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They Stole More Than My Money: Exploring How Women Based in the United Kingdom Experience Their Relationship with a Family Member Experiencing Long-Term Gambling-Related Difficulties



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**Portfolio submitted in fulfilment of the requirements for the
Professional Doctorate in Counselling Psychology (DPsych)**

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List of Abbreviations

AOs	Affected Others
NHS	National Health Service
IPA	Interpretative Phenomenological Analysis
NGC	National Gambling Clinic
GD	Gambling Disorder
GP	General Practitioner
UK	United Kingdom
JGS	Journal of Gambling Studies
US	United States
GSGB	Gambling Survey for Great Britain
IPV	Intimate Partner Violence
GS	Google Scholar
NPGC	National Problem Gambling Clinic
ALSPAC	Avon Longitudinal Study of Parents and Children
DSM	Diagnostic and Statistical Manual of Mental Disorders
ICD	International Classification of Diseases
BPS	British Psychological Society
PP	Potential Participant

Preface

Before submitting my research proposal, I always had a deep interest in researching women. My curiosity stemmed from being raised in Nigeria and witnessing women's voices often being overlooked in familial and societal contexts. This drew my interest to understanding women's lived experiences, particularly in contexts where they are marginalised. During my clinical placements, I sought opportunities to research women's experiences that may be unseen. Whilst delivering therapy to primarily male clients with gambling difficulties at the National Gambling Clinic (NGC), previously the National Problem Gambling Clinic (NGPC), I noticed that my clients' narratives often centred on the women in their lives. They reported these women as managing the household finances, assuming the emotional burden of their partner's gambling difficulties, among other roles. My then-clients hardly framed their male family members in the same way as they did their women. Having critically reviewed the existing literature and identified the gaps in current knowledge, I was keen to amplify the voices of these women, which led to the current study's focus.

The doctoral portfolio consists of three components: (A) my doctoral thesis, (B) the publishable article and (C) the combined case study and process report. Despite these being individual aspects of my work, they are linked by a core theme: *'giving voice in a relational world'*. This theme focuses on conveying the meaning-making of the women's experiences described in the above-mentioned reports. This thesis seeks to give voice to United Kingdom (UK) based women relatives of a family member experiencing long-term gambling-related difficulties. The publishable paper reflects this theme by adding these women's perspectives into gambling literature and the broader academic community, both of which have received limited attention. The combined case study and process report illuminate the theme through my therapeutic engagement, giving voice to my client's inner conflict and the relational tension she experienced with her partner.

The next section further outlines the core theme and provides an overview of the portfolio.

‘Giving Voice in a Relational World’ as the Core Theme

The theme of *‘giving voice in a relational world’* runs through the three components stated above. Firstly, this study’s sample, UK-based women, has received insufficient attention in existing research. Thus, my choice of a qualitative methodology supports the theme, and amplifying participants’ voices aligns with the social justice element of counselling psychology’s ethos. Secondly, the publishable article, a summary of my thesis, gives voice to the participants by disseminating my research and enabling their experiences to be widely recognised further afield. Lastly, regarding the client case study and process report, the theme articulates Vicky’s¹ (my client) identity as a woman, partner, and (step-)mother, and the relational difficulties she experienced with her partner, John.

Part A: Doctoral Thesis

The first aspect of my doctoral thesis explores how UK-based women experience their relationship with their family member experiencing long-term gambling-related difficulties. Existing literature has investigated the impact of males as problem gamblers (Merkouris et al., 2016; Stark et al., 2012), with little attention given to the experiences of those with a family member with gambling-related difficulties (Ferland et al., 2022). While there are extensive studies on the impact of gambling-related difficulties in some countries, e.g., Australia (Dowling et al., 2021; Abbott et al., 2016), Canada (Williams et al., 2023; Barmaki et al., 2010) and Finland (Raisamo et al., 2020; Tammi et al., 2015), this subject of gambling-related difficulties is largely under-researched in the UK (Bowden-Jones et al., 2022). Previous studies have explored those within proximity to the individual with gambling difficulties (Newall et al., 2024; Dickson-Swift et al., 2005). However, research in the aforementioned area has often focused on female partners/ex-partners (Catania et al., 2025; Holdsworth et al., 2013), siblings (Ferland et al., 2022; Canale et al., 2017), and children (Darbyshire et al., 2001; Suomi et al., 2023). While Ferland et al.’s (2022) work, the closest literature to this study, compares the

¹ All names and identifying details have been anonymised to protect confidentiality.

gambling impacts of spouses of individuals with gambling difficulties to those experienced by other family members (e.g., siblings, adult offspring, parents), their study does not focus solely on UK-based women as relatives to an individual with gambling-related difficulties. Rather, it comprises 46 participants recruited from addiction rehabilitation centres in Canada, of whom 80% were women. This current study is important as it gives attention to the voices of UK-based women relatives with a family member experiencing long-term gambling-related difficulties. Findings from the present study may help inform targeted interventions to support the women in question.

Data from the current study were obtained through semi-structured interviews with five women and analysed using interpretative phenomenological analysis (IPA). The findings of this study highlight the multifaceted impacts (e.g., financial dishonesty, difficulty forgiving the family member, lack of trust) of UK-based women's experience of their relationship with their family member experiencing long-term gambling-related difficulties. The wider implications and recommendations for future work are discussed.

Part B: Publishable Article

The second aspect of my portfolio is a journal article written for the Journal of Gambling Studies (JGS). It comprises a summary of my doctoral thesis, which I report in part A.

JGS was selected for its focus on understanding the various aspects of gambling difficulties. Thus, illuminating to the wider academic and practitioner communities how UK-based women experience their relationship with their family member experiencing long-term gambling-related difficulties. Additionally, disseminating through the JGS would facilitate ongoing debate about such women's experiences and how they can be supported. The publishable article follows the JGS guidelines, which are included as an appendix.

Part C: Combined Case Study and Process Report

The final aspect of my portfolio consists of a case study and process report illustrating my clinical practice as a third-year trainee counselling psychologist, using psychodynamic

psychotherapy with a focus on internal object relations theory (Ogden, 1983). The case involved my work with “Vicky”, a White British, heterosexual, cis woman in her late 40s at a National Health Service (NHS) secondary care setting. Vicky presented to therapy with a therapeutic goal of wanting to manage her anger outbursts. The case study involves using my therapeutic alliance to explore Vicky’s defenses and internal conflict (e.g., feeling guilty) whenever she gets angry with John.

My Reflection on The Theme

I relate to the above theme on an individual level as a trainee counselling psychologist, having contemplated speaking up when I have felt discontented with systems (e.g., clinical placements) I have worked in. In moments when I felt empowered to use my voice, I have been critical of myself, checking in to see if I may have come across as rude. Additionally, I often scrutinise my tone of voice and take stock to see whether what I said landed well. This has often stemmed from societal negative stereotypes of a black woman as aggressive and overbearing (Ashley, 2014). My journey through the doctoral programme has given me a voice to challenge that view, which is still a work in progress. What emboldens me is recognising that my intersectional identities (i.e., being a black woman, mother, and wife) and my lived experience give me the confidence to speak up and not to be constrained by systems that seek to limit my capacity to amplify my voice in a dynamic and relational world.

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PART A: Doctoral Research Thesis:

They Stole More Than My Money: Exploring How Women Based in the United Kingdom Experience Their Relationship with a Family Member Experiencing Long-Term Gambling-Related Difficulties

Abstract

Gambling-related difficulties have been well-researched, yet our knowledge of UK-based women's experience of their relationships with a family member experiencing long-term gambling-related difficulties is limited. This study aims to explore how these women experience their relationship with the family member in question. Five participants, who self-identify as women with a relationship with their family member, were recruited via UK gambling support charities and interviewed. The data were analysed using interpretative phenomenological analysis (IPA). Four themes developed from the analysis were: *'I had to care for them and others'*, mirroring participants' reports of a role-reversal and caring beyond what was expected within their relational role. *'I am bearing the financial and emotional consequences of betrayal'* captures participants' experiences of feeling violated by their family member's financial dishonesty and lack of trust. *'I carry the long-term impact of their gambling while attempting to rebuild my life'* highlights how participants reframe ways to reshape their lives in the moment and aftermath of their family member's gambling difficulties. *'I am trying to forgive, as it is a hard thing to do'* illustrates the conflict participants experienced while attempting to forgive their family member for the gambling impacts they had caused. These findings illuminated the multifaceted impact of the women's experience of their family member's long-term gambling-related difficulties. Future research highlights the need for targeted interventions to support women relatives of such family members.

Keywords: long-term gambling-related difficulties.; family member; female family member; lived experience; interpretative phenomenological analysis

Chapter One: Introduction

The current study explores how women in the UK experience their relationship with a family member experiencing long-term gambling-related difficulties. I present a glossary of the terminology used in this study and a revision of my original research question. Next, I outline how the language used in the current study gradually changed. Then, I reflect on the positionings that drew my focus to the current study. Thereafter, the definition of gambling, types of gambling in the UK, and the meanings of gambling-related difficulties and long-term gambling-related difficulties are discussed. Following this, the impacts of long-term gambling-related difficulties and their prevalence in the UK are explained. A discussion of the theoretical perspectives of gambling-related difficulties and a similar perspective of its impact on family members follows. Thereafter, I provide the impact of long-term gambling-related difficulties on family members, women as family members, and other genders. Subsequently, I explore the gendered perspectives of men and trans women impacted by other people's gambling and their roles in the experience of families experiencing gambling-related difficulties. Then a systematic literature review is conducted, and gaps in the existing literature are identified. Attention will then turn to the rationale for the current study and its aim. Lastly, the research question and the study's relevance to counselling psychology are discussed.

Terminology & Definitions

This section provides definitions of terms that are used in the current study.

Woman

For the purpose of this present study, this refers to any person who self-identifies as a woman (Meyer, 2016).

Family member

In this current study, a family member is defined as an individual's immediate family (e.g., parents, children, and siblings) and/or extended family members (e.g., uncles, nieces),

whether biologically or legally related (Irie & Kengo, 2022).

Affected others (AOs)

This refers to individuals who experience the adverse consequences of a person's gambling habits due to being within their social network (Rockloff et al., 2022a).

Reshaping of My Original Research Question

In February 2023, an initial systematic literature review was conducted, with my then-research questions outlined as: (1) *What are the effects of legacy gambling harms (i.e., consequences of long-term problem gambling on women as AOs?* (2) *How do women perceive their role in a relative's recovery process from problem gambling?* These research questions emerged following the recommendations for future research I identified in Rockloff et al.'s (2022b) study. Although the systematic literature review was completed, my newly assigned research supervisor, Dr Helen Damon, advised that, due to time constraints, a narrow focus on a specific gap in existing literature was needed. Narrowing my focus to a specific gap in the literature led me to investigate my first research question further, which aligned with my initial intention to explore the lived experiences of women as AOs. Therefore, it was necessary to conduct an additional systematic literature review to examine this gap further.

In the early reframing of my research question (Appendix A), i.e., *how do UK women without problems with gambling describe their experiences of having a family member with long-term problem gambling?* I realised I had inadvertently aligned my research question with a discursive rather than a phenomenological position. This posed a problem, as I had chosen IPA as my qualitative methodology, making my proposed research question and methodology incompatible. I readjusted my research question to: *How do women in the UK who do not have problems with gambling experience their relationship with a family member with long-term problem gambling?* The research question was also reconstructed following the data analysis, to better capture the experiential focus of this study's findings.

The Gradual Change of the Language Used in the Current Study

From the onset of data collection, I remained sensitive to the terms I used in describing my participants' lived experiences and their family members' gambling. This section summarises my journey towards amending the language used in the current study.

The feedback on the recruitment process for the present study made me aware of the tension surrounding the term "problem gambling". This awareness was further increased following the review of my draft literature chapter. Recent discourse in the gambling field has highlighted how these terms can be stigmatising (Biggar & Wardle, 2024), as they risk situating the individual as the problem. During the write-up of my thesis, up to its submission, my intention in using the term "problem gambling" was in no way to stigmatise individuals, but to clarify the type of gambling behaviour that is the focus of the current study. Previous research has often failed to distinguish among the specific types of gambling (Kovarik & Fiedor, 2025). Consistent with IPA and desisting from describing gambling difficulties as *harmful* or as *legacy gambling harms*, led me to use the phrase "*long-term problem gambling*." I assumed that I had embraced the person-first language through my change of language to: *family member with long-term problem gambling, and UK-based women who do not have problems with gambling*. This allowed me to name the gambling behaviour and not label the individual. My amendment of the term was an attempt to balance transparency and sensitivity, keeping in mind the current study's focus and the changing political climate regarding gambling terminology.

I soon became aware of the tension between clinical, lived experience, and academic viewpoints concerning the term "problem gambling" to describe gambling difficulties. My clinical experience at the NGC made me reflect on the terms "addict" and "having gambling problems", which the clients I worked with used in describing themselves. Likewise, participants in the present study reported their family member's gambling behaviour as an "*illness*" or "*addiction*". This illustrates the divergence between how those in the gambling field (e.g., researchers, policymakers) want to combat stigmatising language and how individuals with gambling behaviours and their AOs make sense of gambling difficulties.

There were instances when I considered adjusting my terminology to comply with

Huble's (2023) guidance on challenging stigmatising language. However, it felt like an imposed political correctness on what seemed to be a trend in how language is changing in the UK in certain fields. For instance, in education, the use of the term “*special needs*” to refer to individuals with learning difficulties is currently being debated (Demetriou, 2022). I was aware that not modifying my terminology might affect how my research is received, particularly by those in the gambling field, and whether it would be deemed publishable. Yet, I recognise that recent literature conducted in different geographical contexts in the United States (U.S.) (Noel et al., 2024), Australia (Lole et al., 2025) and the UK (Moxey et al., 2025) continue to use the term “problem gambling”, indicating that the move away from such language may be in its infancy and is not fully resolved.

Rather than viewing the above terms as fixed, I regarded them as influenced by the participants’ perspectives, discourses around gambling, and the wider political landscape. Before my viva examination, I acknowledge the limitations of my language choice in the present study, as my phrasing and terminology may not align with all participants’ or stakeholders’ interpretations of gambling difficulties. However, during my viva examination, the term “problem gambling” was revisited due to the controversy surrounding the language and the stigmatising nature I addressed earlier. Further, it was brought to my attention by my viva examiners that, although recent studies may still use the term “problem gambling”, UK-based gambling researchers are beginning to set the pace in using person-first language. They suggested that I amend the term to “a person experiencing gambling-related harm” or “gambling-related difficulties.” I understood why this request was made, as the term “problem gambling” endorses shame linked to gambling difficulties. Additionally, the term perpetuates societal bias and prevents individuals from seeking support (Huble, 2023). I understood this, and upon reflection, I agreed with the rationale for the change and amended the term to “gambling-related difficulties.” Therefore, my research question was reworded to: *How do women in the UK experience their relationship with a family member experiencing long-term gambling-related difficulties?*

Reflexivity

My personal, cultural and professional positioning influenced the development of the research question. During the systematic literature review, I reflected on how my personal positioning as a woman and wife may have influenced aspects of the selected studies. For example, I was particularly drawn to the findings relating to relationship harm because it highlighted the intensity of the impact endured by women who had a close relationship with their family member who gambled. Further, selected studies noted that the women who were spouses experienced separation, divorce and conflict in their relationship. As a wife and mother, I am aware of the possible disruption of intimate relationships, particularly the impact on close connections and trust. Knowing my possibility of giving narratives on relationship harm more attention, I sought to manage this by being focused on other findings in the reviewed articles that did not align with my expectations. I took into account the contexts in which participants described their experiences and the meanings they attached to them. This made me reflect on whether my own positioning shaped the findings that appeared significant to me. This helped me to remain open to challenging my biases and develop the literature review from the findings presented.

I observed that I foregrounded some participants in my own position as a wife and mother, even though they did not often explicitly identify themselves as such. For example, during the interviews and analytic process, I experienced poignant moments, e.g., listening to a mother speak about her daughter's challenges with long-term gambling-related difficulties. While I have not lived through this experience, as a mother, I could relate to it by understanding what it means to love a child and feel helpless in the face of their distress. Recognising this, I became aware that what may be a meaningful experience for me may not be for the participant. I therefore returned to the participant's transcripts to understand what she emphasised and the meaning she gave to her experience. Through this, I was able to differentiate my own personal response to her experience and remain grounded in her own interpretation of events.

My cultural positioning drew my focus to the current study. During my lived experience of being raised in Nigeria, I witnessed how mothers and wives acted as the “backbone” of their families, particularly when their children and male partners respectively made unhealthy choices that were detrimental to the function of their families. These women provide emotional support and care to their children and partners. While I noticed similar findings in the selected studies, I was mindful that my cultural positioning did not influence what I found significant. Therefore, through reflective journaling, I sought to avoid privileging such findings based on what resonated with my own experiences.

Likewise, in my professional positioning as a trainee counselling psychologist at the NGC, I observed the male clients that I supported describe the influence of the financial and emotional support they received from their female spouse. I wondered about the psychological impact this might have on these women and suspected from my own positioning and experience that it may have a negative impact. I became curious about the role that women do take or were invited to take. While these positionings initially made the above findings recognisable, I critically engaged with the literature by challenging each position. For example, I repeatedly asked myself, *if I were not a mother/wife, would relationship harm have stood out similarly? Had I not been raised in Nigeria, would the women's roles in their families have been observed differently? If I had male clients who did not discuss their spouses' roles, what findings of the selected studies might I have paid attention to?* I took intentional steps to ensure that I remained grounded in the data by being open to findings that differed from or challenged my own preconceptions. For example, rather than only highlighting partners from the selected studies (Banks et al., 2018; Ferland et al., 2022; McCarthy et al., 2022) as experiencing anger due to a family member's gambling, I identified other relatives, e.g., siblings, parents and children, as encountering similar feelings, as noted by Ferland et al. (2022).

Defining Gambling

Gambling is a global phenomenon centred on three main constructs: consideration (i.e., money risked), chance (i.e., games based on luck rather than skill), and prize (e.g., wins)

(Bunting, 2023; Macey & Hamari, 2024). For many people, gambling serves as a low-risk recreational activity (Potenza, 2013), and, as an industry, it helps drive economic growth, e.g., through employment (Ramnerö et al., 2019). In the UK, gambling is a common and widely accepted activity that generates tax revenue (Atherton & Beynon, 2019).

There are debates over the lack of a suitable definition of gambling (Kinnaird, 2023; Bunting, 2023). In the U.S., the prize-chance-consideration test has been deemed unsuitable because it reduces gambling to a legal construct, overlooking its psychological dimensions (Kinnaird, 2023). However, the Gambling Act 2005, a UK statutory framework regulating gambling, emphasises the function of chance for a prize as a prerequisite for defining gambling (Gambling Act 2005, s. 6). Similarly, Tabri et al. (2022) argue that money is central to the legal and psychological definition of gambling. Nonetheless, these definitions neglect the contextual meanings of individual lived experiences of gambling (Rolando & Wardle, 2024).

Public health, psychological and sociological perspectives have framed the understanding of gambling through its impacts. From a public health perspective, gambling is not merely shaped by socioeconomic factors (e.g., income, employment) relating to the development of gambling problems (Messerlian et al., 2004; Korn et al., 2003), but other broader structural and environmental factors (e.g., marketing practices, game design) influence how gambling behaviours are initiated, experienced, and maintained (Wardle et al., 2024). From a psychological standpoint, gambling is conceptualised as a form of decision-making that involves motivation (e.g., to raise money), emotion and control (i.e., the amount an individual wants to spend) (Griffiths, 2007). Studies (Lloyd et al., 2010; Stewart & Zack, 2008) suggest that psychological mechanisms such as heightened impulsivity (e.g., gambling based on stress), persistent engagement, and cognitive bias (e.g., gambling fallacy, expecting a win following a series of losses) can distinguish recreational gambling from excessive gambling behaviour. Sociological perspectives position gambling as a social practice, shaped by social norms (e.g., masculinity), language (i.e., how gambling is framed), and social structures (i.e., governing policies) (Gordon & Reith, 2019).

Types of Gambling Activities in the UK

In the UK, the following are the common forms of gambling activities:

Arcades are a general term for Adult Gaming Centres and Licensed Family Entertainment Centres (Gambling Commission, 2024). They include slots, also known as fruit machines, which are designed to pay out a preselected amount, i.e., coins paid out for a winning combination.

Betting refers to agreeing to bet on: (a) the result of a race, (b) the chance of an event happening or not happening and (c) whether an event is true or false (Gambling Act 2005).

Bingo is a game of chance in which players mark randomly selected numbers that correspond to those drawn (Stead et al., 2016).

A lottery is a form of gambling in which tickets are drawn at random; if a ticket matches the drawn numbers, it is a winning ticket. (Ariyabuddhiphongs, 2011).

Gaming involves playing a game that comprises elements of skill and chance but excludes sport (Gambling Act 2005, s. 6).

In the UK, cryptocurrencies (i.e., digital currencies used to secure transactions and generate new units through exchange) (Pernice & Scott, 2021) are not recognised as a formal form of gambling under the Gambling Act 2005. However, I acknowledge it as a gambling type based on one of my study participants' descriptions of their family member's gambling activity. Additionally, research indicates that buying cryptocurrencies may be associated with a higher risk of "problem gambling" (Mills & Nower, 2019).

Conceptualising Gambling-Related Difficulties

While reviewing the existing literature, I retained the term "problem gambling" as it was used in prior studies, measures, and frameworks. Where "problem gambling" is not retained in existing literature, I adopted an alternative phrase – "gambling-related difficulties", as

advised during my viva examination. However, participants' front-facing documents, e.g., the recruitment flyer, participant information sheet, consent and debrief forms, remain unchanged and still include the phrase "problem gambling." This preserves the documents as they were when participants saw them, because the change to terminology was made after the data had been collected.

The term "problem gambling" has been historically used in gambling literature and reconstructed in diverse ways by diagnostic frameworks, i.e., the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). These frameworks have classified "problem gambling" based on the features of the gambling behaviour and the individual's motives for gambling (Egerer & Marionneau, 2015; Blaszczynski & Nower, 2002). Additionally, these contexts have used the terms "pathological gambling" "excessive gambling", or "disordered gambling" to define "problem gambling" (Delfabbro, 2013; Blaszczynski & Nower, 2002). These terms were conceptualised from measures of "problem gambling" (Abbott, 2020), e.g., the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001) and the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987). "Problem gambling" is now used less and replaced by adopting person-first language to refer to individuals with gambling disorders (GDs), people with gambling difficulties or those enduring gambling harms (Biggar & Wardle, 2024).

According to the American Psychiatric Association (APA, 2013), under the DSM-5, "problem gambling" was recategorised as a GD under Substance-Related and Addictive Disorders. It is characterised by incessant loss of control over gambling, fixation with gambling and engagement with the behaviour despite harm (Hinchliffe, 2015). In DSM-III (APA, 1987), gambling was classified as an "impulse control disorder." The move to classifying it as an addictive disorder was significant due to the weight of evidence demonstrating similarities between its underlying neurological mechanisms and those of other addictive disorders (Weinstock & Rash, 2014). With "problem gambling" not formally classified in the DSM-5 (Grant et al., 2017), debate has centred on gambling itself being a categorical disorder, i.e., where individuals with gambling difficulties meet the diagnostic criteria, as opposed to being

on a continuum of severity and impairment (James et al., 2014). While some scholars have viewed “problem gambling” as a less severe form of GD lying within a continuum (Hinchliffe, 2015; Grant et al., 2017), or as episodic (Abbott, 2020), others have argued that diagnostic frameworks often medicalise gambling behaviours, i.e. define mental health difficulties using clinical criteria, e.g., the DSM-5 (Egerer & Marionneau, 2015).

Scholars have broadly conceptualised “problem gambling” from differing viewpoints, describing it as a gambling-related behaviour that results in harm to the individual with gambling difficulties and those within their social network (Tolchard & Delfabbro, 2013; Langham et al., 2016). While “problem gambling” is understood as a subjective condition characterised by impaired cognitive function (Egerer & Marionneau, 2015), it has also been observed as a form of escapism from difficult life circumstances (Heiskanen & Egerer, 2019). Further, understanding “problem gambling” has enhanced public health knowledge and kept one abreast of the political debate around this topic (Abbott, 2020). The political debate concerns the conceptualisation of gambling as a public health concern and its regulation, e.g., gambling advertisements (Langham et al., 2016).

The meaning of “problem gambling” varies across countries and professions. In Australia, “problem gambling” has been used to refer to gamblers who do not meet the diagnostic criteria, as well as those who have received a clinical diagnosis of “problem gambling” (Hinchcliffe, 2015). A study of Finnish social workers’ views on “problem gambling” identifies it as a minor public issue (Heiskanen & Egerer, 2019). Whereas, in the UK, “problem gambling” refers to a wider continuum of gambling harm ranging from medium to severe harms (Cowlshaw & Kessler, 2016). Within professional contexts, the conceptualisation of problem gambling differs, as illustrated in a study of general practitioners (GPs) across three European countries (Egerer & Marionneau, 2015). Findings suggest that French and German GPs refer to “problem gambling” as an external force, e.g., hypnosis, whereas Finnish GPs describe it as uncontrollable (Egerer & Marionneau, 2015).

The conceptualisation of gambling-related difficulties is often linked to an understanding of its underlying cause. Research from the Gambling Commission (2025a)

highlights that increased gambling activities (e.g., lotteries, betting) can lead to negative consequences (e.g., financial hardship, relationship difficulties). Additionally, the intellectual challenge linked to certain gambling activities may present a risk to individuals who gamble and are unable to differentiate between skill and chance (Binde, 2013). Another report from the Gambling Commission (2021) suggests that the gambling journeys of individuals aged 11 to 17 are often influenced by observing a family member's gambling behaviour, adverse childhood experiences, health problems and socio-economic factors (e.g., peer influence, limited access to job opportunities).

Long-term Gambling-Related Difficulties

Several terminologies have been used to describe long-term gambling-related difficulties. Some scholars have used the term “persistent gambling”, referencing the gambler's changes in affect, cognition and behaviour (Dickerson et al., 1992). Recently, the phrase “legacy gambling harm” has been adopted and understood as the prolonged effects of gambling that remain from a person's engagement with “problem gambling”, including minimal and medium risks (Rockloff et al., 2022a). According to Rockloff et al.'s (2022a) study, these effects (e.g., financial and relationship difficulties) may persist despite an individual stopping their gambling behaviours.

Understanding the Impacts of Long-Term Gambling-Related Difficulties

The impact of long-term problem gambling has been investigated within existing literature under the construct of “gambling-related harm” (Langham et al., 2016; Abbott et al., 2018; Wardle et al., 2024). Gambling-related harm refers to different types of harm (e.g., psychological, financial, cultural and health issues) that occur due to gambling and/or precede gambling and are exacerbated by it (Marionneau et al., 2023). Gambling-related harm is ambiguous owing to multidisciplinary perspectives (Neal et al., 2005), e.g., public health and psychological approaches through which gambling harm is examined.

I draw on existing literature (Wardle et al., 2024; Abbott et al., 2018; Langham et al., 2016) that conceptualises gambling-related harm to understand the impact of long-term gambling-related difficulties. These authors define gambling-related harm as extending beyond the person with gambling difficulties to others (e.g., societies, families), worsening their physical and mental health, and placing their AOs (e.g., children, spouses) at a disadvantage (Russell et al., 2022; Li et al., 2017). Langham et al.'s (2016) framework identifies three temporal forms of gambling-related harm: *crisis*, *general*, and *legacy* harms. With the latter having been discussed above, crisis harms are harms that cause individuals with gambling problems to seek support. General harms suggest harms that may happen following one's early gambling encounter, up to the time when they reach a crucial point. Abbott et al. (2018) and Langham et al. (2016) report gambling-related harms as short-lived or enduring.

Gambling frameworks (e.g., Langham et al. 2016; Latvala et al. 2019; Wardle et al. 2018) situate gambling-related harms in ranked categories. Langham et al. (2016) categorise these into seven ranked domains: financial, relationship, emotional/psychological, health, work/study, cultural harms and criminal acts. Financial harm (e.g., bankruptcy) is regarded as the primary harm that lingers despite an individual's abstinence from gambling-related difficulties (Langham et al., 2016). Relationship harm, the second in ranking order, refers to relationship breakdown between the person with gambling difficulties and their AOs (Langham et al., 2016). Psychological or emotional harm refers to feelings of anger, low self-worth, stigma and shame (Langham et al., 2016; Li et al., 2016). Cultural harm is described as engaging in gambling that is contrary to one's cultural beliefs (Wardle et al., 2019). Criminal acts are defined as criminal behaviours that arise from "problem gambling", e.g., stealing from family members (Banks & Waugh, 2019). Wardle et al. (2018) and Latvala et al. (2019) classified these harms into three domains: emotional, psychological, and health harms, with both emotional and psychological harms negatively impacting the health of the individual with gambling difficulties as well as their AOs.

There has been criticism of the above frameworks. Existing models (e.g., Langham et

al. 2016; Abbott et al. 2018; Wardle et al. 2018) have often focused on the impact of an individual's gambling-related difficulties, overlooking the gambling consequences that stem from societies, e.g., stigma and shame. Furthermore, there is a lack of clarity across the frameworks on how to categorise gambling-related harm in various contexts, e.g., the home and the wider community (Marionneau et al., 2023).

Prevalence of Long-Term Gambling-Related Difficulties in the UK

Prevalence figures are significant in understanding the extent of long-term gambling-related difficulties. Given the lack of research in the said area, Bryce (2023) reports that the prevalence of “problem gambling” in the UK has been complicated by estimates produced using different survey methodologies. While I understand that the prevalence of gambling, “problem gambling”, and long-term gambling-related difficulties are different concepts, I draw on research on the first two concepts, owing to their extensive studies, to provide an understanding of the latter.

Prevalence surveys help us understand the types of gambling, the motives for gambling, and its consequences for individuals. The Gambling Commission (2025b), through the Gambling Survey for Great Britain (GSGB, 2025), obtained a sample of 4,750 individuals aged 18 and over during April 2025 to July 2025, with 47% of the population participating in some form of gambling. Surveys were based on estimates with 95% confidence intervals (CIs). This data is consistent with participation levels for a similar phase in 2024. The Gambling Commission (2025b) reported that the most common gambling activities after lottery draws were betting (12%), scratchcards (12%), and online instant-win games (8%). Overall, the highest gambling participation was among people aged 55 to 64 (54%), with 56% of males and 52% of females reporting having gambled in the past 4 weeks. Findings from the Gambling Commission (2025c) with a sample size of 19,714 adults aged 18 and over (95% CI) reveal that 38% participants were more likely to gamble online than in person (29%). This survey found the most common reasons for gambling to be: the chance of winning big money (84%), gambling is fun (72%), generating income (57%), and gambling is exciting (56%). This

is consistent with the GSGB 2023 report, which used PGSI to measure prevalence between 2023 and 2025. The most commonly reported adverse consequence of gambling in this survey was relationship difficulties (1.6%). In comparison, the least severe consequences reported were reduced expenditure on daily items (6.7%), dishonesty toward family (6%), and borrowing money (5.7%). Overall, the data gathered from 2023 to 2025 suggest stable periodic patterns in gambling participation.

Variations in the prevalence of gambling-related difficulties among ethnic groups have also been reported. A study by Conolly et al. (2018) found that “problem gambling” prevalence in the UK, measured by the DSM-IV or PGSI, showed no significant difference by ethnicity (Conolly et al., 2018). The authors reported this outcome as the likelihood that fewer ethnic groups participated in the survey. They claimed that upon collating gambling surveys in 2012, 2015 and 2016, “problem gambling” was higher in black ethnic groups than among individuals from White and Asian backgrounds. However, a study by Forrest and McHale (2012) reported no statistical significance in gambling behaviour between UK black children and white children. Given the lack of significant ethnic differences in both studies (i.e., Conolly et al., 2018 and Forrest & McHale, 2012), this raises questions about whether disparities develop later in the life course of these racial groups or are influenced by socioeconomic factors.

