

Gambling Behaviour and Motivation in British Older Adult Populations: A Grounded Theoretical Framework

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Abstract

Gambling participation among older adults aged 65 and above has increased in Great Britain. However, there is limited research and therefore understanding about cognitive and behavioural patterns of gambling for this demographic. The objective of this study is to develop a substantive framework that represents the gambling behaviour of older adults in Great Britain, with specific reference to motivational factors affecting behaviour. A systematic grounded theory approach (Strauss & Corbin, 1998) was used to produce an inductive set of theoretical propositions. A stratified sample of 17 British older adults aged 65 years and older, who gambled frequently, was recruited. Theoretical sampling was used to fully develop emerging concepts. Axial and selective coding revealed that gambling was often used as a coping mechanism to alleviate distress from psychological and physical lifestyle changes associated with the aging process. In total, four grounded theoretical propositions emerged that accounted for gambling participation, including facilitation of gambling, psychological stress reduction, physical stress mediation, and satisfaction of stimulation needs. Patterns emerged from the data that suggested unique motivational factors regarding gambling behaviour of older adults in Great Britain in contrast to other adult populations. This is the first study to investigate gambling behaviour in British older adults. New directions for future research are discussed in relation to emergent findings.

Keywords: Older Adulthood, Gambling, Problem Gambling, Grounded Theory

Résumé

Une augmentation de la participation des personnes âgées de 65 ans et plus au jeu a été observée en Grande-Bretagne. Il existe toutefois peu d'études sur le sujet et, par conséquent, on connaît peu les caractéristiques cognitives et comportementales de ce groupe de la population en ce qui a trait au jeu. La présente étude vise à concevoir un important cadre de travail représentant le comportement de jeu des personnes âgées

en G.-B., faisant explicitement référence aux facteurs qui motivent le comportement. On a utilisé la méthode de la théorie ancrée (*systematic grounded theory*) (Strauss & Corbin, 1998) pour produire un ensemble inductif de propositions théoriques. Un échantillon stratifié de 17 Britanniques âgés de 65 ans et plus s'adonnant souvent au jeu a été formé. L'échantillonnage théorique a servi à élaborer de nouveaux concepts. Le codage axial et sélectif des données a révélé que le jeu était souvent employé comme mécanisme d'adaptation pour atténuer la détresse découlant des changements psychologiques et physiques du mode de vie associés au processus de vieillissement. Au total, quatre propositions de théorie ancrée ont émergé pour expliquer la participation au jeu : la facilitation du jeu, la réduction du stress psychologique, la médiation du stress physique et la satisfaction des besoins de stimulation. Les caractéristiques émergentes des données laissent entendre que par rapport à d'autres populations de personnes âgées, il y aurait des facteurs motivationnels uniques au comportement de jeu des personnes âgées en G.-B. Cette étude est la première à se pencher sur le comportement de jeu des personnes âgées britanniques et à discuter des nouvelles orientations à donner aux études futures compte tenu des conclusions qui y sont énoncées.

Introduction

Researchers have proposed that recent widespread deregulation and expansion of the gambling industry, and the subsequent increased gambling visibility in the community, places older adults at increased risk of developing a gambling disorder in comparison to other adult populations (Knutson & Loewenstein, 2005; Zaranek & Lichtenburg, 2008). In Great Britain (GB), gambling participation among older adults, defined in this study as being aged 65 and above, has been increasing recently. British past-year gambling by age estimates identified that gambling participation had increased from 52% in 1999 to 57% in 2007 and had increased to 63% in 2010 in the over-75 age category (Wardle et al., 2011). A similar increase in past-year participation for the 65–74 age category was also observed in the study. Furthermore, gambling for such age groups did not appear to be an occasional act, with the mean number of gambling days for the 65–74 age group being 89.1 and that for the 75 and over category being 81.0. Although problem gambling prevalence is significantly higher across younger adults, 0.4% of past-year British older adult gamblers aged 65 and above have met the criteria for problem gambling (Wardle et al., 2011). It is evident that gambling is a popular leisure activity for many older adults, and participation appears to be on the increase.

Because increased exposure to gambling venues promotes problem gambling (Welte, Wieczorek, Barnes, Tidwell, & Hoffman, 2004), it seems plausible that rates of older adult problem gambling are likely to rise. However, relatively little is understood about British older adult gambling because this is a demographic that is rarely

focused on in the existing research literature. The aim of this study was to develop a substantive framework to understand gambling behaviour and motivation in British older adults. It was relevant to determine whether British gambling motivations differed significantly from other Western populations. Francis, Dowling, Jackson, Christensen, and Wardle (2015) observed that gambling motives appear to differ according to socio-demographic factors, such as sex, age, employment status, and highest education qualification. These findings are consistent with research exploring socio-demographic differences and gambling motives (Dowling, 2013; McGrath, Stewart, Klein & Barrett, 2010).

Milosevic and Ledgerwood (2010) observed that gamblers with higher levels of social motives do not gamble to regulate their emotions; instead, they gamble for social affiliation. These investigators reviewed gambling subtypes from an array of theoretical perspectives (e.g., Moran, 1970) and it emerged that three subtypes were in line with the pathways model (Blaszczynski & Nower, 2002). Furthermore, they identified individuals by type (1) who were likely to report elevated levels of depression and anxiety, many of whom gambled as an avoidance or psychological escape; (2) who had high levels of impulsivity and low tolerance of boredom; and (3) who make significant cognitive errors in their thought processes when gambling.

The current literature has observed that gambling for psychological escape and to manage dysphoric mood is correlated with gambling problems across age categories (Blaszczynski & Nower, 2002; Nower, Derevensky, Blaszczynski, & Gupta, 2004). This finding suggests that older adults are vulnerable to behavioural reinforcement and cognitive distortions and are susceptible to problem gambling if primary motivations to gamble are related to alleviating loneliness and depression.

