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A feminist slant on counselling the female gambler: Key issues and tasks

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This article explores key issues and tasks involved in counselling women who are gambling at a problematic level. It draws upon feminist literature, gendered studies and research specific to the female problem gambler — including findings of a recent study, *Voices of Women Who Gamble in Ontario: A Survey of Women's Gambling, Barriers to Treatment* (Boughton & Brewster, 2002). The study, referred to here as *Voices*, involved 365 female gamblers from across the province of Ontario.

A social context for understanding women's gambling and related problems

“No one has the luxury of a gender-free view of the world, and there is plenty of evidence that the genders see the world differently” (Chambliss, cited by Grant, 2002, p.7). A gendered analysis is not simply about sex (physical, biochemical or genetic differences between men and women) but about “different roles,

responsibilities and activities prescribed for women and men, based on cultural conventions and expectation. These differences relate primarily to power — the relative possession or absence of it" (Grant, 2002, p.4).

Gambling also reflects gender differences. "Women experience gambling and gambling problems differently than men" (Brown & Coventry, 1997, p.25). These differences emerge in "underlying motivations to gamble and in problems generated by excessive gambling" (Potenza et al., 2001; see also Crisp et al., 2000; Delfabbro, 2000; Martins, Lobo, Tavares & Gentil, 2002). To appreciate this, consider male and female orientations to the world. Tannen (1990, p.25) writes that men engage the world as "individuals in a hierarchical social order" in which one is either one up or one down. It is a "world of status where independence is key." Women approach the world as "individuals in a network of connections. Life is community, a struggle to preserve intimacy and avoid isolation. Though there are hierarchies in this world too, they are hierarchies more of friendship than of power and accomplishment."

Although Tannen notes that these differences are a matter of relative focus and degree, it is a helpful paradigm for understanding the typical gambling choices of men and women. Men tend to prefer fast action and competitive games based on some degree of strategic skill. Male tendencies to promote themselves in a hierarchy by beating other players or showing a superiority of skill are facilitated in card games, sports betting and handicapping. Thus, Fischer (cited by Walker, 1992, p.80) discovered that for male adolescent fruit-machine players the "acquisition of self-esteem and recognition among peers for the prowess shown was more important than monetary gains. Fruit machines become an arena of contests through which social hierarchies are worked out." Males score significantly higher on competitiveness and mastery than do females, "placing more value on outperforming others and winning in competitive situations" (Martin & Kirkcaldy, 1998, p.4).

Female priorities of connection and intimacy are better met in games where winning is not at the direct expense of others. Women generally prefer games that are less directly combative: for instance, games of chance such as bingo, slot machines and scratch tickets (Wiebe, Single & Falkowski-Ham, 2001). They often gamble in a social context in which relationships are nurtured. Dixey (1987, p.207) notes that bingo winnings are usually shared: "Sharing is a way of sustaining special networks." Women are more concerned about being liked than jockeying for status: "Having information, expertise or skill at manipulating objects is not the primary measure of power for most women. Rather they feel their power enhanced if they can be of help" (Tannen, 1990, p.68). Indeed, Brownlow, Whitener and Rupert (1998, p.283) hypothesize that women "may also misrepresent their levels of capability in order to be more likeable… Women are perceived as unlikeable,

unfeminine and unfriendly when they show competence and dominance."

In keeping with this women are prone to minimize differences and be modest and self-effacing rather than boastful (Tannen, 1990). This may partially explain why King (1990) found that bingo players tend to make excuses and deny responsibility for winning, interpreting wins as luck. She hypothesizes that the women struggle with a moral conflict about playing for self-interest (greed) rather than for charity. They may also be concerned with symmetry in relationships, sensitivity to the feelings of others and a socialization process that encourages modesty and eschews competition. But not all women avoid competition; some female gamblers, particularly middle-class career women "become empowered through competition in a male-dominated world" (Lesieur & Blume, 1991, p.191).

Problem gambling and women

Whether or not they seek treatment, most women with gambling-related problems experience difficulties related to playing scratch tickets, bingo and casino slots (Potenza et al., 2001; Rush & Shaw Moxam, 2001; Wiebe, Single & Falkowski-Ham, 2001). The most common gambling activities of the women in the *Voices* study were lottery tickets (87%), instant win or scratch tickets (83%), casino slots (71%) and bingo (64%). On average, the women played 4.2 different games each month, the majority selecting casino slots or bingo as their first choice or favourite game.

