

Research report

The relationship between gambling, significant life events, co-morbidity and associated social factors

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A Victoria free from gambling-related harm

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Executive summary

Background

The complexity of internal and external factors influencing problem gambling and related harms has been widely recognised. Previous research has explored the associations between co-morbidity and gambling, and the role of significant life events in problem gambling. However, there is a notable lack of research considering the interplay between these factors. In March 2012, The Victorian Responsible Gambling Foundation awarded an Early Career Research Grant to two researchers, Dr Louise Holdsworth and Dr Elaine Nuske, and Professor Nerilee Hing as mentor, of the Centre for Gambling Education and Research (CGER) at Southern Cross University. This grant was for a research project to examine how levels of gambling and gambling-related problems may be affected by significant life events, psychological co-morbidities and related social factors amongst both people who gamble recreationally and people who gamble at more problematic levels. Ultimately, an important aim of this study was to help to inform gambling-related policy in Victoria, including harm minimisation, prevention and treatment strategies for problem gambling.

Research questions

Two research questions underpinned this study:

- How are levels of gambling and gambling-related problems affected by significant life events, psychological co-morbidities and any related social factors amongst people who gamble recreationally and people who gamble at more problematic levels?
- Do people with gambling problems experience the effects of these factors to a greater extent than recreational gamblers?

Literature review

Research has found strong associations between co-morbidities and problem gambling. The links between problem gambling and significant life events have similarly been noted; however, the sequencing between these factors has not been firmly established. Previous research supports the notion that social connectedness and support networks are important in providing for a person's emotional well-being including both physical and emotional health issues. In addition, the literature confirmed that personal factors such as emotional vulnerability and resilience are strong indicators of personal ability to cope with stress. This has particular relevance for the current research in providing contextual understanding concerning the differences between the two groups of participants in relation to coping with stress and trauma associated with significant life events and co-morbidity.

Methodology

- Initially a national and international literature review was conducted to provide background for the research project. The findings and analysis could therefore be framed and understood within the context of the literature.
- In order to address the research questions, qualitative methods were identified as the most appropriate to provide in-depth data relating to participants' experiences.

- Telephone interviews were conducted with 20 people who were in treatment or had received treatment for their gambling problems. In addition, 20 telephone interviews were conducted with people who gambled recreationally. The Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001) was used to confirm the gambling levels of the two groups of participants.
- An interview schedule was used to explore participants' experiences.
- All participants were recruited from the CGER database of people who had previously participated in gambling research and who had indicated their willingness to be invited to participate in future research, and who resided in Victoria.
- Adaptive grounded theory was used to analyse the data allowing major themes, concepts and processes to emerge.

Findings

As noted, two groups of participants were interviewed for this study, people who gamble recreationally and people who gamble at more problematic levels.

Recreational gamblers: All of the recreational gamblers scored zero or one on the PGSI and all described experiencing at least one significant life event. These included the death of someone close, financial difficulties, work-related concerns, changes in living conditions, ill-health and injury and separation/divorce. Twelve participants from this group identified having experienced co-morbidities during their lifetime. These included depression, anxiety, post-traumatic stress disorder, and alcohol-related problems. It was evident that for the recreational gamblers interviewed, social support networks and individual coping mechanisms were highly important in preventing an increase in their gambling behaviour at times of stress.

Problem gamblers: All of the problem gamblers scored eight or above on the PGSI. They all described significant life events, with 19 experiencing multiple events. Nineteen noted they had experienced multiple co-morbidities, with only one not experiencing any co-morbidity. The events and types of co-morbidities were in parallel with those noted above for the recreational gamblers. Most of this group (12) had been exposed to gambling in their families, as a child or adolescent. They described how, when presented with a stressful life event, they turned to gambling 'as something familiar'. It was hard for the participants to clearly identify if their gambling was a result or cause of the co-morbidities and significant life events they described, as the interplay between these factors was complex and not linear. However, many did indicate that their gambling had increased at times of stress. Social and family supports were largely missing for this group. Several of the problem gambler participants spoke about hiding their gambling due to shame and embarrassment, which, for some, led to social isolation.

Discussion

All the participants had experienced one or more significant life event throughout their lives; however the presence of co-morbidity and multiple co-morbidities was more common amongst the problem gambling group. The participants within the recreational gambling group described strong positive social influences on their lives, including having a strong social network, and positive coping mechanisms that enabled them to cope with the impacts of both co-morbidity and significant life events. These elements were largely missing from the experiences of the problem gamblers, who described a range of negative social influences. These included being exposed to gambling from an

early age, and being vulnerable to peer influences that encouraged them to gamble. The problem gambling group tended to keep their gambling hidden from peers and family, but eventually were inclined to turn to professional help. An increase in gambling was evident for the problem gambling group when exposed to significant life events, with the recreational group showing no increase in gambling at these times. It is thus apparent that external social supports and internal resilience combined as key factors in determining coping mechanisms that influenced reaction to stressful life situations and co-morbidities, ultimately determining participants' gambling behaviour.

A grounded theory model based on the influence of life events, psychological co-morbidities and related social factors on levels of gambling enabled pathways of both groups to be highlighted. Using significant life events and psychological co-morbidities as the foundation of the model, the two groups, recreational gamblers and problem gamblers, were shown to follow paths that reflected either negative or positive social factors and coping mechanisms. These pathways led participants ultimately to either increasing or controlling their gambling behaviour.

Strengths and limitations of the study

- Taking a qualitative approach to the research allowed for the complexity of the issues to be explored in depth.
- Drawing on sociological and psychological perspectives enabled a detailed understanding to emerge of the relationships between factors such as health, well-being and resilience with their connections to participants' gambling behaviour.
- The research was limited to a specific area in Australia, Victoria, as one of the aims of the research was to provide knowledge to inform gambling related policy including harm minimisation guidelines in Victoria. However, it is acknowledged that it would be useful for a similar study to be conducted in other geographical regions to further enhance overall understanding of the issues.
- Reliance on self-reported data was a further limitation of the study. This could be considered problematic in that the material collected relied on selective memories of the participants and may therefore be subject to bias. However, qualitative research focuses on the interpretation of participants' experiences and explores how people make sense of their world. Thus, self-report data are considered appropriate in qualitative research, providing rich multi-layered accounts of human experiences.
- The sample was a small convenience sample, thus not allowing for generalisation of the findings. Qualitative research does not, however, aim to generalise, rather it provides a 'snapshot' into the lived experience of the participants.
- Telephone interviews were used due to cost effectiveness. This can limit the amount of additional information that can be gained from body language and affect. However, telephone interviewing is a reputable method of interviewing within qualitative research, and is not seen as a major limitation of the study. The greater anonymity provided by telephone interviews may have increased disclosure of participants.

Implications of the research

A major finding of the research was the importance of resilience and social support/connectedness as factors that reduce the stress related to challenging situations. With regard to the two groups of

gamblers interviewed, recreational gamblers and problem gamblers, social and family supports plus personal resilience appeared to be the defining factors that determined if the participants increased their gambling at times of being exposed to significant life events and/or co-morbidities. Thus, the following strategies are proposed as important implications emerging from this research:

- Resources that enhance personal qualities that promote resilience and well-being such as through strategies that encourage a sense of purpose, boost self-confidence, self-esteem and positive thinking, for example through the teaching of problem-solving and help-seeking skills, and stress-management techniques;
- Resources that promote resilience through improved social and community interaction, and connections that foster support networks, support a sense of belonging to community, and reduce social isolation;
- Community education that provides people with knowledge about specific problems (i.e., problem gambling) and co-morbidity (e.g., coping with anxiety), that reduces stigma associated with problem gambling and psychological co-morbidity, and that facilitates help-seeking;
- Policies and interventions that promote collaborative approaches and partnerships between problem gambling help services, health and other services and sectors to address complex problems that can be a catalyst for psychological co-morbidity and co-occurring problems (i.e., problem gambling);
- Screening for problem gambling for people with co-morbidities who present to non-gambling help services; such services need to be able to screen and treat or refer people experiencing a problem with gambling to relevant services; and
- Further research into cultivating resilience in people experiencing gambling problems and complex issues and needs, including co-morbidity and related social factors.

Chapter One, Introduction to the study

1.1 Introduction

While studies have explored either the link between psychological co-morbidity and gambling, or the role of significant life events in problem gambling behaviour, there is a notable lack of research combining these concerns (Department of Justice, 2011). Yet, this is an important area of research to pursue due to the interrelatedness and the complexity of issues often involved for people experiencing a gambling problem (Productivity Commission, 2010).

The aim of this study was to analyse how levels of gambling and gambling-related problems may be affected by significant life events, psychological co-morbidities and any related social factors amongst both people who gamble recreationally and people who gamble at more problematic levels. It examined if people who are having problems with gambling increased their level of gambling and/or experienced these factors to a greater extent than people who gamble at recreational levels.

1.2 Research questions

The study addresses the following research questions:

- How are levels of gambling and gambling-related problems affected by significant life events, psychological co-morbidities and any related social factors amongst people who gamble recreationally and people who gamble at more problematic levels?
- Do people with gambling problems experience the effects of these factors to a greater extent than recreational gamblers?

1.3 Research design

We adopted a qualitative approach to this research. The overall research design for this project sought to interpret, understand and explain the meanings of participants' experiences 'beyond the limits of what can be explained with the degree of certainty usually associated with analysis' (Wolcott, 1994:11). As such, qualitative research adopts methods that uncover the meanings of people's experiences of their social world, such as in-depth interviews and other narrative inquiry techniques to develop new knowledge (Neuman, 2004). Participants are able to articulate their own personal experiences, insights and concerns within the wider societal context. Qualitative methods were considered the most appropriate approach in this instance because they yield rich in-depth data about the participants' experiences of gambling, and how their gambling behaviour may be affected by significant life events, psychological co-morbidities and any related social factors.

Our specific approach to addressing the project aims was to explore the research questions by conducting a comparative analysis of two specific subgroups of people living in Victoria who gamble: those who gamble at problematic levels, and those who gamble recreationally. We included 20 participants in each group, for a total of 40 participants. One sample consisted of 20 participants who had received treatment for gambling-related problems. These participants belonged to the problem gambling group scoring eight or more on the standard nine question Problem Gambling Severity Index (PGSI) within the Canadian Problem Gambling Index (CPGI) (Ferris & Wynne, 2001). The other sample consisted of 20 participants who were recreational gamblers scoring zero or one on the PGSI.

An adaptive grounded theory approach (Layder, 1998) was drawn on to analyse data from the interviews. This approach is similar to grounded theory where the emphasis is on an open-minded approach to the research with willingness to listen to participants' experiences, and then grounding the analysis in the research data (Layder, 1998). Adaptive grounded theory combines both objectivism and subjectivism, and enables the key themes and concerns voiced by participants throughout the research process to be identified. This research therefore used a theoretically based sample and inductive logic to explore some potentially influential factors that result in some people remaining recreational gamblers while others develop gambling-related problems, particularly in relation to significant life events and co-morbidity.

Thus, the aim of the study was to provide a deeper understanding of how levels of gambling behaviour may be affected by significant life events, psychological co-morbidities and any related social factors amongst people who gamble recreationally as well as more problematically, along with whether people with gambling problems experience the effect of these factors to a greater extent than people who gamble recreationally. Ultimately, an important aim of the study was to help to inform gambling-related policy in Victoria, including harm minimisation, prevention and treatment strategies for problem gambling.

Additionally, as this project is exploratory, it is hoped that the results will provide fundamental information on which to build a larger study. A qualitative approach does have the ability to provide insight as to the mechanisms involved in the influence of significant life events on gambling over time. A larger study could include further qualitative research to supplement the results from this study, as well as incorporate quantitative methodologies into future studies.

1.4 Report structure

Following the introduction, the next chapter reviews related literature concerning the topic including definitions of key concepts, and links between problem gambling, significant life events, psychological co-morbidity and related social factors. Chapter Three explains the methods used for the study. Chapter Four analyses the findings from the research where themes are identified and examined. The first section of this chapter presents the findings from the recreational group of gamblers, while the second part presents the findings from the participants experiencing gambling problems. The narratives of the participants are used to highlight their experiences, concerns and views throughout these sections. Chapter Five analyses and discusses the findings and concludes the report.

Chapter Two, Literature review

2.1 Introduction

This study aimed to explore how levels of gambling and gambling related problems may be affected by significant life events, psychological co-morbidities and related social factors. While problem gambling has been linked to concerns impacting on psychological health and well-being, combining the additional concerns of significant life events and related social factors has been identified as a research gap (Department of Justice, 2011). Such research will contribute to understandings about the interplay of a range of issues in the development and maintenance of gambling-related problems. This knowledge will help to advance prevention and harm minimisation efforts and treatment interventions for problem gambling. For example, understanding the intricate interplay of a number of co-occurring conditions, significant life events and any related social factors will open the opportunity for developing an integrated treatment approach to address psychological issues and social issues, perhaps stemming from significant life events and gambling problems simultaneously.

Focusing on research that is relevant to the Australian context, including some international research where applicable, we discuss literature concerning links between gambling, problem gambling, significant life events, psychological co-morbidities and related social factors. We also link the discussion to relevant literature concerning ways of coping.

2.2 Definitions

Significant life events

A well accepted definition of a significant life event (Holmes & Rahe, 1967) includes any set of circumstances that signifies or necessitates change in a person's ongoing life pattern. According to Holmes and Rahe (1967), exposure to stressors associated with a significant life event affects a person's susceptibility to experiencing negative consequences from the event. Thus, stressors related to a significant life event are seen as precipitating factors in the onset of various issues including both physical and mental illness, and related co-morbid disorders.

Billings and Moos (1981:140) explain that a person's efforts to cope with significant life events are generally viewed as 'a complex set of processes directed toward adapting to the impact of such events on physical, social and emotional functioning'. According to Lazarus (1999), a factor in mitigating the relationship between life stress and physical and psychological functioning is coping style; coping styles are generally considered to be either task-focused or avoidance/emotion focused. Kobasa and Puccetti (1983) note that task-focused coping is generally linked to cognitive hardiness and developing resilience.

Gambling and problem gambling

The Australian national definition for problem gambling is 'difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community' (Neal, Delfabbro & O'Neil, 2005:125). Thomas and Jackson (2008:4) point out that 'it is when the financial resources are insufficient to meet the requirements of the gambling activities that the major identifiable problems and consequences become apparent'. Gambling exists on a behavioural continuum ranging from no gambling to a large amount of gambling (Shaffer & Korn, 2002), with points on this continuum translated into categories of 'non-problem gambling', 'low risk gambling', 'moderate risk gambling' and 'problem gambling' (Ferris & Wynne, 2001). The Productivity Commission (2010) noted that thresholds on this continuum can be useful for identifying people who

ought to moderate their gambling, or for identifying subpopulations who may be at risk of more severe problems, so that harm minimisation strategies can be initiated.

For gambling-related problems, the Productivity Commission (2010) estimated that around 15 per cent of Australian adults gamble regularly (weekly), with about one in ten regular gamblers estimated to be problem gamblers. Between 90,000 and 170,000 Australian adults are estimated to have significant problems with their gambling (around 0.5 per cent to 1.0 per cent of the adult population) (Productivity Commission, 2010). The Productivity Commission (2010) also noted that the proportion of gamblers who find it difficult to control their gambling is up to ten times higher than conventionally defined problem gambling rates which are based on a proportion of the adult population (which includes both gamblers and non-gamblers).

Psychological co-morbidities

A definition of psychological co-morbidity is the presence of two or more mental disorders in an individual (Gordon, 2008). Britt, Harrison, Graeme, Miller and Knox (2008:72) have defined psychological co-morbidity as the 'co-occurrence of two or more disorders within one person without defining an index-disease'. However, First (2005) notes that co-morbidity does not always necessitate the presence of two or more disorders. Rather, co-morbidity can relate to an inability to gauge a single diagnosis that accounts for the range of symptoms an individual is experiencing.

The presence of psychological co-morbidity is associated with slower recovery, increased rates of recurrence, and greater psychosocial disability with a long-term treatment plan typically required (Hirschfeld, 2001). People with psychological co-morbidity often have higher severity of illness and significantly greater impairment in work functioning, psychosocial functioning, and quality of life than people not suffering from co-morbidity (Hirschfeld, 2001; Ibanez, Blanco, Donahue, Lesieur, Perez de Castro, Fernandez-Piqueras & Saiz-Ruiz, 2001).

Social factors

Social factors, such as a person's level of support networks and connection with others, strongly determines their sense of well-being, both physical and psychological well-being (Bullen & Onyx, 2000; Burke & Hulse, 2002; Putnam, 1998). Such social factors have been linked to 'social capital' theory, with the central idea that social networks based on mutual interests, participation and reciprocity within the wider community foster a sense of belonging and connection (Putnam, 1998).

Additionally, the concept of socialisation influences a person's developmental patterns of behaviour. The socialisation process encompasses a broad range of social influences and forces, such as the influence of a person's immediate environment; the primary socialisation influence is most notably a person's family in early childhood (Van Krieken, Smith, Habibis, McDonald, Haralambos & Holborn, 2000). However, exposure to wider social factors in later childhood and adolescence also impact on social behaviour and involve broader forces that function at macro institutional and system levels - such as the education system, the state, the economy and the media, and peer influence (Van Krieken et al., 2000).

2.3 Significant life events and gambling

In their seminal study of the impact of significant life events, Holmes and Rahe (1967) developed the Holmes and Rahe Stress Scale, a tool for measuring the amount of stress experienced within the past year associated with particular significant life events. Holmes and Rahe (1967) specifically studied whether this stress contributes to co-morbid illness. They surveyed more than 5,000 medical patients and asked them to consider whether they had experienced any of a series of life events in the previous two years. Each event, termed a Life Change Unit (LCU), had a different weighting. The

more events the person identified, the higher the score and the more likely it was that the person would be adversely affected. The twelve most likely significant life events expected to trigger stress identified by Holmes and Rahe (1967) were: death of a spouse; divorce; marital separation; detention in jail or other institution; death of a close family member; major personal injury or illness; marriage; being fired at work; marital reconciliation; retirement from work; major change in health or behaviour of a family member; and pregnancy.

Vuchinich, Tucker and Harllee (1986) developed the Life Event Questionnaire (LEQ) which assesses a person's ability to cope with stress related to significant life events. The LEQ has eight categories of significant life events which include: work difficulties; problems with residence; difficulties with marriage and intimate relationships; concerns involving family and children; issues with friendship and social networks; financial problems; physical health problems; and legal troubles. The LEQ produces a frequency score for each category, and total positive and negative events scores are calculated.

In relation to gambling behaviour, impacts of both significant life events and problem gambling have been linked to various issues including legal and financial difficulties, relationship problems, and employment-related concerns, amongst others. Significant life events can make people more vulnerable to developing a gambling problem (Department of Justice, 2009). In their qualitative study exploring help-seeking by people experiencing gambling problems, which included nine in-depth interviews with problem gamblers, as well as interviews with family members, counsellors and community leaders, McMillen, Marshall, Murphy, Lorenzen and Waugh (2004) found that participants experiencing gambling problems were able to identify a particular event that led them to increase their level of gambling. Some of these events included moving home, divorce, unemployment, and being involved in an accident (McMillen et al., 2004).

The Centre for Addiction and Mental Health, Ontario Problem Gambling Research Institute (2012) notes there are certain risk factors that can contribute to the development of gambling problems. These risk factors include: having had a recent loss or change, such as divorce, job loss, retirement or death of a loved one; experiencing financial problems; having a history of mental health problems, particularly depression and anxiety; having (or have had) problems with alcohol or other drugs; feeling bored or lonely; having few interests or hobbies, or feeling life lacks direction; and having a parent who also has (or has had) problems with gambling.

A longitudinal study of gambling in Victoria (Department of Justice, 2009), which surveyed 15,000 respondents in Wave One, found that people with gambling problems were more likely than people without gambling problems to report experiencing a significant adverse life event in the past 12 months. These events included: the death of a loved one; change in living conditions such as moving house; change to a person's financial situation; injury or illness; increased levels of conflict; change in work conditions and/or conflict at work and retirement; legal problems; and divorce or separation (Department of Justice, 2009). In Wave Three of the same study (Department of Justice, 2012), survey respondents were again asked about life events that they had experienced in the previous 12 months. It was found that some life events were experienced by larger proportions of low risk, moderate risk and problem gamblers such as the death of someone close, financial difficulties, work-related and relationship problems, when compared with the overall population. However, the authors cautioned that these findings refer to associations between life events and increased gambling rather than causal relationships.

The Queensland Household Gambling Survey (Department of Justice and Attorney-General, 2012) conducted in two waves, collected information on gambling activity and related issues in the Queensland adult population. Each wave consisted of 7,500 computer-assisted telephone interviews for a total sample of 15,000 people. The survey covered a wide range of gambling activities and behaviours. It was found that a key motivator to increase levels of gambling was the experience of a

negative life event, such as an injury or loss of employment. In this survey, all gamblers who had experienced at least one of the listed life events were asked the follow-up question: 'Did any one particular life event trigger an increase in your gambling in the last 12 months, even if only temporarily?' Among the recreational gamblers and the low risk gamblers who had experienced a major life event in the last 12 months, just over 90 per cent said that none of the life events had triggered an increase in gambling. However, amongst the moderate risk gamblers who had experienced a major life event in the last 12 months, about 74 per cent said that none of the events had triggered an increase in gambling, while for the participants classified as problem gamblers who had experienced a major life event in the last 12 months, only around 36 per cent said that none of the events had triggered an increase in gambling. The survey found that a negative significant life event often appeared to be the trigger that resulted in a change from not problematic gambling to problematic gambling (Department of Justice and Attorney-General, 2012). More specifically, it was found that that 64 per cent of problem gamblers and 26 per cent of moderate risk gamblers, but less than 10 per cent of low risk and non-problem gamblers, reported that these life events triggered an increase in their gambling (Department of Justice and Attorney General, 2012).

Thus, research has identified and developed tools to determine risk factors for problem gambling related to significant life events. Research has also helped in targeting areas for future study. Below we briefly highlight some of this research including legal difficulties, work-related problems, financial difficulties, relationship problems, the death of a loved one, enduring a major injury or illness, and changes in living conditions, such as moving and homelessness.

2.3.1 Legal difficulties

One factor linked to problem gambling is crime and other legal difficulties (Crockford & el-Guebaly, 1998; Hodgins, Peden & Cassidy, 2005). Crockford and el-Guebaly (1998:46) state that 'crime and gambling are frequent bedfellows'. The Productivity Commission (2010) identified crime as a major harm associated with problem gambling, and gambling as the most common motivation for fraud.

Crime has also been identified in other research as strongly associated with problem gambling. For instance, Jackson, Thomas, Thomason, Borrell, Crisp, Ho and Smith (1999) analysed Victorian gambling-help agency data and found that between 20 and 30 per cent of clients reported having been involved with illegal activities. The Queensland Household Gambling Survey (Department of Justice and Attorney-General, 2012) reported that 12 per cent of moderate risk and problem gamblers had experienced legal difficulties in the 12 months prior to the survey, which was significantly higher than the rate for the general population of Queensland adults (4 per cent). However, causal relationships were not established. Legal concerns amongst problem gambling participants also featured prominently in the Gambling in Victoria Study (Department of Justice, 2009), with very few of non-problem gambler participants (3.65 per cent) having experienced legal problems in the past year. However, 6.26 per cent of the low-risk gamblers, 7.91 per cent of the moderate gamblers, and 10.79 per cent of the problem gambler participants had experienced legal difficulties in the past year (Department of Justice, 2009).

In the United States (U.S.), the National Gambling Impact Commission study (1999) investigated the relationship between crime and gambling as part of the research. The results suggested that a relationship exists between gambling activity and crime, but the research concluded that insufficient data exists to quantify or define that relationship. In another study conducted in the U.S. through the National Opinion Research Centre (NORC) (1999), it was found that pathological gamblers had higher arrest and imprisonment rates than non-pathological gamblers, with a third of problem and pathological gamblers having been arrested. This figure compared to 10 per cent of low-risk gamblers and 4 per cent of non-gamblers. About 23 per cent of pathological gamblers and 13 per cent of problem gamblers had been imprisoned, at some point in their lifetime. In a national prevalence study

in the U.S., Petry, Stinson and Grant (2005) stated that around 30 per cent of pathological gamblers who sought treatment for their gambling reported they had committed crimes to fund their gambling.

In New Zealand, four categories of gambling-related crime were identified by Bellringer, Abbott, Coombes, Brown, McKenna, Dyall and Rossen (2009): illegal gambling; crimes that occur adjacent to the gambling location; family abuse; and crimes that are committed to maintain gambling. Bellringer et al. (2009) reported that causal links associated with gambling and crime are multifaceted, with some people turning to crime to service their gambling, while others turn to gambling during the course of their criminal activity. Williams, Royston and Hagen (2005:665) claim that in Canada 'one third of criminal offenders meet criteria for problem or pathological gambling'. In a Canadian prevalence study involving incarcerated male offenders Turner, Preston, Saunders, McAvoy and Jain (2009) found that problem gamblers were significantly more likely than other offenders to have committed crime related to income producing offences, but were not more likely to have committed violent crimes. Campbell and Marshall (2007) have asserted that it is important to realise that most gambling-related crime comprises monetary as opposed to violent crime.

While legal problems can be associated with gambling problems, the causative association between these two factors is unclear (NORC, 1999). Williams, Royston and Hagen (2005) suggest that around 50 per cent of crime committed by incarcerated problem and pathological gamblers is reported to be committed to support gambling activity. Thus, financial difficulties associated with problem gambling may prompt illegal activities and subsequent legal problems (NORC, 1999; Turner et al., 2009; Williams et al., 2005). However, stress caused by legal difficulties could also conceivably lead to increased gambling and gambling-related problems (NORC, 1999). In Victoria, 3.56 per cent of moderate risk gamblers and 1.54 per cent of problem gamblers reported that legal difficulties had triggered an increase in their gambling in the preceding 12 months, while none of the non-problem or low-risk gamblers reported legal difficulties as a trigger for increased gambling (Department of Justice, 2009).

2.3.2 Work-related problems

A number of researchers, both in Australia and internationally, have documented detrimental effects of work-related issues for people with gambling-related problems including unemployment, retrenchment, poor work performance, conflicts in the work place, and retirement on psychological well-being (for example, Dew, Penkower & Bromet, 1991; Ladouceur, Boisvert, Pepin, Loranger & Sylvain, 1994; Perrucci & Perrucci, 1990; Productivity Commission, 2010; Theodossiou, 1998). Additionally, experiencing problematic levels of gambling has been recognised as being linked to work-related problems, and psychological ill-health (Productivity Commission, 2010).

