

**FOR POORER: HOW MEN
EXPERIENCE, UNDERSTAND AND
RESPOND TO PROBLEMATIC
ASPECTS OF A PARTNER'S
GAMBLING**

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Abstract

Gambling is now big business in Australia and public expenditure on gambling is high. While many people gamble within their means, some are unable to control the extent of their gambling and thus create difficulties, not only for themselves but for their marital or de facto partners. The present study aimed to explore the experiences, understandings and coping responses of men who had concerns about a partner's gambling. Various recruitment strategies were employed in an effort to attract a diverse group of participants. The final sample comprised thirteen men who had different attitudes and behaviours in regard to gambling and were in different types of relationship. Data were gathered by means of in-depth interviews and then subjected to thematic analysis. Findings from the study illuminate how these men became aware of their partner's gambling, their understandings regarding the causes of the gambling, the financial, psychological and social stressors they encountered as a result of the gambling and the coping strategies they deployed in order to minimize gambling-related harm. Overall, the findings indicate that men are not only the victims and enablers of a partner's problem gambling but sources of informal help and care. Implications for community education programs, formal services and Australian law are discussed.

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Declaration of Originality

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Statement of Ethical Conduct

The research associated with this thesis abides by the rulings of the Social Sciences Human Research Ethics Committee of the University of Tasmania.

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CONTENTS

1 The Rise of Gambling in Australia

- 1.1 Historical Development of Gambling 1
- 1.2 The Gambling Industry in Australia Today 2
- 1.3 Participation in Gambling 7
- 1.4 Controversies regarding the gambling industry 9

2 The Prevalence of Problem Gambling in Australia

- 2.1 Defining the Notion of Problem Gambling 19
- 2.2 Assessing the Extent of Problem Gambling in Australia 23
- 2.3 Risk Factors for Problem Gambling 25
- 2.4 Integrative Theorizing 32
- 2.6 Tackling Problem Gambling in Australia 36

3 Effects of Problem Gambling on Family Members

- 3.1 Family Functioning as a Public health issue 40
- 3.2 Changing Views of the Role Played by Marital or de facto Partners 40
- 3.3 The Stress-Strain-Coping Support Model 43
- 3.4 Impact of Problem Gambling on Marital and de facto Partners 48
- 3.5 Impact of Problem Gambling on Children 53
- 3.6 Impact of Problem Gambling on Extended Family Members 56
- 3.7 Help-seeking by Problem Gamblers, Partners and other Family Members 59

4 The Research Study: Background and Design Issues

- 4.1 Background to Research Study 65
- 4.2 The Research Question 75
- 4.3 Research Approach and Method 76

5 Study Findings

- 5.1 Participants' Personal Characteristics 85
- 5.2 Men's Recognition and Interpretation of their Partner's Gambling Problems 86
- 5.3 The Effects of a Partner's Gambling on Men's Personal Lives 89
- 5.3 Men's Responses to their Partner's Gambling 94
- 5.6 Discussion of Findings 97

6 Future Directions for Policy, Treatment and Research

- 6.1 International Efforts to Prevent Problem Gambling 106
- 6.2 Primary, Secondary and Tertiary Prevention Interventions for Female Problem Gamblers 107
- 6.3 Interventions for Men Affected by a Partner's Gambling Problems 113
- 6.4 Additional Recommendations for Policy and Research 118
- 6.5 Strengths and Limitations of the Study 121
- 6.6 Concluding Comments 122

Appendix A 123

References 124

THE RISE OF GAMBLING IN AUSTRALIA

1.1 Historical Development of Gambling

Gambling is a longstanding and widespread human practice whose forms have varied across time. Implements associated with gambling have been found in ancient China dating back to around 2300 BC, as well as in India, Egypt and Rome (Novak & Allsop, 2009). Although religious groups in modern societies sometimes regard gambling with disfavour, historical accounts suggest that it is an offshoot of religious rituals. In his book, *Roll the Bones: The History of Gambling*, David Schwartz observes that the custom of casting lots, i.e., tossing small objects such as seeds, sticks and pebbles into the air and watching their fall, was popular in the societies of antiquity. People initially cast lots as a form of divination, hoping to forecast the future or the will of the gods. Subsequently they started to wager on what the outcomes would be. Throughout history, gambling has been used for many purposes, including the settlement of international disputes. King Olaf of Norway and King Olaf of Sweden are reported to have rolled two dice to settle an argument over territory in 1020 AD (Novak & Allsop, 2009). Governments have often tried to institute bans; for example, from the 14th century onwards, various English monarchs outlawed gambling. One ground for prohibition was that gambling led men to neglect their archery practice (Novak & Allsop, 2009).

According to the Britannica Online Encyclopaedia, large-scale gambling, organized and sanctioned by authorities for the purpose of revenue collection, first began in 15th century Europe and took the form of lotteries. Wikipedia provides a narrow and economically oriented definition of gambling, suggesting that the term denotes the wagering of money or something of material value on an event with an uncertain outcome with the primary intent of winning additional money

and/or material goods. A broader definition, perhaps more apposite to contemporary practices, might also allude to people's use of gambling for the purposes of fun, distraction and/or social interaction. "Gaming" is a modern and analogous term, sometimes used to denote legal forms of gambling other than wagering which give a specified rate of return to players (Productivity Commission: 2.4).

1.2 The Gambling Industry in Australia Today

As indicated above, gambling is by no means a new phenomenon. In a range of European and Asian nations, it has increasingly become a legal, socially acceptable and accessible recreational activity. As Tepperman (2009:10-11) observes, gambling is now a major global industry, and one that is no longer restricted to colourful characters and exotic locales. Advertised everywhere, it is portrayed as exhilarating, entertaining and "dashingy naughty". Las Vegas, an international gambling centre, beckons tourists with the slogan "What happens in Vegas, stays in Vegas", thereby suggesting that secret risk-taking is a feature of life in this city and that illicit pleasures can be seized and savoured with impunity.

Along with other nations, Australia has in recent years experienced rapid change and expansion in the gambling industry. A sizeable proportion of the population engages in gambling activities. Recent estimates presented by the Productivity Commission (2010) indicate that around 70 per cent of Australians participated in some form of gambling in 2009. The control and regulation of Australian gambling is largely in the hands of state and territory governments. Essentially, these governments have legislated to permit various forms of gambling and garnered tax revenue in exchange. The revenues flowing into government coffers are only a proportion of the amounts people actually spend on gambling, and generally derive from the various proportions of *turnover*, i.e. the amounts people originally 'wager' or

bet or 'invest', and not from proportions of how much they 'gamble' or lose (Winter, 2002). One notable and controversial feature in the industry's development in Australia is the increased provision of continuous and repetitive forms of gambling (e.g., EGMs) that allow for fast-paced wagering and high levels of expenditure on each wager. EGMs were first located in registered New South Wales clubs in 1956 to generate income for club amenities (Australian Casinos Online). Writing at the turn of the century, Costello & Millar (2000:9) announced that although Australia had only a tiny fraction of the world's population, it hosted "... an incredible 21 per cent of the world's hungriest and most sophisticated machines." According to the Productivity Commission (2010), around 600,000 Australian adults play EGMs weekly or more and around 15 per cent of these can be classified as "problem gamblers" (see below) in the sense that their gambling is doing harm to themselves and/or others. A further 15 per cent face moderate risks.

Current Options in regard to Gambling

Australian adults now have a wide range of choice in regard to when, where and how they gamble. Specific options include:

- * Lotteries: Lotteries come in different guises, including lotto, pools and instant lotteries (or "scratchies"). In Australia, lotteries have traditionally been conducted by government, commercial and not-for-profit entities. When a lottery is drawn, people with winning tickets usually receive prizes based on the total amount of money wagered. Operators take a set percentage to cover costs.¹

- * Keno: There are various providers of Keno in Australia and the game comes in different versions. Essentially, Keno players wager

¹ The first lotteries were privately run Tattersall's sweepstakes organized in Sydney during the 1880s (Australian Casinos Online). Government-run lotteries (Golden Casket lotteries) were initiated in Queensland in 1920-21 (Australasian Gaming Council Fact Sheet, 2008).

that numbers they have chosen will match any of twenty numbers randomly selected from a group of eighty by a computer system or ball drawing device (Australasian Gaming Council, 2011/12).

- * Pools: Pools is a game where the winning numbers are based on the results of top-level soccer matches played in Australia and the United Kingdom (Australasian Gaming Council, 2011/12).
- * Electronic gaming machines (EGMs): Electronic gaming machines, sometimes known as slot machines or “the pokies”, essentially show a variety of spinning symbols on a video screen. When the spinning stops, players win if their machine displays a designated set of matching symbols.²
- * Off-track and on-course betting on horse racing, greyhound racing, and harness racing: Licensed on-track bookmakers offer fixed-odds betting, mostly on wins and places. Off-track betting, traditionally controlled by state governments via organisations called "Totalisator Agency Boards" (TABs), is offered largely in the form of parimutuel betting, whereby the odds are not fixed and "the house" takes a fixed cut and distributes the rest to individuals who have made a winning bet (Australasian Gaming Council, 2011/12).³
- * Exchange betting: Betting exchanges, as organised by the British Betfair company, allow punters (gamblers) to bet at odds set and requested by other punters rather than by a bookmaker. It is possible to make 'Back' and 'Lay' bets (i.e., normal bets on a selection to win plus bets against the selection). A commission is charged on all winning bets (Australasian Gaming Council, 2011/12).

² EGMs were first located in registered New South Wales clubs in 1956 to generate income for club amenities (Australian Casinos Online).

³ Horse racing was the first form of organized gambling in Australia and retains a high profile today. The first race meet took place in New South Wales in 1809, and the first Melbourne Cup ran in Victoria in 1861 (Australasian Gaming Council Fact Sheet, 2008).

- * Online gambling: Australians can play poker or casino games online; however, providers of interactive gambling services face legal penalty under the Interactive Gambling Act 2001. This Act makes it an offence to provide casino-style gaming and interactive gambling services to a customer who is physically present in Australia. It applies to Australian as well as foreign owned businesses, and to businesses based in Australia or offshore. As McMillen (2009) points out, the Act does not apply to Australian internet gambling services for races, sports and lotteries, which have continued to proliferate.⁴ According to the Productivity Commission (2010), some evidence suggests that online gambling (including illegal gaming) grew significantly in the 2000s, and could now amount to 4 per cent of gambling expenditure.

Gambling Venues and Service Providers

Gambling products and services are provided by various entities in a various locations and venues. Lottery and pool tickets can be purchased at outlets such as newsagencies. Table games, gaming machines and Keno can be played in casinos located across Australia. Gaming machines and Keno systems are also available in clubs and hotels across most Australian States and Territories. Wagers on horse, greyhound and harness races can still be placed at TAB betting shops, but people now have the additional option of using hotel betting services linked to the privatised offshoots of these companies; for example, Tabcorp Holdings is an Australian company with interests in gaming and wagering. Historically, some areas of Australia have had a strong tradition of illegal off-course bookmaking (SP bookmaking), but the degree to which this tradition persists is unclear. As mentioned by Novak & Allsop (2009), many providers bundle gambling products and

⁴ Dowling (2009) notes that figures compiled by the Queensland Treasury indicate there was just \$11 million bet on sport in Australia 15 years ago, and that the amount is now close to \$300 million. He also notes that according to the Productivity Commission (2009), there were about 424,000 online sports wagering accounts in 2008, a 103 per cent increase on 2004 levels.

services with food, beverage and accommodation services, music and other entertainment. By implication, for some Australians at least, gambling may constitute one component of an enjoyable day or night out.

According to the Productivity Commission (2010), estimates suggest that there were around 5700 hotel and club venues with EGMs in 2008-9. Industry estimates for 2005-6 indicate that there were approximately 4700 TAB outlets (including TABs at hotels as separate venues) and approximately 4800 lottery outlets. As the Commission points out, the aggregate numbers of gambling businesses and outlets are one indicator of the significance of the gambling industry, but it is important to consider to what extent these businesses actually rely on gambling income.

Expenditure on Gambling

Given the growth of the gambling industry, it is reasonable to ask how much Australians actually spend on gambling. Recent statistics, presented by Productivity Commission (2010), indicate that around \$19 billion was spent/lost by consumers of Australian gambling products in 2008-09. This equates to around 3.1 per cent of household consumption expenditure. The Commission notes that although growth in the EGM sector appears to have slowed, more than half of this overall amount derives from hotel and club electronic gaming machines. In 2008-09, Australians spent around \$10.5 billion (roughly 55 per cent of overall gambling expenditure) on EGMs in clubs and hotels and around 3.1 billion on casino gaming (roughly 17 per cent of overall gambling expenditure). They also spent around 2.54 billion (roughly 14 per cent of overall gambling expenditure) on wagers concerning racing or sport. In addition, they spent around \$1.95 billion (roughly 11 per cent of overall gambling expenditure) on lotteries, pools and keno. The amount of money spent on different unofficial forms of gambling, such as poker tournaments in clubs and hotels, is

unknown; however, expenditures relating to online casinos and online poker are estimated at \$541 million and \$249 million respectively.

1.3 Participation in Gambling

Shifts in the demographics of gambling

Gambling has traditionally been perceived as a predominantly male pursuit; however, it is reasonable to assume that the demographics of gambling will continue to shift as gambling products diversify, venues proliferate, new technologies are harnessed and sophisticated marketing campaigns attempt to engage a wider range of social groups. One notable participation trend, discussed in the recent local and international literature, is the growing involvement of women. In Australia, the 'feminisation' of gambling has been largely attributed to the widespread expansion of EGMs since the 1990s (Brown & Coventry 1997; Kweitel & Allen 2003; Productivity Commission 2010). These machines are very accessible, easy to operate and require little skill to play; however, women's engagement with them is usually explained in terms of a preference for luck based games that can potentially provide relaxation or diversion as a form of avoidant or emotion-based coping (Boughton & Brewster, 2002; Ladd & Petry, 2002).

Another notable trend, explored in both Australian and overseas gambling studies, is the increasing involvement of people in older age groups (Morgan Research, 1997; Hirsch, 2000; McNeilly & Burke, 2002). While there are no consistent findings suggesting that people in older age groups are especially prone to gamble to excess, late life gambling does pose particular risks for those involved, given that many older people need to survive on fixed retirement incomes and have limited scope to recoup gambling losses by returning to paid work. Identified risk factors for older age groups include: declining

health; cognitive losses; poverty; stress connected with relocation; a lack of safe leisure alternatives and age-related life changes such as bereavement and retirement (McKay, 2005). Increased gambling by older people may partly reflect the marketing tactics of the gambling industry - specifically, the targeting of older people on the assumption that they have income and time to spare after retirement (McKay, 2005; Pavalako, 2002). Gambling activities may also appeal to older people with health problems or disabilities, given that these activities usually make few physical demands and take place indoors (Pavalako, 2002).

The internet, the mobile telephone and sophisticated video games now constitute new and significant distribution channels that will potentially entice a greater proportion of young people into gambling, given their familiarity with, and reliance on, these technologies. According to the South Australian Centre for Economic Studies [SACES] (2003), sports bars and 'events based wagering' are now being targeted at young people as a distinct market segment, and digital television will expand opportunities for wagering and events-based gambling in the future.

Motivations for gambling

In light of gambling's popularity, it is reasonable to consider what pleasures most people derive from gambling activities and what factors lead people towards gambling rather than other leisure pursuits. Predictably, given the differences in people's personal attributes and circumstances, the international literature canvasses many possibilities. For example, a national prevalence study of over 4000 New Zealand residents concludes that gamblers daydream about a big win, find gambling exciting and diverting and discuss gambling experiences with family and friends (Abbott, 2001). A study of American college students similarly reports that most of these individuals gamble to win money, to have fun and a sense of excitement, to maintain social links and to pass the time (Neighbors,

Lostutter, Crounce & Larimer, 2002: 367). An Australian commentary by Fabiansson (2006) links venue characteristics to gambling, arguing that casinos and clubs are perceived as safe and pleasant places to visit, and as places where visitors are welcome, irrespective of their gender and ethnic background. In line with Walker's (1985) contention that gambling allows people to validate their sense of self, Fabiansson also suggests that the glitz and glamour of gambling venues may hold special appeal for people who enjoy displaying their wealth or having a sense of social status. Additional arguments suggest that the diversion offered by gambling activities may bring emotional relief to people whose everyday lives are stressful or unsatisfying (see above).

1.4 Controversies regarding the Gambling Industry

Perceived Benefits of the Gambling Industry

Although the gambling industry is now well established in Australia, it remains controversial. Proponents of the industry highlight its economic contribution; for example, Novak & Allsop (2009) argue that the gambling industry intersects with other sectors of the economy such as tourism,⁵ creates employment opportunities for people with many different skills and has lucrative offshoots such as gaming machine manufacturing and technology.⁶ The Productivity Commission (2010) agrees that the gambling industry is a major employer across Australia, noting that employees are not simply licensed gambling staff, but venue staff located in non-gambling areas such as entertainment and food service or in support services such as security

⁵ Tourists' gambling expenditure has flow-on effects for local economies: estimates for the period 2006-07 suggest that approximately 2.1 million international visitors and 4.2 million interstate visitors attended casinos (Australasian Gambling Council, cited in Novak & Allsop, 2009). Estimates for 2007-08 indicate that international VIPs at Australian casinos alone spent around \$553 million (Productivity Commission, 2010).

⁶ Statistics supplied by the Centre for International Economics indicate that in 2006-7, revenue from the manufacture of gaming machines in Australia was \$610 million, including \$310 million in export revenue (Novak & Allsop, 2009).

and cleaning.⁷ Other writers suggest that gambling enterprises may benefit consumers, not only by stimulating local economic development, but by providing price competition and product variety. For example, a casino development may offer local residents more choice in regard to recreational activities and oblige other local businesses to improve their goods and services and/or charge less (Walker, 2007). Further arguments suggest that the gambling industry contributes to public welfare by generating significant amounts of tax revenue that can be used to finance health care and social services, educational programs, capital projects and community infrastructure in general (Williams, Rehm & Stevens, 2011). In addition, it is argued that prohibition is unnecessary and unworkable, and that legalised gambling helps to keep illegal gambling in abeyance, thereby reducing various criminal activities (e.g., fraud, theft, money laundering and embezzlement), that often go hand in hand with unsanctioned gambling (Wynne & Shaffer, 2003).

Some supporters of the gambling industry emphasise the entertainment value that gambling has for many players. Along these lines, Novak & Allsop (2009) contend that gambling is simply one particular form of recreational activity or entertainment that many people enjoy and voluntarily choose to undertake. Echoing their views, Basham & White (2002: 13) assert that one of gambling's main attractions is its entertainment value, and that people who wish to exercise freedom of choice in relation to gambling and other life matters must learn to take responsibility for their actions:

Gambling is about choice: people from all walks of life want to enjoy their freedom and that includes the right to do what they want with their own

⁷ According to the Productivity Commission (2010), it is not easy to estimate the number of people employed in the gambling industry since the ABS no longer makes industry-wide estimates in this area. Data presented in the report suggest that in 2005, clubs with gaming facilities employed around 60,000 people with roughly 24,000 operating as licensed gaming staff, casinos employed around 19,700 people with almost 8000 operating as licensed gaming staff, and hotels employed around 65,000 people with roughly 22,000 operating at licensed gaming staff.

money. We trust that gambling prohibitionists will take note that, in addition to intruding upon gamblers' liberties, prohibition makes a mockery of individual responsibility. This is hardly the best way to sustain the nation's moral health.

Another argument put forward in recent years is that recreational gambling brings health benefits, at least to older persons. Research findings to this effect may simply reflect the fact that older gamblers are healthier than their non-gambling counterparts; however, it is also possible that health benefits flow from the increased activity, socialization and cognitive stimulation that gambling provides (Desai, Maciejewski, Dausey, Caldarone & Potenza, 2004).

Criticisms of the Gambling Industry

Predictably, critics of the gambling industry vigorously dispute the claims outlined above. Some contend that the economic benefits of the gambling industry are illusory or double-edged, and that the industry thrives because gambling-derived revenue allows state and territory governments to avoid the opprobrium of lifting tax rates (Costello & Millar, 2000: 98-99). Samuelson (1970) asserts that the industry creates no new money or goods; rather, it simply entails sterile transfers of money or goods, thereby absorbing time and resources that could be much better used. Other commentators take a more qualified position, contending that benefits from the industry must be weighed against costs. For example, in a paper prepared for the Canadian Consortium for Gambling Research, Williams et al., (2011) conclude that gambling revenue usually does improve public services provided by government and/or charity/community groups; however, it may also be used to avoid raising taxes, to reduce government debt and to maintain rather than enhance existing services. They further argue that privately delivered gambling (e.g., casinos) can negatively affect public services by absorbing money that might otherwise have been given to charities, and that increased demand for public services

from individuals affected by gambling may eventually decrease the overall quality of these services.

An additional objection is that governments charged with the regulation of the gambling industry are inappropriately dependent on the revenue it generates. The expenses associated with regulation and monitoring and the potential for collusion and abuse are highlighted by Oddo (1997), who argues that since gambling requires government regulation and curtailment of competition, those fortunate enough to be licensed receive artificially high profits and have significant political influence. Various commentaries (Eadington, 2003; McMillen, 2006) make plain that the costs and benefits of the industry are not evenly shared, either within or across localities. Rather, there are winners and losers. A successful casino may generate significant profits for owners and operators, but at the same time, siphon customers and money away from local eateries, bars, cinemas and other recreational businesses. In addition, it may generate public sector costs; for example, increased vehicular and foot traffic around the venue may oblige local authorities to widen roads, install extra traffic signs and appoint police or traffic wardens to oversee congested parking lots and footpaths.

Alternative perspectives on the gambling industry essentially emanate from concerns about community values and ideals, with critics suggesting, for example, that gambling is an immoral or reprehensible activity undertaken by people who are foolish, weak or irresponsible. A corollary argument suggests that the spread of gambling serves to undermine core personal and social values such as the work ethic, thus weakening the general fabric of society (for comment, see Eadington, 2003).

For many critics, however, the central issue arising from the growth of the gambling industry is people's propensity to harm themselves and others by gambling to excess. Studies conducted over many years

document the different ways in which excessive gambling can do damage to gamblers themselves. In general, their findings suggest that problematic gambling is accompanied by physical, emotional and relational difficulties. Along these lines, Lorenz & Yaffee (1986) found that among a sample of 500 Gamblers Anonymous (GA) members, 46 per cent reported experiencing depression, 42 per cent reported stomach problems and 35 per cent reported sleep problems during the “desperation phase” of gambling.⁸ These gamblers also expressed a need for help in regard to relational issues such as conflict resolution and parenting. Other researchers report that people who cannot control their gambling often experience shame and guilt, but may decline to admit these feelings publicly (Lee, 2002).