Many (74%) of the women in the *Voices* study scored as probable pathological gamblers on the South Oaks Gambling Screen (>4) and 20% scored as having some gambling problems (1–4). The women described an escalation in play and an increase in risk tolerance related to their gambling. They increased the time spent gambling (47%), the number of games played (51%) and the amount of money per hand or game (58%). While 56% tend to increase play when they win, playing until the money is gone, only 36% report cutting back on gambling after losing. The women gamble during the day (78%), the evening (85%), and sometimes, through the night (43%).

Access to money is a factor: 60% of the women gamble *whenever I have or can get the money to do so* and 41% *play more at certain times of the month because of the availability of money*. Many (55%) have become immune to the losses. Another 43% find that *the game loses interest if I try to cut back on the amount of money played*.

The women surveyed identified multiple drawbacks to gambling. Financial concerns — *losing money I can't afford* — was the most frequent response (59%), followed by *stress over money loss* (53%) and *financial worries about the future*

(54%). Another concern was *secrecy over time* or *money spent gambling* (57%). While only 33% named gambling-related debts as a drawback, some women focused on financial concerns directly related to the gambling; for instance, *diverting money from other things* (41%), *spending savings or inheritance* (28%), *interest charges on credit cards* (25%), *confrontations about spending* (24%), *borrowing* (19%) and *spending the whole paycheque on gambling* (19%).

The significant differences between the women gambling at a pathological level who have never attended treatment or Gamblers Anonymous (GA) and those who have are interesting. Although the demographic and gambling profiles are the same, the latter group reported risking much larger amounts of money at one time and having much higher gambling-related debts ($18,366 compared to $4,000). It would seem that increasing financial distress is a factor in propelling women to seek treatment.

A second cluster of drawbacks describes psychological or emotional distress. A large percentage of the women identified guilt (46%), anger (45%), depression related to gambling (43%), worry (37%), fear and anxiety related to gambling (31%) and loss of self-esteem (28%). Ten percent. indicated both suicidal thoughts and/or attempts related to the gambling and increased use of medications for anxiety and/or depression.

A third group of drawbacks concerns the negative impact on relationships: *losing the trust and respect of others* (43%), *breaking promises to oneself or others* (34%), *increased tensions and arguments* (24%) and *lying and manipulations* (19%).

Despite the considerable drawbacks to gambling identified by these women in *Voices* many were resistant to treatment. Almost 90% had thought about making changes in the 12 months prior to the study, 25% said they think about it all the time. Most (80%) had tried to stop or cut down on gambling; however, the majority had never sought gambling-specific counselling (89%) or attended GA (91%). Although a number of barriers exist, including lack of awareness of services, a significant number of women identified fears that treatment would *require me to give up all gambling when I don't want to* (57%). Consistent with this they supported a harm reduction approach to change that included moderation (51%) over total abstinence (29%).

Although other motivations affect women's reluctance to cease gambling, one clear barrier is the “eternal spring of hope.” Many women hope for a big win to *resolve problems* (59%) and *improve their life situation* (41%). Intermittent experiences of winning, exposure to other people's wins and promotions by the gaming industry may reinforce this hope and strengthen resistance to abstinence. This element of hope distinguishes women problem gamblers from women with substance use

disorders: although both groups may seek escape and relief from stress, the gambler actively believes that the outcome of the behaviour will be positive, improving her life in the long run. This belief influences women's preference to set controlled gambling as the goal of treatment. While it is a legitimate treatment goal, it can complicate treatment. Significant wins may lead to a shift in motivation and the return to problematic gambling.

Summing up, female problem gamblers are involved predominantly in the continuous-play forms of gambling. They report increasing involvement and preoccupation as gambling progresses. The multiple negative consequences often involve financial pressures and intra-psychic issues of guilt and shame, compounded by emotional distress and relationship problems. Despite the consequences of gambling and thoughts about making changes, many women are unwilling to cease gambling entirely.

Relationship concerns

Feminist therapists direct us to the centrality of relationship and connection in the lives of women (Claremont de Castillejo, 1973; Gilligan, 1993; Greenspan, 1983; Miller, 1986; Tannen, 1990). Relationship issues are also important in the treatment of both women with gambling problems (Mark & Lesieur, 1992) and those struggling with drug and alcohol dependence (Currie, 2001; Wilke, 1994).

