Pathways to Late-Life Problematic Gambling in Seniors: A Grounded Theory Approach

Connie Tira, PhD,* 1 Alun Conrad Jackson, PhD, 1 and Jane Elizabeth Tomnay, PhD 2

1 Problem Gambling Research & Treatment Centre, Melbourne Graduate School of Education, University of Melbourne, Victoria, Australia.
2 Centre for Excellence in Rural Sexual Health (CERSH), Rural Health Academic Centre, Melbourne Medical School, University of Melbourne, Victoria, Australia.

*Address correspondence to Connie Tira, PhD, Problem Gambling Research & Treatment Centre, Melbourne Graduate School of Education, University of Melbourne, Level 5, 100 Leicester Street, Carlton, Victoria 3010, Australia. E-mail: connietira@gmail.com

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Purpose of the Study: To develop a grounded theory on how older adults, who may not have previously experienced gambling issues, come to develop gambling problems in later life. Design and Methods: Through semistructured in-depth interviews with 31 adults aged 56–85, routes that led the current sample of older adults to develop late-life gambling problems were identified and mapped into coherent pathways using a constructivist grounded theory methodology. Results: Three main pathways to late-life problematic gambling were identified, all linked with a common theme of isolation: a grief pathway associated with unresolved losses; a habit pathway associated with habituation to gambling; and a dormant pathway marked by preexisting behavioral excess or impulsivity. Overall, unresolved losses and/or mismanagement of life’s stresses were found to be the most significant predictors of late-life problematic gambling. Implications: As late-life problem gambling appears to predominantly signify late-life emotional distress and an attempt to deal with this distress using gambling as an escape, it is crucial for problem gambling prevention programs to raise awareness about the processes of loss and grief and provide ideas about constructive loss management. In addition, community-level recreational and social opportunities to combat isolation are identified.

Key Words: Late onset, Problem gambling, Risk correlates
gambling in Australia (Neal et al., 2005) and also because it encourages the viewing of gambling across a continuum, from nonproblematic levels to the most severe forms. It is well documented that problem gambling prevalence is significantly associated with gambling availability, accessibility, and participation, particularly of electronic gaming machines (EGMs; Blaszczynski & Nower, 2002; Currie et al., 2006; Ladd, Molina, Kerins, & Petry, 2003; Sévigny, Ladouceur, Jacques, & Cantinotti, 2008; Thomas & Jackson, 2004, 2008; Vassiliadis, Jackson, Christensen, & Francis, in press; Welte, Wieczorek, Barnes, & Tidwell, 2006). These machines are the equivalent of the North American slot machines, although the review of Australia’s Gaming Industries by Productivity Commission (2010) note that the former differ to some extent from some of the latter in being rated as higher intensity machines in terms of speed of play and number of lines and credits that may be played in a single “spin.” EGMs, or poker machines, are colloquially known in Australia as “pokies.” In Victoria, where the current study was undertaken, these machines became legalized in 1992 and today are located in over 560 community-based venues such as clubs and hotels (27,500 machines) and in the state’s casino (2,500 machines), making up a population ratio of 6.1 EGMs per 1,000 adults in the state. Increase in gambling opportunity and older adults’ enthusiasm toward EGMs have therefore sparked concerns that these trends may culminate in late-life gambling problems. In particular, due to the unique life experiences in late adulthood (such as cumulative losses) and vulnerabilities (such as restricted capacity to earn and replace lost income), late-onset problem gambling consequences may be more devastating than for younger adults. The damage done may be irreversible and even life threatening, as reflected in elevated suicide and suicidality rates among problem and pathological gamblers (Nower & Blaszczynski, 2008; Yip, Tang, Ip, Law, & Watson, 2007).

Although gambling is a rather popular activity in later life, late-life problem gambling is considerably hidden. In Victoria, Australia, approximately 73% of adults have been shown to gamble in any one year, with their games of choice being, in decreasing order, lotto/Powerball/Pools, raffles/sweeps/competitions, EGMs, horse/harness/greyhound racing, and scratch tickets (Victorian Department of Justice, 2009). Those aged between 50 and 64 years were more likely to participate in EGMs, lotto/Powerball/Pools, and competitions than the rest of the population; whereas those aged 65 and older were likely to favor bingo more than other Victorian adults. Although in North America, from where the majority of the evidence on seniors and gambling originates, the prevalence of problem gambling in older adults can span from approximately 2% to as high as 17% depending on the region and scale of survey (Bazargan, Bazargan, & Akanda, 2001; Hirsch, 2000; McNeilly & Burke, 2000; Southwell, Boreham, & Laflan, 2008; Wiebe, 2002), whereas in Australia, statewide surveys tend to yield a lower rate of senior problem gambling prevalence. Specifically, in Victoria, the 50–64 years cohort had the second highest prevalence of problem gambling (1.07%), and for adults aged 65 and older, problem gambling was more prevalent in women than in men (0.27% vs. 0.16%, respectively; Victorian Department of Justice, 2009). It therefore appears that the trend of males being more at risk of problem gambling is reversed in older age, at least for this cohort.

