

Women and Gambling: What can be learned from the New Zealand experience? A Women's Studies Approach¹

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Abstract

This paper suggests that a women's studies epistemology is the most productive way of developing hypotheses about the factors attracting an increasing number of women to machine gambling². It uses a women's studies approach of listening to and reflecting upon the significance of 'anecdotal' evidence which may otherwise be overlooked or dismissed. It explores the growth of machine gambling and problem gambling among women in New Zealand from 1990 and suggests that a similar pattern may develop in Britain in the future.

This paper observes that forms of 'equal chance' gambling have few barriers to participation by groups excluded from other forms of opportunity. The New Zealand experience of a rapid growth of gambling activity among women suggests that where lotteries and gambling machines have become easily accessible, they have led to a rapid development of new markets among groups to whom they offer an equal chance to become a 'winner'. These forms of gambling do not discriminate. Participation may be perceived as the only opportunity some groups have of participating in an economic activity with an equal chance of success.

It is argued that this may be particularly potent where participation is encouraged by the way the mode of gambling is designed, and when it is supplied from convenient locations which offer some safe opportunities for social interaction. Reflecting on anecdote and observation, a new hypothesis is proposed about why women gamble and the modes of gambling they prefer.

Research processes and the making of knowledge

The demand for evidence-based policy has led to a research rush, but it is research of a particular and limited kind. The formula for publications, now ubiquitous across the social sciences, economics and health and public policy typically poses a narrowly defined research question, moves to an electronically generated literature review, to a model, to measurement, to a statement of results. This formula is derived from the physical sciences. Results are usually numerical or statistical statements. Some of these numbers are extraordinarily sophisticated, and do establish an important base line of measurement, and measurement isn't a bad place to start. However, many of these numbers have a definite limitation – we don't know what they mean on the ground. For example, we know that a third of women prisoners and 40% of male prisoners in a New Zealand jail meet the criteria for problem gambling (Abbot & McKenna, 2000; Abbot, McKenna & Giles, 2000) but we don't know if gambling problems made these prisoners criminals, or if boredom and exposure to 24 hour Trackside in prison created a new

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² Phillida Bunkle was involved in many issues involved with the growth of the gambling market in New Zealand, particularly as patron of the major treatment provider for six years, as Minister for Consumer Affairs from 1999-2002 and as a member of the Select Committee considering the Gambling Bill. She reflects on her experience observing the growth of the market for gambling among New Zealand women in the period following the passage of The Casino Control Act in 1990 until the passage of The Gambling Act (2003).

problem. Such research tells us that what we are measuring is statistically significant, but it can't tell us how that is meaningful.

Numbers mean what they say, and only what they say, for two reasons.

- Firstly, their meaning was determined by the categories which the researchers choose to measure in the first place. We have no idea if these categories mean anything in anybody's actual real experience.
- Secondly, the numbers tell us nothing about causation. We know for example that there is a statistically very significant link for all forms of gambling, between how often someone gambles and having a problem. But is this because frequent play develops problems or because problem gamblers play more often?

Evidence-based policy frequently demands evidence of causal links. But Humeian causation cannot be established for social phenomenon which are dynamic interactive processes. To suggest that sound policy must rest on proven cause is a delusion. It can only rest upon informed judgment. Appropriate research can, however, inform judgement.

In the world of evidence-based policy, more is better. Decision making is based on a sort of weigh in – 'I have ten tons of paper on one side and one ton on the other, so the answer is ten tons'. But the real question which is never asked is: ten tons of what?

This demand for hard evidence has exacerbated a pervasive phenomenon – research managers have found it easier to evaluate process over content. They can measure process by ticking the box – did the researcher randomise rather than did the researcher make any sense, or does it really matter? In Treasury's dream-world of evidence-based policy, informed judgement is seen as uncertain and dangerous while measures of process are reliable and safe. Funders want hard proof and numbers feel more certain than good judgment. This tendency has been exacerbated by the process of competitive tender and contract. Research managers want to meet their objectives. Research that will have a definite 'outcome' is comforting, and nothing is more comforting than a number. It has a (false) sense of certainty about it. The demand for hard evidence can sometimes become a perpetuating cycle. The researcher with the most paper gets to make more paper. So they reproduce yet more of what they know, probably in greater and greater detail.