Married female problem gamblers often have poor relationships. Their marriages are often chaotic, marked by spousal addiction to drugs or alcohol, mental illness, infidelity or absences, anger and abuse (Boughton & Brewster, 2002; Lesieur & Blume, 1991). Many women in the *Voices* sample reported having spouses with gambling (22%) or drug (32%) problems. This resembles the relationships of women struggling with chemical addictions, of whom Gordon (2002) reports that an estimated one-third to one-half are living with a person who also has a drug or alcohol addiction. Often women have difficulties with anger, assertiveness and setting relational boundaries; thus, it is no surprise that 45% to 50% of respondents identified assertiveness, setting healthy boundaries, dealing with anger and conflict and meeting personal needs in relationships as very or extremely helpful topics to address in treatment. There were no significant differences between the married, single, divorced or widowed women in this; however, women who indicated abuse in their current relationships (n=84) selected these interpersonal issues as helpful more frequently and showed less interest in the topic of sexuality (28%).

Curiously, although important to almost half of the women in the *Voices* study, topics related to relationships were selected less frequently than topics related to personal enrichment, finances and leisure. This challenges the emphasis on relationships in the feminist literature. Perhaps the average age (45) of the women

in *Voices* helps explain this in that many of the women may have resolved relationship tensions, accepted or resigned themselves to the status quo or separated from unhappy partnerships. It may also be relevant to consider other social pressures and stresses in women's lives.

Women are society's caregivers, constituting 80% of people providing care, whether or not that care is paid for or provided in institutions or at home (Grant, 2002). Even when employed outside the home, women are still "largely responsible for looking after their homes and families" (Statistics Canada, 2000). The "demand to be Superwomen, juggling family and career, has created a whole new set of problems for women who feel that they should, but do not, measure up" (Greenspan, 1983, p.287). Stress is increasing for women at a rate that places stress levels above those of men (Grant, 2002) and the "greater burden on women to provide care… affects the health of women rather than men" (Morris, 2002, p.2).

It is not surprising then that dealing with stress was the issue most often identified as problematic (72%). Gambling counsellors also identified stress most frequently (98%) as an issue for female gamblers (Brewster & Boughton, 2002); it pre-empted relationship concerns. This might reflect some exhaustion and frustration with caretaking demands and the "sex-class" expectation to perform the "labour of relatedness" (Greenspan, 1983, p.228). Dow Schull (2002, p.2) argues this, proposing that for many women gambling is a highly addictive mechanism of "escape from what they experience as an excess of demands and responsibilities to care for others."

The *Voices* women confirm the role of gambling in escaping stress and overwhelming responsibilities. Between 40% and 60% cited items related to stress relief as very or extremely important gambling motivations: *relief from stress* (53%), *a break from reality* (49%), *escape from problems or worries* (48%), a *break from responsibilities or work* (46%). Reasons of autonomy were also common: to be *free to do what I want* (56%), to *treat myself* (48%) and to *have time for myself* (46%).

Women demonstrate a greater sense of responsibility for the well-being of others and experience more life-stress than men as a result. Lerner (1985, p.20) notes women are socialized to be over-responsible in relationships, "prone to de-self, putting the needs of others first, allowing too much of herself to be negotiable under pressure from the relationship." Women may also be poor at self-care, feeling guilty and selfish about taking time for themselves (Lesieur & Blume, 1991). Many lack a healthy balance between caring of their own needs and caring for others. Perhaps the women in *Voices* illustrate a shift in relational interests, a shift, sometimes defiant, away from caretaking and into self-care. Their responses emphasized the critical importance in treatment of addressing issues of personal enrichment: *dealing with stress* (72%), *self-esteem* (63%), *empowerment* (57%),

spiritual well-being (53%) and *dealing with burn-out* (41%). Dow Schull (2002, p.11) notes that, paradoxically, gambling involves more loss of self: “Although the women who spoke with me frequently remarked on the way in which their caretaking behaviour disappears when they gamble, surprisingly they did not talk about gambling as a means of asserting a coherent, independent self. Instead, they described both caretaking and gambling as activities that can bring about a loss of self.”

Dealing with relationship issues is valuable in the treatment of female gamblers; however, in counselling women, we must be careful not to collude with societal and internalized expectations and pressure women to engage in yet more caretaking to fix problematic relationships. While skill training in areas such as assertiveness may benefit the client, it may be more essential to attend to and explore more effective means of self-care. Counsellors need to validate a woman's right and need to “escape” but encourage her to find healthier ways than gambling to nurture and reward herself.