The prevalence of gambling-related difficulties differs across various demographics in the UK. Research suggests that “problem gambling” is more prevalent in males than females (Delfabbro et al., 2016; Bowden-Jones et al., 2022). For instance, a British survey on adolescent gambling involving 8,958 pupils aged 11-15 from 201 randomly chosen schools found that 8% screened positive for “problem gambling”, with adolescent girls five times less likely to progress to “problem gambling” than boys (Forrest & McHale, 2012). A study from Emond & Griffiths (2020) using data from the Gambling Commission’s 2019 report of approximately 3000 young people aged 11 to 16 showed that 36% of the sample gambled in the past year. This percentage was lower than that documented in other European countries. The authors reported that the prevalence of gambling for those under 16 decreased from 23% in 2012 to 11% in 2018. The authors also used the Avon Longitudinal Study of Parents and

Children (ALSPAC) to examine gambling among 3757 young people aged 17 years, using the PGSI. They found that 54% of the sample reported their involvement in several gambling activities over the past year. Overall, weekly gambling was documented as 9%, which was carried out by 17% of males. “Problem gambling” by participants in the ALSPAC group reported a prevalent rate of 0.7%, with an additional 5.2% identified as medium-risk people with gambling difficulties.

Prevalence surveys have been the subject of debate. Administering surveys (e.g., remotely or in person) can lead to inconsistencies, with remote data exceeding in-person data (Newall et al., 2024). UK prevalence surveys have been conducted using small samples, compared to what is deemed satisfactory for prevalence surveys in other countries (Bowden-Jones et al., 2022). Surveys have also lacked the representation of vulnerable groups (e.g., ethnic groups) who are more susceptible to “problem gambling” (Sharman et al., 2019). Furthermore, inadequate funding for UK prevalence studies has been documented, with ad hoc research favoured over longitudinal studies (Bowden-Jones et al., 2022).

Theoretical Perspectives on Gambling-Related Difficulties

Theoretical perspectives on “problem gambling” have often centred on the individual with gambling difficulty, with underpinnings on addiction (Jacobs, 1985), psychodynamic (Rosenthal, 1992), cognitive-behavioural (Sharpe & Tarrier, 1993), psychological (Sharpe, 2002) and pathway approaches (Blaszczynski & Nower, 2002). However, there exists a lack of theoretical perspectives exploring “problem gambling” based on family relationships (Kalischuk et al., 2006).

While it is impossible to review all the theoretical underpinnings in the existing literature, the main theoretical perspectives on “problem gambling” are outlined. The addiction model addresses “problem gambling” as one’s tendency to develop addictive behaviours akin to substance misuse (Jacobs, 1985). It focuses on impulse control, overlooking the social complexities of gambling behaviours (Sharpe & Tarrier, 1993). The psychodynamic model situates the person with gambling problems as having an unconscious desire to be defeated;

hence, their gambling activity helps reduce tension, fulfilling aggressive impulses (Lindner, 1950). The heuristic cognitive-behavioural model (Sharpe & Tarrier, 1993) focuses on using coping skills (e.g., challenging irrational gambling thoughts) that are deficient in the individual with gambling difficulty. The psychological model describes susceptibility to “problem gambling” as linked to psychological traits, e.g., impulsivity (Sharpe, 2002), risk-seeking and low self-control. The pathway model (Blaszczynski & Nower, 2002) categorises people with gambling difficulty into three subgroups: emotionally vulnerable (i.e., those experiencing emotional dysregulation), behaviourally conditioned (i.e., gambling due to peer pressure and pleasure) and biologically vulnerable (i.e., behaviours of genetic influence and antisocial behaviours). However, no current theoretical model has been suitable for depicting the multifaceted factors contributing to “problem gambling” (Blaszczynski & Nower, 2002).

Theoretical Models of Gambling-Related Difficulties Relevant to the Impact on Family Members

Understanding theoretical models of gambling-related difficulties and how they impact family members provides context for people’s lived experiences. A psychological perspective (i.e., behavioural or social learning theory) proposes that children observe and model the behaviours learned from their parents or other family members (Gupta & Derevensky, 1997; Kalischuk et al., 2006). A Gambling Commission (2025d) report on the consequences of gambling, conducted with 25 participants, found that for some, their early gambling experience started when they witnessed their parents’ gambling. Apart from parental influence, peer pressure often strongly influences young people’s tendency to gamble (Gambling Commission, 2021; Oei & Raylu, 2004). Social learning theory is inadequate for explaining “problem gambling” in children because it does not account for the complex interactions among cognitive, physiological, behavioural, and social factors experienced by this group (Gupta & Derensky, 1997).

Sociological theories acknowledge family relationships as a contributing factor to gambling-related difficulties. Social control theory suggests that individuals with strong ties to

their families and communities are less likely to engage in risky behaviours (Vakalahi, 2001), e.g., gambling-related difficulties (Kalischuk et al., 2006). Individuals with secure attachments (i.e., those who feel safe in relationships) are likely to distance themselves from gambling-related difficulties, while those with insecure attachments are likely to gamble as a maladaptive behaviour (Keough et al., 2018). The theory of reasoned action (TRA; Ajzen & Fishbein, 1980) proposes that families who value gambling motivate other family members to conform to those norms. Hence, TRA assumes that public approval of gambling influences families' intention to gamble, and that intent then predicts their gambling behaviour (Griffiths & Delfabbro, 2001). However, TRA alone is insufficient in explaining gambling behaviour as it downplays an individual's motivation, their emotions and perceptions that influence their behaviour (Thrasher et al., 2011).

Scholars have advocated for a holistic perspective to understanding “problem gambling” and its impact on families (Koski-Jannes & Turner, 1999; Gupta & Derevensky, 1997). The integrated model by Kalischuk and colleagues (2006) offers insight into this perspective. They explain how nuclear and extended families may be influenced by gambling-related difficulties. For instance, a nuclear family may be directly impacted by the gambling behaviour of its members due to the members' relational closeness to one another. In contrast, extended families may also be affected, but only minimally, due to relational distance. This is consistent with research that suggests that the relationship type to an individual with gambling difficulty may result in adverse consequences of “problem gambling” (Dowling et al., 2016a). Thus, when viewed holistically, gambling-related difficulties emerge within a wider context involving families and societies (Kalischuk et al., 2006).

The Impact of Long-Term Gambling-Related Difficulties on Family Members

While research has investigated the impact of problem gambling on children (Darbyshire et al., 2001), spouses (Dickson-Swift et al., 2005) and other relatives (Clarke et al., 2007), less attention has been given to the long-term gambling-related difficulties on families. Therefore, I draw on studies on the impact of “problem gambling” on families to inform

my understanding of the long-term effects on family members.

Studies have shown the adverse effects of “problem gambling” on the spouse of a person with gambling-related difficulties (Kourgiantakis et al., 2013; Dickson-Swift et al., 2005). A systematic review of 22 studies investigating problem gambling impacts on spouses revealed three main findings: (1) spouses’ unawareness of “problem gambling”; (2) spousal personal, familial and social consequences; and (3) their-coping skills (Kourgiantakis et al., 2013).

Concerning spousal unawareness of a partner’s “problem gambling”, studies revealed that spouses often realise the gambling as a problem when it becomes critical (Patford, 2009; Corney & Davis, 2010). Research suggests that spouses have reported their partner’s gambling as deceitful (Patford, 2009; Tepperman et al., 2006), with lies and distrust documented as major consequences of “problem gambling” (Dickson-Swift et al., 2005). Previous studies have shown that mistrust often leads to feelings of hopelessness in the spouse-partner relationship (Corney & Davis, 2010; Patford, 2009). Research on the impact of “problem gambling” on spouses has often focused on females, with less attention given to male partners (Dowling et al., 2009).

Regarding personal consequences associated with “problem gambling”, studies have documented severe distress in spouses of partners with gambling difficulties (Dickson-Swift et al., 2005; Patford, 2009). However, the extent of this distress is not fully understood due to the non-standardised measures often used to report these experiences (Kourgiantakis et al., 2013). While such measures may capture specific aspects of spousal experiences, one can argue that they differ widely in how they conceptualise and measure distress. Another personal consequence of “problem gambling” on spouses is physical ill-health (e.g., insomnia, fatigue) (Dickson-Swift et al., 2005; Tipping et al., 2025). Research has shown that financial difficulty has an adverse impact on spouses because of their partners’ gambling behaviour (Kalischuk, 2010; Patford, 2009). Spouses reported assuming responsibility for managing the family’s finances, e.g., restricting their partner’s spending, and addressing gambling difficulties (Valentine & Hughes, 2010; Järvinen-Tassopoulos, 2020).

Concerning the familial consequences of “problem gambling”, research has reported the emotional impacts on family members (e.g., loss of security, mistrust, dishonesty) (Dickson-Swift et al., 2005; Patford, 2009; Matthews & Volberg, 2013). “Problem gambling” impacts the parent-child bond both with the parent who gambles and the other who does not gamble (Tepperman et al., 2006). A study investigating the experience of 23 female spouses of partners who gamble found that all spouses were distressed by the emotional and financial consequences of gambling due to the anxiety of explaining the gambling behaviour to their children (Patford, 2009). Another impact of “problem gambling” on families is financial loss (Kalishcuk, 2010). Studies have reported that AOs take on financial responsibility due to their family member’s gambling difficulty, resulting in the latter struggling to manage the family expenses (Dickson-Swift et al., 2005; Patford, 2009).

Regarding the social consequences of “problem gambling”, research has shown its impacts on broader social systems (e.g., culture and the wider family) (Dickson-Swift et al., 2005; Krishnan & Orford, 2002). Spouses have expressed feeling disconnected from family and friends due to the shame of their partner’s gambling behaviour (Matthews & Volberg, 2013). Other spouses have experienced relationship breakdown with other relatives due to theft from their partner who gambles (Matthews & Volberg, 2013; Patford, 2009). Krishnan & Orford’s (2002) study of 16 relatives of individuals with “problem gambling” found that the relatives viewed support as someone listening to them empathetically. However, the authors reported that these relatives often felt unheard when others in their social circles downplayed their problem.

Research has reported the impact of “problem gambling” on children (Darbyshire et al., 2001) and adult children (Kourgiantakis et al., 2013). A study of 15 children aged 7 to 15 years targeted at understanding their view of having a parent with gambling difficulties found that the children expressed being detached from their parents (Darbyshire et al., 2001). These children also described having feelings of instability, mistrust, and economic hardship (e.g. lack of food and homelessness). Children may be adversely affected by the absence and neglect of a parent with gambling difficulties (Järvinen-Tassopoulos, 2020). Adult children

reported adopting roles that involve helping the parent with gambling difficulties, impacting their interpersonal relationships (Kourgiantakis et al., 2013). A study of 8 adult children from a sample of 50 Singaporean families who have a parent with gambling difficulties found that the children detached themselves from the parent in a bid to curb their request for money to fund their gambling (Matthews & Volberg, 2013). The authors also described the tension adult children experience with filial piety, i.e., giving respect and obedience to their parents, despite their gambling difficulties, which contributed to emotional strain.

“Problem gambling” has a detrimental effect on family functioning (Kourgiantakis et al., 2013). Family functioning refers to a family’s capacity to fulfil the demands of its household (e.g., emotional needs, sense of security) (Skinner et al., 2000). The impact of “problem gambling” on family functioning includes disputes, lies, and communication breakdown within the family unit (Dowling et al., 2009). Dowling et al.’s (2009) study used the Family Environment Scale (FES) to assess the family functioning of 53 female pathological gamblers, 29 spouses of female pathological gamblers and 40 offspring of the female pathological gamblers. The findings showed that the sample of pathological gamblers achieved considerably lower than the norm sample on FES cohesion (i.e., the degree of support family members have towards one another), achievement orientation (i.e., how goal-driven family members are) and independence (i.e., the degree to which family members are autonomous). Research shows that family cohesion is linked to a lower risk of “problem gambling” in young people (Sleczka et al., 2018). Scholars regard family functioning as a protective factor against gambling behaviours (Zhang et al., 2023).

Regarding spouses’ coping skills, Krishnan & Orford (2002) report that family members use eight distinct ways to manage gambling problems in the family: domineering, showing emotions, avoidance, inactivity, forbearance, providing support, assertiveness, and autonomy. The stress-coping-support model posits that individuals living with a person with an addiction problem develop stress, with the said individual being vulnerable to psychosocial difficulties due to this stress (Krishnan & Orford, 2002). Family members adapt to the stress caused by “problem gambling” in ways known as coping (Kourgiantakis et al., 2013). Coping strategies

(e.g., monitoring the finances of the family member with gambling difficulty, encouraging them to seek support) are used by spouses to influence the gambling behaviours of their partners (Côté et al., 2020). Previous studies (Makarchuk et al., 2002; Hodgins et al., 2007) found that coping skills have helped reduce distress among spouses and relatives of family members who gamble. There has been a report of significant stimulus for long-term change due to a spouse's coping strategy (Côté et al., 2020). For example, in Côté et al.'s (2020) study, when a partner with gambling difficulty reported their spouse's threats to end their relationship, the spouse became determined to seek help. Negative consequences of coping strategies have been shown to include AOs receiving formal and informal helpers who disregard the family member's experiences and express their own personal opinions in a judgmental way (Leung et al., 2014).

The Impact of Long-term Gambling-Related Difficulties on Women as Family Members

Studies show that high rates of separation and divorce occur in relationships with a partner with gambling difficulties (Shaw et al., 2007; Potenza et al., 2001). This often results in female spouses of the partner terminating their marriage, and for some, deliberating doing so (Matthews & Volberg, 2013). Further, women who separated from their partners described mixed emotions of feeling relieved, but uncertain about whether their basic needs would be met (Patford, 2009) without their partners, who had been the breadwinners. A study aimed at exploring 23 women's experiences of partners with gambling difficulty found that the women's choice to continue or leave their relationship was difficult due to being financially dependent on their partner (Patford, 2009).

Studies have shown the impact on parents with children struggling with gambling-related difficulties (Heineman, 1989; Moody, 1989). Heineman's (1989) study of 126 parents of children who are pathological gamblers revealed that their mothers were classed as a "soft parent" due to the emotional bond they have with their child. Their mothers reported feeling obliged to assist their child, leading the child to control the soft parent. Conversely, with the increasing prevalence of women and likely mothers engaging in gambling, the adverse

consequences of gambling on their offspring are likely to escalate (Shaw et al., 2007).

Emotional toll is a commonly reported impact of “problem gambling” in spousal relationships (Jeffrey et al., 2019). A study exploring 144 individuals, of whom 98% were female spouses of an individual with gambling difficulty, found that 84% of the females described themselves as being emotionally distressed owing to their partner’s gambling-related difficulties (Lorenz & Shuttlesworth, 1983). Typical emotional issues experienced by female spouses of gamblers include resentment, embarrassment and uncertainty (Patford, 2009; Jeffrey et al., 2019). Jeffrey et al. (2019) found that female spouses are likely to report emotional harms related to delayed bill payments, anxiety and worry. These emotional consequences of “problem gambling” have often resulted in health-related issues, e.g., daily headaches and hypertension (Matthews & Volberg, 2013). According to Kalischuk et al. (2006), female spouses experience heightened vulnerability to violence, depressive thoughts and suicidality.

Financial consequences have been documented as impacting female spouses of a partner with gambling difficulty (Shaw et al., 2007; Dickson-Swift et al., 2005). This entails the misuse of savings, lifestyle changes, and budgetary restraint (McComb et al., 2009). Research suggests that these female spouses do not intend for their partner to face hardship and so assume more duties than they would otherwise bear (Shaw et al., 2007). Another aspect of the financial consequences of gambling-related difficulties is economic control, where the partner with gambling difficulty withholds access to funds from their partner (Shaw et al., 2007).

Inconsistent findings have been reported on intimate partner violence (IPV) (i.e., a conduct in a romantic relationship resulting in harm to the other) due to “problem gambling” (Muelleman et al., 2002; Korman et al., 2008). According to Korman et al. (2008), women are more likely to be perpetrators of IPV in gambling-affected relationships. In Korman et al.’s (2008) study of 43 women, of whom 17.3% of the sample were problem gamblers, 44.2% of the sample reported physically hurting their partners. In contrast, research indicates that women are 10.5 times more likely to be victims of IPV if their partner has gambling-related

difficulties than if they were not (Muelleman et al., 2002). A systematic review of “problem gambling” and IPV found an unreasonably high prevalence of IPV in “problem gambling”, and that IPV perpetration is overly represented in people with gambling difficulties (Dowling et al., 2016b). These divergent findings may be due to how IPV is conceptualised and the methodologies used (Dowling et al., 2016b). Studies have found broader personal, social and familial impacts linked to IPV victimisation and perpetration (Fulu et al., 2013; Abramsky et al., 2011). Shared aspects are childhood trauma, relationship breakdown, and substance misuse (Dowling et al., 2016b). Underlying factors, such as impulsivity, unemployment, rage and personality disorders, exacerbate the link between “problem gambling” and IPV (Dowling et al., 2016b).

The Impact of Long-term Gambling-Related Difficulties on Gender-diverse Populations as AOs

Existing research has often focused on gambling among gender categories of men and women (Hing et al., 2016; Afifi et al., 2010), with limited studies on lesbian, gay, transgender, queer, intersexual, asexual and two-spirit (LGBTQIA2S+) populations (Devault-Tousignant et al., 2023; Rider et al., 2019). To my knowledge, no studies have examined the impact of long-term gambling-related difficulties on gender-diverse populations as AOs. This gap emphasises the need for future research that investigates the impact of long-term gambling-related difficulties on this population as AOs.

Gendered Experiences of Men and Their Roles in Their Families’ Experience of Long-term Gambling-Related Difficulties

Men’s roles in their families are often shaped by gendered norms which inform their priorities and responsibilities. Research suggests that men have demonstrated concerns about their partner/ex-partner’s gambling habits (Patford, 2009). The author suggests that men are likely to be AOs, accommodating their partner’s gambling as a way of caring. Men

who are married and employed are shown to have more protective factors from “problem gambling” than those who are unmarried, separated or divorced (Van der Maas, 2016). Married men in employment who have gambling problems tend to have higher social status than their female counterparts (Van der Maas, 2016). This is due to societal expectations that women assume the role of child-rearing, limiting their ability to pursue a profession while spurring men to focus more on their careers (Aneshensel et al., 1981). While being married or living together with offspring is linked to lower gambling difficulties, in contrast, being unmarried with or without offspring is associated with higher gambling difficulties (Van der Maas, 2016). According to the marriage resource model (i.e., a framework that posits marriage as enhancing well-being), married men in employment with close familial relationships have increased financial and social support, which protects them from “problem gambling” (Van der Maas, 2016). However, critics of this model argue that unemployment and being uneducated pose a significant factor in gambling problems (Castrén et al., 2013).

Gendered Experiences of Trans Women and Their Roles in Their Families’ Experience of Gambling-Related Difficulties

Research suggests that individuals who identify as transgender may be vulnerable to bias and sexual-orientation stigma (Rider et al., 2019; Lee & Grubs, 2023), impacting their participation in research. To my knowledge, the gendered experiences of trans women and their roles in families facing gambling-related difficulties are nonexistent in academic research. While this current study focuses on individuals who self-identify as women, exclusively recruiting trans women would have been inappropriate, as some participants may wish to identify as women without being classified differently. Yet, I recognise the need for future research on trans women and their role in their families experiencing gambling harms.

Overall, the literature review shows that gambling-related difficulties go beyond the individual experiencing gambling harms and has significant relational and psychological impact on AOs. Although AOs’ experiences are gradually being recognised, women’s experiences have received little attention. Additionally, the conceptualisation of gambling-

related difficulties limits our understanding of how UK-based women make sense of their relationship with a family member who gambles. Identifying this gap informed my decision to conduct a systematic literature review to investigate existing evidence concerning UK-based women's experiences and to examine how the findings informed the present study.

My revised literature review evidences the necessity and originality of my research question, the contributions my study aims to make and its relevance to counselling psychology. Reconducting a systematic review was intended to justify the updated research question, allow thematic analysis of the selected studies, and enable discussion of the findings.

Systematic Literature Review on How Women Based in the United Kingdom Experience Their Relationship with a Family Member Experiencing Long-Term Gambling-Related Difficulties

This section explains how the systematic literature review undertaken in the current study evolved. A systematic literature review aims to identify prior studies on a particular research topic (Nightingale, 2009). The initial systematic literature review used Google Scholar (GS) because it can retrieve a broad range of academic literature, rather than utilising several separate websites (Haddaway et al., 2015). The top 100 results from the GS search were screened, as it is routine for systematic reviewers to search the top 50 to 100 results rather than a more comprehensive search that explores broader results (Haddaway et al., 2015). The search strategy involved an electronic search across the following databases: MEDLINE, PsycINFO, PsycARTICLES, PsycBOOKS and PsycEXTRA via EBSCOhost. For each database, the key search terms and combinations used were legal gambling harm AND women as AOs; women as AOs AND gambling impacts; women as AOs AND gambling recovery (Appendix B). The screening process of the search results is outlined in Appendix C. The current systematic literature review captures the literature up to the point at which I began my data collection in November 2024.

Search Strategy

Differentiating relevant literature required a systematic search using the EBSCOhost platform, inclusive of the following databases: APA PsycBooks, APA PsycExtra, APA PsycInfo, CINAHL Ultimate, Academic Search Ultimate, MEDLINE Complete, and Sociology Source Ultimate. These databases were chosen based on their comprehensive coverage in the field of psychology, sociology and clinical research, which intersects with long-term “problem gambling” and its adverse consequences.

The search strategy reflected the five key terms of the modified research question as: (1) *women/female family members*, (2) *problem/long-term gambling/disordered gambling/gambling disorders*, (3) *lived experience*, (4) *family*, and (5) *UK context*. The first key term, *women/female family members*, was included because the present study examines women’s experiences rather than men or gender-diverse populations. This is significant because gambling literature on women as relatives of a person with gambling difficulty is under-researched (McCarthy et al., 2023). The second key phrase, “*problem gambling*”/*long-term gambling/disordered gambling/gambling disorders*, was chosen to capture the broad vocabulary used to define gambling difficulties. These differences in wording reflect variations in diagnostic criteria over time, e.g., between DSM-5 and the evolving conceptualisation of gambling behaviours (Abbott et al., 2018). The third keyword, *family*, was included to focus on research investigating familial aspects of gambling behaviours. Suomi et al. (2022) maintain that gambling is increasingly perceived as an interpersonal issue rather than an individual pathology. The fourth key phrase, *lived experience*, was used to capture the research’s qualitative approach with a phenomenological focus (Smith & Nizza, 2022). The fifth key term, *UK context*, was included due to the current study’s focus on gambling occurrence in the UK.

Each key term was further developed using synonyms and Boolean operators ‘AND’/‘OR’ to capture relevant literature (Appendix D). The search was limited to peer-reviewed journal articles published in English in the last 25 years (2000 to 2024), as the conceptualisation of gambling-related difficulties has since yielded new insights (Kourgiantakis et al., 2013). The search process was repeated and refined to yield more targeted results.

Inclusion and Exclusion Criteria

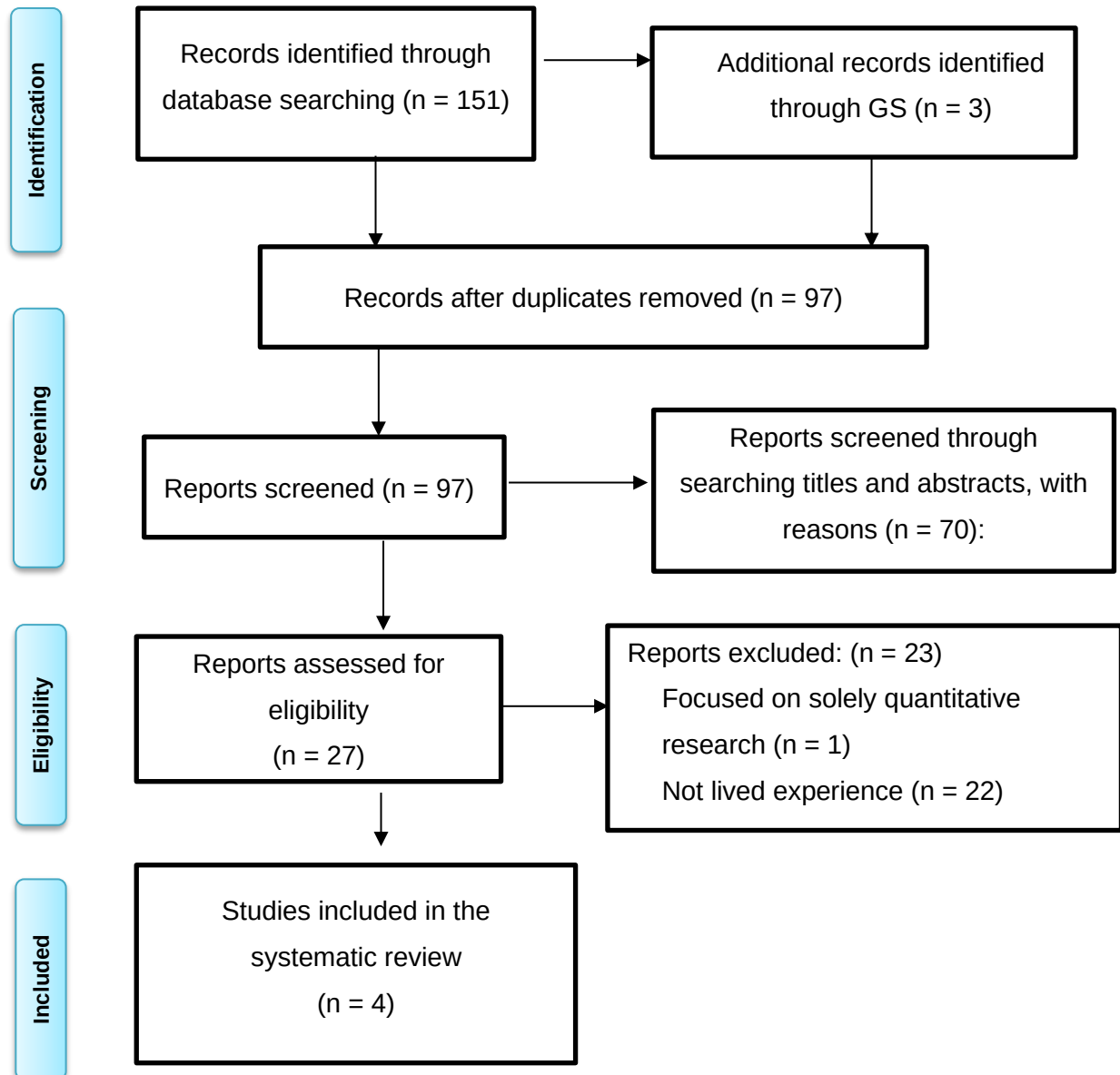
Studies were included for this review if they investigated: (a) women or female family members, (b) “problem gambling”, pathological gambling, disordered gambling or gambling disorder, (c) impacts (i.e., psychological, social, relational and financial consequences) of a family member’s gambling, (d) qualitative and mixed-methods studies (e) published in English, (f) peer-reviewed studies. Studies were excluded if they focused purely on quantitative studies and lacked relevant experiential understanding.

Search Outcomes

A total of 151 papers were initially obtained, with additional relevant papers identified from GS ($n = 3$). Duplicates were automatically removed via the EBSCOhost database, leaving 97 articles.

Figure 1:

Flowchart of the Revised Systematic Literature Review



The screening titles and abstracts resulted in the exclusion of 70 documents. Thus, 27 articles remained for full text screening. After full-text screening, 23 articles were excluded because they focused solely on quantitative studies and did not draw on lived experience. This resulted in 4 papers being included in this review.

Synthesis

A thematic synthesis by Thomas & Harden (2008), using the selected studies for this review involved: (1) coding line-by-line the results and discussion sections; (2) generating these codes into descriptive themes; (3) and then developing analytical themes. The initial codes were classified to identify points of divergence and convergence from the data. The descriptive themes were grounded in findings addressing the revised research question. The results of these were developed into analytical themes, allowing for interpretations and further explanations beyond the selected studies (Thomas & Harden, 2008). The reporting of the systematic literature review was guided by an approach outlined in Sancho (2025), which informed the characteristics of the chosen studies, the summary of the review's findings, the clinical implications, and the critical evaluation of the review,

Characteristics of the Chosen Studies

Four studies were included in the revised systematic literature review. Three of the studies applied a qualitative methodology, while one used both quantitative and qualitative methods. The articles were selected because they reported mainly on women's experiences of their family members' gambling difficulties. Two studies (McCarthy et al., 2022; Ferland et al., 2022) stated the gambling activities of the women participants. Gambling behaviours were not reported for the sampled population in three studies. Two papers reported women as the majority of the study sample 80% (Ferland et al., 2022) and 84% (Banks et al., 2018), respectively. However, the papers failed to identify the gender identities of the remaining participants. Of the four studies, two were based in the UK ($n = 2$), one in Australia ($n = 1$), and Canada ($n = 1$). All studies employed semi-structured interviews, with two (Banks et al., 2018; McCarthy et al., 2022) also integrating surveys. Data capturing women's experiences was included in the review's data analysis. This is because the research question focuses on women's lived experience as relatives of a person who has gambling difficulties. The characteristics of the studies included in the systematic review are outlined in Appendix E.

Results from the Revised Systematic Literature Review

The thematic synthesis of the selected papers generated four analytical themes: *Living with the Ripple Effect of a Family Member's Gambling*, *Relational Hierarchy of Gambling Harm*, *Gendered Responsibilities and Caregiving Roles*, and *Other Forms of Harm*. Three sub-themes: *the impact of financial harm*, *the impact of emotional or psychological harm* and *the impact of relational harm* were identified. The themes and sub-themes are shown in Table 1.

Table 1

Themes from Thematic Synthesis

Analytical Themes	Sub-themes
Living with the Ripple Effect of a Family Member's Gambling	The impact of financial harm
	The impact of emotional or psychological harm
	The impact of relationship harm
Relational Hierarchy of Gambling Harm	
Gendered Responsibilities and Caregiving Roles	
Other Forms of Harm	

Theme: Living with the Ripple Effect of a Family Member's Gambling

All studies reported varied impacts of a family member's gambling habits on their relatives (Azemi et al., 2023; Ferland et al., 2022; McCarthy et al., 2022; Banks et al., 2018). These studies highlighted a sub-theme that captured the impact of financial harm, emotional/psychological harm experienced by relatives of their family member with gambling

difficulties. Three studies supported the emergence of a sub-theme describing relationship harm experienced by relatives (Banks et al., 2018; Ferland et al., 2022; Azemi et al., 2023). The results of the studies showed that these harms were not limited to the family member with gambling difficulties but extended towards other relatives, e.g., partners (McCarthy et al., 2022; Azemi et al., 2023), adult children, siblings and parents (Ferland et al., 2022; Banks et al., 2018).

Sub-theme: The impact of Financial Harm

Financial harm from a family member's gambling difficulties was ranked as the most severe harm experienced by their relatives (Azemi et al., 2023; Banks et al., 2018). McCarthy et al. (2022) and Azemi et al. (2023) described participants' experiences of financial harm as: bankruptcy, securing loans to pay their partner's gambling debts, and loss of their family home. In Banks et al.'s (2018) study, intimate partners described their "*savings being taken without their consent*" due to being financially dependent on their family member. Other financial consequences faced by relatives include a lower credit rating and bearing the financial burden of the family expenses (Ferland et al., 2022). Financial harm was regarded as significant where both the female spouse and their partner with gambling difficulty had joint financial commitment, e.g. rent in both names of the couple (Ferland et al., 2022). However, the authors reported less financial impact for relatives without financial ties to the family member. All the studies reported that financial harm led to emotional or psychological harm.

Sub-theme: The impact of Emotional or Psychological Harm

Two studies (Ferland et al., 2022; Banks et al., 2018) categorised emotional or psychological harm as a single category or used both terms interchangeably. These harms were described as the most prevalent among family members (Banks et al., 2018). Ferland et al. (2022) reported that psychological harm occurs at three levels of consequence: general, crisis, and legacy, as explained in *understanding the impact of long-term problem gambling* section. Further, the authors classified these harms by severity and scope.