Late-onset problem gambling has characteristics that are distinguishable from lifetime or earlier onset problem gambling. For instance, Petry (2002) found that, contrary to lifetime problem gambling, late-life problem gambling was more associated with women and increased employment problems than social, legal, and substance-abuse problems. The older women reportedly took up gambling at the average age of 42, and regular gambling did not commence until the average age of 55 years. Similarly, Grant, Kim, Odlaug, Buchanan, and Potenza (2009) found that the late-onset group was neither likely to declare bankruptcy and have credit card debt attributable to gambling nor likely to have a parent with a gambling problem but were significantly more likely to suffer from anxiety issues. These differences suggest that generic risk factors and correlates commonly found in the general adult population may not necessarily apply to late-life problem gamblers (Dom, D’haene, Hulstijn, & Sabbe, 2005; Grant et al., 2009; Langeswisch, 2003; McNeilly & Burke, 2002b; Stewart & Oslin, 2001), which warrants further investigation.

The authors of the present study previously attempted to fill in this knowledge gap by conducting a thematic analysis and domain categorization of extant senior-specific literature (Tirachaimongkol, Jackson, & Tomnay, 2010) and cross-matching emerging patterns with the generic pathways model of problem gambling (Blaszczynski & Nower, 2002). This model, which provided the conceptual framework for the present
study, suggests that problem gamblers are a heterogeneous population with three major pathways leading to problem status: Pathway 1—the availability of gambling activities and psychological conditioning lead to a pattern of habitual gambling and chasing losses, which results in problem gambling; Pathway 2—builds on the trajectory of Pathway 1 but incorporates emotional vulnerability (e.g., risk-taking personality, depression, and anxiety). This cohort has a history of significant life events coupled with poor coping and problem-solving skills, and accordingly gambles primarily to address negative affect; Pathway 3—incorporates biological vulnerability and impulsivity traits such as ADHD and antisocial behavior and represents the most severe form of problematic gambling.

Our previous study generated three main clusters: (a) concerning individual vulnerability factors, (b) concerning social and environmental factors, and (c) concerning behavioral regulation. These results represent one way of grouping the findings and may be limited by the inherent methodological limitations associated with some of the studies analyzed, as well as the dominance of the North American context of the research reviewed (Tirachaimongkol et al., 2010). Consequently, it is unclear to what extent these findings could be generalized to the Australian context, where the milieu of gambling is comparably more diverse and characterized by high rates of dispersed (suburban hotels and clubs), as distinct from centralized (casino) gambling opportunity (Jackson, Christensen, Francis, Vasiliadis, & Thomas, 2011).

In contrast to this prior analytic approach, the current study utilized a ground-up perspective for addressing senior-specific problem gambling pathways. Specifically, it directly engaged Australian older gamblers and traced conditions that were subjectively perceived as causing vulnerability toward harmful gambling. The purpose of the study was to develop a grounded theory through semistructured in-depth interviews on how older adults, who may not have previously experienced gambling issues, come to develop gambling problems in later life.

**Design and Methods**

**Analytic Approach and Participants**

As the aim of the study was to build a theory on pathways into late-life problem gambling, the grounded theory approach (Glaser & Strauss, 1967) was considered appropriate. The conceptualization procedures therefore involved coding, categorizing, memoing, constant comparison, and theoretical sampling. Specifically, applying a constructivist grounded theory methodology (Charmaz, 2006) meant that emphasis was placed on the identification of pertinent constructs, the associated properties, and supporting codes. Concepts of similar characteristics (such as parallel events and happenings) were grouped together under a common classification or category, and the accumulated interrelations were subsequently integrated to form the core of the emerging theory. As not all categories were equally relevant, the depth of inquiry into each category varied. Focus was therefore directed at reaching saturation with regard to core themes as much as possible, for these serve as categories that would hold the most explanatory power (Glaser & Strauss, 1967). Thus, categories that appeared to be less relevant for predicting and explaining the later life gambling behaviors were gradually eliminated. To address the trustworthiness of the data interpretation, a random sample of transcripts were reviewed by the two authors (A. C. Jackson, J. E. Tomnay), who had not collected the data and undertaken the first thematic analysis. No areas of disagreement emerged.

The participants were respondents from newspaper advertisements, project flyer distributions, snowballing, and a problem gambling counseling service newsletter. The sample inclusion criteria were older adults (a) who were aged 55 and older, (b) who were either regular gamblers ( gambled at least once per fortnight) or have ever experienced later life gambling issues (subjective perceptions), and (c) who were able to understand and consent to the research project. Exclusion criteria involved younger adults, presence of health conditions that might hinder participation in an hour-long interview, and the inability to provide a free and informed consent. As a token of appreciation for their time, participants were offered a $20 department store gift card at the end of each interview.

In order to identify pertinent risk factors and catalysts without having to intrude excessively into life histories, attention was focused on key life events and turning points that coincided with gambling onset and/or transition from regular gambling to problematic gambling. As key themes surfaced, the interviews progressively increased in structure and focus. Because both problem and nonproblem (but regular) gamblers were recruited, both risk and protective correlates were gathered. Nonetheless, as this study focuses on the problem
gambling pathways, the current findings were primarily informed by participants with a problem gambling history, although data from the rest of the sample helped suggest pathway interruptions and exits. Even though saturation (when collecting new data neither led to new theoretical insights nor revealed new properties to the key themes; Bryant & Charmaz, 2007) occurred approximately after the twentieth participant was recruited, the researcher continued to recruit up to 30 participants in order to check the scope of the emerging theory. The additional one was due to a participant e-mailing her story over in the midst of recruitment.