In an Australian survey conducted by the Productivity Commission (2010), the relationship between impacts on work and gambling problems was noted. Some of these impacts included loss of time from work, being sacked for poor performance and frequency in changing jobs. The Queensland Household Gambling Survey (2012) found that around 8 per cent of Queensland adults reported troubles at work, with their boss or with their superiors in the 12 months prior to the survey, with a higher percentage of moderate risk and problem gamblers (22 per cent) experiencing trouble at work (Department of Justice and Attorney-General, 2012). In a Study of Gambling in Victoria (Department of Justice, 2009), around eight per cent of non-problem gamblers said they had experienced work-related problems, 10.85 and 15.94 per cent of low-risk and moderate gamblers respectively had experienced work-related problems, while 20.27 per cent of the problem gambling participants had similar experiences (Department of Justice, 2009).

Conversely, a qualitative study that explored motivations and factors that influence gambling behaviours through in-depth interviews with 48 Victorian participants who gambled either occasionally

or frequently (Saugeres, Thomas, Moore & Bates, 2012) did not find many links between work-related issues and problematic gambling. The authors concluded that, while troubles with work were an issue for a few participants with gambling problems, these did not negatively impact nearly as much as other problematic issues such as relationship and financial problems (Saugeres et al., 2012).

In Canada, Ladouceur, Boisvert, Pepin, Loranger and Sylvain (1994) explored the social costs of pathological gambling in Quebec. They conducted questionnaires with 60 pathological gamblers in treatment. A key cost identified was loss of productivity at work directly associated with pathological gambling. The Nevada Council on Problem Gambling (2007) advises that workplace signs of a gambling problem in employees include deterioration of work performance, frequent unexplained absences, increased conflict with co-workers, and increased time spent on gambling during lunch breaks. In the U.S. Lesieur, Cross, Frank, Welch, White, Rubenstein, Moseley and Mark (1999) identified job disruption, particularly absenteeism from work, as being a major factor associated with problematic gambling behaviour.

While work-related problems can be associated with gambling problems, the causal relationship between these two factors remains uncertain (Department of Justice, 2009; Ladouceur et al., 1994). However, some researchers have noted that people experiencing gambling problems tend to lose their jobs due to time spent gambling in work time (Meyer, Fabian & Peter, 1995; Lesieur & Anderson, 1995; Thompson, Gazel & Rickman, 1996).

However, whether work-related problems lead people to problematic gambling remains unclear, although in a baseline study in Victoria, 6.15 per cent of problem gamblers reported that “troubles with your work, boss or superiors” had triggered an increase in their gambling in the previous 12 months, compared to 2.11 per cent of non-problem gamblers and 0.0 per cent of both low risk and moderate risk gamblers (Department of Justice, 2009). Further, Wave Two of that study found that having troubles with work, boss or superiors was a variable significantly associated with an increase in PGSI risk segment between the baseline study and the follow-up in Wave Two (Department of Justice, 2011).

2.3.3 Financial difficulties

A factor acknowledged as being connected to gambling problems is financial difficulty, including debt and bankruptcy (Department of Justice and Attorney-General, 2012; Department of Justice, 2009; Downs & Woolrych, 2010; Grant Kalischuk, 2010; Productivity Commission, 2010; Thomas & Jackson, 2008). The Productivity Commission (2010) points out that there is a relationship between problem gambling and financial problems, and that many people experiencing gambling problems have debt linked to their gambling activities. The Queensland Household Gambling Survey (2012) found that 15 per cent of non-gamblers and 16 per cent of recreational gamblers had experienced a major change in their financial situation in the previous 12 months. Changes to their financial situation were reported by larger proportions of low risk gamblers (24 per cent), moderate risk gamblers (36 per cent) and problem gamblers (46 per cent) (Department of Justice and Attorney-General, 2012). A major change to their financial situation was identified as significant for 45.86 per cent of the problem gambling participants in the Victorian Gambling Study (Department of Justice, 2009). This figure compares to 15.44 per cent of the non-problem gambling participants, 19.83 per cent of the low-risk gamblers, and 29.15 per cent of the moderate risk gamblers.

In the U.S. almost one in five (19.2 per cent) of the identified pathological gamblers in the NORC survey (1999) reported filing for bankruptcy as a result of problem and pathological gambling. This compares to rates of 4.2 per cent for non-gamblers and 5.5 per cent for low-risk gamblers. Twenty-two per cent of nearly 400 members of Gamblers’ Anonymous surveyed had also declared bankruptcy (NORC, 1999). Lesieur et al. (1999) has noted that while most pathological gamblers do not declare

bankruptcy, research indicates that the amount of gambling-related debt is extremely large. Large debt places significant stress on the gambler which overflows into other areas such as work and relationship concerns (Lesieur et al., 1999; Thompson et al., 1996).

It is clear that people experiencing gambling problems commonly have gambling-related debt (Department of Justice and Attorney-General, 2012; Department of Justice, 2009; Downs & Woolrych, 2010; Grant Kalischuk, 2010; Productivity Commission, 2010; Thomas & Jackson, 2008; Thompson et al., 1996). What is not so well known, however, is whether people continue to gamble, or increase their level of gambling, at times of financial crisis. Nevertheless, a Victorian study found that 9.96 per cent of all gamblers who responded to their survey reported that a “major change to your financial situation” had triggered increased gambling in the past 12 months (Department of Justice, 2009). However, this percentage was highest for non-problem gamblers (19.60 per cent) compared to 7.33 per cent for low risk gamblers, 8.53 per cent for moderate risk gamblers and 7.84 per cent for problem gamblers. These results are difficult to interpret, given that a major change in financial situation encompasses both improved and worsened financial circumstances.

2.3.4 Relationship concerns including separation and divorce

Relationship concerns including increased conflict within relationships, as well as separation and divorce is another factor acknowledged as being connected to problem gambling (Department of Justice, 2009; Downs and Woolrych, 2010; Productivity Commission, 1999; Thomas & Jackson, 2008; Wolcott and Hughes, 1999). Downs and Woolrych (2010) have noted that gambling problems can be linked to increased conflict within relationships, and to separation and divorce. Wolcott and Hughes (1999) maintain that the growth in legalised gambling has been pointed out as a factor behind many divorces. Thomas and Jackson (2008) assert that people experiencing gambling problems are six times more likely to be divorced than people with no similar problems. The National (Australian) Gambling Survey (Productivity Commission, 1999) found that around one in ten problem gamblers reported that their gambling had led to a relationship breakdown, and around a quarter of problem gamblers who had sought counselling for gambling-related problems said that gambling had led to the break-up of a relationship.

De Vaus (2004) reported that around 1600 divorces each year in Australia are estimated to be attributable to gambling-related problems; one in ten gamblers in counselling reported relationship concerns including domestic conflict or violent incidents related to their gambling (De Vaus, 2004). The Queensland Household Gambling Survey (Department of Justice and Attorney-General, 2012) reported that people with gambling problems were more likely to have been through a separation or divorce in the previous 12 months (18 per cent) compared to around 5 per cent of the adult Queensland population as a whole. The Australian National University (ANU), Centre for Gambling Research (2011) undertook a prevalence study of the extent of gambling and problem gambling in the Australian Capital Territory (ACT). Various risk factors and harms were identified including marital history, particularly having a history of divorce (ANU, Centre for Gambling Research, 2011). Divorce was also identified as being more prevalent amongst the problem gambling participants in the Study of Gambling in Victoria (Department of Justice, 2009). For the non-gambling and low-risk gambling participants, 2.16 and 2.78 per cent of participants respectively had divorced in the past 12 months. This compared to 5.06 and 9.36 per cent for the moderate-risk and problem gambling group of participants respectively.

In the U.S., the National Gambling Impact Commission (1999) pointed to evidence that compulsive gambling leads to a heightened level of stress and tension within marriages and families, often culminating in divorce. According to research conducted by the National Opinion Research Centre (NORC) (1999), the lifetime divorce rate for pathological gamblers was 53.5 per cent. Also in the U.S., Volberg (2006) found from data in the Californian Problem Gambling Prevalence Study, that frequent

gamblers are more likely than less frequent gamblers to be divorced. Researchers from the Problem Gambling Research Institute of Ontario (2012) found that a key risk factor for the development of a gambling problem was being divorced or separated.

Similarly, the Gambling Impact Society (2011) has identified relationship problems, including divorce, as a major risk factor that may contribute to a person being more vulnerable to developing a gambling problem, indicating that divorce may lead to an increase in levels of gambling. However, causal relationships between divorce and problem gambling remain obscure (Department of Justice and Attorney-General, 2012). And, as argued by Amato (2010), it is difficult to make definitive claims about predictors and causes of separation and divorce due to issues associated with external and multiple factors including financial, work, health and other factors. Many consequences commonly attributed to problem gambling, such as divorce, may be the result of many factors that are difficult to single out.

Further, research evidence that relationship problems contribute to the development of a gambling problem is unclear, although A Study of Gambling in Victoria (Department of Justice, 2009) found that 2.91 per cent of gamblers reported that divorce had triggered an increase in their gambling in the past year. This trigger was reported most frequently by non-problem gamblers (8.50 per cent), compared to 1.63 per cent of the low risk gamblers, none of the moderate risk gamblers, but 3.76 per cent of the problem gamblers. "Increase in the number of arguments with someone close to you" was also found to have this bi-modal pattern, reportedly triggering increased gambling for 5.72 per cent of non-problem gamblers, none of the low risk gamblers, 9.04 per cent of moderate risk gamblers and 7.96 per cent of the problem gamblers (Department of Justice, 2009). A clearer pattern was revealed by the Wave Two Victorian survey (Department of Justice, 2011) which found that an increase in the number of arguments with someone close was significantly associated with an increase in PGSI category between Waves One and Two. Further, divorce as a life event was the most significant predictor of transition to either the moderate risk or problem gambler category between Waves One and Two (Department of Justice, 2011).

2.3.5 Death of a loved one

Other significant factors and life events have also been associated with gambling levels, including the death of a loved one (Department of Justice, 2009; Gambling Impact Society, 2011; Holdsworth, Breen & Nuske, 2011; Surface, 2009). Surface (2009) asserts that people are more likely to develop a gambling problem when they are coping with major life changes or losses, for example the death of someone close to them. This is particularly the case for older people because of the accompanying grief and sudden social isolation that results from the death of a loved one (Surface, 2009). In their qualitative study involving 40 women gamblers, which specifically explored women's experiences of poker machine gambling, Holdsworth, Breen and Nuske (2011) found that a crisis in participants' lives, frequently the death of a loved one for the older participants, led to an increase in gambling behaviour.

In a submission to the Productivity Commission Inquiry into Australia's gambling industries (1999), Relationships Australia (South Australia) noted that gambling problems often appear to start with a period of extreme emotional vulnerability arising from a significant loss. An analysis of a three-month sample of their clients with gambling problems found that 22 per cent had developed their gambling problem after the death of a loved one. In previous studies it was noted that increased levels of gambling occurred after the death of a loved one (Relationships Australia [South Australia], Productivity Commission, 1999; Surface, 2009). The death of someone close was identified in the Study of Gambling in Victoria (Department of Justice, 2009) as being more likely to have been experienced by people with gambling problems (32.16 per cent) compared with non-problem gamblers (25.64 per cent). Further, 9.04 per cent of gamblers in that study reported that "death of someone close to you" triggered an increase in their gambling. The group most frequently reporting this were

the moderate risk gamblers (12.58 per cent), followed by the non-problem gamblers (9.22 per cent), the low risk gamblers (8.16 per cent) and the problem gamblers (5.78 per cent).

In a prevalence study of problem gambling in Romanian teenagers involving 1,032 participants, Lupu and Todirita (2013) identified the death of a close family member as a risk factor for teenagers to develop a gambling problem. In the U.S., Bjelde, Chromy and Pankow (2008) conducted qualitative research exploring gambling issues among older adults. They found that feelings associated with loss, particularly the death of their spouse, led some participants to 'escape' from their sense of loss by increasing their levels of gambling. Also in the U.S., Reynolds (2009) similarly noted that for people aged 65 and older, the death of their spouse was a key factor involved in increased levels of gambling for some. In Canada, the Centre for Addiction and Mental Health, Problem Gambling Research Institute of Ontario (2008) advises that a key risk factor for problem gambling is a recent loss such as death of a loved one. Thus, it appears that death of a loved one, particularly the death of their spouse for older people, is increasingly recognised as a risk factor for increasing gambling levels.

2.3.6 Major injury or illness

Health issues, including the effects of major injury or illness, have been identified as a factor associated with problem gambling (Department of Justice, 2012; South Australian Department of Human Services, 2001). In the South Australian Department of Human Services' prevalence study (2001), participants rated their physical health status from poor to excellent, and indicated whether they experienced various illnesses. Eighty-five per cent of the general community rated themselves as having either good, very good or excellent health compared with 76 per cent of people experiencing gambling problems.

Guercio (2007) conducted a prevalence study in the U.S. of problematic gambling behaviour among 162 participants with an acquired brain injury. There was a 25 per cent prevalence rate of problem gambling behaviour in the study sample, which is far higher than found in general population studies. The U.S. National Council on Problem Gambling (2012) has noted that gambling problems are more prevalent among military veterans than in the general population, and that they experience more health difficulties associated with their gambling problems than the general population does. In Canada, Korn, Gibbins and Azmier (2003) point out that while seniors have generally been considered as low-risk takers, it appears that older people can be vulnerable to increased levels of gambling and declining health. They point out that more research examining the impact of gambling on health, including physical mobility and quality of life, is needed in order to enhance understanding of risks involved in gambling for older people (Korn et al., 2003). Also in Canada, the Peterborough County-City Health Unit [PC-CH] (2013) claims that people with gambling problems experience a wide range of health issues including migraines, chronic bronchitis, fibromyalgia, intestinal disorders and sleep disorders, as well as a range of psychological co-morbidity. It is estimated that around three-quarters of problem gamblers blame their gambling for their poor health; however, it is unclear whether gambling problems lead to poor health outcomes, or whether poor health leads to increased levels of gambling (Department of Justice, 2012; PC-CH, 2013).

Nevertheless, A Study of Gambling in Victoria (Department of Justice, 2009) found that more problem gamblers (32.31 per cent) reported that "major injury or illness to either yourself or someone close" had triggered an increase in their gambling in the preceding year than was reported by moderate risk gamblers (26.17 per cent), low risk gamblers (14.91 per cent) and non-problem gamblers (13.39 per cent). Further, of the significant life events investigated in that study, major injury or illness was the most frequent trigger for increased gambling amongst the problem gamblers. As noted above, this was reported by 32.31 per cent of problem gamblers. The next most highly endorsed life event that had triggered increased gambling amongst problem gamblers was "taking on a mortgage, loan or making a big purchase", which was endorsed by 10.27 per cent of the problem gamblers (Department

of Justice, 2009). Further, Wave Two of the Victorian Gambling Study (Department of Justice, 2011) found that major injury or illness was significantly associated with the transition into the problem gambling segment. In Wave Three of the Victorian Gambling Study (Department of Justice, 2012) respondents were asked whether they had experienced major illness or injury in the last 12 months. Results showed that 33 per cent of moderate risk and problem gamblers had experienced major illness or injury compared to 20 per cent of all participants. The study reported that physical health problems and injuries were often linked with an increase in gambling and the development of gambling problems (Department of Justice, 2012). Thus, there appears reasonably strong support that major injury or illness can contribute to gambling problems, at least in Victoria.

2.3.7 Housing concerns and changes in living conditions

Another factor that has been associated with gambling problems is experiencing housing-related problems (Holdsworth & Tiyce, 2012; Lipmann, Mirabelli & Rota-Bartelink, 2004). In their qualitative study exploring factors that influence gambling behaviours, Saugeres, Thomas and Bates (2012) highlighted housing concerns amongst several of their 48 participants. These concerns included housing related stress, and, for some, eviction from their homes. However, they noted that housing issues were generally linked with a 'complex interaction between gambling and other areas in their lives' including stress related to financial problems (Saugeres et al., 2012:81). In a qualitative study into the relationship between gambling and housing concerns, Holdsworth and Tiyce (2012) found a clear link between gambling and housing problems, particularly housing-related stress and homelessness. They noted that the relationship between housing concerns and problem gambling is a multifaceted one involving a complexity of factors including psychological co-morbidity, severe financial problems and physical ill-health (Holdsworth & Tiyce, 2012).

Lipmann et al. (2004) have also noted a strong relationship between gambling problems and housing concerns in research across Australia, the U.S. and the United Kingdom, but argue that the scarcity of research linking these issues hinders the development of effective strategies for prevention and intervention. While research has indicated that housing concerns and gambling problems are linked, whether people generally experience problems with gambling before the housing concerns or vice versa has not been established (Holdsworth & Tiyce, 2012). However, Tiyce and Holdsworth's (2012) study found that some people who are experiencing homelessness tend to use gaming venues as somewhere safe to go where they can use facilities and, to some extent, feel a sense of belonging. For some participants, this finding suggests that housing problems preceded the gambling problem, though this was not the case for all. Additionally, research has shown that, alongside housing concerns, issues of mental and physical health, family and relationship breakdown, violence, trauma, alcohol and substance abuse, and gambling problems are common amongst people experiencing housing problems, including homelessness (Cultural Perspectives, 2005; Department of Families, Housing, Community Services, and Indigenous Affairs [FaHCSIA], 2009; Mental Health Council of Australia [MHCA], 2009; Taylor & Sharpe, 2008).

In the U.S., the National Gambling Impact Commission (1999) reported that people with gambling problems appear to comprise a higher percentage of the homeless population. The Atlantic City Rescue Mission reported to the Commission that 22 per cent of its clients were homeless due to a gambling problem (U.S. National Gambling Impact Commission, 1999). In New Zealand, Bellringer, Perese, Abbot and Williams (2006) conducted a longitudinal study among Pacific Island families examining the association between maternal gambling and families' food, shelter, and safety needs. Compared to mothers who did not gamble, households with gambling mothers were more likely to have housing issues. The mothers who gambled were also significantly less satisfied that their home met their families' needs than mothers who did not gamble (Bellringer et al., 2006). However, whether homelessness and housing-related problems are caused by gambling or by other factors related to

addictive behaviour is unclear, but the U.S. National Gambling Impact Commission (1999) identified homelessness and gambling as important issue that needs to be included in future research.

In Victoria, “major change in your living or work conditions (e.g. renovations)” was investigated as a possible trigger for increased gambling (Department of Justice, 2009). While 17.93 per cent of gamblers endorsed this as a trigger that had increased their gambling in the previous 12 months, this endorsement was highest amongst low risk gamblers (39.87 per cent), followed by the moderate risk gamblers (16.81 per cent), the problem gamblers (9.52 per cent) and non-problem gamblers (5.50 per cent). Additionally, “major change in your living or work conditions” can encompass a variety of significant life events, both positive and negative, so these results do little to clarify whether housing-related problems contribute to gambling problems.

2.4 Psychological co-morbidities and gambling

Research concerned with the association between problem gambling and co-morbid disorders highlights that people with gambling problems have elevated incidences of co-morbidities including depression, anxiety disorders and other mental health problems, as well as substance abuse disorders (Cunningham-Williams et al., 2000; Holdsworth, Haw & Hing, 2011; Productivity Commission, 2010; Thomas & Jackson, 2008). The Productivity Commission (2010) has noted that for people receiving help for gambling problems, 43 per cent reported having had an anxiety disorder, 55 per cent reported experiencing depression, 29 per cent reported problems with alcohol, and 19 per cent reported problems with other drugs at some stage in their lives. In their qualitative study of 2012 Victorian residents, Thomas and Jackson (2008:ix) found that, amongst participants experiencing a gambling problem as measured on the PGSI (Ferris & Wynne, 2001), 36 per cent had a severe mental disorder, 50 per cent abused alcohol, and 71 per cent were at risk of depression as indicated by their Kessler-10 (K10) score.

In the Queensland Household Gambling Survey (2011–12) (Department of Justice and Attorney-General, 2012), it was found that about 20 per cent of low risk gamblers, 32 per cent of moderate risk gamblers and 47 per cent of problem gamblers reported they had felt seriously depressed in the last 12 months (Department of Justice and Attorney-General, 2012). Wave Three of the Victorian Gambling Study (Department of Justice, 2012) found that participants who had experienced an anxiety disorder in the first three years of the study were significantly more likely to develop a problem with gambling, suggesting that anxiety is associated with increased levels of gambling.

International prevalence studies exploring anxiety disorders among people experiencing gambling problems have similarly found higher rates of anxiety and depression among people with gambling problems compared to the general population (Kessler, Hwang, LaBrie, Petukhova, Sampson & Winters, 2008; Petry et al., 2005). Petry, Stinson, and Grant’s (2005) findings from a U.S. based prevalence study, involving 43,093 adults, indicated that 41.3 per cent of participants with gambling problems had an anxiety disorder. Kessler, Hwang, LaBrie, Petukhova, Sampson and Winters (2008) used data from the U.S. National Co-morbidity Survey Replication (NCS-R) which included 9,282 adults to assess the lifetime prevalence of pathological gambling, as well as a range of other mental disorders and substance use disorders. They noted an association between pathological gambling and co-morbidity, and they found that associations are particularly significant for mood and anxiety disorders (Kessler et al., 2008). The analysis also suggested that ‘other disorders typically predate the onset of pathological gambling and predict the subsequent onset and persistence of pathological gambling’ (Kessler et al. 2008:1358).

Along with depression and anxiety, several Australian studies have found a link between gambling and different forms of substance dependence and/or abuse; in each of these studies, alcohol abuse was identified in about 20 per cent of people experiencing gambling problems (For example, Haw,

Holdsworth & Nisbet, 2013; Haytbakhsch, Najman, Aird, Bor, O'Callaghan, Williams, Shuttlewood, Alati & Heron, 2006; MacCallum & Blaszczynski, 2002; Thomas & Jackson, 2008). Additionally, Haytbakhsch, Najman, Aird, Bor, O'Callaghan, Williams, Shuttlewood, Alati and Heron, (2006) have noted that alcohol abuse is the best documented co-morbid diagnosis in the gambling literature.

In international literature, alcohol has also been found to be a commonly abused substance by people with gambling problems (Abbott, 2001; Abbott & Volberg, 1991; Cunningham-Williams et al., 2000; Petry et al., 2005; Shaffer & Korn, 2002; Westphal & Johnson, 2003). As part of their study conducted in the U.S., Petry et al. (2005) found that 73.2 per cent of pathological gamblers in their study had an alcohol use disorder. A community gaming survey conducted in New Zealand concerning gambling problems and co-morbidity (Abbott & Volberg, 1991), found high rates of non-psychotic mental disorders and unsafe levels of drinking in self-reported gambling related symptoms. Furthermore, Westphal and Johnson (2003) found that people report having a stronger urge to gamble while using alcohol, as well as finding it more difficult to stop gambling while using alcohol.

A recent Australian study was conducted by Haw, Holdsworth and Nisbet (2013) exploring the temporal sequencing of gambling and psychological co-morbid disorders. The study involved a sequential mixed methods design comprising six stages. Haw et al. (2013) confirmed that the rates of psychological co-morbidity, and alcohol dependence and other drug use, are significantly higher in people experiencing gambling problems than in the general population. The study found that, amongst men who experienced depression and anxiety, the first onset of problem gambling was more likely to precede the first onset of depression or anxiety. Amongst the women participants, the study found that problem gambling was more likely to occur after the first onset of depression or anxiety (Haw et al., 2013). Of the participants who experienced problems with alcohol and other drugs, both men and women reported experiencing substance abuse before the first onset of problem gambling (Haw et al., 2013).

Significantly, in relation to problem gambling and co-morbid disorders, particularly depression and anxiety, the Productivity Commission (2010) noted that although some people may be depressed before their problems with gambling develop, gambling can increase pre-existing conditions. Additionally, Ibanez et al. (2001) point out that having a co-morbid disorder can escalate the severity of a gambling problem. However, Thomas and Jackson (2008:ix) have argued that it is not possible to establish a causal nexus between problem gambling and other co-morbidities; it is unknown 'whether one set of conditions precedes the other nor whether they are causally linked'. This supports Kim, Grant, Eckert, Faris and Hartman's (2006) findings concerning pathological gambling and associated mood disorders where they claim there are inconsistent findings that relate to the primary or secondary nature of the relationship between problem gambling and depression (Kim et al., 2006).

In relation to temporal sequencing between depression and co-morbidities, Battersby, Tolchard, Scurrah and Thomas (2006) note that few studies have looked at the time sequence of depression and gambling. Haw, Holdsworth and Nisbet (2013:x) have asserted that determining the temporal relationship between problem gambling and co-morbid disorders is important because:

By understanding the connection between problem gambling and co-morbidities in the general population, as well as within subgroups and treatment samples, better treatment and harm minimisation strategies, as well as useful and appropriate policies, can be developed.

Westphal and Johnson (2003) pointed out that, despite the theoretical complexity of determining causal patterns, it is important that research into the temporal sequencing of various factors is undertaken. Establishing the temporal relationship between co-morbidity can be clinically beneficial in determining the most appropriate approach to treatment. Additionally, as noted in the Australian National Comorbidity Project (2001), establishing temporal relationships can be complicated further by the evolving nature of co-morbidities. For instance, co-morbid mental disorders are often mutually

influenced and change over time, making it difficult to categorise precisely into primary and secondary disorders.

A submission to the Productivity Commission Inquiry into Gambling (2010) by the Gambling Treatment Program, St Vincent's Hospital, in NSW, suggested that factors that initiate problem gambling may not be the same as those that maintain it. For example, people with gambling problems with an anxiety disorder or depression may be caught in a cycle in which the gambling relieves problems in the short term while intensifying them in the long term, such as increasing financial problems. This is supported by Shaffer and Korn (2002) who asserted that the complex relationships between co-morbid disorders include the possibilities that one disorder protects against the other, that one disorder causes the other, that both disorders share the same cause or are components of a more complex set of symptoms, or that both disorders are independent of each other.

