

GAMBLING IN RETIREMENT. PERSPECTIVES OF PROBLEM AND NON-PROBLEM FEMALE GAMBLERS IN TERMS OF AWARENESS OF RISK AND CONSEQUENCES

HAZARD NA EMERYTURZE. PERSPEKTYWA Kobiet z zaburzeniem i bez zaburzenia uprawiania hazardu – ŚWIADOMOŚĆ ZAGROŻEŃ I KONSEKWENCJI

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Abstract

Introduction: Due to the negative connotations of gambling in Poland and the specific roles assigned to older women, we were interested in how they perceive their involvement in gambling, whether they perceive the inherent risks and how this perception differs depending on the intensity of problem gambling.

Material and methods: A qualitative study was conducted among 34 retired problem and non-problem female gamblers. In-depth interviews were conducted with the women, which were then subjected to thematic analysis.

Streszczenie

Wprowadzenie: Negatywne konotacje pojęcia hazardzista w Polsce oraz określone role przypisywane starszym kobietom skłaniają do zainteresowania się tym, w jaki sposób postrzegają one uprawianie przez siebie hazardu, czy zauważają związane z tym zagrożenia oraz jak to postrzeganie jest zróżnicowane w zależności od nasilenia problemowego uprawiania hazardu.

Materiał i metody: Przeprowadzono badania jakościowe wśród 34 emerytowanych kobiet z zaburzeniem i bez zaburzenia uprawiania hazardu. Wykorzystano metodę wywiadu pogłębionego, a uzyskany materiał poddano analizie tematycznej.

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Results: The older women, both with and without gambling problems, perceived gambling differently, with both groups tending to disregard the negative consequences of gambling. The female seniors in the two groups exhibited extreme attitudes, from non-problem gamblers being fully aware of the dangers, to women with gambling problems completely negating them. In general, female problem gamblers showed a greater awareness of the harms related to gambling but were unwilling to seek help.

Discussion: Difficulties in seeking help may be due to cultural conditions that entail numerous requirements regarding the activities of women in retirement. These requirements apply to the passing on of so-called practical wisdom born of life experience and, frequently, providing care for grandchildren. Gambling is stigmatising and embarrassing. The literature on the subject confirms that women, regardless of age, tend to self-help gambling problems.

Conclusions: Gambling among older women is a taboo subject they are reluctant to address. This is an important risk factor due to the tendency to postpone seeking professional help when the gambling disorder develops. Gambling problems apply to all age groups, and preventive measures should be tailored to the needs of individual groups.

Keywords: Women, Gambler, Gambling consequences, Senior, Gambling disorder.

Wyniki: Kobiety z zaburzeniem i bez zaburzenia uprawiania hazardu postrzegają hazard odmiennie, mają jednak tendencję do minimalizowania jego negatywnych skutków. Kobiety z obu grup prezentują krańcowe postawy – od pełnej świadomości zagrożeń w grupie kobiet bez zaburzenia do całkowitego negowania ich przez kobiety z zaburzeniem grania. Zasadniczo jednak to starsze kobiety z zaburzeniem grania wykazują większą świadomość szkód powodowanych przez hazard, lecz nie szukają pomocy.

Omówienie: Trudności kobiet na emeryturze uprawiających hazard problemowo dotyczące zwracania się o pomoc mogą wynikać z uwarunkowanych kulturowo oczekiwań wobec nich. Od starszych kobiet wymaga się tzw. mądrości życiowej, a często także opieki nad wnukami. Hazard jest czymś stygmatyzującym i wstydlivym. Literatura przedmiotu potwierdza to, że kobiety, niezależnie od wieku, mają tendencję do samodzielnego radzenia sobie z problemami hazardowymi.

Wnioski: Starsze kobiety niechętnie się przyznają do uprawiania hazardu, ponieważ jest to temat tabu. Stanowi to ważny czynnik ryzyka ze względu na odroczenie poszukiwania profesjonalnej pomocy w sytuacji rozwoju zaburzenia. Problemy hazardowe dotyczą wszystkich grup wiekowych, a działania profilaktyczne powinny być dostosowane do potrzeb poszczególnych grup.

Słowa kluczowe: kobiety, hazardzista, konsekwencje hazardu, senior, zaburzenie hazardowe.

■ INTRODUCTION

Gambling activity among the elderly has been a subject of specialists' interest for several decades. This is due in part to the increasing rate of gambling among seniors, which is attributed to several factors. The first is the ageing of the population; for example in 2013, the percentage of people aged 65+ in Poland was 14.7%, while the estimate for 2035 is 24.5% and for 2050 – 32.7% [1].

The trends are therefore the same worldwide. The growing percentage of seniors has drawn the attention of the marketing industry, which, adapting to this new group of consumers, targets them with an ever-increasing number of products and services, including entertainment. The gambling marketing in recent decades has been direct-

ed at the elderly in an increasingly intrusive manner, contributing to the growing popularity of this pastime among them [2].

