.

Jasmine. The final participant is Jasmine. Jasmine is of Indo-Canadian ancestry. She is a mother of adult children and a grandmother to their offspring. Her story is one of astonishing trauma, loss, and yet extraordinary resilience and persistence. She has survived not one, but two murder attempts perpetrated by two different men in her world. As a young woman, she watched her family home burn to the ground as a result of arson perpetrated by her father. Her father had tried to kill her, her mother and her siblings. He was suspected of having an undiagnosed and untreated mental illness and would eventually abandon the family altogether. Jasmine immigrated to Canada shortly after marrying her first husband at the age of 17. As is common among more traditional Indo-Canadian families, Jasmine was accepted into the groom's family and was expected to reside with them. She describes her first husband and his accompanying family as very rigid, domineering, controlling and ultimately abusive towards her. In a short time, she became a mother. The second murder attempt was perpetrated by her first husband post immigration to Canada. The researcher interviewed Jasmine in private office space at her place of employment. She works in a helping profession and is clearly dedicated to what she does. She is incredibly intelligent as evidenced by her knowledge and vocabulary. She has a warm smile, expressive eyes and an overall gentle manner about her. She seems imperturbable and organized – far from the person who has lost upwards of half a million dollars (the totality of her retirement savings). As a consequence of her gambling, she has been forced to rejoin the workforce as a retiree. Additionally, her problem gambling has also cost her financial security, the loss of freedom as a retiree and ultimately estrangement from her children. She has been forced to rejoin the workforce post retirement to pay off her debt. Jasmine has sought out help for her problem gambling behaviour. She has been very frustrated with the treatment programming that she has participated in. She feels that it has been of little value to her. Her frustration with the addiction treatment programming is based on:

- Being the only gambler to attend addictions group therapy programming (with other the other participants experiencing addiction that is entirely substance related).
- Her desire to attend specific inpatient treatment programming, (Aventa), but reluctance to do so because of the possibility that her workplace clientele could be participating in treatment programming with her.

Appendix F. Table of Commonalites

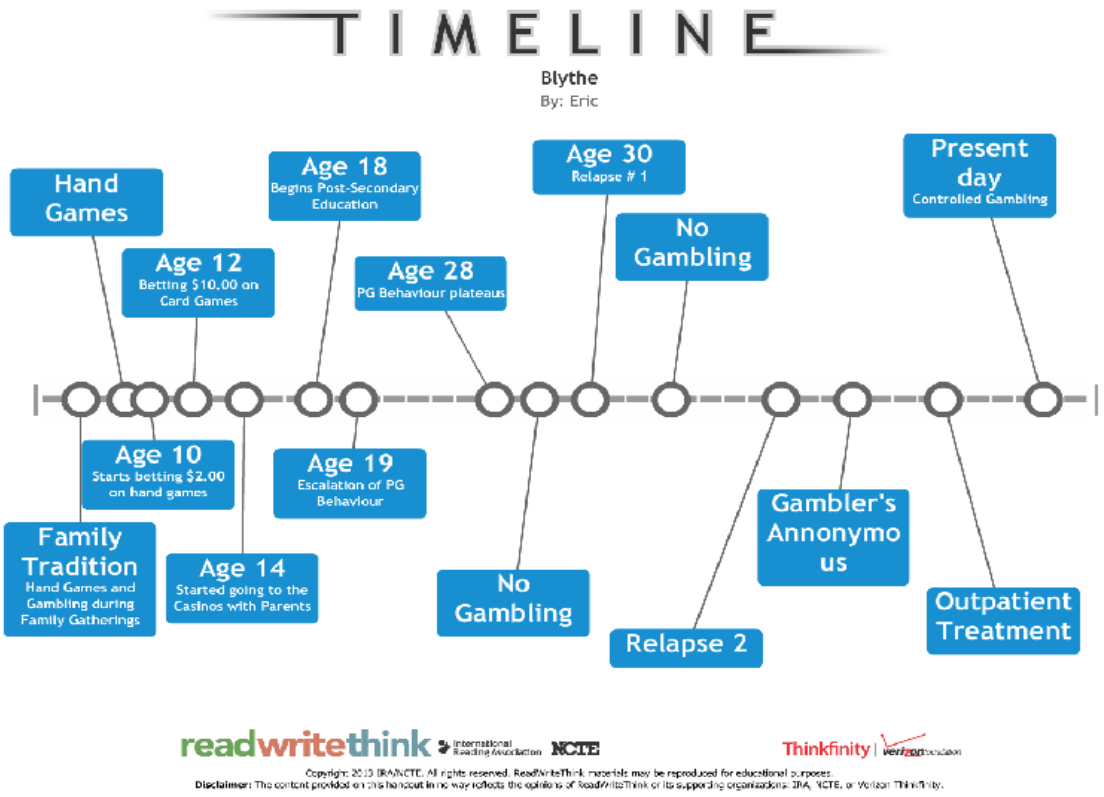
	Jasmine	Nikita	Elsa	Blythe
Trauma	X	X	X	
Grief	X	X	X	
Abuse	X	X		
Comorbid mental health	X	X	X	X
Anxiety	X	X	X	X
Depression	X	X	X	X
Seizure disorder		X		
Familial mental health	X	X	X	
Familial gambling behaviour		X	X	X
Children being treated for AD/HD			X	
Children	X		X	X
Present Spouse or partner		X	X	X
History of gambling with spouse or partner	X			X
Post-secondary education	X		X	X
Employed	X		X	X
Grand children	X		X	X
Grand children being treated for AD/HD	X			
Rx treatment for PG	X			
Rx treatment for depression or anxiety	X	X	X	X