Some studies have linked psychological co-morbidity and substance abuse with trauma that can be associated with significant life events (for example, Bell, LeRoy & Stephenson, 1982; Department of Justice, 2009; Holdsworth et al., 2011; Kendler, Karkowski & Prescott, 1999; Taber, McCormick & Ramirez, 1987). Taber, McCormick and Ramirez (1987) reported that 39 per cent of participants admitted to an inpatient gambling treatment program had experienced moderate to severe trauma during their lifetimes, linked to a distressing life event. Additionally, those who had experienced trauma also reported higher rates of substance abuse, depression, and anxiety than those who had not experienced such trauma (Taber et al., 1987).

Kendler, Karkowski and Prescott (1999) explored the degree to which stressful life events cause major depression. They found that independent stressful life events were significantly associated with onsets of depression (Kendler et al., 1999). Many participants in Holdsworth, Breen and Nuske's (2011) qualitative study of 40 women who gamble both problematically and recreationally, spoke about having a psychological co-morbidity, especially depression, an anxiety disorder and/or a concern about substance abuse. Some participants either began gambling or increased their gambling as a way to escape from the stress and anxiety, or other co-morbidities, often stemming from a significant life event, as well as due to feelings of social isolation. Thus, both psychological and social factors, along with the stress of significant life events, were seen as being linked to increased gambling for some participants, particularly those experiencing gambling problems (Holdsworth et al., 2011).

2.5 Social factors, gambling and significant life events

Some research has shown an association between social factors and gambling problems. For instance, the Wave Two findings of A Study of Gambling in Victoria (Department of Justice, 2011) explored the area of social capital, particularly the aspects of being able to access help from family members, friends and neighbours if needed, and feeling like a valued member of society. Less than 45 per cent of participants experiencing gambling problems reported they could access help if needed. Furthermore, less than 32 per cent of participants experiencing gambling problems reported they felt valued by society (Department of Justice, 2011). Thus, social capital theory can help to explain people's motivations to gamble, such as gambling to relieve loneliness, to escape from co-morbid concerns such as anxiety, stress relief from traumatic events, and to feel connected to community. However, this quantitative study was not able to illuminate how or why social factors and significant life events influence gambling behaviour and problem gambling. In relation to gambling and social factors such as social connectedness, McMillen, Marshall, Murphy, Lorenzen and Waugh (2004:153) reported that 'social isolation, disconnectedness and the need to participate in acceptable recreational activities were frequently identified as factors for triggering gambling-related problems'.

Some gendered research has specifically explored women's experiences of gambling and related factors. In Holdsworth, Breen and Nuske's (2011) study, certain social factors were identified as being associated with significant life events. For many of the participants, divorce and separation, a move away from family and friends, the death of a loved one, and retirement were significant life events identified as times when they became socially isolated, lonely and disconnected from others, and when their gambling often became more problematic (Holdsworth et al., 2011).

Research indicates that gambling in venues can alleviate feelings of loneliness and isolation, particularly for women (Brown & Coventry, 1997; Thomas & Moore, 2001; Trevorrow & Moore, 1998; Women's Information Referral Exchange [WIRE], 2008). For example, the Women's Information Referral Exchange [WIRE] (2008:4) also noted the association between problem gambling and social isolation:

For some women, feeling socially isolated is one of the reasons they take up gambling in the first place; for others, social isolation is the result of their problem gambling as it erodes their relationships with family and friends. Often, both of these dynamics are in play and serve to reinforce each other.

Bell, LeRoy and Stephenson (1982) quantitatively examined the relationships between depressive symptoms, social support and stressful life events in both men and women. They reported no gender differences. Bell et al. (1982) concluded there is a direct relationship between social support and stressful life events on the development of depressive symptoms. A quantitative study conducted by McQuade and Gill (2012), which explored loneliness as a risk factor for problem gambling in Australian adults (both men and women), assessed participants' levels of loneliness using the UCLA Loneliness Scale. Results indicated a significant positive relationship between loneliness due to social isolation and problem gambling. McQuade and Gill (2012) therefore concluded that loneliness plays an important role in problematic gambling behaviour.

Another social factor related to problem gambling is early exposure to gambling in a social context, often in childhood through gambling within the family (Dowling, Jackson, Thomas & Freydenberg, 2010; Lesieur et al., 1999; Winters, Stichfield & Kim, 2002), which is considered the key primary socialisation factor for most people (Van Krieken et al., 2000). Gambling-related research has found that a high proportion of people who experience gambling problems have had early exposure to gambling, predominantly in families where one of the family members, frequently a parent, has had a gambling problem (Dowling et al., 2010; Felsher, Deverensky & Gupta, 2010; Hardoon & Deverensky, 2002; Lesieur et al., 1999; McComb & Sabiston, 2010; Winters et al., 2002). For example, in their quantitative study, Dowling et al. (2010) found that people raised in families where at least one parent had a gambling problem were more likely than people not raised by a parent with a gambling problem to develop a gambling problem themselves. Winters, Stichfield and Kim (2002) found that people raised in families where a parent had a gambling problem were seven times more likely to experience a gambling problem than people not raised in a family where a parent experienced gambling problems.

Linking social and individual psychological factors, Felsher, Deverensky and Gupta (2010) have similarly noted that when parents and other significant adults gamble around children, there is a tendency for these children to later develop a gambling problem in early adulthood (Felsher et al., 2010). Importantly, they also highlighted that not only are children affected by parents' gambling behaviour due to being exposed to gambling in childhood, but high levels of parental gambling can impact on emotional problems within the family, which in turn can lead to emotional vulnerability within the children (Felsher et al., 2010).

From both a sociological and psychological perspective, therefore, it can be seen that early exposure to gambling and socialisation within a person's family, particularly when one or both parents gamble at

problematic levels, can facilitate the development of a gambling problem in later life, sometimes beginning in adolescence. Gambling problems within families impact significantly on other aspects of family life such as conflict, financial, legal and work-related problems that in turn can lead to health and emotional problems within the family (Felsher et al., 2010; Department of Justice, 2009). It is also essential to note that the socialisation process takes place both at a personal, individual level (micro), as well as within wider social and institutional environments (macro). Thus, it is difficult to establish a firm causal link between early exposure and socialisation (primary socialisation), links to emotional and psychological factors, wider social influences, and the likelihood of developing a gambling problem in later life (Felsher et al., 2010).

2.6 Ways of coping

Along with social support and connectedness, personal characteristics such as emotional vulnerability and emotional resilience also influence a person's ability to cope with the stress involved with dealing with the trauma, loss and grief associated with a significant life event (Ungar, 2004). According to Lazarus and Folkman (1984), coping is a process that plays out in a situation that is appraised as personally significant and taxing on a person's resources; coping responses are initiated in an emotional environment and are dependent on personality dispositions that influence the appraisal of stress and resources for coping. 'Coping is embedded in a complex, dynamic stress process that involves the person (the individual, micro level) and the environment (the social, macro level), and the relationship between them' (Folkman & Moskowitz, 2004).

According to Luthar and Cicchetti (2000), resilience is two-dimensional; it encompasses the experience of a person when faced with adversity, such as a significant life event, and then the positive adjustment or adaptation to outcomes of that adversity. Indeed, much research indicates that resilience is about a person's emotional capacity to cope with stress, to connect with their personal and wider environments, and the processes that encourage well-being; resilience concerns the protective strategies that influence a person's ability to manage risk factors (Blaszczynski & Nower, 2002; Fredrickson, Tugade, Waugh & Larkin, 2003; Leadbeater, Dodgen & Solarz, 2005; Masten, 1994, 2001; Ungar, 2004; Zautra, Hall & Murray, 2010).

Certainly, research on resilience has largely been concerned with determining risk and protective factors that contribute to people's capacity to adapt to adverse situations, such as those concerning significant life events, and to understand underlying protective factors (Fredrickson et al., 2003). Such protective factors are recognised as assisting people to adjust to the negative consequences associated with an adverse life event, and to contributing to positive outcomes, including factors that promote resilience (Masten, 2001; Ozbay, Fitterling, Charney & Southwick, 2008; Unger, 2004). Not only do these include the importance of having personal relationships that provide care, support and encouragement both within and outside the immediate family, they also include having good problem-solving, goal setting, coping and communication skills, having a positive outlook to life's challenges, and having the ability to deal with strong feelings and impulses (Masten, 2001; Ozbay, Fitterling, Charney & Southwick, 2008; Unger, 2004). Importantly Holmes and Rahe (1967) asserted that, at such times of change and discontinuity, people have to cope with a range of emotions and experiences, and some people may become emotionally vulnerable.

Moreover, as noted by Bonanno, Galea, Bucciarelli and Vlahovet (2007), people with high levels of resilience are prone to show low levels of depression, stress and anxiety, and are less likely than those with low levels of resilience to display addictive behaviour. Conversely, people with low levels of resilience tend to demonstrate difficulties with regulating negative emotions. Generally, people with high levels of resilience are thought to have positive emotions, and such emotions in turn influence their responses to adversity (Bonanno et al., 2007).

Furthermore, resilience has been shown to be more than just the capacity of individuals to cope well under adversity, and therefore is better understood as the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that may sustain their well-being, and their opportunity and capacity to negotiate available resources (Ungar, 2008). Uchino, Hernandez and Smith (2012) point out that the belief that others will assist and provide necessary resources is a contributing factor to a person's perceived ability to cope with adversity. Furthermore, perceptions of having access to high levels of social support are linked to greater feelings of control, self-efficacy, self-esteem, and lower levels of stress and anxiety and depression (Lazarus & Folkman 1984; Uchino et al. 2012).

In relation to gambling, Blaszczynski and Nower (2002) have argued that certain personal characteristics, such as a person's emotional ability or inability to cope with life stresses linked to significant life events, influence the development of problem gambling. Blaszczynski and Nower (2002) identified three main sub-groups of problem gamblers: behaviourally conditioned gamblers; emotionally vulnerable gamblers; and antisocial, impulsivist gamblers. Blaszczynski and Nower (2002) argued that people within the emotionally vulnerable problem gambler sub-group have predisposing psychological susceptibility to problem gambling, and they may have difficulty coping with stress; gambling is used to 'escape' from stress. Thus, they argue, emotionally vulnerable people struggle with stresses in their lives, such as those linked to a significant life event; this sub-group gamble because it can be a way to obtain emotional escape 'through the effect of dissociation on mood alteration' (Blaszczynski & Nower, 2002:493). In the qualitative aspect of Wave Three of the Victorian Gambling Study (Department of Justice, 2012) it was found that the participants with gambling problems who reported experiencing the most harm associated with gambling were the participants who were emotionally vulnerable.

Scannell, Quirk, Smith, Maddern and Dickerson (2000:419) assert that control over gambling is likely to be influenced by coping styles stating, 'It could be argued that loss over control over gambling is associated with emotion focused coping such as avoidance or escape'. Thus, problem gambling has been implicated as an avoidant coping strategy by providing an escape from personal problems, stress and anxiety, and emotional losses including the death of a loved one and divorce (Scannell et al., 2000). Other researchers have also identified gambling as a means to cope with and 'escape' from life stressors. For instance, Schull (2002) highlighted the need for people to escape from stress as a motivation to gamble, while Boughton and Falenchuk (2007) noted this escape may be from personal pressures, as well as psychological co-morbidity including depression and anxiety. Thus, 'escape gambling' appears to be tied to emotional vulnerability and an increase in psychological co-morbid concerns, but once again the causal pathway is uncertain.

2.7 Summary

Research into problem gambling and co-morbid disorders indicates that people with gambling problems have high rates of psychological co-morbidities, with some differences in temporal sequencing apparent between men and women in the occurrence of problem gambling and co-morbidities (Haw et al. 2013; Productivity Commission, 2010). For some people at least, particularly women, psychological co-morbidities appear to contribute to the development and maintenance of gambling problems. Some significant life events have also been associated with increases in gambling and transition to problem gambling, although temporal sequencing between the two factors has not been firmly established (Department of Justice, 2012). Nevertheless, the first Australian longitudinal survey of gambling (Department of Justice, 2009, 2011, 2012) has provided evidence that work-related and relationship-related difficulties can be associated with the transition from non-gambling or non-problem gambling to at risk or problem gambling. Further, major injury or illness was significantly associated with transition into the problem gambling segment, while divorce as a life event was

significantly associated with a transition into the moderate risk or problem gambling segment (Department of Justice, 2009, 2011, 2012). Similarly, social factors connected with gambling-related problems have also been addressed in research, but again causal relationships have not been proven. Nevertheless, most research evidence suggests that parental gambling problems increase the risk of a person developing a gambling problem in later life, while significant positive relationships have been found between loneliness due to social isolation and gambling and gambling problems. However, the Victorian Department of Justice (2011) has noted there is a lack of research combining significant life events and related social factors with problem gambling and co-morbidity. Studying links between these various factors will contribute to understandings about the role of these issues impacting on people's lives, especially those at risk of gambling-related problems. This knowledge will help to inform prevention and treatment interventions in the area of public health and gambling.

Social factors such as a person's access to support networks and connection with others act strongly as protective factors that determine a person's sense of well-being, both physical and psychological (Bullen & Onyx, 1998; Putnam, 1998). Additionally, along with social support and connectedness, personal characteristics such as emotional vulnerability and emotional resilience influence a person's ability to cope with stress involved with dealing with trauma, loss and grief associated with a significant life event. Such protective factors are recognised as assisting people to adjust to the negative consequences associated with an adverse life event, and to contributing to positive outcomes. Protective factors promote resilience (Ungar, 2004). Furthermore, people with high levels of resilience are likely to have low levels of depression, stress and anxiety, and are less likely than those with low levels of resilience to exhibit addictive behaviours (Bonanno, et al., 2007).

In the following chapter we explain the design and methods used for the study. These include a discussion about the interpretive, qualitative approach taken for the research, the recruitment of participants, participant characteristics, and the method used (i.e. in-depth interviewing) to collect data. We also explain the adaptive grounded theory data analysis approach we took, ethical matters and limitations.

Chapter Three, Methodology

3.1 Introduction

This study was exploratory and intended to uncover, rather than quantitatively 'measure', the issues to be investigated, in this case to understand the experiences of people who gamble, their possible progression to problem gambling, and the role of significant life events, psychological co-morbidities, and related social factors. As such, qualitative methods were considered the most appropriate to address the research aims. Qualitative methods involve gathering a large amount of rich data from a small number of participants rather than a limited amount of information from a large number of participants (Babbie, 2007).

The intention of the study was to provide an evidence base for appropriate and potentially improved service provision to people with gambling problems. Another intention was to inform effective harm minimisation practices for people at-risk of developing gambling problems. To achieve this, it was necessary to gather in-depth data on participants' life experiences and any consequent transition to increased gambling and gambling-related problems for those interviewed. In-depth, telephone interviews were conducted with 20 people who were in treatment or who had received help for their gambling problems and who scored eight or above on the PGSI (Ferris & Wynne, 2001), and 20 people who scored zero or one on the PGSI (Ferris & Wynne, 2001).

3.2 Recruitment of participants

We utilised the Centre for Gambling Education and Research's (CGER) database, which has a significant proportion of people from Victoria, to recruit participants for the study. The database includes recreational gamblers and people who have previously received treatment for a gambling problem. Those on the CGER database have previously participated in gambling research and have flagged that they are willing to be invited to participate in further gambling research. The database currently contains 2,123 people. Overall, it is not representative of Australia or Victoria as most people on the database self-selected into the various surveys and interviews from which the database was developed (with respondents' permission). The database contains contact details for these people, and in some cases, their PGSI score or category at the time they participated in previous research. However, the current PGSI scores for the majority of participants recruited for the current study was not known prior to interview. The PGSI was therefore administered at the start of the interview to confirm the level of problem gambling experienced during the last 12 months.

Eighty potential participants in both groups who live in Victoria were selected from the CGER's database using a random sampling system where every eighth contact on the database was selected. The selection was not influenced by age or gender. These people were contacted by mail and by email, inviting them to participate in the research. We sent out introduction letters, including an information sheet (Appendix A), a consent form and a reply paid envelope. Given that our aim was to interview 20 participants who gambled recreationally, and 20 participants who gambled at problematic levels, we ended up interviewing more than 40 participants (43), because we administered the PGSI only at the time of the interview. Consequently, three interviewees were identified as moderate risk gamblers based on their PGSI scores and therefore did not fit the criteria for either group of gamblers. All interviews were conducted by telephone at a time suitable to the participants and each took approximately 45 – 60 minutes. Participants were reimbursed for their time with a \$20 shopping voucher.

Tables 1 and 2 below show participant characteristics in relation to gender, marital status, age and PGSI score for the recreational gambling group of participants and the problem gambling group of participants.

Table 3.1: Participants who gamble recreationally by gender, marital status, age and PGSI score

Name (Pseudonym)	Gender	Marital status	Age	PGSI score
Charlie	Male	Married	59	0
Jan	Female	Defacto	60	1
Lee	Female	Single	57	0
Wanda	Female	Married	75	0
Bruce	Male	Single	49	0
Roy	Male	Single	67	0
Lindsay	Male	Married	65	0
Zena	Female	Married	50	0
Barry	Male	Married	65	1
Dennis	Male	Married	42	0
Don	Male	Married	66	0
John	Male	Divorced	57	0
Sue	Female	Single	58	0
Shaun	Male	Single	28	0
Mike	Male	Married	43	0
Peter	Male	Married	44	0
Rebecca	Female	Married	67	0
Sunny	Female	Married	58	0
Graham	Male	Married	37	1
Jeff	Male	Married	45	0

Table 3.2: Participants who gamble at problematic levels by gender, marital status, age and PGSI score

Name (Pseudonym)	Gender	Marital status	Age	PGSI score
Joe	Male	Married	29	9
Caitlyn	Female	Married	48	14
Malcolm	Male	Married	72	9
Diana	Female	Married	58	24
Denise	Female	Divorced	58	9
Ron	Male	Married	50	13
Kylie	Female	Single	42	20
Chris	Male	Separated	38	13
Karla	Female	Divorced	56	24
Aaron	Male	Married	41	10
Keith	Male	Married	69	12
Kumar	Male	Married	43	8
Angela	Female	Single	32	10
Eric	Male	Married	61	15
Susan	Female	Married	30	25
Mukala	Female	Single	46	13
Mohajit	Male	Married	45	11
Irene	Female	Married	51	17
Leanne	Female	Single	41	18
Leo	Male	Married	33	23

The recreational group of gamblers comprised 13 men and seven women. Thirteen participants in this group were married at the time of the interview and one participant was in a defacto relationship. At the time of the interview, one participant was divorced and five participants were single. Ages of participants ranged from 28 years to 75 years. All participants in the recreational gambling group scored either zero (17) or one (3) on the PGSI.

In the group of participants who gamble at problematic levels there were even numbers of men and women - 10 men and 10 women. Thirteen participants in this group were married at the time of the interview, two participants were divorced, one participant was separated from their partner, and four participants were single. Ages of participants in this group of gamblers ranged from 29 years to 72 years. All participants in this group scored in the problem gambling range with all scoring eight (1) or above (19) on the PGSI.

Various imitations are associated with the sample. It is acknowledged that the group of problem gamblers interviewed were receiving or had received help for their gambling. This convenience sample was chosen largely due to the difficulties in recruiting problem gamblers who have not sought help. As we aimed to 'explore' the research questions this was seen to be appropriate, with the understanding that further research can extend understanding to larger and more representative samples. It is also acknowledged that problem gambling behaviour changes over time, a notion that encompasses a 'gambling career'. This research was conducted at one point in time but sought present and retrospective accounts of life events that may interact with that 'gambling career'. Additionally, the PGSI was used to measure problem gambling severity. Some concerns about the PGSI have been documented. Analysis by Currie, Hodgins and Casey (2013) provided strong evidence for the validity of the non-problem gambling and problem gambling categories, but found poor discriminate validity for the moderate and low risk groups. For this reason, only participants who scored within the non-problem gambling and problem gambling categories were included in this study.

3.3 In-depth interviews

The two researchers each interviewed 20 participants, with one researcher interviewing those that were initially identified as non-problem gamblers. However once the PGSI scores were administered it was clear that three from this group scored as moderate risk gamblers, necessitating three extra interviews for the non-problem gambler group. The second researcher interviewed those drawn from the CGER database who had initially been recruited via gambling help agencies. These participants all scored as problem gamblers on the PGSI that was administered at the start of the interview. Both researchers frequently discussed the interview process and compared notes to ensure consistency across the interviews. During the analysis each interview transcript was scrutinised by both researchers to ensure correspondence across the analysis. Thus, any impact on data collection and analysis created by having two researchers was minimised.

An interview schedule (Appendix B) was used to help guide the discussions which included questions about participants' history of gambling, including when they started gambling, types of gambling activities, any changes to gambling behaviour over time, episodes of binge gambling, and critical change points. In seeking this retrospective history of their gambling, participants were asked to contextualise their gambling in terms of other happenings in their lives at the time, including any significant life events, development or continuation of any psychological co-morbidities, and any related social factors such as: involvement in community events, groups and activities; support networks both formal and informal, such as those of family, friends and neighbours, as well as professional support; and knowledge and use of local services. An interview schedule in qualitative interviewing helps 'where the categories of response are focused but not necessarily pre-determined' (National Statement on Ethical Research [NSER], 2007:26). At the beginning of each interview,

participants were administered the standard nine question PGSI] (Ferris & Wynne, 2001) to determine where they sat on the problem gambling continuum.

The interviews explored participants' experiences of significant life events over their life span, based on life events identified in the Holmes and Rahe (1967) scale, and Department of Justice (Victoria) (2009) research, which included: the death of a loved one; relationship problems including divorce and separation; injury or illness; work-related problems and retirement from work; legal and financial difficulties, and changes in living conditions. The interviews also explored co-morbidity including episodes of depression, anxiety, drug and alcohol misuse over participants' life span. Participants were asked about the beginning of their gambling (when they started gambling, who else was involved, how often they gambled, and what was happening at the time), changes in gambling behaviour over time, associated significant life events and other motivations for the changes, family and social networks and support received, and early family experiences of gambling. The interviews were digitally recorded with the consent of participants and notes taken to ensure accuracy (Charmaz, 2005, 2006; Puchta & Potter, 2004). Interviews were then transcribed by a professional transcription service.

3.4 Data analysis

An adaptive grounded theory approach was drawn on to analyse data from the interviews (Layder, 1998). This approach is similar to grounded theory where the emphasis is on an open-minded approach to the research, and willingness to listen to participants' experiences, and then grounding the analysis in the research data. This approach allows major concepts, themes and processes to be explicated through the analysis process while enabling participants' narratives to be retained and privileged in the results (Guba & Lincoln, 2005; Hertz, 1997). Grounded theory analysis utilises an inductive approach to the research data, grounding the analysis and reporting in participants' stories and narratives. Thus, a grounded theory analysis recognises the value of both subjective experience and objective theoretical analysis, moving beyond thematic and descriptive accounts of participant experiences, and situating them within wider social environments and systems (Charmaz, 2005, 2006; Layder, 1998). Accordingly, in this current study understandings and propositions have been developed directly from participant's own constructions of meaning, and subsequently theorised with reference to relevant literature. This approach therefore facilitated an in-depth exploration of the ways in which participants experiencing gambling problems, significant life events, psychological co-morbidities and related social factors were understood.

Transcripts from the recorded interviews were analysed and coded with themes identified (Charmaz, 2005, 2006; Guba & Lincoln, 2005; Hertz, 1997; Layder, 1998). Since the analysis process can be subjected to bias, the transcripts were independently analysed by two researchers (EN and LH). Emerging overarching themes from the interview data were identified and subsequently coded into key themes and sub-themes. Attride-Sterling (2001) notes that this process of data analysis is known as 'thematic networking' as the themes and categories begin to establish more meaningful relationships. From this process the key recurring themes were confirmed by both researchers. Additionally, two researchers (EN and LH) read transcripts from each interview from both the recreational gambling group and the problem gambling group in order to compare and contrast responses from participants in both groups.

3.5 Types of gambling, social factors, significant life events and psychological co-morbidities

Participants in both groups of gamblers discussed the types of gambling they predominantly undertake, whether they belong to any social and community groups and/or volunteer, and what significant life events they have experienced over their lifetimes. Participants were also asked about any co-morbidity they have experienced (both diagnosed and undiagnosed). Tables 3 to 6, below, outline specific types of gambling used by each participant, any social and community activities participants were involved in at the time of the interview, the significant life events discussed by each participant, as well as particular co-morbidities participants have experienced over their lifetimes. The significance of this information will be expanded on in the following chapter which presents the findings of the study.