The participation rates of seniors in gambling differ by country, but also differ depending on the research methodology, including the method of sample selection, the adopted age of the “senior” and gender. For example, in Las Vegas, 78% of seniors used gambling in the 12 months prior to the study (55 years and above) [3]; in Pittsburgh (USA) that was 47.7% (65 years and above) [4]; in Montreal (Canada) it was 47.5% (55 years and above) [5] and in Manitoba (Canada) it was 74.7% (60 years and above) [6]. In Europe, 64.5% of seniors gambled in Spain (50 years and above) [7]. The latest Polish epidemiological research showed that 32.8% of people aged 55-64 and 26.8% of peo-

ple aged over 65 had gambled in the 12 months prior to the study. The research do not provide data on gender differences among seniors [8].

Having interests and pastimes in old age results in prolonged general well-being [9, 10]. Gambling can be one such entertainment, as pointed out by Gaimard and Gateau [11], according to whom it is most often a moderate and controlled pastime for seniors. Gambling does not require any particular health or financial conditions, which makes it egalitarian in nature. Older adults who are aware of the dangers of gambling adopt appropriate responsible gambling strategies to protect themselves from its adverse consequences [12].

The problems can arise when seniors are unaware of the risks or start gambling in an unfavourable life context that makes them particularly vulnerable to developing problems. Such a context may be connected to, for example, retirement from professional activity, which generates an experience of emptiness, deterioration of social life, feelings of loneliness and abandonment or financial problems [13]. Retiring has been acknowledged by researchers as the context for a greater risk of problem behaviours, including alcohol use [14].

Researchers also pay attention to the risks associated with engaging in gambling activity at an old age. This activity may be recreational and not associated with symptoms of problem gambling, but it may also develop into a disorder (gambling disorder in ICD and DSM). It is treated as a disorder due to substance-use or addictive behaviours, and is characterised by a disorder of control over one's own gambling activity, gambling despite its negative consequences and the fact that gambling becomes more important than other activities in life [15]. Researchers have identified factors that may contribute to the increase in gambling among seniors, including personal experience of financial winning, breaking out of isolation thanks to game participation, easy access to playing partners, having a gambling partner around and receiving free bonuses in game centres [16]. This risk is reflected in prevalence of problem gambling among seniors. In the oldest group (65+), up to 10.7% showed symptoms of problem gambling, and in the 55-64 age group, it was 5.8% [8]. Data on the severity of problem gambling in different countries, as well as on the involvement in gambling itself, vary widely. In light of the review by Tse *et al.* [17], this can range from 0.2% (Sweden) to 17% (Los Ange-

les); however, attention should be paid to the diverse study samples and screening tools in individual studies.

According to research, older people are less willing to seek help with the consequences of gambling [18]. Marotta [19] states that only 4% of women seek professional therapy. It is particularly concerning that older adults manifest even more resistance to seeking help from professionals [20]. The most common way for women to cope with problem gambling is self-help, with 79% of women using self-help guides [21]. This attitude is the biggest obstacle to recovery for women addicted to gambling [22].

In Polish society, gambling is perceived negatively by seniors [23], although a positive shift in their attitudes towards gambling has been noted in the west of the country [24]. Greater acceptance of gambling by the elderly certainly translates into more frequent use of the pastime. However, Polish ostracism towards older gamblers also has negative consequences. Seniors in Poland are very ashamed of their involvement in gambling and thus, in the case of gambling problems, they very rarely and unwillingly seek professional help [23].

Despite the existence of a number of scientific publications on senior gambling, a certain deficit has been noted in the literature. There is a lack of research on gambling behaviour associated with stopping work, especially across genders. Older gamblers are described as a gender-homogeneous group [25-28], which is all-the-more surprising given that research confirms the existence of differences between men and women who gamble, whether in terms of their motivation, what games they choose or the problems co-occurring with gambling [29-33]. Fewer authors studying female gamblers have noted that they are not a homogeneous group, but vary according to age or socioeconomic status [34, 35].

Understanding women's experience of gambling is important in terms of prevention. Kairouz points out that there are no strategies that would take into account, for example, the different needs of women in different age groups [36]. Volberg, on the other hand, emphasises that it is essential to consider cultural factors as well when developing treatment programmes [37], which implies that research in various countries is needed.

The factors described above underpinned the implementation of this project, which aimed,

among other things, to help gain an understanding of the characteristics of women's experience of their own involvement in gambling after stopping work. We were interested in women's level of awareness of the dangers of gambling. We wanted to know how retired women in Poland viewed gambling and their own involvement in the pastime. We were interested in how perception translates into the experience of gambling among retired women, whether it is accompanied by regret and, if so, what is the main cause. Finally, we wanted to uncover whether perceptions of gambling are different in women who meet gambling disorder criteria and in those who do not.

■ MATERIAL AND METHODS

The presented study results constitute a part of a project dedicated to involvement in gambling among Polish seniors, which encompassed a sample of 80 subjects aged 55+. The description of the research findings was based on a 32-item checklist developed by Tong *et al.* [38], including: interviewers' characteristics, study design, analysis and findings. To grasp all aspects of seniors' undertaking the activity in question, qualitative studies have been conducted.