Accumulating research is gradually illuminating the ripple effects of compulsive gambling on members of the gambler’s family and other people in the gambler’s social network. Commenting on the number of people affected by heavy gambling, the Productivity Commission Report (1999) states that the gambling activities of Australian adults with moderate to severe gambling problems are likely to have a direct effect on five to ten other people. The burdens carried by family members and friends obviously have the potential to increase when the gambler is grappling with other issues besides gambling. This is not unlikely; indeed, the accumulating literature on problem gambling and co morbid conditions shows that problem gamblers, both men and women, have high rates of co morbidities that include depression, anxiety disorders and other mental health problems (Cunningham-Williams, Cottler, Compton, Spitznagel & Ben-Abdallah 2000; Productivity Commission 2010; Thomas & Jackson 2008). In NSW during 2007-08, for example, of people seeking help for gambling

⁸ Lesieur and Custer (1984) suggest that people who gamble to excess progress through 3 stages. During the winning phase, gamblers tend to report a pattern of winning that may include one or more wins of significant magnitude. During the losing phase, the gambler begins to experience a consistent pattern of losses, and may begin to “chase” these losses; i.e., to win back the money that has already been spent. In the subsequent desperation phase, the gambler is increasingly dependent on gambling and more and more preoccupied with it.

problems, 43 per cent reported having had an anxiety disorder, 55 per cent reported depression, 29 per cent reported alcohol problems and 19 per cent reported problems with other drugs (Productivity Commission 2010).

Studies probing the particular difficulties that family members and others experience once again document a constellation of physical, psychological, relational and financial issues (see below). As McComb, Lee & Sprenkle (2009: 418) observe, the financial losses created by gambling may be especially abrupt and devastating: "... the financial damage that the problem gambler can cause in minutes would typically take a substance abuser weeks or even years to create..." Other theorists highlight the opportunity costs borne by the community at large when limited public funds must be devoted to specialised treatment services, welfare support programs and the policing of gambling-related crime. Along these lines, Morrison (2009: 10) argues that a narrow focus on the individual gambler is no longer acceptable:

... it is clear that there has not only been an over-emphasis (especially from industry) on the notion of gambling as an individual, (arguably) logical consumer choice in which only a small percentage are damaged, but a situation where this has become a virtually unchallengeable orthodoxy. There is for example, little acknowledgement of the subtle family, community and regional effects that range beyond the act of an individual purchasing a product. There is even less acknowledgement that families, communities and regions, even if not pathologised, may nevertheless suffer ongoing opportunity costs arising from funds lost to more life-affirming pursuits and activities.

The assumption that problem gamblers are making informed and voluntary choices is strongly challenged by a number of commentators. Pointing to the addictive potential of non-strategic games and particular gambling technologies, these commentators suggest that individuals' decisions in regard to gambling are liable to be driven by compulsion and confusion. For example, Doughney

(2007) states that regular use of EGMs tends to diminish players' capacity for self-control. Livingstone & Woolley (2008: 21) assert that the opportunity for open-ended or excessive gambling is "... the fundamental configuration of EGM gambling consumption, built into the design and structural characteristics of EGM technology". The Australian Productivity Commission (1999: ch. 9, section 9.3) likewise questions whether problem gamblers really grasp the true costs and benefits of gambling and have the power of choice:

This is because of serious reservations about the extent to which problem gamblers are aware of the true costs and benefits of gambling – misperceptions about how the games operate and the true likelihood of winning are widespread and persistent. More importantly, for many problem gamblers, it is questionable whether they are spending money on gambling in a 'voluntary' way, exercising the 'consumer sovereignty' that would normally be assumed to apply.

For some theorists, the rise of internet gambling is a further source of concern. Because the internet can be used anonymously in the home setting, it is seen to be open to abuse, firstly by people who cannot control their gambling, and secondly by underage gamblers, who may use their parents' credit cards, or even their own, to set up gambling accounts (Basham & White, 2002). Noting that internet home gamblers tend to play for longer periods than casino gamblers do and have a greater sense of control over their gambling behaviour, Cotte & Latour (2009) warn that gambling which is home-based rather than reserved for outings may insidiously become an integrated part of people's lives.

Cost-benefit Analyses of Gambling

Recent years have seen a number of empirical studies designed to estimate and compare the costs and benefits of gambling. These studies have used various methodologies, produced a wide range of estimates and generated a large amount of controversy. In some instances their findings have been described as "seriously flawed"

(Hayward, 2004). Areas of dispute include how to define costs and benefits,⁹ whether particular costs should be considered as private or social costs¹⁰ and how intangible costs and benefits, such as gamblers' enjoyment or distress, can best be measured (Eadington, 2003; Hayward, 2004, Walker, 2007).¹¹ Another frequently noted problem is that many of the impacts commonly associated with gambling are not always directly or solely caused by gambling. Discussing this issue with reference to co morbidity, Walker (2007) notes that full costs have sometimes been attributed to a gambling disorder, even when other disorders, such as alcoholism, have clearly been present. By implication, researchers need to develop satisfactory ways of apportioning costs across multiple causal factors, rather than relying on guesswork (Eadington, 2003; Hayward, 2004). McMillen (2006) raises further issues pertaining to the absence of raw data and researchers' consequent tendency to invoke questionable assumptions. As well, she complains that analysts tend to present aggregate findings only, thereby disguising crucial differences between localities.

For some theorists, it is important that studies exploring the outcomes of gambling have some policy objective and are helpful to policy

⁹ Elaborating on analysts' difficulties in identifying and measuring gambling-related costs, Walker (2007) states that social cost studies using government expenditures as the measure of social costs are problematic, even though there is no (obviously) better way to handle these costs. Referring to Kleiman's (1999: 638) comments on drug and alcohol abuse, he explains that since the costs of remedies are measured, while the suffering they avoid is not, the development of a treatment can illogically increase, rather than decrease, the measured cost of this abuse.

¹⁰ Eadington (2003) argues that if an action results in making some members of society worse off, and no one better off, then a social cost has occurred. The commitment of resources by individuals or governments in order to avoid theft or other crimes is thus appropriately regarded as a social cost. By contrast, shifts of wealth from one individual to another (e.g., through bail-out loans to a problem gambler or the theft of property) are not social costs. Rather, they are transfer payments from one individual to another.

¹¹ According to Hayward (2004), other intangible effects that cannot be quantified easily in monetary terms include quality of life, wellbeing, population health, social cohesion, and environmental impacts. Economic analyses have not always included intangible effects; however, it is increasingly recognized that intangible effects are crucial elements in cost-benefit analyses of gambling, and that failure to include these effects implicitly assigns them a value of zero.

makers who must ultimately decide whether the gambling industry should be expanded, more stringently regulated or constrained (Eadington, 2003; Svetieva & Walker, 2008:161). Eadington (2003) argues that judgements should be made with reference to research findings and comparisons with some alternative “state of nature”. For example, if the research is intended to address the question of legalization versus prohibition, the costs associated with legal gambling – under a specified set of rules and constraints – should be assessed against the costs that would prevail in a world of prohibition. This principle being accepted, cost estimates applying to a hypothesized state of prohibition are still likely to generate controversy (Walker, 2007).

Recommendations for improving cost-benefit studies appear in the literature; for example, the Committee on the Social and Economic Impact of Pathological Gambling (1999) states that study designs need to be elaborated in order to accommodate differences in gambling effects across time, venues, gambling mode and social sub-groups. Walker (2007) calls for more standardization in methodology, arguing that this would enhance researchers’ contribution to policy debates, allow cost-benefit comparisons across different localities and time and provide a platform for assessing different treatment programs. Conceding that progress will be slow, he argues that researchers should make policy makers aware of methodological flaws and controversies, at the same time effecting whatever improvements they can.

In summary

The growth of legal gambling in Australia over recent decades has been fuelled by the public’s increasing acceptance of gambling as a form of recreation, and by the prospect of substantial economic benefits and tax revenues for the local and wider communities in which gambling occurs. It is now generally accepted that the impacts of

legalized gambling are not evenly spread. Economic and social benefits accrue to some individuals while others experience losses or costs. A common and overarching concern voiced by critics of the industry is that some individuals gamble to excess, thereby doing serious damage not only to themselves but other people in their social networks. The damage done to third parties in general and members of the problem gambler's family in particular obviously raises thorny questions about governments' role in gambling. As Peele (2001) points out, there are thought-provoking discrepancies between the approaches governments take to gambling, alcohol and drugs: "Unlike illicit drug use, which the state prohibits, and alcohol, which is manufactured privately, the state has a central role in gambling..." Preventing people from gambling to excess, and minimising the harm done by excessive gambling, are two key areas for public policy development. The next chapter considers the issue of excessive gambling in greater depth, exploring what we currently know in regard to causal factors and remedies.

2 THE PREVALENCE OF PROBLEM GAMBLING IN AUSTRALIA

2.1 Defining the Notion of Problem Gambling

As indicated in the previous chapter, critics of the gambling industry frequently point out that some individuals gamble to excess and report considerable difficulty in changing their behaviour. This concern raises the issue of how the notion of excessive gambling can or should be defined. Judgments are problematic for various reasons. Obviously the gambler's views may not coincide with the views of others: family members' complaints about the gambler's propensity for denial are commonly mentioned in the literature (McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004; Lee, 2002). The significance attached to financial losses is also liable to vary according to people's income, assets and capacity to recoup. As McMillen et al. (2004) point out, for some of their interviewees, gambling losses of \$100 a week were problematic. For others, a loss of \$30,000 indicated a gambling problem.

Empirical studies provide little guidance in matters of definition, having so far failed to identify clear-cut physiological markers or symptoms that reliably differentiate people who gamble to excess from people who are able to maintain a controlled level of gambling. This blurriness makes excessive gambling different from other problematic behaviours such as excessive eating and drinking, where relatively clear physiological markers and potential side effects can be specified with much greater clarity and confidence (for discussion, see Marshall, 2009; Peele, 2001).

Unsurprisingly, the psychiatric and psychological professions have attempted to resolve these definitional challenges by construing

excessive gambling as a mental health issue and advancing the notion of “pathological gambling”. In the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) of the American Psychiatric Association pathological gambling is classified as an impulse control disorder. Specific diagnostic or assessment criteria are identified. These criteria emphasise psychological aspects of the gambler's behaviour, such as a preoccupation with gambling, a need to gamble with ever-larger sums of money in order to achieve the desired level of excitement, failed attempts to control gambling, the use of gambling to escape dysphoria, the "chasing" of financial losses, lying about gambling, committing crimes to finance gambling, and jeopardising or losing a relationship, job, or career for gambling.

Shortcomings in this medical disorder/mental health model are now widely acknowledged. Novak & Allsop (2009) state that the DSM-IV approach was designed for use in a non-Australian clinical environment, does not differentiate between different gambling modalities, tends to focus on the act of gambling rather than its consumption and has the potential to be misapplied when used in surveys. The Productivity Commission (2010) concedes that gamblers who manifest traits currently associated with a diagnosis of pathological gambling may not experience significant harm if they can manage their financial losses and are not inclined to change; however, it also contends that many people exhibiting such traits do indeed experience harm. In its view, a more serious objection to the psychopathological approach is that it has the potential to underestimate the number of people who are suffering significant harm, even though their gambling behaviours and attitudes could not be categorised as pathological. A further argument raised by the Commission is that a focus on gamblers' (alleged) psychopathology is narrow and unhelpful, in the sense that it directs policy-makers' attention to the provision of individualised treatment services, as opposed to the mitigation of environmental risks.

Alternative theoretical approaches take a social rather than a psychiatric perspective. Theorists such as Griffiths, in Sharpe (2001) and Marshall (2009) suggest that gambling is best viewed as a continuum of socially learned behaviour that may be trouble-free, mildly to moderately problematic or highly damaging. Social or recreational gambling (i.e., gambling that brings benefits, or has no significant drawbacks) is located at the start of this postulated continuum. Gambling that has some adverse consequences, either for the gambler, people in the gambler's social networks and/or the community at large, lies in the middle. Gambling whose consequences are especially pronounced and damaging is sited at the far end. The continuum model allows for 2-way shifts in gamblers' behaviour, and is consonant with evidence suggesting that people change their gambling behaviour over time and on occasions, do so quite rapidly. Some recreational gamblers move steadily from unproblematic to problematic gambling, but others catapult abruptly into problematic gambling, due perhaps to a gambling binge (Blaszczynski & Nower, 2003). Conversely, some problem gamblers manage to quit entirely or gamble much less, acting independently or with formal and/or informal help (Slutske, 2006). McMillen et al. (2004: 148) present their own conclusions as follows:

Based on gamblers' own accounts of their experiences, we constructed profiles of 'typical' problem gamblers in the ACT. The case studies are notable for the diversity of personal characteristics and experiences. Some had a long gambling history beginning in their adolescence; others had started gambling only relatively recently. In this regard, the research lends support to criticisms of theories that define problem gambling as a categorical phenomenon, incorporating various discrete typologies or subgroups of gamblers who progressively move through a 'gambling career' over time. Recent research has identified patterns of 'binge gambling' where gamblers plunge rapidly into gambling problems – some after many years of safe gambling – and episodic problem gambling, with intermittent periods of controlled gambling and problem gambling.

Shaffer & Korn (2002) likewise construe gambling as a behavioural continuum, arguing that this is important not only for the design of services and other interventions targeting problem gamblers but for the recognition of “at risk” groups; i.e., groups whose members are liable to develop gambling problems over time if effective harm reduction measures are not set in place. In similar vein, the Productivity Commission (2010) describes a problem gambling continuum of increasing severity, from no risk or harm (recreational gamblers), to significant risk or harm (e.g., as a result of poverty, family breakdown and/or suicide). It explicitly underlines the presence of “at risk” groups: ‘Between these two extremes, there are people facing either heightened risks of future problems or varying levels of harm’.

In line with the continuum model, the broad term “problem gambling” has now entered the public lexicon and is frequently used by Australian researchers, legislators and service providers. Although different definitions appear in the literature, the term normally denotes gambling that extends beyond the bounds of recreation or entertainment, and gambling that has negative repercussions, not only for the individual player, but his or her family members and/or members of the community at large. Neal, Delfabbro & O’Neil (2005: 125) propose a definition as follows: “Problem gambling is characterised by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community”. By contrast, the term “pathological gambling” is linked to explicit psychiatric criteria and is sometimes used to denote gambling that is especially harmful.

Despite its popularity, the term problem gambling remains controversial. As Doughney, (2004) argues, on the one hand it is endorsed because it is sufficiently broad to encompass all people who could be deemed to have a gambling problem, takes contextual factors into account and meshes with gamblers’ self-representations. On the other hand, its imprecision is deemed to create problems in regard to

diagnosis, objective measurement, research and replication. The Productivity Commission (1999) acknowledges this imprecision, conceding that a lack of clarity in the definition of problem gambling creates difficulties in regard to identifying those affected.

2.2 Assessing the Extent of Problem Gambling in Australia

As noted by the Productivity Commission (2010), it is now generally accepted that Australia has a significant number of problem gamblers, although the overall tally and trends are contested. Differences in interpretation are predictable given the conceptual issues noted above and the imprecision of the psychological screens currently used for detection purposes. In Australia, the Canadian Problem Gambling Index (CPGI) has now superseded the South Oaks Gambling Screen (SOGS) as the preferred screen for measuring the incidence of problem gambling. Both screens have common features, but the former is sometimes considered superior in regard to its theoretical basis and psychometric characteristics. The Problem Gambling Severity Index [PGSI] is a 9 item subset of the CPGI that evaluates problem gambling more directly. By virtue of its brevity, it is useful for routine screening purposes (for discussion, see Jackson, Wynne, Dowling, Tomnay & Thomas, 2009; Volberg & Young, 2008).

An emerging criticism of the CPGI and the SOGS is that they measure pathological gambling rather than problem gambling as defined by Gambling Research Australia [GRA] (Walker & Svetieva, 2010). It is worthwhile to note that the CPGI and the SOGS have both been used for measurement purposes in a single study and have yielded different results. This discrepancy lends support to the claim that current ways of categorizing gamblers are somewhat arbitrary, and by extension, to the notion that it may be more useful to designate cut-off points with

reference to policy considerations, such as the extent of resources available (Doughney, 2004).

Discussions regarding efforts to measure the prevalence of problem gambling in Australia also highlight the limitations of population surveys. These limitations include sampling errors (e.g., problem gamblers may not respond to telephone calls because they are out at gambling venues or because they cannot afford a phone) and response biases (e.g., respondents may erroneously ascribe their life difficulties to gambling rather than to other factors). It is sometimes suggested that surveys of problem gambling will tend to underestimate its true prevalence, given that problem gamblers are arguably most likely to avoid participating in studies that solicit sensitive personal information and most likely to protect their privacy and public face by giving dishonest or distorted responses to questions regarding their gambling behaviour (Doughney, 2004). Another complexity noted in the literature is that comparisons of point estimates over time conceal the switching behaviour that occurs as some gamblers move across designated cut-off points (Novak & Allsop, 2009).

Recent estimates of problem gambling

As noted by the Productivity Commission (2010), the benchmarks for problem gambling have altered since it produced its earlier report in 1999. In the earlier report, around 290,000 Australians (around 2 per cent of the adult population) were considered to be problem gamblers. In the new report, difficulties in estimating prevalence rates are clearly acknowledged, and a range of figures is provided for the reader's consideration. Specifically, the later report suggests that if the CPGI 8+ criterion is used, the number of problem gamblers in Australia lies somewhere between 90,000 and 170,000; i.e., between 0.5 and 1 per cent of the adult population. One implication of the comparative figures presented in the later report is that the prevalence of problem gambling has declined, for reasons that potentially include natural

adaptation, the impact of government policy and/or actions by venues. While the 2010 report concludes that a real decline is likely, it acknowledges shortcomings in the data that make definitive pronouncements unwise. It further notes that if a more lenient assessment criterion is used (e.g., if problem gambling is defined as the combination of 'moderate' problem gambling [CPGI 3-7] and 'severe' problem gambling [CPGI 8+]), the average Australian prevalence rate would be around 2.4 per cent of the adult population. Although the Commission favours retaining the CPGI 8+ criterion, it does acknowledge that the use of a more lenient criterion can be advocated on various grounds. For example, it is reasonable to argue that the prevalence of lower intensity problems is relevant to harm minimisation and consumer policy development; also that the ripple effects of problem gambling ensure that the number of people ultimately affected is significantly greater than the number of problem gamblers.

2.3 Risk Factors for Problem Gambling

Why do some individuals gamble to excess? What factors put them at risk, or alternatively, help to maintain their excessive gambling behaviour? Theorists interested in this issue have cast their net wide, examining biological and psychological variables, socioeconomic and demographic variables, the role of the family and gamblers' social and cultural milieu. A comprehensive review of the literature is not within the province of this report; however, the summary below outlines some of the factors that have gradually been identified as increasing people's susceptibility to problem gambling.

Susceptibility due to biological factors

Studies exploring the role of biological, including genetic factors in the pathophysiology of pathological gambling are gradually accumulating.

For example, a series of twin studies conducted by Winters & Rich, in Tepperman (2009:39) concludes that there are more similarities in gambling behaviour among 42 sets of identical twins (who share all their genes), than among 50 sets of fraternal twins (who share only half their genes); however, this effect is significant only for male twins playing high stake games. Another large study involving 3359 twin pairs concluded that inherited factors explained 62 per cent of the variance in the diagnosis of pathological gambling disorder (Eisen, Lin & Lyons, 1998). A meta analysis by Walters (2001) urges caution in regard to the interpretation of these findings, given that the contributions made by genetics and social learning opportunities still need to be clarified via adoption studies and further information regarding effect sizes. In his view, findings suggest that heredity has little effect on general gambling behaviour, but is probably involved in problem wagering – especially in high severity problem gambling in males. The biology of problem gambling has been further explored via neurotransmission studies. Findings once again point to gender differences, with some theorists suggesting that serotonergic dysfunction plays a more important role in the pathophysiology of the disorder in men (as compared with women) while dopaminergic dysregulation plays a more important role in the pathophysiology of the disorder in women (as compared with men) (Ibanez, Bianco & Saiz-Ruiz, 2002).

Susceptibility due to socioeconomic and demographic factors

In general, individuals experiencing gambling problems tend to have the socioeconomic and demographic characteristics of the population overall. This being said, some vulnerable and special needs populations are reported to have a higher risk for developing gambling disorders than the general population (Marshall, 2009). People who appear to be slightly over-represented include: those who are separated, divorced or from single-person households (Productivity Commission, 1999); those who are unemployed (Productivity

Commission, 1999); those who come from lower socioeconomic groups (Welte, Barnes, Wieczorek, Tisdwell & Parker, 2001); and those who are young; i.e., aged <25 (Productivity Commission, 1999; Shaffer, Hall & Vander Bilt, in Marshall, 2009). Men have traditionally been found to be more likely than women to become gamblers and to develop gambling-related difficulties (National Research Council, in LaPlante, Nelson, LaBrie, & Shaffer, 2006); however, the significance of gender is now under review in light of women's increasing participation in gambling. A recent study of gamblers' play patterns concludes that descriptive gambler profiles comprising demographic, economic and health-related factors yield better predictions than gender (LaPlante et al., 2006).

Susceptibility due to personality attributes and/or psychological distress

Many studies document links between selected forms of gambling, personality disorders and psychological distress. A New Zealand study involving a non-random group of university students gambling for money reports that 17 per cent could be classified as problem gamblers, with qualities such as impulsiveness, amotivation (apathy) and a desire for tension release predicting problem gambling (Clarke, 2004). An Australian study concerning 82 gamblers in treatment notes that 93 per cent of these individuals met diagnostic criteria for at least one personality disorder. Participants in this study were also found to have especially high rates of borderline, histrionic and narcissistic personality disorders, and these disorders were in turn linked to high levels of impulsivity and affective instability (Blaszczynski & Steel, 1998).

Desai & Potenza's (2009) study involving 337 patients in outpatient treatment is especially important in the sense that it directly examines gambling patterns in people with schizophrenia/schizoaffective disorder. Using data based on the DSM-IV criteria for pathological

gambling, the authors report that 46 per cent of the participating patients were non-gamblers, 34.7 per cent were recreational gamblers and 19.3 per cent were either problem or pathological gamblers. Almost 10 per cent of the individuals in the latter group met the threshold for pathological gambling. Patients with gambling problems were found to have significantly higher scores for depression than their counterparts. The authors conjecture that the impaired impulse control and cognitive disturbances associated with psychotic disorders diminish sufferers' ability to understand the risks of excessive gambling and to maintain self-control. They also note that gambling-related stressors, such as financial losses, may trigger the development of depressive symptoms, and that depression, in turn, may heighten people's propensity to gamble to excess.