Across the literature, older adult motivations to gamble appear to be mostly focused on entertainment and leisure; in turn, older adults appear to be particularly vulnerable to gambling problems because of issues such as declining health (Fessler, 1996; Korn & Shaffer, 1999; McNeilly & Burke, 2000). Southwell, Boreham, and Laffan (2008) identified that older adult problem gamblers play electronic gaming machines for escape and to reduce feelings associated with physical pain. Engaging in certain types of gambling activities to escape pain highlights that older adults may be particularly vulnerable because people who predominantly gamble with slot machines develop a pathological profile faster than do gamblers who favour other gambling activities (Breen & Zimmerman, 2002). Therefore, researchers have highlighted that different types of motivations are likely to have an effect on the type of gambling activity that older adults participate in, proposing that different types of older adult gamblers have different experiences associated with their gambling activities (Milosevic & Ledgerwood, 2010).

Identifying cohort preferences for certain types of gambling activity and motivation will help identify the preferences that are more likely associated with gambling problems (Dowling, 2013; Francis et al., 2015). Dixon et al. (2014) observed that certain types of games are more likely to increase problem and pathological

gambling among different types of players. Furthermore, it is appropriate to examine the rise in gambling as a social activity among active older adults. McNeilly and Burke (2002) found that older adults aged 65 and above oriented toward different types of casino gambling as a mainstream social activity.

Using an atheoretical approach and having no set hypotheses is relevant to gaining a British perspective of older adult gambling behaviour because cultural and group differences affect the types of motivation to gamble (C.-K. Lee, Lee, Bernhard, & Yoon, 2006; Neighbors, Lostutter, Cronce, & Larimer, 2002). Medeiros et al. (2015) questioned how and to what extent culture affects individual gambling behaviour and identified that the prevalence and acceptance of gambling across different cultures varies. Therefore, as more information is gained on the gambling behaviour of British older adults, it will be possible to tailor treatment to their specific needs and to inform clinical sectors, resulting in more efficacious treatment approaches.

However, currently there is limited literature available to explore motivation and older adult gambling behaviour in a British context, as this is a demographic that is under-researched in comparison to that of younger gamblers (Subramaniam et al., 2015; Tse, Hong, Wang, & Cunningham-Williams, 2012). Tse et al. (2012) observed from their systematic review that of 75 older adult gambling studies, none had U.K. origins. As a consequence of this paucity of U.K.-based research, it is not yet possible to identify cognitive and behavioural gambling patterns of British older adults with any confidence. The vast majority of research available is representative of North American populations (Tse et al., 2012) and it would not be prudent to assume that the findings can be generalized to British populations, given the cultural variation between locations. As a result, there is a lack of understanding of the key variables and relationships to observe and measure with reference to researching and understanding older adult gambling within GB. Increased accessibility to and availability of different types of gambling opportunities in GB through the passing of The Gambling Act 2005 suggests there is a need to understand the different motivational dimensions of British older adult gambling behaviour.

Binde (2009) argued that understanding motivations for gambling is critical to research that aims to uncover determinants of gambling behaviour. Fundamentally, exploring British older adult motivations to gamble from the existing international theoretical literature is problematic. Although similarities may be shown between types of gambling behaviours, it is relevant to explore whether British older adults show different motivations not currently identified in the international literature on the basis of cultural differences. Chen, Shoemaker, and Zemke (2013) observed that motivations are not generalizable across different types of games and so acquiring knowledge surrounding all aspects of British older adult gambling behaviour is important, especially preferences for type of gambling activity. Acquiring knowledge that effectively increases motivation to gamble will therefore help provide direction for strategies to minimize harm in British older adult gambling populations. Because, to date, unique problem gambling vulnerabilities in older adult populations may not have been identified (Nower & Blaszczynski, 2008), a first step is to identify

behavioural differences, which is challenging given that older adult gambling research is relatively scarce (Lister & Nower, 2013), specifically within a British context.

The United Kingdom has a long modern history of gambling and it is legalized throughout the country (Abarbanel, 2014). Although much older adult gambling behaviour has been collected from Western populations (McNeilly & Burke, 2002; Milosevic & Ledgerwood, 2010), findings may differ because of cultural and regulatory contexts (Abarbanel, 2014). Therefore, older adult gambling is cited from countries that have differences in cultural and social backgrounds, including distinct legal statuses of gambling. These contributing factors highlight variations in gambling behaviour that potentially affects gambling attitudes and produces cultural-specific behaviour (Orford, Griffiths, Wardle, Sproston, & Erens, 2009).

Studies have shown that gambling motivations are specific to age and are based upon life experiences, values, and attitudes shared across generations (Alberghetti & Collins, 2015). With different types of gambling opportunities in Britain, it is relevant to analyze the different motivational dimensions of gambling behaviour in this demographic. For example, older adults are likely to report a preference for non-strategic forms of gambling such as lotteries and electronic gaming machines (Grant, Kim, Odlaug, Buchanan, & Potenza, 2009; Nower & Blaszczynski, 2008; Preston, Shapiro, & Keene, 2007; Wiebe & Cox, 2005).

Different age groups of gamblers display different motivations to gamble; for example, younger gamblers differed from older gamblers in reporting that “winning money” was the primary motivation for continued play (Desai, Maciejewski, Dausey, Caldarone, & Potenza, 2004; Grant, Kim, & Brown, 2001). Alternatively, older adults appeared to gamble primarily to combat social isolation and escape boredom (Clarke & Clarkson, 2008), combat loneliness, forget about problems and bereavement (Martin, Lichtenberg, & Templin, 2011), relieve tension (Clarke, 2008), and cope with depression (McNeilly & Burke, 2002). Furthermore, coping and enhancement motives to gamble are associated with psychological drives such as increasing low mood, as well as with an increased number of gambling activities and the severity of problem gambling (H. Lee, Chae, Lee, & Kim, 2007; McGrath et al., 2010; Stewart & Zack, 2008; Stewart, Zack, Collins, & Klein, 2008). Some older adult gamblers will become dependent or experience negative consequences, developing a problematic orientation toward gambling, whereas others will not.

Older Adult Gambling and Problem Gambling Behaviour

Some researchers have proposed that current national studies demonstrate sampling bias toward younger aged gamblers within non-representative populations and that there are insufficient samples to examine problem gambling in older adults (Subramaniam et al., 2015). Thus, evaluating current international and British prevalence rates of older adult problem gambling behaviour may not be an accurate representation and should be viewed with caution. According to the 2010 British

Gambling Prevalence Survey, no occurrences of problem gambling were detected for those over the age of 75 years in the general population (Wardle et al., 2011). No U.K. surveys have been done that allow the direct examination of trends in U.K. older adult gambling and problem gambling behaviour.