Results

Sample Demographics

Thirty-one older adults aged 56–85 participated in the study. The average age was 67. Although 30 of the participants were interviewed face-to-face, a supplementary story was e-mailed to the researcher (C. Tira) by a participant who preferred to not meet personally but was nonetheless comfortable with sharing her gambling experiences. Of the 31 participants, the majority was female, with nine males: 8 were married, 16 were divorced or separated, 5 were widowed, and 2 never married. Six participants were employed full time or part time, and 25 were retired. In terms of income source, 25 were receiving pensions and 6 were self-funded retirees or employed. Fifteen participants described their ethnicity as Australian: three each as Yugoslavian, Greek, or Turkish; two each as Italian or English; and one each as Dutch, Finnish, or British. Apart from three participants who were from three different country regions of Victoria, the rest were recruited from metropolitan regions.

Sample Gambling Situations

Overall, six participants described themselves as currently having gambling problems for which they were not seeking treatment, eight reported having sought self-exclusion from gaming venues and perceived themselves as “recovering” or gaining more control over their gambling behaviors, and four reported a history of binge gambling due to previous intermittent experiences of gambling issues. Conversely, nine presented as regular nonproblem gamblers (including one who reportedly used gambling to make money and supplement his income in the past but did not actually use the term “professional” to describe himself). Two considered themselves “professional” gamblers (subjectively defined as being “good” at gambling and gambling at the “professional” level where consistent “successes” or winnings were reportedly experienced at gambling. These winnings were mainly attributed to personal skills, strategies, and dedication toward gambling), and one presented as a self-recovered late-onset problem gambler whose gambling was regarded as currently under control.

Key Themes

The fundamental social process involved in rendering the participants vulnerable to problem gambling was found to be the process of becoming “isolated,” which could be both the cause/precipitating factor, as well as the by-product of gambling problems. The concept of “isolation” consisted of properties such as having “nobody there for you,” “nobody for you to be there for,” “nothing much else to look forward to,” and “gambling venues as places for the isolated to unite and belong.” Findings also suggested that as problem gambling risks escalated, participants displayed a tendency to consider gaming machines as their “companions,” which in turn increased their “isolation” and dependence on gambling venues/products to achieve a sense of belonging and/or “companionship.” Moreover, for a considerable proportion of the participants who experienced gambling problems, gambling appeared to be used to replace work, which reportedly was the antidote to all of life’s stresses during their employment years. Consequently, the concept of “isolation” also included properties such as “gaming machines as the isolated’s companions,” “work as previous distraction,” and “gambling products enhanced the feeling of being isolated.”

The construction of “isolation” is summarized in Table 1. The number of times each code was reflected in the interviews is indicated in brackets after each code name, indicating the relative density or salience of each code. These densities or support for each component were used to guide the development of the grounded theory through examination of their occurrence and the inter-relationship of the codes within each construct.

The first property—“nobody there for you”—could refer to both a representation of an idea, as well as an actual or literal situation. Specifically, the more tangible or concrete aspects of this property were found to encompass conditions such as loneliness, scarce social contact/difficulties in meeting and forming new friendships, lack of support, and
relationship conflicts. The more hypothetical or abstract aspects entailed superficial existence, having to live behind a mask, and fear of dying alone. In particular, part of what made gambling venues a favorite place for lonely participants to spend time was reported because they could go there on their own, do something on their own, and still be able to enjoy themselves. All names are pseudonyms.

It’s one place you can go . . . where you can go in on your own, and you don’t have to be with someone. That’s a very big factor.

Because I would not walk into a pub on my own . . . and sit and have a drink . . . but you can walk into a venue . . . if you’re lonely and . . . and you don’t have to drink, you just have to play. (Mary)

The above example portrays “isolation” as a lack, specifically of human contact. In contrast, for another participant, “loneliness” was more covert and complex in nature, and “isolation” was a mix of various losses, severe grief, inability to truly be oneself among one’s network, and a sense of a bleak future.

“We always say we . . . we (husband and self) put in full time . . . between us, over 80 years into the workplace . . . and we saved, and we . . . we bought this house . . . and we’ve . . . we’ve . . . uh, had some money for our retirement, and our retirement was going to be full of wonderful things . . . But his illness . . . um, has . . . stopped that . . . I’ll be 70 in a couple of years . . . and . . . um . . . I see, um . . . ahead of me, it’s . . . only in a short span of time . . . that I may . . . be active enough, uh, in health terms . . . and . . . being able to do anything . . . to get around to . . . to doing anything, so I’m . . . I’m seeing my life sort of as a very, very small component . . . of what I can put in . . . and that . . . upsets me. The company I keep . . . um, I’ve heard conversations about how . . . how . . . disgusting people are that people go out and lose money on the poker machines. And I thought: You’re damn right.

I’m one of them. [chuckles] (Nina)

For another participant, “loneliness” meant living behind a mask.

It’s always been known that . . . comedians . . . are the loneliest people on earth. And it is quite true,
because now, me . . . I am out-going . . . I am bubbly . . . I can tell jokes . . . I am all these things that everybody wants to be . . . but inside I’m as miserable as anything.

Because I, I’m not connecting with anybody.

I’m scratching the surface. I can’t get in. I’m just passing time. (Giselle)

Closely related to the property of having “nobody there for you” was having “nobody for you to be there for,” which covered aspects such as the need to be needed, the need to control, and a sense of redundancy. Some participants were rendered “isolated” when they were made to feel unneeded or unwanted for various reasons, such as through lack of responsibilities, lack of respect and recognition, discrimination, and technological advancements.