Regarding the general level of consequence, anger was experienced by both close

relatives (i.e., siblings, parents, adult children, and offspring) (Ferland et al., 2022) and partners (Banks et al., 2018; Ferland et al., 2022; McCarthy et al., 2022). In Ferland et al.'s (2022) paper, close relatives described their anger as stemming from the family member's failure to "*control his urges to gamble*". In contrast, partners experienced anger based on having "*to compensate for the gambler's financial incapacity and abandoned responsibilities*". Other general consequences reported by participants include worry, insecurity, shame, and distress (Banks et al., 2018; Ferland et al., 2022; McCarthy et al., 2022). Parents felt shame for having a child with gambling difficulties, and partners experienced the same for being emotionally connected with a person with gambling difficulties (Ferland et al., 2022). Although the studies by Ferland et al. (2022) and McCarthy et al. (2022) revealed that families experience a broad range of emotions following their relative's gambling difficulties, Banks et al. (2018) found that distress was the most common feeling experienced by family members (n=189), followed by anger (n=183) and extreme distress (n=161).

Concerning the crisis level of consequence, Ferland et al. (2022) indicated that the mental health of intimate partners and their family relationships were negatively impacted due to a family member's gambling. For instance, in the authors' paper, a female partner reported feeling financially abused, "*having to work 40 hours a week ... to pay off gambling debts*". Banks et al. (2018) described female partners (n=15) as having attempted suicide due to their partner's gambling. Further, all participants in Azemi et al.'s (2023) study reported participants as having mental health difficulties and emotional disturbance. Participants in two studies (Ferland et al., 2022 and Banks et al., 2018) reported that the psychological harm also affected their physical health, i.e., resulting in insomnia and eating problems, and overall decline in their health.

Participants described the legacy consequence as the difficult emotions (e.g., uncertainty) they felt in the long term due to their partner's gambling habits; however, these emotions reduced when they detached themselves from their partner (Ferland et al., 2022). In Ferland and colleagues' (2022) paper, a participant reported experiencing a range of negative emotions that settled when they were in control; however, the emotions created uncertainty in

their everyday life.

Sub-theme: The impact of Relationship Harm

Relationship harm was reported as the participants feeling isolated from others (Banks et al., 2018; Ferland et al., 2022), fights with the person with gambling difficulties (Azemi et al., 2023; Banks et al., 2018; Ferland et al., 2022), separation and divorce (Banks et al., 2018; Ferland et al., 2022; Azemi et al., 2023), and participants feeling demeaned in their relationship (Banks et al., 2018). Findings suggest that the intensity of the relational harm was based on the family members' level of emotional connection with the person with gambling problems (Banks et al., 2018).

Theme: Relational Hierarchy of Gambling Harm

One study (Ferland et al., 2022) found that partners experience the most significant impact in relation to a family member's gambling habits, followed by adult children who were minors at the time their parent developed gambling difficulty, then parents and siblings. Spouses in Ferland et al.'s (2022) study experienced 7 out of the 8 categories of gambling-related harm (financial, relationship, emotional/psychological, health, work/study, criminal activity and intergenerational harms), whereas close family members suffered six categories (Ferland et al., 2022), with limited reports in health, work/study and criminal activity harms. Ferland et al. (2022) reported that adult children are less likely to be impacted by a family member's gambling behaviour than minor children due to their financial autonomy and not residing with their parents. In McCarthy et al.'s (2022) paper, some participants described being negatively affected by their parents' gambling as children. They expressed "*never having money for anything*" as children and "*having an unstable home growing up*", as their parents had no money to support the family.

Theme: Gendered Responsibilities and Caregiving Roles

Two studies (McCarthy et al., 2022; Ferland et al., 2022) revealed participants'

gendered responsibilities and caregiving roles as their experience of having a family member with “problem gambling”. Concerning gendered responsibilities, the findings from McCarthy et al. (2022) revealed that women in the study often assumed the responsibility of monitoring their family member’s gambling behaviour. In Ferland et al. (2022), intimate partners in the study described managing their partner’s finances due to their gambling behaviour. Furthermore, the authors stated that parents in the study often welcome their child with gambling difficulties back home to support them, having lost everything to gambling.

Regarding caregiving roles, in Ferland et al.’s (2022) study, children of parents with gambling difficulties reported feeling liable for their parents’ gambling habits and appeasing their parents to avoid triggering their parents’ urge to gamble. Additionally, the authors described how children in the study experienced a role reversal in the child-parent dynamic, where the children assumed a parental role with a parent with gambling difficulty.

Theme: Other Forms of Harm

Different forms of harm based on a family member’s gambling habits were reported by participants in two studies (Banks et al., 2018; Azemi et al., 2023). In Banks et al.’s (2022) paper, cultural disconnection was felt by participants of certain ethnicities whose family member’s gambling was seen as contrary to their cultural norms. Furthermore, experience of domestic violence, neglect of children’s needs, dishonesty and the family member stealing from friends or family were described as additional harms faced by relatives of the gambler.

Other forms of harm identified include participants’ experience of self-blame (Azemi et al., 2023; Banks et al., 2018) and observing their family member’s denial of their gambling habits (Azemi et al., 2023). Concerning self-blame, a participant in Azemi et al.’s (2023) study reported blaming themselves for not preventing their family member’s gambling sooner. While in Banks et al.’s (2018) study, a mother whose son has gambling difficulty described blaming herself for his gambling behaviour and was curious to know about the cause of his gambling difficulty. Regarding the observation of the gambler’s self-denial, all participants in Azemi et

al.'s (2023) study reported being faced with the gambler's denial of the truth when confronted with their gambling behaviour.

Summary of Key Findings of the Revised Systematic Literature Review

This review focuses on the experiences of mainly female participants in the selected studies (Banks et al., 2018; Ferland et al., 2022; McCarthy et al., 2022; Azemi et al., 2023) who have experienced a family member's gambling behaviour. The reviewed literature documents the main types of harm, i.e., financial, relational, emotional or psychological, experienced by close family members (parents, adult children, siblings, partners). Financial harm was classified as the most detrimental form of harm, particularly where a close family member is financially dependent on the individual with gambling difficulty. Relationship harm was regarded as the next severe type of harm, with its severity depending on the level of closeness to the individual gambler. Emotional or psychological harm was reported as having an impact on participants' physical health. Further, this review also highlighted gendered and caregiving roles that participants assumed towards their family member with gambling difficulties. Lastly, varied forms of harm that were not categorised, e.g., cultural disconnectedness and self-blame, were experienced by participants from their family member's gambling.

Clinical Implications

Three selected studies highlighted the need for future research on AOs. Ferland et al. (2022), McCarthy et al. (2022), and Banks et al. (2018) suggest that future research should distinguish among and explore the varied impacts of gambling on relationships with a family member experiencing gambling difficulties. Ferland et al. (2022) highlight the need for tailored interventions to meet the individual needs of the different relationship types to the family member experiencing gambling difficulties, as men and women may have different lived experiences. Additionally, Ferland and colleagues (2022) report that future studies should

explore cultural differences that may shape the experiences of those with a family member with gambling difficulties.

Azemi et al. (2023) and Banks et al. (2018) suggest recommendations for policy and practice. Azemi and colleagues (2023) highlight the need to decrease gambling-related problems by implementing policy changes aimed at reducing psychosocial harm. They indicate that providing training on therapeutic interventions to reduce gambling addiction would curb gambling-related difficulties. Banks et al. (2018) highlight the need to promote public awareness about the family harms involved in gambling. Additionally, the authors maintain that support services need to investigate how they support families impacted by gambling-related harm and explicitly inform family members about the intervention they provide. They report that further studies need to explore the efficacy of different coping strategies used by family members to reduce the effects of gambling-related harm.

McCarthy et al. (2022) report that support services should implement gender-informed approaches with a focus on exposing disparities and changing gender-stereotypical harms, e.g., the burden of caregiving for women. They also highlight the need for future studies to investigate possible medium and long-term intergenerational impacts of gambling, particularly on children as AOs.

Critical evaluation of the Systematic Literature Review

There were strengths identified in the review. Most of the studies adopted a qualitative methodology, allowing for an in-depth account of participants' relational experience of their family member's gambling behaviour. The diverse demographic sample (i.e., parents, spouses, siblings, children) of relatives of the person who gambles fills a gap in the literature, as previous studies have often focused on individuals with gambling difficulties. The contexts of the selected studies provide a broad perspective on participants' experiences with their family members with gambling difficulties across various countries. This review highlights the sudden and enduring impacts of a family member's gambling difficulties. It revealed the need for individualised support for the individual family members affected by an individual's

gambling habits.

This review has several limitations. One study (Azemi et al., 2023) had a small sample size of 9 participants, limiting the generalisability of the study's findings to a wider population. Three of the studies' samples (McCarthy et al., 2022; Ferland et al., 2022; Azemi et al., 2023) centred on female spouses, thereby excluding the voices of other relational categories of women with a family member experiencing gambling difficulties. Ferland et al.'s (2022) study documented a lack of a culturally diverse sample, hence noting an absence of participants' cultural experience of their family member's gambling difficulties. Of the four studies, two (Banks et al., 2018; Ferland et al., 2022) used surveys as a data collection method, limiting the extent to which findings can be extrapolated.

Identification of Gaps in the Literature

This review highlighted the gap in the literature regarding UK women's perceptions of their relationship with a family member experiencing long-term gambling-related difficulties. Although the review documents participants' immediate and long-term experiences of their family member's gambling, it does not explicitly state whether the family member had long-term gambling-related difficulties. While most of the studies centred primarily on female participants, they lacked information about their gambling behaviours, excluding the work of McCarthy et al. (2022) and Ferland et al. (2022). Although McCarthy et al.'s (2022) study described participants' gambling as those who have gambled at least once yearly, they did not specify whether the participants regarded themselves as not having difficulties with gambling. This review revealed the need for future studies on AOs with a relational experience of a person with gambling difficulties. Although the selected studies were conducted in Australia, the UK and Canada, they failed to identify the context in which the participants individually experienced their family member's gambling difficulties. With a lack of investigation of this phenomenon in the UK, this current study provides a novel approach to address this gap by exploring how UK-based women experience their relationship with a family member experiencing long-term gambling-related difficulties.

Implications for the Present Study

The revised systematic literature review demonstrated that despite an increase in the recognition of AOs' experiences of a family member's gambling difficulties, UK women's experiences remain underrepresented. The review identified limited research on women's relational experiences of their family member's long-term gambling-related difficulties. The findings informed the design of the current empirical study by recognising the need to privilege women's narratives and address methodological and conceptual gaps in the existing literature.

The Rationale for the Current Study

The identified gaps emphasise the relevance of a study that explores how UK-based women experience their relationship with a family member experiencing long-term gambling-related difficulties. The present study aims to provide nuanced insights into UK-based women's experiences of their relationship with a family member's gambling habit.

The Research Question

The current study was focused on UK-based women without problems with gambling. For the present study, allowing participants to self-identify as women prioritises their autonomy and the expression of their identity. The research question was framed as follows: *How do women in the UK experience their relationship with a family member experiencing long-term gambling-related difficulties?*

Relevance to Counselling Psychology

The current study's contribution to counselling psychology emphasises the need to amplify UK-based women's voices as AOs of a family member experiencing long-term gambling-related difficulties. According to the British Psychological Society (BPS) Code of Ethics and Conduct (2021b), psychologists are required to tailor their interventions to clients' sociocultural and familial contexts. Given this, focusing the study on women's experiences of

their family members' gambling aligns with the BPS's call for targeted intervention to meet the needs of each woman. Additionally, the BPS Code of Ethics and Conduct emphasise the importance of addressing issues of equality, diversity and inclusion (Wainwright et al., 2019). Thus, exploring an under-researched group (i.e., women who do not have problems with gambling) contributes to social justice and inclusivity in counselling psychology.

Now that I have discussed the existing literature that guided my research question, in the next chapter, I will examine the methodology and methods used to conduct the current study.

Chapter Two: Methodology and Method

This chapter summarises the methodology and methods used to gather data to answer the research question. It concludes with my reflexivity, which was integral in informing the methodology and methods that guided my research process.

Methodology

This section outlines my ontological and epistemological positions. It provides justification for my choice of IPA and a qualitative methodology while taking into account other methodologies.

Ontology and epistemology positions

Ontology refers to what exists (Ponterotto, 2005). For the present study, I adopt critical realism (CR) as my research paradigm, as it proposes the understanding of a phenomenon by examining causal structures, i.e., systems and powers (Fletcher, 2017). Investigating causal mechanisms answers the current study's research question as it allows an in-depth understanding of relational and contextual factors that shape the UK-based women's experience of their family member with long-term gambling-related difficulties. CR combines a realist ontology (i.e., there is an objective reality) and a relativist epistemology (i.e., we are only knowledgeable about reality through our subjective experience). In current study, it is a reality that the terms "family member" and "gambling" have objective underpinnings. A family member's biological and legal relatedness is taken as objective, and gambling can be objectively defined. However, the term gambling-related difficulties may be understood subjectively.

Research paradigms are underpinned by epistemological positions (Pretorius, 2024). Epistemology is concerned with what can be known and how that knowledge is constructed (Chamberlain, 2015). This position applies to the present study because it centres on understanding that my interpretation and those of my participants are subjective, reflecting

distinct viewpoints and contexts. Following my adoption of CR, my epistemological stance is relativism, which postulates that knowledge is not absolute but rather socially, culturally, and historically mediated (Luper, 2004). Taking this into account, I assume that social phenomena (e.g., financial betrayal, distrust, dishonesty) exist in participants' lived experiences of their relationships with family members experiencing long-term gambling-related difficulties; however, these experiences may be felt or interpreted differently.

Rationale for Qualitative Methodology

There are two main types of research methodologies: qualitative and quantitative. Quantitative research deals with numerical data (Willig, 2019). It is wholly positivist and aims to test hypotheses (Yilmaz, 2013). It therefore does not generate the rich description and interpretation of lived experience that my research question calls for. A quantitative paradigm would reduce participants' experiences to statistical data. As such, quantitative methodology was disregarded as it risked silencing the voices that my research aims to focus on. Given the above confines of quantitative methodology, a qualitative methodology was deemed appropriate for the current study for the reasons outlined below.

Qualitative methodology captures the subjective human experience (Willig, 2019). Philosophically, qualitative methodology is associated with phenomenology, emphasising personal experience (Bryman, 1984). The paradigm situates the researcher as having an emerging empathic relationship with research participants (Denzin & Lincoln, 2017). Hence, qualitative methodology is the most suitable for my research question, particularly for keeping participants' nuanced experiences at the forefront of the present study.

Rationale for Choosing Interpretative Phenomenological Analysis

IPA, a type of qualitative methodology, was preferred because of its suitability for the current study's aim of exploring how UK women experience their relationship with a family member experiencing long-term gambling-related difficulties. Additionally, it fits with the

epistemological elements of CR. Firstly, IPA's interpretive stance (i.e., both participants' and the researcher's interpretations of a given phenomenon) is consistent with CR's assumption of the objective existence of elements of participants' reality and the subjective, mediated means by which we access it. This mirrors CR's relativist epistemology, which holds that reality is understood through an individual's perspective. Secondly, IPA's idiography, i.e., a focus on in-depth individual experience, is consistent with CR, which explores causal mechanisms, e.g., socio-cultural norms that impact participants' experiences of their family member's gambling behaviours.

The first theoretical underpinning of IPA is phenomenology (Smith & Nizza, 2022). Phenomenology is concerned with our understanding of what it means to exist as a human (Smith et al., 2009). IPA draws out phenomenological inquiry centred on the work of Husserl and Heidegger (Shinebourne, 2011). Husserl's (1970) phenomenology involves becoming consciously aware of our taken-for-granted experience of our world (Smith et al., 2009). Additionally, Husserl (1970) distinguishes between the object as experienced and the way the object exists in consciousness, referring to this as *intentionality*. Grounded in Husserl's (1970) phenomenology, the current study explores how UK women consciously interpret their experiences of their family member with long-term gambling-related difficulties. These women's *intentionality* involves expressing their thoughts and emotions about the phenomenon in question.

Heidegger (1962) viewed phenomenology as hermeneutics, IPA's second theoretical underpinning (Smith & Nizza, 2022). IPA's hermeneutics involves uncovering psychological experience by examining participants' thoughts about how they make sense of it (Smith & Nizza, 2022). Applying IPA's hermeneutics implies that the UK women's experience of their family member with long-term gambling-related difficulties is rooted in social and relational contexts. IPA draws on the researcher's attempt to interpret how the participant makes sense of their experience, referred to as *double hermeneutics* (Smith & Nizza, 2022). According to Heidegger (1962), the researcher draws on their prior knowledge to understand the participants' experiences. Heidegger (1962) suggests that bracketing, i.e., setting aside the

researcher's preconceptions, can be accomplished only partially (Smith & Nizza, 2022). Although bracketing may be challenging for an IPA researcher, what matters in IPA is voicing participants' lived experiences so readers can gain insight into what it might feel like to live through them (Alase, 2017).

The third theoretical underpinning is idiography, which analyses the lived experience of each participant versus the universal (Smith et al., 2009). IPA evens out convergence and divergence (i.e., similarities and differences of participants' experiences) within a sample (Allan & Eatough, 2016), not only through common themes but also in how the themes are depicted for participants (Smith, 2011). Applying IPA's idiographic commitment means I explore deeply how each participant frames the detailed experience of their family member. This means understanding these participants' lifeworld (i.e., the subjective reality of their emotions and thoughts).

Rationale For Not Choosing Other Methodologies

IPA is a qualitative methodology centred on exploring participants' lived experiences. As previously mentioned, IPA is distinguished by an idiographic emphasis on the specific, a phenomenological interest in meaning-making, and a double hermeneutic. IPA can be compared with discourse analysis (DA). While both methodologies engage with participants' transcripts, DA examines the language in which a phenomenon is constructed (Smith & Nizza, 2022) and focuses on identities and meanings that are framed through language (Harris, 1952). Additionally, it is concerned with the broader linguistic patterns and sentence structure (Harris, 1952). In contrast, IPA seeks to explore participants' interpretation of their experience (Smith et al., 2009). The current study explores UK women's relational experience of their family member's gambling-related difficulties. However, DA does not investigate subjective experience, nor does it have an idiographic commitment. The present study does not investigate how UK women use language to talk about their relationships with family members; rather, it explores the meaning-making of their experience, for which IPA is better suited.

Narrative analysis (NA) was also considered as a potential methodology because it

examines how participants construct the stories of their individual life experiences (Riessman, 2008). NA aims to provide an account of participants' life events in a linear form, structured with a beginning, middle, and end. In this way, what the participants want to speak about and what the researcher wishes to explore are shaped by the kinds of narratives that emerge (Parker, 2013). This is likely to elicit narratives from participants that may lead to other issues that are important in their lives (Parker, 2013). In a critical vein, NA focuses on how experiences are recounted, rather than on the lived experience itself (Reissman, 2008). This moves attention away from understanding the content of UK-based women's lived experience. NA has also been criticised for privileging coherent stories and overlooking the complexity of participants' ongoing meaning-making in their narratives (Sandelowski, 1991). By contrast, the current study was not concerned about how participants construct their narratives. Hence, IPA was appropriate as it sought to explore how UK-based women made sense of their relationship with a family member experiencing long-term gambling difficulties. Additionally, the research question aims to understand the women's subjective experiences. IPA's idiographic commitment focuses on an in-depth exploration of each woman's experience before examining patterns across cases. IPA's interpretative stance involves the function of both the researcher and the participant in making sense of the phenomenon (Smith et al., 2009).

IPA can be contrasted with thematic analysis (TA). In TA, participants' narratives are constructed around several themes (Parker, 2013), which may not reflect lived experience (Braun & Clarke, 2021). In contrast, using IPA and bracketing (Smith et al., 2009) enabled me to access the in-depth meanings beneath each participant's accounts. While TA is flexible across various forms of qualitative research, it does not provide a phenomenological framework (Braun & Clarke, 2021) for exploring the women's meaning-making of their relationship with their family member's gambling habits. Although both methodologies, TA and IPA, require familiarisation with participants' data (Braun & Clarke, 2021; Smith & Nizza, 2022), IPA involves ongoing engagement with each participant's account throughout each of the analytic stages (Smith et al., 2009). This experiential, idiographic and interpretative focus

of IPA makes it a suitable methodology for exploring women's experience of their relationship with a family member experiencing long-term gambling-related difficulties.

Grounded theory (GT) was considered as an alternative methodology due to its capacity to code and analyse participants' narratives and develop a new theory from the data (Noble & Mitchelle, 2016). GT is well-suited for research that moves beyond exploring participants' lived experience towards producing meaning through the development of theory (Ghezeljeh & Emani, 2009). However, the focus of this current study was not to develop a theory of how women describe their family member's gambling behaviour. Instead, the research project aims to explore women's experiences of their relationship with a family member gambling. IPA was deemed more appropriate due to its focus on women's subjective meanings of their relationships, rather than regarding aspects of their experience as a broader theoretical process.

Methods

Methods are the approaches used to collect and analyse data. This section includes a description of the development of the interview schedule, an explanation of the sample size, recruitment, data collection and ethical considerations.

Semi-Structured interviews

In considering other methods of data collection (e.g., focus groups, surveys), an interview was chosen because understanding participants' relational experience of their family member's gambling requires gathering in-depth information about their individual experiences (Knox & Burkard, 2009). Semi-structured interviews were appropriate for the study, as they provide greater insight into participants' distinct viewpoints than a broad overview of a given phenomenon (Adeoye-Olatunde & Olenik, 2021).

Semi-structured interviews can be compared to structured and unstructured interviews. In structured interviews, all participants are asked the same question in the same

order (Adhabi & Anozie, 2017). Additionally, participants can respond freely, however, there are no follow-up questions or variation in questions based on their responses (Stuckey, 2013). In semi-structured interviews, questions can be asked in a varied order. They may be added or omitted (Rubin & Rubin, 2005), unlike in unstructured interviews, where questions are unrestricted and participant-led (Wilson, 2012). Semi-structured interviews allow the researcher to engage in the participants' responses while maintaining focus on the research question and ensuring the research topic does not drift.

Interviews can be conducted face-to-face or remotely. Remote interviews via Microsoft Teams were deemed the most appropriate method of data collection, as the current study aimed to recruit participants across the UK. Therefore, it was more convenient because neither the researcher nor the participants had to travel to an interview location. Remote interviews differ from in-person interviews. In-person interviews offer a natural setting with the advantage of observing bodily cues (Johnson et al., 2021). Likewise, remote interviews enable dialogue comparable to in-person interviews and capture gestures via a webcam (Janghorban et al., 2014) that the researcher can attend to.

Devising the Interview Schedule

An interview schedule is a set of structured questions relating to the research question that the researcher poses to the participant (Bearman, 2019). The initial interview schedule comprised questions about the participants' experiences of their initial awareness of their relative's long-term gambling-related difficulties, the impact of this on different areas of their lives, their response to it and the outlook of their lives following their relative's long-term gambling habits.

The interview schedule was prepared following Kallio et al.'s (2016) five-phase approach to developing an interview guide. Phase one, which examines the criteria for using semi-structured interviews, seeks to determine whether they are the appropriate method of data collection for the research question. The rationale for adopting semi-structured interviews is explained in the *Semi-structured interviews* section. Phase two, *recalling and using previous*

knowledge, requires me, as the researcher, to conduct an extensive literature review for a sound understanding of the research. Phase three, *devising the initial interview schedule*, involves constructing the schedule based on my prior knowledge. Phase four, *piloting the interview schedule*, involves testing it to make necessary adjustments. Phase five, *reporting the complete interview schedule*, requires presenting it for data collection.

The following section explains phases two, three, four, and five and details the process by which I developed my interview questions.

Phases of Formulating the Interview Schedule

Phase two requires prior knowledge of the research to develop interview questions for the current study (Rabionet, 2011). My background knowledge involved consulting with Dr Steve Sharman, a Senior Research Fellow at King's College London, with an interest in gambling-related harm, who not only guided me towards legacy gambling harm as an under-researched area, but also suggested domains, e.g., stigma, that may be necessary to include in the interview schedule. Drawing on this insight, I conducted a thorough literature review, e.g., Rockloff's (2022a) work on legacy gambling harm, to expand on my existing knowledge in this area. The process further developed my understanding of several domains impacted by long-term gambling-related difficulties (e.g., financial, emotional, and psychological harms). This helped me construct open-ended questions that were neither leading nor closed-ended, allowing participants to express themselves individually rather than imposing fixed categories. Participants' ability to articulate themselves autonomously is consistent with IPA's idiographic focus, valuing the specific over established categories. For instance, instead of asking solely about participants' experience of financial strain, I asked "*how have you experienced your relative who has problems with long-term gambling*", allowing participants to express their experience in their own terms. Additionally, my clinical experience helped me begin with rapport-building questions, e.g., "*What made you want to take part in this interview?*" before slowly moving into sensitive questions.

Phase three progresses from retrieving previous knowledge about my research project to developing preliminary interview questions (Kallio et al., 2016). This was not just to formulate my questions based on prior knowledge, but to construct questions that allow for unexpected scopes of experiences. For example, *“Have there been changes to various aspects of your life due to your relative’s gambling habits?”* This question allowed participants to express aspects of their experiences that I did not predefine. Attention was paid to using simple language to make the questions easy for participants to understand.

Phase four involves piloting the interview schedule with a participant, refining the interview questions, and improving data collection quality (Chenail, 2011). In June 2024, a pilot interview was conducted with a participant, and their data were added to the current study. Following the interview, a consultation with my then-research supervisor, Dr Kate Scruby, prompted my second ethics amendment (Appendix F) regarding my participants’ front-facing documents, which are outlined.

Based on the pilot interview, the following changes were made to the schedule. First, the schedule included a 60-90-minute interview, providing transparency into the interview process. Second, the question *‘how have you navigated through the impact of the harm that was caused?’* was changed to *‘How has that experience changed the way you view things?’* and *‘Can you share specific incidents or scenarios that highlight the impact of this experience?’* was amended to *‘Can you share specific incidents or scenarios that highlight this experience?’* This amendment parallels IPA, which excludes questions that frame participants’ experience of their family member’s long-term gambling as harmful or impactful. The questions concerning participants’ and their family members’ demographics, including both parties’ gambling activities, were initially included in the interview schedule but later moved to the background and screening questionnaire (Appendix G), as Dr Scruby and I deemed them more suitable for the latter. Feedback from the pilot participant did not suggest any change to the interview schedule; instead, they expressed how the interview process provided an opportunity for their voice to be heard. Thus, the pilot phase reinforced the importance of giving participants a voice in qualitative research.

Phase five reflected the preceding phases of development of the interview schedule and incorporated the ethical amendments. Dr Damon and I reviewed the final schedule (Appendix H), checking its alignment with the present study's aim and ensuring the questions and wordings were unambiguous. Clearly structuring the final interview schedule was necessary to allow researchers to replicate it (Kallio et al., 2016).

Critiques from my lecturers following my research poster presentation, feedback from a potential participant (PP), and the Research Lead of a gambling support service shaped the framing of the interview schedule. These critiques are discussed below.

Feedback From my Poster Presentation

Research suggests that workshops with research team members (Krauss et al., 2009) and critiques from other researchers could improve a researcher's partial knowledge of a subject area (Rabionet, 2011). In June 2024, I had my current study's poster presentation with my cohort and lecturers. The feedback I received from my lecturers concerning my interview schedule suggested that the following terms I used: *harm*, *legacy gambling harm*, and *consequences*, could impose meanings on participants that they would otherwise not infer. My attention was drawn to the fact that the use of the above labels was inconsistent with IPA. Alase (2017) also warns that IPA researchers should avoid imposing their own narratives on research participants' personal experiences. As such, I put forth a second ethics amendment to omit the term "*legacy gambling harm*" and replace it with "*long-term problem gambling*". In line with IPA's focus on individuals' sense-making of their experience, I aimed to allow participants to define the term "long-term" problem gambling as they deemed fit. "*Harm*" was omitted from the interview schedule, including participants' front-facing documents and the background and screening questionnaire. This prevents the assumption that participants experienced harm from their family member's long-term gambling-related difficulties.

Feedback from a PP and Gambling Support Charity Research Lead

In October 2024, an email correspondence from a Research Lead of a gambling support charity service I intended to recruit from, and a PP, a gambling support charity service manager, advised that I remove the word “problem gambling” from my recruitment flyer (Appendix I). They stressed that the term was no longer used in the lived experience of the gambling-related harm space, as it implies that the ‘problem’ lies within the individual. Despite considering their viewpoint, I upheld the term “problem gambling”, as I wanted my research to provide a clear and specific type of gambling under investigation, rather than adopt the broader person-first terminology (e.g., ‘a person with gambling difficulties’). Consequently, a third ethics amendment (Appendix J) was submitted, changing the term “*problem gambler*” to “*family member with long-term problem gambling*” to reflect non-stigmatising language. As previously discussed, the terms “problem gambling” and “family member with long-term problem gambling” were retained in my participants’ front-facing documents and interview schedule. As explained, following the outcome of my viva examination, I use the term “person experiencing gambling-related difficulties” throughout my thesis to avoid labelling individuals based on their involvement with gambling behaviours (Biggar & Wardle, 2024).

Participant Criteria

Participants were asked to engage in the current study having met the following inclusion criteria. Initially, I specified PP to be females with no gambling history. However, I submitted an ethics amendment inviting PP to self-identify as women or females having no problems with gambling. Permitting participants to self-identify places the emphasis on their subjective understanding of themselves, echoing IPA’s phenomenological position, in which experience is lived. Participants were required to have experienced a family member with long-term gambling-related difficulties while residing in the UK. Participants’ family members needed to be immediate or extended relatives. The family member must have received psychological support, e.g., counselling for their gambling behaviour. I chose this category of individuals because existing literature has often focused on cognitive behavioural therapy

(CBT) taken up by persons with gambling difficulties, with less attention on other therapies that explore interpersonal relationships (McComb et al., 2009). As this study aimed to understand participants' relational experience with their family member, including such individuals was deemed appropriate for understanding how participants' relationships were understood. Participants were required to be over 18 years old. The upper age limit of 65 years, originally an inclusion criterion, was omitted because it was deemed irrelevant to the current study. Participants with active suicidal ideation and self-harm behaviours were excluded from this study.

Recruitment

Recruitment began in June 2024 and ended in November 2024. An email was sent to the administrators of some UK gambling support charities via their websites 'Contact Us' page. The email included a brief introduction of myself, the purpose of my communication (to recruit participants for the study), the recruitment flyer and ethical clearance as email attachments. The chosen charities were identified via a Google search that I conducted. The charities were selected based on their support for family members of individuals with gambling-related difficulties, as this aligned with the inclusion criteria for the current study sample. I chose to recruit via gambling support charities because my then-research supervisor advised it would be unrealistic for me to complete the NHS ethics within the time available for the completion of my thesis.

My contact with the gambling support charities is outlined. Recovery4All, Gamblers Anonymous, and GambleAware, all gambling support charities, responded that they do not have the capacity to support research projects. Most of my participants were recruited via three gambling support charities: Beacon Counselling Trust, Gordon Moody and The Christian Centre for Gambling Rehabilitation. My recruitment flyer was disseminated on these charities' social media platforms, enabling PPs to view it and be recruited for the current study. However, I was met with complex dynamics from two separate leads in two gambling support charities. One of the leads from a gambling support charity I recruited from felt that the current study

would conflict with an upcoming study project for their AOs group. My attempt to resolve this involved reiterating participants' right to withdraw from my current study. This led them to circulate my recruitment flyer on their social media platforms (Instagram and Facebook). The other lead queried my use of the term "problem gambling" via email and, without engaging in dialogue about my rationale for the language, declined to disseminate my flyer. At this time, I was unaware that the use of the term "problem gambling" had recently been discouraged in the gambling field. This made me reflect on the power gatekeepers (e.g., research leads, service managers) have over individuals who can access a particular population sample, and on the type of language considered acceptable to PPs.

Of the 17 PPs who contacted me and showed interest in the study, 2 did not meet the inclusion criteria because they identified as male. Three PPs who registered their interest in the study after the recruitment target was reached were not interviewed. I felt sad about turning down the PPs, as I had planned to recruit 11 participants from the outset. However, I recognised that, as a neurodivergent individual, I required more time and effort to analyse large datasets, particularly those involving 11 participants, when using IPA. This led to a rationale for submitting an ethics amendment for a sample size of five participants. PPs were emailed the participant information sheet (Appendix K) and the consent to screening consultation form (Appendix L). After the screening form was signed and returned, a screening call was conducted to determine participants' eligibility for the study. Thereafter, the participant consent form (Appendix M) was emailed to participants who met the inclusion criteria. Four PPs did not return the screening form and were therefore not screened nor interviewed. Eight PPs signed and returned the screening form; however, three did not attend the screening call and were not interviewed. Of the three not interviewed, one requested a modification to the term "*problem gambling*" before participating in the current study; as this was not granted, they declined to participate. Therefore, five participants were recruited and interviewed. Table 2 shows the participants' demographics.