	Jasmine	Nikita	Elsa	Blythe
Mental health therapy	X	X	X	X
Group therapy	X		X	X
Inpatient therapy			X	
Poor communication with family	X	X	X	
Poor communication with spouse/partner		X	X	
Attracted to flashing lights	X	X	X	X
Gambled as child or youth		X		X
Gambling while angry	X	X	X	X
Benefits from external frontal lobe		X	X	X
Gambling as a medium of expression for rebellion	X	X	X	X
Dreams about gambling and gambling strategy		X	X	X
Magic thinking	X	X	X	X
Drawn to gambling stimuli	X	X	X	X
Quick Telescopic trajectory				
Long telescopic trajectory	X	X	X	X
Episodic problem gambler (PG) trigger by specific life event	X	X	X	
Complete high school	X	X	X	X
Have won significant jackpots (greater than $500.00)		X	X	X
Have won succession of jackpots in short duration (days)		X	X	

	Jasmine	Nikita	Elsa	Blythe
Have won jackpots greater than $2,000.00		X	X	
Social aspect to gambling	X	X	X	X
Delusion of control over games while gambling	X	X	X	X
Superstitious beliefs or ritual for gambling success			X	X
Recognizes fallacy of magic thinking	X	X	X	X
Feels stigma towards women who gamble	X	X	X	
Neglect family or spouse while gambling	X	X	X	X
Subversion of gender role while gambling	X	X	X	X
Gambles until out of money - credit or withdraws maxed out	X	X	X	X
Gambled with spouse or partner	X			X
Hid gambling from spouse/partner		X	X	
Hid gambling from family	X	X	X	X
Prefers to gamble in casino	X			X
Prefers to gamble in bars		X	X	
Horse racing				X
Casino card games				X
VLT	X	X	X	X
Slots	X	X		X
Hand games				X
Bingo				X

	Jasmine	Nikita	Elsa	Blythe
Lottery		X		X
Scratch tickets		X		
Admits to losing track of time while gambling on a regular basis		X	X	X
Uses gambling to de-stress from work	X			
Gambles after conflicts with spouse or family	X	X	X	
Has observed strangers make big wins - strangers > $2,000.00		X		
Has observed friends or family make big wins > $2,000.00				X
Indicated understanding of statistical improbability of coming out on top - losses will surmount wins		X	X	X
Understands that odds are against winning		X	X	X
Anthropomorphization of the game	X			
Anhedonia as a consequence of PG	X			

Appendix G. Visual Timelines



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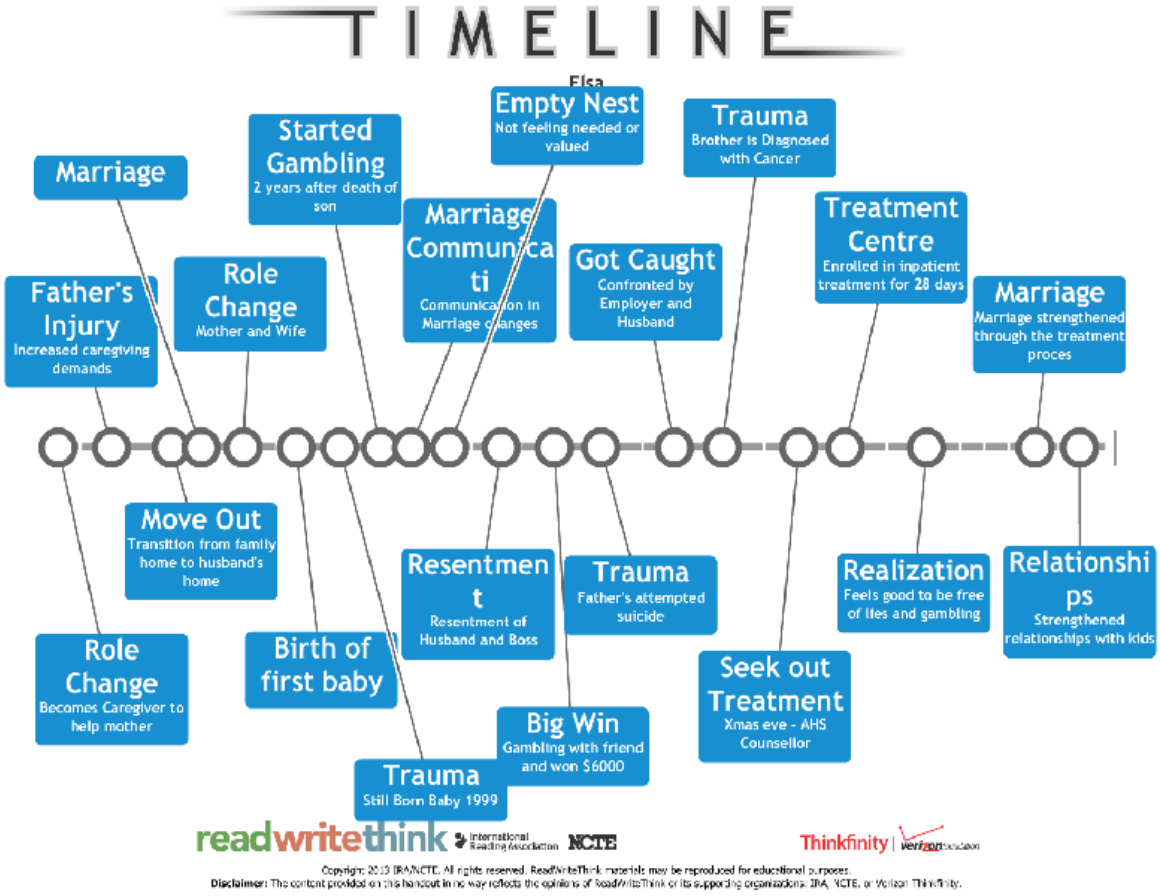

