2004

Women who gamble

Hannah RB Heritage

*University of Northern Iowa*

Copyright ©2004 Hannah RB Heritage

Follow this and additional works at: [https://scholarworks.uni.edu/grp](https://scholarworks.uni.edu/grp)

Part of the Counseling Commons, Education Commons, and the Rehabilitation and Therapy Commons

*Let us know how access to this document benefits you*

**Recommended Citation**


[https://scholarworks.uni.edu/grp/847](https://scholarworks.uni.edu/grp/847)

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.
Women who gamble

Abstract
Understanding the differences between the male compulsive gambler and the female compulsive gambler can play an important role in the healing process of the female compulsive gambler. This manuscript describes these differences and discusses treatment methods and issues specific to the female pathological gambler including the Twelve Step program for gamblers and cognitive treatment methods. The co-occurrence of other addictions and mental health issues are also examined.
WOMEN WHO GAMBLE

A Research Paper
Presented to
The Department of Educational Leadership, Counseling, and Postsecondary Education
University of Northern Iowa

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

By
Hannah RB Heritage
May 2004
This Research Paper by: Hannah RB Heritage

Entitled: WOMEN WHO GAMBLE

has been approved as meeting the research paper requirements for the Degree of Master of Arts.

3/18/04
Date Approved

Advisor/Director of Research Paper

3-22-04
Date Received
Leadership,

Head, Department of Educational Leadership, Counseling, and Postsecondary Education

William P. Callahan
Abstract

Understanding the differences between the male compulsive gambler and the female compulsive gambler can play an important role in the healing process of the female compulsive gambler. This manuscript describes these differences and discusses treatment methods and issues specific to the female pathological gambler including the Twelve Step program for gamblers and cognitive treatment methods. The co-occurrence of other addictions and mental health issues are also examined.
Women Gamblers

Addiction has been defined as "a brain disease" (Leshner, 1997, p. 46); a sin (Rosin, 2000); a bad habit (Peele, 1995); a personal choice (Schaler, 1999); excessive behavior (Orford, 1985); and a spiritual deficiency (Morell, 1996).

The cry of the addict, whether the addiction is drugs, alcohol, sex, or gambling is, "I want what I want and I want it now!" Emotional logic forces the addict to satisfy the urgency even if it is not in the best interest of the person (Naken, 1996).

At the present time, there are 13 to 16 million people in the United States in need of treatment for addiction problems. Of these millions, only 3 million receive care (Van Wormer and Davis, 2003).

When a person begins treatment for addiction, he or she focuses on responding to treatment for symptoms of substance or process addiction. Behind addictions, however, are cravings fed by core addictions (Eick, 1998). According to Eick (1998), there are three categories of core addictions: power/control, sensation, and security. When left untreated, these core addictions erupt into substance or process addictions either alternately and/or continuously. The addicted gambler, male or female, will become emotionally dependent on gambling. There is an interference with normal functioning that is both baffling and powerful (Eick, 1998). The addicted gambler cares about only one thing—finding enough money, by any means, to continue gambling (Haubrich-Caspersen and Van Nispen, 1993). Gambling,
however, is not about the money. The gambler becomes addicted to the “high” produced from the activity of gambling (Sedlak, 1983).

This manuscript is divided into three sections. The first part will describe the major differences between male and female gamblers. The second part will review the trauma a female gambler encounters as she moves through the three phases of addiction. Treatment of the female gambler will be discussed in the third section.

Men and Women: Gender Differences

Current statistics reveal that one-third of compulsive gamblers are women. Treatment programs, however, report that women are underrepresented and are only 2% to 4% of the population of Gamblers Anonymous (American Psychiatric Association, 2000).

The male gambler differs from the female gambler in many ways. A male gambler is generally competitive, athletic, intelligent, and energetic. He is frequently a grandiose thinker, has a low tolerance for frustration, a high tolerance for ambiguity, and poor coping and intimacy skills. At an early age, these gamblers learned to avoid frustration, conflict, and adult responsibilities (Iowa Gambling Treatment Program, 1997). Many male gamblers admit they cannot tolerate boredom and they continually crave excitement. In general, a male gambler looks for action. His gambling most likely began early in life and he has been gambling for 10 to 30 years. He prefers games of skill
such as poker, horses, and sports gambling (Arizona Problem Gambling Council, 2000).

The female compulsive gambler has a different reason than the male for her gambling. She is seeking escape from her troubled life and may gamble until she is feeling hypnotized or in a trance (Van Wormer & Davis, 2003). Most women use gambling as an escape from the problems of their everyday lives. A woman gambler generally has family of origin issues: abuse, dysfunctional family, lack of emotional support, or low ego strength. She has made poor choices in her life and relationships. A female gambler generally chooses to play bingo or slots because it allows her to temporarily forget her problems (Iowa Gambling Treatment Program, 1997).