You know, my generation . . . poof, you’re out, we don’t want you anymore. So there are people . . . who feel that . . . they may be lost or they may be . . . past their use by date, or they are no longer useful or wanted by anybody . . . for themselves, but only as a workforce . . . and then when you find yourself some place pleasurable . . . you go there. So I believe we’re vulnerable . . . we’re vulnerable to this. (Nina)

And then computers came. But, um . . . somehow they expected . . . double the work. With computers. And, and the praise . . . for the job you do, has gone. It’s all automated now. It’s a—it’s a different world now. You know, it’s really [chuckles dryly] what am I doing there? It’s not—I’m not really needed anymore. And even on computers, I can still do a good job, but . . . everybody can. So, um . . . the pride in the work is gone . . . um, you can’t say I work a certain department and . . . this is what I do. Because now they just say: ‘Oh, my job is data entry’. You know, everybody is just . . . biding their time [chuckles] until they leave. Uh, so, it’s soul-destroying. (Maggie)

The impact of feelings of redundancy appeared to be greater for competitive individuals, who simultaneously seemed to have a considerably harder time accepting negative gambling outcomes. This consequently led to the development of obsessions about winning strategies, and the subsequent acceleration down the “isolated” path more rapidly than their noncompetitive counterparts.

So, I started work at fifteen . . . so what’s that, thirty-something years working . . . where I’ve always worked myself to the top . . . I’ve become manager, I’ve become area supervisor . . . so I could be strict with other people . . . uh, but, uh, not strict enough with myself. Well, I haven’t got anything to look after . . . or control. So I’ve got nothing to control. And um . . . I guess I’ve always controlled people. Because when I buy and sell houses, I argue . . . to get the best price . . . When I sell I argue for the best price . . . and I don’t let anybody get the better of me. And I guess I’m probably—I’m not tolerant enough . . . And I think I’m trying to control the pokies! And it doesn’t work! [chuckles softly] I only just realised that’s what . . . I’m about. (Jane)

On the other hand, a personality trait that was found to be commonly shared between the participants in the sample was being young at heart. As a consequence of having this trait, many of the participants reported that they did not really fit in with the mainstream older population and could not really derive much entertainment or satisfaction from existing services that cater to seniors. In particular, existing senior citizen’s social clubs and their associated activities were found to be dull and uninteresting. Accordingly, this often prompted a need to seek out the company of other young-at-heart older adults, who were perceived as often found at gambling venues.

What interests me doesn’t interest . . . the people of my age group. Yeah, I mean, just [because] people get old, well, I can only speak in my case [chuckles] uh, it doesn’t mean that . . . that your zest has gone out of life, you know. (Giselle)

In fact, joining seniors’ clubs even diminished some of the participants’ sense of well-being.

I don’t like them [seniors’ social clubs] because, um . . . they all look very old and, um . . . you go there and . . . you feel like you’re . . . ready to jump in the grave! All these people, you know, they’re all very old and . . . and they look old and, um . . . um . . . they dress old and, um . . . and not, um, modern . . . and not having good clothes to wear or anything and they look . . . like beggars, you know? You think: Oh, why did I come here? I used to go to a [cultural] . . . club down there . . . it’s a disaster. You only have to do jobs down there. You have to make coffee for them and . . . ‘Oh, this coffee’s no good, there’s not much sugar’, uh, ‘It’s too strong’, ‘It’s too weak’, you know, they’re all complaints that’s all, so I don’t go there anymore.

Not happy . . . going to those places. (Helsa)

Thus, existing senior-specific social clubs may not be suitable for all types of seniors, particularly those like some of the study participants who were disengaged from mainstream services.

It was not uncommon for participants in the sample to report meeting like-minded people, and/or people who were going through similar things in life, at gambling venues. Consequently,
gambling venues became a setting that enabled vulnerable individuals to meet one another, share with one another, confide in one another, and for those who did not really interact with others, at least provided them with a sense of belonging.

Older people that are lonely and . . . are lost and . . . they don’t fit into something in this world, so . . . we go to the pokies and . . . enjoy one another’s company. There’s not a lot of places to go . . . with people. And . . . because . . . these day and age, people aren’t really friendly anymore . . . very hard to . . . to meet people and share with people. (Pippa)

Nonetheless, although a considerable proportion of the participants reported gambling due to loneliness or to meet people, this ideal was often not realized, with participants also reporting, paradoxically, wanting to be left alone to interact with the machines.

And the machine’s your partner [chuckles] The machine becomes your partner. Well . . . you tend to talk to it. Um . . . Oh, a lot of people do. It’s not just me. A lot of people do. [Demonstrates stroking an imaginary EGM]: Um . . . “It’s my turn,” you know, “Come on, be good” and . . . “Be lucky for me tonight” and . . . yeah . . . all that sort of . . . thing. (Mary)

When asked why, despite feeling lonely, he would rather have EGMs for companions instead of people, another participant’s reply was

At least you won’t get an argument out of the machines there. (Frank)

Hence, it appeared that for some, social conflicts were considered more stressful than gambling-related losses. Conversely, as participants frequently talked about using gambling to cope with one thing or another, enquiries were made into previous coping strategies that were applied before EGMs were adopted. For an overwhelming majority of those with current or previous gambling problems, the concept of “free time” never really existed prior to their EGM uptake, and/or work was their “hobby.”

Well, I didn’t have free time, because . . . I bought and sold . . . seven houses in fifteen years . . . And I did the houses up, and I painted them and wallpaper and . . . put in beautiful gardens and . . . and an old house I had I got it restumped and got it painted all the way through. So I always worked—making, doing, making things better . . . (Jane)

Work was my hobby. That’s why I wanted to keep working.

I love going to work. That’s where all my family was. All me mates . . .