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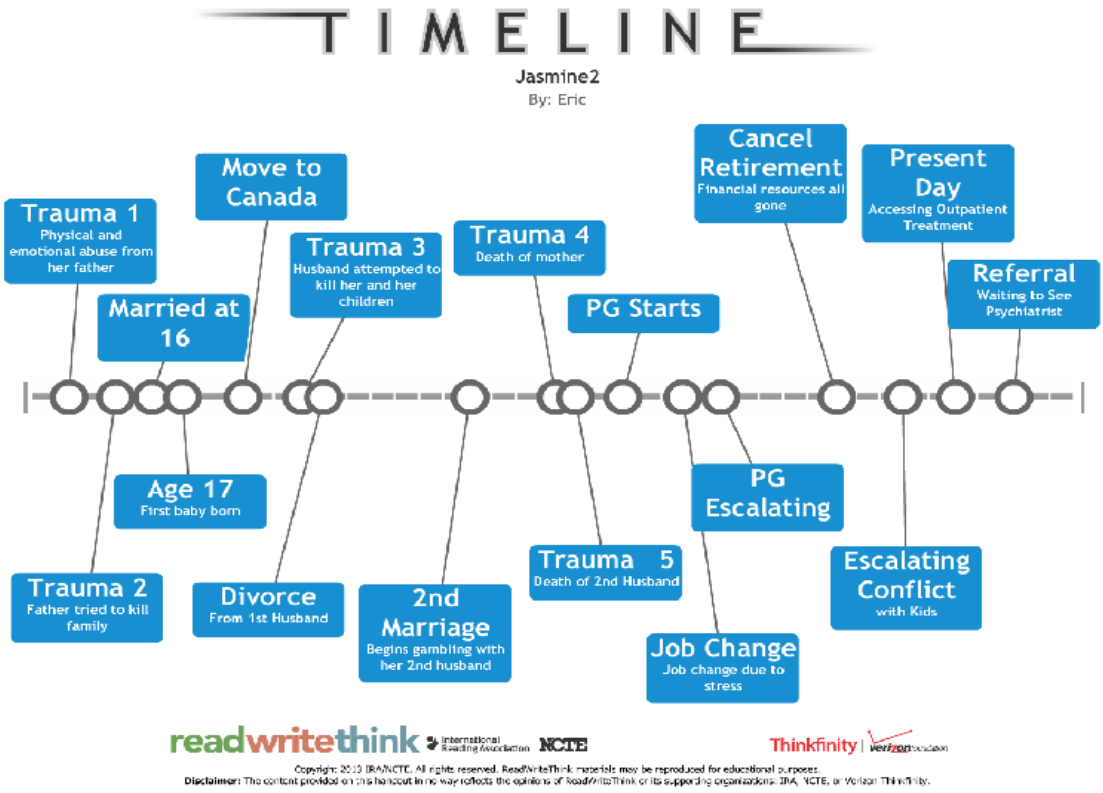

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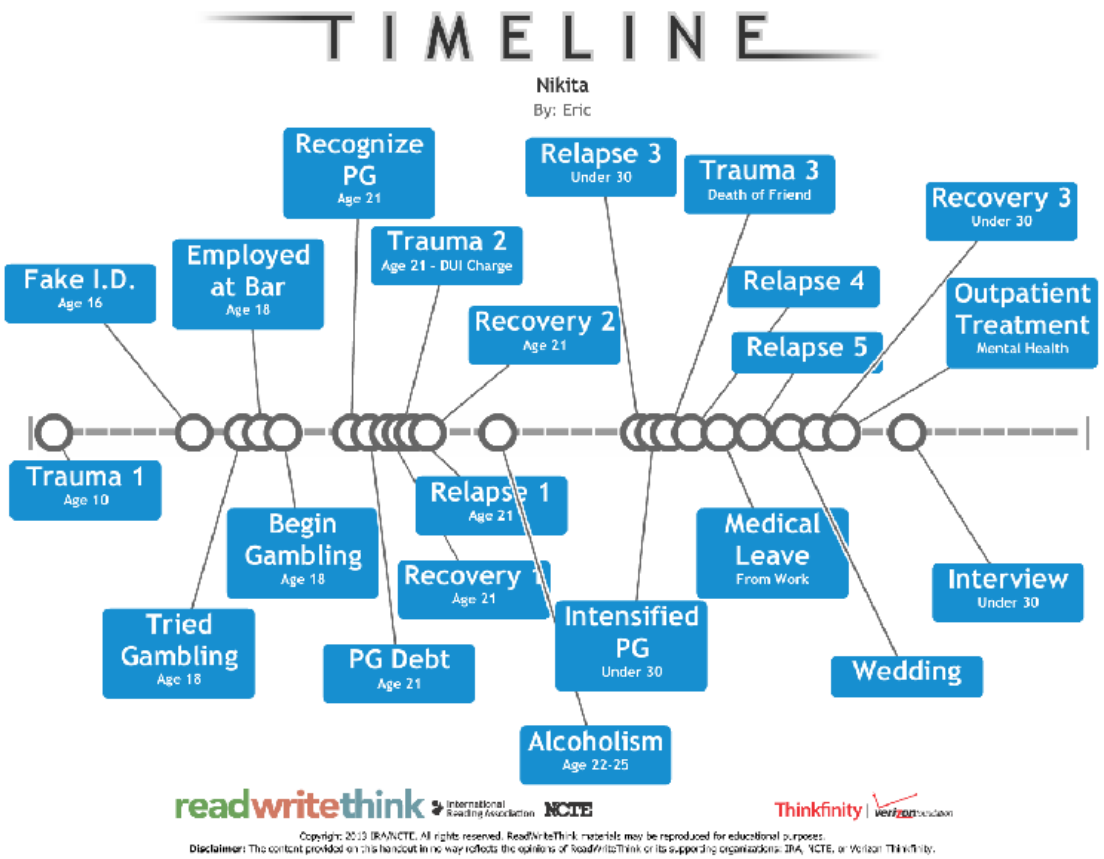