Sampling

The basic criteria for inclusion in the sample group were:

- 1) Age of 55+ years. Depending on the study, the term 'seniors' includes a group above 50, 55, 60 or 65 years of age [10, 20, 39, 40]. In Poland, women retire from work at the age of 60, while some do so a few years earlier, for example due to health issues. Therefore the age of 55+ was taken as the inclusion criterion.
- 2) Regular gambling after retirement (at least once a week) for a period of at least six months before the study.
- 3) Labour market exit. We were interested in the way retirement influences the experience of one's own gambling activity and how it modifies it.
- 4) Consent to audio-recording of the interview.
- 5) Consent to use the content of the interview responses in a research paper.

The research included 34 women meeting the above criteria. The average age of the subjects was 65.3 years (min = 56, max = 75), and 33 wom-

en were 60 or older. Only one woman (no. 34) was under 60 due to her earlier labour market exit due to health issues.

Recruitment procedure

The research involved interviewers who conduct in-depth interviews professionally. They were trained by the study director in terms of the scope, assumptions and objectives of the survey, as well as the procedure for conducting the interviews. They had no private relationships with the subjects. Respondents were recruited around gambling centres. The objective was to procure senior females involved in various forms of gambling. Due to the various types of gambling in Poland, the recruitment took place in poll betting establishments, sports betting sites, amusement arcades (equipped mostly with slot machines) and in casinos. Respondents were also recruited using the 'snowball' method – that is, by a respondent recommending another person. Women who agreed to participate in the study were scheduled for an appointment with the interviewer. They represented South-East Poland (the capital and small towns).

Data collection

The research was conducted individually, in the presence of one interviewer, in the place preferred by the respondent, which was most often their place of residence. The interview was in-depth in nature, and the scenario included issues that had been specified on the basis of a literature review [17, 41, 42]. The main topics addressed during the conversation were:

- 1) family and social situation;
- 2) actual gambling activity;
- 3) gambling in the lifetime;
- 4) perception of the importance of gambling;
- 5) impact of gambling on a person;
- 6) the consequences of gambling;
- 7) gambling problems;
- 8) level of awareness of gambling threats.

The interviewers formulated open-ended questions and made inquiries to obtain comprehensive information on a given topic. They proceeded to the next topic when the respondent considered that she had already exhausted the topic. The questions most often started with 'What can you tell me about...?' Five pilot interviews were conducted to test the interviewing

procedure. The duration of the actual survey was 40-120 minutes. All interviews were voice-recorded. The information was transcribed word-for-word into a MS Word document by transcribers who listened to the recorded conversations and copied their content.

Measures

An additional tool utilised in the study was the Polish version of the Canadian Problem Gambling Index Questionnaire (CPGI) [43]. Each person answered questions in the questionnaire after the interview. The objective was to make the questions about the problematic aspect of gambling less ‘intimidating’, so that their involvement in the interview would not be compromised. The questionnaire included nine questions related to the pathological symptoms of gambling, with a four-grade scale of possible answers. A score of 3-7 points indicates moderate-risk gamblers, while 8 and above describes problem gamblers. The CPGI questionnaire has been widely used by clinicians and researchers alike; it also displayed high psychometric parameters [44]. In the article, women with problem gambling were defined as those scoring 8 or higher, and those without a gambling problem as scoring less than 8. The results of the surveyed women are presented in Table I.

Data analysis

The method of thematic analysis (TA) was used to assess the material obtained in the survey; it is considered a foundational method for qualitative analysis due to its flexibility. In TA, specific elements of the material analysis processes are often identical to other types of qualitative analyses, which gives the researcher great opportunities [45]. In TA, the researcher has a significant influence on the form, scope and content of the thematic threads

shaped, the researcher creates them actively and is not dependent on previous assumptions. This allows for the emergence of new thematic threads that reveal themselves in the analysed material. According to Braun and Clarke, the six stages to the process are reviewing data, generating initial codes, searching for themes, reviewing themes, defining themes and naming those themes [46]. The first stage of the data analysis involved the research team composed of two coders repeatedly reading the transcription and underlining keywords, sentences and longer representations that made up thematic threads. The coders developed a coding dictionary independently of each other. After coding five interviews, the members of the team individually assessed the accuracy of the data categorisation for the themes developed. An independent clinical psychologist joined the discussion to minimise the risk of distortions caused by the personal involvement of the researcher. After discussion, the code list was standardised. The five initial codes were corrected, and the remaining interviews were coded and checked at the end by two independent members of the research team.

Due to the very extensive study material, this paper presents and discusses the results regarding retired women’s perceptions of their own gambling activity and awareness of the dangers of gambling. The analysis of the empirical material revealed the following aspects of gambling experience among retired women without gambling addiction as well as those experiencing symptoms of gambling addiction:

- 1) retired women’s perceptions of their own involvement in gambling;
- 2) retired women’s sense of guilt about gambling and
- 3) retired women’s need to reduce their own gambling activity and attempts to do so.