The main objectives of the present study were to identify and understand antecedents and consequences of gambling in terms of motivation and reward for participation. It is widely accepted that older adults are highly under-represented in the gambling literature, and this is particularly the case for disordered gambling behaviour (Pilver, Libby, Hoff, & Potenza, 2013; Southwell et al., 2008; Tirachaimongkol, Jackson, & Tomnay, 2010). Older adults are often integrated within the generic adult category in prevalence studies (Productivity Commission, 1999), which is problematic because it is evident that there can be unique problem gambling vulnerabilities in older adult populations (Grant et al., 2009; Nower & Blaszczynski, 2008; Piertzak, Morasco, Blanco, Grant, & Petry, 2007; Pilver et al., 2013).

Research focusing on older adult-specific vulnerabilities is likely to be integral to improving clinical outcomes in older adult problem gamblers (Medeiros et al., 2015). Gambling and problem gambling have different representations across different cultures because of cultural variation in factors such as social tolerance and regulatory structures (Medeiros et al., 2015; Raylu & Oei, 2004). Although several research studies have been performed on older adult gambling and problem gambling, there is a distinct paucity of British research on older adult gambling.

Given that Petry (2002) identified age as an important demographic factor in defining gambling behaviour, the need to conduct studies on older adult gambling behaviour in GB is highly relevant. By conducting research within specified age categories, such as older adults, it may be possible to make progressive steps toward understanding specific risk factors and vulnerabilities for gambling, and perhaps even problem gambling, for each demographic. For example, a critical element is the development of problem gambling measurement tools that are sufficiently sensitive to identify problem gambling patterns specific to the older adult demographic.

Wiebe and Cox (2005) argued that current gambling assessment tools have questionable validity for use with older adults. Clearly, the first step in the process of developing subpopulation-specific measurement scales for problem gambling is to develop a detailed understanding of the relevant gambling behavioural and cognitive patterns. Despite a handful of existing studies indicating variance in motivation for gambling across specific age categories, the variables included within such studies may not be suitably comprehensive to cover all relevant motivational and reward factors for older adult gambling in GB. In response to this knowledge gap, further inductive research is required as an initial step in identifying relevant variables, and potential risk factors, for older adult gambling within GB; otherwise, there is a risk of missing integral factors. The present study therefore aims to provide a substantive theoretical framework of older adult gambling behavioural and cognitive patterns,

through systematic grounded theory (Strauss & Corbin, 1998), to provide direction and impetus for future large-scale quantitative designs.

Methods

Design

Consistent with the systematic grounded theory (Strauss & Corbin, 1998) method, an “all is data” approach was used. Data collection consisted primarily of in-depth interviews of older adults who gambled regularly. Data collection and analysis began without a predetermined sample quantity; rather, the objective was to continue to collect and analyze data until theoretical saturation was observed after intermittent periods of theoretical sampling. After open, axial, and selective coding were completed, emergent theoretical propositions were drawn and are presented herein.

Procedure

Recruitment strategies. A directory of potential U.K. older adult community groups was identified, and recruitment involved accessing different types of social environments and recreational groups targeted toward these communities. Contact was made with community gatekeepers, who in turn introduced the research study aims to the community members. Study details were disseminated to the groups via PowerPoint presentations and by approaching small groups within the venue. When interest was shown in participating in the study, participants were fully briefed about what their responsibility in the study would be and their ethical rights as participants. It was clearly explained that participants would be asked to talk about their gambling behaviour and experience of gambling. Barriers to recruitment of older adults as participants can often be related to significant health disorders and problems associated with trust and understanding (Harris & Dyson, 2001; Uman & Urman, 1990). In response to this, the research team was actively attuned to the physical, mental, and psychosocial characteristics of potential participants, with specific consideration given to the individual’s capacity to provide fully informed consent. Initially, a diverse sample of 14 older adult female gamblers agreed to participate in the study.

The sample was geographically varied, covering rural and urban locations, coastal regions, and other tourist areas where gambling availability may be higher in comparison to rural villages and towns. A flexible approach was used to cover a broad spectrum of older adults in GB, including a range of cultures and socio-economic communities within a variety of commercial and social gambling environments.

Theoretical sampling. Theoretical sampling, directed by evolving theory rather than by predetermined population dimensions, is a pivotal strategy in grounded theory methodology (Charmaz, 2000). Put simply, sampling continued throughout the analytical process as the researcher attempted to substantiate emerging concepts

by seeking further related data from new participants that were most likely to provide insight into concepts earmarked for further exploration. In the current study, we identified that male gambling experiences were required to provide further information on categories that appeared central to the emerging theory. As a result, three male participants were recruited after the initial phase of data analysis was completed. The mean age of participants was 76.82 years ($SD = 6.32$); please see Table 1 for further details.

Data Collection and Analysis

In line with criteria included in “Consolidated Criteria for Reporting Qualitative Research,” a 32-item checklist (Tong, Sainsbury, & Craig, 2007) that requires the personal characteristics of the researcher to be revealed, a female PhD student who had previous qualitative experience in older adult research conducted the interviews and is the lead author. The researcher had no previously established relationship with participants other than introductions at the recruitment site. Therefore, no personal relationships were formed and there was no participant knowledge of the interviewer.

All participants were interviewed within their own home in order to minimize inconvenience; this was particularly important because some participants experienced mobility limitations. Data were collected through in-depth, open-ended, semi-structured interviews, the objective being to record and understand the gambling motivations and behavioural processes of the participants. Field notes were made during and after the interview in the format of paper copies and notes.