Uh, I used to look forward to going to work. (Frank)

Nevertheless, for some, previous coping strategies involved nicotine and/or alcohol consumption, which in the current sample appeared to be male specific. These findings suggest that overt coping mechanisms of “the isolated” may include substance use/abuse, whereas more covert coping mechanisms may involve workaholism. However, because most participants were brought up with rather strict work ethics, workaholism was rather hard to diagnose and was beyond the scope of the current study.

Findings also indicated that some individuals had higher sensitivity toward stimulation than the rest of the sample. Indeed, it appeared that for these participants, perceived EGM-related effects on their mind were immediate as opposed to a gradual development, and the impressions of machine features were not just transient images, but rather, they repeatedly replayed in their minds, and EGM-related sounds continued to ring in their ears long after their gambling sessions.

The colors, noise, vibrancy and features of the games on the screens stayed in my brain like imprints, and seduced and lured me back and back again, hundreds of times. That’s the planning behind the seductive images. Much study of human psychology must go into the design of the programs. (Olivia)

And then you have—you go to bed . . . and the machine’s still going off in your head, and you can’t sleep. So you get up and go to work the next day and you’ve had no sleep, and you’ve got no money and you’re stressed and you. . . . and I’ve been doing that for the last ten years. (Mary)

The quotations above demonstrate that the “experiences” that vulnerable gamblers go through while gambling may differ from those who are less vulnerable, specifically in the way the former group’s gambling experiences were often “all-consuming,” which did not appear to be the case for the latter group.

The following three pathways—grief, habit, and dormant, respectively (which are not displayed hierarchically)—represent trajectories that rendered the current sample “isolated” or vulnerable to late-life problem gambling. The discussion of each pathway covers entry, progression, and maintenance or perpetuation of the trajectory, based on analysis of the interviews. Exiting pathways is covered in
the discussion section. The key components of the pathways are summarized in Tables 2–4.

**The Grief Pathway**

**Pathway Entry: Substantial Losses.**—Gambling-related vulnerabilities associated with this pathway essentially involved losses of various forms and magnitude, such as an illness striking a loved one or oneself, an anger-provoking event, stress and anxiety associated with conflicts, presence of abusive/manipulative/negligent relationships, and/or what some participants had summed up as “a hard life.” The gambling triggers were often situation specific—as opposed to being related to a presumptive biological or genetic predisposition—and these were reflected in participant history, where something subjectively stressful reportedly preceded or occurred around the time of regular gambling initiation, which prompted the need to seek out gambling and/or gambling-related venues/incentives, whereas prior to such turning points, these individuals reportedly functioned well. Such presentation patterns suggest that the main catalysts for problem gambling progression in this pathway are potent negative emotions—which in the current sample included chronic loneliness, despair, depression, panic, desperation, and rage—which may be activated by certain thoughts, memories, reminders of various forms, or as a consequence of certain realizations finally sinking in.

**Pathway Progression: Mismanagement or Nonmanagement of Losses.**—Due to the sheer force of negative emotions associated with this pathway, participants experiencing this pathway primarily gambled to avoid feeling emotionally overwhelmed or to have a break from emotional exhaustion. This pathway is therefore predominantly underpinned by the presence of unresolved issue(s), which in the current sample appeared to be exacerbated by the lack of opportunities for grieving, be it due to self-imposed standards, social expectations, or an overload of responsibilities. Because the triggers for this pathway primarily involved affect or mood states, and rarely had anything to do with gambling per se, gambling outcomes were often found to be of little if any significance to the respondents, and winnings were frequently of minimal import or their value was short lived. This was evident in the way the participants talked about the emptiness of gambling, the meaninglessness of wins, and how when asked what their gambling involvement meant for them, the answers were often given as “nothing really.”

**Pathway Perpetuation: Gamble to Forget and/or Augment Personal Space.**—Participants on this pathway characteristically only gambled when feeling upset or needing time alone. Thus, the need to gamble was usually dispelled when these participants were coping/content with life,

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<th>Table 2. Key Components of the Grief Pathway</th>
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<tr>
<td>Unresolved losses</td>
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<td>Desire to avoid, minimize, or delay confrontation with losses</td>
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<tr>
<td>Lack of opportunities to process and grieve losses/desire to quickly move on</td>
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<tr>
<td>Gamble to forget/numb pain or create personal space</td>
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<tr>
<td>Gambling-related experiences as relaxing/a respite/self-pampering</td>
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<td>Lack of alternative outlets and relief</td>
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<td>Sentimental attachments to gambling-related experiences rather likely among carers</td>
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<tr>
<td>Illusions of “giving” or dedicating to loved ones via gambling</td>
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<td>Raising awareness of underlying needs and triggering thoughts likely to be impactful</td>
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<th>Table 3. Key Components of the Habit Pathway</th>
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<td>Boredom/idleness/nothing to do</td>
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<td>Gambling provided fun/excitement/a change in routines</td>
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<td>Early wins/beginner’s luck/lucky feelings/perception of an imminent win</td>
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<tr>
<td>Chasing bigger wins/losses, waiting for lucky feelings to eventuate into actual wins</td>
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<td>Gambling becomes an accustomed activity</td>
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<td>Gambling perpetuation associated with an ingrained habit to gamble</td>
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<td>Unlearning of habitual reactions to boredom and idleness likely the key to this pathway’s interruption/exit</td>
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<th>Table 4. Key Components of the Dormant Pathway</th>
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<td>Preexisting comorbidities, especially obsessive-compulsive or addictive tendencies</td>
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<td>Exposure to gambling facilities/products prompted vulnerabilities to be manifested</td>
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<td>Gamble primarily for the sake of gambling</td>
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<td>Emotional triggers not necessary for eliciting gambling urges but can exacerbate them</td>
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<tr>
<td>Experience “genuine” gambling urges and withdrawals</td>
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<tr>
<td>Alternative outlets for gambling urges seem promising</td>
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<td>Likely to require treatment for comorbidities to assist with recovery</td>
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or the reminders of their distress were absent. Accordingly, motivation to continue or increase gambling was largely associated with the drive to disregard reality and ease emotional pain. Compared with the other pathways, participants experiencing this pathway appeared to most likely to prefer the “company” of EGMs than actual human interactions. Consequently, gambling-related wins appeared to neither significantly spur these participants on to gamble more nor did gambling-related losses appear to deter them from further gambling. Nonetheless, for those who were considerably enlivened after gambling-related wins, who attached sentimental meaning to gambling (such as dedicating winnings to care recipients), who came to rely on venue-related services and incentives to feel better about themselves (such as internalizing winning experiences and friendly services), or who subscribed to the construct of “nothing much else to look forward to,” complications often followed due to additional layers of emotional needs. This means that a cycle of needs that begets more needs, or the formation of secondary needs on top of unmet primary needs, may occur, and this can further complicate the trajectories of this pathway.