Meanwhile research by 'key word' perpetuates both the quantity approach, and the fragmentation of what is known. Connections are lost. Dynamic relationship cannot be explored using static models.

What is missing from this research?

- Exploratory research without a predetermined outcome
- Making links between fragmented areas of knowledge
- Connections based on more than reliance on key words

A women's studies approach encourages us to draw on the lived experience of women as we think about the research hypothesis. Usually researchers are not paid for this crucial phase of their work. Formulating the possibilities is the invisible phase, the phase before the research application. This phase is sometimes called armchair theorising and is devalued as a result. It is necessary but is not acknowledged. It is rarely discussed because it is not seen as legitimate.

The research hypothesis cannot, however, be worked out by researchers talking to each other only through the filter of the published word. It has to be based on observation, reflection, sharing, and dare I say it, empathy, intuition, imagination, openness, projection, engagement, and listening. It means the starting place is interacting with people not screens. The very tools we are using to facilitate research and the production of official knowledge are creating limitations that we may not be aware of. Baroness Greenfield is reported to have been developing this idea in a most important way (Moreton, 2008 p. 30). She argues that the tools we use are

creating the brains that use them; “what worries her most is a shift from content to process” as we “interact with screens not people...loosing meaning, context and content in favour of process” (Ibid). “Language gets crunched along with the ability to imagine and analyse. Attention spans shorten” (Ibid). What could be shorter than a key word?

My experiences of women and gambling

Initially the anecdotes I heard alerted me to the passive smoking version of gambling harms.

Anecdote

I arrived at the airport lounge late one evening shortly after I had first become publicly associated with gambling issues. There was one older woman on the desk and I commented that she looked as tired as I felt. She told me ‘I have never told anyone here, but I only have to do this work because of gambling’. Her husband had lost their money and their home, and had shot through years ago leaving huge debts. She had no idea what had happened to him, suicide she thought. It had left her to raise the children. And ‘yes, she was tired, what with shifts and travel, and yes, she didn’t know what would happen when she retired in a couple of years, with no house and no superannuation, and in fact not much at all...but she didn’t like to tell anyone...well you don’t, do you?...’

It was a story I was to hear over and over again. It was, I thought, just like the period when I was first associated with women’s health and reproductive rights. Women in the supermarket would stop me and say ‘I haven’t told anyone this before, but...’ And out would come this account of unnecessary suffering - vividly recalled as traumas are.

Bridging the gap between official knowledge and community reality

I sometimes feel as if I have spent my life shouting across a canyon. On the one side is the world of official knowledge. It is quite a neat and tidy world, measured, boxed and ticked, with clear definitions and hierarchies, a great deal of industry and very shiny castles in the air. The other side is untidy and chaotic, and sometimes a bit grubby. The people there can see the castles and see how busy the people making them are, but they have no idea what they are doing or why.

The busy people making the castles can see the untidy people on the other side, but can’t hear a thing they say. Hoping to help, they point the people to the ropey old swing bridge. Unfortunately you can only cross a swing bridge one at a time, so when the untidy people arrive it turns out they don’t really know anything, they only have anecdotes. Some knowledge makers greet the people because they know that if enough anecdotes get across the bridge sometimes they get into the castle.

It seems to me this is the process of Women’s Studies. We have been trying to drag enough of our burden of anecdotes across the rickety bridge to become a part of official knowledge, because when we can be heard it can be changed.

One of the first across the bridge was Caroline Norton and the injustice of a mother denied custody of children. Later there followed married women’s property rights, then the vote, then contraception and sexual abuse, discrimination, domestic violence and sexual preference. With most of these issues the women were blamed for being outside the castle, and for making a spectacle of themselves (French, 2003; Spender, 1982) trying to get in. A contemporary issue for which women are being blamed is the problem they are having as a result of gambling.

Can gambling harms be changed? The nature and nurture argument in gambling

Official knowledge has now accepted that gambling harms are real but there's an argument about whether they can be changed. It is the gambling version of the nature vs. nurture debates.

The Nature argument

This position argues that most people gamble safely. Only a small proportion of gamblers are harmed, and they have susceptible, usually compulsive, personalities. If they weren't gambling it would be, and often is, some other addictive type of activity. This implies that there is no net social cost to gambling, and that it is possible to reap the benefits of increased economic activity and development in deprived communities, without any net loss.