Table 3.3: Participants who gamble recreationally by types of gambling and social factors such as belonging to groups and volunteering in the community

Name (Pseudonym)	Types of gambling	Social and community groups
Charlie	Horses	Social group
Jan	Pokies	Singing group
Lee	Pokies	Volunteers
Wanda	Lotto/ raffles	Volunteers, church group
Bruce	Lotto/ raffles	Community garden
Roy	Horses	Volunteers
Lindsay	Horses/ pokies	Volunteers
Zena	Pokies	Church group
Barry	Online sports betting	Volunteers
Dennis	Horses/ greyhounds/ football	Bowling club
Don	Horses/ lotto	Volunteers
John	Horses	Golf clubs
Sue	Pokies / lotto	Dog club
Shaun	Pokies	Dog training club
Mike	Sports betting	Volunteers
Peter	Horses	Volunteers, hockey club
Rebecca	Pokies	Volunteers, croquet club
Sunny	Pokies/poker	Volunteers
Graham	Horses	None
Jeff	Poker	Sporting club

Table 3.4: Participants who gamble problematically by types of gambling and social factors such as belonging to groups and volunteering in the community

Name (Pseudonym)	Types of gambling	Social and community groups
Eugene	Pokies/Horses	None
Joe	Horses/Online sports betting	Sports club
Malcolm	Pokies	Volunteers
Leo	Pokies	None
Mohajit	Online sports betting	Community volunteer
Ron	Pokies/Online sports betting	None
Chris	Pokies/Casino tables	None
Keith	Pokies/Horses	None
Aaron	Pokies/Horses	Volunteers overseas
Kumar	Online/Texas Holdem poker	None
Denise	Pokies	Volunteers
Irene	Pokies	None
Mukala	Pokies / lotto	None
Susan	Pokies	None
Kylie	Horses	None
Diana	Pokies	None
Angela	Pokies	None
Karla	Pokies	None
Leanne	Pokies	None
Caitlyn	Pokies	None

Table 3.5: Participants who gamble recreationally: experiences of significant life events and co-morbidity (self-reported)

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities Discussed (self-reported)
Charlie	<ul style="list-style-type: none"> • Legal difficulties • Financial difficulties • Changes in living conditions • Divorce • Ill-health 	None discussed
Jan	<ul style="list-style-type: none"> • Work-related concerns • Financial difficulties • Death of someone close • Retirement 	None discussed
Lee	<ul style="list-style-type: none"> • Death of someone close • Financial difficulties • Changes in living conditions • Separation 	None discussed
Wanda	<ul style="list-style-type: none"> • Retirement • Death of someone close 	None discussed
Bruce	<ul style="list-style-type: none"> • Injury 	None discussed

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities Discussed (self-reported)
	<ul style="list-style-type: none"> • Work-related concerns • Death of someone close 	
Roy	<ul style="list-style-type: none"> • Death of someone close • Retirement • Financial difficulties • Ill-health 	None discussed
Lindsay	<ul style="list-style-type: none"> • Injury • Death of someone close 	None discussed
Zena	<ul style="list-style-type: none"> • Work-related concerns • Financial difficulties 	Depression Anxiety
Barry	<ul style="list-style-type: none"> • Financial difficulties • Ill-health & injury • Death of someone close • Retirement 	Depression
Dennis	<ul style="list-style-type: none"> • Ill-health (child) • Injury • Death of someone close 	None discussed
Don	<ul style="list-style-type: none"> • Ill-health • Work-related concerns • Death of someone close 	PTSD Alcohol abuse
John	<ul style="list-style-type: none"> • Ill-health • Divorce • Death of someone close 	Anxiety
Sue	<ul style="list-style-type: none"> • Work-related concerns • Financial difficulties • Ill-health • Changes in living conditions • Death of someone close 	Mild depression Alcohol abuse
Shaun	<ul style="list-style-type: none"> • Financial difficulties • Death of someone close 	None discussed
Mike	<ul style="list-style-type: none"> • Financial difficulties 	None discussed
Peter	<ul style="list-style-type: none"> • Death of someone close 	None discussed
Rebecca	<ul style="list-style-type: none"> • Financial difficulties • Retirement 	Mild depression

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities Discussed (self-reported)
Sunny	<ul style="list-style-type: none"> Financial difficulties Death of someone close 	Mild depression
Graham	<ul style="list-style-type: none"> Work-related concerns Financial difficulties 	None discussed
Jeff	<ul style="list-style-type: none"> Work-related concerns 	Anxiety

Table 3.6: Participants who gamble problematically: experiences of significant life events and co-morbidity (self-reported)

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities discussed (self-reported)
Eugene	<ul style="list-style-type: none"> Work-related concerns Financial difficulties Ill-health 	Depression Anxiety
Joe	<ul style="list-style-type: none"> Work-related concerns Financial difficulties Relationship problems 	None discussed
Malcolm	<ul style="list-style-type: none"> Physical illness of family member Relationship problems 	Depression Anxiety
Leo	<ul style="list-style-type: none"> Financial problems Work-related concerns Housing problems 	Depression
Mohajit	<ul style="list-style-type: none"> Financial problems Work-related concerns Death of someone close 	Depression Anxiety
Ron	<ul style="list-style-type: none"> Financial difficulties Housing related problems Death of someone close Ill-health 	Depression
Chris	<ul style="list-style-type: none"> Legal problems Financial problems Work-related problems Physical ill-health 	Alcohol & other drug abuse Depression Anxiety Schizophrenia
Keith	<ul style="list-style-type: none"> Legal problems Financial difficulties 	Alcohol abuse

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities discussed (self-reported)
Aaron	<ul style="list-style-type: none"> • Relationship problems 	Anxiety
Kumar	<ul style="list-style-type: none"> • Legal problems • Work related problems • Financial problems • Physical ill-health (self and child) • Relationship problems • Death of someone close 	Depression Anxiety
Denise	<ul style="list-style-type: none"> • Housing-related problems • Relationship problems • Physical ill-health • Death of someone close 	Bipolar disorder Anxiety Depression
Irene	<ul style="list-style-type: none"> • Work-related problems • Financial problems • Relationship problems • Physical ill-health • Death of someone close 	Depression
Mukala	<ul style="list-style-type: none"> • Physical ill-health • Relationship problems • Death of someone close 	Depression
Susan	<ul style="list-style-type: none"> • Financial problems • Work-related problems • Physical ill-health • Death of someone close 	Depression Anxiety
Kylie	<ul style="list-style-type: none"> • Financial problems • Work-related problems • Relationship problems • Physical ill-health 	Depression Eating disorder
Diana	<ul style="list-style-type: none"> • Death of someone close • Relationship problems • Financial problems • Physical ill-health 	Depression Anxiety Alcohol abuse
Angela	<ul style="list-style-type: none"> • Legal problems • Relationship problems • Work related problems 	Depression Alcohol & other drug abuse

Name (Pseudonym)	Significant life events discussed	Psychological co-morbidities discussed (self-reported)
Karla	<ul style="list-style-type: none"> • Financial difficulties • Legal problems • Relationship problems 	Depression Anxiety
Leanne	<ul style="list-style-type: none"> • Legal problems • Relationship problems • Financial difficulties • Physical ill-health • Death of someone close 	Alcohol & other drug abuse Depression
Caitlyn	<ul style="list-style-type: none"> • Legal problems • Work-related concerns • Relationship problems • Physical ill-health (self and child) • Financial difficulties • Death of someone close 	Depression

3.6 Ethical matters

This research project was subject to meeting the usual ethical conditions set down by the Human Research Ethics Committee at Southern Cross University, and the Human Research Ethics Committee at the Victorian Department of Justice (2011), and in accord with the National Statement on Ethical Conduct in Research (involving humans) [NSER] (2007). The research team conducted the research in a sensitive, confidential and ethical manner, and ensured ethical protocols were adhered to, including obtaining informed consent, and ensuring privacy, sensitivity and confidentiality of the data. Prior to the research we identified appropriate details and contact information of gambling counselling services, along with other relevant services and provided these details to participants. All interviews with participants scoring eight or above on the PGSI were conducted by one of the researchers who is a qualified social worker.

3.7 Limitations

There are limitations involved with this study, as there is with all research (Neuman, 2004). The study took place in one location of Australia, Victoria. As such, we recognise that the experiences of the participants involved in this study may not be consistent with people’s experiences living in other areas. It is therefore important that similar studies are undertaken across a broad range of geographical locations so that the experiences, concerns and perspectives of people who gamble recreationally and at more problematic levels can be heard and understood more fully.

Another limitation was the use of a small, convenience sample. However, for qualitative research this sampling approach and size of sample is considered appropriate (Neuman, 2004).

The responses from participants were based on recall so therefore there could be memory bias concerning how participants remembered and described their experiences. However, given the

qualitative nature of the research that asked about previous experience, realistically we could not have adopted a different methodology. In any case, qualitative research is concerned with the understandings that participants have developed from their own, unique experiences (Charmaz, 2005, 2006).

A final limitation was that the interviews took place via telephone, which can have draw-backs compared to face to face interviews. The main draw-back concerns not being able to obtain additional information from participants' body language and affect (Denzin & Lincoln, 1998). However, telephone interviewing is an accepted method of gaining knowledge in qualitative research.

3.8 Summary

This exploratory qualitative study aimed to understand the experiences of people who gamble, and how significant life events, psychological co-morbidities and related social factors might impact on levels of gambling. The intention of the study was to provide an evidence base for appropriate and potentially improved service provision to people with gambling problems, along with effective harm minimisation practices.

In-depth interviews were conducted via telephone with 20 people who were in treatment or who had received help for their gambling problems and who scored eight or above on the PGSI, putting them in the problem gambling category (Ferris & Wynne, 2001). In addition, 20 people who were recreational gamblers and scored zero or one on their PGSI score (Ferris & Wynne, 2001) were interviewed.

The interviews explored participants' experiences of significant life events over their life span, and experiences of psychological co-morbidity such as depression, anxiety, and drug and alcohol misuse. Participants were also asked about changes in gambling behaviour over their life time, and motivations for the changes. As well, participants were asked about any family and social networks and support they had received, and early family experiences of gambling.

An adaptive grounded theory approach (Layder, 1998) was utilised to analyse the interviews. Therefore, understandings and propositions have been developed directly from participant's own constructions of meaning. These understandings were then theorised with reference to relevant literature. In the next chapter we present the findings from the in-depth interviews. The chapter begins with participants' responses from the recreational group, while the second section presents participants' responses from the problem gambling group.

Chapter Four, Research Findings

4.1 Introduction

This chapter focuses on the research findings. The first half of the chapter concentrates on the interview responses of the 20 recreational gambling participants who scored zero or one on the PGSI. The second part of the chapter highlights the findings from the participants classified as problem gamblers who scored eight or above on the PGSI. Participants' various experiences with managing a significant life event and the coping strategies they used, as well as dealing with any associated co-morbidities they identified, are highlighted and explored in relation to their gambling.

4.2 Recreational gambling participants

The ensuing analysis firstly explores gambling through the recreational gamblers' lifetime before turning to specific significant life events discussed by this group. The chapter then highlights the various coping strategies they utilised before turning to the problem gambling group of participants. The following table highlights the main themes and subthemes derived from the analysis.

Table 3.7: Recreational gamblers themes and sub themes

Major theme	Sub theme
Specific life events	The death of a loved one
	Financial difficulties
	Work related concerns, unemployment and retirement
	Changes in living conditions
	Ill health and injury
	Separation and divorce
Psychological co-morbidity	
Strategies: ways of coping	Being resilient
	Maintaining a positive attitude
	Seeking knowledge
	Seeking help and support
	Religious and spiritual beliefs
	Taking time to grieve
	Medication and self-medication

4.2.1 Gambling through the recreational gamblers' lifetime

The recreational gamblers were asked when they first began gambling, and what was happening in their lives at that time. All participants said they had only ever gambled for recreation and had never felt they had a gambling problem. Indeed, 17 participants scored 0 on the PGSI and the remaining three participants scored one which is described as having a 'low level of problems with few or no identified negative consequences' (Ferris & Wynne, 2001).

None of the participants spoke about childhood exposure to gambling from parents and other family members. All spoke about either going to clubs where there are poker machines to gamble with friends when they had turned 18 years of age as a social outing, or going to the races socially with friends in adulthood. Their levels of gambling did not increase when they were faced with a significant life event, and/or with a psychological co-morbidity, as discussed below.

4.2.2 Specific significant life events

In this section we focus on the specific significant life events discussed by the recreational gamblers. In particular, we concentrate on participants' experiences of dealing with: the death of someone close; financial concerns; work-related problems, unemployment and retirement; changes in living conditions such as moving and being homeless; being physically unwell; separation and divorce; having mental health issues.

The death of someone close

Most recreational gamblers (14) spoke about the death of someone close, how they coped with the death, as well as how their gambling levels did not increase after this event. For instance, two of the participants, Dennis and Lee, spoke about losing their parents at relatively young ages:

I lost my parents over 20 years ago, when I was 22. But I'm a strong person and there was also lots of family support. Yeah, the family is strong; we're a very close family. My wife comes from a very strong family background too and support from there has been fantastic. I didn't start gambling more or anything like that though after my parents died (Dennis).

The death of both my parents was traumatic; my mother suicided in the '70s when I was 16. And then my dad died in '87 from Parkinson's. He needed a lot of care and that was hard. And then my step-mum, Dad's second wife, died two years ago now and we were pretty close. She was a good lady. That's never easy. I think probably my personality helped me to get through, my inner-strength (Lee).

Dennis had the support of his family to help him to cope with the death of his parents, while Lee said her inner-strength and her personality helped her to cope.

Like Dennis, other participants similarly spoke about having strong support networks, including family and friends, and how these support networks helped them to deal with the death of someone close. For instance, Shaun spoke about the support of family when his grandfather died and how important this support was:

I have obviously had deaths in the family. Grandpa died last year and that was probably one of the biggest ones for me. It took me a little adjusting to get used to, but you sort of ... there were a couple months there where I was a bit dark and gloomy, but you work through it at the end of the day. It helped to have my parents and my brother, and just the family network to talk through it (Shaun).

Financial difficulties

Over half (12) of the recreational gamblers discussed how they had experienced financial losses, and outlined the various strategies they used to cope with the losses. Again, many specified that having financial troubles did not trigger an increase in gambling activity. For instance, as with the death of his grandfather, Shaun turned to his parents for support:

I was lucky enough to be able to live back with my parents at that point in time when I had a change to my financial situation; I went back to study so I wasn't getting much money. So I don't think financially it was too hard on me at the time because of my parents helping me out, and sometimes you just have to do those things. But I was fortunate to have their support (Shaun).

Jan, too, turned to her family - her mother, as well as her brother - for support when her marriage ended and she found herself in financial trouble. She also discussed how she had experienced financial stress when she bought her first home:

I had a change to my financial situation at first when I became a single mum, after my marriage ended. Also when I bought my first house, which was a stressful time. I ended up with something like \$100 in the bank. But I was lucky 'cause I had support from my Mum and my brother (Jan).

Zena spoke about financial troubles she and her family experienced due to the collapse of the family business, and about the associated strain it put on the family, particularly the increased level of conflict it caused. She told of the support that she, her husband and daughter provided for each other, and how she distracted herself by taking on university study and by practising 'living in the present':

Our business collapsed during the recession and we lost about \$300,000. It was very hard. We are still coping with it, but it was really hard. However, my husband and my daughter, we tried to do the best we could to support each other. Because what was awful was all the businesses had to be closed in order not to have a larger debt. We kept the home and it was really a relief. But the family did have a lot of conflict. What helped was I distracted myself with university studying. I study as a way to forget about it. I didn't gamble anymore at that time. I try to maintain positive thoughts and to not dwell on the past, living in the present (Zena).

Lee explained that she did not place much value on material possessions so when she was forced to declare bankruptcy she was able to put a positive spin on her situation. She, like Zena, identified her personal strength to cope with an adverse event as being important at this time:

I declared bankruptcy a few years ago. That was credit card problems. I mean, it was a worry but it didn't drive me nuts, so to speak. I'm fine, I'm strong, I try to be positive; I don't need lots of material things. And once I declared bankruptcy it was like, whew. I have nothing, so I've got nothing to lose. I don't own a car. I don't own a house (Lee).

Work related concerns, unemployment and retirement

Almost half of the recreational gamblers (9) reported having work-related problems including conflict at work, becoming unemployed, and coping with retirement. For instance, when speaking about work-related stress, Jan highlighted her ability to work through conflicts with colleagues by talking about the situation with other colleagues, but predominantly she works through the situation herself. Like others, she identified herself as being a 'positive person', and how this was the crucial factor in helping her to deal with conflict at work:

At work there have been people who don't pull their weight so there is conflict with that. That gets stressful. I suppose, I talk to other colleagues about things like that as a sounding board. But mostly I just kind of work it through myself. I'm a pretty positive person when it gets down to that sort of stuff (Jan).

When discussing changes in her work situation, Sue explained how she had suddenly become redundant which left her unemployed. Since then she has found it difficult to secure paid work. Sue commenced a study course to learn new skills to help her to find work. She also noted that the social contact she has gained through study is beneficial:

I haven't had any troubles with work, except for the fact that my job disappeared ... I did actually think I was just going to be able to walk into a work situation. I never had any trouble getting work before. ... So I've signed myself up into my second study unit to help me with getting a job ... The social connections and support I get through study are good too (Sue).

John spoke about the support network that his work department has in place for people experiencing stress related to work, as well as broader concerns such as those associated with significant life events and other issues:

We have a great internal support network within our department for support for members. It's not only for work-related problems. There's the emotional, there's the gambling, there's the drugs, the alcohol, all of those things. We've a great set-up these days (John).

Several participants were retired and spoke about the impacts retirement has had on their lives which have not included an increase in their gambling activity. For instance, Barry discussed how retirement for him is 'a bit of a mixed bag' and that he tries to keep busy, but also that his level of gambling has not increased. He continued to explain:

... Sometimes being retired is good and sometimes it's not so good. I mean, I like to keep active so I play golf. I'd love to play another sport, but unfortunately my body is not up to it these days. But even things like chopping wood for our little woodstove is quite good. I enjoy that. Retirement hasn't meant I've wanted to gamble more though. And actually, what I've found since I retired is that my wife's and my roles have changed a bit in that I'm sort of the housekeeper and the cook and she's the breadwinner (Barry).

Changes in living conditions

For many of the recreational gamblers, their housing situation was not fraught with stress. However, three participants who did not own their own home found the situation of renting their housing expensive, and at times insecure. Sue, after the home she was renting was sold, found she could not afford to rent another one in the area in which she was living. She described herself as 'homeless', but also 'strong'. She also emphasised that she did not gamble more often when she lost her home:

My home I used to live in got sold, and I can't afford to rent another house here. I'm homeless; I'm living in my campervan. ... I'm sort of probably facing the whole rest of my life not ever having a house again, which is a bit dismal. It's not the life I planned. I did plan to have a little home of my own in my daydreams. But maybe that's just not going to happen now, probably ... This motor home's 10 years old now, so I suppose I'm eventually going to have to try and save up enough money to replace this, and just live on the road for the rest of my days, I don't know. When I get too old to drive around I'll just pull into a caravan park and stay there. It's a bit of a concern really. But I suppose it's that thing of knowing what you've got, being strong. Basically, you've got to look after yourself ... (Sue).

Lee explained that she too had experienced a forced move when the home she was renting was sold. She linked her most recent move to the depression she had experienced, but also highlighted the social support she has around her:

I rent, so when I have to move it's traumatic. My last move, well I'm sure it put me into depression for a couple of years. You have no control over when you have to move ... I hate moving. But again I've always had good family and friends around me, so that helps (Lee).

Ill-health and injury: Being physically unwell

Many recreational gamblers (9) had experienced concerns with their physical well-being and discussed how they have coped. Sue, who has a chronic health issue – lupus – spoke about coping with a continuing illness:

I have lupus and in the beginning days of lupus just to get up and go for a walk had me in tears. My joints were so painful. But if I hadn't have walked I would have probably seized up altogether. I had to get up, force myself to go for a walk and go to work at my part-time job to get money. Then I'd come home eat and sleep, that's all. I couldn't go out or anything (Sue).

After having an operation that left him immobile for several months, John reached out for help from his friends and other support networks, and he specifically noted that he did not increase his level of gambling at that time:

Afterwards, about six weeks after having the operation, I did get a bit of cabin fever being at home by myself, but, once again, people called around and a few people came around and said, 'Get in the car. We'll go for a drive.' Just to get me out of the house because I felt like the walls were closing in. That's the tendency I have. When I'm feeling a bit down I reach out for support. My gambling doesn't increase or anything like that (John).

Dennis, too, highlighted the support from family and friends that helped his wife and himself cope when their first child was born with a health problem:

Our first child, who is now a healthy 14-year-old, was born with a small problem, diaphragmatic hernia. We spent the first three months in hospital with her. That was pretty stressful. But there's definitely family support from both our sides. ... My wife's family were very supportive, and I've got a couple brothers. The family was pretty tight, so that was good (Dennis).

Barry's experience of a major injury has left him with on-going health problems. Then at the acute stage of his injury he was depressed. Fortunately, he had support from his wife and children to help him cope:

I had a major injury; I think it was about 2004. I've had a bad back for quite some time and it just kept getting worse and worse. In the end I had to have a laminectomy, which is the fusion of two vertebrae. Before the operation that was really a bad time for everyone, I think, the whole family. All I could do was lie on my back on the lounge room floor with my feet up on a chair and watch television, which was not terribly exciting and it was depressing. ... I was on anti-depressants at that stage. I was hoping the back would get better. I tried several alternative treatments like acupuncture and chiropractic and stuff like that, which didn't work. Unfortunately, I probably left it a bit late to have the operation and it sort of left me with a little bit of residual damage now. It means I can't do as many sporting things as I would like. I didn't cope terribly well with it while I was in so much pain. My wife and kids were very supportive though, very understanding (Barry).

Separation and divorce

A few (3) of the recreational gamblers discussed coping with being separated and/or divorced. John, for instance, spoke about his separation from his previous partner. As with his earlier health concern, when discussing his divorce John referred to his strong support network, along with his knowledge base for accessing further support if or when he has needed it:

Four and a half years ago the ex-wife cleared out That's just the way it is, I gambled a bit but not much, I think. But I have a really good network of people, particularly around work. And the thing for me is that I've had to deal with a lot of the young people who've been through it, divorce, financial difficulties, and so I guess I knew all the people I could ring (John).

Lee told of the trauma associated with her separation, of having her son taken from her, and how she coped by keeping busy, gaining employment and maintaining a long-distance relationship with her son. She also highlighted the strength she found within herself:

I lived with a man for nearly ten years. It was hard when that broke up, when we separated. We had a son together. That was in Italy and when I came back to Australia with my son my ex came and took my son away from me and he grew up in Italy. That was tough, but my inner strength helped and I just bumbled through. I got a job, kept busy. Kept going through the motions and kept in touch with my son, obviously through long distance contact. I never had the money to go back. He started to come over for holidays, occasionally, every second or third year (Lee).

4.2.3 Psychological co-morbidity

A number of the recreational gamblers (8) told about experiencing various mental health problems, particularly depression and anxiety, both diagnosed and self-reported. Like many of the participants

when discussing their various experiences with coping with a significant life event, Rebecca, when discussing her experiences with depression (undiagnosed) noted that she did not gamble more – she did not ‘resort to the pokies’ when she was ‘down in the dumps’:

I do sometimes get depressed, a bit down in the dumps. But I have never seen a doctor about it; it's never been that bad, I guess. And it hasn't led to me gambling on the pokies more, I didn't resort to the pokies, or to drink for that matter (Rebecca).

Don came back from the Vietnam War with Post-Traumatic Stress Disorder [PTSD], although it took 12 years for the disorder to be diagnosed:

I've had a lot of trouble with post-traumatic stress disorder. When I came home from the Vietnam War I got so I had post-traumatic stress but I didn't know it. I was pretty wild with everyone. When you're there in Vietnam, you were just a number and people just stomped on you and I thought, 'Well, no one's ever going to do that to me.' The post-traumatic stress involved lots of things, me drinking, which was pretty hard on the wife and kids. Some mood swings and that but not gambling really. But the worst thing about it is it took 12 years before we realised why I was having these problems. No-one was saying, 'Oh, you have post-traumatic stress'. ... It took a long time before we realised we had a problem to start with (Don).

Several participants reported being prescribed medication for their mental health concerns. For instance, Zena has at times taken anti-depressant medication to help her cope with depression and anxiety. She also noted that even though she is anxious she still goes to work because she needs to work for financial reasons. Like many of the other participants she highlighted the support of her family to help her through these times. She also said that without family support she could see how gambling could be ‘very seductive for a woman’:

I do suffer from both depression and anxiety. With the anxiety I have to still go to work, despite having the anxiety, because I need to survive, I need my salary, I need my position, so there is no way that I can dwell a lot on it. So I'm anxious and I still go to work. ... But I have the support of my family. But I'm thinking if a person feels isolated, I was thinking if I didn't have a family around me, it'd be very easy, very seductive for a woman to go into a casino because no one pays attention if a woman is alone (Zena).

4.2.4 Strategies: Ways of coping

In this section we highlight the various coping strategies adopted by the recreational gamblers when faced with a significant life event, many of which have been identified in participants' quotes in the previous section. The different coping strategies used by these participants included: having good support networks; having a positive attitude to life; being knowledgeable; keeping active; and adopting good communication skills, which are all aspects of resilience (Ungar, 2004).

While participants in both groups – those experiencing gambling problems (discussed later in this chapter) and those who gambled recreationally - spoke about various significant life events they had experienced, what largely differed between the two groups were the coping strategies used. For instance, most of the participants in the recreational gambling group spoke about being resilient, knowledgeable, happy, active, confident, strong, level-headed, and well supported; these attributes were not so evident for the participants who were experiencing problems with their gambling.

Indeed, a number of participants in the recreational group described themselves as ‘resilient’, ‘strong’, ‘confident’ and ‘level-headed’. Several participants spoke about their religious faith and about the support they get from members of their church communities. Many participants also revealed that they ‘self-medicated’ and referred to using ‘the brown bottles’ and other substances, as well as prescribed medication, to help them in times of stress and when dealing with trauma they linked to a significant

life event. Importantly, though, all spoke about not increasing their gambling when faced with a crisis associated with a significant life event in their lives.

Being resilient

Several recreational gamblers talked about being resilient, confident, strong, and level-headed which they believed helped them to cope with stresses involved in dealing with a significant life event. Shaun, for instance, described himself as 'level-headed' and 'laid back', and he identified his level-headedness as being a key contributing factor to his ability to cope with issues at work:

Usually I'm a pretty laid back, level-headed person, I think. I don't get into arguments at work. I deal with injured workers in the workplace, sort of thing, so I've got to stay pretty level-headed. I just see the people that probably have more issues with work than I do. You get to see a lot of interesting things in the job that I do, and it just makes you think about things a little more. Put things into perspective, I guess, too (Shaun).

Mike also identified himself as being 'level-headed', and he attributed his level-headedness as being a fundamental influence in allowing him to cope with stress in his life:

I think I'm somebody who's pretty level-headed. I don't ever get too stressed out (Mike).

Sue spoke about several significant life events she had faced during her life including coping with a chronic illness, being homeless and being unemployed. She described herself as having 'in-built resilience' when discussing her experience with dealing with these significant life events simultaneously:

I suppose I've got a lot of in-built resilience. I've always been pretty much on my own, I've never been married or had children, so I've had to be resilient (Sue).

Even though he was unemployed at the time of the interview, Bruce also described himself as being resilient and was confident he would soon find work. When speaking about mental health issues, he revealed that he has never been seriously depressed or anxious, and he described his life and his general attitude to life as being a 'level-playing field':

I have never had to see a doctor about being depressed or anxious. I'm pretty resilient, I guess. And it's always been a level playing field for me in my life (Bruce).

Being emotionally strong was also seen as assisting several participants to cope in the face of adversity. For instance, Dennis identified himself as 'a strong person', and having a high self-esteem when discussing how he coped with the death of his parents. Lee, too, described herself as being 'strong' and having 'inner strength' when she told about declaring bankruptcy, and about the forced separation from her son. She further explained:

Yeah, like I said, I think for me, a big part of my being able to cope with the various events in my life is probably just my personality (Lee).

Having a high self-esteem, reflected in confidence in their own ability to cope, was similarly identified by several participants as assisting them to manage the effects of a significant life event. Charlie, for instance, acknowledged his confidence in his own ability to work through life's problems on his own:

I work on the assumption that if I can't work it out, then no one else is going to give me advice. I analyse the worst case scenario, and I start working my way through that in a confident and analytical manner (Charlie).