Reflection on the Interview Process

My positioning as a researcher shaped how I conducted the interviews. Where participants' accounts were unclear to me, I asked open-ended follow-up questions to better understand their lived experience, rather than centring my questions on my own frame of reference. In one of my interviews, I noticed my anger directed towards one of the family members due to their lack of support for their spouse and children's upkeep. Using reflective journaling, I processed this feeling and ensured that it did not influence my questioning. This action grounded me in the participants' interpretations of their experiences and allowed me to develop a critical lens of how their emotional response may differ from mine in a similar situation had I occupied a different relational position, e.g., as a sister to the family member.

My positioning as a trainee counselling psychologist influenced how I approached the interviews. While my doctoral training allowed me to listen attentively, show sensitivity, and ask clarifying questions, I was mindful not to assume a therapeutic stance. I remained aware that the purpose of the interview was to explore participants' relational experience rather than provide an intervention. While I understand the advantages of adopting active listening, I ensured this was done empathetically as a researcher, not therapeutically. This made me focus on understanding the participants' experience rather than moving towards a therapeutic agenda. An example of an exchange from my research interview was when a participant stated that her mother's gambling impacted her marriage to her partner. I responded with a follow-up question, "*Can you tell me more about that?*" In a therapeutic context, I would have offered an empathetic response such as "*That sounds difficult as it seems you were trying to manage your relationship with your partner.*"

Table 2*Participants' Demography*

Pseudonym	Age range	Ethnicity	Participants' Gambling Activity	Family Member's Relationship to Participant	Participants' Industry	Highest Amount Gambled by Family Member	Family Member's most frequent gambling activity	Age Family Member Began Gambling
Adelaide	30 - 35	White British	Bingo, online gambling and up to £15 on slots	Uncle	Charity sector	£600, which was a third of their salary	Online gambling via slots	18
Jay	40 - 45	Bangladeshi	Does not gamble	Spouse	Charity sector	Unknown	William Hill and cryptocurrency (both online)	21
Caitlyn	50 - 55	White British	Does not gamble	Brother	Healthcare	Over £10,000 at one time	Used to be Sky Betting. Currently gambles online	7
Amanda	50 - 55	White British	Previously arcades and online gambling. Currently not gambling	Daughter	Retiree	£1,500	Online gambling via slots	18
Vera	35 - 40	Chinese	Does not gamble	Mother	Health sector	£400	Slot machines in pubs	51

Procedure

Screening Procedure

The research flyer required that PPs contact the researcher via email after expressing interest in the study. Thereafter, PPs were sent the Participant Information Sheet via email before completing the screening questionnaire. A consent-to-screen form was emailed to assess participants' eligibility for the current study. The form notified participants that their engagement in the screening process is voluntary and that they have the right to withdraw at any time. The screening procedure involved a background and screening questionnaire that covered PPs' demographics, their gambling activity, their relationship with their family member, and the context of their experience (i.e., whether their gambling occurred in the UK). It also included questions about the family member's demographics, their gambling activity, the age they began gambling and their largest amount of money spent on gambling. Participants were informed that their data would be included in the study. The screening call included questions to assess participants' eligibility for the current study. For example, *are you currently experiencing a high level of distress or any emotional distress? Are you currently experiencing thoughts of harming yourself?* If PP responded positively to the questions, a distress protocol (Appendix N) was followed.

The following amendments were made to the background and screening questionnaire. At the time of my screening call with my pilot participant, I observed their struggle to determine the length of their family member's long-term gambling. This finding aligns with Fulton's (2019) study, which suggests that individuals often hide their gambling behaviour from those within their proximity. Therefore, due to a family member's possible secrecy in gambling, I omitted the question about the length of the family member's gambling activity. Another adjustment involved removing the question '*what is the length of your family member's abstinence from problem gambling?*'. The rationale for this

omission was also based on the above Fulton's (2019) findings. Additionally, people in proximity to individuals who conceal their gambling difficulty may not even know when they abstain from it. Accordingly, Dr Damon and I agreed that excluding the question would allow further recruitment of participants for the current study.

Upon receiving the signed screening form, a suitable time was arranged over Microsoft Teams for the screening call. Participants who met the inclusion criteria following the screening call received the consent form. Their signed consent form and screening data were saved onto a password-protected laptop. A convenient time was then arranged for the interview via Microsoft Teams. Each participant received a £15 e-Amazon voucher as a token of appreciation for participating in the present study.

Interview Procedure

For each interview, I introduced myself as the researcher conducting the study and informed participants of its duration, which was 60-90 minutes. Thereafter, participants were reminded of their rights: to withdraw at any stage during the interview, to take breaks, and to decline any questions they find upsetting. At the end, participants were allowed to debrief on their experience of participating in the current study. Participants were provided the choice to receive the present study's findings. All participants opted for this on their consent forms. Participants were also sent their interview transcripts via their email addresses for validation. One participant emailed additional details that were not discussed during the interview. To maintain consistency with the current study's methodological boundaries, I informed the participant via email that their additional information would not be included in the dataset.

Ethical Considerations

On 29th October 2024, City St George's, University of London, School of Health and

Psychological Sciences granted ethical approval for the present study with reference number: ETH2425-0514 (Appendix O). As previously discussed, three ethics amendments were submitted and approved. The study aligned with the BPS (2021a) Code of Human Research Ethics. Below explains how some of the code of ethics principles are applied to the current study.

Informed Consent

The Participant Information Sheet was emailed to the PPs after they expressed an interest in the present study. This detailed the study's aim, participants' involvement in the current study, and how their data would be stored. Thereafter, the PPs' consent was sought via email for the background and screening consultation. Participants were allowed to ask questions about the research before consenting to participate in the current study. They were informed that their participation in the study was voluntary. Additionally, they were informed of their right to withdraw at any point during the interview. After the interview was completed, they were given two weeks to withdraw their data. None of the participants recruited withdrew their data following their interview.

A signed participant consent form was obtained from participants who wished to engage in the current study. Participants were instructed to email the form before being interviewed. The consent form initially offered participants six weeks to validate their transcripts. However, an amendment was made after the pilot interview to shorten the notice period for validating their transcripts to two weeks after the interview. Dr Damon and I agreed on this to ensure that my time was not wasted on data transcription if participants withdrew from the study. Omitted from the consent form was the participants' reviewing of the data analysis. Based on my consultation with Dr Damon, the omission was advised due to time constraints for completing the study. The consent form included participants' agreement to video-record their interviews and an opt-in or opt-out request to receive the

current study's findings. Participants were debriefed following the interviews, which meant revisiting the present study's aim, reflecting on their interview, and receiving recommendations for psychological support where appropriate. A debrief form (Appendix P) recapping the matters covered during the debrief was emailed to all participants.

Distress Protocol

A distress protocol was formulated to safeguard the well-being of the participants and me. The protocol was sourced from Haigh & Witham's (2015) distress protocol, which details the precise approach to take should participants present with verbal or non-verbal distress, e.g., continuous weeping and staring blankly. It was expected that emotional distress may be evoked when participants discuss their experience of their family member with long-term gambling. Two participants were distraught as they reflected on the events of their family member's gambling behaviour. At this point, I followed stage 1 of the distress protocol by offering participants a break and asking whether they wished to continue the interview. None of the participants took breaks or declined to participate in the study. As reported in the *screening procedure* section, participants were screened for imminent risks of suicidality and self-harm before participating in the present study. In this current study, none of the participants interviewed reported feeling suicidal or having thoughts of self-harm. Throughout the interview, I remained attuned to participants' countenances that might suggest the interview was becoming too upsetting.

Confidentiality

The BPS (2021b) Code of Ethics and Conduct require researchers to ensure, to the fullest extent possible, that the personal information of participants or other persons is redacted to protect their confidentiality. This was deemed important in the present study because participants offered their own narratives, which often included personal identifiable

information. Thus, to safeguard participants' information, their individual ages were not disclosed; rather, they were categorised into age ranges. Identifiable information obtained in transcripts was anonymised or redacted. All participants chose to use their own pseudonyms, except for one who opted to use their actual name. For this participant, my ethical responsibility was reiterated, which is to protect their identity in accordance with the BPS (2021b) Code of Ethics and Conduct. This resulted in their agreement to be assigned a pseudonym. Interview recordings and confidential information (e.g., consent forms) were stored on City St George's University of London's OneDrive platform on a password-protected laptop accessible only to the researcher. The recordings were deleted one week after transcription. Microsoft Teams generated automated transcripts for each interview, which the researcher corrected for accuracy by cross-checking them against the original recordings. According to City St George's, University of London's guidance, data will be securely stored for at least 10 years after the completion of the research project. Participants were allowed to review their transcripts via email to offer increased levels of anonymisation or redaction to maintain confidentiality. Three participants redacted parts of their transcripts using Microsoft Word's Track and Change feature. They offered clarification for sections of their dialogue that were unclear or left unfinished during their interview.

Analytical Strategy

Smith & Nizza (2022) outline the steps for analysing data using IPA (see Table 3). The authors propose that IPA does not require rigid adherence to these steps, as one can master the strategy by following them closely and then developing an approach that is true to the tenets of IPA. Below outlines my individual approach to analysing IPA.

Table 3

Seven Steps of an Interpretative Phenomenological Analysis (Smith & Nizza, 2022)

Steps of Interpretative Phenomenological Analysis	Process of analysis
Step 1: Absorbing oneself in the data	Each interview recording was listened to repeatedly in tandem with the corresponding transcripts, with the latter inputted into an Excel spreadsheet. My initial reflections after the readings of the transcripts were captured individually on the same spreadsheet in a column labelled 'Reflections' (Appendix Q).
Step 2: Writing exploratory notes on the transcript	Exploratory notes were generated by commenting on elements of the transcripts that are relevant to the participant, e.g., relationships and events. Generating these notes involved staying close to features of the participants' transcripts: (e.g., linguistic elements, participants' tone, emotion words and the concepts discussed). Highlighting salient segments of the transcripts in red text allowed me to focus on the aforementioned key features. Although Smith & Nizza (2022) suggest writing exploratory notes in the margin of the transcript, I adapted this by annotating on the salient transcript line-by-line in another column of the spreadsheet titled 'Exploratory Notes' (Appendix R).
Step 3: Developing experiential statements	The exploratory notes and transcripts were carefully reviewed and condensed to allow for what was salient in the participants' narratives. Through this process, experiential statements were generated and line-numbered,

	representing a product of my interpretation and that of the participants (the hermeneutic circle), as noted in a separate column named 'Experiential Statements' (Appendix S). As previously mentioned, my initial attempt at developing the experiential statements was reviewed in a workshop held by a few peers and an academic supervisor to evaluate whether my statements were reflective of my analysis. This exercise resulted in me fine-tuning my experiential statements to ensure that they were not descriptive. As noted earlier, reviewing the transcripts evoked in me feelings of sadness, empathy and resentment towards some of the participants and their family members. However, noting my reactions in my reflexive diary allowed me to bracket my perceptions so that they do not influence my interpretation of the data (Appendix T).
Step 4: Clustering of the experiential statements	Experiential statements that drew together similar themes were clustered together based on the research question. While Smith & Nizza (2022) suggest cutting up line-numbered experiential statements to cluster links between them, my modification involved copying and pasting the line-numbered statements onto another column within the same spreadsheet. I moved back and forth between the annotated transcript and the created copy to group the statements that needed discarding and saving. A column termed 'ES (experiential statement) grouping' with two

	filters – <i>needed ES</i> and not <i>needed ES</i> was created to allow for an easy grouping of the statements (Appendix U).
Step 5: Naming and organising the personal experiential themes (PETs)	Clusters of experiential statements from each participant's transcript that linked together were given a title to explain their features, i.e., the personal experiential theme (PET) and a PET code. This was labelled as 'PETs' and 'PETs code' on the same spreadsheet as Step 4. I continuously revisited each participant's transcript and its corresponding clusters to stay close to the participants' own account of their experience. Each PET code distinguished one group of experiential statements from the other (Appendix V). I used my reflexive journal to log moments of my uncertainty about a PET and to question whether my interpretations reflected the participant's meaning or my biases.
Step 6: Iterating the process for other cases	Steps one to five were rigorously repeated for each participant's transcript in accordance with IPA's idiographic commitment (Smith & Nizza, 2022). Each case was treated to its own idiosyncrasy, allowing original analytic ideas to develop for each case.
Step 7: Developing group experiential themes (GETs)	A table of PETs for each participant was collated on another spreadsheet and colour-coded to group salient patterns across participants (Appendix W). The relevant PETs from the cluster were reorganised onto a new spreadsheet and grouped together in separate rows with a titled PET number for each new cluster of PETs (Appendix X). A title for each clustered PET, i.e., the group experiential theme (GET) was

constructed based on my understanding of what depicted the overarching shared experience across the cases. The sub-themes that developed from the GETs represented nuanced aspects within the GET (Appendix Y). This process involved repeatedly returning to reconstruct the experiential statements and PETs to a higher level of analysis.

Reflexivity On the Development of the Analysis

My researcher positioning shaped the development of the analysis through my choice of a methodical, well-thought-out, and visually organised approach to working with the transcripts. Using an Excel spreadsheet provided flexibility and ease in working through the analytic stage. Categorising the experiential statements and regrouping the PETs and GETs allowed me to use features of Excel, such as colour-coding and copy and paste, making systematic work of the iteration easier. This ensured that I refined my interpretations of the participants' experience while remaining grounded in the data.

Quality Criteria

Debate exists over how qualitative research can be conducted to a high standard due to differing epistemological positions (Noble & Smith, 2015). Different approaches exist for assessing the quality of qualitative research (Fossey et al., 2002). For the present study, the Critical Appraisal Skills Programme (2024) and Tracy's "Big-Tent" criteria (2010) were considered; however, Yardley's (2000) criteria were chosen because they align with the current study's exploration of participants' lived experience. Yardley's (2000) framework is categorised into four dimensions: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance.

Yardley's (2000) first dimension, sensitivity to context, refers to the researcher's understanding of participants' viewpoints, the sociocultural factors that shape what participants say and the researcher's interpretation of these. The second dimension, commitment and rigour, implies the researcher's engagement in the analysis and reporting of the study. This involved revising the systematic literature review to align with the revised research question and to address the gap in the existing literature. Yardley's (2000) third dimension, transparency and coherence, relates to the clarity of how the data were collected and how well all elements of the research project cohere. The fourth dimension, impact and importance, relates to the purpose of the current study regarding knowledge and practice. The above criteria will be evaluated in the Discussion Section of the current study.

Methodological reflexivity

Qualitative researchers have debated the terms 'insider' and 'outsider' positions. Some authors have critiqued these positions, advocating for a less rigid spectrum (Katyal & King, 2014). My personal position in this current study aligns with that of an outsider, i.e., a woman who does not have gambling difficulties and without the lived experience of a family member's long-term gambling-related difficulties. During the analytic process, I felt pressure to do justice to the analysis of the participants' data, having not lived their experience. This arose from the responsibility that comes with expressing another's lived experience. For instance, I was conscious of staying close to the participants' words yet not losing sight of the interpretative focus that is fundamental to IPA. During the analysis, I felt anxious about how participants might perceive the present study's findings. At times, I was conflicted on how much interpretative distance was suitable. For example, when creating the PETs and GETs, I was reluctant to go beyond the surface meanings of participants' accounts, fearing I might impose my own assumptions. Realising this, my supervisory meetings with Dr Damon helped me to identify when my interpretations were

grounded in the data and when they risked being too far from the original transcripts. My pressure to remain attentive to my interpretations deepened my understanding of participants' nuanced experiences. Continuous engagement in reflexive journaling and returning to participants' transcripts reinforced the transparency of my interpretations, ensuring that they were grounded in IPA's phenomenological commitment. For example, when analysing a participant's narrative of caring for her spouse and children following the former's gambling, I noted in my reflexive journal how her description of providing care resonated with my idea of motherhood and caregiving. However, I returned to her transcripts and examined whether I was giving elements of her account great importance because they were familiar to me. I reviewed the participant's narrative and ensured that my interpretation aligned with her meaning-making.

Research suggests that a researcher's position is multifaceted in the power dynamics between the researcher-participant relationship (Dhillon & Thomas, 2019). I attempted to shift this dynamic by prioritising attentive listening, seeking clarification from participants, and allowing them to speak freely without interruption. In one instance, when a participant (mother) asked my view on whether I would evict my daughter from the family home if she had gambling difficulties, I refrained from responding. I was unsure if this was a rhetorical question or whether the participant was deliberately seeking my response. It was a deliberate choice for me to keep the focus on the participants' experience rather than be seen as the expert on their experience. Not responding to the participant's question allowed her to develop her own narrative. This approach helped maintain the focus of the interview in exploring participants' experience, which is consistent with the aims of the current study.

Having examined the methodology and methods for the current study, the next chapter presents my findings following the interviews I conducted with the participants.

Chapter Three: Analysis

This chapter presents the findings developed from the analysis of five interviews, in response to the research question: *How do women in the UK experience their relationship with a family member experiencing long-term gambling-related difficulties?* Participants' direct quotes, extracted from their transcripts, will be used to explain my interpretation of the data. Some excerpts contain profanity, which has been retained for authenticity and to avoid losing the meaning of the participants' experiences. All the names used in the current study are pseudonyms. Each quote is attributed to the corresponding participant's pseudonym. Texts in brackets indicate omitted words or redacted information to preserve the participants' anonymity. Ellipses (...) are used to indicate words omitted from the participants' responses without altering the intended meaning of their original statements.

Four GETs and six related sub-themes were developed from the analysis (Table 4) as summarised below, which capture how participants experience their relationship with their family member with long-term gambling-related difficulties. Appendix Y presents the GETs and sub-themes for each participant, along with the corresponding excerpts and experiential statements.

The first GET, *"I Had to Care for Them and Others,"* describes how participants assumed responsibility for caring for their family member and others, such as children. This was expressed through the sub-themes: *"I Am Being Placed in the Role of Caregiver,"* portraying the burden of caring responsibilities in the participant-family member dynamic and *"Giving Whatever It Takes,"* highlights how participants went the extra mile to support their family member and household. The second GET, *"I Am Bearing the Financial and Emotional Consequences of Betrayal,"* focuses on participants' narratives of their family members' financial dishonesty. Within this, sub-themes of *"Their Lies and Secrecy Ruined Me"* illustrate the impact of the family member's deception on various domains of the participants' lives and *"They stole More Than Money"* reveals how layered aspects (e.g., financial security, stability) of the participants' lives were violated. The third GET, *"I Carry*

the Long-term Impact of Their Gambling While Attempting to Rebuild My Life", describes participants' burden of living with a family member's gambling while taking steps to reshape their own lives. The sub-themes *"I Had to Learn What it Takes to Get Through"* reflect participants' reality of living in the moment and aftermath of their family member's gambling, and *"I Am Redirecting the Burden of Previously Caring for Them"* points to distinct ways participants had to support themselves and others amid their experience. The fourth GET, *"I Am Trying to Forgive, As It is a Hard Thing to Do,"* reveals participants' struggles with forgiving their family members, leaving them feeling ambivalent and resentful.

Table 4

Table of GETs and Sub-Themes of the Current Study

GETs	Sub-themes
I Had to Care for Them and Others	I Am Being Placed in the Role of Caregiver Giving Whatever It Takes
I Am Bearing the Financial and Emotional Consequences of Betrayal	They Stole More Than My Money Their Lies and Secrecy Ruined Me
I Carry the Long-Term Impact of Their Gambling While Attempting to Rebuild My Life	I Had to Learn What it Takes to Get Through I Am Redirecting the Burden of Previously Caring for Them
I Am Trying to Forgive, As It is a Hard Thing to Do	

First GET: I Had to Care for Them and Others

The GET, *"I Had to Care for Them and Others"*, portrays how four participants reported assuming caregiving roles for their family member with long-term gambling-related difficulties. However, for one participant, Jay (aged 40-45 years), whose family member is her ex-partner, this was compounded by the need to care for her children single-handedly. The first aspect of the GET supports a quote by a participant, Vera (aged 35-40 years), whose mother, her family member with long-term gambling-related difficulties, expressed, *"...dealing with my mum instead of her, like, helping me."* This signalled her anticipation of wanting care from her mother, only to find their roles being reversed. Concerning the second aspect of the GET, caring for others, Jay said, *"... even with those crumbs, being a mother, I still shared it with six children,"* illustrating how she did everything she could to meet her children's needs despite her ex-partner's gambling difficulties.

To further understand the GET, two sub-themes were conceptualised to illustrate the participants' experiences. The first sub-theme, *"I Am Being Placed in the Role of Caregiver,"* highlights the concept of reversed roles, i.e., when participants assumed responsibility typically expected of another person in their relationship. A supporting quote by a participant, Adelaide (aged 30-35 years), noted the long-term gambling-related difficulties of her uncle, reporting that, *"It would have been more of a role reversal ... I started to think it was more of him who needed the support"*. The second sub-theme, *'Giving Whatever It Takes,'* describes participants' experience of the demands of their caregiving role. One participant, Amanda (aged 50-55 years), describes the pressure of having to financially support her daughter, her family member with long-term gambling-related difficulties, which speaks to the sub-theme, *"I refuse to buy Coca-Cola on the shopping bill now because ... the shopping bill's high enough as it is. My rent is 400 and something ... I've got council tax and gas and electric and water ... and she [Rosa] says, well, I can't afford to pay you anymore"*. These two sub-themes illustrate how participants experience the exchange of their role as it relates to their family member and the burden of care they

assumed on their behalf.

Sub-theme: I Am Being Placed in the Role of Caregiver

This sub-theme depicts how three participants experienced being placed in the role of caregiver. Participants reported role reversal as a shift from anticipating being cared for by their family member to providing care for that family member. Participants' narratives reflect this sub-theme distinctly. For instance, Vera describes her mother as being absent from much of her early years. However, as she became a student, she expected her mother to assume a supportive role. She reports *"...writing up ...four years of my studies into a thesis, and she was... not helpful"*. She expresses the reverse happening in their dynamic:

"Yeah ... like I wasn't the student anymore. I had to think about going to work and how to deal with my mum, like I'm going back in reverse and dealing with my mum instead of her, like helping me [smiles]. Yeah ... Like I'm between my siblings, we felt like ... because my parents divorced when I was seven or eight years old. So, she hadn't been really fulfilling her role as a mother for a long time ... and, say, between our siblings, we kind of ... my sister was always like [the] really unforgiving one. And it was like my responsibility to deal with my mum ..." (Vera)

"Going back in reverse" suggests Vera's return to a caring role towards her mother, something she probably did before pursuing her PhD. Vera's position regarding whether to take up employment to support her mother does not seem to reflect independence. Instead, it shifts her responsibility in a direction she does not find desirable. Elsewhere in her transcripts, she expressed, *"I had a lot on my shoulders, ... trying to complete my study"*. Vera might have felt anxious about taking on the responsibility of caring for her mother at the expense of her own future goals (e.g., completing her education). Her studies seem to

matter to her now, but rather than receiving maternal support, she finds herself “*dealing with*” her mother.

The phrase “*deal with my mum,*” repeated thrice, goes beyond Vera's everyday care for her mother. It suggests emotional exhaustion from a strained relationship, compromise, and possible disagreement between them. This position seems to place her mother as the difficult one to manage. There appears to be a quiet sense of resentment towards caring for her mother, particularly at this time in her life.

Vera's report of her parents' divorce as a child appears to be a time when her family's roles and stability became unsettled. It speaks of a reversed role that did not occur suddenly; it had been ongoing since Vera was young. For her mother, who started having gambling difficulties twenty years ago and is now in her seventies, the divorce may have been a critical moment that intensified her dependence on gambling. Following her parents' divorce, Vera regarded her father and stepmother as her “*primary parents.*” She recalls having them care for her in the first month after the birth of her son, and her maternal aunts in the subsequent month. She speaks of her mother as “*never*” helping her during this period. This seems painful for Vera, as having her mother share the momentous occasion of her first child's birth could have been something she desired. Vera's mother's long-term gambling-related difficulties possibly impacted her ability to fulfil her parental role. Vera's expression, “*... hadn't been really fulfilling her role as a mother for a long time*”, relates to an established pattern set since Vera's childhood, where her mother has not taken on the responsibility of motherhood. This leaves Vera not only without the care of a maternal figure but also in a position of having to care for herself.

With Vera's sister positioned as the “*unforgiving one,*” Vera may have been indirectly placed as the more responsive sibling. This probably led to an implicit expectation that Vera would bear sole responsibility for their mother's care. Vera may not have wished to take on this caregiving role and may have felt pained that it was not shared with a sibling. To Vera, there may be grief over a lost position: rather than being dependent on her mother

and her siblings, she is now the one whom others depend on.

Like Vera, Adelaide describes taking on a caregiving role for her uncle. While Adelaide received support from her uncle before his gambling difficulties, she reflects on a shift in their dynamics following her uncle's long-term gambling-related difficulties.

"It would have been more of a role reversal. I mean, normally, he would be the person where you'd ring, whether you were upset or whether you needed some help. I'm not really talking about financial. I mean more, just generally. You know, maybe you needed help solving a problem, or you were worried about something. He'd be the person. You could talk it through with him, but I remember a bit of a sea change at that point, where you can see that this is obviously starting to affect him. And so maybe that was around the time when I started to think more that it was more him who needed support ..." (Adelaide)

Adelaide's mention of *"role reversal"* describes her memories of her uncle's behaviour before his gambling. She expresses how she would *"ring"* him when she was unhappy or needed support. She emphasises that reaching out to him was not about anything *"financial."* It seems she did not want to leave me with the impression that her uncle was only meeting her financial needs. Instead, she recalls her uncle as someone who was accessible on a practical and emotional level.

"A sea change" reflects a critical point where Adelaide recognises the impact of her uncle's long-term gambling-related difficulties. It suggests the uncle she once depended on is no longer at hand. While she talks about weighing up the position she once took in their dynamic, there is no mention of what it felt like to lose the caring uncle she once knew. I suspect that beneath her account is a loss that may have been difficult for Adelaide to disclose: the loss of a parent-like figure. While she mourns her uncle's well-being, there is also grief over the prior relationship they shared. Adelaide's narrative suggests she is left

to shoulder the responsibility of caring for her uncle. This reversal of roles is marked with disappointment and helplessness. To Adelaide, it is realising that the stability she once received from her uncle has now been replaced by her obligation to care for him.

Unlike Vera's and Adelaide's accounts of their caregiving roles, Jay describes what appears to be varying levels of care her ex-partner provided to her and their children. Before realising her ex-partner's gambling behaviour, to Jay, it seemed that the household bills were being taken care of by him. However, she discovered the following: *"There were no letters coming in ... I think 2 weeks in ... there was no money ... there was no food, there was no money for nappies"*. In another part of her narrative, she expresses her ex-partner's parenting style as *"refusing to chip in"* and *"refusing to help."* She recalls being *"left to pick up the pieces"* by relying on her welfare benefits to pay the bills, as *"he would not help."* Jay adds:

"... so, I was their sole carer, you know. So, there was no "Do you want to go out today and, you know, keep the kids?" Or "Do you want to go and sign up for a course? Then I'll keep [the kids]?" There's no help with the ... I would not call it babysitting. But yeah, taking care of the children. He would not chip in. There was no let me cook a meal for them. There was nothing. There's no involvement in terms of raising these children." (Jay)

The phrase *"I was their sole carer"* suggests that Jay identifies herself as literally being left to hold the family together. For Jay, it suggests disappointment and an absence of the shared "we" (the sense of partnership in the raising of their children). What is noticeable is a list of absences: *"no help," "no let me cook," "no involvement"* that Jay draws across various aspects, i.e., childcare, household chores, and educational guidance, respectively. This repetition is not an isolated incident but a pattern that Jay may have become accustomed to. She may have lowered her expectations of her ex-partner and

given up hope that her situation would change. The setback hints at a learned behaviour of which Jay might be reluctant to seek her ex-partner's support, possibly due to his past refusals. She probably learned that seeking his support comes at a cost, as she expresses elsewhere in the transcript, as steering clear "... *just for the sake of not arguing.*" Maintaining distance from her ex-partner may be Jay's way of avoiding confrontation. Perhaps, as a mother, she regards caring for her children as more important than exacerbating the situation.

Jay hesitates to use the word "*babysitting*," and it matters to her as she sees a father's (her ex-partner's) care as an obligation, not a choice. While she corrects herself, she probably goes unseen for the parenting work that she does. If Jay's culture (Bangladeshi) frames women as resilient to manage childcare without complaining, then her burden may be seen as what is expected of her to do. This could explain why she carries the load and does not hope for a compliment.

Overall, the role of caregiver demonstrates a lived example of the GET of caring for their family member and children, illustrating how participants assumed this position in a literal sense, yet did not feel emotionally cared for.

Sub-Theme: Giving Whatever It Takes

Two participants described giving whatever it takes as bearing the pressure of caregiving for their family member, and giving to them when it was beyond what they would willingly offer, practically or emotionally. A clear example of this comes from Jay, who expresses the lengths she will go to for her children.

"So, when you ask where it has affected me? I was at the bottom of the ladder, and [at the] bottom of the ladder, I got crumbs. But even with those crumbs, being a mother, I still shared it with six children." (Jay)

"I was at the bottom of the ladder," suggests Jay's positioning of herself within her family due to the impact of her ex-partner's long-term gambling-related difficulties. She may have felt unseen and driven into survival mode, stretching what she can for her children rather than what she wishes to provide. The latter position is unlikely to be met unless her ex-partner can control his gambling.

Upon her discovery of her ex-partner's gambling, Jay further describes how her need to take control of the family finances led to continuous disagreements. When her ex-partner finally succumbs to her desire, Jay finds herself giving whatever it takes to meet her partner's needs to prevent conflict.

His needs were always taken into consideration before the family's, so ... 2019, [when] he handed over the finance, but because obviously his addiction, I knew that he needed to still go [to] football, so he's got something to keep his mind occupied, so that would have been a £70 still going out, although we couldn't afford it, you know? So, his needs were always put ... I also knew that he smoked £150 worth of cigarettes every week, so every month ... but I knew that it's another addiction and I can't stop him. It will make him more probably ill mentally. So, I knew that ... that need needs to be met, so that would go out. (Jay)

The excerpt speaks of Jay prioritising her ex-partner's needs within the family dynamic. Although she has control of the family's finances, she must pacify her ex-partner's gambling cravings with distractions (e.g., football, cigarettes). What is telling is how she tightens the family's budget to ensure her ex-partner's needs are prioritised over the household's. Her reiteration of *"I knew ..."* hints at Jay situating herself as the one foreseeing and containing whatever crisis may emerge from curbing her partner's gambling cravings. It is as if her role were to put his comforts (e.g., cigarettes) in place to avert a crisis.

Jay seems disheartened by what she has to put up with and feels resigned as she anticipates what is to come. Her phrasing of “... *he’s got to* ...” suggests Jay’s view of her partner’s needs as immovable and her job to manage them. What emerges is the cost of giving all she can to support others (her ex-partner and children), but at a high price to herself. Giving here implies Jay striving to preserve her family unit and learning to cope with the chaos of her ex-partner’s gambling habits.

As Jay describes going the extra mile for her children, likewise, Amanda expresses giving more than she can afford to her daughter, Rosa, who currently lives with her. She speaks of how Rosa spends money set aside for her bills on free spins and chases her wins. This led Rosa to deposit more money to achieve the same kind of wins. Chasing losses left Rosa unable to fulfil her responsibilities (i.e., pay towards her rent). Amanda reports stepping in to maintain stability.

“Money comes in, money goes out, and there is not a lot left for anything else. So, I was helping having to help her out with her bills. And that put me into debt with some of my companies because I was using my credit cards more and things like that.” (Amanda)

The statement “*money comes in, money goes out*” portrays a feeling of hopelessness. Although Amanda may have funds available, they are soon depleted before she can provide any form of security for Rosa. This positions her in a cycle of unending expenses, signalling not only that she is out of cash but also that she is being drained emotionally. It resonates with the sub-theme of “*giving whatever it takes*,” as giving to help Rosa with her bills is overwhelming. “*There’s not a lot left for anything else*” heightens this. As a mother, Amanda sees this sacrifice as necessary for Rosa’s well-being. However, there is an unvoiced need for Amanda to care for herself, as she may resent continually draining her resources to support Rosa.