Table I. Canadian Problem Gambling Index (CPGI) scores obtained by the surveyed women

CPGI score	Level of the gambling problems	Participant number	n	%
0	Non-problem	1, 19, 20, 21, 23	5	16
1-2	Low risk	10, 11, 16, 17, 27, 31, 34	7	20
3-7	Moderate risk	4! [*] , 5, 7, 8!, 9, 14, 15!, 18, 22, 25, 28!, 29!, 30, 33	14	41
8 and more	Pathological gambler	2, 3, 6, 12, 13, 24, 26, 32	8	23
Total			34	100

* “!” mark means women who obtained a score bordering on pathological gambling – 7 points in CPGI questionnaire – they are also marked in the text. No mark indicates that the given type of expression occurred only among women with under 7 points.

■ RESULTS

Perceptions of own involvement in gambling

To explore the perspectives of retired women with and without a gambling problem, the respondents were asked to rate their own gambling activity. The following attitudes towards their own involvement in gambling were identified in the statements of women from both groups:

- 1) Women with no symptoms of problem gambling
 - Failing to see the negative effects of gambling
 - Recognition of selected negative effects of gambling
 - Awareness of the risk of gambling addiction
 - Ambivalence in terms of gambling assessment
 - Recognition of the benefits of gambling for oneself and awareness of the risks to others.
- 2) Women with problem gambling
 - Recognition of selected negative effects of gambling
 - Ambivalence in terms of gambling assessment.

Attitudes of women with no symptoms of problem gambling

Failing to see the negative effects of gambling.

Several attitudes were derived from the statements of women without gambling problems. The first was not seeing the negative consequences of gambling in their lives (six women), with all subjects expressing this attitude while also using words referring to the compulsive aspect of gambling, which reflects their awareness of the existence of problems of this kind (despite the statement they did not have them). The statement sounds like an attempt to protect one's own image, probably stemming from a concealed negative view of gambling:

My gambling is not a bad thing, I never get lost in the game, (...) it is not an addiction, but a sign of spontaneity (age 68, no. 1)

or:

It's really not as they say, like losing yourself, that there are problems – no, it's just a different lifestyle (age 62, no. 7).

Recognition of selected negative effects of gambling. Another group of women without a gambling problem included those who admitted

that their gambling may have some negative consequences (eight women). Most often, they pointed to financial losses:

I could use it for something else, put it in a piggy bank and buy something at the end of the month. Or give it to my granddaughter (age 75, no. 4!),

Lottery is a tax on stupidity (age 68, no. 28!).

Interestingly, some of the women who admitted that gambling can result in material losses also denied its addictive properties, which can be seen as a tendency to disregard the negative effects of gambling as a defensive or unconscious attitude:

I don't suppose that gambling is an addiction (age 65, no. 10).

Awareness of the risk of gambling addiction.

However, in the group of non-problem female gamblers, there were also statements indicating awareness of the risk of gambling addiction and even concerns about the nature of their own involvement in gambling:

Certainly, the thing I do – it's compulsive and, all in all, it is an addiction (age 60, no. 25).

There were also statements indicating awareness of the addictive properties of gambling, but in their view, these risks did not apply to them and were treated rather humorously:

I am not really that addicted to it, it's rather like eating chocolate – nothing harmful, it just gives me a lot of pleasure (age 65, no. 22).

Ambivalence in terms of gambling assessment. The group of non-problem female gamblers who were aware of the negative effects of gambling also included those who emphasised the positive aspects of this activity, which is perfectly illustrated by the following statement:

On the one hand, when you think about it, you know it's wrong, you lose more than you win, and on the other hand, the good thing about it is that if I win, I can help someone, give it to someone. It has such a positive effect on me (age 68, no. 5).

A very strong ambivalence in the assessment of gambling activity resounds in the statements of some of the women. An example of this is one senior who, encounters problem gamblers and is aware of the dangers of gambling:

There are those so-called crazies, they come with a bunch of coupons.

Additionally, she herself is sometimes criticised by her husband because of her gambling:

My husband often says that I am a gambler because I do it systematically.

Table II. Attitudinal types towards their own gambling for older women with and without symptoms of gambling problems

	Attitudes of problem female gamblers concerning their own gambling (8+ in CPGI)	Attitudes of non-problem female gamblers concerning their own gambling (0-7 in CPGI)
1	Complete denial of the negative effects of gambling	
2		Negation of one's own gambling problems
3	Seeing the positive effects of gambling for them, but also the danger to others	!*
4	Seeing the positive and negative effects of (multidimensional) gambling in their lives	! Seeing the positive and negative effects of (multidimensional) gambling in their lives
5	Seeing the negative effects of gambling for them – only financial ones	! Seeing the negative effects of gambling for them – only financial ones
6	Seeing the threat of addiction to gambling for them and the fear of it	
7		Clear negative evaluation of gambling

* "!" mark means: see legend of Table I.