Susceptibility due to Cognitive Biases or Distortions

Various theorists contend that gamblers do not understand the notion of randomness, and misguidedly continue to gamble due to their illusions of control and superstitious beliefs (see, for example, Tonneatto, Blitz-Miller, Calderwood, Dragonetti & Tasnos, 1997). Cognitive biases or distortions associated with heavy gambling include selectively remembering or emphasising wins rather than losses, overestimating the odds of winning, and the "gambler's fallacy" (i.e., assuming that past payoffs will determine future losses or wins, rather than accepting that each gambling event is discrete). These biases, it is assumed, lead gamblers to misjudge their skills, the likelihood of wins; the causes of failure and the merits of continued play (Breen, Kruedelbac & Walker, 2001; Tonatto, 1999). Although further research is needed to link people's gambling behaviour to the range and nature of their misjudgements (Xian et al. 2008), current findings do suggest that gamblers' beliefs affect their play. For example, when actively gambling on fruit machines, pathological gamblers have been found to produce significantly more irrational statements than social gamblers produce (Moodie, 2007).

Susceptibility due to Family Upbringing and Family Dynamics

Studies suggest that parents and other family members who demonstrate positive attitudes towards gambling and gamble with or in front of children may foster gambling behaviour by these children. Specifically, Gupta & Deverensky (1997) report that 86 per cent of the children in their study who gambled regularly said they had gambled with family members. With reference to problem gambling, Haroon, Deverensky & Gupta (2002) note that at-risk adolescents and probable pathological gamblers perceive significantly more family members as having gambling problems than do non-gamblers and social gamblers. Another study conducted by Gambino, Fitzgerald, Shaffer, Renner & Courtnage (1993) compares veterans who do not report a family history of gambling problems with those who do. It concludes that veterans whose parents are described as problem gamblers are three times more likely to score as probable pathological gamblers while those whose grandparents are described as problem gamblers are 12 times more likely to score in this way. According to Walters (2001), this 'family history effect' follows gender lines with a father's gambling raising the risk factor for a son more than a mother's gambling raises the risk factor for a daughter.

Local and overseas findings relating to adolescents draw further attention to the inculcation of gambling-related social norms and beliefs by family members and friends. Along these lines, Delfabbro & Thrupp (2003) report that adolescents with a heavier involvement in gambling are more likely to have family and friends who gamble and approve of gambling, and are also more likely to have optimistic views about the profitability of gambling. Other theorists (Fisher, 1999; Wood & Griffiths, 2000) note that parents are especially likely to transmit an interest in lotteries to their children if they purchase tickets and watch the televised results in the presence of their children, given that they

are implicitly conveying an acceptance of gambling and may simultaneously display their sense of excitement and expectancy.

Additional findings suggest that aspects of family dynamics play a role in the development of problem gambling. Politzer, Yesalis & Hudak (1992:23) argue that the family environment is a potential risk factor for the emergence of problem gambling in males, given their tendency to report "... strict but inconsistent discipline, with strong emphasis on money and material possessions." Haroon et al. (2002:61) state that young people who report having family problems and find their families unsupportive have an increased risk for the development of gambling problems. Similarly, Ciarrocchi & Hohmann (1989) conclude that gambling-addicted persons report greater dissatisfaction with their family milieu and find their families less cohesive; i.e., less committed, helpful and supportive.

Susceptibility due to Negative Life Events

Exposure to childhood and lifetime traumatic events has been found to predict both problem and pathological gambling. Scherrer, Xian, Kapp, Waterman, Shah, Volberg & Eisen (2007) conducted structured diagnostic interviews with 1675 male twins, using multinomial regression to test for associations between three levels of problem gambling and traumatic events such as child abuse and neglect, physical attack, and watching someone get badly hurt or killed. They report significant associations between problem and pathological gambling and exposure to traumatic events, noting that these associations are partially accounted for by psychiatric covariates and genetic and family environmental factors.

Susceptibility due to the Wider Societal Milieu

It is increasingly accepted that gamblers' behaviour is affected by aspects of the wider societal milieu. The gambling industry's capacity to develop and promote particular products and technologies is obviously likely to shape gambling behaviours; for example, the Productivity Commission (2010) notes that people playing EGMs run greater risks than people involved with lotteries, scratchies and bingo, citing evidence from counselling agencies to the effect that around 80 per cent of people seeking treatment have problems with these machines; '... the greater the extent of the problem, the more likely it is related to EGMs.'

The accessibility of EGMs has also been linked to gambling; for example, the Productivity Commission's (1999) report identified a correlation between EGM density and the level of problem gambling across most jurisdictions. In a recent commentary, Young (2010) notes that this finding is replicated in various studies conducted overseas. Drawing on findings reported by Cox et al., (2005) and Marshall (2005), Thomas (2010) asserts that people living in areas where the concentration of EGMs per capita is high gamble more frequently, spend more money and are more likely to experience gambling problems, than those living in areas with lower concentrations of EGMs. Temporal accessibility appears to be another factor promoting people's involvement with EGMs; the long opening hours of Australian venues encourage their use as a refuge from conflict or loneliness, either late at night or early in the morning (Surgey, 2000; Thomas, Sullivan & Allen, 2009). Mandatory and simultaneous shut-down periods (from 2am or earlier to 8am) for clubs and hotels are recommended by the Productivity Commission (2010) as a measure for curbing excessive EGM play. If implemented, this initiative may benefit problem gamblers who are more likely than recreational gamblers to engage in late night play; however, it is also possible that

problem gamblers will simply avail themselves of other gambling modalities (Thomas, 2010).

Further social and cultural influences on gambling behaviour include legal statutes (e.g., laws pertaining to advertising, venue operation, machine design and the involvement of minors) and media presentations which help to form social identity, norms, values and beliefs in regard to gambling behaviour (Messerlian, Derevensky & Gupta, 2005).

2.4 Integrative Theorizing

Disparate research findings have been drawn together by a number of theorists interested to develop general models of gambling. An overview provided by Binde (2009) suggests that current models can be broadly grouped into those which concern people's motivations for gambling in general and those which attempt to explain their different levels of involvement. Binde's own model fits in the former category and posits five motives for recreational gambling. The first four are deemed to be present in different degrees and combinations in specific games and to vary in potency depending on the gambler's personal disposition and preferences. The fifth motive is seen as essential to gambling and as constantly present. As described by Binde, these motives are:

1) *The dream of hitting the jackpot.* This motive is prominent in the case of lotteries and other games where people can outlay a small stake in the hope of winning a large and life-transforming prize;

2) *Social rewards.* The social rewards of gambling include communion and competition (i.e., socializing with others and trying to beat them) as well as opportunities for ostentation (i.e., impressing others through displays of wealth, skill and/or daring);

3) *Intellectual challenge*. For some individuals, gambling may be an intellectually stimulating hobby or interest;

4) *Mood change*. Some games provide excitement (e.g., roulette betting with large stakes) while others (e.g., repetitive games on slot machines) help players to relax and to forget unpleasant realities;

5) *The chance of winning*. Winning constitutes the core of all gambling games and has psychological and cultural significance. People who win are likely to experience feelings of triumph and joy.

As indicated above, Binde's model is not concerned to explain the degree of people's involvement in gambling, although the strength of each motivation obviously bears upon this issue. By contrast, Blaszczynski's (2002) pathways model of problem and pathological gambling attempts to explain why some people become intensely involved with gambling and eventually start to gamble to excess. Unlike earlier explanatory models of pathological gambling, which tend to assume that gamblers are a homogenous population, the Blaszczynski model draws on an outcome study (McConaghy, Blaszczynski & Frankova, 1991) where participants were characterized by non-abstinent recovery, abstinence from gambling or continued pathological gambling. The model postulates a three-part typology of gamblers and can be summarized as follows:

"Normal" problem gamblers: According to Blaszczynski's (2002) argument, "normal" problem gamblers may meet formal criteria for pathological gambling at the height of their gambling disorder, but their gambling reflects bad judgments or poor decision-making strategies rather than any specific premorbid psychopathology. Although gamblers in this category may manifest some of the problems linked to excessive gambling (e.g., substance dependence, negative mood states and/or a propensity to chase losses), these problems are the outcomes of their behaviour rather than constituting its cause. Relative

to their counterparts in other groups, “normal” problem gamblers are more likely to seek treatment and comply with instructions. Ultimately, they may be able to sustain a controlled level of gambling.

Emotionally disturbed gamblers: Emotionally disturbed gamblers manifest predisposing psychological vulnerability factors, such as a family history of problem gambling, negative developmental experiences, neurotic personality traits and/or difficulties in managing external stressors. They are prone to experience depression and anxiety and may use gambling to modulate negative mood states or to meet other psychological needs. Due to their negative developmental history and poor coping skills, these gamblers have difficulty in controlling their gambling and may be best advised to abstain.

“Biological” gamblers: The third and irremediable group of gamblers comprises those whose gambling is linked to neurological or neurochemical dysfunction reflecting impulsivity and attention-deficit features. It is conjectured that these gamblers may have a specific allele at the D2 receptor gene site. They tend to respond poorly to treatment, and are unlikely to succeed, either in abstaining from gambling or gambling within limits.

Although Blaszczynski’s pathways model highlights the heterogeneity of pathological gamblers, shared aspects of their gambling experiences are clearly acknowledged. These include the excitement, dissociation and increased heart rate experienced during play and the influence exerted by ecological variables, such as public policy initiatives that increase the availability of gambling facilities and enhance access to these facilities. In addition, Blaszczynski argues that gambling behaviour is consolidated by classical and operant conditioning processes and fostered by irrational beliefs about the likelihood of winning. As the reinforcing properties of gambling and irrational cognitive schemas combine to promote more frequent episodes of gambling, individuals may start to gamble more intensely

in the hope of recouping financial losses. Unfortunately, they may simply lose more money and worsen their financial position.

From a clinical perspective, Blaszczynski's typology implies that formal helpers need skills in various management strategies and treatment interventions. Specifically, "normal" pathological gamblers may respond to minimal interventions and benefit from self-help groups such as Gamblers Anonymous and self-help educational materials. Emotionally vulnerable gamblers who seek comfort through the dissociation produced by gambling are likely to require more extensive psychotherapeutic interventions. These include stress management and problem-solving skills, as well as interventions designed to resolve intrapsychic conflicts and enhance self-esteem. When gambling has biological correlates, clinicians may need to address problems associated with attention and organizational deficits, emotional distress, stress management and problem solving skills. Medication (e.g., Prozac) to reduce impulsivity may further assist gamblers of this type.

Predictably, Blaszczynski's pathways model has attracted a number of criticisms. Peele (2000) concedes that the severity of pathological gambling could well be related to the likelihood of resumption of non-pathological gambling, but disputes the notion that there are distinct demarcation points of gambling severity indicating distinct syndromes with distinct causal factors and distinct responses to treatment. In his view, the movement of individuals from one group or outcome to another refutes the notion of distinct gambling types and there is no reason to assume that individuals who are unresponsive to treatment at one point in time will necessarily remain so.

Blaszczynski's suggestion that one type of pathological gambling is genetically determined by a gene linked to alcoholism and other addictions remains controversial. At one extreme, Peele (2000) asserts that this connection is not only unlikely but has already been

disproved. Toneatto & Millar (2004) are more circumspect but conclude that available evidence for a genetic contribution to problem gambling is weak. A major American report (Pathological Gambling: A Critical Review, 1999), reserves judgement, on the one hand noting that there is accumulating evidence regarding the role of biological factors in the etiology of pathological gambling, and on the other hand cautioning that firm conclusions cannot be drawn until well controlled studies have sifted out the independent contributions of molecular, biological, genetic and social factors.

Binde notes that other involvement models differ from Blaszczynski's in the sense of having a greater sociological emphasis. Bernhard's (2007) model is cited as one example. This model refers to biological, psychological and social factors as well as positing a further layer of "sociological imagination". Aiming to improve the treatment of problem gamblers, it assumes that individuals who gamble to excess will be better placed to resist gambling urges if they understand the sociological dimension of their behaviour (e.g., the commercial orientation of the gaming market and the politics of gambling regulation), rather than being left to believe that their behaviour simply reflects some individual pathology or weakness of character.

2.4 Tackling Problem Gambling in Australia

Current Policies and Programs and Ongoing Controversies

Historically, problem gambling has been examined mainly from a psychological perspective and viewed as a behavioural problem experienced by particular individuals. Over time, the repercussions of problem gambling for members of the problem gambler's family and wider social networks have also been recognized and seen as an important area for public policy development. As noted by the Productivity Commission (2009), all state and territory governments in

Australia now provide free treatment services for problem gamblers and individuals who are adversely affected by their behaviour. These services include: (i) 24 hour gambling help-lines offering counselling, information and referral services; (ii) websites providing information, online counselling, self-help therapy and tools; (iii) face-to-face counselling, including intensive clinical therapy, financial and relationship counselling and group support.

Today, problem gamblers are considered to be a heterogeneous group whose gambling behaviour is driven by varied constellations of biological, psychological, family and environmental factors (Peele, 2001). Reflecting and fuelling this shift in understanding, theorists such as Korn & Shaffer (1999) contend that problem gambling is best tackled from a public health perspective. Under this perspective, problem gambling is construed as a public health issue and placed in its broader social and economic context. Hayward & Coleman (2004: 5) also applaud the public health perspective, arguing that it moves beyond a narrow and individualistic view of problem gambling and provides a wide lens for analysing the costs and benefits of gambling, the effects of gambling on different social groups and possibilities for preventive and remedial intervention. Citing Korn, Gibbins & Azmier (2000), they summarize the essence of this perspective as follows:

A public health approach emphasizes the prevention of gambling-related problems and harm reduction to decrease the adverse consequences of gambling behavior. It addresses not only the risk of problems for the gambler but also the quality of life of families and communities affected by gambling. It takes into consideration the multiple biological, behavioral, socioeconomic, cultural, and policy determinants influencing gambling and health. A public health approach encourages a life-cycle approach to measuring social and economic impacts, one that recognizes significant changes in the social context within which gambling takes place. It embodies public health values that reflect concern for the impact of gambling expansion on vulnerable, marginalized and at risk population groups. Finally, a public health framework recognizes that there are both costs and benefits associated with gambling.

In Australia, the Productivity Commission (2010) has taken a public health and consumer approach to problem gambling, contending that the core aim of policy should be the prevention and amelioration of the detriment people face when either they or others gamble. This detriment (or the risk of it developing) can be assessed or measured in several ways. These include: (i) ascertaining the incidence and prevalence of cases where gamblers (or others around them) suffer adverse consequences; (ii) establishing the costs or harms associated with gambling on the community in general; and (iii) identifying aspects of the environment and its interaction with consumers that increase the likelihood of harm.

Consonant with the preventive and environmental emphases of the public health perspective, a number of jurisdictions have already implemented policies aiming to minimize the likelihood of gambling-related harm. Specific initiatives include: setting 'caps' on EGM numbers based on simple measures such as gaming machine density, instituting licensing criteria and processes, limiting the maximum bet that can be made on EGMs in hotels and clubs and requiring venues to pay winnings above \$1,000 in the form of a cheque or an electronic funds transfer. The value of these measures is controversial; for example, McMillen (2009) argues that caps policies wrongly assume that venues primarily attract local residents and that current licensing processes are defective.^{12 13}

¹² Elaborating on this point, McMillen & Pitt (2005) refer to a study they conducted in the ACT in 2004-05. The study appraised recent reforms requiring venues to pay gaming machine winnings above \$1,000 as either a cheque or electronic funds transfer. It found support from recreational and problem gamblers for the new policy; however, the authors note that there was insufficient evidence to indicate whether the policy had been effective in preventing or reducing problem gambling. It appeared that restrictions on cash payment of winnings had affected gambler behaviour, but many gamblers were bypassing the restriction (e.g. by gambling their winnings down) so that they had cash to continue play.

¹³ McMillen (2009) notes that although many regulators require applications for venue/EGM licences to identify the potential impacts on disadvantaged groups/areas, social capital assessments of community capacity and/or resilience are not required. Moreover, regulators do not always monitor the actual impacts or changes around a venue after a licence is granted. This is an issue of special concern when localities experience development or decline.

A further initiative being mooted at the present point in time is that of voluntary pre-commitment. Under this scheme, participants decide what money (and/or time) they wish to pre-commit to gambling and receive an electronic player card (smart card) which monitors their gambling activities. Although commentators such as Clarke (2008) suggest that voluntary pre-commitment schemes will help both problem and recreational gamblers to limit their expenditure, others are cautious. As Hare (2010) points out, the extent to which members of either group will accept and use smart cards is not yet clear.

In summary

Accumulating research findings suggest that problem gambling is governed by a complex set of interrelated causes and determinants ranging from biology and family upbringing to social norms and legal statutes. The number of problem gamblers in Australia is not great, but it is reasonable to assume that if public participation in gambling continues to rise, more and more people will be at risk of developing gambling problems. At present, the policy and regulatory environments for Australian gambling vary from jurisdiction to jurisdiction. By extension, gambling accessibility, participation patterns and problem gambling prevalence also vary from jurisdiction to jurisdiction. As McMillen (2009) advises, one challenge for the future is to gather evidence to inform and develop practical intervention strategies tailored to the needs of particular regions and groups. Another is to develop and implement national standards of consumer protection and service delivery for all Australians, irrespective of their socio-cultural background or place of residence.

3 EFFECTS OF PROBLEM GAMBLING ON FAMILY MEMBERS

3.1 Family Functioning as a Public Health Issue

Sustaining positive family functioning is an important public policy issue given that robust family relationships help to develop and maintain people's sense of self-worth, meet their needs for affection and intimacy and confer a sense of security (Seeman, 2000; d'Abbs, 1991). Problem gambling has the potential to disrupt family functioning in a variety of ways, and the pressures it creates may take a heavy toll on immediate and extended family members. Negative effects associated with problem gambling have now been identified in relation to gamblers' spouses and de facto partners (Lorenz & Yaffee, 1988; Patford, 2008), siblings (Lorenz, 1987) and children (Jacobs, Marston, Singer, Widamen, Little & Veizades, 1989; Patford, 2007a). The difficulties encountered by the gambler's parents and parents-in-law have likewise been documented (Heineman, 1989; Moody, 1989; Patford, 2007b). In light of steadily accumulating findings, Korn's (2001) claim that gambling-related family problems warrant a central place amongst other key public health issues is eminently reasonable.

3.2 Changing Views of the Role Played by Marital or de facto Partners

Gamblers' marital and de facto partners are clearly likely to bear the brunt of problem gambling and are especially vulnerable when they are emotionally or financially dependent on the gambler. Given their "at risk" status, the paucity of research on their experiences is surprising. Two small-scale Australian studies (Dickson-Swift, James &

Kippen, 2005; Patford, 2007) have recently been published, but the bulk of the literature is dated and of British or American origin. Informed by the tenets of systems theory in general and family systems theory in particular, early publications (i.e., those dating back to the 1970s and 1980s) concerning gambling and other addictions do not always view addiction as a problem experienced by a particular family member. Rather, an addiction is seen as the product or symptom of family pathology which is expressed in the form of dysfunctional family relationships (for discussion, see Kaufman & Yoshioka, 2004). In line with the construct of circular causality (i.e., the notion that family members reciprocally influence each other's behavior over time), dysfunctional relationships are deemed to emerge as the family unit struggles to adjust to the presence of an addicted person and to accommodate the consequences of this person's behaviour. The children of a problem gambler, for example, may attempt to alleviate or forestall gambling-related problems by functioning as the gambler's caregiver, thereby reversing the standard pattern of family role relationships (Steinglass, Bennett, Wolin & Reiss, 1987; Usher, Jay & Glass, 1982).

Notions of codependency are likewise evident in research and clinical publications emanating from this early period. Brought to public attention in 1987 via Melody Beattie's classic best seller titled *Codependent No More*, the term codependency was initially applied to people whose relationships with others appeared to serve as a primary source of self-worth and identity. Although formal definitions vary, the term usually denotes a psychological condition or relationship in which one person is controlled or manipulated by another who manifests some form of pathology. The spouses and immediate family members of alcoholics and drug abusers have traditionally been characterized as codependent (see Futterman, 1953; Edwards, Harvey & Whitehead, 1973); however, codependency is also believed to infuse everyday relationships between friends, romantic partners, work

colleagues and community members (Wetzler & Cole, 1998; Westermeyer, 2005).

Codependency is a significant construct in the field of addictions partly because it imputes personal deficiencies to the partners of problem gamblers. As indicated above, theorists and clinicians who subscribe to this construct see partners as having a disturbed personality or an emotional disorder which leads them not only to gravitate towards people with addiction problems but to perpetuate these problems so that their own psychological needs are met. Exemplifying this perspective, Darvas in Lorenz (1987) argues that the female partners of problem gamblers lack self-esteem and are consequently attracted to risk-taking men with a flair for “macho independence”. Along similar lines, other theorists (e.g., Franklin & Thoms, 1989:136; Steinberg, 1993), allege that due to their low self-esteem, unrealistic expectations and rescue fantasies, partners are liable to facilitate problem gambling behaviour and to sabotage treatment programs.

Today, shortcomings in systems theory and codependency theory are widely acknowledged. Systems theory is alleged to neglect gender differences in regard to power and status and to underplay the destructive impact of an addicted person on the family (Goldner, in Peled & Sacks, 2008). Theories of codependency are deemed to lack empirical support; for example, Rotunda & Doman (2001) observe that studies concerning alcoholism find little indication that the wives of alcoholic and non-alcoholic men have different personality profiles. A further and common complaint is that the construct of codependency pathologizes partners, neglecting positive aspects of their behaviour and treating their willingness to empathize and care as a character flaw rather than as a manifestation of prosocial values and beliefs (Collins, 1993; Hurcom, Copello & Orford, 2000; Peled & Sacks, 2008; Westermeyer, 2005).

3.3 The Stress-Strain-Coping Support Model

More recent publications are sympathetic to partners, suggesting that although they may sometimes cope in dysfunctional ways, they are not necessarily responsible for the advent and maintenance of gambling disorders. The Stress-Strain-Coping Support Model [SSCS] constitutes an alternative theoretical approach that has gained currency over time. Initially developed and promulgated in relation to substance abuse problems (Ibanga, Copello, Templeton, Orford & Velleman, 2008), the SSCS model is reasonably extrapolated to gambling problems. Departing from previous conceptualizations, it treats family members as the centre of interest and emphasizes the chronic stress they are liable to experience.

Four basic postulates can be outlined as follows:

- * *Stress*: Living with a relative who is gambling to excess or misusing alcohol and drugs is stressful;
- * *Strain*: Concerned family members will experience strain, as manifest in physical and psychological symptoms;
- * *Coping*: Family members will try to deal with their life situation by using a range of coping strategies that may or may not be effective;
- * *Support*: The quality and level of social support that family members obtain will affect their capacity to cope.

Implicit in the SSCS model is a transactional approach to stress and coping whereby stressful experiences are construed as person-environment transactions (for exposition of this approach, see Lazarus, 1966). These transactions are shaped by the impact of the external stressor, which is mediated by a two-stage process of appraisal. The first stage involves the individual's judgments about the nature of the stressor and what is at stake; i.e., whether the stressor is deemed to be significant or unimportant, positive or harmful,

controllable or unmanageable. The second phase involves the individual's judgments about management resources and options; i.e., what he or she believes can feasibly be done to eliminate, ameliorate or capitalize on the stressor (Lazarus & Cohen, 1977; Antonovsky & Kats, 1967; Cohen, 1984).