Amanda describes giving not only financially but also instrumentally by seeking support for Rosa, only to be turned down. In this case, she reports a point where Rosa's gambling difficulties became concerning. Upon viewing Rosa's bank account and the extent of her gambling expenses, Amanda reports sitting her down for a "severe conversation." Despite Rosa resisting the need for support, Amanda contacted gambling support networks on her behalf. This excerpt captures how Amanda gives of herself by attempting to steer Rosa towards recovery.

"... I dialled GamCare, gave her the phone and said all you need to do now is push send and talk to them, and that's what she did. She didn't want to. She didn't like it. ... when she started with New Beginnings, and she went to her first cohort meeting ... And they have a ... like, scheduled each week, different things that they're going to talk about. And she attended her first one and came off and said, I don't think I've got a gambling problem because I'm not like all those others. Although I'd suggested GA (Gamblers Anonymous), but she didn't want [it]... didn't want to bother her with that" (Amanda)

Telephoning Gamcare and handing the phone to Rosa suggests Amanda's role as the facilitator and caretaker who assumes responsibility for Rosa when she will not. The phrase "*... all you need to do now is push send and talk ...*" hints at Amanda's optimism and desperation that support will commence easily by Rosa's pressing of a button. Amanda seems exasperated, considering the process easy, while Rosa appears to find it challenging. The language "*she didn't want to,*" "*she didn't like it,*" suggests a continuous pushback on Rosa's part, signalling her denial of her difficulty with gambling. However, this repeated phrase conveys the intensity of Amanda's despair because, despite her guidance and offers of opportunity, Rosa shuns them. Amanda lists the numerous services she has offered Rosa one after the other – GamCare, New Beginnings, and Gamblers Anonymous

- suggesting her perseverance and her desperation to have Rosa supported. What is unheard is Amanda's disappointment. In her account, she seems to focus on what Rosa turns down rather than her own frustration at seeking help for her.

To Amanda, Rosa's attendance at her first meeting probably suggests hope for her recovery. However, Rosa's assertion that *"I'm not like those others"* may signal defiance. This may come as quite a blow to Amanda, who wishes to see Rosa recover; instead, she carries the burden of Rosa's resistance.

The sub-theme illustrates how participants go beyond their financial and emotional capacity to attend to the needs of their family members and children, reflecting the GET of *"I Had to Care for Them and Others."*

Second GET: I Am Bearing the Financial and Emotional Consequences of Betrayal

This GET relates to three participants' experience of bearing the financial and emotional consequences of betrayal due to their family member's long-term gambling-related difficulties. Betrayal, as described by participants, involved feeling violated by a family member's lies about money, secrecy, and the theft of credit cards. Financial consequences of this betrayal refer to financial insecurity in the context of the family member's gambling habits. Emotional consequences, on the other hand, imply a breakdown of trust and relationship due to the family member's deception about their gambling.

The extract that aligns with *"... bearing the financial consequence of betrayal"* is expressed by Caitlyn, a participant aged 50-55 years, whose family member with long-term gambling-related difficulties is her brother, John. Upon writing to the credit agency, Experian, Caitlyn requested the removal of John's debts incurred in her name. However, her request was denied. She expressed that *"they wrote me a letter to say, 'we're unable to attach the note to your file'. ... they said, 'Oh, because it's libellous against your brother."*

I was like ... he's actually given me a seven-year fucking bad credit rating so that I can't get a mortgage." Regarding the emotional consequence of betrayal, this segment of Caitlyn's account. *"... his secrecy and his lies tore me apart, absolutely, tore me apart"* unfolds the lived experience of this aspect of the GET.

Two sub-themes capture how participants experienced the financial betrayal in distinct ways. The first sub-theme, *"They Stole More Than My Money"*, highlights how participants not only had their money stolen, but also their sense of security, trust, and the respect they once had for their family member. This is both a literal/practical loss and a figurative/emotional loss. Caitlyn's words, *"they used my credit card ... because it had Miss Caitlyn Smith on my cards. It turned out that she [John's wife] had been presenting my cards. So, she was also involved in the fraud,"* corroborate the first sub-theme. The second subtheme, *"Their Lies and Secrecy Ruined Me"*, captures participants' experiences of their family member's lies and secrecy and how these were perceived as a form of betrayal. Amanda's excerpt, *"lying is ... the worst, especially when it's one of your own is lying to you"*, substantiates this sub-theme.

Sub-theme: They Stole More Than My Money

Two participants speak of how their family member stole their credit cards to fund their long-term gambling-related difficulties. To these participants, their credit cards were more than plastic; the money they represented tied them to their financial security. The theft of their cards by a close relative felt like a personal wound because the very person they were meant to trust violated them. Caitlyn recalls John stealing her credit cards after she requested that her replacement cards be sent to his address following the theft of her bag while she was abroad.

"He'd used every single penny on my credit card and taken it over its limit, plus into an overdraft ... And that was the biggest thing; I've never had a lot growing up, and

I've worked hard, and he'd stolen not only my money, but he'd stolen my trust. He'd stolen my security, like, I had no money..." (Caitlyn)

"Every single penny", suggests Caitlyn was speaking literally here. John stole everything down to the last penny. Every penny symbolises her hard work, and the theft is likely to bring up feelings of confusion, resentment and betrayal. For Caitlyn, there might be anxiety about how she would manage her day-to-day life. The phrase "I've never had a lot growing up ..." through the end of this quote tells us what this means to Caitlyn emotionally. To Caitlyn, money was not the only thing lost; rather, what mattered was what the money stood for, i.e., her trust and security. In this excerpt, it felt as though Caitlyn was processing each loss and then saying, *"This was the one that pained me the most."*

Caitlyn echoes a lack of trust in John throughout her interview. The question is why the emphasis. It could be that trust was what her values and identity were built on, and its loss weighs more than the money stolen from her. Additionally, John, whom Caitlyn at the time regarded as *"the most stable member of my family,"* suggests that such a position makes the betrayal more profound. It is not only about the theft of her credit cards but also about the loss of a family member she once thought was reliable. This violates the very foundation of trust Caitlyn may once have built with her brother. Although Caitlyn does not voice the loss of her relationship with John, her silence may suggest how unsettling it was for her.

Like Caitlyn, whose credit card was stolen by a family member, Amanda's was stolen by Rosa. As reported earlier, she spoke of helping Rosa to pay her bills. However, Amanda reports being *"more concerned"* when her help became a *"regular occurrence."* Amanda describes doing what was needed for her children *"to keep them happy."* Yet, she expresses a *"last straw"* moment that changed things.

"And the last straw was when she stole from the credit card... that just made me

feel like she's got zero respect for me ... and zero respect for herself to have done that' (Amanda)

The “*last straw*” represents a pivotal point at which Amanda draws a line under her perseverance with Rosa. What is noticeable here is not just the theft but the deep feeling of disrespect she experienced with Rosa. This ruptured Amanda’s sense of self-worth and her respect for Rosa for having done so. The repeated phrase “*zero respect*” hints at Amanda’s effort to process her pain amid her disappointment over Rosa’s theft.

The theft symbolises more than a financial blow, as it belittles Amanda. It demonstrates how the financial betrayal was felt on multiple levels due to the lack of trust and respect. Here, Amanda sheds light on how long-term gambling-related difficulties not only burden one financially but also damage the shared values that hold relationships. What participants describe here as their family member stealing more than just their money is not distinct from the GET but is one way the emotional consequences of betrayal were felt.

Sub-theme: Their Lies and Secrecy Ruined Me

Three participants described how uncovering the lies and secrets of their family member’s long-term gambling-related difficulties led to them experiencing a deep sense of emotional betrayal. The following participants’ narratives substantiate this sub-theme. Jay describes how her ex-partner’s lies ran so deep that they led to a life-changing decision for her family. She reported being unaware of her ex-partner’s £300,000 inheritance from his father and being told by him to purchase a family home for £270,000. This required them to relocate to the Northwest of England, as they could not afford a house within their budget. Thereafter, Jay discovered the actual amount inherited from her mother-in-law. Upon realising her ex-partner’s deceit while searching his bank account online, she recalls:

“And I went to that month, and then I looked, and I saw the 300K, and my heart

broke. I think that's when I lost massive respect for him because this wasn't just about the gambling. This was about [how] you've uprooted a family from Essex when we didn't want to go we were begging you not to go, we were even telling him we don't mind getting a two-bedroom and cramming up. We can do bunk beds, and you know ... when you're so desperate to stay, and you're saying I don't even mind if it's a broken-down house. We just want to stay in Essex ... All our friends and family are here. All the kids are settled here and to be met with ... "No, I can't afford to be in Essex" to only find out a year and a bit after that you could have been in Essex" (Jay)

The phrase *"my heart broke"* conveys how crushed Jay felt upon learning the truth regarding her ex-partner's inheritance. It describes the breach of trust owing to her ex-partner's lie. In the same vein, she says, *"That's when I lost massive respect for him."* Respect here suggests the high regard Jay afforded her ex-partner despite her early accounts of his gambling behaviour. However, this respect was now lost. She measures this disrespect as *"massive,"* amounting to the level of distrust she now has towards him. This signals a breakdown in the foundation of their relationship.

Her phrase *"you've uprooted a family"* hints at being forcefully removed from a home Jay once regarded as safe for herself and her children. The lie brought about instability not only in Jay's life but also in their children's friendships and wider family. This demonstrates how the lie compounded the pain of Jay's and her children's loss of community connection and belonging. Pleading for *"... a two-bedroom and ... a broken-down house"* shows Jay's desperation to find ways of maintaining her children's stability. She negotiates her utmost to preserve the relationships that she and her children were familiar with. Although Jay suggests the idea of working within their budget, e.g., *"do bunk beds", "two-bedroom"*, I felt that Jay's suggestion would lead to a change in her ex-partner's mind about relocating the family. Unfortunately for Jay, her ex-partner's decision was final.

Jay's final statement, *"to only find out ... you could have been in Essex"*, suggests her pain further deepening as it uncovered a needless relocation of the family from a secure to an unknown place. While Jay earlier expressed that her ex-partner deceitfully justified the family's relocation as a financial strain (i.e., being unable to purchase a home in Southeast England), I suspect his purpose in relocating may be to gain control and distance himself from his extended family to avoid his gambling being monitored. My impression of this is based on Jay's earlier account of her ex-partner's need to keep his gambling secret and his refusal to allow Jay to handle the family's finances. Additionally, the relocation could serve to isolate Jay and further silence her from speaking to her close network about what she was experiencing. The sub-theme highlights how her ex-partner's deception displaced her from a stable place, leaving her devastated and losing the respect she once had for him.

While Jay's ex-partner's deceit drove her and her children to vacate their home, for Caitlyn, John's deception toppled her world, causing her to realise the extent of his gambling when it was too late. Before discovering John's lies and secrecy, Caitlyn reports working regularly on a sailboat. Although aware that John was a prolific gambler, she did not realise that this continued as a problem until she became his victim. She reports arriving at the airport after being away and finding out that John *"had taken every penny"* of her money.

"I arrived and ... I literally didn't have 20 pence ... I didn't realise the real extent of anything at the time ... what then transpired was probably 12 months of absolutely the worst 12 months of my life, full of lies and secrets. I became suicidal, like it was so bad. It's just the lies and the lack of trust. It absolutely killed my mum ... like it divided the family because my brother was the Golden Boy and mum knew obviously what he'd done was wrong. She was trying to support me, but at the same time, here's her golden child... the golden son. The son who actually kept saying,

he'll pay it back, and then he wouldn't pay it back.” (Caitlyn)

The phrase “... *didn't realise the real extent of anything*” implies Caitlyn's ignorance of the level of John's deceit. She might have felt she was walking into something she would quickly put in order. What is evident is how John's lies and secrecy seeped into different aspects of her life. She speaks of “*the worst 12 months*” compared to a likely stable previous year and regards her current year as being caught in ongoing distress. It felt like something she may have experienced for the first time. Caitlyn describes feeling overwhelmed as she states, “*my life, full of lies and secrets*”, with the deceit taking a toll on her mental health following her disclosure of suicidality. Caitlyn sees this deceit as one that tore apart the relationship among herself, her mother, and her sister-in-law. The latter, whom she reported in her transcripts as using her personal information to open financial accounts in her name.

Her repeated mention of the words “*golden boy, golden son*” signals a tone of bitterness. Caitlyn calls out the person (John) everyone praised as the so-called golden child, as the very one who has caused her deepest pain. It speaks of how being the favourite shielded John, while she became isolated in her suffering. Caitlyn could have felt that her mother's favouritism towards John helped cover him up and allow his deception to persist. It raises the question of whether Caitlyn could have felt even more betrayed by her mother's involvement. It is like she is saying: “*What about me? I am the one who is affected here*”. It looks as though she felt silenced and unsupported by her family. This resonates with her earlier comment beyond this excerpt, where she reports, “*the blame was always on me*” and “*it was always me being unreasonable*”. For Caitlyn, the lies and secrecy ruined her family cohesion, her sense of safety and her trust in John.

Of the three participants, two recounted experiences of ongoing lies from their family member, which further eroded their trust. For Amanda, the recollection of Rosa's repeated lies remained with her. She describes it like this:

"The lying is worse than the actual theft ... she talks so many lies over it. She even turned round to her friends and said, "Oh, mum probably spent that money and just forgot about it, and she's just lying now". And I hate being lied to [closing her eyes and shaking her head as she said this] ... it really makes me angry [closing her eyes and shaking her head]. I had to lie all my life growing up. And I hated it. And I hate when people lie to me now ... really hate it. I beat myself up about it enough, and you know, I was 18 before I learned that the truth was better than a lie. There was still a lot of stuff that I couldn't tell the truth about until I was a lot older. But lying is just ... it's just ... yeah, it's the worst. Especially when it's one of your own lying to you and then not white lies. They're big, big lies". (Amanda)

Amanda's abhorrence of Rosa's lies is evident in the way she embodies them. The repeated use of the word "*hate*" expresses Amanda's deep uneasiness about being lied to and lied about, particularly when it is by one of her own. Her detest of Rosa's lies evokes memories of her own lies as a child. It is a place she would rather not be reminded of, and now, seeing it played out, stirs anger and disgust. She wishes that Rosa could distance herself from a reminder of her own past.

Her words, "*so many lies over it,*" suggest that the betrayal was ongoing rather than a one-off event. Each lie appears to pile up one after the other, leaving Amanda with no moment of truth with Rosa. She seems to anticipate that Rosa's lies were the order of the day. To Amanda, the "*white lies*" are tolerable; however, her emphasis on the "*big, big lies*" signals significant falsehoods that cause deep-seated distrust in Rosa's words. Amanda's emphasis on "*lying ... it's the worst*" suggests her ability to tolerate other issues that are Rosa's but drawing a line regarding her lies. Amanda's pain is felt in the magnitude of the lies and their pervasiveness, in the rupture of the relationship of her very own blood.

Like Amanda, Caitlyn spoke about the constant lies John told and the deep hurt

they caused.

“And then it was just constantly pervasive lies. And it absolutely turned my life upside down. Like it turned my life upside-down in so many ways for so long afterwards. I had a very good friend from university. I went and lived with her... She paid for everything for me for about 5 months, until I actually cleared all my debts. What? His debts? My debts are mine and his debts in my name [smiles], and she literally would give me money ... until I'd clear the debts and be able to pay it all back, and still he continued to lie” (Caitlyn).

What emerges is how Caitlyn is clouded by John's lies. It illustrates how she had previously reported him as “*saying he would pay it [debts] back*,” then giving excuses, which threw her life into chaos. Being “*turned upside-down*” signifies a disruption of her expected life course, placing her on an unintended path. My impression was that Caitlyn's persistence would cause John to succumb and admit to his lies. Instead, we see how John's deceit caused her to seek support from her friend. To Caitlyn, her friend's support proved essential. Clearing all her debts and having unpaid accommodation for months was a lifeline. Although she does not express it, Caitlyn might have found it uncomfortable to have her friend's support for months. It could portray her as relying on others in emergencies, while seeming to drain their resources.

Her words, “*his debts, my debts*,” capture Caitlyn's attempt to untangle what is hers and John's. On record, the debts were hers; however, living with them was another matter. “*His debts in my name*” and the need to clear them hint at anger toward the system (the credit agency). It could also signal frustration at family narratives that seem to trivialise the impact of her problem.

Returning to the participants' accounts, their deep feelings about their family member's lies and secrecy reflect the GET of “*I Am Bearing the Financial and Emotional*

Consequences of Betrayal", rupturing their relational trust and financial security.

Third GET: I Carry the Long-Term Impact of Their Gambling While Attempting to Rebuild My Life

Four participants described what it felt like carrying the emotional burden of their family member's long-term gambling-related difficulties in the present day and the aftermath. This excerpt from Caitlyn, *"what I learned through counselling was not to suppress the emotion because I did that, and it made me very, very unwell"*, offers evidence for the GET.

The GET can be seen distinctly in two sub-themes. The first sub-theme, *"I Had to Learn What it Takes to Get Through"*, describes how participants fostered growth and endurance in coping with their experiences. Jay's statement, *"I'm going back to studying again,"* corroborates this sub-theme. The second sub-theme, *"I Am Redirecting the Burden of Previously Caring for Them"*, implies how participants attempt to readdress their own needs rather than continue to bear the burden of caregiving for their family member. Vera's account of asking her mother, *"How is your health? Instead of ... telling her off for gambling,"* gives voice to the sub-theme.

Sub-theme: I Had to Learn What It Takes to Get Through

Two participants described reframing how they live in response to their experience of their family member's long-term gambling-related difficulties. One participant described adopting a forward-looking stance in the aftermath of their experience, while the other reported learning to adapt by withdrawing from the emotional tension. The participants' accounts are outlined.

Caitlyn reflects on how impactful John's long-term gambling-related difficulties were at that time, stating how she could barely recognise herself. She reports that it affected her *"insidiously"* throughout her *"whole life for a long time,"* describing how she became emotional about her experience. Yet, in hindsight, she expresses how the experience

reshaped her perspective.

“I’ll put it down to a very intense learning experience ... and also it’s affected me positively because it was such a horrific period of my life, and I say horrific because ... nothing I’ve encountered since has been that bad. So even when I’ve had bad things happen since, I think it’s not as bad as that time when John stole my money ... so on a positive note, nothing I’ve encountered since is as bad as the experience due to John’s gambling.” (Caitlyn)

Caitlyn’s words bear the burden of someone who has faced the reality that consumed her whole life. By stating her *“whole life,”* I suspect she may have thought the experience would leave her indefinitely scarred. However, looking back, Caitlyn reframes her narrative as *“a very intense learning experience.”* She assigns a different meaning to something that once felt intolerable. Her reflection seems daring, and it is like she is saying, *“Having been through the worst, I can handle whatever follows.”* It looks as if she is avoiding seeing herself as a victim. I wonder if the learning experience enabled Caitlyn to forgive her mother more readily, who she felt was partial towards John. To Caitlyn, this experience set the bar for future problems she might face. Regarding her experience as having *“positive effects”* in other parts of her excerpt could imply her way of coping yet masking the pain she felt.

The word *“horrific”* repeated twice signals Caitlyn’s way of expressing the depth of her suffering. The word speaks of how the experience denied her sense of identity. Being positioned here suggests an experience that has caused distress and disruption in her life. Terming her experience as *“horrific”* yet calling it *“nothing ... has been that bad”* raises the question of whether she has learnt to adjust to life’s circumstances or minimised her struggles. What is observed seems to be a way of coping amid carrying the burden of John’s long-term gambling-related difficulties.

While Caitlyn reflected positively on living in the aftermath of John's gambling behavior, Amanda spoke of her resignation and avoidance towards the effects of Rosa's long-term gambling difficulties.

"And I find myself giving in to her all the time because I can't ... I don't want the arguments. It's ... I don't feel like I can be me again at the moment. You can't argue with her, and it just upsets the whole household. But as long as she's right ... you know, ... she'll argue black is blue and she will not back down. It just goes on and on and on, and she has to be right. So, half the time now, I just say, OK, hands up (chuckles). That's it. Not gonna argue about it. Because it just turns the whole, the atmosphere in the house ... you can cut it with a knife, and I end up spending all my time in the bedroom." (Amanda)

Amanda describes the ongoing tension in her day-to-day life with Rosa, marked by frustration. She appears caught between wanting to take a firm stance and the need to maintain her peace. However, she resigns herself to silence, possibly thinking it is a waste of time. Rosa will not back down, so it seems Amanda is backing down instead. Amanda's silence may stem from fear of the negative consequences she may face from Rosa if she insists on her own way. The metaphor "*black is blue*" rather than "*black is white*" seems to overemphasise how unreasonable Rosa's arguments seemed to Amanda. Rosa's arguments may serve to control Amanda, leading her to give in. Raising her hands signals her surrender to that which she cannot control, to preserve her peace. This learned behaviour appears to be emotionally draining to manage. It feels as if Amanda might be walking on eggshells and doing everything to appease Rosa. Doing what she can to protect herself (e.g., giving in) comes at the cost of her autonomy.

Participants' reflections on "*I Had to Learn What it Takes to Get Through*" are one way the GET of *carrying the weight of their family members while attempting to rebuild their*

lives is expressed in their lives.

Sub-theme: I Am Redirecting the Burden of Previously Caring for Them

When faced with the present circumstances surrounding their family members (e.g., living with them), two participants describe their way of looking after themselves as a process of reclaiming their lives, safeguarding themselves and other family members. In Vera's case, after the birth of her son, she reported inviting her mother to help care for her baby. She regarded this as an opportunity for her mother *"to fulfil her role as a grandmother."* However, her decision to request her mother to nurse her baby strained her marriage and led to arguments between both of them over Vera's expectations of raising her child. She received counselling to support herself.

"So in my counselling ... they've like tried to help me ...to think that I have now two problems ... right now I only have the capacity to look after my baby and my family and make sure I have good relationship with my husband ... when she calls me and asks people around me for money I have to try and find a way to not let that affect me. ... I would just ask her, like, how is your teeth? Or how is your health? instead of ... telling her off for gambling. Yeah, I feel like ... diverts ... the anger or the unhappiness towards like caring for her health if I have the capacity". (Vera)

Vera's everyday life highlights how draining it is to guide her mother on how she wants her child raised. This resonates with her comments beyond this excerpt about generational tension in child-rearing between her and her mother. What is seen is Vera trying to comfort her child while striving to be present for her husband amid the challenging mother-daughter dynamic. This appears unbearable for Vera, and so the guidance from counselling to look after her baby and protect her marriage comes as a coping strategy. From the excerpt, it seems Vera is reminding herself where her energy should go, rather

than fuelling guilt over not giving her mother the attention she once did before her baby arrived.

She is advised to try not to let her mother's gambling affect her and rather redirect her attention to her mother's health. Vera recognises that these planned dialogues help to keep the peace, leading to fewer arguments. On the surface, the conversations seem carefully monitored, but beneath the surface, I wonder if she harboured anger over her expectations for her mother's role as a grandmother. There may be an inner conflict in letting go of the resentment. Yet, over time, Vera may realise that detaching her feelings prevents further conflict in her marriage. I wonder if this has a similar place in Vera's ethnicity as a Chinese woman, where she is thought to be the emotional gatekeeper at the cost of being unable to express her innermost feelings? Perhaps, by diverting her anger, she looks after her baby and her marriage, which seem more important than leaving them vulnerable.

Jay, on the other hand, spoke about redirecting her burden by taking small steps towards self-care following the breakdown of her marriage.

"I'm back to being ... I feel like a teenager because I'm starting to I'm going back to studying again. You know, I'm trying to pick myself up. I'm on Universal Credit, which I didn't want to be on. I've been out of work for so long that you know I have to build my skills to ... before I can get back out there." (Jay)

To Jay, rebuilding her life means going back to being a teenager. This position signals regression, which may be regrettable, as it takes her back to dependence on others. However, her return to studying is marked by determination and resolve. It appears she is willing to pick herself up rather than dwell on her experiences. The onus of Jay's return to studying embodies the sub-theme, suggesting that, even amid her struggles, she is resolute in taking steps, regardless of how obstructed her life's journey may seem.

Being on universal credit (i.e., welfare benefit) points to a state of vulnerability. Welfare benefit is portrayed as something unwanted (*"I didn't want to be on"*), perhaps signalling shame. Yet Jay appears to balance her need for welfare benefits with her desire for independence. Portraying herself as a teenager may connote a sense of dependency, as beyond this excerpt, Jay spoke about feeling uncomfortable asking her family for help. Nevertheless, her earlier mention of returning to her father's home might evoke feelings of relief that she is supported. What is unexpressed is Jay's feelings that lie beneath her expression of rebuilding herself.

The sub-theme *"I Am Redirecting the Burden of Previously Caring for Them"* highlights participants' attempts to distract themselves from their family member, keep the peace, and take small steps to build their lives. This relates to the GET part, *"attempting to rebuild my life."*

Fourth GET: I Am Trying to Forgive, As It is a Hard Thing to Do

This GET captures how two participants' acts of forgiveness were influenced by their family member's long-term gambling-related difficulties. A supporting quote for this GET is Vera's description of the cyclical nature of forgiving her mother. She expresses this as attempting to forgive, and then becoming frustrated, due to her mother's gambling relapse. Yet feeling this way and *"having the strength to keep forgiving"*.

In keeping with the GET of *"I Am Trying to Forgive, As It is a Hard Thing to Do,"* Vera spoke of how attending church helped her to forgive her mother, knowing that her mother *"is not a perfect person."* Additionally, she expresses how the church encouraged her to empathise with her mother's *"unfortunate events"* (e.g., being divorced, emigrating to the UK with a language barrier, and raising children). Nonetheless, Vera deliberates elsewhere in her transcript that her mother had a choice *"not to gamble after experiencing those events"* and adds:

“... the things that have happened to me ... it takes a while to forgive, but those things you do remember, they have lasting impact on your life. And sometimes forgive can help you let those things go. But ... and it's just been like this for me [motions her finger in an up and down spiral] like forgive and not get frustrated and try and forgive and get frustrated and just having the strength to keep forgiving her, yeah.” (Vera)

Vera's narrative shows how forgiving is non-linear but a challenge to which she is continually drawn. Past events seem to have prevented Vera from forgiving her mother. Perhaps having to look after her mother when she (her mother) should have been the one looking after her. What is noticeable is the tension between her church's advice to forgive and her inner conflict to do so. It is like she wavers between wanting to forgive and finding it hard to let go. Even though she is invited to see her mother as vulnerable, she understands this but pushes back against this perspective. Despite recognising her mother's challenges, it appears she is saying, *“I am aware of all your struggles since emigrating to the UK, but you should have chosen not to gamble”*. As previously recounted, Vera assumed the burden of caring for her mother, a task that seemed emotionally draining. This echoes her earlier comment that her mother does not understand that she has her own struggles. This portrays why forgiveness remains delicate.

My impression is that Vera might feel pressured to forgive her mother because of her religious beliefs, which she regards as a moral obligation. However, her framing of her mother's gambling habit as a matter of choice may suggest Vera's need to maintain space to express her grievance rather than aligning with her church's moral values. This position could encourage forgiveness or emotional restraint. Hence, forgiveness may serve as both a coping mechanism and a place of conflict, leaving Vera feeling the need to forgive but indecisive.

Unlike Vera, who struggled with forgiveness despite taking on a religious lens, Caitlyn reported having “*lots of counselling*”, which helped her to forgive John.

“... I just, I did forgive him, but ... I just can't forget and tolerate his bullshit. I don't tolerate his bullshit anymore ... Yeah, I had to [forgive] because it was ... It was making me ill also, ... I've got three nieces and nephew... his kids ... that I love to pieces, and I wanted a relationship with them.” (Caitlyn)

Despite receiving numerous counselling sessions, Caitlyn's statement, “*I just, I did forgive him,*” speaks more of her resignation to forgive than of her reluctance to do so. Her reiteration of “*just*” further underscores her reluctance. It felt like she was fed up with matters surrounding John's long-term gambling-related difficulties and not bringing it to a conclusion made her unwell. Here, forgiving John seems the only way to prevent bitterness from slowly harming her health. While Caitlyn recognises that forgiveness can restore her well-being, she stresses that forgetting is far off: “*I just can't forget*”. It made me question whether forgiveness is simply a practical way for Caitlyn to cope with what she has experienced.

Her anger is felt in “... *can't tolerate his bullshit* ...”, suggesting that despite her pain, she longs for closure from John's gambling. However, underneath bitterness remains. Preserving her relationship with her nieces and nephews leads her to forgive John. Following the aftermath of John's gambling, forgiveness is seen as essential for familial connection and is less about reconciling with John.

So far, in exploring the GET of “*I Am Trying to Forgive, As It is a Hard Thing to Do,*” participants' accounts reflect that forgiveness was both a struggle and an obligation, yet a necessity for maintaining familial ties and well-being.

Having analysed the findings of the current study, I will discuss them in relation to the existing literature in the Discussion chapter.

Chapter Four: Discussion

This chapter summarises the main findings of the current study in relation to its aim and the research question. I compare the current study's findings with the existing literature. Subsequently, I outline the implications and recommendations. Then I provide an evaluation of the quality of the present study. Next, the study's limitations and strengths are discussed. Thereafter, I reflect on the language used in this study and my position as a neurodivergent researcher. Following this, I highlight the implications for counselling psychology and the future directions for the present study.

Returning to the Research Question

The study aimed to allow space for UK-based women to express their experience of their relationship with their family member experiencing long-term gambling-related difficulties and for them to reflect upon it. This was explored through the research question:

- How do women in the UK experience their relationship with a family member experiencing long-term gambling-related difficulties?

IPA was used to construct themes around the UK-based women's relational experience of their family member's long-term gambling-related difficulties. The four themes identified were: (1) I Had to Care for Them and Others; (2) I Am Bearing the Financial and Emotional Consequences of Betrayal; (3) I Carry the Long-Term impact of Their Gambling While Attempting to Rebuild My Life; and (4) I Am Trying to forgive, As It is a Hard Thing to do.

First Theme: I Had to Care for Them and Others

Participants in the present study reported assuming caregiving responsibilities for their family member with long-term gambling-related difficulties. The first sub-theme, *'I am being placed in the role of caregiver,'* reveals how participants experienced their caregiving duties as a role reversal. Participants expressed filling the void left by their family member

or anticipating instrumental support from them, in ways their family member had been absent in their lives. In this study, a spousal participant reported her experience of bearing the household chores and bills alone following her ex-partner's lack of support; a niece expressed providing emotional support to her uncle; and, in the same manner, an adult daughter described providing emotional support to her mother.

These current findings chime with the existing literature, which indicates that adult children of a parent with gambling difficulties reported experiencing stress and becoming heavily involved in their parent's day-to-day care (Matthews & Volberg, 2013; Patford, 2007a). Consistent with the literature reviewed in Chapter 2, adult children describe experiencing emotional conflict while providing care to their parent with gambling difficulties. Previous studies have shown that adult children of a parent with gambling difficulty experience interpersonal difficulties due to their parent's gambling behaviour (Suomi et al., 2022). While Riley et al. (2018) suggest that adult children are less affected by parental gambling impacts due to living independently, Darbyshire et al. (2001) & Ferland et al. (2022) argue that younger children of parents with gambling difficulties encounter significant gambling harm (e.g., neglect and separation). The present study adds to previous research by illustrating that an adult child of a family member with gambling difficulties can experience psychological consequences (e.g., anxiety, stress) despite their age or living situation. This emphasises that the impacts of long-term gambling-related difficulties on children may continue through developmental stages, specifically when their family member's gambling habit is unresolved.

The experience reported by the spouse in the present study aligns with previous research, indicating that spouses carry the burden of household duties and expenses when their partners/ ex-partners with gambling difficulties are in debt (Shaw et al., 2007; McComb et al., 2009). As identified in the empirical literature review, spouses of partners with gambling difficulties assume the burden of caregiving by managing the family finances. Ferland et al. (2022) highlight that one reason spouses of a partner with gambling

difficulties manage the household finances is because of the fear of losing their home. Similarly, Dickson-Swift et al. (2005) and Valentine & Hughes (2010) report that spouses of partners with gambling problems assume additional roles, e.g., increased childcare responsibilities, which they found emotionally stressful (Patford, 2009; Steinberg, 1993). The findings in the current study highlight how overlapping roles of women (e.g., a spouse with parental responsibility) can heighten the impact of gambling and the level of their caregiving responsibility.