She calls herself an addict:

I could be labelled as addict, considering the regularity of my playing.

At the same time, she says that:

It is not an addiction in my case because I have an established pool of money for this purpose, my family does not suffer from it.

She sums up her statement as follows:

From time to time, I use the forms of earning money that are available to me. (...) No play, no win, no champagne (age 62, no. 15!).

Older women's attitudes towards gambling were also expressed by the vocabulary they used. The results showed that seniors who play games of chance in Poland very often did not view themselves as 'gamblers', and the word 'gambler' is, for them, synonymous with an addict, who spends a lot of money on gambling or playing casino games, as expressed by the statements:

Anyway, I guess the lottery game is not gambling, after all, you don't fill in tickets for PLN 1000 (age 64, no. 21).

Lottery is gambling? I would never have thought of it that way. Now I won't be able to sleep, as it turns out that I am a gambler (age 61, no. 11).

Recognition of the benefits of gambling for oneself and awareness of the risks to others.

The largest number of women in the group of non-problem gamblers rated their gambling positively, pointing out its benefits for them (10 women). These benefits usually involved pleasurable experiences, maintaining social relationships and the chance for financial award:

It was fun. It was great, just wonderful (age 60, no. 8!).

Despite recognising the benefits of gambling for themselves, these women were most often aware of the problems that gambling can generate in other people's lives, which indicates that they have encountered disordered gambling:

A friend's son had to undergo therapy, because he was obsessed by it (...) this is the problem, not to become addicted, not to fall into a sick addiction, to balance real life and fun (age 60, no. 8!).

Only a few of the women recognised the importance of responsible gambling and expressed higher awareness related to gambling problems:

Gambling is great, but we prefer the kind of gambling that is not too addictive. We don't want to become addicted, but it is still gambling (...) I think it's a good thing. (...) Like everything, you just have to take it in moderation; it is for those who function properly (age 63, no. 9).

As regards women without a gambling problem, their relatively low awareness of the addictive properties of gambling is noteworthy. Even those women who were aware of this displayed an attitude of strong negation about the possibility of their own addiction.

Attitudes of women with a gambling problem

The analysis of the statements of women with symptoms of a gambling disorder also revealed several attitudes towards their own involvement in gambling. It is worth noting that the attitudes

of this group of women towards their own gambling were much less varied and were dominated by a negative assessment of gambling, which varied in its intensity.

Recognition of selected negative effects of gambling. It is noteworthy that all women in this group expressed a more-or-less negative view of gambling. There were isolated statements that indicated an unambiguously negative assessment of gambling:

It's not normal, not good. Neither the loved ones benefit, nor me. Only trouble (age 67, no. 2).

However, these women more frequently saw only some aspects of the negative consequences of gambling, mainly pointing to financial losses:

We seem to win a little at times, but all in all we lose more often (age 74, no. 3).

It is notable, however, that older women with a gambling problem made an effort to disregard these negative consequences while mentioning them at the same time:

Well, sometimes we were short of money, but I'm not sure if it was because of my gambling (age 69, no. 6).

The same woman denied the compulsive nature of her gambling:

I don't have to play at all, because I'm not addicted, I go there to socialise (age 69, no. 6).

As far as I'm concerned, it is not an addiction yet, it does not work like that; I don't feel like having to play, but I do not know if everyone perceives it the same way (age 61, no. 24).

Ambivalence in terms of gambling assessment. In this group of women, ambivalence in the perception and assessment of gambling activity was even more pronounced than among non-problem female gamblers. On the one hand, these women emphasised the benefits derived from the game while, on the other hand, they expressed awareness of its dangers:

I see it in a positive light. Although it's probably objectively negative, when you reflect on it from the point of view of a normal person, and I guess you don't belong to this group anymore if you have some kind of habits or what they call an addiction. You realise it, but your will is too weak to stop. You'd have to find another way to spend your time, and it is difficult, because it (gambling) is fun effortless (age 69, no. 13).

Sense of guilt about gambling

Another aspect of retired women's perceptions of their own gambling was whether this activity

was accompanied by feelings of guilt. Research has confirmed that gambling by seniors is negatively perceived by Polish society. This results in older people concealing their gambling habits, both from close family members (adult children, spouse) as well as from neighbours or friends, for fear of their disapproval [23]. We were interested in whether older retired women experienced feelings of guilt about their gambling and what factors underpinned these feelings.

Sense of guilt among women with no symptoms of a gambling problem. Women without a gambling problem mostly denied experiencing any regret about their gambling (16 women). This is interesting, in that some of them expressed awareness of the negative effects of gambling in their statements. Despite being aware of the risks, these women did not feel that their gambling was wrong, or did not admit to it, as indicated by the earlier statements showing the tendency to disregard its negative consequences. Eight women admitted that they sometimes experienced feelings of guilt, which were primarily related to financial losses:

There is always some sense of guilt, such as: why have I done this? Blaming myself because I lost. Losing one pack of cigarettes, or a cosmetic I could buy for myself (age 63, no. 9).