Table 1
Descriptive Information of Participants

Participant	Age	Gambling activities
Kenneth	77	Lottery and bingo
Betty	76	Bingo and lottery
Gwen	82	Bingo and slots
Donald	79	Sports betting
Janice	70	Bingo and lottery
Albert	82	Bingo and lottery
Barbara	84	Bingo, slots, and lottery
Doreen	74	Bingo, lottery, slots, and scratch cards
Joyce	70	Bingo and lottery
Kathy	73	Bingo and lottery
Elizabeth	76	Bingo, slots, and lottery
Christine	69	Bingo and lottery
Monica	74	Bingo
Debra	78	Bingo
Harriet	71	Bingo, slots, and lottery
Brenda	82	Bingo
Eileen	75	Bingo and lottery

Initial interviews had an approximate duration of between 90 and 120 min and were audio recorded and transcribed verbatim. The interview schedule consisted of prompts to encourage participants to talk about their gambling experiences and opportunities to gamble, for instance, “I am interested in your local surroundings. Can you tell me a little about any gambling opportunities you have nearby?” Questions also focused on the participants’ physical and psychological health, including mood and physical mobility, for instance, “Please could you tell me a little about your mobility?” and “How would you describe your well-being, in terms of mood?”

Where necessary, follow-up interviews were engaged in to enable further expansion and comprehension of emergent categories; however, not all transcripts were returned to participants for comment and corrections because some of them may have found this process complex from a cognitive perspective. No software was used in the analysis; therefore, data were organized in a pen-and-paper format.

Analysis included open coding, axial coding, and selective coding. Through constant comparison of the data, categories and themes emerged, and ultimately relationships between emergent categories were investigated. Analysis commenced with open coding, which generated codes to catalogue behaviours observed within the data. After open coding, axial coding commenced, which involved revisiting codes and data in order to develop additional categories through the process of constant comparison.

Constant comparison consists of identifying principles and structural features of the behavioural and cognitive processes related to the phenomenon under investigation (Glaser & Strauss, 1967). This stage allowed for relationships between categories to be discovered and explored, therefore enabling a more cohesive and comprehensible understanding of the emergent patterns.

Finally, as theoretical saturation was achieved, the most clearly defined theoretical propositions were identified as the foundations of the grounded theoretical framework to provide a substantive skeletal understanding of older adult gambling behaviour and motivation in GB. For a full review of the method, see Strauss and Corbin (1998). In order to assess the credibility of analysis, multiple credibility checks were performed during the analytical process (Morrow, 2005).

Before the study commenced, as a mechanism for effective reflexivity, both authors identified their pre-existing biases and expectations and remained conscious of such biases during the analytical stage (Ellis & Chen, 2013). In terms of personal reflexivity, the first author has recent research experience in gerontological clinical health and through this research has observed patterns of gambling, frequent or otherwise, and poor physical and psychological health. The second author, an experienced problem gambling researcher, acknowledged being familiar with existing research into problem gambling and older populations. Both researchers were vigilant during data collection to ensure that the participants endorsed the analyst’s

summary of the data at the end of interview as a true representation of the data that they provided. Finally, the field notes, memo cards, and final theoretical propositions of the first author were evaluated by the second author to observe whether they were representative of the data transcripts.

Theoretical Findings

Grounded Theoretical Framework of Older Adult Gambling in GB

The core concept of the emergent theory presented in Table 2 proposes that British older adults participate in gambling as a mechanism to alleviate distress experienced from eight psychological and physical lifestyle changes associated with the aging process. Table 2 identifies the gambling motivations of this population to include satisfaction of the needs to be cognitively and emotionally stimulated, as well as the need to escape, albeit temporarily, age-related psychological and physical stress and discomfort. Furthermore, participants repeatedly observed that gambling environments were highly accessible and welcoming social areas that provided feelings of well-being through familiarity and the perceived safety that they experienced. Essentially, gambling for this population was presented as a coping mechanism for social events and processes commonly associated with older adulthood, including bereavement, loneliness, retirement, and physical deterioration. Positive social, cognitive, and emotional rewards, such as heightened arousal, socialization, and mental stimulation, for example, were also integral to gambling motivation. After theoretical saturation was achieved, four theoretical propositions emerged from this explorative first study that accounts for gambling motivation for older adults in Britain. The emergent theoretical propositions present a framework of behavioural processes, some original and unanticipated, to investigate in future large-scale quantitative research studies.

Table 2

Emergent Categories From Selective Coding: Core Motivation and Experience of Gambling for Older Adults in Britain

Category	Motivation and experience
Facilitation of gambling	High prevalence of opportunities Highly accessible for elderly
Psychological stress reduction	Reduces social isolation Reduces negative affect associated with retirement and bereavement
Physical stress mediation	Temporary escape from age-related physical pain or debilitation Establishing autonomy
Satisfaction of stimulation needs	Opportunity to escape perceived monotony of older adulthood Source of cognitive and emotional stimulation

Theoretical Proposition 1. Gambling has limited deterrents to participation because of high accessibility and availability in comparison to alternative leisure activities.

Ease of access and availability appeared to be a central reason for British older adults to prefer to gamble in comparison to other potential leisure and social activities. Older adults professed to gamble affordably and with relative ease through a range of accessible mediums, including television, Internet, local shops, newspapers, community and church halls, public houses, and commercial gambling venues, including betting shops, adult gaming centres, and bingo halls, all within close proximity to their home. Older adults with compromised mobility had plentiful opportunity to gamble within close proximity of their homes, and when this was not the case, participants were able to obtain transportation to these locations from peers or family with relative ease. Ultimately, because gambling was highly prevalent within their immediate environment and local community, participants were reliably able to access gambling with minimal difficulty. In contrast, when asked about other social activities that they enjoyed, perhaps even more so than gambling, participants often stated that such activities, for example, coarse fishing or ballroom dancing, were not a realistic option because of their physical limitations or lack of opportunities in their local environment. This concept is illuminated succinctly in Extract 1:

“It’s everywhere you look and everywhere you listen. It’s fully available to everybody.” (Kenneth, 77)

Conversely, gambling was presented as an activity in which physical immobility and degeneration did not impact on one’s capacity to engage in it or enjoy it, as demonstrated in Extract 2:

“I mean we are really alert, [husband]. There is a lot of people that just have to sit around [limited mobility], like my friend, can’t read, she’s going blind, she can’t listen to tapes anymore she is going deaf, I will introduce you to her today the lady I sit beside. I play her bingo for her and I keep knocking her and saying you want two, you want one, you want seven.” (Elizabeth, 76)

Gambling was perceived as a mechanism to help oneself and one’s peers to combat physical degeneration, and playing bingo was perceived as a type of gambling activity to help participants have some quality of life in the face of age-related physical frailty (Rockwood et al., 2005). This perception was prominent in bingo, suggesting that certain types of gambling activities facilitate older adults in different ways. In this example, bingo offered physical stress mediation, whereas games such as playing the lottery and scratch cards were not cited in relation to offering the same rewards.