The evidence for this hypothesis, which is closely associated with research undertaken by the Harvard School of Public Health, is a limited number of brain scans of gamblers and the assertion that rates of problem gambling are more or less similar and static across different societies. On this view the problem lies in the pathological brains of genetically vulnerable people. Normal people can enjoy gambling as a source of harmless fun. The only possible, or necessary, amelioration of such problems is to identify and exclude or medicate the 'at risk' group. The industry is sometimes the sponsors of this type of knowledge making.

I think the British government largely accepted this argument and believed that they could get the benefits of economic development with no additional social cost.

This, I believe, is a more likely explanation of liberalisation than the currently popular idea that policy liberalisation was a search for additional tax. Government income from gambling tax is insignificant in the UK and New Zealand, even if Lottery or pub charity grants are regarded as a form of tax substitution, whereby the poor pay for our collective culture pleasures. (Tax collection is a significant issue in some Australian, Canadian, and American states where gambling income has replaced revenue from federal governments keen to be seen to reduce taxes).

To explore why political parties appear to have accepted liberalisation with such unseemly alacrity, it is, in my experience, more germane to ask who pays for elections? Even where donations from the gambling industry are illegal, the prohibition is sometimes hard to enforce because the industry is entwined with the hospitality and entertainment sector. It is difficult in practice to separate gambling interests from the many associated lines of business such as hotels, resorts, airlines, breweries and media interests such as film, TV stations, music, magazines, retail outlets, and so forth. Examples of multinationals with a range of such business activities would be MGM in USA or Packer's TV sports channels in Australia.

The Nurture argument

The nurture argument is called the public health perspective. It argues that gambling markets are created by laws in a politically determined process and that harms expand in direct proportion to the development of the market. Thus, there is no set limit to the amount of harm and it is not confined to predetermined, inherently at risk individuals. An expanding industry targets new markets, such as women, and women then develop problems.

There is little direct evidence that the new groups who develop problems when exposed to gambling opportunities have a previous history of compulsive disorders or would have developed another addiction. The public health approach suggests that harms are not inherent in predisposed persons but develop in communities where gambling markets flourish. This approach

also points to differences in risk associated with various types of gambling activity and argues that it is access to the activity not inherent susceptibility which is the issue. They also point to the passive smoking argument and say that many people other than the gambler are harmed by excess.

One of the experiences which persuaded me of the importance of this approach was when the mayor of Manukau, one of Auckland's poorest cities, came to a Parliamentary Select Committee hearing and projected maps of the location of machines onto the census mesh blocks. There was a very significant overlap between the machines and deciles 9 and 10, which are the poorest neighbourhoods. This distribution has been confirmed in a subsequent study (Wheeler, 2003).

This public health approach leads to policy which says that markets are created by rules and that problems can be prevented or ameliorated by adjusting these rules. What makes the difference is the political will of the decision makers who have created the market. And that makes appropriate research and informed public debate crucial.

My observations of the New Zealand gambling market.

When I first became the patron the New Zealand Compulsive Gambling Society in 1996, almost the only information on harms was from the associated Gambling Helpline, which collected very good information about its users. At the time there simply weren't any women problem gamblers using the Helpline. At that time, New Zealand women were mostly experiencing problems as the fall-out from gambling male family members. The UK treatment provider, Gamcare, currently reports a similar pattern in the UK.

It wasn't hard to see why there were so few women problem gamblers. Up until the passage of the 1990 Casino Control Act, gambling was a strongly sex-segregated activity. Gambling was tightly regulated, thanks partly to the suffragists of the Women's Christian Temperance Union who made NZ the first country where women won the vote and whose members signed a pledge which included abstaining from gambling. Before the advent of the casinos, the only off-course betting was through the state owned tote called the TAB. The activity in their shops was not allowed to be visible from the street, but from the bus I could see over the screens into a totally male world. Interestingly, it was also highly racially integrated, indigenous and Pākehā men were united in their love of 'rugby, racing and beer'. The only gambling by women was the local annual race day or housie and the amount and frequency of that was strictly controlled.

Then gambling machines arrived. The Casino Control Act (1990) brought machine gambling to casinos, followed by clubs and pubs, in such numbers that by 2002 New Zealand had the highest number of machines per head of any national population, at one machine for every 152 man women and child in the country. After the passage of the Act this ratio declined a little as numbers of machines outside casinos fell slightly. In 2003 outside of the casinos there was one machine per 180 head of population (Bunkle & Lepper, 2004).