Most often, however, these feelings of regret were transient and temporary, accompanying mainly the bigger losses, and were quickly erased by the pleasant emotions generated by the next game:

I do feel it (regret) when I count how much I have spent, but I console myself saying it's not that much, that's just me being silly (age 68, no. 5).

Some women point to another source of guilt, which was the fact of lying to their loved ones about gambling, but not the gambling itself (age 64, no. 14; age 63, no. 18).

Sense of guilt of women with a gambling problem. Experiencing guilt was more common for older women addicted to gambling. Only one of them denied such feelings, while the remaining seven admitted to feeling guilt. The sources of these emotions included the neglect of family members because of the gambling:

When I get home, I feel guilty for spending my time there, for not taking care of my loved ones like I should (age 67, no. 2).

Most often, however, the women felt guilty about spending money that they could be spending on more necessary things or giving to their loved ones:

Well, sometimes I have that feeling of guilt. When you play and lose a bigger sum, right? (...) Otherwise, I would still have more of that money and I could help the children (age 61, no. 24).

The regret experienced, however, as in the case of non-problem gamblers, soon disappeared, and the depressed mood was temporary and quickly compensated for by the pleasant sensations of the game:

It is a feeling of guilt, but compensated for by pleasure, and it is short-lived, very short-lived (...) I am not sorry when I remember how fun it was at a given moment (age 61, no. 32).

The feeling of guilt about gambling experienced by female problem gamblers was most likely due to the greater intensity of gambling and the stronger consequences experienced. Guilt was mostly about financial loss and neglect of loved ones.

Retired women's need to reduce their own gambling activity and attempts to do so

The retired women's statements also involved the desire to stop or reduce gambling and to seek professional help. The statements of both the women addicted and non-addicted to gambling were analysed separately, with the expectations of differences between the two groups.

Intention to reduce gambling among women with no symptoms of a gambling problem. The vast majority of women without a gambling problem (18 women) had never experienced the need to reduce their gambling. This attitude may be related to the limited intensity of gambling activity in this group and its limited negative consequences. Interestingly, some of these women speculated about theoretical scenarios around giving up, which, however, did not appear to be viable plans:

If I reach the point where I spend more than PLN 200 on scratch cards, then I'll think about it (age 66, no. 33).

If it happened that I had no money for slot machines or the lottery, I will have to give it up (age 56, no. 34).

Individual women among the non-problem gamblers admitted that they sometimes thought about reducing their gambling. This usually hap-

pened when they had failed to score any winnings for a long time, or they had lost a more significant amount of money in one game. These thoughts, however, were transient and disappeared completely when faced with the possibility of another game:

Sometimes such thoughts come to my mind (to stop gambling) and we talk among ourselves that these games are rigged (...). Then the next day comes and you just go there and forget. These are just short-lived moments of doubt (age 61, no. 11).

Older non-problem female gamblers very rarely made an actual attempt to reduce gambling – three of them admitted doing so, including two scoring 7 on the CPGI (age 74, no. 4!; age 68, no. 5; age 67, no. 28!). In each case, the action was motivated by a periodic lack of wins and lasted an average of one month (max: three months). However, the women quickly resumed gambling, with their excuse being either the lack of adrenaline and emotions accompanying the game itself, the lack of company (a woman playing in a casino) or the lack of pleasant tension accompanying the hope of winning:

I've had moments like that. (...) From time to time, I actually stopped gambling. (...) when I failed to win a few times in a row, I stopped and said, 'no more', but then I thought, if I don't play, I won't win (age 68, no. 5).

One woman, regretting her losses, tried to save money for her grandson during 'abstinence', but after a short time she came to the conclusion that she was losing her only pleasure in this way and returned to gambling.

Intention to reduce gambling among women with a gambling problem. Women with symptoms of a gambling disorder made more references to reducing or stopping their gambling. However, only one woman admitted to seeking professional help regarding her gambling. It was a one-time meeting that did not develop into a longer contact:

I was looking for a way escape from it, so that I wouldn't be tormented by the desire to go there. And I didn't want to admit it to him, but he sensed it, because I started telling him about 'a friend of mine' who needed help. I gained little as he began to explain to me that the friend had to come. He said a few wise things to me, but somehow it all vanished eventually (age 75, no. 26).

The other problem gamblers expressed varying positions on the need to reduce their gambling. In their responses to the question about seeking help,

there was a strong defence against considering one's gambling as a problem activity:

I'm not crazy, only passionate (...) I think I can control it (age 67, no. 2).

At the same time, however, these same women also expressed their anxiety about the intensity of their own gambling activity and their helplessness in the face of it, and somewhere in the distant perspective there appeared a need for help, which would nevertheless be an unpleasant last resort:

I have no strength to give it up (...) I know that I do it to excess, but otherwise I will go crazy, and then I'll have to go to the psychiatrist (age 67, no 2).