As various theorists point out, stressors last for different periods of time and thus put different pressures on people's coping capacities. Although conceptual boundaries are blurred (for discussion, see Gottlieb, 1997; Wheaton 1997), acute stressors are commonly defined as those which involve time-limited events occurring once or intermittently. By contrast, chronic stressors are considered to involve open-ended situations and situations that may gradually unfold over time. Each form of stressor has particular implications for coping. Dealing with acute stressors may involve a relatively strong role for resources that are easily mobilized but only available for short periods. The management of chronic stressors may require more stable resources that are automatically rather than conditionally activated (Wheaton, 1997).

The Concept of Coping

The concept of coping warrants some discussion since it is central to the SSCS model. It has no universally agreed-upon meaning and according to Eckenrode (1991), is best considered as a general rubric or metaconstruct under which a number of phenomena are subsumed. In general, coping refers to the strategies people use to capitalize on stressors or alternatively, to pre-empt or minimize their deleterious effects. A more detailed definition offered by Folkman, Lazarus, Gruen & DeLongis (1986) suggests that coping encompasses people's cognitive and behavioural efforts to manage (i.e., to reduce, minimize, master, or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding personal coping resources.

Although coping involves adaptive processes, it is important to note that not all adaptive processes are viewed as coping. Following the work of Lazarus & Folkman (1984) coping has traditionally denoted a subset of adaptational activities; namely, those which involve effort. Consonant with this distinction, coping responses are usually conceptualized as purposive strategies; i.e., as behaviours and thoughts that are "... consciously used by an individual to handle or control the effects of anticipating or experiencing a stressful situation" (Stone & Neale, 1984: 893). This conceptualization excludes simple and relatively automatic reactions as well as psychodynamic processes of which the individual is unaware. It facilitates research by allowing researchers to gather self-reports from individuals who are trying to deal with stressful experiences in naturally occurring contexts.

The distinction drawn between effortful and non-effortful activities obviously sets boundary lines which ensure that coping does not become a broad and nonspecific term encompassing all responses to the daily demands of life. Nonetheless, some theorists assert that the emphasis on effortful processes has not been cost free (Compas, Connor, Osowiecki & Welch, 1997). One problem is that coping researchers have failed to recognize how involuntary processes may influence coping and how coping may trigger non-volitional responses to stress. Another is that possible interactions between effortful and involuntary processes have been somewhat overlooked in studies concerning coping outcomes.

Numerous coping strategies are identified in the coping and help-seeking literatures. These strategies include problem solving (e.g., making a plan of action and following it), cognitive restructuring (e.g., concentrating on the positive elements in a situation), distraction (e.g., trying to engage with pleasant thoughts or activities), seeking social support (e.g., approaching others for advice, comfort or information), social withdrawal (e.g., trying to avoid contact with others), wishful thinking (e.g., wishing that a problem had never emerged), denial

(unconsciously trying to avoid the problem) and emotion management (e.g., escaping from negative thoughts and feelings by consuming drugs or alcohol).

Theorists attempting to classify coping strategies often distinguish between strategies geared to confront a problem (sometimes called direct action or problem-focused coping) and strategies geared to avoid a problem and/or to change the thoughts and feelings it provokes (sometimes called palliative coping, emotion-focused coping or avoidance coping). These two forms of coping are not mutually exclusive and may often be complementary (Folkman et al., 1991; Snyder & Dinoff, 1999: 10). On some occasions, a direct assault on a problem may not be feasible or may have negative side effects; indeed, palliative coping may be the only option available to people who find themselves in an intractable situation. By implication, one measure of coping efficacy is whether the individuals experiencing a stressor have accurately assessed its nature and the means available to deal with it. An over-estimate of a stressor's magnitude may trigger withdrawal from direct action and consequent loss of opportunities for personal mastery and growth. An under-estimate of personal capacities and resources may have the same result.

Given that there are many possible ways of coping, it is reasonable to consider why people deploy some strategies rather than others. The nature of the stressor is likely to shape people's responses by virtue of structuring appraisal processes and perceptions of coping goals and tasks. (Flemming, Baum & Singer, 1984). People's coping resources are also relevant. According to Folkman, Chesney, McKusick, Ironson, Johnson & Coates (1991), these resources include: personal skills and abilities (e.g., analytic and communication skills), tangible resources (e.g., money to purchase goods and services), social resources (e.g., friends and relatives who can provide advice or comfort), psychological and physical resources (e.g., beliefs regarding self-efficacy and good health) as well as institutional, cultural and political resources (e.g.,

agencies and lobby groups willing to assist in developing public policies or laws).

Coping is likely to be further shaped by the social context in which it occurs. As noted by Wethington & Kessler (1991), coping has traditionally been treated as a dimension of individual behavior, since it pertains to the manner in which individuals act on their own behalf. In reality, coping often occurs in social situations where a variety of people are involved with a stressor, either because they helped to create it or because they are trying to deal with it. Pursuing this point, Gottlieb & Wagner (1991) argue that people in close relationships will normally compare their responses to a stressor and respond to one another's coping efforts. Each person faces the challenge of moderating his or her own coping efforts so that the coping of others is not disrupted and their support and cooperation are maintained.

As indicated above, one coping strategy is to seek social support. A global and multi-faceted construct, social support subsumes other constructs such as social embeddedness (i.e., connections with significant others); perceived social support (i.e., views about the availability and adequacy of social ties) and enacted social support (i.e., forms of social support actually provided) (Barrera, 1986). Theorists such as Thoits (1986) argue that social support is reasonably conceptualized as coping assistance, suggesting that people under stress may be assisted emotionally (e.g., by receiving comfort, encouragement and a sympathetic hearing), practically (e.g., by receiving financial assistance, material goods or services) and in an informational sense (e.g., by receiving advice, information and suggestions as to how life events might best be interpreted). By virtue of receiving social support, people under stress may be better placed to fulfill their normal role obligations and to avoid destructive forms of coping such excessive eating or drug abuse (for discussion, see Caplan, 1976; Eckenrode (1991); Krause, 1986; Langford, Bowsher, Maloney & Lillis, 1997; Silver & Wortman, 1980).

Despite the postulated benefits of social support, empirical findings are mixed. A number of studies indicate that actual support transactions do not always increase adjustment to stressful life experiences (Cutrona, 1986; Eckenrode & Wethington, 1990; Wethington & Kessler, 1986). It is possible that the benefits of social support come at a cost to self-esteem; i.e., people who receive support may become more aware of their difficulties in coping (Bolger, Zuckerman & Kessler, 2000). Outcomes may also hinge on the quality of support provided. As Gottlieb & Wagner (1991) observe, significant stressors often affect a number of family members. Because they are struggling to preserve their own psychological equilibrium, these family members may not be well placed to meet others' needs.

3.4 Impact of Problem Gambling on Marital and de facto Partners

Difficulties commonly encountered by the marital and de facto partners of problem gamblers are now identified in a number of empirical studies and commentaries. In brief, partners are reported to face financial, psychological and social stressors. Specific stressors include the loss of money and goods, domestic arguments, disturbances in relationships with relatives and friends, pressure from the gambler's creditors, legal proceedings and the imposition of new tasks and responsibilities due to the gambler's absences, preoccupation and neglect of family roles (Abbott, Cramer & Sherrets, 1995; Grant Kalischuk & Cardwell, 2004; Grant Kalischuk, Nowatzki, Cardwell, Klein & Solowoniuk, 2006; Heineman, 1987; Lorenz, 1987; Lorenz & Shuttlesworth, 1983; Patford, 2008). It is worthwhile to note that the emergence and growth of gambling-related difficulties may not be quickly or fully appreciated by partners. The reasons for this include partners' limited awareness of the signs of problem gambling, as well as the gambler's lack of symptoms and willingness and capacity to

deceive (McComb et al., 2009; Patford, 2008; Tepperman, 2009: 166-172). As a consequence, partners may be caught off guard and overwhelmed by problems that have grown in magnitude and complexity over time.

Early commentaries regarding the partners of problem gamblers suggest that these individuals proceed through a series of stages. Wexler, in Lorenz (1987) contends that the wives of gamblers initially try to deny situational realities, but as problems mount and psychological defenses crumble, their level of stress escalates. Eventually, they are overcome by exhaustion. Analogously, Tepperman (2009: 112-133) suggests that relationships between problem gamblers and their marital or de facto partners take the form of a downward spiral as one difficulty precipitates or compounds another. Growing interpersonal tensions around gambling may provoke verbal and physical aggression: Lesieur (1989) reports that 87 per cent of problem gamblers ridiculed, embarrassed or belittled their wives in front of children. Lorenz & Shuttlesworth (1983) state that 43 per cent of their respondents mentioned emotional, physical and/or verbal abuse. Interpersonal tensions may also lead to sexual difficulties: both problem gamblers and their spouses have been found to describe unsatisfying sexual relationships (Lorenz & Yaffee 1986; 1988). Some gamblers express no sexual interest during intense gambling periods (Tepperman, 2009: 307) and some find wagering more stimulating than sex (Steinberg, 1993).

Unsurprisingly, the partners of problem gamblers are reported to experience many negative emotions such as anger, depression, loneliness, confusion and despair (Lorenz & Yaffee, 1988). Some attempt suicide: Lorenz & Shuttlesworth (1983) state that 12 per cent of the 144 individuals who responded to their survey had made a suicide attempt. In some instances, they concede that their own attitudes and behaviour have contributed to the problem gambling and feel a sense of guilt (Lorenz & Yaffee, 1988; Patford, 2008).

Uncertainties regarding the extent of the gambler's personal culpability tend to compound their distress (Patford, 2008). The physical health problems experienced by partners are now well documented. According to Patford (2008), female spouses report stress-related physical symptoms such as insomnia and fatigue. Lorenz & Yaffee (1988) likewise report that spouses cite illnesses such as headaches, gastrointestinal conditions, vertigo, asthma and high blood pressure. In addition, partners are reported to compromise their own health by overeating in the face of pressure or increasing their intake of alcohol and drugs (Lorenz & Shuttlesworth, 1983; Zion, Tracey & Abell, 1991).

Partners' Efforts to Cope with Problem Gambling

Evidence regarding the manner in which partners try to cope with addictions in general and problem gambling in particular is gradually accumulating. Specific findings regarding the various ways in which family members' endeavour to manage addictive behaviours come largely from the field of alcohol and/or drug abuse. Studies in these fields suggest that family members experience many uncertainties and dilemmas in relation to coping (Velleman, Bennett, Miller, Orford, Rigby, & Tod, 1993), suffer from stress (Copello et al., 2000) and make heavy demands on health care services (Svenson, Forster, Woodhead & Platt, 1995). Recurrent elements in their experience include finding the user unpleasant to be with, and worrying, not only about the user, but family members overall (Orford, 1994; Orford, Rigby, Miller, Tod, Bennett & Velleman, 1992; Orford, Natera, Davies, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman, 1998). Krishnan & Orford's (2002) study deals specifically with problem gambling and involves family members such as the gambler's parents or partner. Its findings suggest that family members rely heavily on "engaged" forms of coping; i.e., strategies designed to monitor the gambler, reduce the gambler's control over finances and/or force the gambler into treatment.

Additional information regarding partners' coping patterns comes from a recent Australian study involving 15 women who viewed themselves as adversely affected by problem gambling (Patford, 2008). Interview data provided by these women indicated that they used a range of strategies to manage the gambler's behaviour. All reported that they took some form of direct action to curb the gambling. Their strategies included: challenging the gambler's ideas about winning; negotiating limits on gambling expenditure; retrieving the gambler from gambling venues; initiating shared leisure time activities; encouraging the gambler to develop new interests; directing the gambler's attention to family responsibilities; separating the gambler from fellow gamblers; avoiding gambling venues; speaking emotionally to convey the depth of their distress and leaving home temporarily to emphasize the fragility of the relationship. To varying degrees, they also tried to protect themselves financially by setting up separate bank accounts; monitoring ATM withdrawals; demanding that the gambler meet particular household expenses, destroying credit cards; saving money without the gambler's knowledge; paying household bills promptly, hiding their purse and overseeing family finances in general.

Some acknowledged that they enabled the gambling in various ways; for example, by offering loans or helping the gambler to pay off debts. A few referred to cognitive coping strategies, stating that they regulated negative emotions by conceptualizing the gambler as a victim and/or consciously focusing on positives in the relationship. In line with theorizing noted above, preferred coping strategies were by no means regarded as "fixed" or trouble-free; rather, participants usually mentioned negative side effects and/or double-binds, and disclosed that they changed their strategies over time.

Deciding to stay or to separate

Predictably, the literature suggests that when problem gambling does not remit, marital and de facto partners consider the pros and cons of

separation. Partners are reported to contemplate leaving and to make threats about leaving in order to put pressure on the gambler (Lorenz & Shuttlesworth, 1983; Tepperman, 2009: 177). Many do leave; for example, Lorenz & Yaffee (1988) state that 29 per cent of the spouses in their study had separated from the problem gambler. In Australia, it has been estimated that there are around 1600 gambling-related divorces and 1600 gambling-related separations annually (Productivity Commission, 1999).

In Patford's (2008) study of female partners, 11 of the 15 participants reported that they eventually decided to separate. This decision was not taken quickly or lightly, and some subsequently returned to the relationship for reasons that included the welfare of children and religious or philosophical convictions. Those whose separation was delayed tended to explain this phenomenon with reference to their own traits or beliefs; for example, one described herself as "a rescuer" and another said she had previously believed it was possible to show her husband "a different way". Others recalled that they were initially daunted by the practicalities of leaving, mentioning barriers such as geographic isolation, limited income, lack of family support and/or the prospect of pursuit by a possessive and violent partner. Those who chose to stay sometimes declared that a flawed relationship was preferable to the stigma of separation and a life lived alone. Alternatively, they lowered their expectations and cited positives in the relationship that justified a provisional decision to stay.

3.5 Impact of Problem Gambling on Children

Early studies regarding children living in problem gambling families not only highlight their wide-ranging difficulties, but their propensity to be "most victimised by the illness" (Lorenz, 1987, p.83). More specifically, Lorenz (1987) concludes that the children of problem gamblers experience abuse, emotional deprivation and poor role modelling, and

are prone to display problematic behaviours. Lesieur & Rothschild (1989) note that they are often managed inconsistently, at times being “doted upon” and other times “ignored”. Studies also highlight children’s emotional distress, referring to their hurt, anger, depression and confusion, as well as to their feelings of helplessness and abandonment (Lesieur, 1992; Lesieur & Rothschild, 1989; Lorenz & Yaffee, 1988). Franklin & Thoms (1989: 140-142) highlight the difficulty of voicing these negative feelings within the family and note that children may not receive an adequate response if they do. Additional findings suggest that children are subject to violence; for example, Lorenz & Shuttlesworth (1983) report that around 10 per cent of the problem gambling parents in their sample physically abused their children. Gamblers’ partners appear to have the greatest propensity for violence: Lesieur (1989) notes that only 8 per cent of problem gamblers were abusive to their children as compared with 37 per cent of problem gamblers’ spouses.

Studies focusing on high school children whose parents have serious gambling problems likewise paint a negative picture, indicating that these children have inadequate stress management and coping skills and poor interpersonal relationships (Jacobs, 1989; Jacobs et al., 1989). Behavioural problems (e.g., children’s running away from home, criminal activities, poor school performance and drug and alcohol consumption), are noted by Jacobs et al. (1989) and Lorenz & Shuttlesworth (1983). In addition, the literature suggests that children whose parents have serious gambling problems are liable to experience difficulties in later adolescence and adulthood, and relative to peers, have an increased risk of becoming gamblers themselves (Browne & Brown, 1993; Fisher, 1993).

Especially worthy of note is a recent and large (N=1852) community-based study undertaken by Vitaro, Wanner, Brendgen & Tremblay (2008). In this study, the researchers compare the offspring of problem gamblers (n=42) to the offspring of parents without gambling problems

(n=100), firstly to ascertain whether the two groups differ in respect to depressive feelings and conduct problems, and secondly to establish whether ineffective parenting or the offspring's own gambling problems play a mediating role. Results show that children of parents with gambling problems report more depressive feelings and more conduct problems by mid-adolescence than do the children of parents without these problems. Children of problem gamblers experience an increase in their depressive symptoms from mid-adolescence to early adulthood, with ineffective parenting (and not children's gambling problems) mediating most of the links between problem gambling and children's adjustment problems. The researchers assert that this is the first study to compare the children of problem gamblers to the children of parents without gambling problems at two developmental periods. It extends previous findings by (i) showing that children's problems persist and possibly increase until early adulthood; (ii) excluding the possibility that these linkages flow from uncontrolled third variables such as low socioeconomic status or associated mental health problems and (iii) illuminating the mediating role of ineffective parenting for the offspring of problem gamblers.

Children's experiences and perspectives in regard to problem gambling are further explored in an Australian study conducted by Darbyshire, Oster & Carrig (2001). In contrast to other studies using adults as intermediaries, this study draws on interviews with children themselves. Participants were 15 young people, aged from 7 to 18. On the basis of their analyses, the researchers suggest that children living with a problem gambler are likely to experience both tangible and intangible losses. Tangible losses potentially encompass: reductions in family income, a less adequate diet, diminished school opportunities, a lack of holidays and outings and the sale of the family home. Intangible losses include a diminution in parental affection and care, a weakened sense of connectedness with extended family members and dwindling feelings of hope in regard to the future. While some children experience a sense of guilt or responsibility for their family's

unhappiness, others perceive excessive parental gambling as central to family difficulties and are keenly aware of the price that they and their siblings must pay.

Studies concerning adult children

Adult children (N=15) feature in another Australian study conducted by Patford (2007a). All of the adult children involved in her study reported that one or both of their parents had developed gambling problems in middle or late life. With one exception, they reported that the implications of parental gambling were sinister and indeterminate, in the sense that negative and unexpected changes in the gambler's personality and behaviour undermined long held assumptions about his or her "true" character and proclivities. These changes evoked a swathe of emotions ranging from anger and contempt to empathic concern. While some adult children believed that the pre-gambling parent could still re-emerge, others were less sure. Worries about the non-gambling parent were commonly expressed. This parent was seen to have strengths, but was also portrayed as passive, vacillating and naively persistent in bailing the gambler out. In some instances, adult children said that they had urged the non-gambling parent to separate and felt frustrated when this did not happen. To reduce the level and frequency of domestic conflict, several said they had become the family peacemaker and/or the non-gambling parent's major confidante and advisor.

Although a number of the adult children involved in Patford's study were financially independent and had left the family home, all described some form of financial loss. Several remarked that they received little from their parents by way of gifts or loans and would eventually be disadvantaged in terms of inheritance. Two lost their place of abode when the parental home was sold to recoup gambling debts, and four lost savings and personal possessions due to the gambler's theft or failure to repay loans.

With reference to coping, all of these children said that they tried to curb the gambling in various ways. Their strategies included: logical disputation; distraction; monitoring the gambler's whereabouts; keeping the gambler company; limiting the gambler's access to the family vehicle; organizing family activities that were incompatible with gambling and urging the gambler to seek formal help. In addition, they tried to protect the non-gambling parent; for example, one intercepted the family mail to ensure that the gambler did not hide bills. Two acknowledged that they sometimes enabled the gambling in the sense that they did not ask the gambler to return borrowed or stolen money. Over time, they sometimes tried to distance themselves and used various forms of cognitive coping to regulate negative emotions. Along these lines, one woman described herself as increasingly fatalistic and another recounted fantasies of revenge against poker machines.

3.6 Impact of Problem Gambling on Extended Family Members

Studies of problem gambling tend to focus on immediate rather than extended family members, but some findings suggest that the latter group is also adversely affected. Indeed, parents and parents-in-law may become major sources of support if the gambler requests this or has no partner to turn to (Patford, 2007). Unfortunately, the literature dealing with extended family members is largely observational in nature and presents clinicians' assessments of individuals in treatment (see Heineman, 1989 & 1994; Lorenz, 1987). Predictably, the gambler's parents receive most attention. In early publications, they are usually presented as victims who are manipulated and exploited by the gambler and as facilitators or enablers whose coping responses help to shield the gambler from negative realities. Along these lines, Wanda & Foxman (1971) suggest that parents are overprotective and overindulgent for fear losing the gambler's affection. Lorenz (1987) argues that both parents initially deny the existence of a gambling

problem, and then take different stances, with mothers being more protective and enabling than fathers. In the contemporary literature (Grant Kalischuk & Cardwell, 2004; Krishan & Orford, 2002; Orford, 1994; Patford, 2007b) parents and other extended family members are more positively portrayed as informal helpers who attempt to assist the gambler, even when this involves considerable personal cost.

A recent Australian study by Patford (2007b) gives insight into the experiences and perspectives of extended family members. Participants in her interview-based study were 14 females and 1 male, aged between 43 and 76. Nine of these participants identified the problem gambler as a daughter or daughter-in-law; 6 identified the problem gambler as a son. In line with other findings concerning partners and children (Crisp, Thomas, Jackson & Thomason, 2001; Franklin & Thoms, 1989; Lorenz & Shuttleworth, 1983; Lorenz & Yaffee, 1988), these participants reported that stresses connected with gambling generated negative emotions and either triggered or exacerbated health problems such as depression, anxiety, insomnia, dermatitis and high blood pressure. Like partners (see above), they were often confused as to the reasons for the gambling, and wondered if they had somehow been responsible. Overall, their comments suggested that children's gambling problems complicated and spoiled their lives, causing them to lose not only money, but time, relationships and peace of mind.

Strains in the parent-child relationship were often noted; indeed, participants suggested that conflicts over gambling and lifestyle in general tended to damage the core of the filial relationship, curtailing social contact and intimate exchange. As one mother observed, her son chose not to disclose certain aspects of his life, and she refrained from enquiry. Despite complex and ambivalent feelings towards the gambler, some had provided financial, practical and emotional support for long periods of time and could not disengage: "I really don't want to be associated with him [her son]. I am ashamed of the way that he

lives... But he is my son, you know. And every now and then, I'll go around there and I'll just call in or visit.”

In line with earlier empirical findings (Heller et al., 1997; Heineman, 1989), these participants sometimes reported that the gambler's behaviour put pressure on their marital or de facto relationship. Tensions partly reflected different attitudes to gambling and different levels of investment in the gambler's care. One said her partner was dismissive of her worries since he gambled himself; another said her ex-husband preferred to avoid unpleasant realities. Several participants described more general disturbances in family relationships, noting the need to monitor the gambler's relationships with siblings and the importance of protecting siblings from the gambler's sponging and theft. Exploring siblings' feelings, one mother observed that they resented not only the turmoil that their brother's gambling caused, but the disproportionate amount of parental attention and resources that he received.

Consistent with previous findings regarding partners (see above), participants in this study described a range of coping strategies. All said they had taken steps to curb the gambling, with some admitting that they occasionally behaved in tolerant or facilitative ways. At an extreme, one mother argued that her daughter was addicted and would gamble no matter what. For this reason, she drove her daughter to the local casino and sought loans from her other children when her daughter was broke. Problems and quandaries in coping were often noted; for example, one participant debated whether she should inform her son that his wife was gambling again.