The Habit Pathway

Pathway Entry: Subjectively Minor Unmet Needs.—In contrast to the grief pathway, participants experiencing this trajectory reportedly enjoyed “a good life” prior to experiencing gambling problems, in the sense of lacking anything to complain about and any major unresolved distress, anxiety, or melancholy. Consequently, this pathway was marked by relatively minor and rather straightforward needs for an “out” that were met by gambling, thereby suggesting that their degree of being “isolated” appeared to be relatively mild. These minor needs included missing the kind of responsibilities that one used to enjoy (such as work), missing the times when one was needed (such as having children/family members to look after or projects to be in charge of), running out of things to do to occupy one’s time (especially if one was accustomed to always being busy), the desire to stir up routines (if life was perceived to be approaching a state of rut), and/or the desire to merely try out something different and exciting (as part of the intention of maximizing retirement life). Conversely, for others, the initial triggers manifested as a need for a change of environment and gambling venues happened to be the closest location; a need for a place to spend time outside of one’s residence and gambling venues were found to be safe and consistently open; a desire to postpone one’s return to an empty house and gambling venues turned out to be the only locations that opened till late; or in rarer cases, a desire to prolong fun and happy feelings after a great day at work and gambling was perceived as enabling the momentum of positive feelings to continue.

Pathway Progression: Winnings/Luck Encouraged Further Gambling.—Regardless of what the initial motives may have been, the main catalysts for gambling progression or escalation in this pathway were found to be centered around big wins/beginner’s luck or “lucky feelings,” which fostered subsequent need to chase bigger wins/losses, or to allow opportunities for lucky feelings to translate into actual wins. Consequently, unlike participants from the previous pathway, participants on this pathway were rather motivated to win at gambling and gambling outcomes (especially in the initial phases) mattered considerably. Thus, this group appeared to be mainly after the stimulating effects of gambling and was more likely to stop gambling if early gambling experiences were negative.

Pathway Perpetuation: Gambling Out of Habit.—It was not uncommon for participants on this pathway to concur that although they started off gambling out of boredom or to be out of the house, these eventually became an “excuse” to gamble further. This is because they reportedly became so accustomed to frequenting gambling venues whenever they had the time and money, that when other engagements or opportunities for engagements arose (such as social invitations), they still preferred to gamble instead. Thus, the main perpetuating factor for this pathway appeared to be the formation of a gambling habit that overrode other activities, and which was intensified and complicated by the desire to chase losses and bigger wins. This means that with regard to the construct of “isolation,” participants on this pathway mainly endorsed only a few and rather scattered components of each aspect of the construct. Nonetheless, if complications were to occur, such as depression secondary to gambling problems, then more components of “isolation” are likely to be endorsed.
The Dormant Pathway

Pathway Entry: Existence of Comorbidities.—Participants experiencing this pathway appeared to have preexisting predispositions toward compulsive behaviors. For instance, in the current sample, there was a participant with Tourette’s Syndrome, whereas others described themselves as having an “addictive personality,” an “obsessive-compulsive outlook on life,” or possessing an “addictive gene” due to a family history of heavy gambling and/or alcohol consumption. Nonetheless, due to lack of prior opportunities to gamble or gamble regularly, these vulnerabilities only manifested themselves in problematic gambling in later life.

Although participants on the previous pathways were inclined to describe their gambling progression as insidious, participants under the dormant pathway were more likely to express their gambling as an “instant attraction” or “instant hook.” In fact, a rather distinct gambling-related behavior associated with this pathway was that these participants often placed larger bets and did not appear to be satisfied with small bets (which other participants generally preferred), thereby reflecting an arguably stronger tendency to take more risks for the enjoyment of taking risks and/or a comparatively lower level of self-control. These participants also demonstrated a lack of coping skills or poor coping strategies in the past, such as relying principally on nicotine and/or alcohol to relax and unwind (although not necessarily to the point of getting drunk), sleeping their days away to kill time, or engaging in compulsive eating whenever bored. Overall, it appears that participants on this pathway presented with relatively more indications of vulnerability in their psychosocial history than the rest of the sample.