It has been suggested that the initial impetus for the expansion of gambling opportunities came from the brewers who owned many pubs which they could only sell if they became more profitable, and from the clubs which wanted more money of sports (or rather one particular sport). Both sides of the House accepted the argument that casinos would bring capital investment with 'no-net-risk'.

Official figures derived from prevalence surveys showed that in the 1990s while there was a decrease in the number of people gambling regularly, there was a sharp increase in women gambling regularly (Abbott, 2001). This meant that the proportion of men and women who

were regularly gambling changed markedly. It went from 1.86 men to every 1.0 woman, to 1.05 men to every 1.00 women in 1999 (Bunkle & Lepper, 2004). The number of women who were found to have developed problems however decreased substantially (Abbott & Volberg, 2000). This finding was very influential in policy circles.

I have argued elsewhere that this is a statistical artifice generated through the different ways the statistical sample was constructed and analysed (Bunkle & Lepper, 2004). This arose through a focus on the manipulation of statistics by those detached from their meaning.

The experience of the Compulsive Gambling Society was quite different. They found that as the machines became more prevalent and accessible women started calling the helpline in increasing numbers. It wasn't just any women; it was overwhelmingly poor women, indigenous women, and ethnic women, and later old or disabled women, to put it bluntly, the 'losers, the overwhelmed and the dispossessed'. They didn't seem to have had any previous addictive problems, but they certainly had problems now. By the early 2000s, the majority of callers were women and one third of all callers were Māori or Pacific women. These problems had mostly developed very quickly after they started playing the machines. And the more they lost the more they played.

This behaviour is the opposite of a cost/benefit utility curve. It may not have started as a predisposition to mental illness but it certainly looked irrational. I began searching for a hypothesis to explain this change.

A hypothesis about women's machine gambling: a mixture of nature and nurture

It is the disproportionate representation of the dispossessed and their apparent irrational activity that I believe give the key to what was happening for these women.

Why the losers?

The first clue to this came from my observation that lone women liked the gambling part of pubs and clubs better than the bar (Bunkle & Lepper, 2002). They felt safer there, less subject to the cruel judgements of the sexual marketplace. It didn't matter if you were old, unattractive or not alluringly dressed; you could still participate in a social atmosphere where it was OK to be on our own and not even on the lookout. You could go out without being asked out. If you had a little cash you could have a date with your favourite machine.

The second clue was that a friend's intellectually disabled daughter loved the machines. Life is often boring if you are disabled. There isn't much you can do and there is even less you can do without the aid of others. But the machines don't care. You can participate whatever you look like, however old you are, whatever your mental, or emotional or verbal capacity. It doesn't matter if you are brown, a language user, use a wheel chair or don't hear too well or even see that good. The machine will respond to you even if your clothes are scruffy or you haven't been to the hairdressers in years. You can be on a benefit and have no heat at home but the machine is still there. The machine does not judge you, and does not discriminate. Where else can you participate on such equal terms?

Rationality and delusion

Machine gambling may not be economically rational but it certainly doesn't feel irrational. The first time I saw women fighting over 'their machine' I was astonished. Why on earth did they think it was 'their' machine? Couldn't they see they were being duped? But soon I learned

that 'your machine' was yours – and it might even bring you luck. You may sometimes have to fight for it, but it's yours, your lucky machine, your chance to be equal, perhaps the only equal chance you have. After all a random chance is just that - random. Every chance is as good as every other. I observed that women tend to like the sorts of gambling where that is true. It's not that they avoid games of skill, it's that they like games where they have an equal chance.

You have to be 'in to win', but if you are 'in' then your chance is as good as the next person, and for these women that's as good as it is ever going to get. At least they aren't disadvantaged relative to everybody else. And in the rest of their lives they certainly are.

Anecdote

I was in Nelson, NZ in 2007 and at about 11 in the morning I came across two kids sitting on the pavement outside the casino bar by the bus station.

'Where's your mum?' demanded the man walking in front of me.

'Playing' said the older one.

The man gave them a piece of his mind about their terrible mum and her wasteful ways.