Ostir, Ottenbacher, and Markides (2004) reported that high positive affect significantly lowered the risk of physical frailty. In line with these findings, patterns emerged from the data suggesting positive health correlates of recreational gambling among older

adults. Positive affect associated with gambling, including social interaction, may be protective against functional and physical decline associated with the aging process. Petry (2002) highlighted that, in contrast, problem gambling among older adults may be a cause for concern, given the putative association between gambling, medical problems, and psychiatric problems.

Theoretical Proposition 2. Gambling provides temporary escape from psychological distress associated with the aging process with specific reference to loneliness, bereavement, and retirement.

All participants made reference to gambling as a temporary escape from psychological stress through a process of mood modification. Participants outlined that engaging in gambling, and being in the gambling venue, alleviated tension and negative affect by creating pleasure and social stimulation. The objective of winning money was relegated in importance in terms of the hierarchy of needs satisfied by gambling. The overwhelming motivation observed for gambling related to the pleasurable mood states derived from an opportunity to meet and interact with peers inside the gambling venue. It was observed that when among friends and interacting with them within the gambling environment, the participants were distracted from stress that they professed they were experiencing. Extract 3 provides a detailed illustration of the process:

“It’s an escapism really. If you are a lonely person, it is an escapism. You go down the bookies [betting shop] have a chat, have a look at the horses and sit there and study them. Sit there and 10 watch them if you want because they have all the races on their little screens. It is escapism if you are old but I don’t think it would make you a gambler, a heavy gambler.” (Donald, age 79)

Achieving mood modification through social interaction was a powerful positive reinforcement to continue to gamble for many participants. Many of them reported experiencing loneliness and tension in relation to various social processes related to older adulthood, such as forced retirement and interacting with family less frequently than desired. Fundamentally, it appears that a result of various social processes related to aging is that one’s social network, and therefore one’s social support, deteriorates. For the participants, gambling acts not only as a distraction from perceived stress, but also a channel for much valued and needed social interaction. This absence of alternative social and leisure activities for older adults is concisely summarized in Extract 4:

“Going out to bingo was the thing that saved my life, I will tell you, because I have got nothing else. I didn’t go anywhere else.” (Barbara, age 84)

Theoretical Proposition 3. Gambling can provide distraction from physical pain and negative affect associated with age-related physical deterioration.

Physical pain and debilitation associated with age-related degeneration, including visual impairment, ability to care for oneself independently, effects of surgical

procedures, and symptoms associated with physical frailty (e.g., feeling slowed down and pain-related disease) emerged during axial and selective coding. Gambling appeared to serve two roles in this respect: enabling reinforcement of autonomy and self-determination, as well as providing respite from physical discomfort. For many participants, gambling, as a leisure activity, provided a personal goal for individuals to attempt to accomplish in the face of debilitation and restricted mobility.

Being able to attend a gambling venue provided an opportunity for older adults to demonstrate their autonomy and independence, and this, in turn, stimulated positive self-evaluations and enhanced self-esteem, as demonstrated in Extract 5:

“[bingo] It makes you feel you know sort of wanted if you know what I mean. I mean if you’re in the house.” (Harriet 71)

In addition, because the structural characteristics of gambling activities often stimulate the experience of dissociative states by narrowing attention and reducing self-awareness (Diskin & Hodges, 1999; Powell, Hardoon, Derevensky, & Gupta, 1999), gambling appeared to provide analgesic relief to older adults who are experiencing pain and discomfort caused by common age-related physical disorders such as arthritis. Put simply, when older adults are being entertained and stimulated by gambling, and by the associated social interaction, they are distracted from chronic conditions that produce pain and negative affect in response to the pain. Doreen describes these processes effectively in Extract 6:

“I walk with a stick now my legs don’t want to know. And as I say I get up there and get back [from bingo venue]. I am determined to keep trying to walk even though it does hurt. I could spend ages on that machine [gambling machine]. I quite enjoy it; you know? Sort of just everything around me doesn’t exist, you know?” (Doreen, age 74)

Theoretical Proposition 4. Gambling can satisfy unmet psychological needs for pleasurable arousal and cognitive stimulation.

It was clear from the data that the participants in this study experienced little stimulation within their lifestyles. Participants frequently stated that their lifestyles were monotonous and devoid of regular cognitive stimulation and hedonistic pleasure. Older adults identified that since retirement, and the subsequent drifting away of their immediate family, there was a vacuum of pleasure, excitement, and stimulation in their lives. Participants perceived that they had little opportunity to engage in numerous and perhaps more challenging leisure activities because of either geographical or physical constraints.

Older adults in the present study identified that regularly participating in gambling was effectively satisfying their psychological needs for excitement, as well as to be challenged and stimulated cognitively, without being restricted by their physical and mobility debilitations. It was evident that participants were open to alternative forms

of leisure rather than gambling, but the majority felt that there were no leisure activities that were locally accessible that could match the excitement and stimulation they received when gambling.