3.7 Help-seeking by Problem Gamblers, Partners and Other Family Members

It is well known that people with problems do not always seek help and may not choose helpers in a (purely) logical way. Rather, emotional and social factors usually lead them to contact various lay, professional and semi-professional helpers until their difficulties are resolved or their options are exhausted (Pescosolido, 1992). Studies suggest that help seeking is delayed when people do not believe they have a significant problem, cannot pinpoint the nature of their problem or prefer to deny unpleasant realities (Boughton & Brewster, 2002; Golan, 1969). People who do recognize a problem may not seek informal help because they have no friends or family to turn to or because they dislike being indebted to others (Greenberg, 1980) and/or have concerns about stigma, privacy and autonomy (Fisher, Nadler & Whitcher-Alagna, 1982; Patford, 2008; Wilcox, 1986). External constraints in the form of monetary costs, transport difficulties, time-limitations and general inconvenience may also discourage the use of formal services (Acosta, 1980).

In line with the above, problem gamblers have been found to identify various barriers to help-seeking. One Canadian study (Hodgins & El-Guebaly, 2000), concludes that gamblers' desire to handle problems independently is a major factor inhibiting help-seeking. Other inhibiting factors include feelings of embarrassment and pride, ignorance regarding the accessibility and nature of treatment, an inability to share problems and concerns about stigma. Interestingly, participants in this study rarely cited negative attitudes to treatment and treatment costs as barriers to help-seeking.¹⁴

¹⁴ Extra information about barriers perceived by gamblers and members of their family comes from a recent Australian study conducted by Rockloff and Schofield (2004). This study involved 1203 adults living in Central Queensland, selected via random digit dialling. Data was gathered by means of questionnaires. When analysed, participants' questionnaire responses revealed 5 potential barriers to treatment; namely, availability, stigma, cost, uncertainty and avoidance. Treatment costs as well as the availability and effectiveness of treatment appeared

Problem gamblers' use of formal services

A number of studies have explored problem gamblers' use of formal services. In general, their findings suggest that problem gamblers tend to decline treatment or seek treatment only when their problems are extreme and their close relationships are at breaking point (Castellani, 2000; Cunningham, 2005; O'Connor et al., 1999; Wedgeworth, 1998). They are also reported to abandon treatment quickly, especially when they are grappling with more than one disorder (O'Connor, Ashenden, Raven & Allsop, 1999; Winters & Kushner, 2003). Gender differences in problem recognition and service use are noted in the literature; for example, one large study based on data drawn from 4764 members of the Australian Twin Registry Cohort II sample concludes that women with a history of pathological gambling are more likely than their male counterparts to recognize problematic gambling behaviour and to seek treatment for this behaviour (Slutske, Blaszczynski & Martin, 2009). In general, problem gamblers' failure to identify and use formal help sources is variously attributed to their ambivalence regarding change, negative treatment experiences and natural recovery and/or self-help processes (Delfabbro & Evans, 2003; Tepperman, 2009: 231-33).

Insights into the way in which problem gamblers evaluate formal services come from an Australian study conducted by Delfabbro and Evans (2003). Specifically, the gamblers in this study (N=77) expressed concerns about counsellors' qualifications, and sometimes indicated that counsellors who had no personal experience of gambling problems lacked credibility. They also voiced concerns about the slowness of intake processes, the lack of practical advice in regard to behaviour change and the embarrassment generated by group counselling in general and mixed-sex counselling in particular.

to be more salient for people with numerous gambling problems than people whose problems were few.

Additional insights into the problems broached by problem gamblers and treatment duration come from the Productivity Commission (2010). Citing data collected by Australian states and territories, the Commission notes that gamblers who seek treatment usually report problems associated with EGMs or identify EGMs as their preferred mode of gambling activity. Brief treatment appears to be the norm; for example, New South Wales data reveals a session-to-client ratio of 4 in 2007-08, with 30 per cent of problem gambling clients and 49 per cent of financial counselling clients receiving only one counselling session during the reporting period.

Family members' use of informal help-sources

As indicated above, excessive gambling tends to impose considerable pressure on members of the problem gambler's family, who may themselves benefit from informal and formal support. Unfortunately, research studies exploring their help-seeking experiences and preferences are still relatively scant. Findings reported by Patford (2007a; 2007b; 2008) address the use of informal help sources, indicating that while some family members withdraw socially, others obtain advice and emotional relief by talking to immediate and extended family members, friends and/or work colleagues. They are nonetheless wary of self-disclosure, mentioning stigma, the need to preserve the gambler's public reputation, their personal belief in the virtues of self-reliance and the potential to diminish helpers' goodwill by complaining too much. Unsurprisingly, their comments suggest that confidantes are carefully selected and sounded out before intimate revelations are made. As one parent in Patford's (2007b) study observed, she spoke only with her mother, who was discreet and able to give good advice because she knew the gambler (i.e., her grandson) well.

Family members' use of formal help-sources

Family members' use of formal help sources is explored in several studies. Predictably, findings suggest that some family members seek help for the problem gambler and some seek help for themselves (Patford, 2008). Their experiences are mixed; for example, an early study conducted by Lorenz & Yaffee (1989) concludes that gamblers' partners are sometimes dissatisfied with service providers' knowledge base, problem recognition, use of medication and inter-agency collaboration. More recent studies (Patford, 2007a; 2007b; 2008) suggest that formal agencies are generally deemed to be useful; however, some family members report negative experiences, such as feeling pressured, doubted or marginalized by particular service providers. The gambler's withdrawal from treatment is distressing for some family members, who may feel disillusioned with formal programs and more isolated and powerless as a result.

“Moving on” from problem gambling

As indicated above, some family members choose not to abandon the problem gambler, and if the gambling remits, this may be a very positive choice for both parties. Alternatively, some decide to sever their relationship with the gambler or to maintain limited forms of contact only. It is thus of interest to consider a recent Canadian study by Grant Kalischuk (2010) which used a grounded theory approach to explore the impact of excessive gambling on family members over time. Twenty-two families participated in the study, and 21 of these were involved in treatment for problem gambling. Data were gained via interviews with 37 family members.

The hypothesized process derived from the interview analyses comprises 7 interrelated, dynamic, and iterative elements. The first two elements, “trauma” and “trigger”, are specific to the problem gambler. These elements are fundamental to the initiation of problem gambling

and are referred to as the problem gambling platform. Trauma denotes a stressful life event or past unresolved loss that threatens the gambler's well-being. Trigger denotes some internal and/or external cue representing an inner struggle from which the gambler desires to escape.

Once problem gambling behaviour emerges, the gambler and other family members - individually and collectively - experience the five remaining elements in the process. Transition, the third life pathway, refers to family members' growing awareness and understanding in regard to a relative's gambling problems. Tension and turmoil refer to the consequent strain and upheaval in family members' lives. Transformation denotes a deliberate decision to address the problem gambling, either by the gambler or family members. It is conceptualized as a "fork in the road", since people may subsequently proceed to transcendence or termination. Transcendence is a healing phase, wherein family members start to rise above the difficulties associated with problem gambling, in some cases re-establishing channels of communication and working as a team. The alternative - termination - denotes some form of ending, such as separation or suicide, as a way of coping with problem gambling. In summary, Grant Kalischuk assumes that each family member processes his or her experience with problem gambling in a unique way. Concurrently, each family member influences, and is influenced by, other individuals within the family. By implication, gambling problems may be effectively addressed via relational, family-focused care (see McComb et al., 2009).

In summary

Problem gambling erodes family functioning in many significant ways. Findings from a number of studies indicate that family members are both the victims and enablers of gambling, and tend to feel hurt and confused. They also indicate that despite their complex and

ambivalent feelings towards the gambler, family members are often heavily involved in the provision of informal help and care. By their own account, they are committed and trusted caregivers, who struggle to do whatever seems best for the gambler at the time, simultaneously proceeding with their own life. Some feel daunted by the tasks of care giving, and some feel overtaxed. By implication, a potential role for formal and informal helpers is to facilitate and guide family members' involvement in the management of problem gambling, at the same time ensuring that they do not attempt to do too much, in too little time, at excessive personal cost. The next chapter will look more specifically at the issues facing men who are concerned about a partner's gambling. It will also discuss how the research project was shaped.

THE RESEARCH STUDY:

BACKGROUND AND DESIGN ISSUES

4.1 Background to the Research Study

Shortcomings in Early Studies

Early studies exploring the impact of problem gambling on gamblers' marital or de facto partners have a number of limitations. For a start, they largely involve white male gamblers in treatment and their (non-gambling) female spouses. They also tend to rely on participants involved in formal treatment programs, especially the group support programs offered by Gamblers Anonymous. As a consequence, they utilize data provided by couples who are most likely to have experienced complex and intractable problems (Mark & Lesieur, 1992; Gerstein, Volberg & Hanwood, 2004). By implication, generalizations to more diverse community samples or couples who have not sought treatment can only be made with caution. For Mark & Lesieur (1992), a further limitation is that the impact of gender is often neglected. As they point out, some researchers provide no details of participants' gender and/or fail to undertake any gender-related analyses. Others assume that their findings apply to women; for example, Rosenthal (1986) implies that his observations pertain to all pathological gamblers, even though the patients he describes are largely male.

Due to their male dominated samples and reliance on participants in treatment, early studies are now considered to provide limited insights only. As noted above, modern theorists acknowledge that problem gamblers are not a homogeneous group, contending that policy makers and treatment providers need to take gender and other demographic variables (e.g., age, ethnicity and socio-economic status)

into account. Some go further, asserting that research investigations should foreground women's experiences and needs. Along these lines, Mark & Lesieur (1992: 559) contend that women should participate more fully in sociological and psychological inquiries concerning gambling behaviours, since research that is generated and executed by men "...cannot help but reflect men's reality while ignoring women's reality." More recently, Bulcke (2007) argues that professional practitioners in various fields need greater knowledge about gambling addictions in general and the needs of female gamblers in particular if they are to address clients' gambling issues appropriately and develop women-sensitive and women-specific treatment programs.

Women's Increasing Participation in Gambling

A range of studies note that women are increasingly participating in gambling (see above). If this trend continues, more and more women will be at risk of developing gambling problems. Some theorists believe that the rise of internet gambling has the potential to increase women's problem gambling prevalence rate, given that internet users can gamble for long periods without detection and play multiple games for high stakes. As Corney & Davis (2010) point out, women who are housebound due to care-giving responsibilities or because they are ill, disabled or socially isolated may initially take up internet gambling as a form of entertainment or to relieve feelings of loneliness and boredom. Since a home computer can be accessed during periods of vulnerability and impulsivity, they may eventually start to gamble to excess and find this behaviour hard to change.

Lack of Knowledge regarding Male Care-givers

Current knowledge about male care-givers in general and male care-givers of problem gamblers in particular remains relatively scant. The paucity of information may partly reflect researchers' traditional

preoccupation with women's care-giving experiences and needs. This preoccupation is reasonable given that local and overseas estimates suggest that women still contribute more than men do in regard to domestic labour (i.e., domestic activities and shopping) and child rearing (Australian Social Trends, 2009). Relative to men, women also provide more care for the elderly and the disabled (Australian Social Trends, 2009; Houde, 2002).¹⁵ Women are more likely than men to be someone's primary care-giver: as noted in a report published by the Department of the Prime Minister and Cabinet (Families in Australia, 2008:27), nearly three quarters (71 per cent) of Australia's primary care-givers are women. Nonetheless, studies of men in primary care roles are gradually increasing, perhaps because men's contribution to care is expected to rise as national populations age, family sizes decrease, more adults separate and relocate and women maintain or extend their involvement in paid work (Houde, 2002).

Risks Associated with Caring for a Problem Gambler

As indicated above, the difficulties created by problem gambling are liable to take a considerable toll on the physical and emotional health of partners and other family members (see above). Partners are especially likely to feel overtaxed when the problem gambler is preoccupied and abnegating family responsibilities (Darbyshire al., 2001; Tepperman, 2009). In some instances, men involved with a problem gambler may be obliged to assume extra duties and responsibilities in regard to domestic labour and child care. When they are the main family breadwinner and already working long hours, this is obviously likely to be problematic. Financial losses flowing from gambling may compound their sense of stress. In Australia today, women are increasingly involved in paid work and their earnings are

¹⁵ Women's disproportionate involvement in care-giving is often attributed to socialisation processes which suggest that domestic work and care-giving are female responsibilities and responsibilities for which they are naturally suited. It is also attributed to economic arrangements (e.g., women's tendency to be paid less than men and to have disrupted employment by virtue of child-rearing), which mean that families are better off if men remain in the workforce (Ungerson, in Baldock, 1990:124-125).

often crucial to maintaining lifestyle and servicing debt. As noted by Arndt (2003), many Australian families enter the housing market as dual-earner couples before having children and commit a large proportion of their combined income to fixed-cost items such as cars, college fees, health insurance and homes in safe areas with good schools.

Living with a problem gambler may also entail considerable financial risk, given that personal or family money and property can be covertly appropriated for the purpose of gambling. Indeed, Brading (2005) suggests that a prompt separation is often partners' best option, since Australian laws regarding property division offer little protection to those who want to secure their financial position without separating, or alternatively, are trying to protect personal and/or family assets before their marital or de facto relationship finally breaks down.

It is worthwhile to note that a partner's ability to cope with gambling-related stressors may sometimes be exacerbated by a lack of social support. Valentine & Hughes (2010) point out that the gambler's partner or mother is usually the first family member to be informed about the nature and implications of a gambling problem, but may be expressly asked not to repeat what they have been told. Confidantes who choose to respect this stipulation are obviously unable to solicit the advice, practical assistance and emotional support that people in their family and wider social networks could potentially provide.

Partners' Capacity to Assist the Recovery Process

As indicated above, research findings suggest that problem gamblers are likely to seek formal help belatedly, and may do so only when a significant crisis has already emerged. Their reluctance to change and ambivalence in regard to help-seeking can be interpreted with reference to Prochaska and DiClemente's Stages of Change Model (Prochaska & DiClemente, 1982). Developed in the late 1970's and

early 1980's, this model essentially suggests that people attempting to recover from an addiction move through 5 stages, although they may not do so in a linear fashion. The key characteristic of people in the initial stage (Precontemplation) is that they are not yet seriously considering change. Those in the second stage (Contemplation) have begun to contemplate change but have yet to take action. In the third stage (Determination), people's fluctuating intention to act is gradually consolidated. People who reach the fourth stage (Action) finally take steps to alter their behaviour, and those who reach the fifth stage (Maintenance) sustain action for some time. The likelihood of relapse is acknowledged in this model; however, relapse is conceptualized as a retreat from the Action or Maintenance stage to an earlier one, rather than as a stage in itself.

Prochaska and DiClemente's model has implications for formal and informal helpers, in the sense of suggesting that assistance should be tailored according to the stage the addicted person has reached. For example, problem gamblers who are in the precontemplative or contemplative stages are likely to ignore information about formal help sources but may be willing to explore the consequences of their gambling behaviours, in both the short- and long-term.

Apart from helping problem gamblers to recognize the negative consequences of their gambling behaviour, what else can partners do to facilitate the recovery process? A number of possibilities are canvassed in both the gambling and wider addictions literature. Coppotelli & Orleans (1985) conclude that partners can sustain the change process by facilitating personal problem solving, buffering stress and promoting/rewarding the behavioural shifts necessary for recovery. Koshy, Mackenzie, Tappin & Bauld (2010) note that a partner's verbal encouragement can help to offset the undermining impact of other people's negative reactions. In addition, some theorists observe that partners can reduce the pressures on the problem gambler by negotiating the disclosure, management and interpretation

of gambling-related problems with other family members (Patford, 2007b; Valentine & Hughes, 2010).

Unsurprisingly, there is evidence to suggest that people who take steps to curb their addictive behaviours appreciate their partner's practical and emotional support (Hodgins & el-Guebaly, 2000; Marlatt & Gordon, 1985). This being said, it is important to note that relationships between problem gamblers and their partners are often tense and alienated. Indeed, Tepperman (2009: 241-262) reports that some of the couples who participated in his study were essentially living separate lives. In his view, the reconstitution of the marital or de facto relationship is an important springboard for change, given that a closer and more positive relationship may lead the gambler to see more value in preserving family ties, as well as diminishing his or her scope and inclination for surreptitious gambling activities. More specific options for partners include: reminding the gambler of the importance of family; insisting that the gambler share household tasks; monitoring household expenditure and financial records; undertaking recreational activities with the gambler and demonstrating a willingness to discuss, but not control, the gambler's behaviour.

When gamblers are willing to accept formal treatment, partners can obviously provide further assistance by identifying suitable help-sources and encouraging their use (see below). Unfortunately, there is evidence to suggest that male partners may pursue these possibilities less often than female partners do. Specifically, men have been found to hold less positive attitudes towards help seeking than women do (DePaulo, 1982), and to evaluate service quality less favourably (Wolcott, 1986). A common but broad-brush explanation for findings such as these is that male socialization processes encourage restricted emotionality and the projection of a dominant and self-confident image (for discussion, see Galdas, Cheater & Marshall,

2005; Robertson & Fitzgerald, 1992).¹⁶ Further enquiry is desirable in light of recent New Zealand findings suggesting that females (especially those who are concerned about Maori or Pacific gamblers) are more likely than males to seek help for someone else's problems (Abbott in Clarke et al., 2006; Ministry of Health in Clarke et al., 2006).

As Tepperman (2009: 299-301) points out, the partners of problem gamblers also have an important role to play in facilitating treatment completion and compliance. Treatment completion is important given that most gamblers who complete treatment show improved symptoms when interviewed in follow-up sessions (Grant, Kim & Kuskowski, 2004). Social support (i.e., people's sense of having someone who supports their treatment and cessation efforts) has been found to be a protective factor against treatment dropout (Brown, 1986; Grant et al., 2004; Sayre, Schmitz, Stotts, Averill, Rhoades & Grabowski, 2002). According to Tepperman (2009: 300), social support may promote treatment completion by reducing the gambler's stress level, thereby forestalling an impulsive decision to quit. As well, it may help gamblers to withstand the feelings of stigma, shame and embarrassment that often accompany treatment.

Additional findings suggest that formal treatments - not only for gambling but other addictions - are more effective when a significant other [SO] attends. In a study conducted by Ingle, Marotta, McMillan & Wisdom (2008), gamblers whose SO (i.e., a spouse, partner, boyfriend or girlfriend) participated in treatment were found to have higher odds of a successful outcome and to remain longer in treatment than those whose SO was absent. Stanton & Shadish's (1997) meta-analysis regarding the outcomes of drug abuse treatments likewise concludes that the results obtained from family-couples therapy surpass those

¹⁶ It is worthwhile to note that a recent meta analysis gives a different picture, indicating that male and female care-givers do not greatly differ in their use of informal and formal support (Pinquart & Sorensen, 2006).

obtained from nonfamily modalities, such as individual counselling therapy and peer group therapy.¹⁷

Gender Differences in Gambling ‘Careers’

A range of studies suggests that the experiences and perspectives of men who are affected by a marital or de facto partner’s gambling will differ from those of their female counterparts. More specifically, accumulating findings suggest that there are variations in men’s and women’s gambling “careers”. As used by Tepperman (2009: 113), the term career denotes a patterned sequence of life events that is, to varying degrees, both socially structured and open to personal choice.¹⁸ Gender differences in gambling careers have been gradually elucidated in recent years. Relative to men, women are reported to be interested in a limited range of gambling modalities and to be more involved with lotteries, bingo, video poker and EGMs (Hallebone, 1999; Hing & Breen, 2001:13; Hraba & Lee,1996; Nelson et al., 2006; Nower & Blaszczynski, 2006), to start gambling later in life (Coman, Evans & Burrows, 1996; Grant & Kim 2002; Toneatto et al., 2002), to move more rapidly from recreational to problem gambling (Grant & Kim, 2002a; Nelson et al., 2006) and to use gambling as an escape from worry and other life problems (see above). As well, women are reported to recognize gambling problems earlier than men (see above) and to seek help more often and more quickly (Heater & Patton, 2006; Slutske, Blaszczynski & Martin, 2009). Drawing attention to context, Trevorrow & Moore (1998: 282) observe that relative to non-gambling peers, women with gambling problems are more likely to be involved in

¹⁷ Stanton & Shadish (1997) point out that this result does not necessarily signify that nonfamily therapy approaches are ineffective; however, it does suggest that treatment outcomes may improve with the addition of family therapy or couples therapy. In addition, it suggests that family or couples therapy may be more effective, and/or more cost-effective, than other forms of therapeutic intervention.

¹⁸ The notion of career is evident in the theorizing of Kimberley (2005), who postulates that older Australian women move through an 8-stage continuum when they are developing gambling problems. The titles attached to these stages describe their essence, viz: troubled lives, novice stage, solo stage, regular stage, secretive stage, enchanted stage, turbulent stage, cognizant stage and alleviated stage.

social networks for which gambling is normative, and relative to their male counterparts, are thus liable to experience greater social pressure to gamble and greater social approval if they do.

Despite this confluence of findings, debate persists regarding the nature and significance of gender-related differences in gambling (see above). As various theorists point out, comparisons and generalizations cannot be reliably made since studies use different participant groups and vary in rigor; for example, those exploring gender-linked motivations for gambling do not always control for modality effects (Boughton & Falenchuk, 2007; Delfabbro, 2000). Nonetheless, a recent methodological review conducted by Wenzel & Dahl (2009) concludes that while claims regarding speed of problem onset and precipitants for relapse require further substantiation, there is now sufficiently strong body of evidence to justify others. In particular, they suggest that it is reasonable to accept propositions such as the following: (i) that female problem gamblers are interested in fewer forms of gambling than male problem gamblers and prefer games of chance; (ii) that female problem gamblers start gambling at an older age than male problem gamblers do; and (iii) that female problem gamblers are more likely than their male counterparts to use gambling as a means of escape from negative emotions and problems.

Gender Differences in Co-morbidity

Accumulating evidence suggests that relative to their male counterparts, female gamblers are more likely to experience co morbid conditions, although it is important to note that studies once again involve different participant groups, display different degrees of rigor and produce some inconsistent findings (Wenzel & Dahl, 2009). By implication, the experiences and needs of men who are caring for a female problem gambler are liable to differ from the experiences and needs of women who are caring for a male gambler.

Specifically, Blanco, Hasin, Petry, Stinson & Grant (2006) report that female pathological gamblers are significantly more likely than male pathological gamblers to have lifetime mood and anxiety disorders. Thomas & Moore (2001) conclude that female EGM players score more highly than male players do on measures of anxiety and depression. Social anxiety is highlighted in an American study by Specker, Carlson, Edmonson, Johnson & Marcotte (1996) who note a high incidence of avoidant gamblers in their participant group as well as female participants' greater tendency to report isolative behaviour, feelings of social discomfort and sensitivity to criticism. Using extensive data from the U.S. National Epidemiological Survey of Alcoholism and Related Disorders (N = 43,093), Desai & Potenza (2008) come to similar conclusions, stating that associations between gambling problems and major depression, dysthymia, panic disorder, and nicotine dependence are more robust in women than in men.