Jeff saw himself as a capable person and he also acknowledged his self-esteem and confidence in his ability to cope with stress associated with a significant life event. He highlighted his determination 'to see things through to the end':

In my mind I am confident. I see things through to the end. I can see what the end result is, so there can be no deviating from the path, even if it's difficult (Jeff).

Maintaining a positive attitude

Like being resilient and having inner strength, many of the recreational gamblers also referred to 'having a positive attitude to life'. They believed these attributes helped them to cope with the stress associated with a significant life event. For instance, Zena when discussing the collapse of the family business said she tried 'to maintain positive thoughts'; and 'live in the present', while Lee said that she is 'strong' and tries 'to be positive'. This belief is also evident in the following quotes from Peter and Lindsay:

I have more positive things happen in my life than negative things (Peter).

I have a positive attitude to life in general. I know that at the end of the day, if the money all ran out I know we won't die from it (Lindsay).

Jeff, like others, said he lived a full life, and he spoke about having many areas in his life that he found satisfying:

I have many things in my life that I look forward to and that give me satisfaction. I like helping people in my business, I am studying, I have a wife, a three year old daughter (Jeff).

Dennis too revealed his positive attitude to life when discussing the absence of mental health concerns in his life:

... I've certainly not suffered from anxiety and depression, far from it. I'm happy with the way life goes (Dennis).

Keeping active

Several of the recreational gamblers highlighted 'keeping active' and 'keeping busy' as strategies to help them cope with stress involved with a significant life event. Barry, who is retired, spoke about liking to keep active by playing golf, chopping wood for the woodstove, and he has taken on many of the household chores while his wife has taken on the 'breadwinner' role.

When discussing the years she spent without paid work, Sunny said she had become depressed. She managed the situation by keeping herself busy and socialising with others:

I'm always trying to be busy. ... [It] helps me to manage the rest of my life. ... I was out of a job for a few years and that was quite depressing, I was quite depressed. So I tried to still socialise and to keep myself busy. I also do some volunteer work in the community (Sunny).

When asked about issues with mental health, Rebecca said that she does at times feel depressed. Like Sunny, she reaches out to her friends, or she goes for a walk rather than 'feeling sorry' for herself:

When I feel depressed I go for a walk around the block, get outside, rather than being in the house feeling sorry for myself. Or I ring a friend, or catch up with friends (Rebecca).

To help her cope with chronic illness, Sue too keeps active, and she eats healthily:

I religiously go for a walk for about an hour every morning. So as long as I walk, do some floor exercises and things like that, I keep on top of it [chronic illness] that way, and I eat healthy (Sue).

Seeking knowledge

A number of the recreational gamblers noted that seeking knowledge about their illness, or about what resources were available to assist with their situation, empowered them to deal with a significant life event. For instance, Charlie noted that he coped with his major illnesses and injuries by being informed and knowing 'exactly what would be done':

I've had two major injuries and I just had a disc replaced in my neck. I had cancer of the neck as well as throat. I had three cancerous tumours removed from my left vocal cord but I knew exactly what would be done. I researched it. I knew that I was in the hands of people who are competent. I find little things annoying more than big things. Big things, like major injuries, don't seem to worry me much because I've researched them (Charlie).

Within his role at work, and by undergoing relevant and related courses, Shaun has acquired the knowledge to help him with his own issues around depression and anxiety:

I think working in the industry that I work in, I've done all the courses in regards to identifying depression and anxiety, and we have services that we offer and so forth. So I've probably got an above average knowledge of how to identify and really understand where you're at and that helps me personally with those things like depression and anxiety. It's a lot of claims that I deal with at the moment from work cover, sort of things like stress, anxiety. I get to see a lot of the techniques that doctors are using so I have a lot of knowledge. I can always use those if need be (Shaun).

Sue spoke about the difficulty she was having gaining paid employment so she enrolled in a course of study to obtain a counselling qualification. Like Shaun, she acknowledged that the knowledge she has gained through study has helped with her own issues around alcohol and mental health concerns:

Learning about alcohol, other drugs, and mental health counselling is good for me to know more about myself as well (Sue).

Communication skills

Good communication skills were identified by Shaun and Jeff as being important when dealing with increased levels of conflict associated with significant life events. For instance, when discussing how he deals with situations involving conflicts at work, Shaun said that the key is to keep an 'open line of communication':

I guess the most important thing is to keep an open line of communication. Once you have a breakdown in communication it's really hard to get it back on track when it comes to conflict. Preventing that happening is probably the best bet to making sure it doesn't have a snowball effect (Shaun).

Jeff, too, identified good communication skills as being crucial for dealing with conflict:

I am extremely good with time management and communicating with a variety of people. I have to be in my business so as to avoid situations that can lead to miscommunication and conflict (Jeff).

Seeking help and support

Having good social support networks was clearly seen as crucial in dealing with the negative effects of significant life events on participants' lives, and as noted, is a key aspect of resilience. The importance

of having strong support at times of adversity was spoken about time and time again by the recreational gamblers.

For instance, earlier, Dennis identified the support he received from his family when faced with the loss of his parents, as did Shaun after his grandfather died. Similarly, when faced with financial hardship, Jan and Zena spoke about the support received from their families that helped them through. John spoke about the effectiveness of the 'internal support network' available through his work department, as well as his tendency to reach out for support when he is 'feeling a bit down'. Dennis and Barry identified the positive support of family when faced with illness.

Jeff emphasised the support he has received from his 'close network of friends', as did Lee when talking about the multiple traumatic life events she has faced:

There is no doubt that I have a close network of friends ... there is nothing they wouldn't do for me if I asked (Jeff).

Yeah, I've always had good friends around me. They are all really nice people and I've got good working mates (Lee).

Don spoke about his experience of returning from the Vietnam War and the resulting post-traumatic stress which took 12 years to diagnose. He explained how friends, who had also served in the war and were likewise experiencing post-traumatic stress, had come together to form a support group:

People became aware of the post-traumatic stress because when the first few Vietnam Vets found out about it they started telling their other mates. We started getting together as an organisation to help and support each other. We'd get together and quite often some of them brought their wives in with them. We'd just have a talk and the wives would be able to hear about what it was like for the others and so they got a better understanding (Don).

Religion and spiritual beliefs

Several of the recreational gamblers discussed their religious and spiritual beliefs, with several participants involved in church groups. For instance, Wanda and Zena spoke about the support they have through their involvement in the church and the church community. Lee discussed several significant events in her life and their associated impacts. She revealed her strong religious faith, along with the support from the church community, which she said has assisted her in her times of need:

I think my religion has been a major help. I heard someone say once that religion shouldn't be a crutch. And I thought afterwards, no actually that's exactly what it is. That's what it's for. Because I know it certainly helped me through. Of course, the people at my church are a great support too (Lee).

Bruce, on the other hand, specifically discussed how he did not turn to religion after a close friend had died. Rather, he explained his philosophical belief in relation to death, along with highlighting the support he received from his close friends when his mother died, that helped him to cope:

I look on death as inevitable and there is nothing you can do. When it happens, it happens. I'm not religious. I don't need to turn to religion or anything like that. I guess having close friends has also helped (Bruce).

Taking time to grieve

Sue, who has endured multiple and prolonged periods of trauma and stress associated with various significant life events, identified grieving, and taking time to grieve, as being an important way for her

to cope with loss. She also noted that this is generally not the accepted approach to coping with loss in westernised societies and said:

My way of dealing with things is, well, it's not too bad to actually let yourself have a little bit of a downtime, like, get a bit teary and then get on with it. Sort of like, in a way, a grieving process. It's grieving for something you've lost (Sue).

Medication and self-medication

While many of the strategies for coping with stress involved with a significant life event identified by the participants in the recreational gambling group were of a 'positive' nature, several participants also spoke about other ways of dealing with stress. While no participants in this group turned to gambling, or increased their level of gambling as a way to cope with the traumatic impacts of a significant life event, two participants noted they used alcohol to relieve stress, as well as to cope with physical pain. For instance, Sue revealed she has at times 'turned to alcohol' to help her cope with stress linked to the multiple significant life events she has faced. Don, too, spoke about alcohol - 'the brown bottles', as a way to help him cope with having terminal cancer and post-traumatic stress. He also said that the support from his family has been invaluable:

Being ill, having terminal cancer, well that goes along with the self-medication; the brown bottles help me to relax and dull the pain. But my family is very supportive ... (Don).

Several participants spoke about being on anti-depressant medication to help in the acute stages of depression. Barry, for instance, was prescribed anti-depressant medication after a major injury that resulted in severe back pain that left him with little mobility. The pain and immobility resulting from the injury led him to becoming depressed, and he took his frustration 'out on members of the family without really knowing it'. He continued to explain:

... That's the bad part about it. You don't think you're being nasty or taking it out on people, but you are (Barry).

Zena also discussed being prescribed anti-depressant medication, and highlighted the positive impact it has had:

On occasions I have been prescribed with anti-depressant medication and it did work miracles as well, especially if it's for a larger period of time (Zena).

Participants therefore revealed they had different, various and often multiple ways of coping when they were faced with a significant life event and/or psychological co-morbidity.

4.2.6 Summary of findings for the recreational gambling group

Participants in the recreational gambler group had experienced various significant life events, and many noted experiencing multiple events, at times simultaneously. All participants spoke about experiencing at least one significant event in their lifetime. The significant life events discussed by these participants included the death of someone close, financial difficulties, work-related concerns, changes in living conditions, ill-health and injury, and separation and/or divorce.

Twelve participants did not discuss experiencing any psychological co-morbidity during their lifetime. The remaining eight participants discussed a range of co-morbidities that were both diagnosed and undiagnosed. These psychological co-morbidities included depression, anxiety, post-traumatic stress disorder, and alcohol problems.

The recreational gamblers identified a number of strategies they have used to cope with stress, trauma and grief associated with the significant life events and/or the co-morbidities they have experienced. Participants had different and individual ways of coping with the effects of a significant and traumatic life event. Several spoke about being resilient, and many discussed aspects that relate to resilience such as being knowledgeable about their situation, and of being a confident, strong, and level-headed person. A number of participants discussed the positive benefits of keeping active and busy. Several participants also identified other ways of coping with problems such as physical and mental health problems, which included self-medication strategies such as ‘turning to alcohol’. Some made use of prescribed medication, particularly anti-depressant medication, in times of need.

What was overwhelmingly evident was that all participants in this group of recreational gamblers discussed having strong social support networks, including support from family, friends, colleagues, and support groups and organisations. They identified these support networks as being crucial for their coping with the impacts of significant life events and/or psychological co-morbidities. Importantly, none of the participants in the recreational group of gamblers increased their level of gambling when faced with a significant life event, or when coping with psychological co-morbidity.

In the next section of this chapter we identify and discuss the findings from the group of participants experiencing gambling-related problems. We begin this section by exploring participants’ gambling through their lifetime.

4.3 Problem gambling participants

In the second part of this chapter we concentrate on the interview responses of the 20 participants with gambling problems, all of whom scored eight or more on the PGSI. Various participants’ experiences with managing a significant life event and the coping strategies they used, as well as dealing with associated co-morbidities, are highlighted and explored in relation to their gambling.

The problem gambling participants discussed various significant life events they had experienced, and their patterns of gambling during their lives. This section firstly provides some details of their gambling over time, from the beginning of their gambling to its escalation. Significant life events experienced within this group are then outlined, included the death of someone close; financial concerns; work related problems; changes in living conditions; being physically unwell; having mental health problems and other co-morbidities; and relationship issues including separation and divorce. As will be clearly seen, all of the above are integrated to create situations that can potentially trigger gambling at problematic levels. The participants attempted to make connections between their gambling, events within their lives, and their personal and social situations, in order to understand and control their gambling. Coping skills are considered significant for control of gambling, thus supports and ways of coping are considered alongside strategies that the participants employed for help-seeking. The following table highlights the main themes and subthemes used in the analysis.

Table 3.8: Problem Gamblers Themes And Sub Themes

Major theme	Sub theme	Secondary sub theme
Gambling through the problem gamblers’ lifetime	The beginning of gambling	A family affair
		A reaction to a significant life event
		Socialisation as an important factor
	Escalation of gambling	For those who experienced gambling as a child
		For those who began

Major theme	Sub theme	Secondary sub theme
		gambling socially
		For those who began gambling as a reaction to a significant live event
Specific significant life events	The death of a loved one	
	Financial issues	
	Work related concerns, unemployment and retirement	
	Changes in living conditions	
	Being physically unwell	
	Relationship problems	
Psychological co-morbidity		
Strategies: ways of coping and help seeking behaviour	Professional support	
	Personal ways of coping	
	Family supports	

4.3.1 Gambling through the problem gamblers' lifetime

The participants were asked when they first began gambling, and what was happening in their lives at that time. They were then asked to consider when their gambling became problematic and if they could relate this to specific issues and events in their lives. For 12 of the group, the beginning of gambling lay within their family, with their family culture encouraging gambling activity. Another four participants said they began gambling socially in their teens, while the remaining four related the start of their gambling to a crisis or significant life event. Interestingly, 14 participants said that they felt their increased and problematic gambling came as a result of a significant life event, whereas only six said that increased social activity seemed to be the trigger for their gambling to reach problematic levels. It seemed that those who began gambling within their family were more vulnerable to increased and problematic gambling when presented with a stressful life event. In addition, those who began gambling due to stress appeared to retain that vulnerability, and even two of those who began socially reacted to stress by increasing their gambling. These connections were clearly stated by the participants.

The beginning of gambling

The following accounts relate to how the participants began gambling, either as a result of family culture, due to stressful life events or as a result of social activity.

A family affair

Being brought up within a family culture of gambling was of great significance for 12 of those interviewed in the problem gambling group. Ron has always gambled:

I've always gambled ...I can remember going to the TAB with my mum when I was about 6 years old.

Denise saw gambling as a way of connecting with her family when she was younger. She said she started gambling because it was:

... a social activity with my family and a feeling of belonging to everybody who was doing it.

Kumar began gambling as a young teenager with his family overseas. He described this vividly:

It was when I was 13 when I was in Egypt. My friends would always play cards. They taught me how to play. It's very similar to poker. It's a card game with three cards you get as to five cards with poker. I just enjoyed it. My mum actually played cards with all my cousins and my dad's cousins, and they got together once a week ... It was more like a friendly thing and to have a chance to meet ladies or whatever, not like for big money. It was like for a couple of hours and a few dollars for the day. It was just a social interaction, but I played with my friends and that led me more into gambling. Then when I turned 18 I went to the TAB the first time and made a few bets on the race ... Yeah, it's just something that I've been brought up with ... I've always loved sports so it's always been a case of I like sports, I know a lot about sports.

Caitlyn told how she was initially exposed to gambling by her mother:

Unfortunately, I was introduced to gambling by my mother. I remember in the early 1990s gambling became legal in Victoria. I remember my mother getting vouchers in the newspaper, and even in the letter box, where it said if you present \$20 to the venue that they will give you \$5 free, if that makes sense. It was inducement. I remember being asked to change that, like here's \$20. You couldn't actually go in say, five times a day. You couldn't do that five times a day because you're only allowed to do that once. So we were the guinea pigs. I remember going in, and my sister going in, and not feeling very comfortable.

Similarly, Kylie identified the start of her gambling as being clearly related to early experiences:

Well, I can remember it as clear as a bell. When I was a young girl, I used to work for a harness racing trainer, and I was really interested in it and my brother owned horses and stuff and then I went over to Europe for a couple of years. I came back and I thought I would just -- since I was working over there, I thought I could just stay with mum and dad until I went back into nursing. They basically said, "Just get off your ass and go back to work." I moved to Melbourne when I came back, and I used a credit card that I paid off. I got myself a unit that was right next door to the racecourse. I was nursing, but I was doing it for an agency so I only worked when I wanted to work and one day I went into the TAB and I won. I was going to have a bet because I saw the horses and all that. That is how it all started.

Family is a defining experience in terms of culture and values. When brought up in a family where gambling is the norm, it appears that strong ties are made, with the gambling providing a sense of fun and engagement for the young person. Unfortunately, when stress arises later in life, those traditional patterns of engagement and coping can be reignited, sometimes with negative results. This is highlighted below as the escalation of gambling is explored for the participants.

As a reaction to a significant life event

Four of those interviewed discussed how they saw specific stresses as related to their commencement of gambling. Examples of events that precipitated the start of gambling are shown in the comments by Mohajit and Leo. Mohajit considered financial strain as the main factor, whereas for Leo it was his work related injury that created a bored and purposeless space in his life, coupled with the stress of his injury, that he filled with gambling. Thus, Mohajit said:

I thought of how I can recover the money in a short time. Then I started gambling. It's too late to know that it is not the proper arena to make money. I was losing money heavily.

Leo spoke of his work injury:

I guess that precipitated it (gambling) when I had the injury. I started doing a lot of gambling, that to go there with crutches and sit there didn't really get in people's way and it was something I could do without exerting too much energy. By the time I was off the crutches, I was fully addicted to the pokies, I think.

It is well known that many people gamble to escape stress in their lives, and the participants did concur that stress did impact upon their decision to start gambling. It is interesting that, for Mohajit at least, financial stress and the hope of recouping lost money were significant factors in the start of his gambling.

Socialisation as an important factor

Four interviewees described how their gambling began simply as a social experience. According to Angela, turning 18 and holidays with peers proved the trigger. She said:

I was 18 and I began probably because I could, being 18. We went away, a whole group of us after year 12. I went to the ... I played the pokies there for the first time in that week, on the school vacation.

Expressing very similar experiences in her teens, Mukala said:

When we were young a lot of us used to go over the border to ... and all those places, because my friends had speed boats and we used to go water skiing ... We used to get long convoys, like ten car loads go up and camp and that sort of stuff. And we used to go to the ... I think it was, that was the first time I actually had a big win, just over the border of Yarrowonga and I put I think it was 30 cents, because they were taking coins back then in the pull knob, and the knob got stuck and I'm, "Oh, what's wrong with it? It's not working." And this buddy next to me says, "Oh, you've just won \$100." And I go, "Oh." I didn't know. I had no idea how to play back then and that's what got me started. I thought, "This is all right. I put 30 cents in and win \$100."

Eric talked about how he was 'pulled' into the pokies after seeing a friend of his win big. He commented:

First of all the pokies in New South Wales, I didn't like them years ago before they were in Victoria. Then I started my own business and my business partner was a pokie player. I didn't know it and I think the first day we walked in he won \$1,000 in five minutes. I thought what the heck is this. It was just what they call luck of the draw I suppose. And then next time around, I suppose a week or two later, back again, won again. It was just so easy.

Peer pressure and social experiences are clearly seen here as factors influencing behaviour, with the excitement of turning 18, being able to legally enter venues and gamble, creating a situation hard for some to resist, especially when accompanied by substantial gambling wins.

Escalation of gambling

For the three groups considered above, those who began gambling within their family, as a result of stress, or as a result of social activity, gambling escalated for a variety of reasons, but was largely associated with stressful life events.

For those who experienced gambling as a child

Of the 12 participants who described their gambling as beginning with their family, nine saw that a significant event in their lives resulted in increased gambling activity in later life. When presented with a stressful event, it appears easy to return to the safety of what is known, and for these participants that familiar activity was gambling. The same participants are quoted here as above to indicate the clear progression of gambling through their lifetimes.

Kylie had started gambling as a young girl, and related how her gambling began to increase as she got older as a result of many stress factors. She described how she felt stress strongly throughout her life:

Back in my 30s it was a very unhappy time for me. I was very unhappy as well at work and worked with people that crushed my spirit every day; so I had a bit of conflict, yeah. I am very sensitive. I get upset about little things. Like my mum and dad died a few months apart about sixteen years ago and I was working in palliative care, so I had to give up that work because they died suddenly. Ever since then, I have sort of struggled a bit.

She continued by attributing her problematic gambling to a lack of socialisation due to her low self-esteem:

I started to get to know people. I socialised myself to a few TABs in that area. I got to know a few people there and it just became a habit.

Ron was originally exposed to gambling at six years of age. He continued by describing how his gambling got worse after he experienced family losses and his physical injury:

I had a bout of depression probably not long after I lost my parents, and we had lot of loss, my mum, my dad, two sisters, and two nieces in a space of about four to five years I suppose. I sort of struggled with that for a little while and I was on anti-depressants for a little while. Then I went off them and I don't feel depressed now. So now my thing is breaking my back, so that's life changing. Yes, yes. They had to put rods in, and then 12 months later they had to take the rods out because I had no movement, and it made me very stiff. And not working gave me a lot of time, which is not good for a gambler.

Denise had been brought up with gambling in her family but recognised that when her mother died, whom she had nursed for many years, she returned to familiar territory and began gambling heavily. She commented 'this is what I do now':

That was a significant time. My mother passed away 12 years ago, but I nursed her for 6 years. That's when it was prominent. I was out of control ... this is what I do now.

Kumar, who had begun gambling in Egypt at 13 years of age, connected the death of his father with his increased gambling activity. He said clearly that it was not winning money that was important at that time. He explained:

Honestly the money was immaterial. It was so I could just get through each day. It was shortly after my dad passed away.

Caitlyn, who had begun gambling with her mother early in her life, found she began gambling extensively with friends, mainly to win back losses she had experienced through her gambling. Thus for her, increased gambling was not so much related to stress as to the need to socialise and win money. She said:

Yeah, and I just thought, "Oh, gee," it's almost like I became a bit nasty, sort of being angry at the machine, saying, "Oh, you're a bloody pig, aren't you?" or something maybe a bit ruder ... if I didn't win and I was playing with my own money, my friends would say, "Okay, we're going to go now," and in my heart of hearts, I kept thinking, "Maybe I should try another \$50 or maybe I should put in another \$20 or another \$10" Whereas, they were already saying, "Okay, we're going to go now. We're going to cash out." Then I went, "Oh." I'm actually almost tempted, where normally I would always love spending time with my friends. I'm a social person and I went, "Oh, what's going on here?"

The progression to problem gambling is clearly identified by the participants above. Family culture did expose them to gambling as a 'normal' activity, and they returned to that activity as a release at times of stress, or indeed as a social activity.

For those who began gambling socially

Two of those who began gambling socially recognised that stress did play a factor in increasing their gambling levels. The remaining two acknowledged that social activity was the major player in their increased gambling.

Angela had begun gambling as an 18 year old as a bit of fun, but as she moved into young adulthood she told of how she had disclosures relating to childhood abuse. This then led her to need to escape and it was easy to turn to gambling. She said:

It was just a social thing with the girlfriends at the time. Then it just developed into sort of an escapism, I think.

Mukala told of her traumatic experiences as she moved into adulthood and how these impacted upon her gambling. Her story was powerful and tragic:

I had an attempted rape in 1987 and one of my old workers assaulted me in front of all the other ladies, he kicked me and everything, so that happened. And also in my family – I love my family, don't get me wrong – but my brother had schizophrenia and before he got diagnosed, I actually went to the police and the police did his mental illness and he got diagnosed and got put on medications. He beat me up pretty bad one time, I don't blame him but I blame the illness. My brother's a beautiful person, big heart you know, I tried to help everybody. He hit me so bad over a small matter having to do with the computer one time and gave me concussion in my head, and from then on he swore to me that he'd never touch me again and he never did ... from then on when they're awake I wouldn't be there, I'd be away at the pokies during the day or whatever.

For those who began gambling as a reaction to a significant life event

Of the four who related how gambling began as a reaction to stressful events, two felt that increased stress only increased their level of gambling. Following his injury, Leo began a PhD, only to find his relationship with his partner began to suffer and overall he was gambling heavily. He said:

We moved houses. We moved into a five-bedroom property and we left Bendigo for a while. We kind of moved from Bendigo down to Woodend and back to Bendigo and then to Newell, then back to Bendigo and back to Woodend again. It's been all over the shop. The house that we had that was a five bedroom property, I initially moved there with Kylie and Mandy, and then Jasper was born. He lived there as well. We separated a couple of months after moving in there so I moved out there on my own for almost nine months. It was nearly \$400 a week rent, too.

Mohajit continued to gamble to try to win back the money he had lost his family, with devastating results:

Win back? No, but the trigger was even after losing the \$150,000 I don't know about this gambling and sports trading. It is the Gold Coast guy. He called me, and he told me to see him again, the fee he will consider a fee of \$5,000 to begin, and if you open an account for \$1,000 that \$1,000 he can make it like a \$100,000 within 20 months. Something he gave me. He showed me a lot of statistics on the purchase of this, so I trusted that guy also. Then I opened three accounts, paying \$15,000 consultant fee for him and \$3,000 each \$1000 account; \$18,000. That money disappeared within two weeks.

Gambling though the participants' lifetime was hard at times for them to clearly recount, as gambling seemed to have been a predominant theme throughout their many life changes and challenges. However, it can be seen from the quotes above that for many, early experiences and previous ways of coping did generally attest to their tendency to increase gambling during the difficult points of their life

4.3.2 Specific significant life events

The problem gambling participants were asked general questions about what significant life events they had experienced, and how they connected these events to their gambling behaviour. The following quotes are grouped around a series of significant life events asked about in the interviews. These comprise the death of a loved one, financial issues, work related concerns, changes in living conditions, being physically unwell, and relationship problems.

The death of a loved one

Seven of the 20 participants in the problem gambling group spoke about the death of someone close, with some experiencing multiple losses. The connection between the loss and increased gambling activity was clearly demonstrated for some. For example Denise definitely was able to identify how her mother's death precipitated an increase in gambling:

I had my mum with cancer who I was nursing. That was a significant time. My mother passed away eleven years ago, but I nursed her for six years. That's when it was prominent. I was out of control. It was an escape, and I spent lots of money. I was working, too.

Ron, however, did not make direct connections between his gambling and his losses, but he did acknowledge that the multiple deaths he had experienced were extremely stressful for him:

Five of us have passed away. I lost my brother about two weeks ago, actually. We have had a significant amount of death in the family. I just found myself crying a lot. You're going down the road and you just start crying. And then it makes you sort of not feel well, I really struggled with health I suppose. You just start crying and it's hard to get through the day really.

Similarly Malcolm and Leanne noted significant family deaths and did acknowledge the stress this caused them, although again not making direct links to their gambling:

I lost a stepdaughter unfortunately, she took her own life and that was back in 2003 and yeah, it wasn't easy for my wife, or myself (Malcolm).