Elizabeth describes this process in Extract 6:

“I do get the adrenalin lifted when I am waiting for a number. It is exciting. It’s a lot of fun and it’s lovely to see old people winning. I say old people being so young myself, but you see no one from one Friday to the next Friday, so this gambling is, is laughter and fun and friendships it’s, it’s wonderful for us all.” (Elizabeth, age 76)

Discussion

The aim of this study was to produce a substantive representation of behavioural and cognitive patterns of older adult gambling in GB in order to provide a foundational platform to inform future empirical research about the key variables to observe for this specific subpopulation. It was necessary to conduct an inductive investigation of older adult gambling patterns and motivations, devoid of any predetermined assumptions, because there is an absence of understanding of British older adult gambling and of age-specific vulnerabilities that may be fundamental to developing effective problem gambling treatments for this group (Medeiros et al., 2015). It is evident from the grounded theory that British older adults may perceive gambling participation as a mechanism to satisfy several psychological needs that are otherwise going unfulfilled as they develop into older adulthood. For the participants, as a result of getting older, much of their social structures were transformed significantly in response to retiring from employment, changes in income, and limitations in physical mobility. For the most part, such changes were perceived negatively by the participants and proposed as the source of life dissatisfaction. For all of the participants, gambling provided a valuable opportunity to satisfy social needs alongside psychological needs, such as the need to demonstrate autonomy in the face of increased restrictions, at least perceptually, on one’s lifestyle in older adulthood. It clearly emerged from the data that gambling to win money was not a strong motivating factor for this population. Gambling was reported to largely be an available and efficient mechanism to satisfy currently unmet needs and to fill the social vacuum that many participants experienced as a result of retirement or increasing physical limitations.

Current findings appear to be similar to prior theory. The emergent categories of physical and psychological stress reduction are similar to coping motives through negative reinforcement referred to as the behaviourally conditioned gambler, a subgroup vulnerable to making significant cognitive errors in judgment (Blaszczynski & Nower 2002; Milosevic & Ledgerwood, 2010).

Furthermore, in line with the findings of Milosevic and Ledgerwood (2010), who inventoried gambling subtypes over the past 30 years, in the present results three subtypes emerged that are consistent with the pathways model (Blaszczynski &

Nower, 2002). Emergent findings from this study are characterized by depression and anxiety; therefore, gambling for older adults as an escape and avoidance response corresponds to the emotionally vulnerable gambler described by Blaszczynski and Nower (2002). The second subtype of disordered gambler identified by Milosevic and Ledgerwood (2010) is characterized by high levels of impulsivity and gambling to stimulate the central nervous system, described as “sensation seeking behaviours.” Theoretical Proposition 4, satisfaction of stimulation needs, identified that gambling can satisfy unmet psychological needs for pleasurable arousal and cognitive stimulation.

However, this study uncovered unique findings that are not consistent with the existing literature on gambling subtypes (Milosevic & Ledgerwood, 2010). We observed that two components—temporary escape from physical pain and/or debilitation and ease of accessibility to gambling venues for persons with physical infirmities—are distinct and highlight core features in older adult gambling motivation. Specifically, unique problem gambling vulnerabilities in older adult populations may not be currently identified (Nower & Blaszczynski, 2008).

We propose that subtyping may not represent distinct profiles of older adult gamblers; however, defining the features of a subtype may inform about specific motivations to gamble. Fundamentally, subtyping may help identify other factors associated with older adult disordered gambling, such as types of associated psychopathology and physical and psychological limitations. Furthermore, a recent review of research into motivational functions of gambling has identified gambling to escape negative contingencies, rather than for positive benefits such as monetary gain, as a primary risk factor for problem gambling (Cookman & Weatherly, 2015).

A strong category to emerge from the analysis was that gambling environments were one of the few social environments available to older adults within their local area. This is of crucial importance to this specific population, as they reported having difficulty using public transport and limited access to private transport. Furthermore, participants argued that gambling environments provided a safe social space to interact with their peers that was affordable on a limited fixed income. It appeared from the data that gambling itself was largely secondary to social interaction, and it could be interpreted that the participants would have been equally satisfied to participate in alternative social activities, if they were affordable and as available in their local environment. Given that the participants in the current study did not disclose any information regarding gambling-related harm, it is tempting to conclude that gambling acts a relatively harmless source of leisure and needs satisfaction for British older adults. However, it is possible that repeatedly participating in gambling behaviour as a coping mechanism for age-related negative experiences may result in an increased risk for older adults in GB to develop a gambling disorder.

The limitations of the current study are similar to those of all grounded theory research in which emphasis is placed on identifying participants to best illuminate the phenomenon under observation (Glaser & Strauss, 1967). The sample used cannot be

considered as representative of the target population, and therefore caution must be used when applying the findings at this stage. The sample was self-selected, meaning that the older adults who participated were motivated to participate, and therefore it is probable that the sample is not representative of older adults who did not want to openly discuss their gambling behaviour and attitudes. It is therefore essential to conduct a further study with a large, representative sample to determine the extent to which the processes observed in the current study reflect that of the wider population.

Implications

The value of the current study is the direction provided for a future research program that will empirically investigate older adult gambling behaviour in GB. Clearly, the current study is highly explorative; however, it was a necessary first step to an understanding of the gambling behaviour and age-specific vulnerabilities and risk factors in the development of disordered gambling for this population. Rather than assuming older adult gambling motivations and patterns reflect those of general adult populations, this study has provided a framework, grounded in data, that identifies the processes to empirically investigate.

Recommendation 1. As the propositions presented with this grounded theory are explorative and, scientifically speaking, hypothetical at this stage, we recommend that future studies explore whether the behavioural processes and motivations observed within the current study are representative of the wider population of British older adult gamblers. A survey of a large representative sample of British older adults is required to measure the relationship between gambling behaviour, gambling motivation, gambling availability, age-related mobility restrictions, and psychological needs satisfaction through gambling (social and cognitive needs).

Recommendation 2. Given that escape motivation is a prominent risk factor for the development and maintenance of problem gambling (Cookman & Weatherly, 2015), it would be pertinent to empirically investigate the predictive relationship between gambling motivations of escape and needs satisfaction and problem gambling in a representative sample of older adult gamblers in GB.

Fundamentally, by engaging in theoretically driven empirical research into older adult gambling and problem gambling in GB, researchers can begin to develop an understanding of the specific vulnerabilities of this population. This, in turn, will inform future research into specific prevention, screening, and intervention strategies for older adults.