With reference to substance abuse, other studies suggest that women are less likely than men to abuse alcohol and have lower rates of illicit drug use (Potenza, Steinberg, McLaughlin, Wu, Rounsaville & O'Malley, 2001; Westphal & Johnson, 2000). Findings are reversed in regard to medication use, with female problem gamblers being found to report a higher lifetime use of psychiatric medications, more abuse of medications and greater medication use when seeking treatment (Potenza et al., 2001; Toneatto & Skinner, 2000).

Additional studies highlight gender differences in life history, suggesting that women are especially vulnerable. Along these lines, one study concludes that rates of childhood physical/sexual abuse among female pathological gamblers are substantially higher than the rates obtained in national (American) samples (32.5 per cent vs 1-2 per cent) (Specker et al., 1996). Similarly, Petry & Steinberg (2005) report that female pathological gamblers score more highly than male pathological gamblers in regard to childhood maltreatment and that the

severity of childhood maltreatment is significantly and independently associated with the severity of gambling problems. Additional findings come from a Canadian study involving 328 women gambling at a problematic level but not in treatment (Boughton & Falenchuk, 2007). Participants in this study reported turbulent personal and family histories, significant rates of current and lifetime psychological problems and concurrent or past struggles with smoking, binge eating and/or compulsive shopping. In addition, they reported considerable experience of emotional and physical abuse, as children and as adults, at rates higher than those found in the general population of Ontario.

The importance of co morbid disorders flows partly from the fact that these disorders have the potential to affect the advent and maintenance of problem gambling behaviour and may increase the severity of gambling-related problems. The presence of co-morbid disorders may also affect clinicians' diagnostic and treatment decisions, together with gamblers' willingness to remain in treatment and response to treatment (Ibanez, Blanco, Donahue, Lesieur, Perez de Castro, Fernandez-Piqueras & Saiz-Ruiz, 2001). In addition, the presence of co-morbid disorders potentially creates more difficulties and complexities for men who are in various ways affected by a partner's gambling problems.

4.2 The Research Question

Following the above, the research project was focused on men who had concerns about a partner's gambling. For the purposes of this project, the term "partner" was broadly defined, denoting marital, de facto and same-sex partners. De facto and same-sex partnerships are increasingly prevalent in Australia today. Estimates cited in Australian Social Trends (2009) indicate that the proportion of Australian adults in de facto relationships more than doubled (from 4 per cent to per cent) in the last two decades. Similarly, 0.2 per cent of adults said they were

living with a same-sex partner in 1996, but in 2006, the figure was 0.4 per cent (around 50,000 people). The key research question was formulated as follows: “How do men experience, understand and respond to problematic aspects of a partner’s gambling?” Essentially, the project sought to answer this question through the implementation of a study that engaged with men directly and invited them to describe their inner worlds.

4.3 Research Approach and Method

Preference for an Exploratory Study

The present study was exploratory in nature. Exploratory studies are undertaken when little is known about an area of enquiry and some basic research is needed to provide baseline data, to suggest future lines of enquiry and to begin the task of theory building. An exploratory approach was deemed appropriate for the present study for several reasons. Firstly, there is little up-to-date Australian information as to how men experience, interpret and respond to problematic gambling by a spouse or de facto partner. Secondly, studies regarding the partners of problem gamblers are difficult in the sense that there is no listed population from which researchers can systematically draw a sample of research participants (Tepperman, 2009: 52). The stigma attached to problem gambling is a further barrier to participation. Researchers thus need to rely on participants who self-select, and their findings may be biased accordingly. These difficulties aside, exploratory studies have some advantages. In particular, researchers can use inductive methods to explore issues in a rich, close-grained and open-ended way. This is not always possible when studies are geared to test pre-formulated hypotheses.

The research approach was shaped by the research question. Because this question concerned individual experiences, perceptions,

meanings and interpretations, a qualitative approach was preferred, with data being collected by means of in-depth, open-ended interviews. Interviews were used for a number of interrelated reasons. Firstly, little is known about men the experiences and needs of men who currently live with a problem gambler or have recently done so. Secondly, it was anticipated that the pool of potential research participants would be small, and by implication, that it would be important to obtain extensive and good quality information from any individual who was willing to contribute. Thirdly, standardized data collection methodologies, such as surveys or questionnaires, essentially predefine relevant issues from the researcher's perspective. As a consequence, studies using these methodologies are not well suited to the task of exploring research participants' personal experiences and needs, as they themselves construe these. By contrast, open-ended interviews allow a range of issues to be discussed at length and give research participants more scope to decide what information will be covered (McMillen et al. 2004).

Status Accorded to Interview Data

In light of ongoing controversies, the status accorded to the interview data gathered in this study also warrants some discussion. As Sandelowski (2002) points out, the interview - especially the open-ended, free flowing interview - is sometimes romantically and naively viewed as a technique that gives privileged access to people's interior worlds and "voice" to individuals or groups who have not been heard before. The interview has also become a politically correct method for addressing the perceived wrongs of positivism, which (allegedly) grants research participants no voice and casts little light on their private psychological worlds (for further discussion, see Atkinson & Silverman, 1997: 305). Other theorists likewise dismiss the notion that the research interview will necessarily provide accurate insights into people's true thoughts and feelings, contending that the data obtained are best perceived as the product of a particular social interaction,

undertaken at a particular point in time and informed by particular assumptions. Sandelowski (2002: 106) herself states that interviews are not only socially constructed products, but "... cultural products that combine memory, learned conventions, and narrative models for telling one's story, with selected life events and conscious or unconscious motivations."

Further complexities flow from the fact that information is conveyed in various ways. Tone and gesture may confirm or qualify the interviewee's verbal account, and what is omitted may be just as important as what is said. Enumerating the researcher's difficulties, Rogers, Casey, Ekert, Nakkula & Sheinberg (1999: 88-89) observe that words tell only a part of a person's story; "...even a verbatim account does not capture the part of the story communicated in or through gesture, facial expression, shifts in emotion or silence." Silences are especially ambiguous, signalling something that cannot be expressed in the context of a particular interview, something that is too difficult to say in any context or something that is too dangerous to voice or even to know.

Within this contested domain, the present study took a middle-ground position. Interview data were treated neither as fiction nor as full and accurate portrayals of reality. Rather, following Lieblich, Tuval-Mashiach & Zilber (1998: 8-9), it was assumed that participants' accounts would be constructed around a core of recollected facts or realities, and that the interviewer's efforts to minimize defensiveness would help to ensure that these facts or realities were honestly described. At the same time, it was accepted that participants' accounts would manifest idiosyncratic personal choices (and sometimes unconscious choices) in regard to the selection, ordering, highlighting and interpretation of these facts or realities.

Unlike some earlier studies, which attempt to distil core elements in people's experience of living with an addicted person (see above), the

present study aimed to explore differences in people's experience and understanding as well as similarities. The impact of problem gambling is obviously likely to vary depending on other factors such as the presence of additional addictions, the strengths and weaknesses of family relationships and the availability of social, cultural and financial resources. Differences in partners' experience are thus inevitable and potentially important given that therapeutic and policy interventions have a better chance of success when they take varied experiences and understandings into account. For these reasons, the constructivism-interpretism paradigm was deemed to provide an appropriate conceptual framework for the study. This paradigm assumes that reality is constructed in the mind of the individual, and that there are "multiple, apprehendable and equally valid realities" (Ponterotto, 2005:129).

Recruitment Strategies

The present study formed part of a larger Tasmanian study exploring the impact of problem gambling on immediate and extended family members. As indicated above, men were eligible to be included in this particular study if they had some concerns about a current or previous partner's gambling. No stipulations were made in regard to the nature or seriousness of their concerns, and no boundaries were set in terms of time given the exploratory nature of the study and the need to delineate a range of experiences and perspectives. Comments made by McMillen et al. (2004: 149) provide a further rationale for this approach, suggesting that notions of excessive or problem gambling are personally or socially defined, and liable to vary according to age, sex, socio-economic status, social network, responsibilities and other factors. As they observe, some of their research participants defined problem gambling in terms of the time spent on gambling and the neglect of social relationships and other activities. Others referred to the gambler's lack of honesty with loved ones.

Recruitment commenced after ethical clearance was obtained from the University of Tasmania. Procedures aimed to attract men who had different attitudes and practices in regard to gambling, and men who were in different walks of life and different types of relationship. In contrast to previous studies' reliance on couples in treatment, recruitment procedures also attempted to attract men who had not sought formal help, as well as men whose partners had not sought formal help. It was assumed that these men would tell diverse stories that would help to flesh out "...the structure and character of the experience under investigation" (Polkinghorne, 2005: 139). Key initiatives included: (i) leafleting neighbourhoods with different socioeconomic characteristics in Hobart and Launceston regions of Tasmania and (ii) advertising the study through radio and TV interviews, websites, email networks, posters, newspapers and other publications. When the opportunity arose, separate interviews were conducted with different family members. In one instances, two male friends were jointly interviewed. To a limited degree, these procedures enhanced the rigor of the study by permitting some triangulation of data sources. Recruitment ended at the point of saturation, i.e., when the interviews ceased to yield new and significant information (Sarantakos, 1994).

Data Gathering

As indicated above, the open-ended, in-depth personal interview was selected as the primary means of data gathering, on the basis that it would provide access to participants' lived experience and the meanings and representations given to this experience. Participants were encouraged to tell their story in their own way, with probes being used to elicit detail, clarify meanings and maintain the conversational flow. Some topics were specified beforehand to ensure a degree of standardization and an efficient use of time. These topics concerned the reasons for gambling, the repercussions of gambling, participants'

interpretation of the gambling and their coping and help-seeking strategies.

Twelve interviews were conducted face-to-face by the researcher and one was conducted by telephone. The locations varied depending on participants' preferences. The duration of the interviews ranged from one to two hours. Two participants were interviewed together, one was interviewed with family members and one was interviewed twice. Issues regarding confidentiality and withdrawal were discussed at the outset. Completed interviews were audio taped and transcribed verbatim. Prior to the commencement of data analysis, each transcription was checked against the original tape-recording. At the end of the interview, participants were asked if they wished to receive a summary of findings and offered \$50 to cover expenses.

A summary of preliminary findings was sent to each participant as the study drew to a close, so they could give feedback and raise further issues. It was not assumed that participants' feedback would accurately index the trustworthiness of study findings – as Sandelowski (2002) makes plain, participants may forget or regret what they have previously said, change their mind, or alternatively, feel compelled to agree with the researcher. Following her comments and those of Sparkes (1998), it was anticipated that the member validation technique would provide an opportunity to collect some extra data regarding participants' responses to a new phenomenon; namely, the researcher's account. Three participants responded to the researcher's request for feedback, and their written comments were incorporated into the data analysis process.

Data Analysis

Thematic analysis was initiated by the researcher and commenced after the first interview. The analysis primarily focused on the informational content of the interview; i.e., on the thematic or semantic

features of the data (what the data say) rather than on their “mantic” features (how the data say it) (Sandelowski, 2002). It also followed the inductive processes described by Braun & Clarke (2006). As these theorists point out, thematic analysis is not wedded to any pre-existing theoretical framework, and may be an essentialist or realist method “...which reports experiences, meanings and the reality of participants...” (p.81). The researcher’s aims in regard to the analysis were twofold, viz: (1) to locate themes or patterns within the (entire) data set and (2) to delineate differences between participants. Phases in the data analysis process were as follows:

Phase 1: In the first phase of the analysis, the researcher attempted to familiarise herself with the entire data set and to gain some idea of its breadth and depth by reading each transcript through a number of times. Like other commentators, Braun & Clarke (2006) refer to this process of repeated reading as “immersion”, arguing that it provides a bedrock for the remainder of the analysis.

Phase 2: In the second phase of the analysis, interview transcripts were read serially and in full as the researcher derived an initial set of codes from the data. Notes were made in the left hand margin to identify instances where interviewees’ comments were interesting, unexpected or ambiguous, so that these could be subsequently discussed with a peer (see below). The right hand margin was used to record the specific conceptual labels (codes) attached to particular segments of text. Because the research was exploratory rather than theory-driven and aimed to represent participants’ own experiences and perspectives faithfully, the codes selected remained close to the data and were succinct descriptors of semantic content rather than imposing an external and more abstract framework reflecting the researcher’s perspectives. For example, codes used in relation to the process whereby interviewees recognized their partner’s gambling problem included “mutual awareness”, “being blindsided”, “putting two and two together over time” and “retrospective reconstruction”. During

this second phase, the researcher also attempted to summarise the content of each interview and to note connections and contradictions between different segments of each participant's account.

Phase 3: In this phase, preliminary codes were collated and tentatively sorted into more general or candidate themes bearing on the research aims and question. Through an additional process of peer discussion (see below), these candidate themes were reviewed, ordered as a set of major and minor themes and labeled. Three overarching themes were tentatively identified and titled as follows: (1) Men's Recognition and Interpretation of their Partner's Gambling Problems; (2) The Effects of a Partner's Gambling on Men's Personal Lives; (3) Men's Responses to their Partner's Gambling. These broad themes were deemed to provide an appropriate organizing framework for the final report on the ground that they constituted points of entry or foci for clinical practitioners and public policy makers interested to prevent or minimize gambling-related harm.

Phase 4: This phase was essentially one where preliminary codes and candidate themes were reviewed. A peer debriefing process served as the mechanism for this review. As described by Lincoln & Guba (1985: 308), a peer debriefing process requires the researcher to expose his or her thinking to a disinterested colleague for the purpose of exploring "taken-for-granted" aspects of the inquiry and analysis process that might otherwise remain implicit. Accordingly, the codes and themes tentatively identified by the researcher were discussed with a professional peer who had independently read all transcripts and then coded two selected at random. To enhance a free and open exchange of views, the researcher was careful to avoid claiming expert status and to emphasize that the role of peer entailed appraising the researcher's ideas with a critical eye and proposing alternative ways of conceptualizing the data if this seemed warranted. In light of the potential for formal power imbalances to militate against frank discussion (Hill, Knox, Thompson, Williams & Hess 2005), the peer

selected in this instance was neither a workplace nor a professional colleague of the researcher.

Written instructions supplied to the peer prior to discussion included five specific requests, viz: (i) to check that the initial codes genuinely encompassed significant (i.e., non-trivial) content in the entire data set; (ii) to ensure that unrepresentative words and meanings were not being attributed to participants; (iii) to consider whether the data within themes cohered together in a meaningful way; (iv) to check that boundaries between themes were clear; and (v) to identify and evaluate different possibilities in regard to the interpretation and organization of the data.

Following this discussion, final decisions about coding, themes, theme titles and the writing style for the final report were made by the researcher. As recommended by Morrow (2005), many illustrative excerpts from the transcripts were incorporated into the final report to help the reader engage in consensual validation.

In summary

It is timely to document the experiences, perspectives and needs of men who are living with a problem gambler since we still know little about the ways in which women's gambling affects family members and little about the ways in which male partners try to cope. Accordingly, the present research study aimed to explore how men in different stages and walks of life construe the causes and consequences of a partner's gambling problems and grapple with these problems over time. The topic is important given that male partners can potentially assist the problem gamblers' recovery but may put themselves at considerable risk by doing so.

5 STUDY FINDINGS

This chapter outlines the personal characteristics of the people who participated in the study and then moves on to report the themes that emerged from the analysis of interviews. As indicated above, themes are grouped under three main headings; namely, (1) Men's Recognition and Interpretation of their Partner's Gambling Problems; (ii) The Effects of a Partner's Gambling on Men's Personal Lives; and (iii) Men's Responses to their Partner's Gambling.

5.1 Participants' Personal Characteristics

One man was interviewed and then eliminated from the present study, since his minimal and evasive responses suggested some degree of fabrication. The thirteen men who finally became participants were aged between twenty-eight and sixty-seven. At the time of their interview, eight of these men were married or in de facto partnerships. In six instances, their current partner was the gambler. One participant was a widower who attributed his wife's suicide to gambling. The four remaining participants had separated from the gambler, and in three cases were in new relationships. Although they were not always in contact with the gambler, each of these participants indicated that the financial, emotional and/or social repercussions of the gambler's behaviour had an ongoing impact on their life.

Eleven participants had paid employment, one received a Disability Pension and one was retired. Three presented themselves as regular and committed gamblers. Comments made by the remainder indicated that they were non-gamblers or were best described as recreational gamblers. All participants reported that their partners gambled primarily on electronic gaming machines (pokies), with three mentioning an additional interest in keno or horse racing. Participants' details are listed in Table 1.

5.2 Men's Recognition and Interpretation of their Partner's Gambling Problems

As indicated above, problem gamblers are not a homogeneous group and by extension, it is reasonable to assume that the partners of problem gamblers will report a variety of experiences and understandings. Although the present study involved 13 males only, their accounts regarding the discovery of gambling problems and the genesis of the gambling behaviour differ considerably.

Becoming aware of a partner's gambling

As indicated above, three participants were regular gamblers. Two of these participants indicated that gambling was a major recreational interest for themselves and their partner, and that there was little secrecy since they often gambled together. The third reported that he frequently went to the casino with his wife prior to her suicide, but did not appreciate the full extent of her gambling - either in terms of time or financial expenditure. As he recalled his reactions: "I got suspicious, but not worried". [P5] By contrast, some of the remaining participants formed conclusions over a period of time, drawing inferences from their partner's remarks and/or piecing together a series of signs or clues. One gradually concluded that his partner was gambling to excess when she "misaid" money, skimmed on the purchase of household necessities and absented herself to play the pokies when they drank after work. Several became aware of their partner's gambling only when significant financial losses had already occurred; for example, two were shocked when bank statements revealed that large sums of money had been taken from joint accounts. Retrospectively, two men recognized that their partner was probably gambling compulsively prior to the start of their relationship.

Explaining the genesis and persistence of gambling

For two of the participants who gambled frequently, gambling was an exciting, challenging and enjoyable activity. Both of these participants believed it was possible to win. One described times when he had beaten the odds, and how he and his partner had subsequently splurged on fine meals and wines. Each welcomed his partner's interest in gambling and assumed a similarity between his partner's motivations and his own.

By contrast, most of the remaining participants found their partner's compulsion to gamble very hard to understand. As one expressed his bewilderment: "...in moments of sanity she [his wife] could agree there was no way she was going to win it back, but that was a reason to go again. I mean, I have no real understanding of what would drive somebody to do that". [P2] Nonetheless, they postulated a range of triggering and maintaining factors, although they did not order these factors in terms of importance or consider how they might interact. Two linked gambling to mental health problems, alluding to their partner's suicide attempts, formally diagnosed illnesses and/or heavy alcohol consumption. Three noted that their partner gambled with family members or friends, and in two instances added that their partner had a narrow range of interests and relationships. Five believed that gambling was generated by emotional distress; for example, one conjectured that his ex-wife went to clubs because she was lonely, and gambled because this was culturally acceptable and there was little else to do: "Being by yourself, what do you do? You go to the Club. What do you do when you go to the Club? Men drink, women gamble. I don't know". [P6]

On a different tack, others highlighted the prospect of monetary payoffs, suggesting that their partner was lured by the thought of easy money or was chasing previous losses. Four argued that their respective partners enjoyed gambling, and two added that the

gambling increased when their partner anticipated extra money (e.g., a compensation payout) or received a windfall (e.g., the federal government's baby bonus). One linked his wife's gambling to the stimuli in gambling environments and the grip of particular gambling technologies: "... the machines, the noises, the sounds, the lights..." [P1] Another highlighted the seductive power of the local casino's marketing and loyalty programs, admitting that he and his wife had initially enjoyed being feted: "They treated you well, and gave you free tickets and passes. It really gets you in, you know, and you felt like you were somebody". [P5]

Three participants acknowledged that their own behaviour had triggered or exacerbated their partner's gambling problems, respectively describing personal traits or habits in regard to alcohol consumption, conflict avoidance and excessive work involvement. A fourth reported that partly because of his own desire to gamble, he had continued to accompany his ex-partner to gambling venues, even though he knew she was spending beyond her means and running up credit card debt.

Apportioning blame and responsibility for the gambling

Predictably, uncertainty regarding the reasons for gambling raised thorny and uncomfortable questions, not only about the gambler's capacity to make autonomous choices but about participants' own level of wisdom and discernment. One man described his discomfiture as follows: "It [gambling] seems to alter the character to some extent. Like any couple over 20 years of marriage, we've had arguments, some of which weren't very nice. But fundamentally, prior to all this happening, I would have trusted her with anything". [P2] Overall, participants' narratives suggested that they differed considerably - not only in regard to the fixity of their views - but in the degree to which

they saw gambling as immoral rather than foolish, accepted their partner's explanations and assumed that their partner could and would change. Their attitudes to prevention and treatment programs varied; for example, individuals who thought in terms of an inner motivational spring did not expect these programs to assist: "I looked at it - just an addiction. So no amount of literature or education would have helped. We all have our own free will. It's just willpower basically..." [P3]

5.3 The Effects of a Partner's Gambling on Men's Personal Lives

Although gambling is not always a significant source of dispute between marital and de facto partners, most of the men who participated in the present study were confused and distressed by their partner's compulsive gambling. Echoing previous findings (see above), they gave detailed and disturbing accounts of financial losses, domestic conflicts, children's distress and complexities in extended family relationships.

Diminished quality of life

For three of the participants, the benefits of gambling outweighed the costs. The remainder saw few positives, emphasizing the adverse consequences for the gambler and family members at large. Overall, these participants reported that problems associated with gambling consumed their time and energy, eroded their family relationships, vitiated their expectations and plans for the future and destroyed their peace of mind. Nonetheless, eight continued to stay with their partner. They explained this choice with reference to religious and philosophical convictions, obligations to children, financial

considerations, their love for their partner and other positive elements in the relationship. As one observed, for ninety per cent of the time, his partner was still the person that he liked and loved: "...it was only the other ten per cent". [P4] By contrast, four said that they had separated, in part because of gambling. Separation was problematic for one participant, who feared for his partner's mental stability. Others indicated that they had little emotional attachment to their partner at the time of separation and that their partner's subsequent behaviour had led to further estrangement. For two participants, the problems associated with gambling eventually led to personal growth and change. The first decided to stop drinking. The second purchased a motorbike and moved interstate when his wife chose to live with his best friend.

Deterioration in physical and emotional health

Nine participants indicated that their partner's gambling had contributed to the development of physical and/or emotional health problems. One said that he had drunk more heavily in an effort to manage the stress created by gambling and had developed high blood pressure. Another said that stresses associated with the gambling not only left him fatigued but diminished his work motivation and safety on the road. As a group, they experienced a *mélange* of negative emotions, referring to anger, disgust, bewilderment, frustration, disappointment, sadness, apprehension and empathic concern. The mixture and intensity of these emotions varied considerably:

"I can't even be in the same room as her now. Just the whole lying and the lack of trust. Just the fact that I've been used..."