Pathway Progression: Gambling Behaviors Propelled by Comorbidities.—Unlike the previous pathways, the dormant pathway did not appear to require any specific triggers or external encouragements (such as beginner’s luck) for gambling urges to be elicited, although it could be aggravated by these factors. This is because this pathway entailed the presence of comorbidities, and in particular, a history of other forms of addictive behavior. Such precarious foundations, or somewhat “dormant” vulnerabilities, once triggered appeared to create a momentum of its own so that gambling progression appeared to occur more rapidly than the previous two pathways. Consequently, these participants were generally more likely than the rest of the sample to endorse gambling problems as “feeling addicted,” as well as being the second group (after the grief pathway gamblers) to most endorse the construct of “gambling venues as places for the isolated to unite and belong.” Thus, in terms of “isolation,” it would appear that these participants were isolated because other forms of outlets could not seem to help ease tension and offer satisfaction, which may have contributed to their perception that gambling venues offered a sense of shared purpose or community.

Pathway Perpetuation: Avoidance of Gambling-Related Withdrawals.—At the core of their gambling motivations, participants on this pathway appeared to experience “genuine” gambling urges, in the sense of having gambling itself as the main goal/reward and less emphasis on the secondary benefits of gambling, such as to regulate emotions or chase bigger wins/losses. As such, physical withdrawal symptoms associated with gambling cessation or reduction, such as shaking or trembling hands, which were not reported under the other pathways, were found under this pathway. Consequently, gambling motivations associated with this pathway appeared to be characteristically associated with the need to satisfy gambling-related urges to calm the mind from incessant thoughts about gambling and to avoid/ease withdrawal symptoms.

Discussion

A number of pathways—grief, habit, and dormant—have been identified in this study, all three of which rendered the current sample isolated or vulnerable to late-life problem gambling. These pathways to some extent reinforce the heterogeneity proposed by Blaszczynski and Nower (2002) and the pathways in their model, and reinforce some of the clusters identified and previously proposed by the present authors. Because findings are based on participants’ interpretation of their lives and their gambling-related experiences and the meaning that they attached to these, the construction of isolation fundamentally represents the symbolic interaction between the participants and their environments (Blumer, 1969; Mead, 1934). Nonetheless, this does not negate the importance of macrosystemic factors that can considerably influence the trajectory of problem gambling development and progression.
Because findings suggest that isolation and sense of redundancy can significantly propel vulnerable individuals to seek destructive ways of boosting self-esteem and regaining meaning/purpose in life, late-life problem gambling prevention entails the promotion of environments that are socially inclusive and a society that does not judge or devalue people because of inevitable factors such as age. Rather it should appreciate past contributions while provide ample opportunities for further contributions. Examples of interventions, some of which were nominated by interviewees, include the following. Policy makers can help by subsidizing or offering free courses to retirees so that older adults—especially those who have spent most of their lives working and hence struggle to deal with the extra free time upon retirement—can develop new interests and hobbies and learn about alternative ways of meeting emotional and social needs. In addition, abundant opportunities for positive involvement, for example, through the creation of mentoring programs where older adults are linked with teenagers/younger adults, thereby allowing retirees to continue to feel useful and valued by society while preventing isolation could be provided. Senior-friendly neighborhoods could be promoted, whereby adequate recreational options and social venues are provided within local settings, so that older adults can feel safe to venture out and socialize and not have to rely solely on gambling venues as their only secure, communal, and easily accessible destinations. Policy makers should continue to listen to older adults and understand the changing contexts of aging so that policy initiatives are always relevant to seniors’ needs, and resources channeled into aging sectors and programs are most efficiently applied.

As gambling was found to be used to replace work and its distracting effects, this has significant implications for education around alternative leisure options and emotional outlets. For instance, activity scheduling interventions that help associate positive mood with nongambling social activities and mood monitoring in the context of daily activities (Dowling, Jackson, & Thomas, 2008; Jackson, Francis, Byrne, & Christensen, 2012) can be helpful for both treatment and prevention strategies. In addition, as several participants were found to have an inclination toward dismissing losses and/or minimizing the impact of losses, so as to “just get on with it” as soon as possible, part of retirement planning should therefore include raising awareness about the processes of grief, reminding older adults that some forms of grief may take longer than others to heal and assuring older adults that just because they may take longer than someone else they know to grieve or get over a similar kind of loss, it does not mean that they are “weaker” than that person. Indeed, the emotional and social aspects of retirement may be the hardest part of retirement planning and may also represent aspects most easily overlooked by retiring individuals (Lemay, Bakich, & Fontaine, 2006) because income, assets, and finances tend to be at the forefront of retirement planning strategies (Klinger, 2011). Accordingly, empowering interventions that help equip older adults with copious ideas on how to compensate for losses are vital.

Due to the predominantly emotional nature of the underlying causes for late-life (and in particular late onset) problem gambling, it may be more effective for intervention strategies to appeal more to sentiments than to rely chiefly on altering cognitions. Indeed, the late-life problem gamblers in the current sample were generally aware that the odds of winning at gambling were against them, but the majority appeared to be too overwhelmed by strong emotions to be able to harness any previous productive coping mechanisms, and some appeared to be too lost in gambling-related fantasies to be able to regain insight on their situations. Thus, the main issue was not ignorance of gambling odds, but rather emotional struggles. Accordingly, repetitive reinforcement of the probabilities of wins and losses at gambling are unlikely to be effective. In fact, there is growing evidence to suggest that older and younger adults process, interpret, and respond differently to risk messages (Finucane, 2008) and that emotions may assist with information integration in late life (Gray, 2004). Thus, a homogenous way of educating the public about problem gambling-related risks may be ineffectual, and this needs to be taken into consideration when designing interventions.