I couldn't help but wince at the pain of the youngest on hearing his mum slagged off. After all she was their mum. The older one was embarrassed and defiant.

I gave the kids 5 bucks (I don't know who they thought was the madder, me or the man) and caught him up, and suggested he make his views known to the people making the profit. Their mum was playing as hard as she could, and perhaps she thought she was doing her best to make them all winners. This was all the hope they had and she was going to maximise it. But he thought she was a benefit bludger. My argument that maybe she was doing the best she could didn't cut any ice with him.

But there is the problem. It's not that her chance to be 'in' doesn't have a basis in reality or reason, it is that she is being encouraged at every turn to misinterpret and overestimate that chance. The fact that her chance is equal to everyone else's does not mean it is equal to the machine's. When players say 'well someone has to win' they are falling for delusion because the machine is the winner, it's programmed that way. But this is obscure to her because of the construction of the machine and its environment.

I have frequently been told that buying lots of lottery tickets will not increase my chance of winning, because the result is random and each ticket has as much chance as every other – but I don't really believe it. What I feel is that the more I buy the more chance I have of winning (although I do accept that buying a ticket only gives me an infinitesimally greater chance of winning than not buying one). It has been explained to me that each time I buy a lottery ticket I increase my chance of winning by one, but I simultaneously decrease my chance of winning by one because I have increased the number of tickets. This understanding, however, requires complex statistical understanding. In practice, in my daily life I assess risk on the model of the raffle, where if I buy more tickets I increase my chance of winning because I am buying a higher proportion of a fixed number of tickets.

The mother in the casino bar believed much the same thing she assessed her risk in the same way she did in her daily life. The more she played the more likely she believed she was to win. How has she been encouraged to think this? Firstly advertising, secondly reinforcement, thirdly the creation of delusion.

Advertisements

I think that the lottery is relatively benign. There is little evidence of direct harm. But beaming gambling into the living room every week normalises and legitimises the activity, promoting

confidence that it is fair and gives everyone a chance. It could be anyone who becomes a winner. And it promotes a win as life changing. The depiction of ordinary winners certainly engages with a potent fantasy of instant transformation. Every Saturday the lottery says anyone and everyone can be a winner. It is quite different from the message from my hidden, almost furtive, TAB tote players screened from passers-by.

Some of the credibility of the lottery rubs off on machine gambling, especially the idea that wins can be transforming and anyone can win. The only qualification to be a winner is to be 'in'. Lottery advertising prepares the ground for other gambling modes and the promotions, special offers, and loyalty cards that go with them. My guess is that the attitudes of the older people who get on the free buses to go to the casino on pension days have been affected by the credible image of gambling created by lottery advertising; not least because they grew up at a time when gambling was furtive and hidden and now it seems overt and sanctioned.

Machine construction and delusion

Destination gambling and online gambling have a particular take on promotion. The elaborate 'World Poker Series' not only glamorises the destination, it serves to persuade online gamblers that there really is a game, there really are cards, there really are other players, when actually there are only graphics. The machine can 'see' the hand of all the other virtual players, yet players on their home computer easily forget this and believe there is a 'real' game. The machine doesn't mind what game it plays but the player does, so the machine adapts. And like the machines in the casino or bar, the online computer maybe programmed to memorise you and your play and your preferred habits (and maybe your credit card). The programmes can be easily and quickly changed on the floor, and some can be changed centrally. The most sophisticated are said to be able to even adapt their programme during the game.

Machine construction incorporates other persuasive features. The first and overwhelmingly important issue is that you do win more often than you lose. Electronic monitoring of machines in New Zealand by the regulator has shown that the machine gives you back about 54% of what you put in. The experience of winning so often obscures the fact that the machine is keeping 46% every time to cycle your money. You feel like a winner, but your pile of dollars is getting smaller. So you feel like a winner even though you are losing money and this experience of being a winner is exactly what the 'poor and deprived' lack in real life. It makes the fact that this is the one area of participation where you do not experience discrimination all the more potent. It is this fact which makes being 'in' appear rational to the player.