References

Abarbanel, B. L. (2014). Differences in motivational dimensions across gambling frequency, game choice and medium of play in the United Kingdom. *International Gambling Studies*, 14, 472–491. doi:10.1080/14459795.2014.966131

- Alberghetti, A., & Collins, P. (2015). Passion for gambling: A generation-specific conceptual analysis and review of gambling among older adults in Canada. *Journal of Gambling Studies*, *31*, 343–358. doi:10.1007/s10899-013-9425-2
- Binde, P. (2009). *Gambling motivation and involvement: A review of social science research* (p. 90). Stockholm, Sweden: Swedish National Institute of Public Health.
- Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling. *Addiction*, *97*, 487–499.
- Breen, R. B., & Zimmerman, M. (2002). Rapid onset of pathological gambling in machine gamblers. *Journal of Gambling Studies*, *18*, 31–43
- Charmaz, K. (2000). *Grounded theory: Objectivist and constructivist methods*. In N. K. Denzin and Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 509–536). Thousand Oaks, CA: Sage.
- Chen, S. C., Shoemaker, S., & Zemke, D. M. V. (2013). Segmenting slot machine players: A factor cluster analysis. *International Journal of Contemporary Hospitality Management*, *25*, 23–48. doi:10.1108/09596111311290200
- Clarke, D. (2008). Older adults' gambling motivation and problem gambling: A comparative study. *Journal of Gambling Studies*, *24*, 175–192.
- Clarke, D., & Clarkson, J. (2008). Gambling behaviour and motivation in an urban sample of older adult gamblers. *New Zealand Journal of Psychology*, *37*, 17–27.
- Cookman, M. L., & Weatherly, J. N. (2015). Investigating possible effects of ethnicity and aging on gambling as an escape. *Journal of Gambling Studies*, *32*, 499–509. doi:10.1007/s10899-015-9555-9
- Desai, R. A., Maciejewski, R. K., Dausey, D. J., Caldarone, B. J., & Potenza, M. N. (2004). Health correlates of recreational gambling in older adults. *American Journal of Psychiatry*, *161*, 1672–1679.
- Diskin, K., & Hodgins, D. C. (1999). Narrowing of attention and dissociation in pathological video lottery gamblers. *Journal of Gambling Studies*, *15*, 17–28. doi:10.1023/A:1023062912062
- Dixon, M. J., Graydon, C., Harrigan, K. A., Wojtowicz, L., Siu, V., & Fugelsang, J. A. (2014). The allure of multi-line games in modern slot machines. *Addiction*, *109*, 1920–1928. doi:10.1111/add.12675
- Dowling, N. A. (2013). *The cognitive-behavioural treatment of female problem gambling*. In D. C. S. Richard, A. Blaszczynski, & L. Nower (Eds.), *The Wiley-Blackwell handbook of disordered gambling* (pp. 225–250). Chichester, United Kingdom: Wiley.

- Ellis, L., & Chen, E. (2013). Negotiating identity development among undocumented immigrant college students: A grounded theory study. *Journal of Counselling Psychology, 60*, 251–264. doi:10.1037/a0031350
- Fessler, J. L. (1996). Gambling away the golden years. *Wisconsin Medical Journal, 95*, 618–619.
- Francis, K. L., Dowling, N. A., Jackson, A. C., Christensen, D. R., & Wardle, H. (2015). Gambling motives: Application of the Reasons for Gambling Questionnaire in an Australian population survey. *Journal of Gambling Studies, 31*, 807–823.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Grant, J. E., Kim, S. W., & Brown, E. (2001). Characteristics of geriatric patients seeking medication treatment for pathological gambling disorder. *Journal of Geriatric Psychology and Neurology, 14*, 125–129.
- Grant, J. E., Kim, S. W., Odlaug, B. L., Buchanan, S. N., & Potenza, M. N. (2009). Late-onset pathological gambling: Clinical correlates and gender differences. *Journal of Psychiatric Research, 43*, 380–387. doi:10.1016/j.jpsychires.2008.04.005
- Harris, R., & Dyson, E. (2001). Recruitment of frail older people to research: Lessons learnt through experience. *Journal of Advanced Nursing, 36*, 643–651. doi:10.3928/19404921-20091029-01
- Knutson, B., & Loewenstein, G. (2005, August). *Aging and the interplay of emotion and deliberation in risk-taking and self-control: Promising avenues for aging research*. Paper presented at the 2005 Neuroeconomics and Aging: Directions for Research Teleconference.
- Korn, D. A., & Shaffer, H. J. (1999). Gambling and the health of the public: Adopting a public health perspective. *Journal of Gambling Studies, 15*, 289–365.
- Lee, C.-K., Lee, Y.-K., Bernhard, B. J., & Yoon, Y.-S. (2006). Segmenting casino gamblers by motivation: A cluster analysis of Korean gamblers. *Tourism Management, 27*, 856–866. doi:10.1016/j.tourman.2005.05.009
- Lee, H., Chae, P. K., Lee, H., & Kim, Y. (2007). The five-factor gambling motivation model. *Psychiatry Research, 150*, 21–32.
- Lister, J. L., & Nower, L. (2013). Gambling and older adults. In D. C. L. Richard, A. Blaszczynski, and L. Nower (Eds.), *The Wiley-Blackwell handbook of disordered gambling* (pp. 347–360). Chichester, United Kingdom. doi:10.1002/9781118316078.ch16