[P3]

“She was a very strong person in lots of ways, but yes, she let us all down in the finish”. [P5]

“I think there is a lot of sadness in seeing someone for whom you had some respect decline in that way”. [P6]

“I feel very betrayed”. [P12]

“I would get nervous when it came up to his pay day and I’d think, “Oh God! What’s going to happen?” [P10]

“I get upset when my partner is upset, more upset when my partner goes without telling or contacting me, and most upset when I think how the problem might grow if I were not around”. [P9]

Financial losses

Participants were financially affected by their partner’s gambling in varying degrees and ways. One participant was relatively phlegmatic, saying that although he worried about his partner’s gambling, their joint income was reasonable and they could thus, in a financial sense, “afford” it. [P9] For other participants, the financial implications of gambling were more sinister and perturbing. Two had been the victims of theft. The first reported that his partner used his credit card without permission; the second reported that his wife embezzled money from the family business. Two complained that their ex-wives did not meet their obligations in regard to child support and continued to ask for loans. One made the further complaint that his ex-wife had submitted false statements about her income to the Family Court. Others stated that the gambler squandered financial windfalls on gambling, did not contribute equitably to household expenses or simply pre-empted the possibility of saving by spending to the hilt. Three described the erosion of their own financial status and security, referring to increases

in credit card debts and bank overdrafts, as well as the hefty fees charged by financial advisors. Another said that even though he and his (ex) same-sex-partner kept their incomes separate, he was still financially affected, in the sense that he either subsidized his partner's leisure activities after a gambling binge or went out alone.

Tensions in the marital or de facto partnership

Unsurprisingly, the three participants who gambled regularly did not express moral concerns about gambling per se; rather, they suggested that gambling gave themselves and their partner a common interest that helped to consolidate an emotional bond. Nonetheless, each described times when there were tensions and recriminations over gambling strategies and expenditure; for example, one complained that his wife did not research the track record of horses she backed. By contrast, the remaining participants were unhappy about their partner's gambling, and underlined its adverse effect on family life. Nine described verbal disagreements and/or unexpressed resentments, not only in regard to their partner's gambling expenditure, but also in regard to their partner's lying, absences, freeloading and neglect of family responsibilities. Several discussed their partner's abnegation of parental responsibilities: for example, one who worked nightshift was dismayed to discover that his wife went gambling while their children were asleep. Another suggested that his wife was impulsive and had a short-term perspective, like a child: "They [gamblers like his wife] don't understand. Like you've got rego comes up, and you know, insurance and just all the stuff that you've got to pay, you've got to pay it. And if you don't pay it - well, quality of your life disappears". [P1]

Three believed that ongoing tensions in the home partly reflected their partner's feelings of guilt and frustration, and consequent need to project fault and blame. One noted that gambling losses fuelled more fundamental tensions over money: "It doesn't matter whether you have

a gambling problem or not, everything revolves around money. If you haven't got enough, you haven't got enough. And we always never seemed to have enough, so we were always arguing..." [P7]

For some participants, the most distressing outcome of gambling was the erosion of trust. They used a range of strategies to monitor and control their partner's gambling behaviour (see below), but readily acknowledged that these strategies had negative side effects and did not guarantee peace of mind. As one explained, his wife knew he was on the alert. This helped to curtail her gambling, but also made her defensive and resentful: "... she knows I'm not stupid about it [her gambling], but I just won't ask because it is not worth an argument. You know we could sit there and blue about it all day - 'cos we have done!" [P1] Another participant, who was newly married, tried to keep his aspirations for the relationship alive by acting as if trust was a given: "And I was very conscious of not asking too many questions and making it clear to her that I did trust her, because I want to trust her". [P4]

Ongoing domestic tensions around gambling inevitably raised questions about the future of the relationship. Three participants indicated that they would terminate the relationship if the gambling persisted, and had made their partners aware of this. One of these three reported that his wife had taken a job interstate, on the understanding that he would join her and start afresh. He was ambivalent about this prospect, arguing that he had previously been financially generous to her and balancing the possibility of relapse against the costs of divorce: "... I'm sort of faced with the choice of either putting up with my wife losing ten, fifteen thousand, twenty thousand dollars a year, or divorcing her and losing two hundred thousand dollars or three hundred thousand dollars, just in financial terms". [P2]

Effects on children

On occasions, participants who were parents believed their children were not greatly affected, either because they were too young to understand or because they had already attained a degree of financial and/or emotional independence. One, who gambled alongside his wife, humorously acknowledged that all family members, including his pet, occasionally ate poorly due to gambling losses. Others were critical of their partner's parenting, citing instances of verbal aggression, neglect and/or physical abuse. Two said that their respective ex-partners siphoned off money intended for child support and did not provide adequate food, guidance or supervision. The misappropriation of child support money created problems in terms of deciding where to draw the line and how much children should be told: "And as much as I'd like to, I have to draw a line, and say, "No! I am paying that money. That's up to your mum to buy that for you". [P3] For one participant, a key issue was his ex-wife's subversion of their children's ambition and drive: "...her kind of influence is so corrosive. You know, don't care, don't do anything, don't eat properly, stay up all night". [P6] Another noted that his wife's theft of an inheritance meant that he could not assist his children financially in the future. Three noted that children had observed, or become embroiled in, domestic conflicts regarding gambling.

5.4 Men's Responses to their Partner's Gambling

As the literature makes plain (see above), people's coping efforts do not necessarily reduce stress, since the strategies used may be ineffective or may generate negative side effects, in the short- and long-term. The men involved in the present study took an active role, not only in regard to supporting the gambler, but in regard to monitoring and controlling the gambler's expenditure.

Coping Strategies

Participants used a range of strategies to manage their partner's gambling, and altered their strategies over time. On occasions their strategies were enabling; for example, several said they had initially felt sympathy for their partner, and on the assumption that the gambling would cease, had offered loans and paid off gambling debts. Nonetheless, all took some form of direct action to curb the gambling behaviour and/or limit financial loss. Specific strategies included: challenging their partner's ideas about winning; negotiating limits on gambling expenditure; retrieving their partner from gambling venues; encouraging their partner to develop different interests; directing their partner's attention to family responsibilities; separating their partner from fellow gamblers; spending leisure time with their partner, avoiding gambling venues on social occasions and speaking emotionally to convey the depth of their distress.

To varying degrees, they also tried to protect themselves financially by closing joint bank accounts, requiring their partner to meet more household expenses, taking possession of their partner's credit card; ensuring that their partner did not have surplus cash; checking that household bills were promptly paid each week and keeping their wallet close at hand. One took more extreme steps as his relationship deteriorated, secretly saving in pursuit of his own financial goals and creating false records of earnings for his wife to peruse.

Few participants explicitly identified emotion-focused coping strategies. Nonetheless, comments suggested that some regulated their emotions by focusing on the gambler's misfortunes, describing events with a gallows humour or telling themselves that things could be worse. For example, one said that he had accommodated his wife's gambling partly by reminding himself that she could not conceive: "...I used to think, better for her to go and vent her frustration there than to vent it on me". [P7]

Formal and informal help seeking

Six participants encouraged their partner to seek formal counselling, and in some instances located specialized counselling services. Two said that they had attended counselling sessions with, and separately from, their partner. One obtained agency brochures and said these gave useful information about the reasons for gambling. Another, who had anticipated being dismissed as a vindictive ex-husband, was relieved when school and private counsellors helped him to manage his children's difficulties. Conversely, four reported that their partner had rejected the option of formal help or kept one or two appointments only. One was dismayed to discover that his partner had secretly revoked a self-exclusion order. Overall, their comments suggested that they were moderately satisfied with the counselling they received, and understood the problems created by their partner's denial or resistance. Several voiced specific complaints or concerns about waiting periods, the geographic location of particular agencies, the content of counselling sessions and the inexperience of agency staff. One who had contacted a financial advisor observed that the fees were very high.

As well as turning to formal agencies, participants sought emotional relief and advice by talking informally to their children, extended family members, friends and/or work colleagues. Their comments suggested that confidantes were carefully selected, due to fears about stigma, privacy, criticism and damage to their partner's public reputation. Parents and parents-in-law were not always perceived as suitable confidantes; for example, one participant said his parents would moralize and another said his parents owed him money. Three stated that their parents-in-law were themselves inveterate gamblers. One who did speak to his parents-in-law felt that they were reluctant to intercede and was not sure that they believed his story.

Dilemmas in Coping

Coping with the gambling was not easy for participants who reported a variety of difficulties and dilemmas. One was uncertain as to how he should talk to his de facto partner about gambling and felt nervous about doing so in light of her suicide attempt. Another was obliged to weigh his ex-wife's right to an ongoing relationship with their sons against the quality of her parenting: "You know, if she can't look after them... Well, you know, it's not their job to fix her life up or to give meaning to it". [P6] Boundary setting was a problematic issue for a third participant, who recognised the extremity of his same-sex partner's difficulties and needs, but was unwilling to manage his partner's finances or act as a personal counsellor. Further dilemmas raised by several participants concerned to what extent they should unburden themselves to children, whether they should help the gambler to pay off credit card debt and whether they should tolerate their partner's gambling if all bills were paid.

5.5 Discussion of Findings

As indicated above, accumulating research studies and clinical commentaries reveal that people affected by a marital or de facto partner's problem gambling encounter a complex set of financial, psychological and social stressors (Darbyshire, Oster & Carrig, 2001; Dixon-Swift et al., 2005; Grant Kalischuk & Cardwell, 2004; Grant Kalischuk et al., 2006; Krishnan & Orford, 2002; Orford, 1994; Patford, 2007). Findings from the present study confirm this general picture, showing that problem gambling generates multiple and interacting stressors of an acute and chronic nature. They also point to differences and commonalities in people's experience. Specifically, participants in the present study described different constellations of stressors and attached different meanings to stressors. Variations in their socioeconomic and demographic attributes further suggested that

they differed in their overall exposure to stressors and their access to coping resources. As Pearlin (1991) points out, these issues have implications for research, given that variability in stress outcomes is sometimes explained with reference to individual coping patterns while other sources of variability are ignored.

Taken as a whole, participants' accounts describe the wide-ranging ripple effects of problem gambling, referring to financial losses, the emergence of physical and psychological health problems, overt and covert conflicts in the marital or de facto partnership, children's distress, complexities in extended family relationships, worries about the future and a general decline in life quality. In addition, they identify specific ways in which the stability of the marital or de facto relationship is diminished, highlighting the erosion of mutual trust and respect, imbalances in the distribution and fulfilment of family roles and responsibilities, concerns about the gambler's impact on children and uncertainties regarding the gambler's willingness or capacity to change.

Unsurprisingly, participants in the present study indicated that the prospect of reduced returns from the marital or de facto relationship led them to think seriously about the options of separation and/or divorce. Those who did separate reported that gambling-related problems did not entirely disappear; rather, the gambler's financial misrepresentations and requests for money continued. The longevity of financial stressors is noted in the gambling literature; for example, Heineman (1987) states that the partners of recovering problem gamblers are more likely to experience prolonged stress than the partners of recovering alcoholics because they are obliged to pay off gambling debts and curtail their spending for extended periods of time. Ciarrocchi & Reinert (1993) suggest that ongoing financial concerns potentially explain why gamblers' partners often take longer than the gambler to recover, continue to feel at the mercy of the gambler and report enduring feelings of anger and resentment.

Findings regarding the diversity and persistence of gambling-related stressors give some indication as to why problem gambling is likely to have a significant and deleterious impact on gamblers' marital or de facto partners. Arguments advanced by Thoits (1986) also suggest that problematic situations arising within highly valued areas of people's lives, or in areas that are crucial to a sense of personal identity, are likely to create high levels of stress. Problem gambling has obvious implications for family life as well as financial security, and quality of life studies show that people regard both these issues as very important. Cantril (1965) concludes that economic matters, as well as health and family matters, rank highly among people's personal concerns. Other studies grounded in the life domain approach (Campbell, in Plagnol & Scott, 2009; Campbell et al., in Plagnol & Scott, 2009) conclude that feelings of satisfaction in regard to family, finances and health are rated as most important for overall life satisfaction (Cummins, 1996, Salvatore & Munoz Sastre, 2001, Van Praag & Ferrer-i Carbonell, in Plagnol & Scott, 2009; Van Praag et al., 2003).

The uncertainty associated with chronic stressors is another potential ingredient in people's distress. As Wheaton (1997) points out, chronic stressors deplete people's coping resources but hold out no promise of resolution. According to Gottleib (1997), chronic stressors tend to evoke watchful or vigilant responses, and the intensity of these responses increases when people anticipate negative events but are unable to predict their timing, form or magnitude. Much of the data gathered in the context of the present study points to participants' sense of uncertainty; for example, comments regarding the opacity of the gambler's motivations, the gambler's propensity for deceit and the negative outcomes associated with gambling behaviour all testify to participants' difficulties in interpreting their situation and predicting what the future might bring.

Coping with problem gambling

Findings regarding the repercussions of problem gambling obviously raise questions about the ways in which people try to cope and the efficacy of their responses. Information is limited, given that studies exploring these issues have not always controlled for differences in stressor interpretation and/or exposure to stressors overall (Pearlin, 1991). Echoing earlier findings (Patford, 2007b; Velleman, Bennett, Miller, Orford, Rigby & Tod, 1993), data from the present study indicate that participants initially tried to regulate their partner's gambling behaviour and losses in a range of practical ways. A few offered financial "bail-outs", on the assumption that their partner's gambling problems would simply remit. Their coping strategies changed over time as costs and outcomes became more apparent and personal goals and perspectives were revised. In some instances, coping choices were clearly channelled by concerns about their own and their partner's wellbeing as well as disclosed or undisclosed decisions regarding the future of the relationship. The importance of relationship-focused coping is highlighted by O'Brien & DeLongis (1997), who state that successful coping by couples under stress will normally entail not only problem solving and emotion management strategies but deliberate efforts to maintain and protect the relationship.

It is of interest that participants in the present study rarely described efforts to minimize symptoms of distress via cognitive and perceptual shifts. The absence of comment is surprising since as noted above, problem- and emotion-focused forms of coping are often jointly used and may be synergistic in effect. People who cannot find effective ways to deal with stressors can also be expected to place more weight on preserving their own energy and equilibrium (Gignac & Gottlieb, 1997). It can be tentatively surmised that the men who participated in the present study did not recognize cognitive and perceptual phenomena as gambling-related coping. As Gottlieb (1997) explains,

people may respond to negative situations by consciously attempting to view them from a different perspective. With the passage of time, perspectives that were initially adopted with effort may gradually become relatively automatic and de-contextualized habits of mind.

Formal and Informal Help-seeking

As noted above, people attempting to manage stressors may choose to seek formal and/or informal social support. Studies in the field of problem gambling suggest that immediate and extended family members often provide this social support (Patford, 2007b; Valentine & Hughes, 2010; Westermeyer, 2005). People may turn to family members partly because they know from experience what conversational topics are risky or taboo and how personal revelations are likely to be received (Gottlieb & Wagner, 1991). Family members are likely to respond effectively given that they will often know the help-seeker well and have a genuine interest in his or her welfare. These points being made, family help is not always available or desired. Illustrating this reality, several participants in the present study perceived their parents and/or parents-in-law as unsuitable or compromised helpers and thus declined to approach them. In light of comments in the gambling literature, this reticence is unsurprising. For example, Shaw, Forbush, Schindler, Roseman & Black (2007: 615) describe the family characteristics of problem gamblers as follows: "Research shows that the families of pathological gamblers are filled with members who gamble excessively, suffer from depressive and anxiety disorders, and misuse alcohol, drugs or both".

Formal support systems potentially have a greater role to play when informal support is deficient; however, in this study and others (see above), participants' assessments of professional helpers were mixed. Deficiencies in formal and informal help-seeking processes are obviously concerning in light of demonstrated links between self-disclosure, conflict and health outcomes. Low self-disclosure and

deliberate self-concealment have been positively associated with psychological distress and self-reported physical symptoms (Larson & Chastain, 1990; Jourard, 1971), although the basis for these associations has yet to be clearly established.¹⁹ Depression has also been found to increase when people have upsetting interactions with network members at times when they need support (Redinbaugh, MacCallum & Kiecolt-Glaser, 1995).

Gender differences regarding the perception and management of gambling-related stressors

Since the present study focused on the male partners of problem gamblers rather than their female counterparts, it is appropriate to mention some of the factors that may shape the particular experiences and understandings that these men report. One factor is men's traditional role as the sole or primary family breadwinner. ABS data cited in Reeves (2008) indicates that although both parents are now employed in around sixty-three percent of Australian families, these families are still more likely to comprise a father employed full-time and a mother employed part-time than two full-time employees. Theorists such as Connell (1995) and Murphy (2002) contend that men's key role in the provision of family income enhances their authority in the domestic sphere and contributes to a sense of masculine identity and self-worth. It is thus reasonable to conjecture that men who have been the financial backbone of their family and sustained the pressures of long-term employment will have a sense of ownership in regard to the income and assets amassed through their labour and feel strongly affronted when a partner - especially one who is perceived to have made a lesser economic contribution - chooses to dissipate these resources through gambling.

¹⁹ Competing theories refer to inhibition (Pennebaker, 1985; Pennebaker & Beall, 1986); preoccupation (Wegner et al., 1995); self-perception (Bem, 1967); and self-determination (Uysal, Lin & Knee, 2010).

As indicated above, male socialization processes are postulated to affect coping patterns. With reference to addictive behaviours, Homila (1994) and Philpott & Christie (2008) propose that men are less strongly socialized to care for others than women are, and may thus be more inclined to cope in passive and disengaged ways. Empirical findings bearing on claim are mixed and come largely from the field of alcoholism. On the one hand, some studies indicate that men commonly report distancing themselves from a female partner's drinking behaviour in both physical and emotional ways (Raine, 2001; Orford et al. 2001). Conversely, Philpott & Christie (2008) conclude that men involved with female alcoholics use coping behaviours designed to control and change drinking behaviour most frequently and withdrawal coping behaviours least frequently. Findings from the present study are clearly limited but do not suggest that men withdraw, at least initially. Rather, they take various forms of direct action to curtail gambling behaviour and sometimes put a premium on maintaining the relationship. In line with Hurcom et al's (1999) comments regarding the confounding role of time, they also suggest that when gambling behaviours persist, men's commitment to the relationship may decline. Accordingly, they may rely more heavily on various forms of avoidant coping, present the gambler with an ultimatum or privately decide to maintain the relationship until it is timely to leave.

Men's willingness and capacity to access informal social support may also affect their experiences. There is now a substantial body of research regarding men's social behaviour and networks; for example, men are reported to be less likely than women to mobilize social support in times of crisis (Belle, 1987; Kitson & Holmes, 1992; Wolcott & Glezer, 1989); to provide less emotional support than women do and to get less help in return (Kessler, McLeod & Wethington, 1985). Further findings regarding men's more limited emotional engagement with others (Cook, 1990) and greater level of reserve (Bell, 1981), suggest that men are less likely than women to enjoy the (potentially)

stress-buffering effects of social support. By implication, men who are dealing with a partner's problem gambling may be more isolated and vulnerable than their female counterparts and more in need of formal support services.

Educational programs have scope to assist men, and as noted by Robertson & Fitzgerald (1992), may sometimes be more appealing than counselling services. For example, the Coping Effectiveness Program [CEP] devised by Folkman et al. (1991) deals partly with social support processes. Participants are taught to discriminate between different types of social support and to assess their personal requirements and preferences. They are also taught how to identify potential help sources and how to make an effective request for assistance. Communication skills relevant to the acquisition of social support are likewise developed in the context of this program.

In summary

Findings from the present study indicate that men are the victims and enablers of a female partner's problem gambling and often feel hurt, confused and disempowered. They also indicate that men may provide informal help and care. The potential value of informal help and care is increasingly acknowledged in the addictions literature: as Moos (1994) points out, relatively stable factors in people's lives, such as informal help and ongoing social resources, are more likely to assist recovery than formal help, which is ephemeral.

An obvious question arising from the present study is how men who are living with a problem gambler can best be advised and supported so that their own well-being is preserved. Formal educational and counselling programs have scope to assist men whose coping resources are overtaxed; however, these programs are unlikely to modify the social and cultural variables that have promoted problem gambling in the first place and may do harm if they imply that

participants' problems simply reflect personal deficiencies. As Pearlin (1991) makes these points, individual troubles are often a manifestation of social problems, and individual coping efforts will not resolve social problems. Rather, good public policies are required. Needless to say, the success of public policies is by no means guaranteed - inadequate funding and poor implementation processes are always liable to undermine their efficacy. Following the above, the final chapter will explore public policy options in regard to problem gambling, as well as making suggestions in regard to treatment programs and research.

6 FUTURE DIRECTIONS FOR POLICY, TREATMENT AND RESEARCH

The present study was designed to explore the manner in which men experience, understand and respond to problematic aspects of a marital or de facto partner's gambling. As indicated above, its findings dovetail with those of earlier studies, suggesting that men are the victims and enablers of problem gambling and may also try to provide informal control and care. This chapter will consider what can be done to assist female problem gamblers and the men who are their partners. It will also identify some potentially fruitful areas for future research.

6.1 International Efforts to Prevent Problem Gambling

Obviously the best way to assist men who are adversely affected by a marital or de facto partner's gambling is by ensuring that this person's gambling does not become excessive in the first place. In line with other nations, Australia has now implemented a range of primary and secondary prevention measures. Reviewing international trends, Williams (2008) notes that so far, the preventive measures most commonly implemented have been the least effective ones (e.g., awareness campaigns, employee training and self-exclusion). When potentially more effective measures (e.g., limitations on EGM numbers and venue opening hours) have been introduced, the reductions have been too minor to produce significant effects. Overall, Williams concludes that: "... there is almost nothing that is not helpful to some extent and perhaps nothing with huge potential to prevent harm on its own" (p.30). Nonetheless, he regards some interventions as more powerful than others. Powerful interventions include "upstream interventions" such as strengthening families and schools, restricting the number of casinos; curbing the most harmful forms of gambling (e.g., EGMs) and banning the consumption of alcohol and tobacco

during play. Initiatives identified as less powerful but still worthwhile include: information and awareness campaigns, school-based statistical instruction, on-site counselling and information centres, limited venue hours, restricted access to money at venues and controls on advertising and promotional activities. At the end of his analysis, Williams suggests that communities may ultimately need to accept that effective prevention policies cannot be implemented without some reduction in gambling revenue and some inconvenience to non-problem gamblers. Whether Australian authorities will eventually 'grasp the nettle' and institute more stringent forms of regulation remains to be seen.

6.2 Primary, Secondary and Tertiary Prevention Interventions for Female Problem Gamblers

Primary, secondary and tertiary interventions that may assist female problem gamblers are discussed in more detail below. Although men may have a same-sex partner, the discussion deals with female problem gamblers since heterosexual relationships are the norm. Many of the points made apply to male problem gamblers as well.