It doesn't take long to cycle through a hundred dollars if you are playing 20 - 40 line machines. If the machine has note acceptors or credit card play it is especially easy to lose track of losses; but it is even easier because your actual experience is of winning most of the time. Whether you win or lose is certainly random, but how that win or loss is displayed is not. Machines can be programmed to display a tantalising number of near misses. A near miss is as psychologically reinforcing as a win. And this reinforcement is repeated very fast. The pace of repetition enhances the reinforcement. Furthermore, it can display the results as getting closer and closer to a big win. The idea of the 'hold' button is to suggest there is some skill involved, that you can place yourself nearer and nearer to a big win. The fact is the next play is random. But for the player this is hard to believe.

The idea that the more you play the closer you are is reinforced in many other ways. For example, the jackpot is getting bigger and bigger. 'It's getting near its limit, it must be getting closer and closer, it must be going to pay out soon'. Then there's the 'chink, chink' of everybody else winning. The machines make a 'chink, chink' sound even when they pay out a chit for a cheque. It says 'they are winning, there are winners all around you, someone is about to

win big, stay - it could be you'. And the heartbeat pulse of the music adds to the excitement.

In casinos the linked jackpots often display the prize right there in front of you. Often it's a shiny car and the model changes frequently, so someone must be winning. Few people would wonder if the car has gone back to the showroom and been exchanged for another model.

As the big prize gets closer players get frantic to keep their seat. 'A little more...a little more...' and the waiter brings you alcohol to your seat.

The problems really become difficult, not when the luck runs out, but when the debt piles up. The alcoholic may need a gin before she starts the housework, the smoker may need a fag before they can get out of bed, but debt drives the gambler because once in debt the only way out is a big win. Credit feeds the craving.

Keeping the stakes low, no note acceptors, making people pay with real money not credit cards and drying up the supply of credit on the floor, outlawing loan sharks, even enforcing breaks or time limits on play are all potentially effective regulatory interventions (Bunkle, 2000). But the intervention which would, I believe, be most effective would be understanding the reality that the more you play the more you lose.

Is problem gambling an addiction?

Women are likely to be a significant new target market for casinos, adult entertainment centres and the other expanding outlets in Britain. The female gambling market in New Zealand just wasn't there before the expansion of opportunities to play the machines. There is no evidence that all these women previously had unknown addictions, or were waiting to develop them. Housie is simply a world away from the pokies. Where were all the addictive personalities hiding all those years? In obsessively tidy homes?

Yet the problems they develop do look like addictions, and furthermore the machines do look as if they are particularly risky. The neurologist, Baroness Susan Greenfield (2008) asserts that risk assessment and risk taking are normal parts of life. The human brain is well adapted to them, but it can become over adapted to frequent rewards.

The question is what makes a normal capacity become so exaggerated when faced with these machines? The implication of Greenfield's view is that the machines may create addiction rather than being the passive objects of it. If Greenfield is correct, it explains why electronic gambling, in all its forms, generates more problems than other forms of gambling because the machines progressively affect brain activity. This would explain the quality of the relationship these women developed with 'their' machines. It would also explain the very high rate of problem gambling in young people who've grown up interacting with screens.

If this is so, then we are producing not only more gambling opportunities but more people adapted to develop problems when playing them. In other words we are generating an 'at risk' culture.

Greenfield's is reported as saying that "[p]eople who spend a lot of time interacting through the screen can become emotionally detached, seeing life as a series of logical tasks that demand immediate reaction... The experience offered by a computer is the excitement of an anticipated reward. And frustration if you don't get it. In Neurochemical terms, it's very similar to when you take a drug...(it) produces a chemical in the brain called dopamine, which makes you feel good. But too much of it may damage the prefrontal cortex, and that can limit your ability to understand anything much beyond the here and now. Other addictions have the same effect...it can mean a confusion between reality and screen life" (Moreton, 2008, p.30).

Greenfield's thesis implies that we are all culturally predisposed and all potentially at risk of developing problems if we gamble a lot. Repeated experience will produce addiction like

problems because it becomes built into the structure of the brain. If Greenfield is only partially accurate, poker machines are just as toxic as alcohol or tobacco because, like them, they alter the very judgements on which decisions to buy are based. Her thesis may also explain the development of co-morbidities in frequent screen players. It also suggests to me that researchers who interview their screens may miss the dimensions of reality which will allow them to understand the meaning of the phenomenon they are measuring.

If political decisions made the market, then political decisions can be made to regulate it, if, that is, there is a will to do so. And if the people who create the knowledge on which regulation is based are not also addicted to their screens, and oblivious to the people they research.

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