Drawing on the niece's caregiving in the present study, previous research indicates that extended family members assume supportive roles for their relative with gambling-related difficulties (McComb et al., 2009). The niece in the present study described mourning the loss of a parental figure (an uncle) while being placed in a caregiving role. Research indicates that relatives experience relational loss of a family member due to their gambling problems (Darbyshire et al., 2001). The niece in this study reported experiencing disappointment and helplessness due to the loss of the emotional stability she once received from her uncle. Emotional impacts of gambling problems (e.g., hopelessness, distress) are recognised as negative consequences of family members with a person with gambling difficulties (Holdsworth et al., 2013; Ciarrocchi & Richardson, 1989). Gambling impacts on extended family members have been documented as indirect gambling harm (Banks et al., 2018) or minimally impactful (Dowling et al., 2016a). For instance, Banks et al. (2018) revealed that the niece in their study was not directly impacted by her uncle's gambling behaviour, as his unauthorised access to funds was from his brother's account rather than the niece herself. Contrary to the finding synthesised in the reviewed literature, the current study found that an extended family member's lived experience can be felt as direct and emotional harm. This current finding adds to the limited research on the lived experience of extended family members (Ferland et al., 2022) of a relative with long-term gambling-related difficulties by illustrating the emotional consequences of gambling (e.g., disappointment, helplessness) they experience.

The second sub-theme of '*Giving whatever it takes*' captures two participants' (one as a mother to the family member and another as a spouse) narrative of the pressure of caregiving for their family member, and the extra effort they took beyond what they would normally do. The mother in the present study described clearing her child's debts but, in doing so, incurred more debts, leaving her feeling financially insecure. Consistent with research, parents of children with gambling problems reported experiencing financial consequences (e.g., depleted savings) after paying off their children's gambling debts (Banks et al., 2018; Moody, 1989). Another account of the mother in the current study, exceeding her caregiving roles, was her persistent urge to seek gambling support for her daughter. However, she felt disappointed when her child declined help. While the literature review suggests that mothers felt obliged to assist their child due to the emotional bond they shared (Heineman, 1989), the current findings extend this by demonstrating the emotional experience of that obligation, i.e., financial insecurity and disappointment.

In the current study, the spouse described going beyond her caregiving role as prioritising her ex-partner's interests to reduce his gambling cravings. This was expressed through feelings of despair and resignation, given that the spouse also had to fulfil her children's needs. These present findings support the empirical literature reviewed earlier, indicating that spouses of individuals with gambling difficulties experience emotional consequences, which include despair, hopelessness and uncertainty (Matthews & Volberg, 2013; Kourgiantakis et al., 2013). Similarly, research suggests that while partners take steps to reduce their partner's gambling (Shaw et al., 2017), their efforts are often emotionally burdensome (Côté et al., 2020).

Taken together, these current findings provide insight into how relational closeness (i.e., as a mother or spouse) to a family member with gambling difficulties may result in significant emotional distress while exceeding typical caregiving roles.

Second Theme: I Am Bearing the Financial and Emotional Consequences of Betrayal

Participants (i.e., a sister, a spouse and a mother) in the present study reported experiencing their family member's long-term gambling-related difficulties as a form of betrayal, expressing feelings of violation emerging from financial deceit, undisclosed inheritance and credit card theft. These present findings echo the work of Holdsworth et al. (2013), who found partners and ex-partners reported being lied to, deceived and stolen from by their family member with gambling difficulties, resulting in distress, mistrust and a sense of betrayal. Participants in the current study reported experiencing strained relationships (e.g., lack of trust and respect) resulting from their family member's deception and secrecy about their gambling. For instance, the sister in the present study reported experiencing financial consequences (e.g., issues with her creditworthiness) following the financial betrayal associated with the gambling debts incurred by her brother. Consistent with existing literature, participants experience the breakdown of their relationship (Dickson-Swift et al., 2005), financial repercussions (Subramaniam et al., 2017), and reduced emotional closeness (Valentine & Hughes, 2012) following their family member's gambling deceit. These present findings further expand on the literature reviewed in Chapter 2, by demonstrating that the experiences of betrayal related to a family member's long-term gambling-related difficulties can undermine the trust and financial stability of their women relatives.

The first sub-theme, "*They Stole More Than My Money*", highlights participants' accounts of the significance they tied to the money stolen by their family member. The sister in this present study described feeling financially insecure and mistrust after her brother stole her credit card. As outlined in the literature review, similar findings have been reported by Patford (2007), who found that participants expressed a deep sense of betrayal and disbelief upon finding out that their money had been stolen by their family member with gambling difficulties. While Patford's (2007a) study reported that participants chose not to

pursue their stolen funds from their family member with gambling difficulties to avoid family conflict, this current study builds on this finding by highlighting a participant's attempt to contest their experience of being defrauded by the said family member, which they described as emotionally distressing. In this instance, the sister in the current study described feeling humiliated after confronting the credit agency about gambling debts incurred in her name. It has been evidenced that relatives of the family member with gambling difficulties face enduring harassment from creditors (Dickson-Swift et al, 2005). This present study contributes to existing research by highlighting how emotional harm can be experienced by women relatives when reclaiming their financial autonomy, owing to their experience of being defrauded by their family member with long-term gambling-related difficulties.

The mother in this present study reported a profound loss of respect upon discovering that her daughter had stolen her credit card. Previous research has documented how the impact of financial deceit related to gambling problems can erode respect within familial relationships (Subramaniam et al., 2017). This present finding highlights how financial gambling harm can alter how women relatives may view and relate to a family member with long-term gambling-related difficulties.

The second sub-theme, *"Their Lies and Secrecy Ruined Me"*, highlights participants' experiences of how their family member's dishonesty and secrecy surrounding their long-term gambling-related difficulties left them feeling psychologically distressed. Participants experienced lies as being unaware of how much money was stolen from them, while secrecy was felt as their family member's concealment of their inheritance. Participants in the current study spoke about how the unawareness of these deceptions led to a breach of trust and a profound loss of confidence in their relationship with their family member. These present findings mirror the literature review earlier, which suggests that distrust stems from a succession of lies and deceitful behaviour by a family member with gambling problems (Dickson-Swift et al., 2005). Feelings of suspicion and devastation

were reported by the spouse in this current study after uncovering her ex-partner's deceit regarding his inheritance. Likewise, the spouse described how her experience of her ex-partner's inheritance resulted in compelled relocation, giving rise to social isolation and the loss of a community she and her children once knew. This supports the critically reviewed literature earlier in the thesis, which highlighted that participants reported feelings of betrayal, deep hurt and broken promises when they became aware of their partner's lies regarding their gambling.

Participants in the present study described experiencing persistent lies from their family member, leaving them deeply hurt and with a loss of trust in them. More specifically, they reported how this was made worse as it came from someone they considered family. Lorenz & Yaffee (1988) found that constant lying from family members with gambling difficulties breaks down trust in their relationships. The sister in the present study reported how her brother's ongoing lies about his unauthorised use of her bank funds weakened her financially, leaving her reliant on another for support. Consistent with previous research (Dickson-Swift et al., 2005), persistent lies of a family member with gambling difficulties often leave their AOs fearful of the loss of financial security. One participant (a mother) in the current study expressed resentment towards their family member's lies following their gambling habits. Findings of this present study mirror the work of Lorenz & Yaffe (1998) and Dickson-Swift et al. (2005), who reported that a family member's lying in relation to gambling difficulties can give rise to anger and violence. Viewed alongside the literature reviewed in the thesis, the present findings point to how constant lies from a family member with long-term gambling-related difficulties can disrupt their relatives' sense of financial stability and trust over time.

Third Theme: I Carry the Long-Term Impact of Their Gambling While Attempting to Rebuild My Life

The theme highlights participants' accounts of managing the emotional weight

(anxiety, uncertainty and fear) they carried during and after their experience of their family member's long-term gambling-related difficulties. Previous studies (Azemi et al., 2022; Dowling et al., 2016a) have consistently documented that relatives of individuals with gambling difficulties face adverse emotional distress because of their family member's gambling behaviours.

One participant (the sister) in this present study reported adopting a positive view of her experience despite initially facing the impact of gambling as profoundly distressing. This finding corroborates those of Rychtarik & McGillicuddy (2006), who emphasise that family members adopt coping strategies to manage gambling-related harm which, when effective, reduce distress. In particular, the sister spoke about coping by comparing other adverse events in her life as less detrimental than the emotional impact she experienced over the theft of her credit card by her brother. Another participant, a mother in the study, avoided conflict and expressed resignation as her way of living through the gambling impacts. When considered alongside the literature reviewed in Chapter 2, participants' accounts of rebuilding their lives support earlier findings that women assumed different coping strategies. The present findings extend the current understanding that rebuilding is not merely about behavioural coping skills. Instead, participants evaluated their experience of their family member's gambling by taking on a positive perspective, comparing their experience with other adverse life events, and intentionally avoiding conflict to look after their well-being.

Participants' attempt to reclaim their lives during and after their experience of gambling-related difficulties involved finding ways to cope with their experience emotionally. In the current study, a daughter reported redirecting her feelings of anger and unhappiness concerning her mother's gambling difficulties by focusing on her mother's physical health. This current finding suggests that when AOs reframe their role, it can reduce ongoing conflict and safeguard their well-being. The body of literature reviewed earlier in the thesis reinforces previous research (Krishnan & Orford, 2002), highlighting

that AOs use withdrawal coping, that is, detaching themselves from the gambler and their gambling difficulties, to manage their distress. The present study adds to the understanding of participants' experience of rebuilding, conceptualising it as a shift in emotional energy away from a family member's gambling behaviour to regain emotional stability. For the mother in this study, rebuilding her life meant engaging in education and learning new skills. This was experienced as a conscious effort to be independent after she expressed that she did not want to rely on welfare benefits. This finding illustrates how, for some AOs, reclaiming their lives entails regaining autonomy after prolonged financial and emotional harm. Similar strategies have been documented in prior studies (Chan et al., 2016; Krishnan & Orford, 2002), in which AOs engage in their own interests (i.e., self-development, reclaiming agency, and learning new skills) as a way of coping with adverse gambling impacts.

Fourth Theme: I Am Trying to Forgive, As It is a Hard Thing to Do

Two participants reported forgiveness toward their family member as an enduring process shaped by conflict and the need to maintain familial ties. The daughter in the current study described her experience as cyclical. This meant forgiving her mother after a gambling relapse, only to be frustrated when the gambling persisted, resulting in the participant drawing on emotional depth to forgive again. While the theme of forgiveness was not evident in the literature review, it emerged in the current findings, consistent with previous research suggesting that spouses often face emotional oscillation between optimism and doubt when struggling with their partner's abstinence from gambling (Patford, 2009). The present finding nevertheless extends this understanding by demonstrating that forgiveness may not reduce distress for women relatives following their relative's gambling relapse but could indicate perseverance in ongoing harm. The same participant further expressed tension in conforming to her religious beliefs regarding forgiving her mother and

her expectation of her mother accepting responsibility for her gambling behaviour. The current finding extends previous research by showing that, while religious beliefs can shape individuals' willingness to forgive in interpersonal relationships (McCullough et al., 2005), forgiveness may be addressed together with a need for the family member's accountability and acknowledgement of the impact of their gambling behaviour on the relationship.

In contrast, another participant, the sister in the current study, reported her anger and unwillingness to forgive her family member (brother) due to the gambling impacts she endured. She expressed that the experience made her unwell. However, she felt compelled to forgive to maintain her relationship with her extended family (nieces and nephews). The present finding aligns with previous research, which suggests that forgiveness in familial relationships likely depends on the relationship context and the psychological needs it serves (Maio et al., 2008). The current findings suggest that AOs' willingness to forgive their family member may be a means of maintaining their familial relationships at the cost of emotional distress.

Taken together, the present findings extend this understanding by suggesting that AOs' efforts to forgive their family member appears to be a complex and emotive process influenced by relapse, moral obligations, and familial connections, rather than a linear pathway to recovery.

Participants' Narratives in Relation to the Theoretical Models of Gambling-Related Difficulties

The thesis does not set out to validate the theoretical models of gambling-related difficulties noted in the literature review. Rather, the focus was to explore women's relational experience with their family member experiencing long-term gambling-related difficulties. Nonetheless, the participants' narratives regarding their family member's gambling behaviours will be considered to determine whether aspects of their gambling were consistent with the existing models discussed in the literature review. It is important

to note that this comparison is speculative, as participants' accounts of their family member's gambling were based on their own perspectives rather than reports of the psychological and sociological processes of their relatives' gambling. First, I will report on the psychological model of gambling-related difficulties.

Amanda described Rosa, her daughter, as often chasing gambling wins. This account may be considered as *behaviourally conditioned* within the Pathway model described in Chapter One, in which gambling habits are sustained by conditioning and reinforcement (Blaszczynski & Nower, 2002). The repeated pursuit of wins, as expressed by Amanda, may be consistent with the above model, as Rosa's gambling seemed to persist despite previous losses. However, Amanda's account falls short of stating the psychological processes underpinning Rosa's gambling. Therefore, it would be inappropriate to categorise Rosa's gambling as conclusively within the behaviourally conditioned subgroup. However, regarding the knock-on effect of Rosa's gambling, continued chasing of wins could undermine Amanda's trust in Rosa and the security of their relationship.

Jay's account of providing distraction techniques to her spouse to prevent him from returning to gambling does not establish whether her spouse's gambling was related to the biologically vulnerable, emotionally vulnerable or behaviourally conditioned subgroup (Blaszczynski & Nower, 2002). Jay's narratives speak to managing the consequences of the gambling behaviour rather than describing the underlying function. This suggests a limitation of trying to map participants' narratives onto the Pathway Model, as they primarily describe the relational consequences of their relatives' gambling behaviour. The consequences of Jay's spouse's gambling may result in constant monitoring and caregiving by Jay, placing additional demands on the wider family.

Caitlyn's description of her brother stealing from credit cards and voluntary donations to fund his gambling does not provide sufficient evidence to determine which pathway underpinned this behaviour, nor does Vera's account of her mother begging for

money to fund her gambling. While these behaviours appear socially inappropriate, they should not be taken as evidence of a particular pathway within the model. The knock-on effect of Caitlyn's brother's gambling behaviours may create conflict and undermine trust for her and the wider family. Vera's mother's repeated requests for money may place tension on the wider family wanting to support her. Additionally, it may create feelings of frustration or responsibility for Vera in trying to put boundaries in place for her mother.

The sociological model of gambling-related difficulties suggests that gambling may be learned through exposure to an individual's family or wider environment (Vakalahi, 2001). This is relevant in Amanda's account, where she reported taking Rosa with her when she gambled. While it may be possible that Rosa may have learned gambling through her mother, it would be inappropriate to conclude from Amanda's report that Rosa learned to gamble from her mother. This is because the study did not examine the participants' narrative of their family member's gambling based on the sociological model. Also noted is Vera's account of the onset of her mother's gambling as a way of connecting to her community. Given that Vera's experience of her mother's gambling was not investigated in relation to the sociological model, it would be inappropriate to attribute her gambling to this model. However, the ongoing effects for both participants include continuous care for their family member, and awareness of their relapse or possible harm.

Implications and Recommendations

The participants' lived experience underpins the implications and recommendations detailed below and does not represent an assessment of services provided by existing gambling support charities or other clinical services. Rather, they highlight a theme-by-theme framework to illustrate each finding of the current study. Further, they suggest considerations for clinical practice, service provision and policy development that emerge from participants' narratives of their relational experience of their family member with long-term gambling-related difficulties.

First Theme: I Had to Care for Them and Others

The first theme, '*I had to care for them and others*,' illustrates how participants assumed caregiving responsibilities for their family that were beyond their usual roles. These responsibilities involved meeting their children's needs, providing financial and emotional support. For some, there appeared to be a reversal of roles between the participant and their family member, with the participants often unrecognised in their roles.

Regarding clinical practice, this first theme highlights the necessity for practitioners (e.g., counselling and clinical psychologists, GPs) to assess the burden of caregiving for women relatives of a family member with long-term gambling-related difficulties. Counselling psychologists providing intervention for AOs should assess for reversed roles, the physical and mental strain linked to these roles, particularly among women. The findings of this theme suggest that caregiving for these women often becomes the norm, implying that women may not be seen as distressed unless directly asked. Therapeutic work should validate women's experiences as AOs rather than focusing on their role as the primary support for their family member (Riley et al., 2020). Targeted support should help explore the women's emotional burden of maintaining stability for their family member with gambling difficulties and others (e.g., children) in their care.

At a service level, participants' accounts suggest the need for support networks to recognise women as AOs in their caregiving roles and to validate their emotional experiences. While gambling policy recognises AOs' need to access appropriate support for the impact of their family member's gambling, it lacks guidance on how services should identify and address the distinct needs of AOs (Sulkunen et al., 2021). In practice, recognising and addressing women as AOs in their caregiving roles could involve integrating questions about caregiving responsibilities and emotional well-being into AOs' assessments for practitioners. Additionally, for AOs, clearer treatment pathways are needed to support them, rather than assuming that these women's role is to support their family members.

Findings in this theme suggest that services should recognise women as AOs in the caregiving responsibilities, which could be a form of gambling-related harm that requires therapeutic support. The National Institute for Health and Care Excellence (NICE, 2025) guidelines on intervention for families and AOs recommend couples or family therapy and suggest that uptake and engagement with this therapy are important for improved outcomes. Thus, clinicians should deliver therapies that integrate gender-sensitive and trauma-informed principles, which may facilitate therapeutic engagement for women as AOs independent of their family member with gambling difficulties. In terms of service level recommendations, clinical and counselling psychologists may benefit from receiving training targeted at supporting women as AOs with the burden of caregiving beyond healthy boundaries, to lessen the guilt linked to putting their needs first. Additionally, interventions should be tailored to meet the women's relationship type with their family member with long-term gambling-related difficulties.

Second Theme: I Am Bearing the Financial and Emotional Consequences of Betrayal

The second theme, *I am bearing the financial and emotional consequences of betrayal*, captures how the participants experience their family member's long-term gambling-related difficulties as a violation of trust. The current findings indicate that participants' family member's financial deception disrupted their sense of stability, safety and trust in them. Additionally, their family member's gambling secrecy resulted in a participant's loss of social connection, while theft of participants' credit cards led to disrespect towards their family member.

Concerning clinical practice, the present findings highlight the need for therapists to recognise that financial and emotional consequences of betrayal regarding a family member's gambling can present as relational and emotional distress, not only as a monetary problem. Clinical work with women as AOs may require exploring mistrust,

feelings of violation, and the financial and emotional impacts of deceit in relation to a family member's gambling difficulties. Using a compassionate and person-centred approach, practitioners would benefit from supporting AOs in processing the loss of a relationship they thought they had with their family member, instead of solely exploring coping mechanisms.

Regarding service provision, findings of this theme suggest the need for initiatives that integrate pathways to support women as AOs experiencing financial and emotional distress (e.g., housing insecurity) due to their family member's gambling. This could mean incorporating the role of third-sector services to provide early intervention and access to financial advocacy (e.g., credit dispute services) for women as AOs. While access to credit dispute services may be important, following financial harm, financial safeguarding or advice will assist AOs before financial hardship becomes deep-rooted. In practice, professionals working with women as AOs (e.g., support workers, psychologists) may benefit from training to identify signs of financial exploitation (e.g., misappropriation of shared financial resources) within relationships where their family member has gambling difficulty.

Third Theme: I Carry the Long-Term Impact of Their Gambling While Attempting to Rebuild My Life

The third theme, *I carry the long-term impact of their gambling while attempting to rebuild my life*, describes how the participants in the present study bore the emotional weight at the time of their family member's gambling difficulties and in the aftermath. The current findings suggest that participants adopted a positive outlook, emotionally distanced themselves from their family member and redirected their energy to manage the gambling impacts. Additionally, the findings illustrate participants' willingness to develop themselves as a coping strategy to gain autonomy.

From a clinical practice perspective, practitioners and support workers should

support women as AOs in validating self-motivated goals (e.g., gaining skills, self-improvement) as part of their recovery. Women as AOs should be encouraged to reflect on their coping skills during therapy and assess how well these skills serve them, or whether a change is necessary over time. Counselling psychologists may support women as AOs by helping them to prioritise their well-being alongside the gambling harm they might have experienced or are currently experiencing. At a policy level, there is a need for public awareness, making it explicitly clear that gambling-related harm impacts AOs in the long-term, rather than depicting the harm only through the lens of the person who gambles. In terms of service provision, interventions should support women as AOs in their personal development, rather than focusing only on developing coping skills or on the development of the family member with gambling difficulties. Psychologists could provide workshops (e.g., psychoeducation) to women as AOs based on personal identity, self-confidence and future planning.

Fourth Theme: I Am Trying to Forgive, As It is a Hard Thing to Do

The fourth theme, *I am trying to forgive, as it is a hard thing to do*, captures participants' experience of forgiveness of their family member's gambling behaviour as a challenging process. The current findings indicate that forgiveness appeared to serve as a way for participants to preserve their family relationships while enduring the emotional harm (e.g., anger, unhappiness) caused by their family member.

In clinical practice, counselling and clinical psychologists need to be sensitive in their approach to forgiveness when working with women as AOs and not presume the need to forgive as a therapeutic goal. Therapeutic work should explore the meaning of forgiveness through the lens of women as AOs, rather than framing it as an expected route to recovery. Additionally, this approach should explore any tension between AOs' religious beliefs concerning forgiveness and their expectations of accountability from the family

member who gambles. Women's feelings of resentment and anger towards their family member who gambles should be explored, recognising that they are individuals with their own emotional needs, rather than merely supporters of the family member. Practitioners should support women as AOs in understanding their meanings of resolution and self-preservation, particularly when attempting to forgive their family member. This approach may help ensure that women AOs are not expected to normalise putting their needs last, with forgiveness used to maintain relational ties at the cost of their well-being. Regarding service provision, non-judgmental spaces should be accessible for women AOs to express their ambivalence about forgiving their family member, without expecting them to do so. Such a provision should acknowledge that women may be unsure about forgiveness or not be in an appropriate space to forgive, and this should be respected as their own individual experience. At a policy level, the current findings suggest that gambling impacts can leave a moral burden on AOs, i.e., the expectation to forgive. Hence, policies within services should prioritise the emotional well-being of women as AOs, rather than focusing on upholding their relationship with their family member.

Evaluation of the quality of the research

In keeping with the approach outlined in the Methodology and Methods chapter, the quality of this current study is evaluated using Yardley's (2000) framework. This approach was selected as it provides an adaptable and cohesive framework for assessing quality in interpretative qualitative research. As mentioned earlier, it emphasises: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. This section examines the current study against the above criteria, noting its strengths and limitations.

Yardley's (2000) first dimension, sensitivity to context, refers to my attention to participants' lived experiences and the sociocultural factors involved in their experiences of their family member's long-term gambling-related difficulties. Sensitivity to context was

observed during the interviews, as participants were allowed to communicate their experiences in their own words and in a non-judgmental manner. Participants' recruitment via gambling support charities suggests their likely awareness of discussing gambling-related experiences with others. This may have enabled their openness during the interview process. Ethical considerations were considered during participants' interviews, as they were permitted to withdraw from the study and take breaks when needed. As a researcher, I was aware of my own biases throughout the research project and the power dynamics in the researcher-participant relationship. Therefore, I kept reflexive logs to record my preconceptions and ensure that my interpretations remained grounded in the participants' narratives. Additionally, I allowed participants to guide the depth of their interviews by adjusting the pace to suit their needs. While the current study explores participants' lived experiences and situates them within gendered and socio-cultural contexts, its sensitivity to context may be limited by the current sample's demography, which may not fully capture broader contextual diversity.

The second dimension, commitment and rigour, was shown through my continued engagement with participants' accounts and the analytic process. As previously discussed, being a neurodivergent researcher, I adopted an analytical process that involved colour-coding transcripts to focus on the salient parts of the data. I used an Excel Spreadsheet to organise experiential statements into those worth keeping and those to discard. Careful attention was paid to grouping the PETs using number coding. Subsequently, each participant's PETs were closely examined, with salient material across the participants' data colour-coded to support their development into the GETs. These strategies allowed my commitment to the data and movement through each analytic stage. Using visuals (e.g., Excel Spreadsheet, colour-coding) supported my sustained attention and thorough engagement with the transcripts. Rigour was strengthened through the ongoing review of my GETs and the supporting transcripts, with regular supervision from Dr Damon. The feedback on my data analysis from Professor Belle Gavriel-Fried, the current head of the

Bob Shapell School of Social Work at Tel Aviv University and the head of the Addictions and Recovery Lab, prompted me to review my interpretations to ensure they remained grounded in the data. For example, I took on Professor Gavriel-Fried's feedback of merging my previous second and third GETs into a single GET and reframed the title she suggested, '*Financial Betrayal and Its Consequences*', to '*I Am Bearing the Financial and Emotional Consequences of Betrayal*'. This was to define for the reader how each GET differs from the others. Additionally, I followed Professor Gavriel-Fried's suggestion to identify participants' ages and their relationships to their family members when a participant's quote first appears in the present study. The critique of my draft literature review by Dr Sharman led me to include current research from the Gambling Commission to strengthen the current study's rigour. Further, his comment on my use of the term "*problem gambling*" prompted me to provide a section of my reflection on the use of the language in the current study. Despite the commitment and rigour I have put in place, one limitation of this approach is that, given my focus on salient extracts, other segments of the transcripts may have received less analytical attention.

Yardley's (2000) third dimension, transparency and coherence, illustrates a clear documentation of the research process and how this aligns with the research question and findings. In the present study, transparency was documented by outlining the development of the interview schedule and reporting the recruitment process. Verbatim quotes from participants' narratives highlight how my interpretations were grounded in the data. Transparency was achieved by showing how I re-conducted my systematic literature review and by clearly evidencing the updated search terms and inclusion criteria. Coherence was maintained in the grouping of the GETs and sub-themes in a systemic manner, reflecting the progressive development of participants' experiences. Consistently linking the current study's findings to previous research ensured coherence. However, given that I conducted the data analysis alone, the interpretations were influenced by my analytical lens, which may be viewed as a limitation.

The final dimension, impact and importance (Yardley, 2000), emphasises the extent to which a study provides real-world relevance beyond the scope of the research. This entails its significance to counselling psychology, its importance to clinical practice, and its capacity to inform future research. By focusing on UK-based women without gambling problems, the current study adds to previous research that has often focused on individuals with gambling difficulties. The present study's findings are relevant to counselling psychology as they illustrate participants' experiences of distrust, lack of financial security and betrayal from their family member with long-term gambling-related difficulties, which can inform targeted interventions. It draws on the need for services to provide treatment pathways (e.g., AOs support groups, trauma-informed therapy) for women as AOs to access psychological support. Finally, it creates an intersectional awareness of how these women's experiences of their family members are often overlooked. As the current study's findings are based on a small sample of UK-based women, its transferability to trans women, men, and non-binary individuals is limited.

Evaluation of the study

Strengths

Firstly, a main strength of the present study is that it contributes to an overlooked gap in research, i.e., the lived experiences of UK-based women as relatives of a family member experiencing long-term gambling-related difficulties. Previous research in this area has predominantly focused on the individual gambler (Pulford et al., 2009), women as spouses (Dickson-Swift et al., 2005) and children of an individual with gambling difficulties (Darbyshire et al., 2001). Secondly, the current study's small and homogeneous sample (relatives of the gambler) enabled in-depth engagement with participants' narratives, consistent with IPA's idiographic commitment. Thirdly, the findings of the present study offer more nuanced, detailed narratives that capture participants' in-depth experiences

(e.g., mistrust and betrayal). Participants appeared to discuss their experiences beyond surface descriptions. Fourthly, the use of online recruitment allowed for a representative sample across the UK. Participants' age groups enabled varied perspectives and experiences of their family member's gambling difficulties. The current study involved two participants from Chinese and Bangladeshi backgrounds, who are often underrepresented in gambling research (Tran et al., 2024). Finally, despite intending to demonstrate ethical sensitivity through my use of the term "problem gambling", as noted earlier, this language was brought to my attention during my viva examination, highlighting its stigmatisation of those with gambling difficulties. Replacing the term with "gambling-related difficulties" reflects my sensitivity to how family members with gambling difficulties are addressed, seen, and represented in my current study.

Limitations

Despite several strengths highlighted in the current study, it is important to acknowledge its limitations. One limitation of this study relates to its homogeneity in exploring UK-based women as relatives of a family member with long-term gambling-related difficulties. Although the participants were classed as relatives, they filled different familial roles (e.g., mother, sister, niece, daughter and spouse), which may have influenced their experience of gambling impacts. This meant that the lived experiences of participants who share a similar relationship with their family member were not investigated in depth.

Given that IPA captures participants' experiences as subjective and individual, its idiographic commitment does not allow the current study's findings to be generalisable to wider populations. Rather, findings provide in-depth insights into a small number of lived experiences. Subsequently, the present study's sample size may have constrained the diversity of participants' experiences. This is because the current study's findings were based on the narratives of three participants who were White British, one of Chinese

descent, and another of Bangladeshi background, limiting the nuances of other ethnicities.

Some of the participants' narratives were retrospective, indicating that their reflections were based on past experiences rather than on how they felt in the moment. This may have shaped how they recalled, understood and recounted their experiences, particularly as they may have previously been involved in the meaning-making of their experience (through the support they might have received from gambling support charities). Hence, the emotions expressed during the interviews may vary from those felt at the onset of their family member's gambling difficulties. As a result, the current findings may have mirrored participants' present knowledge of their experiences instead of the emotional responses that existed at the time of their family member's experience of their long-term gambling-related difficulties.

Additionally, there may be implications for recruiting participants through third sector and gambling support charities. For instance, the narratives of women who have received intervention from the aforementioned services may differ from those who have not accessed support. Further, the family member's treatment status may have influenced the participants' accounts of their family member's gambling. This is because, due to their family member's engagement with treatment, it is possible that the women's experiences were shaped by the expectations linked to treatment engagement. On the other hand, women whose family member did not receive support may have expressed a different experience of their relative's gambling-related difficulties. Therefore, the current study's findings may not represent the lived experiences of UK-based women whose relatives have not received treatment from support services.

The present study did not include women who gamble or those who may have experienced or were currently experiencing gambling-related difficulties. Therefore, the current study's findings cannot speak directly to women whose own gambling experiences overlap with their experience as AOs. Further, the present study includes only UK-based women, limiting the extent to which detailed idiographic insights may be transferable to

women as AOs in other geographical settings.

I encountered the following during the interpretation of the data. While constructing the GETs and sub-themes, I found that the participants' accounts were interconnected, making it challenging to separate the distinct opinions they expressed into sub-themes. For instance, experiences of mistrust, disrespect, betrayal, and resilience were often interwoven and appeared concurrently in participants' narratives. I had to carefully sift through and locate specific excerpts for each sub-theme, knowing fully well that they could fit into other sub-themes. I perceive this as the challenge of IPA coding, since individual experience is rarely well organised. Additionally, my organisation of the GETs and sub-themes involved an effort to bring together participants' divergent yet interconnected meaning-making. While the interconnectedness of the themes might have been suited for NA, I retained IPA because the study focuses on exploring participants' experiences rather than how they construct their accounts.

Reflections On the Research Process

While I realise that identifying oneself as a 'neurodivergent' researcher is often exercised in academic contexts (Grant & Kara, 2021), it is not a term that I have felt comfortable using. Throughout my write-up, I have deliberately refrained from assigning a diagnostic label to portray my position as a researcher. Instead, I position myself as someone who struggles to put thoughts down in writing. Throughout my studies, I have learned to cope and live with this challenge. It was only during my doctoral training that I came to understand my persistent struggles through the lens of dyslexia. This helped me understand my difficulty rather than defining who I am.

While collecting data for the current study, I gradually recognised that research expectations were generally shaped by neuronormativity (i.e., the idea that individuals think/work in ways typical of the majority, without consideration of neurodivergent differences). There is limited literature on how IPA can guide neurodivergent researchers

in processing large amounts of data. Doctoral research often focuses on ensuring an adequate sample size, with less attention given to neurodivergent researchers situated within these expectations (Phan, 2025).