Yes, I've certainly experienced losses. I had my mother die four years ago and eight years ago my father died (Leanne).

Karla's comments indicate how her loss was compounded following her commitment to her brother whom she cared for over many years. She said:

I nursed my quadriplegic brother for – not full time but for about 17 years. He died a couple of years ago. I had three members of the family die last year, and just before my brother I lost my father and mother and another best friend. I've had a lot of deaths (Karla).

Many of the participants had experienced multiple losses over a number of years. Some clearly attributed increased gambling to the time of these experiences; for others the connections were not so obvious.

Financial issues

Ten participants discussed how they had experienced financial stress. For some, the financial stress appeared to be a direct result of their gambling. This was expressed by Chris following a work accident. He told how his gambling continued even after his work injury and dependence on government payments:

I was working for myself and I was making good money when I developed a bit of a habit of spending about \$500 each time I went. Then, I hurt my back and I couldn't work and then I would still find that sometimes I would go and blow my whole pay every time I got there, my payment from Centrelink.

Similarly, Eric found that having financial strain led him to gamble in an attempt to make more money. He noticed that he gambled more when work and money were low. Thus, his financial stress increased his gambling:

Sometimes I think – I don't have much work this week. I'm a sub-contractor, so I'll go down and play the pokies and make a dollar and end up worse. Well, I suppose just go to the bloody poker machines. You sort of disassociate yourself with everything. It's like another world. Just cut off.

Financial stress for some was directly related to changes in employment circumstances, having quite profound impacts on the lives of those interviewed. Thus, Irene told how she lost her job, her income and had to declare bankruptcy. It is not clear however, if the bankruptcy was a result of job loss or gambling debts. She said:

I had to declare bankruptcy in the past. That was at the time when I had to forego my position as a manager and my income decreased dramatically. Consequently, my hours decreased and that is why I am no longer exactly full-time ... as a result of that, I couldn't keep up with a lot of credit card payments and things like that ... I had to declare bankruptcy as a result.

It would appear that her credit card debts were a result of gambling, and repayments then became untenable when she lost her job.

A changing family situation caused financial problems for Joe. This change impacted upon his gambling behaviour directly. He had been used to gambling at a manageable level due to a high income and few responsibilities, but when his situation changed and he became a father, he had to curtail his gambling. He found that having others rely on him did make him reconsider his responsibilities:

You have a couple of kids and all of a sudden your disposable income really shrinks. You move from really, if you happen to lose a lot of money or you want to go out and buy something, you didn't do it because essentially no one's really relying upon you. You can just see you can buy it a bit longer. You know what I mean. You've always got to have that spare money sitting there; whereas previously you could probably afford to lose it and get away with it.

For Kumar, marriage meant that he lost his pension, due to his wife's income being included in his income assessment. He then found himself dependent upon his wife to give him money, and that meant that he was no longer able to gamble as he had done in the past. However he tried to use risk, with mortgage payments not being covered:

Yes, I did (find I had financial problems) when I got married. That was 12 years ago, I guess probably after things went downhill. I was getting about probably about \$500 a fortnight on a pension and it probably went to \$50 or \$60. I was like, "Well, how am I supposed to live on that?" Yeah, because my wife had income and it just went bang. Still then I could lose money and if I lost money it was no big deal, like next month I'd get my next pension check. I never got into any strife until then. It was only after that where things started to go down for a few years. At the moment we are about \$1,900 in arrears on our mortgage. So, it's getting that stress off when I put a few bets on. It's in the back of my mind because I'll have a win hopefully and clear the arrears up, because we are 30 to 40 days in arrears. It's the mortgage you worry about. You don't want your house taken away from you.

Using gambling as an attempt to pay back debt was not uncommon amongst the participants. For instance Leanne attempted to use gambling as a way to repay debt, unsuccessfully:

I had a car loan and then defaulted on it and was trying to chase the money at the pokies.

For Mohajit financial problems were the precipitating factor in his starting to gamble. He immigrated to Australia, with a significant amount of money, only to invest badly, and subsequently used gambling to try to reclaim his money. He felt terrible guilt at what he had done, was a hard worker and blamed himself for his naivety when he lost the family's money. He talked eloquently and powerfully in telling his story:

This is a very sad story what happened to us. Actually, before coming to Australia, I don't know about these things ... neighbourhood, club ... only work and home and church. When I came here, I brought a good saving, because I was bringing a good job in Dubai. One night, I trusted one of my friends to buy my first home property. He's a real estate agent. He crossed me, and he put me into trouble. In the closure, I lost \$150,000. I trusted him because for 14 years I live in Dubai, I trust everybody. He's my friend, so I trusted him also. He ran out on me and he made this one, and finally I end up losing \$150,000 in property purchase. This put me under depression. I fell down. I was in Melbourne Hospital more than two weeks. Then I got to leave. I was diagnosed with clinical depression because it's my hard-earned money, my family savings, so what happened was after some time, with my family and friends' help, I make up. Actually one of my friends' wife was a psychology doctor. She treated me. She gave me some tablet, and I was taking so I slowly recovered. With my remaining balance, I put up the house in this part of the city. What happened was in the back of my mind I lost \$150,000 you know? I thought of how can I recover this money in that short time? Then I start on gambling. It's too late to know that is not the proper arena to make money. I was losing money heavily. Luckily I had some saving overseas earnings, so that was compensating me. Later I realised this is going to cost me a lot, especially there is a, you know, in the gambling website, since I made it, I do a lot of analytical stuff. I realise I analyse all these websites and I caught one website from U.K. called Bet365. This is online gambling, a dynamic company. I think when the match is where you can see what is going on. There I lost a lot. Not in Australian websites.

In summary, financial problems provided an incentive for some participants to gamble more, in their attempts to establish financial security, with the clear result that more losses were sustained. These financial problems were complex and often associated with changing or loss of employment, ill health, moving house, and changing relationship conditions. It is interesting that many of the factors discussed by these participants included elements of numerous stress factors combining to create an untenable and distressing situation, with the tensions often leading to more gambling in an attempt to address the problems, usually unsuccessfully.

Work related concerns, unemployment and retirement

Work-related problems including conflict at work, becoming unemployed, work-related injuries and coping with retirement, featured largely in many stories, with twelve of the problem gambling participants identifying these issues as significant. Angela commented that she thought that a change in employment did correspond with her increasing gambling. She said:

That's a good question. It would have been around the same time, really (starting a new job).

Similarly, Kylie commented simply that 'When things stress me out at work I gamble more'.

Susan was retrenched unexpectedly, just after her wedding. She found that distressing on a personal, emotional and financial level. She said:

The company was downsizing, and it was straight after the wedding, which was earlier this year. I only took a couple of days off work. Didn't even go on my honeymoon because work was ... I couldn't take that much time off work. It hasn't been pleasant. Not when you're paying off the debt of the wedding still. I was hugely sexually discriminated against.

Susan had previously told of a difficult early life at home, with her leaving home to keep herself safe. Bouts of severe depression had followed, her life having had a rocky pathway until her wedding. She had begun gambling with a work colleague, and she had found that this did relieve some of her stress at the time, but when she lost her job she recognised how her gambling increased significantly. That increase concerned her, as she expressed clearly:

I wasn't working and it was taking some time to find another job, out of boredom I started going to keep myself entertained. And then I'd get stressed that I had no money after I gambled, so I'd go chase the loss the next day.

Work stress and financial problems collided for Leo. He lost his job due to stealing, a direct result of his gambling debts:

I stole money from my employer in February of last year. I think that this applies to gambling. I attempted to take my life last June not long after I got sacked from that job. I did some really stupid stuff.

Irene changed roles at work due to bullying:

I was a middle manager. About four years ago, I was the victim, I guess, of a situation where I was bullied at work by one of my staff members. I got absolutely no support from my management because of the relationship my management had outside of work with that particular staff member. Consequently, I was the meat in the sandwich and got no support at all; therefore, I had to make some decisions on whether I wanted to continue in that role or not leaving myself exposed and vulnerable. I made the decision to actually go on stress leave for eight months.

At the same time her partner fell ill and she found that the shortage of money in the household was critical. She had to declare bankruptcy as indicated above, and with a history of depression since early adulthood, Irene found herself turning more and more to gambling to both escape and to recoup monetary losses.

Caitlyn left her job due to sexual harassment, but did not confide in her partner about this. This situation has left her financially stretched:

I ended up choosing to leave the job because he became more ... He started ... I haven't even really told – I've lied to my husband. I haven't actually told him the reason why I left. He thinks it's something else, but look he started making sexual advances and it became very, very uncomfortable. He was very, I suppose sly about it in the sense that people couldn't see it and I just thought, "If I don't go ...". I wasn't very comfortable and I felt very sick about going to work. Financially, I guess in a sense I've taken a step back, because I'm earning a lot less money, but I'm happier doing what I'm doing, at least I know I'm safe.

For Caitlyn safety was a more significant concern than money, and she did not connect her difficulties at work with her gambling. As will be seen later, for Caitlyn stress factors relating to family relationships and the birth of her child, led directly to increased gambling activity.

In summary, employment difficulties amongst the participants in the problem gambling group included loss of job, loss of income or stress with fellow employees. All of these factors then had multiple interactions, often creating a situation, especially where participants had underlying issues of anxiety

or other mental health problems, that led them to increase their gambling in an attempt to either escape or to increase their income.

Changes in living conditions

Changing living conditions did not figure largely in the stories told by problem gamblers. However Leanne did express how she felt isolated after moving to a new area. Isolation can be a major issue for both individuals and families on relocation, and coupled with relationship issues, can be a significant stress factor as Leanne explained:

I think I was just isolated. I didn't have anyone around me. I had a horrible partner and I had two young children. I didn't have any family around. I had no friends around. I had nothing, so it was just isolation.

Kylie had problems with her neighbours, and this brought back memories of previous stress factors in her life. She talked about her heightened sensitivity, which, having a judgmental neighbour, only added to her level of distress and subsequent increase in gambling. She said:

Yes, definitely (housing issues have caused problems). I have had the neighbour from hell living near me for a while. He knew that I like to have a bet and he was driving around in his car with anti-gambling slogans and he definitely knows. I am very sensitive. I get upset about little things. Like when my mum and dad died.

Denise found moving house stressful. The disruption it caused took time to settle, and although not connected by Denise directly to her gambling, her level of distress and lack of support was evident when she said:

Absolutely; we were in the throes at the moment of perhaps relocating, and if anything these twelve months have finally started to trickle. I don't feel at home here, and that's been a major problem. It's like I can't deal with it, not another move. It disrupts my family, and it disrupts me.

It was apparent that isolation was a major determining factor in problem gambling behaviour amongst some participants. Moving house or housing stress often coincided with isolation and financial stresses, as evident from the comments above.

Being physically unwell

Most (13) of the problem gambling participants told of issues with their physical health, often expressing multiple concerns. In addition, many had family members or close friends who had significant health issues. Some told of how they reached out for support at the time of illness.

Denise related how she tried to turn to her family when both she and her brother became ill. She wanted to mend family relations but found this hard:

I've got major lung issues. The ticker's okay, but I get a lot of anxiety and chest pain, a lot of abuse ... My brother just got told ten weeks ago, my brother who is 66, has inoperable lung cancer. My daughter is my rock, and she was the person that passed all the messages on. He's actually responded to chemo. We're not a close family anymore, and I haven't and won't get the opportunity to see him. I have spoken with him on the phone, and that's a huge grief for me because I want the family to let go of all of the horrible stuff. Life is too short. I'm not going to get that opportunity. That's a major thing for me.

Denise's story was, like others, multifaceted, and she found it hard to determine exactly where the gambling fitted in. She could not say that her physical illness was directly connected to her gambling but she had a history of mental illness, included bipolar, a reaction to various stress factors in her life

that precipitated excessive gambling to relieve the stress through escape. This was clearly expressed when she said:

Yes, we've worked out the main issue to my gambling is it's an escape. I don't have to think. I don't have to face emotional problems, legal problems or any issues. I just push the button and don't have to think.

In contrast, Kylie was able to make the connection clearly between her illness and her gambling, but in her case, the gambling was what caused the illness as she explained:

Yes (I have had a significant illness) and it was gambling-related as well. When I was living in Sydney and I was doing really, really well and I was making lots of money. Basically what happened was I was going to the casino at night after work and I was not having much rest. Anyway, I noticed that I had a sore eyeball for a while. Anyway to cut a long story short within a matter of 24 hours, I was having chemotherapy in, in Sydney, I had what is called optic neuritis. Basically the optic nerve was ... All my brain was inflamed and it was sending inflammation down the optic nerve. I lost my vision in my right eye. I was really lucky that they nipped it really quick so I used to go to St. George's every day for treatment and just sit there for three hours and then come home and then I got my vision back.

Kumar had experienced his own illness, plus the birth of his daughter with a disability. He told how his fibromyalgia affects him, how he is no longer able to buy his medication due to the reduction in his income since he got married (see above) and the depression that resulted from his daughter's disability. All of these factors, coupled with his pain, have only increased his desire to gamble. He said:

I also suffer from fibromyalgia and all over body pain. It's agony, so I'm taking like six pills a day for pain. I go to the doctor twice a week for acupuncture for pain relief. That helps a lot, but I'm not working at the moment. Just having to help them from 4:00 to 7:00 till my wife comes home is long enough ... I found out my daughter was actually born with a disability in her foot, but we had not found out how serious it would be. Mostly, I wasn't coping with that well, whether it be online or at the casino at night or whatever, it just took my mind off things.

Susan had the stress of a sudden diagnosis just prior to her wedding. As noted above, Susan's wedding was stressful in itself, due to her losing her job just after the event. Multiple stress factors collided for Susan, and as indicated above, depression due to these stresses was a trigger for her to gamble:

I got diagnosed with a bowel disease. It's difficult, because you can't stress out. They don't know what causes it, but they know what can flare you up, and aggravate it, which is stress. So not working, and everything else, and then the planning of the wedding, I haven't been well health-wise.

Ron's work accident caused him much pain. He talked about how it affected his gambling. He found that having the injury gave him more time to himself, and thus increased the time available to gamble. He recognised this as a problem, as he expressed:

Now my thing is breaking my back, so that's life changing. Yes, yes. They had to put rods in, and then 12 months later they had to take the rods out because I had no movement, and it made me very stiff. And not working gave me a lot of time, which is not good for a gambler.

However, Eric reframed his illness as a good thing in that it stopped him gambling:

I had a half a lung cut out last year, there was something else. I had an aneurysm and it didn't bother me. Probably good for me because I was waylaid in bed for quite a while and didn't get out.

Chris's health was affected by his drug use. He talked of how his mental health and physical health were connected. Chris found it hard to connect his health to his gambling; with a long and complex history of mental health issues, Chris was not able to clearly see cause and effect. However he did say:

Yeah, also I have hepatitis C and recently went on treatment for it and afterward, just recently, it was for six-months. I've been off of it for about three months now. About a month ago, I suffered a relapse into depression. I was feeling depressed and I had to up my medication.

Malcolm's wife has had cystic fibrosis all her life, with Malcolm acting as her carer. As Caitlyn's husband became ill, she expressed how this placed added stress on her:

My husband suffered a heart attack about four months ago, and that was life – life-changing is probably a good word for it; but also when I was pregnant with my first son.

This event happened during the latter part of her first pregnancy, with her child being born disabled. Thus, for Caitlyn health issues were a dominant stress point, adding to her depression and need to escape into gambling over the years.

Poor physical health was dominant amongst this group of participants, both their own health and that of family members. Often compounded by mental health problems, physical ill health often prevented them working, creating financial strain, or created stress among family members. Many told of the need to escape or of the increased time alone or immobile that the illness caused, creating a conducive situation for gambling.

Relationship problems

Five of the problem gambling participants spoke about relationship problems. For some, relationships problems very clearly made their gambling problem worse.

Thus Caitlyn connected stress at home to her gambling. She knew that she gambled when 'in a bad mood' when it would have been more productive to engage in some other more positive activity. She said:

I know that (stress at home) is part of the reason for me wanting to gamble, that usually when I was gambling, I wasn't in a good mood. I wouldn't say that I was angry or anything like that, but rather than doing something positive I did something negative and I just started to gamble.

Leo knew that he gambled after difficult interactions with his ex-partner. He then sought out poker machines as a way of escaping:

I think a phone call with Kylie, you know, when "you haven't given us nothing", is enough for me to just try to escape reality altogether and looking for a pokie machine with.

Chris similarly had relationship problems that he connected directly to his gambling:

I had a difficult relationship and my girlfriend at the time was cheating on me. I guess, yeah, I don't know whether it was so bad back then. It was more so when I met my ex-wife. I was living with her in probably my late 20s, then it really started to impact on my life and I started to gamble a lot then.

Mukala told a different story, explaining how her self-esteem and ability to make relationships had been affected by a traumatic event in her life. She explained how traumatic experiences in her teens had made hard for her to trust and establish positive relationships. The poker machines and TAB were easy alternatives:

That's where the problem is (the start of my gambling). It was a long time ago ... attempted rape and all that sort of stuff. So it just felt like you're not worthy. I have a barrier up with relationships, and I'm single and anytime a guy tries to get close to me and wants to love me, I like it but then I put the wall up and run the other way, and then I go gambling.

In terms of family stress, Karla also saw definite connections between a family crisis and the start of her gambling. She said:

Yes, I know exactly when I started gambling, what actually did it. My daughter came to me when she was 14 years old and told me that my elder son had been molesting her since she was five. I had a really bad time with that.

Karla had expressed many different stresses within her life, but this was for her the beginning point of her gambling.

Many of the stories directly related family and relationship stress to gambling behaviour. However, as with many components of the life stories described, multiple factors entwined to create a situation where release and escape seemed the only way out on many occasions.

4.3.3 Psychological co-morbidity

Nineteen of the twenty people interviewed in the problem gambling group had co-morbid conditions. Nine described multiple co-morbidities. Many had already made connections between episodes of mental illness and increased gambling activity. For instance Denise directly connected her mental health issues to her gambling behaviour when she said:

Yes. I have a past history of bipolar which I have been treated for many, many years. What I have learned over the years is that quite often people with mental health (issues) get attached to things. It might be pokies. It might be gaming parlours. It might be bingo, whatever. It's not actually an addiction. It's just part of the illness if somebody introduces them to that sort of activity, and it can for people with mental health (issues) become a problem. Very much; it's reared its ugly head because I have had many periods in my unit here where I'm not breathing very well, and fear of mortality basically. That's a huge issue with the anxiety.

Similar connections were clear to Aaron. He commented that:

When I'm feeling depressed, I generally gamble, because I know I'm going to lose when I gamble, so I can redirect my anger at that rather than focus on what was getting me upset in the first place ... Just the feeling of being worthless and not contributing. I'd see my partner go to ... I'd see him (my partner) go to work every morning. I'd get up at the same time as him and make his coffee, and then he'd be off to work, and I'd be sitting there thinking I'm not contributing anything to the house ... definitely – gambling increased at times of stress if I was feeling slightly anxious because I wasn't too happy, slightly depressed because of health or work.

Aaron wondered whether he was mentally ill and that was why he gambled:

It's extremely complex. Every case would be so, so different. It's really complex to understand. You get around it, and I don't know. A part of me wants to go a step further and I sometimes question myself if I've got some mental health issues. Whether I should be seeing someone to see whether there is a bit of anxiety there or a bit of depression's there or if there's another avenue to go. I get pretty sick of the number of times I do it, but then the number of times I've tried I've stopped doing it. Thinking of feeling good and you end up going back to it again. It's really, really difficult to control. Yeah, you get really frustrated and down on yourself. It's everywhere. It's advertised so much. It's on websites, popping up all the time.

Leo talked of his suicide attempt:

I had a bout of depression probably not long after I lost my parents, and we had lot of loss, my mum, my dad, two sisters, and two nieces in a space of about four to five years I suppose ... I was on mirtazapine for a while ... I was attempting to gas myself and I got caught by the police, basically.

Chris expressed the complexity of his mental health issues:

Yeah, I used to have a bit of a bad drug problem as well and had to move out of the house after that. I had like four or five addictions going at once, sometimes one would rule the other ... I have been on antidepressants since my early 20's and also antipsychotics as well. The marijuana gave me psychosis.

He then continued to try to link his mental health episodes with his gambling, but found this a complex interaction. He struggled to make definite connections. He said:

It's difficult to know really ... It would have been around the same time, really there are so many factors involved. Yet, when I have an anxiety attack, I did block out a lot of stuff and sort of go into a different world. I could understand my gambling would be affected or increased during it.

Similarly, Diana told of her addictions and mental health issues:

Anxiety or depression, whichever one you like to call it, I suffer from asthma as well. The blood pressure is sneaking in ... I am actually taking medication to stop drinking.

The extent of multiple co-morbidity was evident amongst the stories told by these participants. They showed sensitivity and insight into how these issues impacted upon their gambling. Their complex situations, histories that told of physical health problems, repeated episodes of depression and anxiety, together with relationship problems all came together to create a hotbed of stress that they recognised as leading them to gambling. Later in this chapter, they tell of how they sought help and support for these multiple issues.

4.3.4 Strategies: Ways of coping and help seeking behaviour

Most participants in the problem gambling group did at one time or another attend counselling or group support such as Gamblers' Anonymous. They had few family or social support networks and did not generally look for support around their gambling as they felt embarrassed and guilty.

Professional support

The majority of the participants accessed professional support services, often associated with their mental health problems, but also to address gambling issues. Thus, according to Chris, psychiatric help was a major factor in his recovery. He commented that:

I get a lot of support from my psychiatrist. He works with the nurse and she sees me a lot. She said that the antidepressants have a lot of anti-anxiety properties in it. I haven't felt so much anxiety lately, where in the past I have. Yeah, I started to spend money, I'd got to venues and instead I'd go past the poker machine venue and go to Bunnings and spend some money on tools and stuff.

Similarly, Mukala found counselling very helpful:

Yeah. I've got my family counsellor ... she comes to the house on Tuesdays, I don't have to go to her office. And my best friend is a psychologist, so I've got them, and my friends have been really supportive, ringing up every day or twice a day and coming over.

Keith also saw the value of professional help:

Yes I'm still seeing a psychologist and social worker. That was another thing. I always believed I needed to seek professional help as well, and I would advise anybody that you need to do so.

Professional help seems to have been high on the agenda for those interviewed, who did not turn readily to family and friends for their support.

Personal ways of coping

The desire to keep her gambling behaviour secret, due to embarrassment, did create problems for Diana, who chose to turn to religion, but was not comfortable with the whole church experience. Thus, she chose to seek religious support in an individual manner. She said:

I use God in all of this. That is another thing. You do not tell anyone, that is just too scary. Other people just do not understand, cannot comprehend.

Looking for support did not come easily for many of the problem gamblers, as noted by Angela who did not see support as featuring largely in her life but did note a few girlfriends as important:

Nothing really. I'm just telling myself I'm not going to go. They probably would be supportive. I've got a couple of good girlfriends.

Others found personal ways of coping and changing their behaviours. Karla found her own ways of coping, one of which involves limiting the money she has available:

Garden mainly. I do a lot of gardening. A book I found in the library once. I can't remember what it was called. It was written by an ex-gambler. I've read a lot of books. This particular one helped. I've actually put myself deliberately in a position where I have no money, for that reason. If I don't pay the rent I have nowhere to live.

Interestingly, this is a similar coping mechanism used by Leo. He explained that he controlled his gambling by getting into trouble:

When I go to the casino I tend to get so drunk that I actually get kicked out and I deliberately do that. When I say get drunk and I get kicked out, I'm not interfering with other people who are doing it. Usually, it's stumbling around or spilling a drink or doing something like that, and I usually seem to do that deliberately so I have to leave with whatever I've got.

Susan uses walking to relieve her stress and reduce her gambling:

For anxiety - go for a walk. It gets the adrenaline on both sides of the brain going, and that really helps. Gambler's Helpline, that's right. I called them one day and I spoke to someone there who was giving me the statistics on what the machines will pay out, and this and that, and that was actually helpful. It helped me stop for a couple of months. Then I went back, but not as often.

It was evident that some participants became creative in finding ways of coping beyond professional and social support. They looked to their own resources to find new and productive ways of moving away from the cycle of problem gambling.

Family supports

Although not prominent in their early history of gambling, many were beginning to seek support from family at the time of their interviews. The embarrassment and shame associated with gambling led to a delay in help seeking and looking to family to support them, but once this was acknowledged, it

seemed to have been a powerful influence. Thus, eventually Caitlyn reached out to her husband and her doctor:

He's supportive (husband). I can't complain about that. I can tell you know that the last time I gambled, I made a big mess and to be quite honest, I thought that perhaps he'd leave. I'm being a very, very good girl at the moment and I should say at the moment, I've made some big changes and I owe him that much to be doing the right thing. A couple of times I've been to the doctor and I've had some counselling, and I just felt like I wasn't coping to be honest.

Aaron has focused on family as his priority in order to limit his gambling:

One of the positives in my life is that I've got rid of the extra commitment I had and my life pretty much revolves around work and family now, and I don't have this third extra commitment I've had for so many years.

Joe has come to value his family now. His simple words are powerful as he says:

If I have a bad day, I go home or I spend more time with the kids and I think, "This is what life's all about."

The manner in which the problem gamblers reacted to their gambling by seeking help differed significantly from the strategies of the recreational gamblers. The former's personal resources were limited, their support and social networks fragmented, and this coupled with the shame and embarrassment associated with their gambling behaviour, moved them more toward professional help or to creatively find their own personal ways of coping. It is positive that, once family and friends were approached for support, new avenues of help seeking opened up for the participants. Even having agreed to participate in this research was for many a significant event in their recovery, an acknowledgment of the need to talk, to change and to reach out for help and support.

4.3.6 Summary of findings for the problem gambling group

Twenty problem gamblers were interviewed, all scoring eight or above on the PGSI. They were asked about how significant life events, psychological co-morbidities and other social factors have impacted upon their gambling. They were questioned about the beginning point of their gambling, what was happening in their lives at that time and how their gambling increased, relating this increase to points of life experiences. Issues of co-morbidity were considered and support networks were explored.

Many of those interviewed began gambling as a young person within their immediate family, rather than having beginnings in social activity or as a result of stressful life events. However, when presented with stress, it was gambling that they turned to, as a familiar activity, to provide an escape or a release from the stress. Some began gambling socially, and for these participants they seemed to either increase their gambling to problematic levels either at times of increased socialising or at times of stress. Those who began gambling at times of stress continued to gamble when stress presented itself; it was their learned behaviour.