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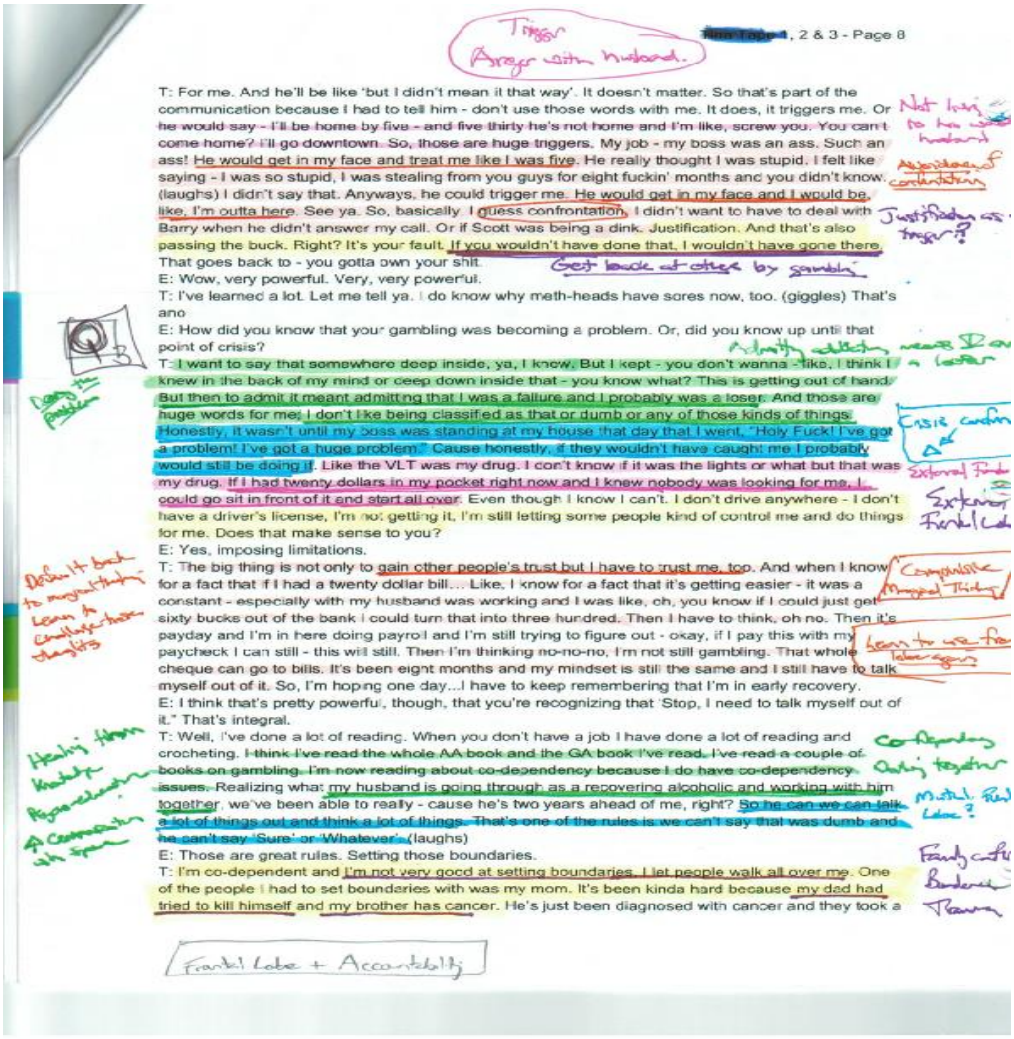