One motivation for women to gamble may be the social stereotypes as well as the economic limitations that are imposed on many of them. Many women, entering gambling treatment after "losing it all" on slot machines state they had begun gambling as an escape from very unhappy lives (Beaucar, 1999). Initial results from an online survey of women recovering gamblers (Davis, 2000) state that many women began gambling as their way of dealing with the death or loss of a family member.

The overriding emotions of the female compulsive gambler are shame and guilt. She feels guilty about money she has squandered. She has failed to meet the high moral standards that society has placed on her as a mother, daughter, and wife. Time lost with her children and family due to her habit cause guilty feelings as does the fact that she may have compromised
her family's food and shelter. Depression frequently accompanies her guilt and same (Texas Council on Problem and Compulsive Gambling, 1995).

Co-occurrence of other Addictions

Pathological gambling does not always present itself in isolation. Substance use disorders (non-gender-specific) are linked with both progressions to problem gambling and subsequent pathological gambling (National Research Council, 1999). The lifetime substance abuse disorders amongst pathological gamblers range from 2.5% to 63% (Van Wormer & Davis, 2003). A general population study of St. Louis found that problem gamblers were three times more likely to meet criteria for depression, schizophrenia, alcoholism, and anti-social personality disorder than non-gamblers (National Research Council, 1999). The National Council on Problem Gambling states that the suicide rate for pathological gamblers is higher than the rates for any other addictive disorder (National Gambling Impact Study, 1999).

Developmental Stages of a Female Compulsive Gambler

There are three phases in the career of the female compulsive gambler: winning, losing, and desperation. Male gamblers go through the same phases, but a female gambler travels her path at a more rapid pace (Texas Council on Problem and Compulsive Gambling, 1995).

Phase One: Winning

The journey of the compulsive female gambler begins when she experiences the high, or mood change, caused by the excitement of the first win. The intensity of the excitement is
mistaken for intimacy, self-esteem, and social comfort. The experience brings the knowledge that through a relationship with gambling, one's feelings can change (Naken, 1996). The Texas Council on Problem and Compulsive Gambling (1995) notes that as life's troubles increase, the female gambler increases her frequency of gambling because it gives her pleasure and escape from her troubles. When addicts use an object, in this case gambling, to produce a desired mood change, they believe they can control themselves. At first they can, but this is the beginning of the addictive cycle as shown in Figure 1.

Figure 1. The cycle of emotional craving that results in mental preoccupation.

A = pain; B = feel the need to act out; C = act out, start to feel better
D = pain resulting from acting out; B = the need to act out; C = act out, start to feel better

This cycle of discomfort, acting out, and relief causes an emotional craving that result in mental preoccupation with the activity (Naken, 1996).
Phase Two: Losing

In Stage One, the gambler’s activity was able to remain within socially acceptable limits (Texas Council on Problem and Compulsive Gambling, 1995). During Stage Two, however, a behavioral dependency begins to develop. The female gambler begins to act out her addictive belief system in a ritualistic manner by arranging her life and relationships using her addictive logic as a guide (Naken).

According to the Texas Council on Problem and Compulsive Gambling (1995), the female compulsive gambler begins to exhibit out-of-character behavior like irrational thinking or unreasonable optimism. The female gambler begins to lie to others, even when it may be easier to tell the truth. She blames others when she knows they are not to blame. She withdraws from relationships. As previous money sources dry up, the logic of her addiction may lead her to empty her children’s savings accounts, use bill money to gamble, or max out credit cards (Texas Council on Problem and Compulsive Gambling). A pattern of chasing losses will develop as well as the urgent need to continue gambling to undo the damage caused by one or a series of losses (American Psychiatric Association).

Phase Two also begins the suffering of the addicted gambler. The female compulsive gambler believes she should be able to control the addiction. Therefore, every time she acts out, she feels ashamed. She attempts to establish behavioral guidelines, but they do not work. The female gambler becomes emotionally isolated from her friends and family. This causes
more shame and suffering and eventually results in complete surrender to the addiction (Naken, 1996).