The difficulty of stopping gambling was revealed in several statements from women who perceived the need to do so. They recounted that at times they had thought about stopping, but, as one of them explained, she was not able to just ignore the slot machines (age 61, no. 24). Some female seniors theoretically allowed for the possibility of quitting or seeking specialist help, but under special circumstances that they were unlikely to consider seriously like when serious health problems arose from gambling (age 61, no. 32), when gambling stopped being fun (age 69, no. 13) or when she met the love of her life (age 62, no. 12). There was more of a jocular tone in these declarations than real plans, although one of the women nevertheless added that she would definitely stop gambling one day. There were also women who thought about reducing their gambling because they saw other people gambling excessively as well as their own financial losses. It was these losses that most often motivated abstinence from gambling but only periodically, as in the case with the non-addicted women:

Sometimes I have a break of two weeks, a month or even longer, when I come to the conclusion that I have spent too much and the win was not enough (age 74, no. 3).

A strong ambivalence towards gambling can be observed in the statements of the problem female gamblers. On the one hand, they were more likely than the second group of women to perceive the need to reduce their gambling, while on the other hand, they were defensive about recognising their gambling as a real problem. Willingness to seek professional help appeared to be very low among retired women, which was particularly worrying.

■ DISCUSSION AND CONCLUSIONS

This was the first study in Poland to focus on older gamblers, particularly women. With its qualitative nature, it explored the perspectives of retired women who gamble moderately and excessively. The natural conditions of the study (usually the respondents' homes) contributed to obtaining honest and personal statements. The analysis of the obtained results showed that the women – both moderate and problem gamblers – perceived their own gambling in different ways.

Among women without symptoms of a gambling problem, there were statements indicating they did not see its negative effects. These women did not recognise such effects and were not aware of them. As this category of statements does not appear among the problem female gamblers, it can be assumed that non-problem gamblers with moderate gambling (occasional coupons and scratch cards) have not experienced gambling-related problems in their lives or in the lives of others. This is further supported by the fact that statements regarding complete denial of the negative effects of gambling did not appear among women scoring 6 and 7 – that is, the boundary values for a gambling disorder. Women with a gambling problem also exhibited attitudes of denial, but these related to their own gambling, in which their defensive attitude may be expressed. It can be assumed that they were aware of the dangers of gambling, if only in relation to the intensity of their own gambling, but displayed no willingness to acknowledge it.

Another attitude differentiating the women from the two groups was the perception of the benefits of gambling by non-problem female gamblers, while being aware of the dangers of gambling for other gamblers. Knowledge of this kind may come from observing other gamblers, perhaps people they know, or from social campaign messages. Statements like this were recorded among the problem female gamblers as well but in this group, although there were a few statements about certain benefits of gambling, they were also aware of the multidimensional dangers of gambling for themselves. Such statements indicated that problem female gamblers were relatively aware of the negative effects of gambling. These women saw the threat, but this awareness did not manifest in concrete actions to reduce it. However, both groups of women tended to focus more on

the financial damage that is most easily perceived and to which it seemed 'safest' to admit.

Fear of one's own 'addiction' occasionally appeared in the statements of non-problem gamblers, but this did not apply to women with borderline scores (6-7), among whom we saw the strongest denials about the addictive aspect of gambling. In contrast, there was no explicit disapproval of gambling among non-problem gamblers, most likely due to their limited experience of its consequences. This is supported by statements among women scoring less than 5 in the CPGI indicating they did not see the risks of gambling. The unequivocal disapproval of gambling is noted among the problem gamblers, which seemed to be a consequence of their own experiences or those of people they knew.

Guilt was the strongest differentiating factor between both groups and may be an indirect consequence of the intensity of involvement. Women without a gambling problem rarely experienced guilt and if present, it was about the money they felt they were 'wasting' on gambling. That feeling, on the other hand, accompanied almost all problem female gamblers and concerned both the finances and the neglect associated with it. In both groups, however, the guilt was short-lived and transient.

The willingness of the women in both groups to seek help and to stop gambling also varied. Among non-problem gamblers, thoughts of reducing or stopping gambling occurred occasionally, usually following a major loss. However, these did not stem from a fear of addiction. Some women temporarily stopped gambling, but they usually quickly resumed. They explained their return to the game by the lack of pleasant emotions, entertainment or 'something for themselves'. Moreover, they did not regard the losses themselves as significant enough to necessitate giving up. The problem gamblers were more likely to deliberate about quitting and a few made some brief attempts. This group exhibited a theme of powerlessness against gambling that the women were unable to curb.

The women with a gambling problem expressed awareness of the need to stop, but were unable to do so. They considered seeking professional help but it appeared that this was seen as a last resort they were unlikely to employ. Consultation with the specialist would be accompanied by a high degree of shame, due to which one woman pretended

to come on behalf of a friend. This may be due to the negative social view that largely keeps seniors from seeking professional help. Although this woman expressed her belief that such assistance would be beneficial, she discontinued the meetings. As reasons for her decision, she mentioned the change in therapists at the facility and her reluctance to overcome her embarrassment in front of another person.