Support issues in recovery

Many female gamblers are separated, divorced or single; about half of female problem gamblers are married (Boughton & Brewster, 2002; Lesieur & Blume, 1991; Rush & Shaw Moxam, 2001). As noted, some have partners with drug, alcohol or gambling problems. Gordon (2002, p.14) observes that partners may resist treatment for themselves or their mates and “because women are heavily influenced by their partners' attitudes towards treatment, these women often fail to seek treatment.”

A lack of spousal support may be a treatment issue. Many women fear their spouse's anger or rejection if they disclose the extent of the gambling. The literature suggests that husbands of women with gambling or alcohol use problems are more likely than the wives of men with gambling or alcohol use problems to leave the marriage (Custer & Milt, 1985; Gordon, 2002; Lesieur & Blume, 1991). This is compounded by the strong shame and guilt many women feel, which leads them to cloak the gambling in secrecy, not only from partners but also from friends and family members who might be willing to help.

Some of the women in *Voices* indicated that they don't have anyone to support and encourage them in making changes (18%) and many identified *fear of being recognized* (17%), *fear of having others learn of the gambling* (22%), *fear of being criticized or judged* (34%) and *embarrassment or shame* (33%) as barriers to seeking treatment. Furthermore, many of the women (73%) believe *I should be able to make changes on my own*, which also prevented them from reaching out for support. Such self-reliance is commonly identified as a barrier for women to

seek support and help (Gordon, 2002; Hodgins, 2000).

In short, support systems for women wanting to change their gambling behaviour are often non-existent or limited, increasing their isolation. Developing these supports can be key to recovery. Women's groups can be vital. Mark and Lesieur (1992, p.556) suggested 10 years ago that "treatment is currently meeting the needs of only the male segment of the population" arguing that women-only groups are advisable in early recovery. Mixed gender groups can be less effective for some women because of what they refer to as a "masculine tilt." Other researchers also note that different gambling styles, preferences and issues between men and women make it difficult for women to seek help in co-ed groups. The dropout rate from Gamblers Anonymous is high for women; they have difficulty gaining credibility and empathic acceptance as a gambler (McGurrin, 1992). Hulen and Burns (1998, p.12) note that women often feel uncomfortable: "Most men whom I know cannot relate to female gamblers, nor can most women relate to male action gamblers. Many male, egotistical, controlling action gamblers, like myself, looked down on female gamblers…. Women were hit on in male-dominated meetings. Swearing was commonplace. Women were made to feel unwanted." One woman, notes Wildman (1997), had difficulty getting admittance to GA because she had trouble convincing them that she was a gambler.

Second, co-ed treatment can impede successful outcomes because of women's common histories of harmful or painful relationships with men (Underhill, 1986; Wilke, 1994), and focusing on gender dynamics may be counterproductive in early recovery, when women are vulnerable and need a safe, supportive environment.

Third, socially conditioned gender roles and power dynamics are active in mixed groups. Males tend to dominate, speaking more often and interrupting others. They "use manipulative techniques to silence women or direct the discussion" (Wilke, 1994, p.32). Women use more language that connotes uncertainty when men are present than when in a group of women. In short, the tendencies of women to nurture others, to "de-self" and underfunction in relationships with men is recreated in the group context. It becomes problematic in meeting women's recovery needs. As Deborah Smith, executive director of the California Women's Commission on Alcoholism quips: "In mixed groups, men talk about their problems. The women support the men. The men get better, the women don't" (cited by Underhill, 1986, p.47).

These factors combine to make women-only groups preferable to meet the recovery needs of many women. *The Hidden Majority* (Addiction Research Foundation, 1996), a guidebook for counsellors who work with women, notes that such groups offer freedom and increased comfort to talk about issues such as sexuality or intimacy, body image, the impact of factors such as PMS, pregnancy and menopause, and their experience of violence. Women learn to value

themselves and other women. They understand and share similar experiences. This process of normalizing, sharing and supporting is a critical therapeutic factor in change It brings hope and energy to recovery (Yalom, 1985). Evidence shows that a women-only treatment group "produces positive results for women in terms of increased self-esteem and sense of personal power" (Wilke, 1994, p.32). Moreover, women may benefit socially; group members often form bonds of friendship, offering both extended support and recreational networks. This helps to address issues of isolation, boredom and loneliness.