- Martin, F., Lichtenberg, P. A., & Templin, T. N. (2011). A longitudinal study: Casino gambling attitudes, motivations, and gambling patterns among urban elders. *Journal of Gambling Studies, 27*, 287–297.
- McGrath, D. S., Stewart, S. H., Klein, R. M., & Barrett, S. P. (2010). Self-generated motives for gambling in two population-based samples of gamblers. *International Gambling Studies, 10*, 117–138. doi:10.1080/14459795.2010.499915
- McNeilly, D. P., & Burke, W. J. (2002). Disposable time and disposable income: Problem casino gambling behavior in older adults. *Journal of Clinical Geropsychology, 8*, 75–85. doi:10.1300/J018v22n03_06
- Medeiros, G. C., Leppink, E., Yaemi, A., Mariani, M., Tavares, H., & Grant, J. (2015). Gambling disorder in older adults: A cross-cultural perspective. *Comprehensive Psychiatry, 58*, 116–121. doi:10.1016/j.comppsy.2014.12.021
- Milosevic, A., & Ledgerwood, D. M. (2010). The subtyping of pathological gambling: A comprehensive review. *Clinical Psychology Review, 30*, 988–998. doi:10.1016/j.cpr.2010.06.013
- Moran, E. (1970). Varieties of pathological gambling. *The British Journal of Psychiatry, 116*, 593–597.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology, 52*, 250–260. doi:10.1037/0022-0167.52.2.250
- Neighbors, C., Lostutter, T. W., Crance, J. M., & Larimer, M. E. (2002). Exploring college student gambling motivation. *Journal of Gambling Studies, 18*, 361–370.
- Nower, L., & Blaszczynski, A. (2008). Characteristics of problem gamblers 56 years of age or older: A statewide study of casino self-excluders. *Psychology & Aging, 23*, 577–584. doi:10.1037/a0013233
- Nower, L., Gupta, R., Blaszczynski, A., & Derevensky, J. L. (2004). Suicidal ideation among youth problem gamblers. *International Gambling Studies, 4*, 69–80.
- Orford, J., Griffiths, M., Wardle, H., Sproston, K., & Erens, B. (2009). Negative public attitudes towards gambling: Findings from the 2007 British Gambling Prevalence Survey using a new attitude scale. *International Gambling Studies, 9*, 39–54.
- Ostir, G. V., Ottenbacher, K. J., & Markides, K. S. (2004). Onset of frailty in older adults and the protective role of positive affect. *Psychology and Aging, 19*, 402–408.
- Petry, N. M. (2002). A comparison of young, middle-aged and older adult treatment seeking pathological gamblers. *Gerontologist, 42*, 92–99. doi:10.1093/geront/42.1.92

- Pietrzak, R. H., Morasco, B. J., Blanco, C., Grant, B. F., & Petry, N. M. (2007). Gambling level and psychiatric and medical disorders in older adults: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 15*, 301–313. doi:10.1007/s10899-007-9084-2
- Pilver, C. E., Libby, D. J., Hoff, R. A., & Potenza, M. N. (2013). Problem gambling severity and the incidence of Axis I psychopathology among older adults in the general population. *Journal of Psychiatric Research, 47*, 534–541. doi:10.1016/j.jadohealth.2012.07.013
- Powell, G. J., Hardoon, K., Derevensky, J., & Gupta, R. (1999). Gambling and risk taking behaviour of university students. *Substance Use and Misuse, 34*, 1167–1184.
- Preston, F. W., Shapiro, P. D., & Keene, J. R. (2007). Successful aging and gambling: Predictors of gambling risk among older adults in Las Vegas. *American Behavioral Scientist, 51*, 102–121.
- Productivity Commission. (1999). *Australia's gambling industries: Final report* (Inquiry Report No. 10). Canberra, Australia: Author.
- Raylu, N., & Oei, T. P. (2004). Role of culture in gambling and problem gambling. *Clinical Psychology Review, 23*, 1087–114. doi:10.1016/j.cpr.2003.09.005
- Rockwood, K., Song, X., MacKnight, C., Bergman, H., Hogan, D., McDowell, I., & Mitnitski, A. (2005). A global clinical measure of fitness and frailty in elderly people. *Canadian Medical Association Journal, 175*, 488–495.
- Southwell, J., Boreham, P., & Laffan, W. (2008). Problem gambling and the circumstances facing older people: A study of gaming machine players aged 60+ in licensed clubs. *Journal of Gambling Studies, 24*, 151–74. doi:10.1007/s10899-007-9079-z
- Stewart, S. H., & Zack, M. (2008). Development and psychometric evaluation of a three-dimensional Gambling Motives Questionnaire. *Addiction, 103* 1110–1117. doi:10.1111/j.1360-0443.2008.02235.x
- Stewart, S. H., Zack, M., Collins, P., & Klein, R. M. (2008). Subtyping pathological gamblers on the basis of affective motivations for gambling: Relations to gambling problems, drinking problems, and affective motivations for drinking. *Psychology of Addictive Behaviours, 22*, 257–268.
- Strauss, A. L., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.

Subramaniam, M., Wang, P., Soh, P., Vaingankar, J. A., Chong, S. A., Browning, C. J., Chong, S. A. (2015). Prevalence and determinants of gambling disorder among older adults: A systematic review. *Addictive Behaviors, 41*, 199–209.

Tirachaimongkol, L. C., Jackson, A. G., & Tomnay, J. E. (2010). Pathways to problem gambling in seniors. *Journal of Gerontological Social Work, 53*, 531–546. doi:10.1080/01634372.2010.487817

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*, 349–357.

Tse, S., Hong, S., Wang, C., & Cunningham-Williams, R. M. (2012). Gambling behavior and problems among older adults: A systematic review of empirical studies. *Journal of Gerontological Science, 67*, 639–652. doi:10.1093/geronb/gbs068

Uman, G. C., & Urman, H. N. (1990). The challenges of conducting clinical nursing research with elderly populations. *Association of Perioperative Registered Nurses Journal, 52*, 400–406.

Wardle, H., Moody, A., Spence, S., Orford, J., Volberg, R., Jotangia, D., ... Dobbie, F. (2011). *British Gambling Prevalence Survey 2010*. Prepared for the Gambling Commission. Retrieved from <http://www.gamblingcommission.gov.uk/PDF/British%20Gambling%20Prevalence%20Survey%202010.pdf>

Welte, J. W., Wieczorek, W. F., Barnes, G. M., Tidwell, M., & Hoffman, J. H. (2004). The relationship of ecological and geographic factors to gambling behavior and pathology. *Journal of Gambling Studies, 20*, 405–423.

Wiebe, J. M., & Cox, B. J. (2005). Problem and probable pathological gambling among older adults assessed by the SOGS-R. *Journal of Gambling Studies, 21*, 205–221. doi:10.1007/s10899-005-9007-z

Zarnek, R. R., & Lichtenberg, P. A. (2008). Urban elders and casino gambling: Are they at risk of a gambling problem? *Journal of Aging Studies, 12*, 13–23. doi:10.1093/geronb/60.2.S74

Submitted January 4, 2016; accepted May 7, 2016. This article was peer reviewed. All URLs were available at the time of submission.

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Competing interests: None declared.

Ethics approval: The University of Lincoln School of Psychology Research Ethics Committee. Date approved: October 2011.

Acknowledgements: This research was funded through a research scholarship from the Responsible Gambling Trust (RGT).