As discussed in the Methodology and Method Chapter, I formulated a way of analysing the data that would enable me to engage with it and process it thoroughly. These adjustments did not weaken the analytical rigour of this present study but rather allowed me to sustain my attention to the participants' narratives. Without these adaptations, I would have found it challenging to engage in depth with the sheer volume of data. This awareness demonstrates how methodological rigour can be upheld while allowing flexible approaches tailored to the researcher's needs, rather than adhering to fixed procedures in the analytical process.

Directions for Future Research

Given the present study's findings and limitations, several areas for future research could be further explored on how UK-based women experience their family member with long-term gambling-related difficulties. This finding in this current study suggests that women relatives assume significant caregiving responsibilities for their family member and children. For some, this was reported as a reversal of roles. Future research could investigate the prolonged psychosocial effects of enduring caregiving responsibility among women as AOs. The women's experience of reversed roles indicates the need for research to examine how changes in the interpersonal dynamics between women relatives and their family member shape identity and attachment styles impacted by long-term gambling-related difficulties. Concerning the caregiving responsibilities assumed by the women in the current study, future research could investigate how gendered expectations influence the shared financial and emotional burden within families impacted by long-term gambling difficulties.

Findings in the present study indicate that participants experienced difficulty

forgiving their family member with long-term gambling. However, they attempted to forgive to maintain their family relationships. For these participants, forgiveness was deemed necessary for the survival of their relationship. This suggests that forgiveness may be driven by the need for relational connection rather than by the need for emotional closure. Future research could examine how forgiveness is felt and managed among women relatives of AOs, particularly where maintaining family relationships is prioritised despite continued distrust in their family member.

In the current study, the term “problem gambling” was objected to by some gatekeepers, impacting how the recruitment flyer was disseminated. This term assumed interpretative significance and may influence AOs’ accessibility to participate in research. Should such terminology stigmatise, AOs may be reluctant to engage in research. Future qualitative research could investigate how the use of gambling-related terminologies (e.g., “addict”, “problem gambler”, “problem gambling”) may contribute to accessibility and engagement of research among AOs.

Given the small sample size of this research project, future research could extend the scope of inquiry by investigating both a broader demography and the experiences of AOs. Future research could examine a larger and more diverse sample, e.g., men and gender-diverse AOs. This could also involve examining women as AOs from diverse cultural and ethnic backgrounds. The current study’s inclusion criteria comprised women who did not have gambling difficulties. Future research could include women who gamble or those who have experienced or are currently experiencing gambling-related difficulties. This could explore how these positionings may shape their experience of their family member’s gambling. Future research could explore different types of family relationships to examine whether experiences may differ depending on the nature of the relationship with the family member who gambles. Additionally, future research could investigate AOs who have not accessed gambling support services, as well as their family member who have not received intervention. Future research could explore longitudinal designs,

particularly to understand how family members' experiences change over time in relation to recovery, trust, forgiveness, financial harm and the longer-term impact of gambling - related difficulties.

My reflections on the research project

Although I found my thesis demanding, it has been a fulfilling experience. Analysing participants' interpretations is a skill that I will take forward into my clinical practice, where my understanding of clients' subjective experience is fundamental. Furthermore, this study's interview process allowed me to develop my observational skills, specifically paying attention to non-verbal cues alongside listening to participants' narratives. I feel confident that this will inform my work with clients as I attune to how they express themselves rather than solely focusing on what is said. There were moments during this research journey that felt all-consuming, and I was uncertain whether I would complete this study on time while juggling different hats (e.g., as a mother, wife, and student). Other times, I felt self-doubt and questioned whether I had structured my write-up correctly. However, reaching the end of the current study has made me proud of what I have achieved, despite the challenges I faced along the way.

Overall, I hope this study has been able to amplify the voices of the women who gave their time and genuinely shared their lived experiences with me. I implore professionals, e.g., social workers, support workers, therapists and GPs to reflect on their work with women as AOs and ask themselves how their voices can be heard and understood in the systemic settings they occupy. I ask that we develop curiosity about women as AOs and the nuanced meanings of their experiences.

Chapter Five: Conclusion

The current study explored how UK-based women experience their relationship with a family member experiencing long-term gambling-related difficulties. Given that research has often focused on the individual with gambling difficulties, to my knowledge, this study is novel as it focuses on the lived experiences of women relatives of the said family member without gambling difficulties.

Using IPA, findings of this study reveal the often hidden emotional, relational and everyday burden endured by women relatives at the time of their family member's experience of long-term gambling-related difficulties and after the event. Throughout participants' narratives, their family member experiencing long-term gambling-related difficulties was reportedly felt in a way that reframed their perspective, trust, responsibilities and identity. The women in the present study described assuming caregiving roles that exceeded their usual duties, bearing the financial and emotional consequences of betrayal due to their family member's gambling behaviour. Yet, the women in the current study reported attempting to redirect and rebuild their lives while still enduring the aftermath of their family member's gambling behaviour. Actions, such as forgiveness, conflict avoidance and resignation, were reported by participants as their way of coping with their continuing difficulty. These acts appeared to maintain family relationships, often at personal cost.

These findings add to the existing literature on gendered expectations of women relatives as caregivers and their ability to adapt their emotional bearing to endure gambling-related harms. One major implication of this current study is the need for clinicians and support services to understand women relatives as people with individual emotional and interpersonal needs, as opposed to individuals who mainly provide support to their family member. Targeted interventions that focus on emotional safety and validation of emotional distress may be well placed to address the gambling impacts noted in this study. Longitudinal studies investigating the lived experiences of women as AOs would provide an in-depth understanding of long-term trajectories of these experiences and suggest

informed approaches to support these women.

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Appendices

Appendix A: First Ethics Amendment

Ethics ETH2324-2390: Ms Lola Afelumo (Medium risk)

Date Created	27 Jun 2024
Date Submitted	27 Jun 2024
Date of last resubmission	17 Sep 2024
Date forwarded to committee.	06 Sep 2024
Academic Staff	Ms Lola Afelumo
Student ID	190000378
Category	Doctoral Researcher
Supervisor	Dr Helen Damon
Project	Legacy Gambling Harm: Impact on Women with A Family Member's Gambling History
School	School of Health & Medical Sciences
Department	Psychology
Current status	Approved after amendments made

Ethics application

Amendments

SA1) Types of modification/s

Change project title

Change project documentation such as protocol, information sheets, consent forms, questionnaires, and recruitment materials (please upload the relevant files with highlighted changes)

SA2) Details of modification

- 1) Research project title - Non-problem gambling women's experiences of a family member's long-term problem gambling.
- 2) The research question has been amended: How do non-problem gambling women in the UK describe their experiences of a family member's long-term problem gambling?
- 3) Non-gambling women have been amended to non-problem gambling women.
- 4) The participant information sheet, debrief form, participant consent form, and recruitment flyer have been amended to reflect the amended research project title. The term 'harm' has been removed from the documents mentioned above. The interview schedule and background, and screening

questionnaire have also been amended.

- 5) Participant Information Sheet: The period of a family member's abstinence from problem gambling has been removed. Specification regarding the family member having attended treatment has been added. Information on unlimited relapse has been justified.
- 6) Participants' consent form: The notification period for withdrawing data has been amended to 2 weeks. Participants have been given the option to indicate 'yes' or 'no' if they would like to receive the research findings.
- 7) Rationale for video recording has been added
- 8) Inclusion criteria amended: The upper limit of participants has been removed; 8a) the term 'woman' has been defined; 8b) clarification on women's occurrence of their experiences modified; 8c) the definition of family member has been defined.
- 8) The number of participants recruited for the study has been adjusted from eleven to five, which includes my pilot study.

SA3) Justify why the amendment is needed

- 1) The term 'long-term consequences' of problem gambling has been removed as it intuitively conveys a negative meaning. Utilising IPA as my methodology, I aim to enable participants to define the term 'long-term' problem gambling themselves, as IPA focuses on how individuals make sense of their experiences. Moreover, Langham et al.'s (2016) framework on gambling harms does not capture the causal consequences of gambling harms, as this would only be possible using a prospective longitudinal methodology.
- 2) The qualitative approach for this data analysis is Interpretative Phenomenological Analysis (IPA), which aims to understand how participants make sense of the meaning of their experiences (Smith, 2011). To ensure unbiased responses, the research question has been amended to emphasise the importance of capturing participants' own interpretations of their experiences. In this study, problem gambling refers to difficulties in managing the amount of money and/or time spent on gambling, which leads to adverse effects on the gambler's life (Holdworth et al., 2012).
- 3) Research suggests that women are more vulnerable to gambling harm than men. Studies have investigated women who are both gamblers and affected others. For example, McCarthy et al.'s (2021) study on Australian women who gamble and have experienced gambling-related harm from a gambler within their social network. Similarly, Langham et al.'s (2016) work also focused on individuals who gamble and are affected others. However, these studies did not differentiate the severity of the women's gambling, such as whether it was no risk (recreational gambling) or significant risk (problem gambling). Additionally, they did not state the stages in the development of their gambling problems. For example, the social stage, where gambling is seen as a social activity (Kimberley, 2005). To date, there has been no research in the UK on women who are non-problem gamblers and have also been affected others of a family member's problem gambling. For the purpose of this research, the term 'non-problem gambling women' refers to women who are not at risk of developing gambling problems or who engage in recreational gambling without any negative impact on their lives.
- 4) Based on the IPA methodology, the term 'harm' has been omitted to avoid assuming that participants experienced harm from their family member's long-term problem gambling.
- 5) The duration of a family member's long-term problem gambling has been removed because existing

literature suggests that an individual may have discrete episodes of problem gambling that their significant other may be unaware of. Specification of the family member having attended treatment has been added because research shows that long-term problem gambling can persist even after an episode of problematic gambling has been resolved (Rockloff et al., 2022a). The family member may have had unlimited relapses, as research suggests that adverse effects of a person's gambling problem may persist even during recovery (Rockloff et al., 2022b).

- 6) This has been reduced because if I give participants a six-week period, I would have wasted time on transcription if participants withdraw from the research. This would leave me unable to start analysing data until six weeks after transcription, which would slow down my research process.
- 7) Research indicates that video interviews enhance safety for researchers and participants, making both parties less apprehensive as they can see each other during the interview (Khan & MacEachen, 2022).
- 8) The upper age limit for participants was omitted, as research on the international study of recreational gambling among older adults suggests that the growth rate of gambling participation has been highest among this demographic (Hirshorn et al., 2007).
- 8a) For the purpose of this research, I propose not to make any assumptions about my definition of a woman and to allow participants to self-identify as women. This is due to the complexities of self-definition versus the social definition of a woman (Stewart & Winter, 1974).
- 8b) The women would have experienced a family member's long-term problem gambling while residing in the UK. The family member would have been a resident in the UK during their experiences. This is because the current research focuses on UK-based non-problem gambling women.
- 8c) In this current research, "family member" refers to both immediate and extended family members. Most previous studies have focused on intimate partners and children, and have been based in Canada (Dowling et al., 2016), Singapore (Matthews & Volberg, 2012), and Australia (Patford, 2009). However, there has been little research on extended family members. So far, there has not been any study exploring the experiences of non-problem gambling women in the UK whose immediate or extended family members are problem gamblers. Existing studies show that the spouse of a gambler often experiences a strong impact of problem gambling, as well as children with parents who are problem gamblers (Matthews & Volberg, 2012). Therefore, it is important to understand and differentiate the experiences of participants in relation to either their immediate or extended family members' long-term problem gambling.
- 9) In the studies by Karagiannis (2020) and Scherzer (2015), doctoral researchers focusing on gambling within the field of counselling psychology, and employing IPA, have each recruited up to five participants. Additionally, the methodology of IPA supports the idea of working with a smaller group of participants. This approach allows researchers to deeply engage with and understand the detailed experiences shared by participants. As a neurodivergent researcher, I find that analysing data from a larger group, such as eleven participants, presents a significant challenge in terms of assimilation and processing. Working with a smaller group, like five participants, is more manageable and effective for me.

SA4) Other information

SA5) Please upload all relevant documentation with highlighted changes

Project amendments

P1) Project title

Non-problem gambling women's experiences of a family member's long-term problem gambling.

P2) Principal Applicant

Name

[Ms Lola Afelumo](#)

Provide a summary of the researcher's training and experience that is relevant to this research project.

I previously worked as a trainee counselling psychologist at the National Gambling clinic in London where I provided one-to-one cognitive behavioural therapy for clients expressing gambling problems.

P3) Co-Applicant(s) at City

P4) External Co-Applicant(s)

P5) Supervisor(s)

[Dr Helen Damon](#)

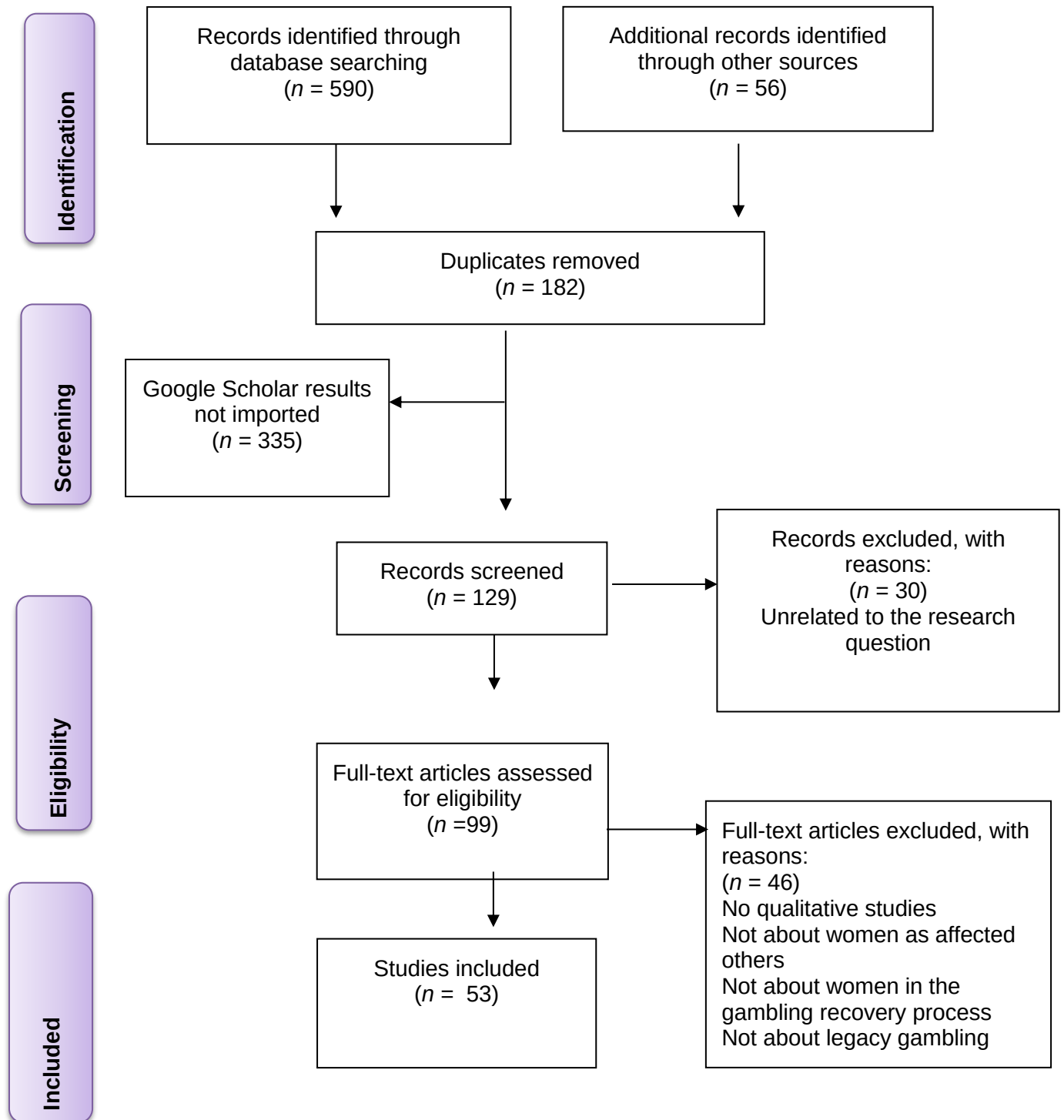
[Dr Jeeda Alhakim](#)

Appendix B: Search terms applied in the initial systematic literature review

Legal gambling harm AND women as AOs; women as AOs AND gambling impacts; women as AOs AND gambling recovery

Legal Gambling Harm	Women as AOs	Gambling Recovery
gambling impacts* OR meaning of problem gambling* conceptualisation of problem gambling* definition* OR conceptualisation* OR conceptualization* OR meaning* OR terminology* OR definition of gambling* OR understanding gambling* OR disordered gambling* OR gambling disorders*	women as affected others* OR Spouse* OR Females* OR partners*	Gambling recovery* OR Gambling intervention* OR Gambling support*

Appendix C: Flowchart of the initial systematic review



Appendix D: Search terms applied in revised systematic literature review

Women OR female family members; problem OR long-term gambling; lived experience; family; and UK context

Women OR female family members	Problem OR long-term gambling	Lived experience	family	UK context
Women OR female* OR Wife OR mother* OR daughter* or Spouse* OR partner*	"Problem gambling" OR "gambling disorder" OR "pathological gambling" OR "compulsive gambling" OR "disordered gambling" OR "gambling addiction" OR "long-term gambling"	experience* OR perception* OR perspective* OR View* OR narrative* OR "lived experience"	family OR "family member* OR Relative* OR spouse* OR partner* OR parent* OR child* OR children OR offspring OR "family impact" OR "family functioning"	United Kingdom OR UK OR Britain OR Scotland OR England OR Wales OR Northern Ireland OR England OR UK studies

Appendix E: Characteristics of Included Studies

Author/Year	Aims	Study Design	Study Setting	Demography/Sample	Analysis
McCarthy et al. (2022)	To understand how Australian women gamblers describe their concerns about the gambling of a person within their social circle, and the consequences of their actions on their personal lives.	Online panel survey	Australian states of Victoria and New South Wales	136 women (aged 18 and over) who gambled at least once annually and lived in the Australian states of Victoria and New South Wales. Women concerned about the gambling of their partner (n =40); a family member (n = 38); a friend (n = 27); their child (n = 7); a colleague, ex-partner or relative of a partner (n = 12)	Reflexive thematic analysis (Braun & Clarke, 2006)
Azemi et al. (2023)	To understand the experiences of immediate family members of gamblers in the UK. To recognise the consequences of problem gambling on close family members.	Semi-structured questionnaire	London area	9 female family members of gamblers in London.	Thematic analysis (Braun & Clarke, 2019)

Author/Year	Aims	Study Design	Study Setting	Demography/Sample	Analysis
Banks et al. (2018)	To amplify the voices of family members, friends and other loved ones of problem gamblers. To explore the consequences of problem gambling on families, identify how family members cope with the individual gambler and the ways to influence best practice concerning gambling-related harm.	Survey and semi-structured interviews	Interviews were conducted in the UK either in person or over the telephone	222 online surveys, which included 62.9% intimate partners, 20.7% parents, 6.1% sons or daughters, 5.6% siblings, and 4.7% other family or friends. Most of the participants were women (84%) age range (18 -74)	Mixed methods using SPSS 22 and thematic analysis (Braun & Clarke, 2006)
Ferland et al. (2022)	To assess the impact of gambling experienced by partners of gamblers with that faced by close family members.	Semi-structured interviews	Quebec, Canada	46 participants, age range (19 – 76), included: 25 partners plus 2 ex-partners, 8 adult children, 7 parents of adult problem gamblers and 6 offspring, 80% mainly women	Thematic analysis (Braun & Clarke, 2019)

Appendix F: Second Ethics Amendment

Ethics ETH2425-0242: Ms Lola Afelumo (Medium risk)

Date Created	26 Sep 2024
Date Submitted	26 Sep 2024
Date forwarded to committee	27 Sep 2024
Academic Staff	Ms Lola Afelumo
Student ID	190000378
Category	Doctoral Researcher
Supervisor	Dr Helen Damon
Project	Legacy Gambling Harm: Impact on Women with A Family Member's Gambling History
School	School of Health & Medical Sciences
Department	Psychology
Current status	Approved

Ethics application

Amendments

SA1) Types of modification/s

Change or add a new category of participants

Change project documentation such as protocol, information sheets, consent forms, questionnaires, and recruitment materials (please upload the relevant files with highlighted changes)

SA2) Details of modification

- 1) For the purpose of the research, research participants will self-identify as 'non-problem gambling women'. The definition of 'non-problem gambling women' provided in the previous amendment (Ref: ETH2324-2390) has been removed.
- 2) I propose not to make any assumptions about the definition of a female. As previously stated, I would allow participants to self-identify as women, and the same applies to them identifying as 'female'.
- 3) In the background and screening questionnaire, I have made the following changes:
 - Participants who do not identify as women or female will not be eligible for the study.
 - Do you have a family member who was/is a problem gambler?
 - Have they received treatment or intervention regarding this?

- If so, can you tell me about the treatment/intervention they received?
 - How is the family member with problem gambling related to you?
 - What type of gambling activity did they participate in, or are they currently participating in?
 - Were you in the UK when the family member's long-term problem gambling occurred?
 - Protocol on question 17 removed.
 - Question 18: Are you currently experiencing a high level of distress or any emotional distress
 - Question 19: Are you currently experiencing thoughts of harming yourself?
- 4) In the interview schedule, I have stated that the interview will take approximately 60 to 90 minutes.
 - 5) In the participants' consent form, I have amended questions 6 and 7 as follows:
I understand that I will be sent my transcripts. I understand that I will receive an email after my data transcription is completed, specifying a 2-week period during which I can withdraw my data. After this period, I can no longer withdraw my data.
 - 7) In the participants' information sheet, I have included that participants will be sent their transcripts. Information about sending data analysis to participants has been removed.
 - 8) The inclusion criteria for the recruitment flyer have been adjusted.
 - 9) 9) For each client-facing information sheet, the ethics reference number has been updated.

SA3) Justify why the amendment is needed

- 1) Enabling participants to self-identify as non-problem gambling women and as females is consistent with the methodology of Interpretative Phenomenological Analysis (IPA), as IPA emphasises exploring the participants' perspective and experiences from their viewpoint. This method respects and prioritises the participants' own definitions and experiences, which is central to conducting an IPA study effectively.
- 2) I have revised the background and screening questionnaire to align with the study's inclusion criteria.
- 3) The questions on risk assessment in the background and screening questionnaire have been amended to ensure an accurate assessment of any risks that participants may present.
- 4) The interview duration has been adjusted to align with the participants' information sheet.
- 5) On the participants' consent form, I omitted the information about sending the data analysis to participants for potential amendment. This is to ensure the manageability of the data for the researcher due to limited time to conduct the research.

SA4) Other information

SA5) Please upload all relevant documentation with highlighted changes

Project amendments

P1) Project title

Legacy Gambling Harm: Impact on Women with A Family Member's Gambling History

P2) Principal Applicant Name _____

[Ms Lola Afelumo](#)

Provide a summary of the researcher's training and experience that is relevant to this research project.

I previously worked as a trainee counselling psychologist at the National Gambling clinic in London where I provided one-to-one cognitive behavioural therapy for clients expressing gambling problems.

P3) Co-Applicant(s) at City

P4) External Co-Applicant(s)

P5) Supervisor(s)

[Dr Helen Damon](#)

[Dr Jeeda Alhakim](#)

Appendix G: Background and Screening Questionnaire

1) May I ask how old you are?

Participants will be excluded if they are under 18.

2) Before we proceed, could you please define your gender identity?

Participants who do not identify as women or female will not be eligible for the study.

3) What pronouns would you prefer I use?

4) What is your ethnicity?

5) What is your occupation?

6) Do you have a family member who has a long-term problem with gambling?

7) If so, have they received treatment or intervention regarding this?

Participants will be excluded if they do not have a family member who was or is a problem gambler and has received treatment.

8) Can you tell me about the treatment/intervention they received?

9) How is the family member who has problems with long-term gambling related to you?

10) What gender do they identify as?

11) What was/is the largest amount of money they have spent on gambling?

12) What was/is their most frequent form of gambling activity?

13) What age were they when gambling began?

14) Do you currently reside in the UK?

Participants will be excluded if they do not reside in the UK.

15) Have the experiences of your family member who has problems with long-term problem gambling occurred in the UK?

16) Were you in the UK when the issue with long-term gambling with your family member occurred?

Participants who have not had their experiences in the UK will be excluded.

17) Do you identify as having a gambling problem?

18) Could you describe your gambling activity, if any, and the frequency you currently engage in or have previously engaged in it?

If a potential participant is actively struggling with gambling or has a gambling problem, the researcher will politely let them know that the research project is not suitable for them. In such a case, the researcher will signpost them to the gambling support services below.

The researcher will proceed if a potential participant self-identifies as not being a problem gambler.

19) Are you currently experiencing a high level of distress or any emotional distress?

If the participants respond positively to the above question, the researcher will follow the Participants' thoughts of self-harm during the screening distress protocol are below.

20) Are you currently experiencing thoughts of harming yourself?

If the participants respond positively to the above question, the researcher will follow the distress protocol below.

Appendix H: Interview Schedule

Thank you for agreeing to participate in my research project. This project is about The Experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling. The interview will take approximately 60 to 90 minutes, and you can stop or pause at any time. Your participation is voluntary, and you don't have to provide any reason for discontinuing the interview.

1. What made you want to take part in the interview?
2. Can you briefly tell me what sort of gambling your relative engaged in?
3. Can you briefly tell me when you first became aware that they were engaged in problem gambling?

Prompts

Paint me a picture of their gambling and how long it went on for.

Can you tell me about when you first found out about their gambling?

What was the experience like for you?

Please tell me about how you experienced your relative who has problems with long-term gambling.

Prompts

Paint me a picture of what the experience looked like.

Can you share specific incidents or scenarios that highlight this experience?

Have there been changes to various aspects of your life due to your relative's gambling habits?

How did you respond to the experience? For example, in terms of seeking help for your relative.

What did it look like?

Did you feel anything different?

4. How has that experience changed the way you view things?

Prompts

Can you reflect on this now?

6. Is there anything you would like to say that we have not covered?

That's the end of the interview. Thank you for your time.

Appendix I: Research Recruitment Flyer



CITY
UNIVERSITY OF LONDON
EST 1894

PARTICIPANTS NEEDED

ARE YOU A WOMAN WHO HAS NO PROBLEM WITH GAMBLING AND WHO HAS EXPERIENCED A FAMILY MEMBER WHO HAS PROBLEMS WITH LONG-TERM GAMBLING?

If yes, we would like to hear about your experiences for this research.

You would be required to take part in a 60 – 90 minutes interview to share your experiences.



Want to participate? Please check if you meet the eligibility criteria:

- A woman over 18 who has no problems with gambling.
- You reside in the UK, and your experiences have occurred there.
- Have experience of a family member who has a problem with long-term gambling.
- Your family member has received treatment, e.g., counselling for their problem gambling and may or may not have had any relapses.

If you would like to complain about any aspect of the study, please contact the Secretary to the Senate Psychology Research Ethics Committee on 020 7040 3040 or via email: senaterec@city.ac.uk. City, University of London is the data controller for the personal data collected for this research project. If you have any data protection concerns about this research project, please contact City's Information Compliance Team at dataprotection@city.ac.uk

For more information or to participate, please contact: Researcher: Lola Afelumo Email: [REDACTED]
Supervised by: Dr. Helen Damon
Ethics code: ETH2425-0514

This study has received ethics clearance from City, University of London, Psychology Research Ethics Committee.

IN APPRECIATION OF YOUR TIME, YOU WILL RECEIVE A £15 AMAZON VOUCHER.

Appendix J: Third Ethics Amendment

Ethics ETH2425-0514: Ms Lola Afelumo (Medium risk)

Date Created	17 Oct 2024
Date Submitted	17 Oct 2024
Date forwarded to committee	18 Oct 2024
Academic Staff	Ms Lola Afelumo
Student ID	190000378
Category	Doctoral Researcher
Supervisor	Dr Helen Damon
Project	Legacy Gambling Harm: Impact on Women with A Family Member's Gambling History
School	School of Health & Medical Sciences
Department	Psychology
Current status	Approved

Ethics application

Amendments

SA1) Types of modification/s

Change or add a new category of participants

Change project title

Change project documentation such as protocol, information sheets, consent forms, questionnaires, and recruitment materials (please upload the relevant files with highlighted changes)

SA2) Details of modification

Amendments are required for the following:

- 1) The title of the research project: this has been reframed to: The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling.
- 2) The research question: How do women who have no problems with gambling describe their experiences of their family members who have problems with long-term gambling?
- 3) Inclusion criteria are as follows:
 - 1) Women over 18 who have no problems with gambling.
 - 2) You reside in the UK, and your experiences have occurred there.
 - 3) Have experienced a family member who has problems with long-term gambling.
 - 3) Your family member has received treatment, e.g., counselling for their issues of long-term

gambling and may or may not have had any relapse.

I have highlighted in green all the amendments I have made to my participant-facing information sheets.

SA3) Justify why the amendment is needed

- 1) The amendment is needed because, according to an article by GambleAware, using the term 'problem gambling' drives stigmatisation and discrimination. The article goes on to advise the use of an alternative term, such as 'person who has problems with gambling', and states that this term reassures that those experiencing the said issue are not defined by it or to blame.
- 2) A potential participant and one of the previous organisations I had contacted for the recruitment of participants drew my attention to the term 'problem gambling' and challenged my use of the term as reductive/discriminatory. I believe that using an alternative term favoured by the participant population would be consistent with counselling psychology.

SA4) Other information

SA5) Please upload all relevant documentation with highlighted changes

Project amendments

P1) Project title

The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling.

P2) Principal Applicant Name

[Ms Lola Afelumo](#)

Provide a summary of the researcher's training and experience that is relevant to this research project.

I previously worked as a trainee counselling psychologist at the National Gambling clinic in London where I provided one-to-one cognitive behavioural therapy for clients expressing gambling problems.

P3) Co-Applicant(s) at City

P4) External Co-Applicant(s)

P5) Supervisor(s)

[Dr Helen Damon](#)

[Dr Jeeda Alhakim](#)

Appendix K: Participant Information Sheet



Title of study: The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling.

REC reference number: ETH2425-0514

Name of principal researcher: Lola Afelumo

We would like to invite you to participate in a research study. Before you decide whether to participate, it is important that you understand why the research is being done and what it would involve for you. Please read the following information carefully and discuss it with others if you wish. Ask us if anything is unclear or if you would like more information. You will be given a copy of this information sheet to keep.

What is the purpose of the study?

The study examines the experiences of women who have no problem with gambling and have experienced a family member with long-term problem gambling. The family member in question would have sought treatment or intervention for their gambling, such as counselling, and during this time, they might have slipped back into problem gambling many times or not at all.

The findings of this research will give a voice to women who have no problem with gambling, inviting them to share their perspectives on their experiences of a family member who has problems with long-term gambling. Additionally, the research will explore women's personal lived experiences.

Why have I been invited to take part?

As an invited participant, you have indicated that you identify as a woman or a female who does not have an issue with problem gambling. You have also mentioned that you have a family member who has experienced long-term problem gambling, and you have personal experience with this situation. Furthermore, your family member has received treatment for their issues of long-term problem gambling and may or may not have slipped back into problem gambling (i.e. relapsed).

Based on the information you provided, you are over 18, fluent in English, and currently residing in the UK. Additionally, your experiences have also occurred within the UK. If any of this information is incorrect, please inform the researcher accordingly.

Do I have to take part?

Your participation in this research is entirely voluntary, and you have the right to withdraw at any stage without consequence. You may also choose not to answer any of the research questions. The decision to take part is entirely yours, and if you choose to participate, you will be asked to sign a consent form.

What will happen if I take part?

If you choose to participate, you will be invited to attend a one-to-one video interview lasting approximately 60-90 minutes. The interview will explore your experience of your family member who has problems with long-term problem gambling. You will have the opportunity to lead the discussion and share your experiences. The interview will be video recorded on Microsoft Teams and stored on a password-protected laptop, accessible only by the researcher. Confidentiality will be maintained by changing names and any other identifying information. The study is expected to be completed by September 2025. Following City University of London's data and retention guidelines, all video recordings will be destroyed one week after transcription of the data.