The women in the *Voices* study frequently endorsed the option of a women's group as a very helpful or extremely helpful treatment service and showed a significant difference, almost two to one, between the perceived value of a *women's group* (59%) and a *co-ed group* (33%).

Social and leisure issues for female gamblers

Women's needs for relationship, connection, social comfort and safety help mould their choices of gambling venues, in particular, their attraction to bingo halls and casinos. Brown and Coventry (1997, p.14) write that "fear of sexual harassment and violence still make many public spaces out of bounds for women. Gaming venues are one of the few places where women feel safe enough to attend alone." Dixey (1987, p.206) also notes "the absence of male domination in these venues allows women to relax and to be in control of any sexual innuendo."

Brown and Coventry (1997, p.14) also suggest that women prefer "local venues where they feel safe and a sense of belonging. Gambling provides a cheap means of entertainment, a social outlet by which the women can escape their home and be with other women." While this is true, gambling often ceases to be a social activity for women who develop problems. More than half (55%) of the women in *Voices* gamble mostly alone or always alone, and the social activity aspect of gambling, *to spend time with friends*, was the least frequently identified incentive (16%). While many women indicated that gambling helps them *feel less lonely* (34%) and *less isolated* (30%), fewer women saw gambling as a *way to spend time with friends* (28%) or their *partner* (9%) or *look for romance* (4%). They were more likely to indicate that gambling allows them to *be around people without the pressure to talk* (41%) and *to be alone* (33%).

These findings are consistent with the observation by Specker, Carlson, Edmonson, Johnson and Marcotte (1996) that many female problem gamblers tend toward isolative gambling behaviour. Though social reasons may help account for their initial involvement in gambling, it becomes asocial as problems develop. As Griffiths (1999) notes, most problem gamblers report that gambling becomes a solitary activity. Ultimately, many female problem gamblers suffer the

same fate as many of their alcoholic counterparts. What may begin as a way to reduce isolation and meet social needs ends up creating more isolation as a result of the increasing preoccupation with gambling and the internal shame it generates.

Reconnecting socially and replacing gambling with satisfying, meaningful social and leisure alternatives are critical for many women, but finding these alternatives is often a challenge. This was underscored in the *Voices* study. Over two-thirds of the women identified *meaningful use of my free time* (70%) and *having fun* (69%) as very or extremely helpful topics to be addressed in treatment. Sixty-five per cent recommended accessible, affordable and safe alternative leisure activities as key prevention measures. Furthermore, over half (54%) considered *dealing with isolation and loneliness* an extremely helpful treatment topic. Unmarried women, women with a psychiatric history and bingo players were significantly more likely to identify this as helpful. Concurrent issues can complicate the already difficult and challenging task of filling the leisure vacuum created by abstinence.

Concurrent issues of female problem gamblers

Many women struggling with gambling are also dealing with mental health issues, depression and anxiety being the most common. Although Greenspan (1983) notes that depression is endemic to women as a group, the rates among women who gamble are higher than for women in the general population (Specker et al., 1996; Westphal & Johnson, 2000a). In Ontario, the prevalence of depression in the general population of women is 10% and anxiety, 28% (Zoutris, 1999). But even higher percentages of the *Voices* respondents reported having seen a professional for *depression* (63%) or *anxiety* (53%).

Specker et al. (1996, p.78) found that female problem gamblers have significantly higher rates of anxiety disorders than male gamblers (73% vs. 16%); and the most frequently diagnosed personality disorder was avoidant, diagnosed in 13% of the females but none of the males. They refer to women with isolative gambling behaviour described earlier as “avoidant gamblers.”

Concomitant problematic behaviours are common. Westphal and Johnson (2000a) found two to three comorbid disorders in addition to gambling. Women were dealing with anorexia or bulimia (11%), overeating (55%) and compulsive shopping (39%) significantly more often than men (also Black & Moyer, 1998; Lesieur & Blume, 1991). Likewise the *Voices* women reported considerable levels of current or past problematic behaviours. The most common current problems were *smoking* (48%), *binge eating* (27%) and *compulsive shopping* (24%). The rates of problematic behaviours were higher than the rates reported in studies of the general population (Adlaf & Ialomiteanu, 2001; Christenson et al., 1994; Woodside et al., 2001).