**Interventions to Assist in Terminating Pathway Trajectories**

The intricate emotional needs associated with the grief pathway suggest that effective interruptions to this pathway entail availability and accessibility of emotional support, opportunities for alternative outlets, and substituted forms of respite. Treatment-wise, cognitive behavioral therapy (Dowling, Smith, & Thomas, 2007; Petry, 2005) may help to replace triggering thoughts, alter unhelpful belief
systems, and minimize the inclination to link and develop somewhat unrelated hopes and dreams to gambling-related activities. Nevertheless, if affected individuals were to become aware of their own triggering thoughts and underlying needs and come to resolve or let go of the losses experienced, self-recovery may be possible.

Because the habit pathway was predominantly underpinned by relatively more straightforward vulnerability factors, it would appear that unlearning somewhat conditioned responses to boredom and idle time is likely to be adequate while gambling habits could be replaced by alternative habits instead (Jackson, Francis, Byrne, & Christensen, 2012). Interestingly, there were instances where the novelty of gambling actually wore off and the participants decided to progressively gamble less on their own due to an increasing sense of tedium with EGMs. In fact, a few participants reported that what used to appeal to them now annoyed them instead, such as gambling venue-related noises and lights. This suggests that individuals in this problem gambling pathway may more readily experience “natural recovery,” or have a higher chance of doing so, than those who develop problem gambling via the other pathways.

Due to an almost “pure” quality of gambling urges that underpinned the dormant pathway, in the sense of gambling predominantly for the sake of gambling itself, this group of participants appeared to likely benefit from strategies such as playing gambling-simulation computer games instead of real EGMs. In this way, gambling urges could be fulfilled without real money being lost. Nevertheless, where actual monetary rewards are deemed paramount, where there is a need for gambling atmosphere, the need to be out of the house, or where emotional complications such as grief, loneliness (lack of social connectedness as opposed to being alone), or depression are present, this strategy is unlikely to be effective. Moreover, due to existence of comorbidities, these “background” conditions are likely to require addressing so as to not hinder gambling improvement and/or accelerate pathway progression. Thus, potential terminations of this pathway would depend on a variety of factors, such as the nature of underlying gambling motivations and the types of comorbidities involved.

**Strengths and Limitations**

Because attribution of a “problem gambling” status was left to participant discretion, a range of gambling experiences was encountered, which enabled differences between nonproblematic recreational and problem gambling to be explored. Although issues such as denial and false claims may be common in the field of problem gambling (Cummings Stegbauer, 1998; Custer & Milt, 1985; Glickstein, 2001; Pavalko, 2002), the “how’s” of meaning making are just as important as the “what’s” of meanings produced (Gubrium & Holstein, 2002). The researchers therefore argue that any presence of inconsistencies between self-reported claims and presenting facts actually adds to the richness and complexity of the findings rather than compromise them. Moreover, because both problem gamblers and regular but nonproblem gamblers were included in the study, this allowed for factors identified as mediating, moderating, and/or interrupting pathway progression to be extracted, which adds to the uniqueness of the derived theory.

The proposed grounded theory on pathways to late-life problem gambling was developed in a manner that was able to fit the data gathered. As such, the theoretical propositions and pathways posited are likely to be most transferable to populations of similar presentations, such as late gambling uptake and late-onset problem gambling among EGM players of mostly Anglo-Saxon background, who reside in an area where gambling contexts are similar to Australia (such as those characterized by dispersed gambling facilities as opposed to those with gambling products restricted to casinos). Nonetheless, the proposed theory is flexible and should not be applied as a principle or fixed guideline. Instead, the current propositions should help spark considerations for how societies and future social contexts may inadvertently create isolation and help promote ideas for how these can be prevented and minimized. In this way, vulnerable individuals can be protected from gambling-related adverse impacts before empirical evidence on further pathways can be established or become available. The researchers therefore encourage creative application and transfer of the proposed knowledge in ways that can help capitalize on the usefulness of the current findings and enhance openness to how other extant knowledge in the field can be applied.

It should be noted that higher code densities are not synonymous with greater significance or influence. Care should therefore be taken to not assume that a construct with greater code density is a more important construct, as salience does not mean impactful. One should also be aware that neither
the pathways that vulnerable individuals undergo may be as “neat” as presented in this study nor do individuals always remain in the same pathway or develop gambling problems from a single pathway. Indeed, pathway crossovers are possible, and the components of each pathway are fluid. Hence, lack of substantial endorsements of constructs or its components does not necessarily mean less problem gambling risks are involved.

Conclusion

Three main pathways to late-life problematic gambling have been identified, all linked with a common theme of isolation: a grief pathway associated with unresolved losses; a habit pathway associated with habituation to gambling; and a dormant pathway marked by preexisting behavioral excess or impulsivity. It is important to note that overall, unresolved losses and/or mismanagement of life’s stresses were found to be the most significant predictors of late-life problematic gambling. In order to explore this further, rather than trying to find other categories and constructs that may be endorsed by a problem gambling sample, future research might benefit more from obtaining the various combinations of potent relationships of constructs, their subcomponents, and their interrelated properties so that the most potentially damaging problem gambling pathways could first be interrupted. Because a grounded theory is developed from the data itself, it can neither be destroyed by more evidence nor be deemed “right” or “wrong.” Rather more evidence would serve to modify it into an improved theory (Glaser & Strauss, 1967). Hence, future studies of a similar topic will contribute to this foundation, enriching it, and extending the scope of its application, and any subsequent divergence from the proposed theory and hypothesized pathways merely represent a more updated version of the current theory, reflecting the dynamic nature of theoretical development.

References