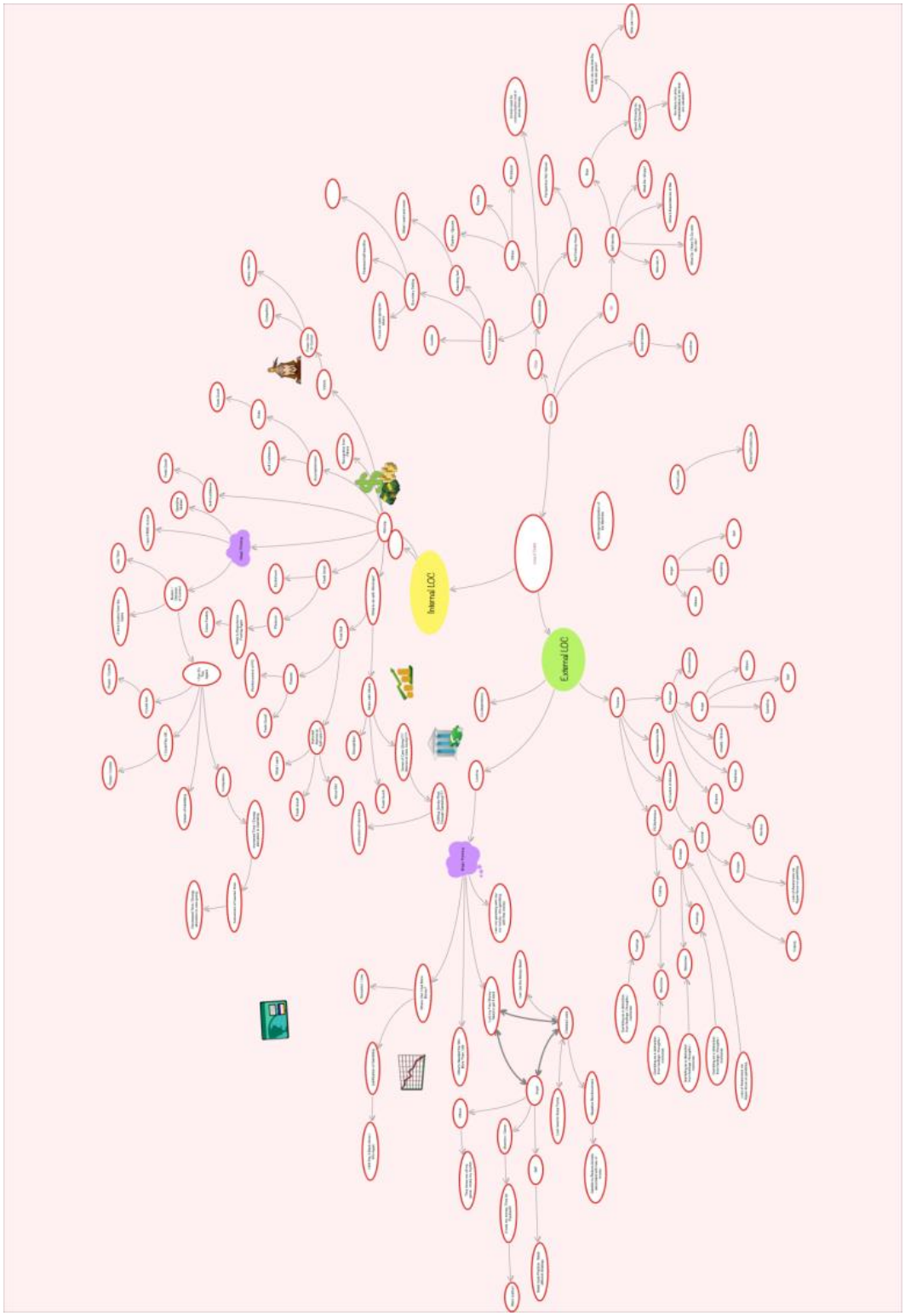
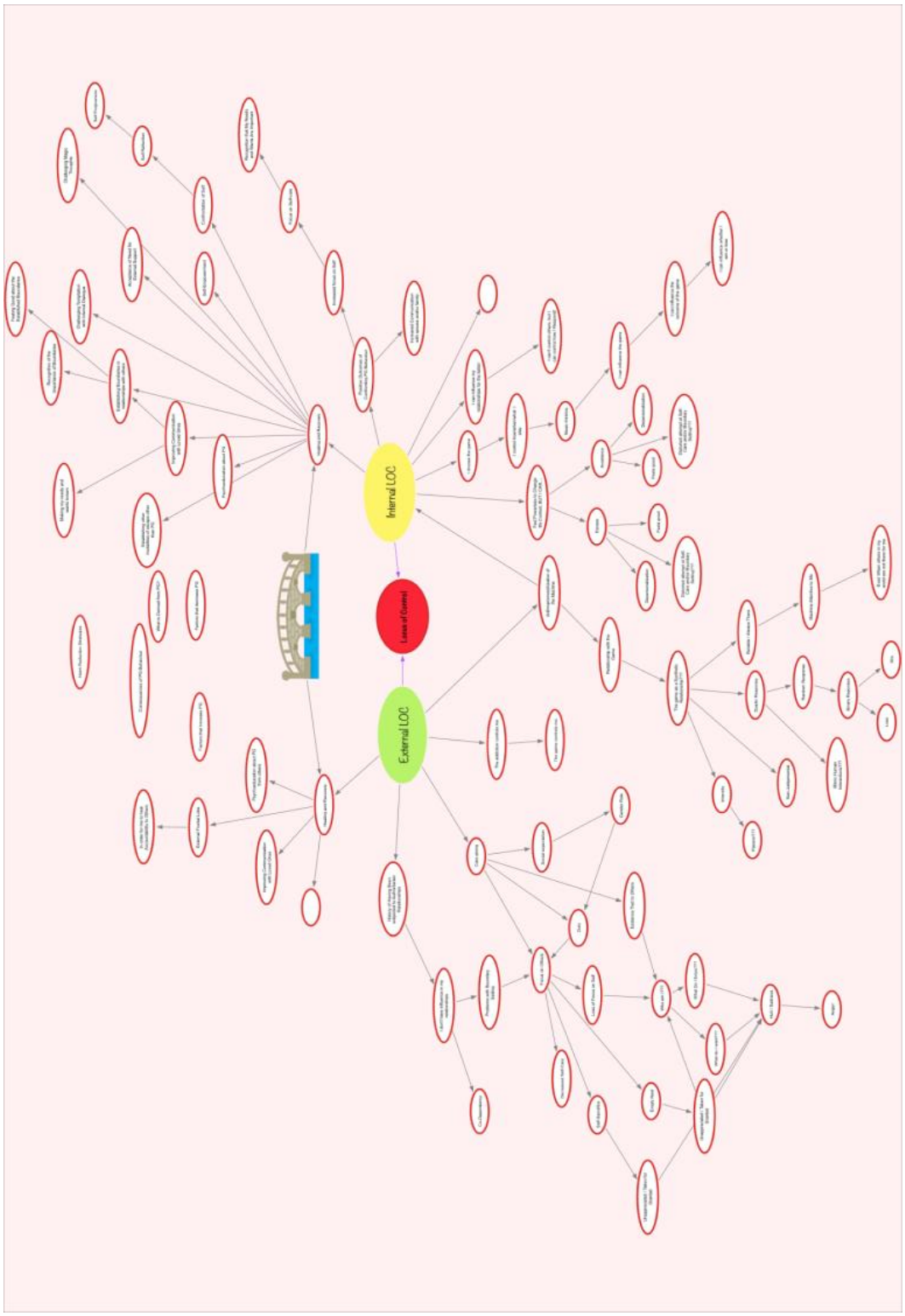
Appendix H. Example of Coding