Primary and secondary prevention initiatives targeting women

Information and Awareness Campaigns: Information and awareness campaigns obviously constitute a major tool for educating female problem gamblers - as well as their marital and de facto partners and the community at large - about the signs and symptoms of problem gambling, the risks attached to excessive gambling and the nature and availability of treatment services. Nonetheless, the impact of Information and awareness campaigns is difficult to measure. As Williams (2008) points out, studies suggest that messages transmitted through these campaigns can temporarily improve knowledge, change attitudes and increase demands for formal help. At the same time, they

indicate that people do not necessarily attend to the information presented and may not change their behaviour. In fact, studies in different fields indicate that behavioural change is uncommon, and likely to occur only if the information is personally relevant, the behaviour is easy to change and the costs of not changing are significant. Because they need to be sustained, information and awareness campaigns are potentially expensive (Productivity Commission, 2010). To minimize their costs and maximize their impact, it is sometimes suggested that they should be targeted at, and tailored to, individuals and groups who are especially at risk. Fisher (1995) makes this point by noting that it may be necessary to target pockets of high prevalence in communities, especially when risk is not evenly distributed within communities. For campaigns concerning problem gambling, older women, women with mental health issues and women who are socio-economically disadvantaged constitute some appropriate target groups (Productivity Commission, 2009).

Further complexities flow from the fact that people's receptivity to information is liable to decline over time. Accordingly, messages may need to be rotated as their impact wanes (Productivity Commission, 2010). Kimberley (2005) makes the additional point that women's willingness and capacity to "hear" gambling-related information is likely to vary as their gambling career proceeds. Women in the social stage may be receptive to information regarding gaming machines and problems, women in the solo stage may respond to messages about the dangers of gambling alone and women in the cognizant stage may be most interested in details regarding help sources.

Screening measures: As indicated above, female problem gamblers often report a constellation of problems. Their personal attributes (e.g., their turbulent personal histories, co morbid conditions, concurrent life stress and tendency to gamble in order to relieve negative mood states) have implications, not only for professional training programs, but for routine screening and assessment processes and inter-agency

collaboration. For example, professional training programs for people working in the fields of mental health, alcohol and substance abuse, domestic violence and biological medicine obviously need to address the issue of co morbidity. Likewise, organizations whose clients include women with gambling problems need to ensure that professional staff members understand the importance of a broad spectrum assessment strategy and can implement this strategy as required. To assist service providers, the Productivity Commission (2009) recommends that governments provide a one-item screen test, as part of other mental health diagnostics for optional use by health professionals and counsellors; also that screening be targeted at high risk groups, especially people presenting with anxiety, depression and high drug and/or alcohol use.

Tertiary Prevention Initiatives Targeting Women

Uptake of formal treatment: As indicated above, women are more likely to recognize significant gambling problems and to seek formal treatment than men are. By implication, men who are attempting to resolve their marital or de facto partner's gambling problems have a useful role to play in locating appropriate formal services and encouraging their use. By implication, information and awareness campaigns can indirectly assist women by increasing their male partners' knowledge of services, suggesting how the option of treatment can best be presented in the face of resistance or hostility and by identifying strategies that may help to encourage treatment completion and compliance.

Diversified treatment approaches: A number of suggestions can now be found in the literature regarding the sorts of treatment and support services that women are likely to find attractive and accessible. Crisp et al. (2000) recommend that services be community based, located in existing agencies and in non-residential settings. Slutske et al. (2009) suggest that women's engagement in treatment will be strengthened if

they are offered brief as well as lengthy treatments and treatments which accommodate their ambivalence. According to the Productivity Commission (2010), they should also be offered self-help treatments. Self-help treatments include self-help books and treatment manuals, audiotapes, videotapes, materials accessed via a computer or telephone and technologies integrating real-time computer graphics, body tracking devices, visual displays and other sensory input devices (Raylu, Oei & Loo, 2008). Some of these treatments require a moderate level of continuing interaction with a clinician while others require none. Potentially, these treatments constitute a valuable adjunct to conventional, face-to-face treatments, in the sense that they cater for women who either decline to use formal services or are effectively hamstrung by income, time and/or geographic barriers. Preliminary evidence suggests that self-help treatments can be effective but sometimes cause harm. Further and better research is needed to clarify the circumstances in which these treatments are appropriate and to establish how well different self-help modalities perform relative to each other and more traditional interventions (for discussion, see Raylu et al., 2008).

Recent years have also seen greater advocacy of therapeutic approaches that incorporate marital and de facto partners, other family members and members of the gambler's wider social networks. The potential benefits of family and network therapies are outlined not only in the gambling literature but in the addictions literature more generally, although some issues, (e.g., when joint sessions should start), remain controversial (Lee, 2002). Illustrating this development, Miller & Wilbourne, in Velleman, Templeton & Copello (2005), state that some of the most effective treatments (e.g., Behavioural Marital Therapy, Community Reinforcement, and Social Skills Training) are 'social' in nature in the sense of focusing on the alcoholic's social context and support system.

With reference to problem gambling, Tepperman (2009: 297) outlines a number of family- and network therapies that have been used for treatment purposes. The first is GamAnon, which focuses on improving the well-being of the gambler's partner while downplaying his or her role in promoting behaviour change. The second is the Johnson Intervention, which uses family intervention to force the gambler into treatment. Essentially, the gambler who refuses treatment is threatened with a list of ways in which his or her close relationships will change as a result. The third is the Community Reinforcement and Family Training [CRAFT] approach. Under this approach, partners are taught various skills, such as how to raise the issue of treatment and interest gamblers in alternative activities in order to promote individual and relationship change. The fourth is Couples Therapy, which involves partners in encouraging gamblers to change their behaviour.

One sub-type of Couples Therapy, namely, Behavioural Couples Therapy [BCT], is described by Tepperman as a well-researched, effective mode of treatment for resolving relationship problems. This therapy encourages the couple to express positive sentiments in shared activities and social interactions, thereby helping to rebuild their damaged relationship. Social Behaviour and Network Therapy constitutes an additional and unusual approach that places particular emphasis on the gambler's social network. The gambler is initially seen alone, and tries to establish a positive social network that will support recovery and exit from the gambling role. Members of this network take part in the later therapy sessions.

As noted above, other theoretical and clinical commentaries suggest that family and network therapies have the potential to be cost efficient as well as effective since several people can be treated simultaneously. Partners who attend treatment sessions may gain a clearer picture of the gambler's problems, as well as becoming more aware of their own response patterns (Orford, 1994). This awareness is important, given that some forms of response may exacerbate the

gambler's behaviour; for example, nagging and complaining are liable to have a counter-productive effect (Mermelstein, Lichtenstein & McIntyre, 1983). Attendance at treatment sessions may be especially important when partners and other family members jeopardize the recovery process in order to meet their own psychological needs. Along these lines, Lorenz (1989) notes that gambling may have secondary gains for partners who wish to avoid sexual intimacy, to feel needed, to be in control and/or to receive sympathy and attention. A further benefit for partners who take part in treatment is the opportunity to discuss the gambler's treatment plan (Steinberg, 1993). Once again, this is important, given that partners who remain with the gambler after formal treatment has ceased are well placed to influence the maintenance process (Mermelstein et al., 1983).

According to Steinberg (1993), therapists reap benefits from family and network therapies as well, in the sense that they can observe couple interactions directly rather than relying on second-hand reports. In addition, they may receive prompt feedback if participants believe the gambler is equivocating in treatment sessions or showing signs of relapse.

Barriers to the Implementation of Family and Network therapies

Although support for family and network therapies is growing, some theorists suggest that marital and de facto partners are now less likely to become involved in the gambler's treatment sessions due to changes in spousal/de facto and gender roles. According to Ferentzy, Skinner & Antz (2010), men have traditionally been less inclined than women to join GamAnon (a mutual aid organization for partners and other family members). As women maintain or extend their involvement in paid work and divorce becomes more commonplace and less stigmatized, it is reasonable to surmise that both men and women will increasingly decide to sever ties with a problem gambler rather than maintaining the marital or de facto relationship.

The development and delivery of appropriate counsellor training programs is a further issue. Family and network therapies are obviously unlikely to be effective if counsellors are not equipped the knowledge and skills on which successful implementation depends. Santisteban, Suarez-Morales, Robbins & Szapocznik (2006:262), suggest that counsellors' capacity to engage partners and other family members is an especially important training issue, given that family members are not always keen to attend treatment sessions when they themselves have no addiction problem. Findings from their research indicate that counsellors trained to implement specialized engagement strategies (e.g., well-planned telephone discussions to identify and address sources of resistance) can succeed in increasing the rate of family member participation in intake sessions and initial therapy sessions.

6.3 Interventions for Men Affected by a Partner's Gambling Problems

As indicated above, men who are adversely affected by a marital or de facto partner's gambling may benefit, directly or indirectly, from interventions targeting these gamblers. This being said, partners have their own interests and needs, and should thus be considered as entities in their own right. Orford (1994) advances this argument with reference to alcohol and drug abuse, but his comments apply to gambling as well:

What is happening to relatives may be good or bad for their own health and well-being. It may also be good or bad for their relatives with drinking or drug problems and the prospects for the latter's problem-resolution and future health and happiness. It remains an open question whether these two outcomes are compatible.

Accordingly, it is important to discuss some of the interventions that can potentially assist men.

Primary and secondary prevention initiatives targeting men

Information and Awareness Campaigns: As demonstrated by this study and others, men involved with a problem gambler are at risk in various ways. Due to the gambler's secrecy and deceit, rifts in the marital or de facto relationship and their own propensity for avoidance and denial, they may be slow to recognize gambling problems. Information and awareness campaigns (and other educative materials such as in-venue advertising and agency brochures) have scope to assist them by publicizing the signs and symptoms of problem gambling (Productivity Commission, 2009). Premarital education and counselling programs can also be used to prevent men entering a formal relationship with a gambler unawares. Specifically, Australians are now tending to marry at an older age.²⁰ It is thus reasonable to assume that many prospective partners will have credit ratings and debts as well as assets. Accordingly, individuals who are entering into a formal or de facto partnership are well advised to ascertain each other's financial position and to make careful enquiries when a prospective partner has few assets or a negative net worth. They are likewise well advised to maintain an ongoing vigilance in financial matters.

Tertiary prevention initiatives targeting men

As indicated above, men who are involved with a problem gambler can in theory obtain information, practical assistance and emotional support from people in their social networks. This being said, findings from this study and others suggest that family and friends are not

²⁰ In 2005, the median age for marriage in Australia rose to 32 years for men and 30 years for women (*Australian Yearbook* 2008).

always appropriate sources of help for gambling related problems. Shaw, Forbush, Schindler, Roseman & Black (2007) underline this reality as follows: “Research shows that the families of pathological gamblers are filled with members who gamble excessively, suffer from depressive and anxiety disorders, and misuse alcohol, drugs or both”. Shortcomings in informal support systems indicate that formal helping agencies need to reach out to men and other family members who are affected by problem gambling. In light of gamblers’ resistance to treatment, they also need to offer forms of assistance that do not necessitate the presence of the gambler.

Therapies that do not necessitate the presence of the gambler: Therapeutic approaches that do not necessitate the cooperation or presence of the gambler are obviously important when gamblers reject treatment or decline to have family members involved. As Grant Kalischuk et al. (2006) point out, engaging the gambler in treatment and reducing gambling behaviour may sometimes need to be posited as secondary goals for family members, who can only change their own behaviour and hope that this has ripple effects.

To empower family members who are affected by another person’s addiction, and to help them cope most effectively, Copello, Templeton, Orford & Velleman (2010) outline a treatment approach titled *The 5-Step-Method*. According to these theorists, the 5-Step-Method can be implemented by a range of professionals in primary care and specialist settings. Essentially, this treatment approach assumes that individuals who experience an addiction problem in the family are liable to encounter a range of stressors and may eventually manifest strain (i.e., symptoms of psychological and physical ill health). In an effort to deal with their family situation, these individuals will normally deploy a range of coping strategies which may affect their personal health, the well-being of other family members and the course and development of the addiction problem in positive and/or negative ways. This point being made, it is important to reiterate that although the 5-Step-

Method focuses on family members who are affected by a relative's addiction and emphasizes family interactional processes, it does not presume that family members have necessarily caused or exacerbated the addiction problem. Rather, it assumes that family members are ordinary people facing a challenging situation, and people who have the capacity to cope well when they are provided with an appropriate level of knowledge and support. Consonant with this assumption, counsellors are expected to take a non-judgmental and exploratory stance and to work collaboratively with family members, buttressing their knowledge and confidence rather than assuming the role of expert.

Step 1 in the 5-Step-Method involves getting to know family member(s) and establishing how the addiction problem affects them individually and as a group. Step 2 involves the provision of useful information according to family members' needs and interests (e.g., information about gambling careers, motivation to change and the recovery process). Step 3 comprises an open-ended discussion of coping options. The discussion is open-ended because each family is considered to be unique and because it is recognized that the costs and benefits of different forms of coping are liable to fall unevenly on different family members. By extension, it is believed that family members will be best helped if they are encouraged to assess the pros and cons of their current coping strategies and to consider whether alternative strategies would work any better. Step 4 involves the identification and enhancement of social support. The goal is to build a stronger support system for family members and to enhance positive forms of communication and joint problem solving. Step 5 involves the identification of family members' ongoing needs and ways in which these needs might be addressed. It is worthwhile to note that family members who are perceived to have an addiction problem can be invited to attend the 5-Step treatment sessions. Nonetheless, counsellors are expected to treat the needs of other family members as their primary area of concern.

Preliminary research studies involving people affected by a family member's drug and/or alcohol consumption indicate that the 5-Step-Method is helpful to those involved. For example, quantitative findings suggest that symptoms which are high at baseline (i.e., prior to treatment sessions) are significantly reduced after the sessions have finished. Coping behaviour also shows some changes. Family members' comments further suggest that there are knock-on effects; for example, better relationships between the drug or alcohol user and other family members (Copello, Templeton, Orford & Velleman, 2010a). Additional research is now needed to assess the utility of the 5-Step-Method when addictive behaviours concern gambling rather than alcohol and/or drug abuse.

To what extent Australian service providers working in the field of gambling are familiar with the 5-Step-Method or other family- and network-focused interventions is currently unclear. Embedding these forms of intervention into routine service provision and ensuring that frontline service providers have the appropriate competencies are two major challenges for the future. As noted by the Productivity Commission (2009), meeting these challenges may entail collaborative efforts by state and territory governments to establish national minimum standards in regard to professional accreditation and training programs.

Third party exclusion schemes: Third party exclusion schemes aim to assist family members who are adversely affected by excessive gambling and have been instituted in local and overseas jurisdictions. In Australia, laws regarding third-party exclusion schemes vary from state to state. South Australia's *Problem Gambling Family Protection Orders Act 2004* is especially comprehensive. Under this legislation, the Independent Gambling Authority (IGA) is expected to investigate the merits of an involuntary exclusion and to allow the gambler to respond. Gamblers can be required to participate in counselling, to stay away from particular gambling premises, to return money as well

as personal property and to cease any harassing or intimidating behaviour. The law is narrower in Tasmania, where section 112C *Gaming Control Act* allows a person with a close personal interest in the welfare of a gambler to apply to the Tasmanian Gaming Commission for a third party exclusion order. The Commission can issue an exclusion order if it is satisfied that this serves the interests of the gambler and the public at large (Brading, 2005). Although Australian third party exclusion schemes are narrow in scope and infrequently implemented (Patford, unpublished paper), they nonetheless constitute an additional form of support for spouses/de facto partners and dependent children whose welfare is compromised by gambling. Further assessments of their efficacy and capacity for expansion are obviously desirable.

6.4 Additional Recommendations for Policy and Research

Clearly there are many fruitful areas for future research, but only six will be highlighted here.

As indicated above, empirical studies in various fields of addiction testify to the potential of family and network therapies. With reference to problem gambling, the literature suggests that researchers now need to establish some consensus on appropriate outcome criteria for family and network therapies and to ascertain how these therapies perform relative to more standard forms of individual counselling (Copello, Templeton & Velleman, 2006; Rychtarik & McGillicuddy, 2006). Process evaluations are also desirable to clarify how change occurs (Tonneatto & Ladouceur, 2003).

The second concerns the impact of problem gambling on children. As McComb et al., (2009) point out, despite awareness of the importance of developing interventions for children, research on child-focused

interventions is difficult to locate. Parents in the process of separating have been found to be oblivious of children's needs and concerns, either because they are self-preoccupied or unable to cooperate (Wallerstein & Kelly, 1980). By extension, it is reasonable to expect that gambling-related conflicts between children's parents and/or caregivers will sometimes lead to neglect or abuse. When both parents gamble to excess, children may be especially vulnerable. According to McComb et al., (2009), some gamblers minimize the impact of gambling on children and exclude them from counselling, thereby blocking access to formal support. Potential tasks for counsellors dealing with children include: (i) providing children with a safe environment in which they can voice their feelings and opinions; (ii) helping children to interpret gambling-related behaviours and (iii) referring on when children's basic needs are not being adequately met or when they are sustaining physical and emotional abuse.

The third area for future research concerns the provision of informal help. As indicated above, informal help is not always desired or available, but on some occasions at least, it can be sensitive and effective. Information and awareness campaigns have the potential to assist informal helpers, in part by identifying positive forms of response. Krishnan & Orford (2002) provide some useful guidelines here, documenting behaviours that family members appreciate (e.g., offering practical support to the gambler) and behaviours that they dislike (e.g., losing patience with the gambler). Greater knowledge regarding people's choice of informal helpers and the way in which informal helpers construe and enact their role will help to inform community education initiatives.

A fourth and corollary area for future research concerns the particular ways in which marital or de facto partners can help problem gamblers to quit. In some instances, both individuals will gamble, and specific intervention challenges may arise when their motivation to quit is discrepant. In other situations, both may be motivated to quit, and will

thus need to provide and receive support simultaneously. A preliminary question for researchers and clinicians trying to effect some form of dyadic intervention is whether partners perceive quitting as a jointly managed or individual enterprise (for discussion, see Sterba, Rabiou, Carpenter, Villar, Wiatrek & McAlister, 2011).

The fifth area for future research concerns self-care strategies. As Holt & Treloar (2008) point out with reference to drug treatment clients, people afflicted by anxiety and depression commonly develop a range of self-care practices to maintain or restore their health when they are grappling with adverse life events. These practices may include self-medication, seeking social support, physical exercise and counselling-derived techniques. They do not necessarily substitute for effective formal treatment, but may nonetheless help people to live satisfactory lives. To date, there is little information regarding the self-care strategies employed by the partners of problem gamblers. This gap in knowledge warrants redress, in part because many self-care practices are free or low-cost activities; i.e., they are potentially within the range of people in straightened financial circumstances.

The sixth area for research concerns legal issues. As Brading (2005) points out, current Australian laws offer little help to the partners of gamblers who may reasonably wish to protect the family home, to conserve personal money and property; to avoid liability for joint loans and bankruptcy and to have gambling losses weighed in the balance when marital assets and property are distributed after divorce. Unfortunately, the issues involved are thorny and complex; for example, current privacy laws provide a cloak of secrecy for problem gamblers and problems associated with proof sometimes undercut partners' claims in court. The quality and helpfulness of the financial advice offered to problem gamblers and their partners has yet to be thoroughly researched. Patford (2003) concludes that some service providers may disadvantage gamblers' partners by focusing narrowly on emotional and relationship issues and ignoring cues pointing to

financial abuse. The limited focus of some treatment providers is likewise mentioned in another Australian study concerning gamblers' views on the efficacy of services (Delfabbro & Evans 2003).

Finally, there is the issue of screening. As noted above, current screens record indicators of 'harm' only from the perspective and experience of regular gamblers, thereby diverging from Australian definitions of problem gambling which allude not only to the consequences experienced by the gambler, but to the consequences experienced by members of the gambler's family and the community at large. Some Australian prevalence surveys have briefly explored the repercussions of problem gambling by asking respondents to state whether any person in their family or social network has had a gambling problem; however, none has so far ascertained the nature or extent of those effects to inform a definition of the gambling problem from the perspective of those suffering harm (McMillen & Wenzel, 2006:168-9). By implication, researchers have scope to facilitate future policy-making by developing a prevalence measure with a harm-based sub-scale (Walker & Svetieva, 2010).

6.5 Strengths and Limitations of the Study

Certain aspects of the present study's methodology need to be noted in conclusion. Specifically, the study relied on a small number of volunteers, and the degree to which its findings apply to other groups is obviously unclear. Participants' stories were taken at face value, even though their level of honesty and self-understanding cannot be decisively gauged (Benner, 1984). In addition, the study took a broad-brush approach. Many of the issues it covers warrant further and more fine-grained empirical research; for example, we still know little about men's ability to mobilize informal helpers, the steps they take (or fail to take) in order to protect family property and assets and the reasons why they decide to maintain, or sever, their ties to a problem gambler.

These limitations being noted, the study has a number of strengths. It used a variety of recruitment techniques rather than relying on a clinical population as many previous studies have done. Its analysis derived from a limited number of narratives, but these were sufficient to illuminate differences and commonalities in personal experience and understanding. The limited information about men with gambling partners also justifies its exploratory and descriptive approach.

6.6 Concluding Comments

The present study explored how a number of men experienced, understood and responded to problematic aspects of a marital or de facto partner's gambling. Its findings testify to the stressors that men in this situation confront and the quandaries they experience in regard to coping. Further studies of spouses and de facto partners are important, firstly because these individuals are often at financial risk, and secondly because they are often closest to the gambler and most strongly motivated to assist. Many social forces work against them; for example, problem gamblers may fund their habit via easily obtained credit cards and their fragile resolutions to quit may not withstand the gambling industry's promises and inducements. In some instances, men who are trying to curtail their partner's gambling may not be strongly supported, in part because their friends and relatives are gambling heavily themselves. In summary, men who are affected by problem gambling should not be left to cope alone. Rather, their support and protection should now be a key concern, not only for federal, state and territory governments, but for researchers, formal service providers and the gambling industry itself.

APPENDIX A

Table 1: Characteristics of Male Participants and their Partner's Gambling Mode

Participant No.	Gambling involvement	Age	Job Status	Relationship to gambler	Partner's gambling mode
1	Rec gambler	32	Employed	Married	Pokies/keno
2	Non gambler	48	Self-Employed	Married	Pokies
3	Rec gambler	41	Employed	Divorced	Pokies
4	Non gambler	52	Employed/PT	Married	Pokies
5	Reg gambler	67	Self-employed	Widowed	Pokies
7	Rec gambler	43	Disability Pension	Separated	Pokies
8	Rec gambler	28	Employed	<i>De facto</i> partner	Pokies/keno
9	Non gambler	62	Retired	Married	Pokies
10	Non gambler	24	Employed	<i>Ex de facto</i> (ss)	Pokies
11	Reg gambler	28	Employed	<i>Ex de facto</i>	Pokies
12	Reg gambler	34	Employed	Married	Pokies/horses
13	Rec gambler	41	Employed	Married	Pokies

Rec gambler: Recreational gambler

Reg gambler: Regular gambler

PT: Participant working part-time

ss: Same-sex relationship

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