What are the possible disadvantages and risks of taking part?

Given the potentially sensitive nature of the research topic, it is possible that discussing your experience might trigger emotional distress. If this occurs, you may choose to take a break or end the interview.

What are the possible benefits of taking part?

In this study, you will be offered an opportunity to share your experiences and perspectives regarding the experiences of your family member who has problems with long-term problem gambling. This participation would give a voice to women who have no problem with gambling, inviting them to share their perspectives on their experiences of a family member who has long-term problem with gambling. Your contribution is essential in deepening our understanding of this important issue.

Expenses and Payments

Each participant will receive a £15 Amazon voucher as a token of appreciation for their involvement in the research project.

Will my taking part in the study be kept confidential?

Any information you share will be handled with strict confidentiality. All recordings will be securely stored on a password-protected laptop. The data will also be stored on the researcher's City's OneDrive platform. You will be sent your transcripts for possible amendments. After 2 weeks from the interview date, participants will not be able to withdraw their data. Confidentiality will only be compromised if there is a risk of serious harm to you or others, or when legally required to do so. To protect your identity, all identifying details will be given pseudonyms. Please note that the researcher's supervisor may access your anonymised transcripts. Your contact information will not be shared with third parties, and it will only be used to provide study results if you express interest in being informed of the results when completed.

Data privacy statement

City, University of London, is the sponsor and the data controller of this study, based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your rights to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information, please see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/>).

I will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only person at City who will have access to your identifiable information will be the researcher, Lola Afelumo.

You can find out more about how City handles personal data by visiting

<https://www.city.ac.uk/about/governance/policies/data-protection-policy>. You can also read City's general privacy notice by visiting <https://www.city.ac.uk/about/governance/policies/general-privacy-notice>. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (ICO) directly at <https://ico.org.uk/>.

What will happen to the results?

The research findings will form part of a Professional Doctorate thesis in Counselling Psychology and may be included in future academic publications.

Who has reviewed the study?

This study has been approved by City, University of London Psychology Research Ethics Committee.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary of the Senate Research Ethics Committee and inform them that the name of the project is Non-problem gambling women's experiences of a family member's long-term problem gambling. You can also write to the Secretary at:

Anna Whyton
Research & Enterprise Office
City, University of London, Northampton Square
London, EC1V 0HB
Email 

City holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study, you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Further information and contact details

Researcher: Lola Afelumo Email:

Research Supervisor: Dr. Helen Damon Email:

Thank you for taking the time to read this information sheet.

Appendix L: Consent to Screening Consultation Form



Title: The Experiences of Women Who Have No Problem with Gambling and Who Have Experienced a Family Member Who Has Problems with Long-term Gambling.

Ethics approval code: ETH2425-0514

Thank you for expressing interest in my research on the Experiences of Women Who Have No Problem with Gambling and Who Have Experienced a Family Member Who Has Problems with Long-term Gambling.

Participant information

Full Name: _____

Email address: _____

Purpose:

I, the undersigned, understand that I am participating in a screening consultation to determine my eligibility for the study.

During the screening process, I will be asked basic questions to confirm my eligibility to participate in this research.

I understand that my participation in this screening consultation is voluntary, and I have the right to withdraw at any time without any consequences.

I acknowledge that the information collected during the screening will be treated as confidential unless there is a risk of serious harm to myself or others.

I have had the opportunity to ask questions and have received satisfactory answers. I hereby consent to participate in the screening consultation.

If I have questions or concerns regarding the screening process, I can contact:

Name of Researcher: Lola Afelumo Email: _____

Research Supervisor: Dr Helen Damon Email: _____

Participant's signature: _____ Date: _____

Thank you for taking the time to complete this screening consultation form. If you are eligible for the study, I will be in touch with you shortly to discuss the next steps.

Appendix M: Participant Consent Form



Title of study: The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling.

Name of principal researcher: Lola Afelumo

REC reference number: ETH2425-0514

Please initial
box

1.	I acknowledge that I have read and understood the participant information sheet for the above study.	
2.	I have had the opportunity to ask questions, and they were answered to my satisfaction.	
3.	I have received a copy of this consent form for my records.	
4.	I acknowledge that the information I provide will form part of the researcher's doctoral thesis in counselling psychology.	
5.	I acknowledge that my participation in this study is entirely voluntary, and I have the freedom to withdraw without being penalised or disadvantaged.	
6.	I understand I will be sent my transcripts. I understand that I will receive an email after my data transcription is completed, specifying a 2-week period during which I can withdraw my data. After this period, I can no longer withdraw my data.	
7.	I understand that this research project may include anonymised direct quotes from my interview.	
8.	I hereby give explicit consent to the use of these anonymised quotes in research publications, reports, or presentations related to this project.	
9.	I consent to the video recording of the interview. I understand that all information will be kept confidential and that no identifiable personal details will be disclosed to third parties. I understand that the video recordings will be accessible only by the researcher, stored securely, and destroyed one week after transcription.	
10.	I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information sheet and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).	
11.	I consent to participate in the above study.	

I would like to request to receive the research findings after completion, and acknowledge that my contact details will be kept for this purpose. ----- Yes ----- No (please tick or put an 'x' on one).

Name of participant: _____ Signature: _____ Date: _____

Appendix N: Distress Protocol

Sourced from Haigh & Witham (2015)

Managing distress in the context of an interview

Distress:

- A participant indicates they are experiencing a high level of stress or emotional distress
OR
- Exhibit behaviours suggestive that the interview is too stressful, such as uncontrolled crying, shaking, etc.

Stage 1 Response:

- Stop the interview
- Offer immediate support
- Assess mental status:
Tell me what thoughts you are having.
Tell me what you are feeling right now.
Do you feel you are able to go on with your day?
Do you feel safe?

Review:

- If the participant feels able to carry on:

Resume interview
Offer them time to compose themselves
Remind them they can stop at any time if they wish or if they become too distressed
- If the participant is unable to carry on
 - Go to stage 2

Stage 2 Response:

- Discontinue the interview
- Debrief will begin immediately
- Encourage the participant to contact their GP or discuss this with their mental health professional

Participants' thoughts of self-harm during screening

Assess immediate risk:

- Ask open-ended questions to understand the extent of their thoughts: Can you tell me more about what you are experiencing?
- Determine if they have a specific plan or means to harm themselves: Do you have a plan to harm yourself?

Ensure safety:

- If the participant indicates an immediate risk (has a plan and means), do not leave them alone.

- Inform them that to ensure that they are safe, I will be calling the NHS 111 option or emergency services immediately.
- If the emergency services require personal details, ask the participant for them and inform the participant about the need for this information.
- Continue reassuring the participant until help arrives.

Engage Mental Health Services/support networks:

- If the risk is not immediate but concerning, provide participants with the following mental health services:
- Mental Health Direct – 0800 995 1000
- Samaritans – 116 123
- SHOUT – text 'SHOUT' to 85258
- NHS 111 option 2
- Suggest they reach out to friends, family or a trusted person.
- Inform participants that if they cannot keep themselves safe, they can contact the emergency services by dialling 999.

Inform my research supervisor:

- Notify my research supervisor.
- Observe the necessary protocol as directed by my research supervisor.

Appendix O: Proof of Ethics Approval



Dear Lola

Reference: ETH2425-0514

Project title: The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term gambling.

Start date: 24 Apr 2024

End date: 30 Sep 2025

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: medium risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

Adverse events or untoward incidents

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

a) Adverse events

b) Breaches of confidentiality

c) Safeguarding issues relating to children or vulnerable adults

d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event.

Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: medium risk, I do hope that the project meets with success.

Kind regards

Andreas Jarvstad

Psychology committee: medium risk

City, University of London

Appendix P: Participant Debrief Form



Title of study: The experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term problem gambling.

DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it is finished, I would like to tell you a bit more about it.

The study investigates the experiences of women who have no problem with gambling and who have experienced a family member who has problems with long-term problem gambling.

The semi-structured interview was implemented to provide you with the opportunity to express your thoughts in a flexible and open manner, allowing you to reflect on your experience.

If participating in this research has raised concerns, please do not hesitate to contact the researcher at the contact details provided below. Additionally, please find a list of support services that may offer assistance if you are facing psychological distress:

- GamCare – A service that provides information, support, and treatment for individuals and families affected by gambling addiction. Call free on 0808 8020 133. www.gamcare.org.uk
- GamFam – A support service specifically for family members and friends of those with gambling problems. Call 119 1139. <https://gamfam.org.uk>
- GamTalk – An online support forum for individuals affected by gambling problems to share experiences and seek advice. www.gamtalk.org
- [Mind – an independent charity which offers the following services: supported housing, counselling and befriending. www.mind.org.uk](http://www.mind.org.uk)
- [The Samaritans – An independent charity which offers support to those who might be struggling to cope during a difficult time. Call 116 123](http://www.samaritans.org)
- Alternatively, you could contact your GP to discuss concerns about your well-being.

If you have any other questions, please do not hesitate to contact me at the following email address:

Researcher: Lola Afelumo Email: [REDACTED]

Ethics approval code: ETH2425-0514

Appendix Q: Absorbing oneself in the data

Original transcript	Reflections
Yes ... yes. Yeah. I think there's a lot of layers to it now that I'm away from him. I think there's a lot of layers in the sense of the family finding out, you know, the shame . I think he ... there's a lot of shame attached to his side of the family especially finding out because they would berate him . So, it could ... it was ... it wasn't, oh, you've relapsed, let's sort you out. You know ... let's help you out. It was ... the other extreme of ... "how could you?" You know ... you know, it's stuff that I think anyone that's struggling with addiction doesn't want to hear.	I expect this to happen to people from minoritised backgrounds a lot more. Happened to a family member I know of.
Researcher:	
Mm hmm.	
Jay:	
So when they used to find out he gambled or was gambling, they were hard on him .	
Researcher:	
OK. Can you tell me more about what that experience was like for him? [With his family?]	I could have focused on my research question here, ie, her own experience rather than his. I think I had not put my RQ enough on my forefront. I was thinking that I needed to capture his experience for some reason.
Jay:	
Obviously, I can't speak on behalf of him, but from what I could see.	Yeah, this says it all.
Researcher:	
Yeah.	
Jay:	

Original transcript	Reflections
He would try and hide it, I think, by the 2 nd ... 2nd relapse and the third relapse, he actually asked me not to tell them [his family].	I wonder how this must have felt for her. I wish I inquired about this.
Researcher:	
OK, OK.	
Jay:	
Yeah, because he ... he didn't want to hear it because they ... they make him feel very, very small. I mean, I don't think it helps him being the youngest sibling , either. I think that adds another load of weight to what someone older can get away with, especially coming from the cultural background that we do. It's almost like the youngest has no say . He is really ... yeah., he had it tough.	I resonate with her ex's experience as someone from a minoritised background.
I mean, I've always been quite mindful of even how I react because, you know ... I can see what it was doing to him. It is, you know ... the ... the ... even him giving his finances at those times, I could even just ... when I closed my eyes, I could see how genuine he was. How sorry he was . How disappointed in himself he was .	Could there be an unconscious process going on here? Her ex giving up his finances so that Jay could feel sorry for him

Appendix R: Exploratory Note-taking

Original transcript	Exploratory notes
And then I went to use my bank card for something and it ... it was declined. And to this day, Lola, I'd never forget this. I went to a phone box because, like, this ... [smiles] a phone box in New Zealand and phoned my bank in the UK and found out he had taken every penny of my money and then some more. So he'd cleaned out my bank accounts. I had a credit card for emergencies that I'd never used. He'd taken my credit card. He'd used every single penny on my credit card and taken it over its limit plus into an overdraft. I didn't have ... I had to fly home to the UK to try to sort it out. I literally didn't have a penny, so I basically arrived back in the UK penniless. What he didn't know, luckily, was I had a New Zealand bank account that I didn't have the cards on me, so I had access to some money, just enough for a flight. I had to fly home.	Cards declined when she wanted to use it. Brother had cleaned out her credit cards & bank account and taken her into an overdraft.
I arrived and I didn't have 20 pence. I literally didn't have 20 pence. I had arrived at Heathrow and I ... he had ... obviously this had blown up. He had bought my train ticket to my mum's and I, you know, I didn't realise the real extent of anything at the time. Anyway, I got to Mum's and to cut a very long story short, what then transpired was probably 12 months of absolutely the worst 12 months of my life, full of lies and secrets.	Her experience was 12 months of lies and secrets.
R	
OK.	
Caitlyn:	
More lies.	
He kept saying he'd pay it back and he ... he kept, he kept saying all sorts of things and basically, I had a very good friend from university. I went and lived with her in Bolton. I got a job. She paid for everything for me for about 5 months until I actually cleared all my debts. What? His debts? My debts are mine and his debts in my name [smiles] and she literally would give me money for the bus fare to work. She'd give me my lunch money. She gave me absolutely everything for about 5 months until	Brother promised to pay debts back but this did not happen. A friend helped her out with accommodation and food for 5 months. Lost trust in brother.

Original transcript	Exploratory notes
I'd clear the debts and be able to pay it all back, and still he continued to lie and. And there was a lot of ... a lot of ... a lot of stuff in between which we might get to if you ask for the questions. But his ... his secrecy and his lies tore me apart. Absolutely, tore me apart. Yeah.	She was very upset about her brother's lies.
R:	
OK. Yeah.	
And was that the first time you found out during this incident where you lost your credit cards and things? Was that the first time you found out that he had been gambling?	
Caitlyn:	
He was a ... he was a gambler, yeah.	
Yeah.	
R:	
And that first time, you found out what was that like knowing that this was what happened. What was that like for you?	

Appendix S: Developing experiential statements

Experiential statements	Original transcript	Exploratory notes
Relapse: I feel my uncle is not putting in enough effort to abstain from gambling (L255)	I think that at the moment. I feel more sort of ... I feel more secure in some ways than I did when it first all came out, because now I know what to expect. It is a cycle, so I feel sort of more like. It's probably going to go one way or the other. I know that from prior experience he tends to reach a certain point, then he stops and then he'll have a period of abstinence and I feel about that, I mean ... <i>I feel sad</i> about it because it doesn't have to be <i>a choice between just sort of brief abstinence and relapses</i> . You know, he really could kick this, but he has to want to when he has to be in the right place.	Going through the motions of living with a gambler where things may be ok and then later they experience a relapse. Not knowing what is coming could keep her on the edge. She feels he can have control over his gambling but considers that he would need to have the right frame of mind.
	R:	
	Mm hmm.	
	A:	
Relapse: I go day after day expecting to hear bad news about my uncle's relapse (L 259)	It makes me feel a little bit anxious about the future because he's getting older. You know, he's getting to retirement. I don't want this to be how he spends his pension, but I know from working from experience that a lot of older people get lonely. They find themselves in the bookies. It's often been his safe space, the bookies. So I feel a bit of worry about that for the future. I don't ... <i>I'm a person who likes to be in control</i> . I like to know what's going on and I think that relapses often only come up when someone is either getting into quite bad financial straits or is really upset about it. I don't like that feeling of anticipation, of waiting like something bad is going to happen there, but I'd be lying if I said that I don't feel like that often when I think about things with him.	Feelings of anxiety about the future for her uncle and the uncertainty. She wants to be in control so that she can plan and project the future. This gives her calmness, but with the gambling, she feels helpless. A position she does not like.
	R:	

Experiential statements	Original transcript	Exploratory notes
	And you mentioned that he's coming up to this retirement age, is that correct?	
	A:	
	Yeah.	
	R:	
	I'm just wondering what. What? How that experience will be like for you when he comes to that age and yeah ...	
	A:	
I am anxious that my uncle would have more time and money to gamble when he retires (L267)	I think, yeah. I think, yeah, more anxiety because he has more free time. You know, at least work was a distraction previously, but I've seen how this goes, you know, at work with other older gamblers is that time on their hands and a steady source of income is not a good thing.	When her uncle retires, he might have more free time and money to gamble some more.

Appendix T: An Excerpt from my Reflexive Log

4th July 2024

I noticed that I had repeated Q 5 & 6 in the background questionnaire, which is similar to the screening questionnaire. Quite nervous with Jay (ppt). Found myself speaking over her. I would have to be mindful of this when I conduct my research interview with her.

I successfully submitted my ethics amendment. I'm grateful for Helen's support. I now understand the importance of justifying any amendment, which wasn't at the forefront of my mind. I gave her the unedited transcripts alongside the ethics amendment because I wanted her to have both versions. I realise now that I should have taken the time to edit the pilot interview before sending it to her. Her feedback prompted me to quickly address and resolve these issues.

July 2024

Going through Jay's transcript was a tough read. It was difficult for me with all that she endured as a mother. As a mother myself, it is challenging having to look after three children with the support of my husband, but doing it alone like Jay is a different ball game altogether!

11th August 2024

I heard from Jay (ppt) quite promptly. I was surprised that she read through the transcript and even highlighted other areas for editing that I did not bring to her attention. It was good to know that she took her time to read the document, so I am assured that she has validated her thoughts and experiences.

1st October 2024

After three ethics amendments, I can finally proceed with my recruitment process. It feels like a breath of fresh air after waiting since July for everything to be approved. Although I'm just starting the interviews, I can't help but feel a bit behind. I wish I had more time to analyse and study the participants' data. Nonetheless, I'm grateful that Helen meticulously reviewed my amendment and caught certain things that the Ethics Committee missed. Hopefully, this will help reduce the scrutiny I might face during my Viva. It is interesting to see how my research topic has evolved and changed. Initially, it was about the legacy of gambling harm, and it has now transformed into a different term, 'long-term problem gambling. I hope the new term holds a similar meaning to my initial one and reflects the legacy of gambling harm, which I aim to emphasise in my write-up.

November 2024

The interview with Amanda went well today. I went through my list of things I needed to do before my interview, i.e. smile to make her feel comfortable, remind myself to stick to the research question and not go off topic. Even when I really want to butt in to remind myself to stay calm and allow her to finish speaking. Sticking a Post-it of the things I needed to do on my laptop helped as a reminder.

Appendix U: Clustering of experiential statements

Experiential statements ▼	ES grouping ▼
I feel disappointed that my uncle is not able to help out when I need him the most due to his gambling (A, L155)	needed ES
I feel that my uncle's gambling has taken over my need to socialise with his children (A, L163)	not needed ES
I am disappointed my uncle's gambling & relapses gets in the way of having a social gathering with my wider family (A, L167)	needed ES
I feel a sense of loss that I am not as connected to my uncle as I would like to due to his gambling (A, L179, 183)	needed ES
it is painful and disappointing that I am unable to socialise with my uncle as I'd like to (L183)	not needed ES
I am concerned that my uncle's relapse is inevitable (A, L187, 195)	needed ES
Gambling requires a strong will and recognising there'd be disappointments along the way (A, L196)	needed ES
I feel exhausted going over the same conversation about my uncle's relapses with no positive change from him (A, L 208)	needed ES

Appendix V: Naming and Organising the PETs and PET Codes

Experiential statements	ES grouping	PETs code	PETs
Gambling requires a strong will and recognising there'd be disappointments along the way (A, L196)	needed ES	10	Feeling disappointed that my uncle will not help himself
I feel exhausted going over the same conversation about my uncle's relapses with no positive change from him (A, L 208)	needed ES	10	Feeling disappointed that my uncle will not help himself
Relapse: I feel my uncle is not putting in enough effort to abstain from gambling (A, L255)	needed ES	10	Feeling disappointed that my uncle will not help himself
Relapse: I go day after day expecting to hear bad news about my uncle's relapse (A, L 259)	needed ES	10	Feeling disappointed that my uncle will not help himself
My uncle's online gambling has prevented the family from moving forward (A, L317)	needed ES	14	Feeling let down that I cannot spend time together with my uncle
I cannot plan ahead because I am at the mercy of my uncle's short-term plan due to his gambling (A, L321)	needed ES	14	Feeling let down that I cannot spend time together with my uncle
I feel endless disappointment being unable to plan a simple meet-up with my uncle due to his gambling (A, L329)	needed ES	14	Feeling let down that I cannot spend time together with my uncle

Appendix W: Identifying Salient Patterns across Participants

Jay's PETs	Vera's PETs	Caitlyn's PETs	Adelaide's PETs	Amanda's PETs
I had to keep pushing forward despite the setback I faced	I feel distant from my mum because my love for her has weaned	taking care of mum relived the difficult feelings I experienced regarding john's gambling	Feeling disappointed that my uncle will not help himself	demeaning going all out for my daughter yet in anguish that my needs were not met as a mother
I am in a vulnerable position having six children to nurture	I imagined Mum would care for me but I am the one looking after her	losing control of my life felt hopeless	Taking the burden of my uncle but yearning to be cared for by him	feeling exhausted from supporting Rosa while she sees it as something I must do
Trying not be harsh when I can see he is putting all effort in	I am more attuned to what others like my Mum have been through.	Striving to stay in Mum's good books was a challenging and resentful feeling	Feeling let down that I cannot spend time together with my uncle	Turning back time could have undone Rosa's gambling habits
gambling is hush-hush because it is seen as a shameful thing	Mum is unclean because she gambles	Losing trust in one's flesh and blood is hard to take in	overthinking his gambling consumes my mind	feeling like a failure as I have not succeeded in getting Rosa to tow the line
I lost respect for him because he was only focused on himself.	feeling overwhelmed that Mum's gambling has taken its toll on my family	embracing what I faced has prepared me for the worst	Losing my relationship with my uncle is like a void no one can fill	Defrauding me using my credit card was the worst thing Rosa could do to me
being suspicious led me to find out about his gambling habit	Feeling disappointed that Mum has left me with so	Having Rosa is like a beacon of light by my side	losing trust and reliance in my	Losing trust is not just doubting Rosa but feeling sceptical towards everyone

Jay's PETs	Vera's PETs	Caitlyn's PETs	Adelaide's PETs	Amanda's PETs
	much shame with her gambling habit		uncle due to his gambling	
I am fearful of where his threat to kill me may lead to	Loving my baby and husband must take priority in my life than that of my mother's	counselling was helpful, but I feel annoyed having to foot the bill		I find Rosa's lies to be the most difficult thing to accept
being patient made us understand each other a lot more	Forgiveness can be difficult when my Mum does not show remorse	Being full of so much rage even scared me.		When she stole from me or mistreated money, it was like she was telling me I didn't matter
I immersed myself in my marriage often losing sight of myself along the way	Giving up the hope to see a change in Mum	Robbing my money was the worst he could do to me		
I feel frustrated that he would not give up control of the family finances		Trying to prove my innocence got nowhere		
placing a guard over the family finances was beyond my control		Forgiving comes at a price that makes it difficult to let go		
The feeling of having no food was unsettling		gambling is harmful and often goes unseen		
Feeling frustrated in wanting to have my voice heard		Seeing the good in him until I was a victim of his gambling		
I was the happiest person when he stopped gambling		Anything to do with gambling gets my back up		

Jay's PETs	Vera's PETs	Caitlyn's PETs	Adelaide's PETs	Amanda's PETs
Inheriting wealth felt like we had returned to the way things used to be		Taking sides with John was Mum's way of doing things		
Leaving home I lost true myself		John's lies ruined everything for me		
letting my family know was unsettling for me, but it ended well				
Being separated from children was painful and difficult to bear				
Reaching out to people in similar situation helps me heal				
feeling overwhelmed because the burden was all on me when he could have helped				
code plum = does not ring across cases				
code orange = ring across cases				

Appendix X: Clustering of salient PETs across participants

PETs 1	PETs 2	PETs 3	PETs 4	PETs 5	PETs 6
I imagined Mum would care for me but I am the one looking after her (Vera)	I felt violated as robbing my money was the worst thing he could do to me (Caitlyn)	losing trust and reliance in my uncle due to his gambling (Adelaide)	I feel heartbroken after realising he lied about his inheritance (Jay)	I have to keep pushing forward despite what I have faced (Jay)	Forgiveness can be difficult when my Mum does not show remorse (Vera)
Looking after my uncle alone was not reciprocal and was met with caution (Adelaide)	When she stole from me or mistreated money, it was she was telling me I didn't matter (Amanda)	Losing trust is not just doubting Rosa but feeling sceptical towards everyone (Amanda)	I cannot stand Rosa's lies (Amanda)	I have chosen to prioritise Peter and my husband from now (Vera).	Forgiving comes at a price that makes it difficult to let go (Caitlyn)
I am willing to do my best for Rosa (Amanda)	I feel aggravated that he would not give up control of the family finances (Jay)	Losing trust in one's flesh and blood is hard to take in (Caitlyn)	His lies and secrecy tore me apart (Caitlyn)	I had to put up with an enduring experience that I had not come across before (Caitlyn)	Rosa's lies has made it difficult for me to accept any truth from herself or others (Amanda)
Supporting Mum had an unexpected bearing on me (Caitlyn)	I lost respect for him because he was only focused on himself (Jay)	Giving up the hope to see a change in Mum (Vera)		I am determined to persevere despite my repeated arguments with Rosa (Amanda)	I hope to be accepted and understood by my children (Jay)
Putting his needs first, then that of the children, was my priority (Jay)		Hoping to be well enough to care for my children (Jay)			
I was the sole carer as he did not assume his role as breadwinner (Jay)					

Appendix Y: An Extract of GETs and Sub-themes

GETs	Sub-themes	Experiential Statements	Supporting Transcript	Related PETs
I Had to Care for Them and Others	<i>I Am Being Placed in the Role of Caregiver</i>	Mum should be looking after me, instead I am the one looking after her (Vera)	<i>... dealing with my mum instead of her, like helping me.'</i> (Vera, L63)	I imagined Mum would care for me, but I am the one looking after her (Vera)
		I found myself looking after my uncle, instead of him being on the lookout for me (Adelaide)	<i>'It would have been more of a role reversal. I mean, normally he would be the person where you'd ring, whether you were upset or whether you needed some help ... I started to think more that it was more him who needed support'</i> (Adelaide, L80)	Looking after my uncle alone, and this was not reciprocated (Adelaide)
		I assumed the role of sole carer, where he could have also helped me (Jay)	<i>I was the sole carer ... He would not chip in. There was no let me cook a meal for them. There was nothing. There's no involvement in terms of raising these children."</i> (Jay, L415)	I was the sole carer as he did not assume his role as the breadwinner (Jay)
	<i>Giving Whatever It Takes</i>	I considered myself at the bottom of the pile (Jay)	<i>...and [at the] bottom of the ladder, I got crumbs. But even with those crumbs being a mother, I still shared it with six children.'</i> (Jay, L350)	Putting his needs first, then those of the children, was my priority (Jay)
		Meeting his needs meant maintaining the peace (Jay, L345 & 349)	<i>So, his needs were always put ... I also knew that he smoked £150 worth of cigarettes every week, so every month ... but I knew that it's another addiction and I can't stop him. It will make him more probably ill mentally. So, I knew that ... that need needs to be met, so that would go out. (Jay)</i>	He was only focused on himself (Jay)
		I cared so much about my daughter that I was willing to go to any lengths to help her (Amanda)	<i>So I was helping having to help her out with her bills and that put me into debt with some of my companies...' (Amanda, L13)</i>	I am willing to do my best for Rosa regardless of what happens (Amanda)

GETs	Sub-themes	Experiential Statements	Supporting Transcript	Related PETs
		I tried what I could to get help for Rosa, but she rejected them (Amanda)	<i>'I dialled Gamcare, gave her the phone ...and talk to them. She didn't want to. She didn't like it. She did it. I'd suggested GA, but she didn't want ... So, with new beginnings, ... so I thought that that would be a better thing for her (Amanda L137 & L141)</i>	I am willing to do my best for Rosa regardless of what happens (Amanda)
I Am Bearing the Financial and Emotional Consequences of Betrayal	<i>They Stole More Than My Money</i>	Having money was my security, and he stole this from me (Caitlyn)	<i>... And that was the biggest thing; I've never had a lot growing up, and I've worked hard, and he'd stolen not only my money, but he'd stolen my trust. He'd stolen my security like I had no money...' (Caitlyn, L50)</i>	I felt violated as robbing my money was the worst thing he could do to me (Caitlyn)
		Stealing from my credit card meant she had no respect for me (Amanda)	<i>And the last straw was when she stole from the credit card... Just that that just made me feel like she's got zero respect for me ... and zero respect for herself to have done that' (Amanda, L53)</i>	When she stole from me or mistreated money, it was like she was telling me I didn't matter (Amanda)
	<i>Their Lies and Secrecy Ruined Me</i>	Feeling heartbroken after I confirmed he had lied about his inheritance (Jay)	<i>'...And I went to that month, and then I looked, and I saw the 300K, and my heart broke.' (Jay L252)...All our friends and family are here. All the kids are settled here and to be met with ... "No, I can't afford to be in Essex" to only find out a year and a bit after that you could have been in Essex (Jay)</i>	I felt violated after realising he lied about his inheritance (Jay)
		I had to face hearing how his lies and secrets had deceived me over the past year (Caitlyn) (L24)	<i>"... what then transpired was probably 12 months of absolutely the worst 12 months of my life, full of lies and secrets. I became suicidal, like it was so bad. It's just the lies and the lack of trust (Caitlyn)</i>	His lies and secrecy tore me apart
		I could not stand my daughter's lies, as they were worse than theft (Amanda)	<i>'... the lying is worse than the actual theft. You know, she talks so many lies over it...' (Amanda, L29)</i>	I cannot stand Rosa's lies (Amanda)

GETs	Sub-themes	Experiential Statements	Supporting Transcript	Related PETs
		I felt suicidal as I could not trust him anymore (Caitlyn, L39)	<i>And then it was just constantly pervasive lies. And it absolutely turned my life upside down. Like... it turned my life upside down in so many ways for so long afterwards. (Amanda, L39)</i>	Losing trust in one's flesh and blood is hard to take in (Caitlyn)
I Carry the Weight of Their Gambling While Attempting to Rebuild My Life	<i>I Had to Learn What it Takes to Get Through</i>	I had to put up with an enduring experience that I had not come across before (Caitlyn)	<i>It was such a horrific period of my life, and I say horrific because it actually was that nothing I've encountered since has been that bad. ' (Caitlyn, L279)</i>	Because of this experience, I have learnt to keep going no matter what (Caitlyn)
		I have to persevere no matter what arguments I face with Rosa (Amanda)	<i>..Shouldn't be doing it all my friends keep saying to me, you know, you've got to stand up to it, blah, blah, blah, blah. But it's easier than ... you know to say than to live it ' (Amanda, L163)</i>	I am determined to persevere despite my repeated arguments with Rosa (Amanda)
	<i>I Am Redirecting the Burden of Previously Caring for Them</i>	Pushing forward means focusing on something else to do with Mum rather than her gambling (Vera)	<i>.. I would just ask her, like, how is your teeth or how is your health, instead of concerning the fact or telling her off for gambling.' (Vera, L216)</i>	I have chosen to prioritise Peter and my husband from now on (Vera)
		I find myself giving in to her to avoid her arguments (Amanda)	<i>'.. and I find myself giving in to her all the time because I can't ... I don't want the arguments. (Amanda, L159)</i>	I am determined to persevere despite my repeated arguments with Rosa (Amanda)
		I am trying to pick myself up to be able to rebuild myself (Jay)	<i>... I feel like a teenager because I'm starting to... I'm going back to studying again. You know, I'm trying to pick myself up.' (Jay, L423)</i>	I have to keep pushing forward despite what I have faced (Jay)

GETs	Sub-themes	Experiential Statements	Supporting Transcript	Related PETs
I Am Trying to Forgive, As It is a Hard Thing to Do		Forgiving is effortful, time-consuming and frustrating when the outcome is not encouraging (Vera)	<i>...like forgive and not get frustrated and try and forgive and get frustrated and just having the strength to keep forgiving her, yeah.'</i> (Vera, L 163)	Forgiveness can be difficult when my Mum does not show remorse (Vera)
		I forgave my brother because I wanted to continue my relationship with his kids, whom I loved (Caitlyn)	<i>'... Yeah, I had to [forgive] because it was ... It was making me ill also, like he ... I've got three nieces and nephews ... his kids that I .. that I love to pieces, and I wanted a relationship with them ...' (Caitlyn, L211)</i>	Forgiving comes at a price that makes it difficult to let go (Caitlyn)