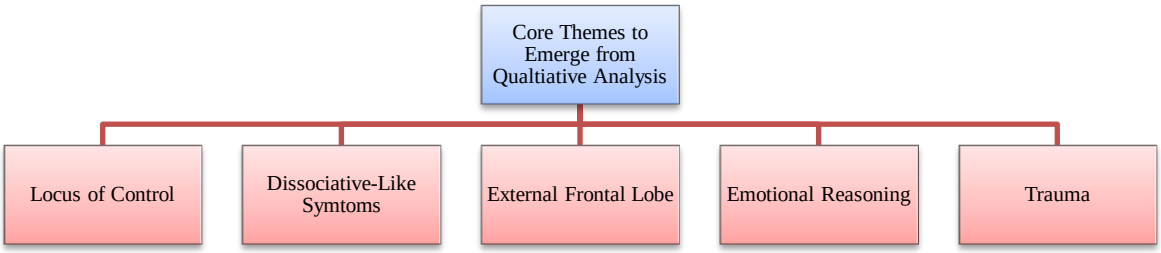


Appendix I. Sample Thematic Analysis Mind Maps




Internal LOC
Locus of Control
External LOC

Appendix J. Core Themes to Emerge from Qualtiative Analysis



Appendix K. Table of Themes Identified per Participant

Elsa	Jasmine	Nikita	Blythe
Being in control	Abandonment - disregards for my needs and wants	Strengthening of marriage	Gambling since age 10 - mom would give me $2.00 dollars to gamble
Desire for other's to trust me despite my lies and theft	Lost natural joy and pleasure experience	Gambling lowest point in relationship	Gambled immediate family and extended family. Tradition within family unit and family gatherings
Interrelationship between recovery, trust, self-esteem and employability	Coping with stress and pressure	Went from liquor to gambling	Age 12 mom would give $10.00 to gamble while playing cards
Negative self-image	Escape from stress and pressure	Involved in bar scene before age 18	Age 14 parents would go to casinos and gamble. She would go as well and give her parents money to gamble. She would bet on sides.
Employability	Escape from conflict.	Watching others win money	Age 18 went off to post-secondary school. Gambling increased
In-charge	Loneliness / companionship with gambling peers	Not being aware of how much money they lost	Lonely and isolated???
Control	Casino staff would take care of us	External frontal lobe	All consuming drive

Elsa	Jasmine	Nikita	Blythe
Recognition	Kids are adults and grandkids. Nobody needs you anymore.	Loss of control - external frontal lobe	Compulsion
Prove to self	Role change	Loss of independence	Accessibility and convenience of casino
Prove to others	Redefining identity and purpose -> moving away from caregiver	Loss of trust	Progression from cards to volts, slots.
Relationship between pride and motivation	Lack of control	Shame / embarrassment	Max out credit card in a gambling session
Resiliency	Feel not alone at casino	Compulsion - dreams about gambling	Spontaneous remission for periods of time
Employment increases mental health	Loneliness	I don't trust myself to not go and gamble	Horse racing, lotto 6/49, scratch tickets
Problem could return if I slip up.	Excitement	Gotta be babysat - external frontal lobe	When I come across some money my palm keeps itching
Forgotten about my needs and my self-care	Escape	Escape from stress	Harm reduction - take a max of $100 and leave other money and cards at home. Self-imposed
As wife and mom my self-care and needs come last	Desire for unconditional love	Desperation fuels deception	Thrill of winning

Elsa	Jasmine	Nikita	Blythe
Perceived relationship between codependent and care-giving	Conflict with family - adult children	Resiliency	Perceived Power and control when gambling
Desire to be needed	Felt judged - shame	Grief / Trauma	I didn't even care about that money. It was 'I gotta win."
Purpose	Taken for granted / taken advantage of by family	Psychoeducation from counsellor	Celebration when I win
Empty nest	Unconditional love	Debt / hardship / struggle	Shame when realization of how much money lost - sends me into depression
Nobody notice that I wasn't there at home anymore	Lack of acknowledgement and thank yous	Availability of credit through credit cards	Resourceful when it comes to getting loans of money from others
Role change as mom and as wife	Doing it alone / survival / lack of support	Sudden accumulation of debt	Blackjack was the game that caused her to lose control.
Care giving role early on in family of origin (early adolescent)	Alone / lonely	Death. Of drinking buddy - trauma	Enjoys the competition. Competition intensifies the experience. Have a drink for courage.
Helping raise my mother's twins	Trauma	Alcoholism then PG	Learning to impose self-limitation
Helping to look after my father at an early age	Escape from trauma	I don't cope well - it is a coping mechanism to drink and gamble	Using self-talk to diffuse craving

Elsa	Jasmine	Nikita	Blythe
Evolving identity from mom/wife to just Elsa	Dedication to family	When I am gambling the consequences don't go through my head	Mutual support from other healing gamblers has been helpful. Both in and out of support groups..
Went from my husband's GF to wife	Sacrifice of self	All in my choices - CONTROL	Ignore family when gambling at casino- shame and guilt
Who am I?	Dominated / lack of freedom in early life and marriage	CODEPENDENCY with drinking buddy	I could be spending more quality time and money on my family
What do I like?	Desire to be a kid again	Threats of withdrawal of familial support - punishment	traditional hand games provides a positive experience by gambling with family
From trying to balance multiple roles to not being needed and feeling alone	Fresh start	Block out thoughts of consequences and concentrate on I'm gonna win	Intergenerational family tradition
Loss of trust	Escape	Easy recall of big win in detail	As a child competition and excitement motivated gambling
Impact of my actions on others	Abuse / trauma	Deception of others	Perception of Being in control of table (magic thinking)
Process of rebuilding trust	Fear / escape	Series of large wins in short time span	Perception of Control of others

Elsa	Jasmine	Nikita	Blythe
Reliance on family / Husband as External frontal lobe	Abused by casino machines	Self-Deception	Perception of control of money
Self-care was a low priority compared to the needs/wants of others	Desire for control	Excitement / Euphoria of win	Thrill of beating the dealer
Lying to myself for years	Slot machine unconditional - no criticism	Spousal reinforcement of win	Enjoy the strategy
Gambling crisis has strengthened marriage	Slot machine as a provider	Pride in winning - I did this	Enjoys the attention she gets from others (strangers) when she is winning
Guilt and shame	Life experience	Series of big wins as PG trigger	Winning -> success and popularity and recognition
Horrified by my actions upon reflection	Desire to help others - altruism	Inconsistent executive function - pay bills first with income. Then gamble away the remainder	Mood elevation and positive state of mind. Escape from negative state of mind???
Crisis resulted in lifting the burden of having to keep continuity in lies	Life isn't complete	He brings in the income - what do I contribute? Gambling as a warped attempt at caregiving??? As a way of contributing???	Cravings motivated by financial need. Perception of gambling as means of getting quick money
Crisis resulted in positive change	Resilience	Being ridiculed by family - shame Guilt, self-loathing	Partner as external frontal lobe - he places limits on the