Participants were asked to identify any significant life events they had experienced and if they could connect these with gambling and gambling related problems. The major life events they recounted were work related problems, financial problems, relationship problems and physical ill-health. Others included housing related problems, death of a loved one and legal problems. Many of these events appeared connected both to each other, to mental health issues and ultimately to their gambling. Thus, losing a job placed financial pressure on participants, and was often either the result or cause of physical ill-health and or mental health and general well-being problems. The participants could generally see a clear link between the times when these factors emerged or escalated and their

increasing gambling activity that became often problematic. Their gambling was expressed by those interviewed as a way of managing stress, escaping or chasing money.

In parallel, the large majority of these interviewees had experienced co-morbid conditions such as depression, anxiety, alcohol and other drug use, and other diagnosed mental health disorders. They had difficulty presenting a clear picture of patterns of gambling and diagnoses of these disorders and conditions, but they acknowledged that their gambling increased at times that the disorders were prevalent.

Social and family supports were largely missing for this group of gamblers. Embarrassment and shame led them to keep their gambling private, and that for many meant that a large part of their lives were conducted in secret. They generally did not seem to be involved in family or community activities, thus leading to social isolation. They did however turn to professional support at times when they recognised either their gambling and or their mental health were causing problems.

It is clear from the findings that the interplay of significant life events and gambling history provided a setting for the participants with gambling problems to turn to gambling at times of stress, mental health problems, or social isolation.

The next chapter of the report provides a comparative discussion of the research findings for two groups interviewed, the recreational gamblers and the problem gamblers.

Chapter five, Discussion

5.1 Introduction

This chapter addresses the two research questions that underpinned this study. The first research question was: How levels of gambling and gambling related problems are affected by significant life events, psychological co-morbidities and related social factors amongst people who gamble recreationally and people who gamble at more problematic levels? The second research question was: Do people with gambling problems experience the effects of significant life events, psychological co-morbidities and related social factors to a greater extent than recreational gamblers? Each of these research questions are discussed sequentially in this chapter.

The discussion uses material presented in earlier chapters of this report to compare the experiences of the recreational and problem gamblers interviewed. Previous research literature is integrated throughout the discussion to contextualise these experiences which allows the key themes and concerns voiced by participants to be identified. This chapter concludes with a discussion of the strengths and limitations of the study, and implications of the research are identified.

5.2 Addressing research question 1

The first research question was: How are levels of gambling and gambling related problems affected by significant life events, psychological co-morbidities and related social factors amongst people who gamble recreationally and people who gamble at more problematic levels?

5.2.1 Significant life events

Based on life events identified in the Holmes and Rahe Stress Scale (1967), participants were asked to describe the extent to which they experienced numerous significant life events, and if they considered that these events contributed to an increased level of gambling. They were asked about the death of a loved one, financial problems, work-related concerns, changes in living conditions, legal problems, physical ill-health experienced by themselves or family members, and relationship stresses. They were also asked to recount when they started gambling and when, if at all, their gambling escalated, relating these times to events occurring in their lives. This discussion compares the findings from the two groups of participants, the recreational gamblers and the problem gamblers, as evidenced by their scores on the PGSI. All in the problem gambling group scored eight or higher on the PGSI, whereas only three of the recreational gamblers registered any score on the PGSI, with each of these participants having a score of one.

All participants had experienced at least one significant life event, as identified on the Holmes and Rahe (1967) Stress Scale, with most describing how multiple events had impacted upon their lives. The problem gamblers tended to describe how their gambling had increased in times of stress. Some research has documented that gambling levels can increase at times of significant life events (McMillen, Marshall, Murphy, Lorenzen & Waugh, 2004). Large population studies have also provided some evidence of this. For example, the Queensland Household Gambling Survey (Department of Justice and Attorney General, 2012) found that larger proportions of at-risk and problem gamblers than in the overall population had experienced some type of negative life event in the previous year, and that 64 per cent of problem gamblers and 26 per cent of moderate risk gamblers, but less than 10 per cent of low risk and non-problem gamblers, reported that these life events triggered an increase in their gambling. Similarly, Wave Three of the Victorian Gambling Study (Department of Justice, 2012) found that significant life events were encountered by larger numbers of low risk, moderate risk and

problem gamblers than by the general population. In the current study, a direct connection between these events and levels of gambling tended to be made by participants in the problem gambling group, thus concurring with previous research. However, the recreational gambler group did not report increasing their gambling overall due to these life events. The apparent reasons for this are outlined in the second part of this discussion chapter, which considers social supports and ways of coping for both groups. A comparison of the differences in the significant life events experienced by the two groups is outlined below.

Death of a loved one

Participants in both groups of gamblers described losses associated with the death of a loved one. More non-problem gamblers (14) reported the death of someone close to them than the problem gambling group (7). Neither group saw this event as having a major impact on their gambling. This is at odds with the findings of Surface (2009) who used the example of the loss of someone close as one important stress factor in increasing gambling activity. Further, research in North America has confirmed these findings (Bjelde, Cjromy & Pankow, 2008; Centre for Addition and Mental Health, 2008; Reynolds, 2009). Similarly, Lupu and Todirita (2013) noted, in their study in Romania, that the development of a gambling problem was associated with the death of a loved one. However, for the problem gambling group of participants in the current study, it appeared that experiences of multiple factors, which for some included experiencing the death of a loved one, combined to create stressful situations, but that on its own, loss of someone close was not a major factor for them in increasing their gambling activity.

Financial problems

Twelve of the recreational gambling group and 10 of the problem gambling group described financial stresses in their lives. For the recreational gambling group, these stresses did not trigger increased gambling, but this was more evident amongst the problem gambling group. Previous research has indicated that gambling often causes financial stress for gamblers (Delfabbro, 2012; Downs & Woolrych, 2010; Thomas & Jackson, 2004), and this tendency was certainly identified as an issue for the problem gamblers interviewed. Similarly, the impacts of gambling-related debt have been identified as important factors relating to both physical and mental health issues (Grant Kalischuk, 2010; Downs & Woolrych, 2010), all of which were prevalent within the problem gambling group. The current research was interested in how gambling behaviour may be affected by financial problems as a stress factor in gambler's lives. Thus, many of the problem gambling participants told how having financial problems led them to higher levels of gambling to try to recoup their losses, or to escape from the emotional stress they were experiencing due to negative financial changes in their lives. In contrast, two of the problem gamblers told how they had to restrict their gambling when they encountered financial problems, thus seeing this restriction as a positive influence on their gambling levels, as they began to see the importance of family and other areas in their lives. For many of the problem gamblers interviewed, financial stress was due to other significant life events such as loss of job or ill-health. This finding has been confirmed in earlier research by Patford (2009), who noted that the combination of stressful events appears to create a trigger for increasing gambling levels and associated harms for some people. Conversely, the recreational gambler group of participants in the current study did not consider that these events led to increased gambling, even though many did describe financial factors as stress points in their lives.

Work related problems

Almost half of the recreational gamblers talked of problems associated with their work, whereas a slightly larger number (12) of the problem gamblers saw work-related stress as significant in their lives. As in similar areas of life stress, the recreational gamblers interviewed did not consider this stress factor had increased their gambling, with most of the problem gamblers making a definite

connection between work problems and increased gambling levels. Stress related to work included issues such as retrenchment, forced unemployment, retirement and conflict within work relationships. The association of work-related problems and increased gambling has been highlighted in previous research (Dew, Penkower & Bromet, 1991; Ladouceur, Boisvert, Pepin, Loranger & Sylvain, 1994). In Australia, the Productivity Commission (2010) has previously compiled clear evidence of a positive relationship between work-related problems and increased gambling; however this relationship was mainly an illustration of how problem gambling affects work rather than how work impacts on gambling problems. In contrast, in their qualitative study of factors influencing gamblers in Victoria, Saugeres et al. (2012) concluded that, although troubles at work were identified as an issue in increasing gambling behaviour for the participants in their study, this factor did not seem to impact upon their gambling as much as personal relationships or financial problems. The present study contradicts these findings, but acknowledges that the participants expressed the interaction of the many stress factors as being significant, with work-related problems featuring highly. Thus, the participants tended to see the multifaceted nature of life stress rather than singular life events, as having the most impact on their gambling.

Changes in living conditions

An equal number (three) in both groups of our interviewees described housing problems as occurring throughout their lives. Stress related to housing included moving house, being homeless, and concerns regarding payment of rent or mortgage in a tight fiscal environment. These housing problems did, at times, create isolation and boredom for some of those interviewed. However, none of those interviewed in either group saw this factor as impacting upon their gambling directly. This finding contrasts to those of Saugeres et al. (2012) and Bellringer, Perese, Abbot and Williams (2006). In addition, Holdsworth and Tiyce (2012) found a clear link between housing-related problems and associated other problems such as financial stress and problem gambling behaviour. The participants in the current study however, did not make strong connections between their housing stress and other stress factors.

Physical ill-health

Nine of the recreational gamblers and 13 of the problem gamblers interviewed for this study recognised physical ill-health, either their own or a close family member's, as being significant in their lives, with most of the problem gamblers, but none of the recreational gamblers connecting these problems to increasing gambling activity as a result. The factors associated with ill-health included pain associated with diagnosed illness or accident, immobility, diabetes, heart conditions, eye problems, other long term illness, having a child born with an illness or disability, and ill-health of a spouse. For all participants who considered they suffered from ill-health, these situations led to stress, anxiety, depression and often social isolation, low self-esteem and financial problems. Thus, this factor appears of major significance, particularly for the problem gamblers, who described serious repercussions throughout their lives in terms of mental health issues, finances, relationship stress and, ultimately, their gambling behaviour. They engaged in gambling to relieve the stress caused by physical ill-health, as an escape mechanism or an attempt to relieve social isolation brought about by the illness. As with the other life events, the recreational gambling group seemed to use personal coping methods and social supports more constructively than the problem gambling group, with the former not relating their ill-health to increased gambling, whereas the problem gambling group tended to make that connection.

The links between ill-health and problem gambling are well documented in the gambling literature (Department of Justice, 2012; Korn, Gibbins & Azmier, 2003; Peterborough County-City Health Unit, 2013; U.S. National Council on Problem Gambling, 2012). For example, in New Zealand, Sullivan and Penfold (1999) identified hypertension, psychosomatic symptoms and back problems as prevalent amongst problem gamblers. They did not, however, indicate the direction of the causal relationship

between these factors. Wave Three of the Victorian Gambling Study (Department of Justice, 2012) made interesting connections indicating that health did impact upon problem gambling, with 33 per cent of moderate risk gamblers indicating they had experienced a major illness or injury in the preceding twelve months. The current research confirms these findings, with the problem gamblers interviewed tending to describe physical ill-health, either their own or that of a close family member, as impacting negatively upon their gambling. However, the recreational gamblers did not experience an increase in gambling, utilising personal, family and other social supports to minimise the impacts of these health issues.

Separation, divorce and relationship problems

Although not largely described by either group, issues surrounding relationship stress did increase the likelihood of increased gambling for some of the participants in the problem gambling group, but not amongst the recreational gamblers. Three of the recreational gamblers and five of the problem gamblers told of personal relationship stress throughout their lives. Those in the problem gambling group who described these life events considered that these relationship problems were of major significance for them, with the emotional stress involved clearly leading them to turn to gambling as a coping mechanism. Amato (2010) argues, however, that it is difficult to claim cause and effect in considering relationship problems and other problems such as co-morbidity due to the many external and internal factors associated. The research reported here confirms these findings in regard to the complexity of these factors and problem gambling. Other research in the area has largely focused on how gambling affects the stability of relationships rather than considering a causal link between relationship stress and increased gambling harm (Downs & Woolrych, 2010; Productivity Commission, 2010). Thus, the current research provides a richer description and analysis of this causal relationship.

In consideration of the first research question of this study, the results clearly show that significant life events were experienced differently by the two groups of research participants, recreational gamblers and problem gamblers. All 40 participants acknowledged having experienced a range of stressful life events, with the recreational gamblers unable to connect these events with their gambling. In contrast, all the problem gamblers felt that some combination of significant events in their lives did trigger increased gambling. These findings do not dispute previous research that links gambling with significant life events, but they do add to the dialogue by indicating the causal relationship that stressful events can lead to increased gambling, rather than simply confirming that gambling can lead to the occurrence of these events.

5.2.2 Psychological co-morbidities

Eight of the recreational gamblers described experiencing co-morbidity, whereas all except one of the problem gamblers (19) noted co-morbidity as of significance in their lives. None of the recreational gamblers were able to connect these conditions to their gambling, whereas most of the problem gamblers felt that these factors were of major importance in their increased gambling activity. The problem gamblers made further strong connections between their significant life events and their co-morbidities, thus indicating the complexity of these links. These connections have been confirmed by previous research (for example, Cunningham-Williams et al., 2000; Kessler, Hwang, LaBrie, Petukhova, Sampson & Winters, 2008; Petry et al., 2005). In addition, the Productivity Commission (2010) found that, amongst gamblers receiving help for gambling problems, 43 per cent reported anxiety, 55 per cent reported depression, 29 per cent reported alcohol problems and 19 per cent indicated other drug use. However, previous research acknowledges that the causal link is not clear (Productivity Commission, 2010). In contrast, Haw et al. (2013) found in a recent Australian study, that for men, depression and anxiety were likely to precede the onset of problem gambling, whereas for women gambling was more likely to occur following the onset of depression or anxiety. The current research found that some of the problem gamblers interviewed were able to clearly identify that their

mental health issues prompted increased gambling. Depression, anxiety and alcohol abuse were the most widely occurring co-morbid conditions discussed by participants in both groups, but the extent of these disorders was much higher amongst the problem gambling group of participants.

Notably, for all those interviewed in the problem gambling group, it was the combination of mental health problems and alcohol and drug use problems, together with overriding significant life events, that led to their increased gambling. There was not an isolated factor that any participants could attribute as a major trigger at any one point in time. This finding has major repercussions for practice intervention and will be discussed further, later in this chapter.

5.2.3 Related social factors: Early exposure to gambling

In parallel to the descriptions of significant life events and co-morbid disorders, the participants were asked to consider when their gambling began and, if relevant, when it increased to problematic levels, and what was happening in their lives. Within the problem gambler group, 12 had been exposed to gambling as a young child or teenager in their family and they recognised that, when presented with a stressful situation or a mental health problem, they returned to gambling or increased their level of gambling as adults. Thus, they were reactive to both significant life events and co-morbidities, with a clear pattern of increasing problem gambling behaviour in times of stress. This was not evident, however, within the recreational gambler group of participants, where they did not speak of early exposure to gambling in their family. Although not formally a specific aim of this study, the 'window' gained into the early exposure and subsequent increased gambling activity of the problem gamblers does add an extra dimension to understanding problem gambling, related harms, and exposure to significant life events and co-morbid conditions throughout the life span.

Previous research in this area has highlighted the life trajectory of gamblers, indicating that early exposure to gambling within a family culture does provide an environment that makes young people vulnerable to later gambling problems and associated harms (Abbott, Cramer & Sherrets, 1995; Department of Justice, 2012; Messerlian, Deverensky & Gupta, 2004; Oei & Raylu, 2004; Schreiber, Odlaug & Grant, 2009). The current research confirms the findings from these studies, but adds to the discussion by indicating that, for those who had early exposure to gambling, there appears increased vulnerability to problem gambling at times of significant life events and mental health problems. It seems that the problem gambler participants tended to turn to gambling as a familiar activity at times of stress, thus increasing their vulnerability to exposure to gambling-related harms. In addition, previous research has focused on problem gamblers' experiences of living with a parent who is a problem gambler. The current research did not investigate if the parent(s) of the gamblers interviewed did indeed have a problem with gambling or simply gambled recreationally. This is a possible area for future study.

5.2.4 Summary of discussion for research question 1

The preceding discussion has shown that significant life events and psychological co-morbidities were experienced by all of those interviewed, both those who gambled recreationally and problem gamblers. Increased gambling behaviour and associated gambling harms were not experienced by the recreational gamblers; however the problem gamblers did show increases in their gambling as a result of these factors. In addition, the problem gamblers told of early exposure to gambling in their families, and a tendency to return to heavy gambling at times of stress and episodes of mental ill-health. The recreational gamblers did not report being exposed to gambling as children or adolescents. Finally, it is of note that for the problem gamblers interviewed, it tended to be the combination of significant life events, early exposure to gambling and co-morbidity that provided the trigger for them to gamble excessively and problematically. The discussion now considers the second research question of the study.

5.3 Addressing research question 2

The second research question underpinning this study was: Do people with gambling problems experience the effects of significant life events, psychological co-morbidities and related social factors to a greater extent than recreational gamblers?

Participants in the recreational gambling group tended to describe having good support networks, having a positive attitude to life, being knowledgeable about the issues they were facing associated with a significant life event and/or psychological co-morbidity, keeping active, being involved in their community through undertaking volunteer work and belonging to social groups, and having good communication and problem-solving skills. These are all factors associated with resilience (Fredrickson, Tugade, Waugh & Larkin, 2003; Leadbeater, Dodgen & Solarz, 2005; Luthar & Cicchetti, 2000; Masten, 1994, 2001; Ungar, 2004; Zautra, Hall & Murray, 2010). These factors were not, however, generally identified amongst participants in the problem gambling group. We begin this section by discussing the importance of resilience to coping with trauma associated with significant life events and co-morbidity.

5.3.1 Characteristics of resilience: Risk and protective factors

A significant number of participants in the recreational group of gamblers identified being resilient, with several stating 'I am a resilient person' when talking about how they coped with the impacts of a significant life event and/or co-morbidity. Others spoke about being 'confident', 'strong', and 'level-headed', which they believed were personal characteristics that helped them to cope with stresses involved in dealing with adversity without turning to increased gambling. An important difference identified between the two groups of gamblers was that one group of participants tended to increase their gambling when faced with a significant life event and/or psychological co-morbidity (the participants scoring eight or above on the PGSI), while the other group (the participants scoring zero or one on the PGSI) did not.

The issue of individual differences in coping with the impacts of a significant life event and/or co-morbidity has prompted research, mainly in the field of mental health, on exploring risk factors that increase people's emotional vulnerability to stressors, and protective factors that assist people when faced with adversity. These protective factors have been linked to the concept of resilience (Ungar, 2004).

Rutter (1985) points out that resilience involves a fluid, dynamic process that is influenced by protective factors that act to modify responses to psychosocial risk. According to Dyer and McGuinness (1996), resilience is a protective factor which has been described as a personal characteristic that influences the ability to cope and to recover from adverse experiences. Luthar and Cicchetti (2000) identify resilience as both the experience of a person when faced with adversity, such as trauma associated with a significant life event, and then the positive adjustment resulting from that situation. Thus, resilience is seen as a process that fosters personal protective factors that influence a person's ability to manage adversity (Fredrickson et al., 2003; Leadbeater et al., 2005; Luthar & Cicchetti, 2000; Masten, 1994, 2001; Ungar, 2004; Zautra et al., 2010). Indeed, resilience appeared to be an important protective factor for participants in the recreational gambling group not to increase their level of gambling in this current study.

Taking a phenomenological approach to their longitudinal study exploring factors of resilience, Werner and Smith (1992) identified specific differences in a proportion of their participants that assisted them to cope with life stressors. The resilient participants were more likely to be female, robust, socially responsible, adaptable, tolerant, achievement orientated, good communicators, and to have a healthy self-esteem (Werner & Smith, 1992). From a series of epidemiological studies in the U.K., Rutter

(1985) concluded that resilient personal qualities consisted of: having an easy temperament; being female; and having self-mastery, self-efficacy, planning and problem-solving skills. Garmezy (1991) has asserted that the criteria for individual, internal resilience include having: confidence in personal ability; a positive outlook to life and maintaining a healthy lifestyle; self-discipline; critical thinking skills; and humour. Many participants in the recreational group of gamblers described themselves as having a range of these characteristics associated with resilience.

In addition to the factors described above, resilience is generally seen as including: emotion (affect/feeling), cognition (perception, thinking, reasoning), social functioning (relationships with others), and coherence (sense of meaning and purpose in life) (Rappaport, Fossler, Bross & Gilden, 1993). For the recreational gambling participants, many (12) did not feel that psychological co-morbidity was a concern for them, and the participants who had experienced a mental health issue had developed positive coping strategies to help, prevent and/or recover from mental ill-health, and they did not increase their levels of gambling. For instance, some participants in the recreational gambling group said they coped with depression by being active in their communities. However, participants experiencing problems with their gambling did not tend to identify positive factors that assisted them in times of adversity, and some participants in the problem gambling group spoke about feeling emotionally vulnerable and increasing their gambling at such times. Various studies have suggested that low resilience can be seen as synonymous with emotional vulnerability that impacts on a person's ability to cope with adversity (for example, Hofer, 2006; Schneiderman, Ironson & Siegal, 2005).

Accessing support and resources

For many participants in the recreational group of gamblers, having a range of problem-solving and communication skills, and having the ability to seek and find relevant information and services to facilitate helpful outcomes were identified as influencing the ways in which they coped when faced with problems and issues linked to a significant life event. Having the ability to access appropriate resources and information, along with good problem-solving skills, brings about positive adjustment to outcomes of adversity (Masten, 2001; Ozbay et al., 2008; Unger, 2004). For example, several of the recreational gamblers said they had researched their psychological and/or physical illness to gain a better understanding of what they were dealing with, and to assist in their recovery. This, however, was not discussed by participants in the problem gambling group. Thus, resilience is more than the individual capacity to cope well under adversity; it is also having the ability to navigate ways to psychological, social, cultural, and physical resources that may sustain well-being (Ungar, 2008). Therefore, resilience is linked to a person's capacity to access support and resources, their emotional ability to cope with stress, and their ability to connect with their personal and wider social environments; these are the processes that encourage well-being (Blaszczynski & Nower, 2002; Fredrickson et al., 2003; Leadbeater et al., 2005; Masten, 1994, 2001; Ungar, 2004; Zautra et al., 2010). Participants in the recreational gambling group spoke about having knowledge of resources linked to the issues they were experiencing, particularly participants who were experiencing an illness or injury. Several recreational gamblers said, for example, that knowing what an operation would involve assisted them in their recovery process due to the knowledge base they had acquired about both the illness and supportive resources.

Maintaining a positive attitude

Several participants in the recreational gambling group referred to 'having a positive attitude to life' which they said helped them to cope with the stress associated with a significant life event, without increasing their level of gambling. These recreational gambling participants said they try 'to maintain positive thoughts', 'live in the present', and 'to be a positive person'. For example, one participant, Peter, said, 'I have more positive things happen in my life than negative things'. Ong, Bergeman, Bisconti and Wallace (2006) note that having predominantly positive emotions helps a person to

moderate reaction to stressful situations. Over time, the experience of positive emotions functions to promote resilience that assists people to cope with stress and trauma (Ong et al., 2006). This appeared to be the case for the recreational gambling group of participants who continued to gamble at unproblematic levels when faced with a stressful situation.

Religious and/or spiritual beliefs

Religious and/or spiritual beliefs, and how these beliefs helped participants cope with stress related to the impacts of a significant life event and/or co-morbidity, were spoken about by several participants in the recreational gambling group. Only one participant in the problem gambling group, Diana, also spoke about 'god' when she noted that she speaks to 'god' because 'other people just do not understand, cannot comprehend' (the gambling problem). This response, however, reflects a level of social isolation and disconnection from others that Diana appeared to feel.

Some theorists have identified a belief in a 'higher force' as an aspect of resilience (Dunn, 1994; Ong et al., 2006; Richardson, 2002). For instance, Dunn (1994) has highlighted religious and/or spiritual beliefs helping people to cope with stress as a factor promoting resilience, while Richardson (2002) identifies support groups, such as Gamblers' Anonymous, and the continued popularity in self-help books advocating beliefs in a person's 'god' or 'creative force', as evidence of a contemporary way of promoting resilience through a spiritual approach. From a help-professional perspective, adopting a spiritually based approach, Richardson (2002) says, involves untangling the protective layers, or mechanisms, of intellectualism, denial, and anger to uncover a person's innate resilience or 'human spirit'. Dunn (1994) has stressed the 'spiritual' factors involved in resiliency which include a sense of altruistic purpose in life (for example, volunteering in the community), religiousness/belief in a higher power, intuition, creativity, humour, and affect. Ong et al. (2006:485) state that 'some social resilience mechanisms such as religion are commonly associated with positive emotions which assist in coping with stress', and that having a sense of meaning in life, including religion/spirituality, can be part of being resilient.

Resilience and culture

Werner (1993) points out, however, that studies concerned with resilience tend to be inevitably linked to normative judgements relating to particular outcomes from western-centric standards that define what is desirable and undesirable. Therefore, Werner (1993) cautions, it is important to also take into account other cultural perspectives when looking at factors associated with resilience. One example of normative judgements and the western world's approach can be highlighted in relation to grieving and loss where there are expected lengths of time and ways to grieve (Werner, 1993). One of the recreational gambling participants, who had endured multiple and extended periods of trauma and grief, identified the importance of taking time to grieve in order to cope with her loss. She noted that this approach is not normally accepted in western culture.

Internal and external qualities associated with resilience

Richardson (2002) points out that there are both internal (micro) and external (macro) factors associated with resilience. Garmezy (1991) also emphasises that internal, as well as external, aspects of resilience are important to consider when exploring individual difference in relation to coping. These include internal personal characteristics, as discussed earlier, and external factors such as supportive family environments and wide support systems and services (Garmezy, 1991). These internal and external factors were apparent for many of the recreational gambling group of participants who tended to place emphasis on both aspects. For example, some recreational gamblers identified the importance of various personal characteristics of being a resilient person, such as being confident and strong, and many linked their ability to cope with negative impacts of significant life events by having good support networks and services they could access. In contrast, the problem gambling group was

characterised by limited resilience and personal resources, few and fragmented social networks and support, and a reluctance to seek help from family and friends due to shame and embarrassment about their gambling which, in turn, compounded their social isolation. Almedom (2005) points out that social factors that foster resilience involve individual and structural components that operate at both micro (individual) and macro (wider) levels, such as in communities. For instance, social inclusion and social exclusion operate at both personal and wider levels, as does health and well-being, social support and participation (Almedom, 2005). Social participation and social support, in particular, are associated with reduced risk of mental health problems and a better sense of well-being, while being socially isolated is an important risk factor for deteriorating mental health and inability to cope with life stress (Pevalin & Rose, 2003).