Phase Three: Desperation

Phase Three begins when the addictive personality takes control of the Self. The addict is unconcerned about others and cares only for maintaining control over the person and her environment (Naken, 1996). During Phase Three, the desperation phase, the female gambler spends most of her time searching for sources of money. According to the American Psychiatric Association (2000, p. 671), “The individual may lie to family members, therapists, or others to conceal the extent of involvement with gambling.” In addition, when all money resources are gone, the gambler may resort to antisocial behavior such as forgery, fraud, theft, or embezzlement (American Psychiatric Association). The addicted gambler’s life literally begins to break down under the enormous stress caused by the escalating pain, anger, and fear that result from her inability to discontinue acting out (Naken, 1996). The threat of suicide may be present (Iowa Substance Abuse Information Center, 1997).

Treatment

A female entering a gambling treatment program faces many problems. Not only does society view her as a moral failure, but she is feeling great shame and guilt. Fifty percent of women entering treatment will go through physical withdrawal within 3 to 7 days of ceasing their gambling. Symptoms include restlessness, diarrhea, and sleeplessness (Iowa Substance Abuse
There is the great chance she has little money to pay for treatment, and partners and family members may refuse to acknowledge her compulsion and bail her out of her debts. She may have a lack of childcare so can not attend meetings. Because most treatment programs are designed for men, the meetings will be male dominated and the female gambler will feel out of place (Texas Council on Problem and Compulsive Gambling, 1995).

The female gambler faces additional problems when searching for treatment. Because few health insurance companies and managed care providers do not reimburse for compulsive gambling treatment, and because the gamblers themselves have spent all of their money, treatment options are few (Van Wormer & Davis, 2003). Van Wormer and Davis state that only 35 of the 47 states that have some version of legalized gambling have gambling help lines, and only half of these states support some type of publicly funded treatment. For example, public money for treatment in New York in 1998 was 0.1% of the state’s income from gambling, and in Minnesota in 1997 public money for treatment was only 0.5% of gambling funds (National Research Council, 1999).

**Treatment Issues Specific to Women**

Women who gamble experience situations specific to their sex. The Queen of Hearts Australian project discovered that women gamblers experienced stigmatization, loneliness, and oppressive role requirements as women with little opportunity to socialize without the company of men. They also experienced
serious financial and emotional turmoil (Brown & Coventry, 1997).

When treatment is chosen, the program must attend to the specific needs of women. Because women are the primary caregivers in our society, programs should offer childcare and treatment to children in order to attract and retain women. Outpatient counselors and inpatient treatment centers are also encouraged to provide career counseling because many women will need to readjust their lives after treatment (J. Cooper, personal communication, February 23, 2004).

Additionally, treatment programs must attend to policy issues by providing a range of female role models and support systems.

Cooper also notes:
"the treatment of addicted women should be in a supportive and empowering atmosphere. Confrontational strategies designed to break through denial and resistance may do harm because, rather than being in denial of their problem, women often enter treatment with feelings of guilt and shame. A program staffed and run by ethnically diverse women will encourage maximum program effectiveness. Because counselors unfamiliar with gender related issues may misunderstand women, it is important that they examine their gender related assumptions. Staff should also be sensitive to the clients' cultural needs and value systems (personal communication, February 23, 2004)."
The Iowa Substance Abuse Information Center (1997) states that because pathological gambling is a disease, it can be controlled with intervention. Group therapy is suggested because gamblers, forming strong bonds with other gamblers, can help each other with shared experiences and insight.

It is also recommended that a dual approach be applied to treatment; a peer counselor, a psychologist, and a therapist are suggested. A peer counselor would provide sponsorship, shared experiences, and confidentiality. A psychologist on staff would provide medication and deal with all medical aspects of the client. A therapist would be appropriate to counsel the client on dual addictions and to deal with the gambler's emotions (Iowa Substance Abuse Information Center, 1997).

Van Wormer and Davis (2003) suggest treatment for the female gambler on a larger systems scale:

(1) involvement of all the groups associated with gambling (including women gamblers, financial institutions, gaming operators, and government) to work on solutions, instead of leaving it up to the "victims" to cope; (2) establishing alternative recreations for women in neighborhoods; (3) decreasing the accessibility of gaming venues, removing them from shopping centers, strip malls, clubs, and hotels throughout the state; and (4) timely access to other supporting services, such as mental health and especially financial counseling (p. 66-67).
The Twelve Step Approach to Recovery

The addiction/disease model is the basis for designing treatment methods established in substance abuse treatment centers. These treatment models are then modified for compulsive gamblers. Treatment facilities for pathological gambling frequently refer gamblers to the Twelve-Step group of Gamblers Anonymous (Van Wormer & Davis, 2003).

The Twelve Step Program was developed in 1939 by the founders of Alcoholics Anonymous. In the years since its introduction, the Steps have been adopted by a variety of self-help groups and have provided guidance to people on the recovery journey. The Steps encompass spirituality, emotion, and practical resources to encourage recovery from alcoholism, drug dependency, eating disorders, sexual compulsion, and gambling (Covington, 1994).