Due to the lack of research on how older women perceive their own gambling, the results obtained can be applied to studies devoted to women in general, without specifying age groups. According to research, the most common way for women (without distinguishing age groups) to cope with a gambling problem is self-help, with 79% of women using self-help guides instead of seeking professional help [21]. Boughton and Brewster [22] claim that this attitude is the biggest obstacle to recovery for women with a gambling problem. According to Wynne [47], it is noteworthy that only 18% of women can manage their gambling problems alone compared to 82% of men. Boughton and Brewster [22] surveyed 365 Ontario women who were concerned about their gambling, but only 11% of them sought treatment and 9% turned to Gamblers Anonymous groups. Additionally, 73% of the women believe they should be able to change their habit themselves. According to Marotta [19], only 4% of women seek professional therapy. This is confirmed by the research of Horch and Hodgins among adults, in the light of which men appear to be more likely to seek professional help than women [48]. The authors of the report on seeking help in relation to gambling by women and men (without distinguishing age groups) indicated that women are more likely to cite financial problems as a key motivation to seek help [49], which was partially confirmed in our research. While studies conducted on women's readiness to seek treatment have included women of different ages, it is particularly concerning that older adults manifest even more resistance to seeking help from professionals [20]. This seems to be important particularly in Poland, due to the specific social expectations towards older retired women. Senior women often assist in caring for their grandchildren, and they often support their adult children and grandchildren financially [50]. Indulging in passions or pleasures, including

gambling, is a source of shame that hampers the ability to admit it to someone else [23].

Research has confirmed that gambling by seniors in retirement can remain non-problematic, a positive pastime and a form of socialisation [51-54]. Women's involvement in gambling in old age after retiring results, among other things, from excess free time that is also associated with children leaving home [49, 55]. Gambling can fill this gap as long as balance is maintained and alternatives are available. This is important, because social isolation, loneliness, lack of alternative pastimes and health problems are factors making older women particularly vulnerable to harm from gambling [40, 56].

In summary, older women both with and without a gambling problem, expressed different attitudes towards their own involvement in gambling. There is a tendency to overlook the possible threats, especially among women without any game problems, which should be taken into account in the context of prevention. What draws attention in the attitudes of women with a problem is the great difficulty in seeking professional help. Older women were ashamed of their excessive involvement in gambling but did not try to consult a specialist despite some of them being aware it would be helpful. This factor should be taken into account in the context of activities in the field of shaping social awareness of women's problems related to gambling and adapting forms of assistance. Activities of this kind are already undertaken globally, including in Italy [57].

Strength and limitations. Like most studies, this one also has its **limitations**. The first may be the relatively small sample size and the disproportion be-

tween problem and non-problem female gamblers. Due to the qualitative nature of the research and the thematic analysis method used, the results may be distorted by the researcher's subjective experience, which we tried to minimise by involving a few researchers in the analysis. Lack of standardised psychological questionnaires may be regarded as another study limitation though the methodology adopted allowed us to explore the perspective of seniors much more broadly than would have been possible using only standardised tools.

The strength of the study is that, as one of the few available, it addresses the problem of deepened understanding of gambling by older women from their own perspective. The study revealed the perception of their own gambling activity among older women in Poland, as well as their degree of awareness of the threats and readiness to seek help. Additional added value results from the comparison between women who have no problems with gambling as well as among women who show problem-gambling behaviour.

In the future, it would be useful to broaden the research to include the intercultural aspect, which seems to play an important role. Quantitative research in representative groups would make it possible to determine the universality of the analysed attitudes in the population of older women. In order to better support older women with the problem of gambling, it is necessary to get to identify the obstacles that prevent Polish women from accepting professional help. It would also be helpful to conduct representative research in Poland on the awareness of older women regarding the risks of gambling.

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Conflict of interest/Konflikt interesów

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Ethics/Etyka

The work described in this article has been carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) on medical research involving human subjects, Uniform Requirements for manuscripts submitted to biomedical journals and the ethical principles defined in the Farmington Consensus of 1997.

To comply with ethical standards, the research was conducted according to the standards of good research practice recommended by the American Psychological Association (APA). The participants were informed about the confidentiality and anonymity of the research, and that they had a right to opt out. The study was approved by the ethics committee of The John Paul II Catholic University of Lublin no KEBN_32/2020.

Treści przedstawione w pracy są zgodne z zasadami Deklaracji Helsińskiej odnoszącymi się do badań z udziałem ludzi, ujednoliconymi wymaganiami dla czasopism biomedycznych oraz z zasadami etycznymi określonymi w Porozumieniu z Farmington w 1997 roku.

W celu zachowania standardów etycznych badanie było prowadzone zgodnie z dobrymi praktykami rekomendowanymi przez Amerykańskie Towarzystwo Psychologiczne (APA). Uczestnicy byli informowani o poufności i anonimowości badań oraz mieli prawo do rezygnacji z udziału w badaniu. Badanie uzyskało zgodę Komisji Bioetycznej Katolickiego Uniwersytetu Lubelskiego Jana Pawła II w Lublinie, nr KEBN_32/2020.

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