Importance of support networks to resilience and coping

Some theorists have particularly emphasised the importance of social aspects involved in resilience, including a person's ability to connect with their personal and wider social networks (Almedom, 2005; Fredrickson et al., 2003; Friedli, 2009; Pevalin & Rose, 2003). As noted, social factors, such as the processes that encourage a sense of belonging to community, as well as a sense of purpose in life, have been identified as important in the resilience literature (Fredrickson et al., 2003; Leadbeater et al., 2005; Luthar & Cicchetti, 2000; Masten, 1994, 2001; Ungar, 2004; Zautra et al., 2010). Having a sense of purpose in life is linked to the humanistic concept, 'will to meaning' (Frankl, 1963). Frankl (1963) argued that having a sense of purpose, or 'will to meaning', leads to a sense of connection to one's community, which in turn leads to a sense of well-being and the ability to cope with stress and other impacts of illness (mental and physical), and adversity. Furthermore, Rappaport, Fossler, Bross and Gilden (1993) established a high association between having a strong sense of purpose in life and social responsibility, a sense of community and belonging, a positive view of life, and the capacity to cope under duress to resiliency.

Having strong social support networks were a key factor that participants in the recreational group of gamblers attributed to their abilities to cope with the impacts of a significant life event and/or co-morbidity. Many belonged to sporting and other community groups, participated in volunteer work, had close bonds to family and friends, and had a sense of belonging within their community. This sense of belonging and purpose, and having social support was seen by recreational gambling participants as a key factor to being a resilient person. Conversely, many participants in the problem gambling group spoke about being socially isolated and not having access to support networks. Revealingly, only one participant in the problem gambling group belonged to a social (sporting) group or club, while four participants (three men and one woman) volunteered. Many participants in the recreational group of gamblers volunteered at a range of organisations which they said contributed to their level of social engagement. Thus, volunteering also reflected a sense of social responsibility and purpose or 'will to meaning', and sense of fulfilment. As noted by the Australian Bureau of Statistics (ABS) (2002:13) 'volunteering may be seen as an expression of reciprocity, or potentially as a direct outcome of social capital. The act of volunteering demonstrates a balance between individual self-interest and public-interest'. Furthermore, volunteering can boost self-esteem and social interaction (Richardson, 2002; Putnam, 2000). Social responsibility, purpose in life and a sense of giving back to community can also be seen as reflecting a spiritual approach to resilience and well-being, and, as Richardson (2002:318) asserts, 'appreciative service brings fulfillment'.

Putnam (2000:19) claims that the 'core idea of social capital theory is that social networks have value'. Additionally, Putnam (2000) notes that social bonds can come about through both formal and informal social networks, with formal ties including those with voluntary organisations, and informal ones being those of family, friends and neighbours. Informal networks can be identified through visiting friends and neighbours, as well as through belonging and participating in groups and clubs (Putnam, 2000). Stone and Hughes (2002) note that being socially connected involves an individual's relationships

between individual others, groups and organisations. According to the ABS (2004), social connectedness is both a contributor to individual well-being and to community strength, and can be built when people interact with one another formally and informally. Cuba and Hummon (1993) note that local social involvements, particularly those with family, friends and neighbours, but also those that involve membership of organisations and local facilities and services, are evident as being the most consistent and significant sources of ties to a community. Eva Cox (1995:3) has stated from a humanistic approach that ‘without our social basis we cannot be fully human’. Additionally, Almedom (2005) emphasises that access to, and use of, different components of social capital, such as access to social support networks, vary across the life course. Davydov, Stewart, Ritchie and Chaudieu (2010) similarly assert that access to social support and resilience changes throughout a person’s life span.

5.3.2 Summary of discussion for research question 2

The preceding discussion highlighted the importance of resilience for contributing to a person’s ability to cope with the impacts of experiencing significant life events and/or co-morbidity. The recreational gamblers tended to describe characteristics of resilience when describing how they coped with adversity, and were inclined to see themselves as being strong, confident, and having a positive attitude to life. Conversely, the problem gamblers tended not to see themselves in such terms. Additionally, the recreational gamblers were involved in various social, community and volunteer groups and had good social support networks. However, this was not the case for many of the problem gamblers.

5.5 A grounded theory of the influence of significant life events, psychological co-morbidities and related social factors on levels of gambling

Consistent with a grounded theory approach to data analysis, the key findings from this study are depicted diagrammatically to show the relationships and pathways uncovered. Figure 5.1 shows that all 40 participants experienced one or more significant life events. Eight of the 20 participants in the recreational gambling group discussed experiencing psychological co-morbidity (mainly depression and anxiety), while all but one (19) participants in the problem gambling group discussed experiencing co-morbidity (with multiple co-morbidities predominating). Thus, the presence of co-morbidity and multiple co-morbidities was more common amongst the problem gambling group of participants.

The participants in the recreational gambling group appeared to have a range of positive social influences on their lives, including strong family bonds, strong social support and a sense of belonging to community. Having a strong social support network was identified as particularly important when coping with an adverse situation. The recreational gamblers drew on these sources of social support and their own internal resilience to assist them to cope with the impacts of a significant life event and/or co-morbidity. The positive coping mechanisms they pursued included: having a positive attitude to life; keeping active and healthy; accessing knowledge about the issues they were experiencing; and adopting good communication and problem solving skills.

In contrast, participants in the problem gambling group were more likely to experience a range of negative social influences. Having been exposed to and socialised into gambling when young and often further encouraged to gamble through peer influence (which was not apparent in the recreational gambler group), they appeared to lack resilience when faced with life stressors. With weaker family bonds, social support and sense of belonging to community, the problem gambling group tended to

cope with the impacts of significant life events and mental health problems through further gambling. Lacking strong social networks, they tended to keep their gambling hidden from family and friends, although many had eventually turned to professional sources of help.

Thus, when faced with a significant life event, participants in the recreational gambling group did not increase their level of gambling, while participants in the problem gambling group did tend to increase their level of gambling. External social support and internal resilience, as well as the presence and severity of mental health problems, appeared as key factors that determined the coping mechanisms used when faced with stress from life events and psychological co-morbidities, and ultimately, the participants' gambling behaviour. It must be noted, however, that Figure 5.1 is a preliminary model only that remains to be tested and confirmed through further research.

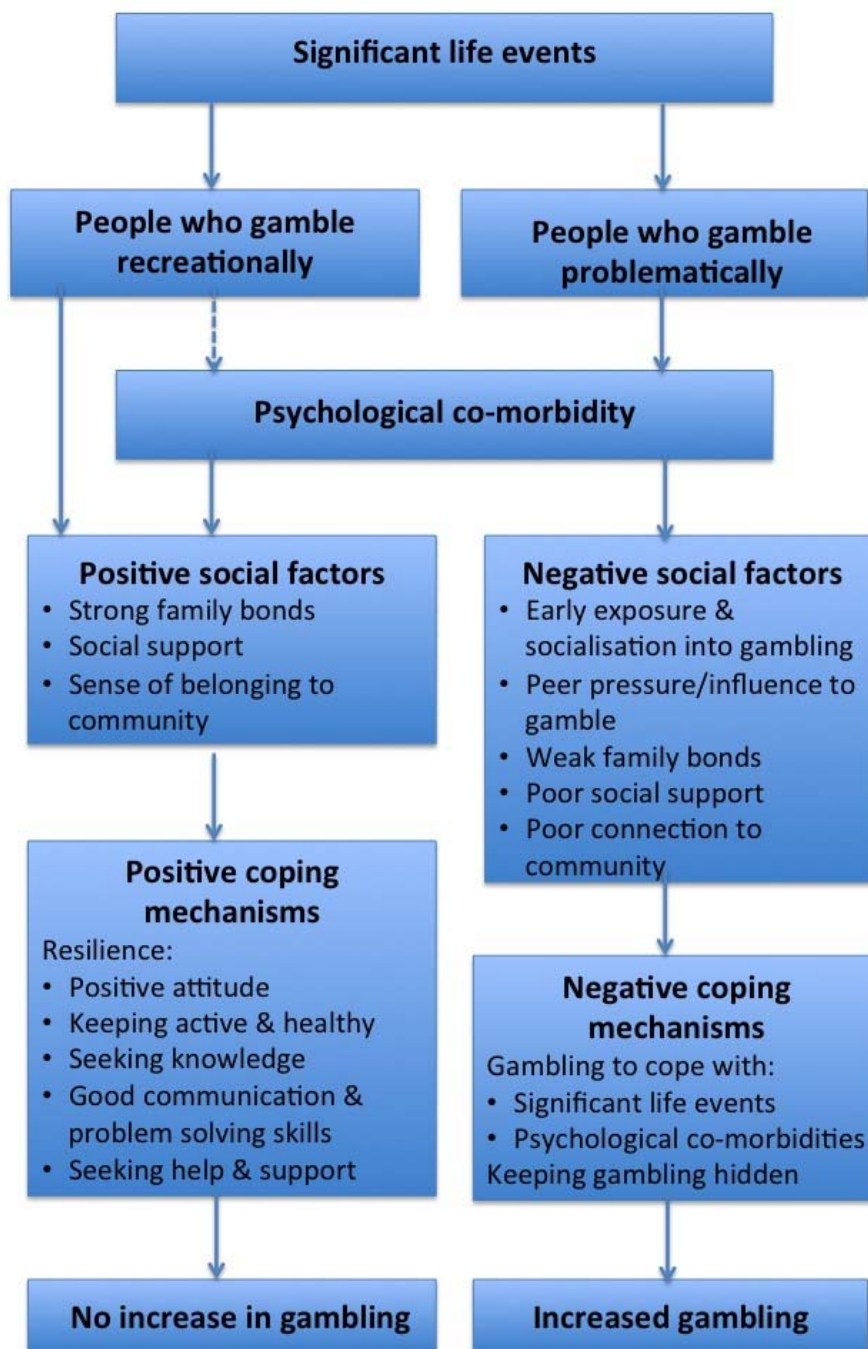


Figure 1: Grounded theory model of the influence of significant life events, psychological co-morbidities and related social factors on levels of gambling

5.6 Strengths and limitations of the study

A strength of the study is that we took a qualitative approach to the research, which is well suited to the research topic due to the complexity of various factors, and the range of issues associated with gambling, significant life events, co-morbidity, and social factors (Almedom, 2005). Additionally, drawing on sociological and psychological perspectives enabled the exploration of relationships between various factors such as health, well-being and resilience to be better understood (Davydov et al., 2010). Richardson (2002) points out that taking an inter-disciplinary approach to research, for

instance including a sociological approach with a psychological one, allows for a deeper understanding of related complex factors.

As with all research there are limitations involved with this study. The study was limited to one geographical location of Australia, Victoria, and therefore we acknowledge that the experiences of the participants involved in the study may not be consistent with those of people in other areas. However, because an important aim of the study was to help to inform gambling-related policy in Victoria, including harm minimisation guidelines, prevention and treatment strategies, the limitation to one geographical location has value in this instance. Nevertheless, it is important that similar studies are undertaken across a broad range of locations so that the experiences, concerns and perspectives of people who gamble recreationally, and at more problematic levels, are further heard and understood.

Another limitation of the study concerns the self-reporting approach used to gather data which has been identified as being problematic by some researchers due to selective memory, bias and recall; participants' memories are bound to be selective (Polkinghorne, 2005). Because experience is not directly observable, information about experiences depends on the participant's ability to first recall, and then reflectively portray aspects of their own experience through their personal gaze. Participants need to be able to effectively communicate what they determine to be important aspects through language (Polkinghorne, 2005). However, qualitative research is a multi-layered, complex and subjective approach to research. It is aimed at describing and clarifying human experience and meaning, and exploring how people interpret and make sense of their unique experiences, from their own personal perspectives (Denzin & Lincoln, 1998).

A further limitation of the study included the utilisation of a small, convenience sample, which does not allow generalisation of the research findings. In addition, the sample of problem gamblers were all either in treatment or had approached help seeking agencies. It is anticipated that further research could access those problem gamblers who do not seek professional help. However, this qualitative research does not aim to generalise, but rather it aims to provide a snapshot into a given situation (Denzin & Lincoln, 1998; Neuman, 2004).

A final limitation of the study was that interviews took place via telephone due to financial and geographical constraints which, unlike face-to-face interviews, can restrict access to additional information through body language and affect (Denzin & Lincoln, 1998). However, telephone interviewing is identified as a useful method of conducting in-depth interviews in qualitative research (Neuman, 2004), and we do not believe that the interview process was hindered by not conducting interviews face-to-face. In fact, participants may have been more willing to disclose their experiences in the more anonymous setting of a telephone interview.

5.7 Key findings and future research

Research indicates that, in some instances, people have been shown to benefit from interventions promoting resilience and well-being, such as stress-management techniques and strategies to assist people find purpose in challenging situations (purpose building) (Davydov, Stewart, Ritchie & Chaudieu, 2010). Davydov et al. (2010) assert that, because resilience can be viewed as a protective factor that helps people to cope in the face of adversity, improving resilience is an important target for treatment and prevention across a range of issues and problems. The internal factors of resilience, such as self-confidence, healthy self-esteem, good-communication and problem-solving skills, and maintaining a positive outlook provide a framework upon which interventions can be grounded (Richardson, 2002).

Friedli (2009) highlights the importance of policies and programmes to support improved levels of social interaction, thus promoting mental health and well-being for the whole population:

Just as we know that a small reduction in the overall consumption of alcohol among the whole population results in a reduction in alcohol-related harm, so a small improvement in population wide levels of well-being will bring about the benefits associated with positive mental health (Friedli, 2009:iv).

Richardson (2002) points out that practical interventions provided by service providers, such as gambling-help counsellors, provide a means for clients to connect with others and foster support networks, thus increasing a client's resilience, sense of well-being and good mental and physical health.

Friedli (2009) believes a key to addressing resilient factors is to provide community education including knowledge of particular issues, such as mental illness, and knowledge of relevant help services. People and communities need to be provided with education through media and other sources in order to be informed about a range of associated issues that may impact on people's lives (Friedli, 2009). Providing enhanced community education, including education about problem gambling and co-morbidity, will in turn enhance the general health and well-being of both individuals and communities (Friedli, 2009; Haigh, 2006).

Additionally, promoting collaboration between help services and organisations can assist help-seeking amongst people experiencing a range of complex needs, such as gambling problems, co-morbidity and related issues (Fuller et al., 2011). In relation to help-seeking and gambling, for instance, the Productivity Commission (2010) notes that only around 15 per cent of people with gambling problems seek treatment, perhaps because of the stigma surrounding problem gambling. Indeed, some research suggests that due to stigma, and the sense of shame, guilt and failure that is often attached, many people do not seek help for a gambling problem (Hing, Nuske & Gainsbury, 2012; Hodgins, Williams & Munroe, 2009; Holdsworth & Tiyce, 2012; Lipmann et al., 2004; Tavares et al., 2002). Stigma has been identified as a barrier to both help-seeking and treatment for people experiencing gambling problems (Horch & Hodgins, 2008; McMillen et al., 2004; Rockloff & Scholfield, 2004; Tavares et al., 2002). Providing a collaborative approach to health care and support services, for example, through co-located services, can assist with addressing stigma related to help-seeking (Fuller et al., 2011). Thus, efforts to destigmatise problem gambling are important, not just to lower the barriers to seeking professional help but also to non-professional help. As observed in this study, the problem gambling group of participants tended to keep their gambling hidden from family and friends, which was a coping strategy that appeared detrimental to the course of their gambling problem.

People's situations are often complex, for example, experiencing a significant life event can be a catalyst for psychological co-morbidity and increased levels of gambling (Friedli, 2009; Holdsworth & Tiyce, 2012). Complex factors can lead to a range of issues affecting people's lives such as financial difficulties, work-related concerns, problems with living conditions and housing, and conflict within relationships (Friedli, 2009), which are all concerns that have been associated with problem gambling and co-morbidity (Productivity Commission, 2010). Therefore, it is important to promote a collaborative approach to healthcare and service provision, and to provide a range of services across health and community organisations to address complex needs (Fuller et al., 2011). In a similar vein, the Productivity Commission (2010) has noted that better collaboration between problem gambling services and other health and community services is important when providing intervention and treatment options for people with gambling problems, and could help to address the low rates of help-seeking for gambling problems.

Given the high rates of psychological co-morbidities found in this study, particularly amongst the problem gambling group of participants, screening for problem gambling by a range of health services is also important because, as noted, people with gambling problems often present to help services with multiple and complex needs. In their submission to the Productivity Commission (2010: 7.17), Relationships Australia South Australia (sub. 203:18) noted that:

... our clients present with mental health, housing, relationship, financial, parenting, drug and alcohol and grief issues that are significantly entwined with their gambling habits, and require attention as part of an holistic (successful) intervention.

Thus, the following strategies for promoting resilience and well-being, reducing stigma, providing enhanced services, promoting help-seeking amongst people experiencing problem gambling and co-morbidity, and screening for problem gambling are identified from this study. Further study with a more representative group of participants is suggested to enhance understanding and inform direct policy and practice in the following areas:

- Resources that enhance personal qualities that promote resilience and well-being such as through strategies that encourage a sense of purpose, boost self-confidence, self-esteem and positive thinking, for example through the teaching of problem-solving and help-seeking skills, and stress-management techniques;
- Resources that promote resilience through improved social and community interaction and connections that foster support networks, support a sense of belonging to community, and reduce social isolation;
- Community education that provides people with knowledge about specific problems (i.e., problem gambling) and co-morbidity (for example, coping with anxiety), and that reduces stigma associated with problem gambling and psychological co-morbidity, and that impacts help-seeking;
- Policies and interventions that promote collaborative approaches and partnerships between problem gambling, mental health and other services and sectors to address complex problems that can be a catalyst for psychological co-morbidity and co-occurring problems (i.e., problem gambling);
- Screening for problem gambling for people with co-morbidities and related social factors who present to non-gambling help services; such services need to be able to screen and/or treat and refer people experiencing a problem with gambling to relevant services; and
- Further research examining ways to cultivate resilience in people experiencing gambling problems and complex issues and needs, including co-morbidity and related social factors.

The strategies and associated future research will combine to inform harm minimisation, prevention and treatment strategies for problem gambling by providing both community and government sectors information and direction to implement and resource services for problem gamblers.

5.8 Summary

This chapter has provided a discussion that addressed the research questions underpinning this study. The ways in which levels of gambling and gambling related problems are affected by significant life events, psychological co-morbidities and related social factors amongst people who gamble recreationally and people who gamble at more problematic levels were firstly considered. It was evident that there were significant differences in gambling levels and related problems amongst the two groups of participants; the problem gambling participants did react to the above factors by increasing gambling levels more so than the recreational gambling group.

Secondly, the discussion explored if people with gambling problems experience the effects of significant life events, psychological co-morbidities and related social factors to a greater extent than those who gamble recreationally. The significant factor here emerged as personal resilience and social support networks, both of which appeared to be major protective factors for the recreational gamblers interviewed. Finally, strengths and limitations of the study were considered, and implications of the research were identified.

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Appendix A



Significant life events and gambling study

Dear XXXX

We are contacting you because you have previously participated in a study that looked at gambling behaviour and you indicated you may be willing to be contacted for further research.

The Centre for Gambling Education and Research at Southern Cross University (SCU) is conducting research into gambling behaviour, significant life events and any related social factors. The purpose is to understand the impacts of significant life events - such as changes to health, family and work situations - on gambling. We are interested in talking to people who gamble only recreationally as well as those who gamble more frequently. The study is being funded by the Victorian Department of Justice and is intended to inform future gambling-related policy in Victoria, including harm minimisation guidelines, prevention and treatment strategies.

We invite you to participate in this study. We will use telephone interviews to conduct this research so it will be private and the interviews will take around 30 minutes. If you agree to participate you will be sent a \$20 Caltex voucher which can be used for food or petrol at any Caltex service station.

If you agree to participate in a telephone interview, please be aware that with your permission the discussion will be digitally recorded. Also, please be assured that only the researchers will handle the data collected. Your individual responses will be confidential and pooled with all other responses for anonymity. Information gathered in this research will be kept securely and confidentially.

All participants are free to refuse to discuss any issue and are free to withdraw from the interview at any time. If you agree to participate, you are under no obligation to share any information you may feel uncomfortable sharing and that your participation is entirely voluntary. You can also request that we delete your interview from our records if you change your mind about participating.

The research results will be written up as a research report with a summary for the Victorian Department of Justice which will be available on their website at a later date. If you are interested in participating in the study please contact Louise Holdsworth or Elaine Nuske to arrange a suitable interview time:

Dr Louise Holdsworth,

Centre for Gambling Education and Research,

Southern Cross University, PO Box 157, Lismore NSW 2480

Telephone: (02) 6620 3459

Email: louise.holdsworth@scu.edu.au

Dr Elaine Nuske,

Centre for Gambling Education and Research

Telephone: (07) 5589 3168

Email: elaine.nuske@scu.edu.au

The ethical aspects of this study have been approved by the Southern Cross University Human Research Ethics Committee (HREC), Approval Number: ECN-12-034, and by the Victorian Department of Justice, Justice Human Research Ethics Committee, Reference Number: CF/12/3610. If you have concerns about the ethical conduct of this research, contact the Ethics Complaints Officer: Southern Cross University, PO Box 157, Lismore NSW 2480, ethics.lismore@scu.edu.au, Department of Justice Human Research Ethics Committee, Level 21, 121 Exhibition Street, Melbourne Victoria 3001, ethics@justice.vic.gov.au All complaints are investigated fully and according to due process under the National Statement on Ethical Conduct in Human Research and this University. Any complaint you make will be treated in confidence and you will be informed of the outcome.

If gambling is a problem for you, the following services provide confidential and free counselling, information and support, 24 hours a day, 7 days a week:

Gambling Helpline: 1800 858 858

Gambling Help Online: <http://www.gamblinghelponline.org.au/>

Appendix B

Interview Guide: Significant life events and gambling study

In this interview we will be asking about significant life events, such as experiences of changes in health including mental health concerns, changes in living arrangements, such as moving house, changes in family situations such as separation, children leaving home, and changes in finances and work situations amongst others, any related social factors, as well as gambling experiences.

General introduction and rapport building ...

First we would like to talk about some general background information, for example:

- How old are you?
- Employment status – Are you in paid work (whether part-time/full-time/casual).
- Do you volunteer; belong to any groups (social, religious, sporting etc.).
- What is your family situation? (Have a partner, children living at home etc., live alone or with others etc.).
- Do you currently gamble? If so, where do you usually gamble? What do you like about gambling there? Who do you usually gamble with? (Alone, with others).

Administer the Problem Gambling Severity Index (Ferris & Wynne 2001) to determine level of gambling activity:

In the last 12 months how often have you [or have, for item 7]?

1. Bet more than you could really afford to lose?

Never Sometimes Most of the time Almost always

2. Needed to gamble with larger amounts of money to get the same feeling of excitement?

Never Sometimes Most of the time Almost always

3. Gone back another day to try and win back the money you lost?

Never Sometimes Most of the time Almost always

4. Borrowed money or sold anything to get money to gamble?

Never Sometimes Most of the time Almost always

5. Felt that you might have a problem with gambling?

Never Sometimes Most of the time Almost always

6. Felt that gambling has caused you health problems, including stress and anxiety?

Never Sometimes Most of the time Almost always

7. People criticised your betting or told you that you have a gambling problem, whether or not you thought it was true?

Never Sometimes Most of the time Almost always

8. Felt your gambling has caused financial problems for you or your household?

Never Sometimes Most of the time Almost always

9. Felt guilty about the way you gamble or what happens when you gamble?

Never Sometimes Most of the time Almost always

Following the score – decide whether classified as RG or PG and follow schedule below as appropriate.

Questions about any significant life events that may have occurred and how they may have impacted on gambling.

- For RG – we are interested to find out if there have been significant stress factors in their lives, and we are interested in finding out:
- How they dealt with these situations.
- How/if they resolved the situation.
- What factors supported them in dealing with the issues arising.
- Whether there were any particular people around that supported them, or were there particular strategies they used to deal with the issue that helped?

Have there been any:

- Legal difficulties? (If so, when did that happen?)
- Troubles with work, boss, or superiors? (If so, when did that happen?)
- A major change to financial situation? (If so, when did that happen?)
- Pregnancy or new family additions? (If so, when did that happen?)
- Taking on a mortgage, loan, or making a big purchase? (If so, when did that happen?)
- A major change in living conditions, or stress related to housing? For example, being in housing-related stress, having to move? (If so, when did that happen?)
- A major change in work conditions? (If so, when did that happen?)
- Marriage or finding a relationship partner? (If so, when did that happen?)

- An increase in the number of arguments with someone participant is close to? (If so, when did that happen?)
- Retirement? (If so, when did that happen?)
- Divorce (or separation)? (If so, when did that happen?)
- A major injury or illness - either to participant or someone close? (If so, when did that happen?)
- Death or loss?

Questions about mental health issues – co-morbidity - and how they may have impacted on gambling. Ask about any experience with:

- Depression? (If so, when did that happen?) (Prompt: Do you think the depression came before or after the gambling?)
- Anxiety? (If so, when did that happen?)
- Alcohol and other drug misuse? (If so, when did that happen?)

Questions about gambling through participant's lifetime ...

- Beginning stage
 - What led you to start gambling?
 - How often did you gamble at first?
 - Who did you gamble with in the beginning?
 - What was happening in your life at that time?
- Changes to gambling behaviour
 - Has your gambling behaviour changed over time? (Prompt: for example, stopped gambling or lessened the amount of time and/or money spent on gambling, gamble more, or about the same?)
 - What was happening in your life at that time?
 - Do you think the reasons you gamble now are the same as they were when you first started gambling?
- Progression to problem gambling stage (if relevant)
 - When did you first realise there was a problem with gambling?
 - What did you do?

- How did you feel when you were gambling at that time?
- What was happening in your life at the time?
- What kinds of help (if any) did you seek for your gambling (and other) issues?
- Is there anything that might have helped sooner?
- Family/Social networks
 - How was your family etc. affected by their gambling? E.g. partner, children, family, friends and others in the community? Work? And so forth ...
 - Any others?
 - For RGs – if they haven't already done so – ask them to expand on their family, work and social supports – and anything else that they think is significant in their life that helps them to cope with the impacts of a significant life event.
 - Is there anything in your background that has contributed to the gambling? (E.g. parents who gambled).
 - For RG – is there any history of problem gambling in their family?

Is there anything else you would like to add?

Thank-you

- Check address to send the voucher to.
- Give details of gambling help services.