Elsa	Jasmine	Nikita	Blythe
			gambling
Test of marital relationship and commitment	Oppression and domination	Desire for others to be proud of her	Cycle of getting ahead and then falling back - repeats itself
Recognition of the importance of communication in relationship	Gambling as rebellion.	Abusive comments from dad. Family blames her	Pride in giving to my friends and family
Reconnection through increased communication	Gambling out anger	Recognition that my. behaviour hurts others - family blames me	Perception of gambling winnings as free money
Previous communication with husband focused on communication regarding the kids.	Not feeling appreciated by family or work place	Father and brother critical of people who don't work - critical o me for being on disability	Sense of accomplishment in winning
Role change	Escape from abuse and oppression	Seizure activity that is reduced when participating in gambling - told that the seizures are anxiety based.	Caught in cycle of gambling and pawning stuff out of desperation - results in shame and guild
"Empty nest"	Quest and search for true joy	Lack of family support and empathy	Quit all gambling for one year after a big loss
Grief and trauma related to stillborn baby boy	Sense of belonging	Mom - on disability and mentally ill Familial history of mental illness	Injustice of them taking my money - I want to go and get it back - keep my sanity by not gambling or keep

Elsa	Jasmine	Nikita	Blythe
			my pride by getting my money back
I don't have to be in control	Control	No one can help me - no one understands me	My family perceives loosing money while gambling as a deposit. Let's go get a withdrawal
Deception / hiding things / lies	Avoidance of family conflict and confrontation	Familial history of alcoholism and PG behaviour	Gambling as a source of income
Getting caught = end of secrecy = freedom from burden	Feeling valued - elders being valued - valued at age	Motivated by. Ease of access	Shame of isolating self from family
Strengthening of relationships	Opinions/thoughts valued	Motivated by magical thinking	Superstition regarding gambling - magic thinking - people win when they need money - external locus of control
Reality check - what is important?	Ongoing stress	New VLTs are the devil - large payouts $5000.00 inspire addiction	It helps to talk with other gamblers about ways of staying away from gambling
Realization	Escape	Attracted to flashing lights of VLT. First thing you. See after walking into a bar	Expression of mutual frustration between gamblers helpful.

Elsa	Jasmine	Nikita	Blythe
Superficial relationships with gambling peers	Stress release	Jackpots are clearly listed at the top of the machine	Discussion of gambling is a trigger?
Abandonment by fellow gamblers	Loneliness	Gambling replaced alcoholism	Mitigate cravings by planning for relaxation
Can't rely on fellow gamblers for help/support	Desire to be taken care of and have needs met	Triggers - fights and relationship conflict	Ignoring higher education to gamble --> shame from father
Lack of choice of gambling treatment programming	Respected by 2nd husband - caring and met needs	Gambling as an escape	Became a stressor when it interfered with other aspects of life
Denial of problem by some members of family	Loss of spouse - loss of being cared for and valued	Booze kept me coping while the gambling was my escape	Shame
Treatment as an opprotunity for focus on self and self-care	Loss of unconditional love	Some peers encouraged gambling others encouraged drinking.	Desire for control and autonomy
Perception that Problem Gambling is not recognized as a problem by AHS	Desire to be around others - development of gambling peer relationships	Drinking buddy against gambling	Rebellion - gambling as a form of
Lumped in with other types of addicts in treatment programming	Getting to hang out with others	Rebellion against older male drinking buddy - rebellion against father???	Keeping gambling behaviour private to avoid shame or embarrassment
Programming not relevant or specific to problem	Casino was a convenient location	Gambling - instant gratification, pleasure, fees good. Miss the	If I lose my boyfriend's money I owe it him to win

Elsa	Jasmine	Nikita	Blythe
gambling		feeling.	it back
Programming not necessarily relevant to older individuals - different stage of life	A bad habit that grew bigger and bigger over time.	Loss of identity and routine in the process of recovery (as a gambler)	Boyfriend - gentle external locus of control
Treatment needs to be relevant	Several highly traumatic events in life	Grief/loss of gambling lifestyle and routine	Pride in giving to family and friends
Accessing inpatient treatment means avoidance of family and care-giving responsibilities	Paired association between happiness with husband and VLT -- husband brought me joy, we gambled together, therefore gambling bring me joy	Recovery == boredom	Feeling of success and celebration with sharing winnings
Assumptions about addicts by treatment staff	Frustration with treatment - inaccessible, bounced around between treatment providers	Lose track of time when gambling.. Very aware of time when waiting to gamble. Vacillation between little awareness of time to hyper awareness of time.	Feels good to share winnings - reinforcement
Desire for gendered treatment	Took 10 years before she would talk to another male - had to be another gambler or I wouldn't talk	Gambling to fill void of loneliness when partner was away.	Importance of regular reminders about stress associated with gambling

Elsa	Jasmine	Nikita	Blythe
Lack of treatment options/choices within Alberta	Missing spouse and activities shared	Gambling to the last possible second that so she could still meet her relationship expectations of spending time with partner.	
Length of inpatient treatment programming and caregiving roles for family	When she gambled with her husband they would support each other through gambling losses both financially and with emotion support	Couldn't pay the bills	
Group work was most valued component of treatment	Gambling after family conflict - ANGER trigger	Comments from others	
Focus on feelings in group work	Conflict,, maxed out credit cards, kids worried	Surrounded self with addicted peers - nonjudgmental	
Open topics of discussion	Establishing better boundaries with her kids	Known as rebel in the family	
Benefits of feedback - accountability	Singing in choir brings her joy and pleasure	Death of friend - triggered relapse	
Inadequate 1:1 support from Counsellors in treatment	Trial and error process of discovering and trying addiction treatment services	Never had control over gambling	

Elsa	Jasmine	Nikita	Blythe
Perception that treatment programming is overwhelmed - system is broken	Frustration with lack of gambling specific treatment options	5 years self-exclusion without relapse until death of friend	
Reluctance to access treatment - treatment is for losers	Tried casino self-exclusion 4 times - external frontal lobe???	Wouldn't acknowledge I had a problem - denial	
Being lumped into treatment with other types of addicts serves to minimize impact of problem gambling for attendees	Found helpful counsellor. Waiting for referral to psychiatrist	External frontal lobe - forced reduced access and accountability implemented by partner and family	
How is treatment supposed to work when life isn't stabilized for family while I am in treatment	Group treatment. Wasn't helpful. She viewed it as more of a social group for the participants	Stress associated with DUI triggered another episode	
Scathing evaluation of treatment programming	GP prescribed Ambilify - contraindicated for use in PG. Also prescribed Ciprolex - has noticed some reduction in cravings	Acknowledged triggers for gambling	
Treatment - value for money??? If I am paying out of pocket	Desperation / helplessness	Substitution of addiction - PG -> alcoholism	