Studies of problem gamblers report varying rates of substance use problems (Black & Moyer, 1998; Lesieur & Blume, 1991; Specker et al., 1996; Westphal & Johnson, 2000b). Generally, women are less likely than men to have alcohol problems or use illicit drugs (Potenza et al., 2001; Toneatto & Skinner, 2000; Westphal & Johnson, 2000b). However, more female than male gamblers report lifetime use of psychiatric medications, inappropriate use of medications and medication use at the time of seeking treatment (Toneatto & Skinner, 2000).

Issues of abuse and trauma

Women who are vulnerable to developing gambling-related problems often have a family or personal history of trauma and abuse. Their childhoods were often traumatic, impacted by parental alcohol abuse, gambling problems or mental illness (Custer & Milt, 1985; Jacobs, 1986, 1993; Lesieur & Blume, 1991). Similarly, the *Voices* women report high rates of family problems: including fathers (38%), siblings (28%) and relatives (28%) with alcohol-related problems, and mothers (20%) and siblings (24%) treated for psychiatric issues. Gambling problems within the family were ascribed to mothers and fathers at the same rate (16%).

In the general population, a history of physical and/or sexual abuse is significantly more common in females than males (MacMillan et al., 1997; Specker et al., 1996). Specker et al. (1996, p.79) suggest “physical/sexual abuse is a precipitating factor in pathological gambling”; female gamblers in this study had high rates of physical or sexual abuse, “considerably higher than child abuse rates of 1% to 2% found in a national sample.” The *Voices* women also report high incidents of childhood physical abuse (41%) and sexual abuse (38%). These childhood rates are higher than in the general population of women in Ontario (21%; 13%) (MacMillan et al., 1997).

Almost half (46%) of the *Voices* women also report experiencing physical abuse as adults and 28% report experiencing sexual abuse as adults. Although alarming, these rates are on a par with a Statistics Canada (1993) finding that half of Canadian women (51%) have been victims of at least one act of physical or sexual violence since the age of 16. Turning to domestic relationships, Lesieur and Blume (1991) report that 29% of the married female problem gamblers had physically abusive husbands. Thirty per cent of the *Voices* respondents report physical abuse in current relationships; which is a much higher rate than partner violence towards women (8%) reported by Statistics Canada (1999). More than half (51%) of the *Voices* sample also report physical abuse in past relationships.

Given the endemic nature of violence towards women, and the concurrent issues and life stress many women face, not surprisingly, women are often described as “escape gamblers” (Blaszczynski, 2000; Blaszczynski, Walker, Sagris & Dickerson,

1999; Brown & Coventry, 1997; Custer & Milt, 1985; Hulen & Burns, 1998; Jacobs, 1986, 1993; Lesieur, 1989; Lesieur & Blume, 1991). Gambling, like substance use, serves as a means of changing mood states. For some women, the psycho-physiological mechanism of escape is mediated through the action of the game: "Action is an aroused euphoric state comparable to the high derived from cocaine or other drugs. Action means excitement, thrill and tension…. Being in action pushes out other concerns for women" (Lesieur & Blume, 1991, p.186). For others, the mechanism may induce dissociative experiences (Jacobs, 1986, 1989, 1993). Many female gamblers (like many women in treatment for chemical dependence, many of whom are addicted to tranquilizers) are seeking a way to numb emotions, shut out the world and orchestrate a time-out. "Gambling is a psychic anesthetizer with tension-relieving and anti-depressant (analgesic) effects. It provides relief from psychic distress, including anxiety, depression, anger, loneliness, emptiness, boredom, worry, hopelessness. Relief and escape gamblers differ in seeking the analgesic rather than the euphoriant effects of gambling" (Custer & Milt, 1985, p.29).

The motif of escape was apparent among the reasons for gambling. Among *Voices* respondents, between 40% and 60% indicate their gambling is related to mood management: used to *cheer myself up* (61%), *deal with boredom* (52%), *feel less depressed* (44%), *feel hope* (51%), *feel charged and energized* (43%), *soothe myself* (40%) or *get* a *break from reality* (49%).

Summing up, counsellors working with female problem gamblers must be conscious of the layers of the addictive gambling behaviours and possible co-mingling with mental health issues, which are often accompanied by a history of abuse and trauma. Working with women means attending to the whole person and often involves addressing more than a specific focus on the gambling behaviours. Many fall into the emotionally vulnerable subgroup described by Blaszczynski (2000). To the extent that gambling is a coping or survival strategy to deal with psychological, physical and emotional pain, changes to behaviour will not occur without attention to underlying issues, either in treatment sessions or through appropriate referrals.