The Twelve Steps were written by men for men's needs to recover from alcoholism at a time in history when women had few resources and very little social, political, or economic power. The idea that a woman could become an addict was hardly considered. A woman with an addiction faced ridicule, isolation, and secrecy. Because the program was originally intended for men, many issues unique to women were overlooked in most Twelve Step Programs. Several of these issues are the use of language, the psychological development of women as it relates to addiction and recovery, and the social and cultural factors that affect women. Many women have struggled to
continue their recovery only to relapse because they felt something was missing from their program (Covington, 1994).

According to Covington (1994), as greater numbers of women enter recovery programs, they discover that recovery means something different for them as women. Women want to rediscover themselves. They want to think, feel, and believe, and then to connect themselves with other people in the world around them.

The word powerless poses a problem for many women. Covington (1994) writes that most women were taught to let something or someone else control their lives. In her book, *A Woman's Way through the Twelve Steps*, Covington writes about the role of powerlessness in the recovery program. Step One in the Twelve Step program states: “We admitted our lives were powerless over gambling - that our lives had become unmanageable” (Gamblers Anonymous, 1997, p. 67). “We want more control over our lives, not less. And no matter what our situation, thinking of ourselves as powerless or out of control can feel very threatening and uncomfortable” says Covington (p. 10).

For women, recovery is about empowerment and discovering their true inner power. When a woman admits her powerlessness over her addiction, she can then turn her attention to the parts of her life that she can control (Covington, 1994).

Motivational and Cognitive Therapy

The source of information about the female gambler’s behavior comes from the gambler herself. There can be no urine sampling or drug screen that will indicate the recent action of
Women Gamblers 13
gambling. Many citations in literature focus on the gambler’s “uncanny ability to deceive relatives and clinicians, at least in the short run” (Blanco, Ibanez, Saiz-Ruiz, Blanco-Jerez, & Nunez, 2000, p.401). Gathering information from friends and family members is recommended in order to counsel the gambler on her journey. The therapist uses legal, familial, and societal forces to stop the gambler from further damage (Van Wormer & Davis, 2003).

Van Wormer and Davis state that a “perspective based on strengths, in contrast, is less concerned with breaking down defenses, which are coping mechanisms, after all, and more concerned with building trust” (Van Wormer & Davis, 2003, p. 228). Motivational interviewing is especially successful when working with compulsive gamblers who are generally feeling great guilt. Because motivational interviewing builds trust, the gambler is more likely to welcome the opportunity to speak honestly and freely. Interviewing interventions that engage the gambler in creating personal goals for change are preferred. The strength-oriented therapist begins working with the client on her goals, even if the goals do not at first include giving up gambling (Van Wormer & Davis).

Cognitive therapy for the pathological gambler centers on encouraging the client to identify those irrational thoughts that influence her to continue her gambling. She must bring those thoughts to her conscious awareness, monitor them, and then replace them with more rational and adaptive thoughts (Davis, 2000).
Female pathological gamblers differ significantly from their male counterparts in both motivation and the types of gambling they pursue (Iowa Gambling Treatment Program, 1997). Many issues specific to women are overlooked in traditional gambling therapy. Among these issues are the psychological development of women as it relates to addiction and recovery, as well as the social and cultural factors that affect women in general as females living in a male-dominated society (Covington, 1994).

When ready for treatment, most gamblers are in debt, but because few health insurance and managed care providers reimburse for gambling treatment (Van Wormer & Davis, 2003), the gambler finds it difficult to pay for services. This fact, coupled with treatment programs designed for men, makes it very difficult for the female pathological gambler to find suitable assistance (Covington, 1994).

The Twelve Step program designed by Alcoholics Anonymous in 1939 and motivational and cognitive therapy as suggested by Van Wormer and Davis (2003) are two treatment options available. Because the Twelve Step approach has been in use for seventy-five years, it can provide a sense of security and certainty about its effectiveness. Motivational and cognitive therapy based on strengths encourages trust (Van Wormer & Davis).

Much work in the treatment of female compulsive gamblers remains to be done. "After more than 10,000 years of the existence of the disorder, the field of pathological gambling
research and treatment is still in its infancy” (Blanco et al., 2000, p. 406). As female compulsive gamblers become more and more visible to the general public, research studies have begun to focus on women and their specific needs of treatment (Van Wormer & Davis, 2003).
References


Iowa Substance Abuse Information Center. (1997). *Bits and pieces counselors need to know* [Motion picture]. (Available from Iowa Substance Abuse Program Director Association).