Elsa	Jasmine	Nikita	Blythe
Treatment would be more effective if placed with others at a similar stage of change - people who are taking it seriously	Getting better at setting boundaries with toxic family interaction	Have to hit rock bottom to be motivated for change	
Commitment for treatment	Desire for unconditional acceptance from family irrespective of gambling behaviour	Relapse = guilt, shame and self-loathing	
Exit plan for treatment	She cared for her children and feels that it is time for them to return the favour	Healing = gradual reinstatement of privileges and isolation and reduced accessibility	
External frontal lobe	**Escape from life vs. Escape from gambling - which is priority**	VLT = tangible reward Alcohols doesn't equal tangible reward	
Win -> Elation Loss-> Anxiety Got to get back elation feeling Got to get my money back	Casinos make it easy - especially for senior - can I get away from it?	Gambling harder to quit that booze	
Importance of personal commitment and relationship on the part of the addictions counsellor	Casinos are courting the seniors - not many men there	Can manage alcohol stimulus - can't manage gambling stimulus - magic thoughts	

Elsa	Jasmine	Nikita	Blythe
Problem gambling can be hidden	Boundary setting with family or getting back at them???	Magic thoughts	
Told repeatedly that gambling isn't a problem in Alberta	Gambling was enjoyable at one point	Primed to look for gambling opportunities	
Empty nest as a precipitator of gambling behaviour	Became a stressor when I started losing money and cashing in savings	Accessibility of gambling opportunities	
Excitement of a win	Financial loss of control as an indicator of the problem progression	Rebellion was ruled out of not feeling safe - I don't feel safe therefore I will take control???	
Big wins = more excitement	Slow transition from social gambler to problem gambler - it is slow and subtle.. You-don't notice it.	Recognition of the relationship. Between trauma and addiction	
Winnings = free money	Life focus on caregiving role - transition to different people	Anger related to not feeling safe or protected	
Panic related to losses - motivates more gambling to avoid feelings of panic /discomfort -- negative reinforcement	Ongoing self-sacrifice	Sexual assault at age 10	

Elsa	Jasmine	Nikita	Blythe
I am not gambling with our money I am gambling with free money	Trauma / grief - repeated	Her perception that females struggle more with VLT addiction than men. Perhaps related to disproportionate representation of women in the service industry around VLTs.	
Chasing losses	What about my needs and wants?		
Gambling as self-care - personal escape and being able to treat myself to something with the winnings.	Working hard to accommodate others	Significant familial comorbidity	
Treat others with gifts from winnings.	Adherence to care-giving role	Gamble until credit is used up	
Avoidance and escape from work stress	Particular stigma associated with gambling - lack of compassion, lack of acceptance		
Escape from work stress - I am pissed off with employer so I am going to skip work to gamble and screw them???	Stigma with being a female PG - women are supposed to be the strong ones to avoid temptation		
Can’t recall exact amount of largest jackpot won	Stigma, shame, embarrassment		

Elsa	Jasmine	Nikita	Blythe
“High” of winning	Stigma doesn’t reinforce gambling behaviour - it prevents people from getting help		
Secrecy and deception related to shame	It’s an invisible plague. It’s a plague and an invisible one		
Attempted suicide of father - Trauma	Early abuse, oppression, trauma, lack of freedom increases desire for freedom and control????		
Freedom from lies / Burden of having to remember lies and stories	Codependency???		
Having others aware has helped me to feel good about myself again	Externalization of blame - why are women allowed to drive?		
Caregiving for other addicts - trauma - overextension of personal resources	Mind is primed to look for gambling related stimulus		
As an addict I avoided looking in the mirror	Rebellion against perceived oppression and injustice from family		
Trauma - stillborn son			

Elsa	Jasmine	Nikita	Blythe
Comorbid depression	Gamble until credit is used up		
Communication difficulties with husband as a trigger for problem gambling			
Trigger words ‘Sure’ or ‘Whatever’			
Trigger - anger frustration with husband			
Not living up to his word - lack. Of follow-through			
Avoidance of conflict as a trigger			
Get back at others by gambling			
Deny the addiction - admitting addiction would mean that I am a loser			
Crisis - Confrontation about gambling			
External frontal lobe - restriction of access to money, transportation imposed by family			

Elsa	Jasmine	Nikita	Blythe
Compulsive magical thinking			
Default back to magical thinking. Learn to challenge magical thoughts.			
Learn to use frontal lobe again			
Co-dependency / working together			
Mutual frontal lobe			
Healing thru knowledge, psychoeducation, increased communication with spouse, frontal lobe external			
Family conflict			
Establishing and maintaining boundaries			
Trauma			
External frontal lobe = accountability			
Fear of stigma -			

Elsa	Jasmine	Nikita	Blythe
Sense of purpose - desire to take care of others			
Husband gave ultimatum			
Persistence			
Spousal support			
Crisis - brings issue to light			
Support from husband, counsellor, family doctor			
Opportunity as a trigger for PG			
Empty nest, feeling lost, purpose,, identity?			
Preference for pubs vs. Casinos			
Mesmerizing lights - walk in and they get you.			
Didn’t like casinos because the machine noises were too loud			
Losing track of time			

Elsa	Jasmine	Nikita	Blythe
Reconnection with husband			
Strategy - before gambling place pictures of loved ones by the machine			
External executive function - external cuing for harm reduction			
Alarm to ring at specific intervals to provide cue of passage of time.			
Recovery necessitates rebuilding of trust and employability			
Didn’t like AA. Meetings - had to admit to drinking therefore preferred NA			
Gamble until credit is used up			