Financial issues of female gamblers

When gambling reaches problematic levels, gamblers are often in or bordering on financial crisis. On average, the *Voices* women spent the equivalent of 80% of their personal net income on gambling. The average gambling-related debt was almost $7000. Consistent with this financial stress, they frequently identified topics related to finances as very or extremely helpful to address in treatment: *ways to increase income* (69%), *money management* (66%), *money values* (60%) and *resolving debts* (60%).

Financial counsellors tell us that money conflicts are a chief factor in marital discord (Barbanel, 1996; Blumstein & Schwartz, 1983; Collins & Brown, 1997; Dowling, 1998; Mellan, 1994). Thus, it is not surprising that almost half (49%) of the women in partnered relationships selected *couples and money* as an extremely helpful issue to address in treatment. Finances are a potential source of conflict by the time gambling has reached problematic proportions. Forty percent of the *Voices* sample indicated that money arguments have centred on their gambling. Money conflicts, however, may also precede and even contribute to the development of problem gambling. Money tensions are like depression, which can serve as both a cause and consequence of gambling. Many *Voices* women indicated that *how money is spent* (55%) and *lack of money* (43%) were also sources of conflict in their relationships.

Money is often central to the power dynamics of relationships (Barbanel, 1996; Blumstein & Schwartz, 1983; Collins & Brown, 1997; Dowling, 1998; Mellan, 1994; Zuo, 1997). In addition to representing security, autonomy and love, it can serve as a weapon of power and revenge. Collins and Brown (1997, p.58) suggest there may be “paybacks” when financial power is hoarded: “A payback is a sting — an overt or camouflaged retaliation for a partner's behaviour. It conveys everything from frustration to fury, without the need to exchange one word.” Revenge spending and skimming are two common payback strategies. Gambling may also serve as a defiant protest of anger or autonomy. It is striking that 28% of the *Voices* women in relationships reported financial abuse in their relationships and 24% admitted *setting aside money my partner doesn't know about*. Half (50%) indicated being able *to do what I want with my money* as a reason for gambling.

In sum, financial concerns are important to address in helping women rebuild and recover from gambling problems. Credit counselling services can help with consolidation, budgeting and debt repayment. Employment or retraining programs will work with clients to plan more hopeful financial futures. Equally important is the therapeutic task of exploring the meaning, history, values and relational power dynamics attached to money for the female problem gambler.

Summary

We've considered women's gambling and problem gambling issues from a woman-centred perspective to highlight the social context in which women's gambling can be better understood. Important issues of gender stratification, patriarchy, disempowerment, bias and oppression shape the lives of women (Dixey, 1987; Greenspan, 1983; Lesieur & Blume, 1991; Mark & Lesieur, 1992; Wilke, 1994). No therapy is complete, suggests Greenspan (1983), unless it includes helping the woman understand herself in relation to her society.

Women's gambling behaviours and vulnerability to develop gambling problems are shaped by a number of factors. Women's orientation to the world, with an emphasis on connection rather than hierarchy, often influences her choice of gaming venues. Socio-economic forces, such as lower income and limited access to financing, shape gambling behaviour and contribute to the more rapid development of problems. Social constraints may affect many women who have limited alternative leisure options.

Many women who develop gambling-related problems struggle with issues of psychiatric comorbidity, of which depression and anxiety are the most common. Some women with gambling problems reveal a painful history of family problems, childhood and adult experiences of abuse, violence and trauma. Many struggle with other problematic behaviours, most commonly smoking, compulsive eating and compulsive shopping. The lives of women are often stressful, managing demands of caretaking and employment pressures. Many female problem gamblers are isolated and may be in relationships disturbed by spousal problems, including addiction. Gambling provides an escape for many female problem gamblers.

Counselling female gamblers requires a feminist sensitivity to the reality of women's lives. While not all women who develop gambling problems will present with the issues described above, many will have some of the concerns we've explored. Others will fall into the pathway of the “normal” problem gambler described by Blaszczynski (2000), in which problematic gambling is not related to a pre-morbid psychopathology but “occurs as a result of poor judgment or poor decision-making strategies.” Supporting women through a process of making changes to their gambling can involve a variety of tasks in addition to relapse prevention: developing support systems, addressing relationship and leisure needs, working with financial issues, dealing with psychiatric concerns or the aftermath of violence and trauma.

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