

## CHAPTER 5

# GAMBLING IN THE AGEING POPULATION

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While older adults compose a minority of treatment-seeking gamblers (Petry, 2002), psycho-social problems specific to this age group suggest the need for interventions tailored to particular issues encountered by older pathological gamblers. The purpose of this chapter is to examine a number of common factors relating to problem gambling in the ageing population. Specifically, environmental, circumstantial and personal issues will be examined, and treatment issues will be discussed. Finally, recommendations will be made for ameliorating the situation. In doing so, individual difference factors, such as genetics and personality, are not discounted. Indeed, there are more similarities than differences among older adults compared to those among other age groups. Without trying to reinvent the wheel, treatment can be improved by gaining insight into some of the special situations exclusive to seniors.

### **Environmental issues**

Numerous environmental factors in New Zealand affect seniors' attitudes towards gambling. Although all citizens are affected by the proliferation of gambling opportunities, some seniors may be more vulnerable to certain aspects for different reasons. For example, unfamiliarity with the concept of counselling, financial limitations, societal stereotypes about ageing, physiology, and advertised incentives can all profoundly affect the older adult's gambling-related decisions and attitudes.

Certain advertisements target seniors directly; others target them indirectly by promoting gambling types (e.g. specific games) seniors use most frequently. Special incentives exist for seniors in a number of gambling establishments. Some offer free housie (bingo) during business hours when retired people generally have free time. Many offer discounted meals specifically for retirees (Sullivan, 2001, August; Zoellner, 2002).

Accessibility and proximity of gambling opportunities are especially important factors to seniors who experience decreased mobility. Often casinos, Returned Service Associations (RSAs) and working men's clubs (WMCs) provide free transportation to and from their establishments. Lotto is now available by internet and the TAB is already accessible by phone and internet. Many gambling establishments target rest homes and retirement communities, offering special excursions to the gambling venue (McNeilly & Burke, 2001).

Another factor that can make seniors more vulnerable to gambling is stereotyping. Societal attitudes are largely disrespectful towards the ageing population, especially in Western societies. Often these include beliefs that all seniors are close-minded, senile or close to becoming senile (e.g. losing their keys or forgetting to get milk on the way home becomes a sign of Alzheimer's instead of the normal kind of forgetting everyone experiences). Seniors are often overlooked for employment on the assumption that they will never learn to operate a computer. The belief that qualifications are superior to experience can also reduce significantly the probability of employment late in life. Unemployment inevitably contributes to an increase in spare time, which is a prerequisite for gambling. According to Grant, Kim and Brown (2001), bored people with free time are more likely to gamble. This idea is supported by Ruffenach (2002).

Additionally, older people are often believed to be physically frail and in need of special care. Because of this, assumptions are made that seniors need to be supervised, protected or looked after for their own good. Such 'over-monitoring' can often lead to increased dependency which, in many cases, results in decreased self-esteem in the senior (due to becoming a burden) and an increased sense of resentment by those looking after them, potentially becoming a vicious cycle. Sometimes the expectations that seniors should be available to look after their grandchildren create a desire for escape or some time out/time alone – gambling can conveniently provide both (Ruffenach, 2002; Sullivan, 2001, August; Zoellner, 2002).

Many seniors are dependent on the government superannuation as their sole income. Those who have worked hard throughout their lives can find this a demeaning reward for all they have contributed. Those who are used to living on the income of a working person can find themselves having to dramatically amend their budgets. Together these factors can enhance the attraction of 'easy money' sometimes perceived to be the outcome of gambling.

Over several generations in New Zealand and other westernised societies, there has been a shift from collective to individualistic thinking. Earlier generations for example, were taught to obey and to respect their elders (and other authority figures) without question. Today, children are encouraged to question authority and stand up for their rights – often in the name of preventing sexual abuse. For example, children are taught that they don't have to kiss anyone they don't want to. This can be viewed by a senior as a sign of a degeneration of morals over the generations, leading to young people disrespecting adults (“in my day, children never...”). This can make caring for, or being cared for by the younger generation even more frustrating.

Once gambling becomes an issue, seniors may be reluctant to do anything about it. Many older people see going to counselling as a weakness (Sullivan, 2001, August). Seniors may remember when asking for help was inappropriate, as it was considered to be a form of complaining. Exposing family problems outside the family may feel traitorous. Imagine telling things not told to their closest friends to a complete stranger! Coping and ‘soldiering on’ were generally what was expected and these traits were valued highly. Behaviour now classed as physical and emotional abuse was once an accepted way of disciplining children. Differential gender expectations were a normal part of society, and depriving girls of a formal higher education was in some cases a given, no matter what potential the girl had or the means the parents had at their disposal.

Given this difference in values from those of modern society, it is no wonder that seniors may be alienated by therapists who interpret their gambling as a way of escaping the ‘abuse’ and ‘oppression’ they suffered while growing up. Frequently the seniors themselves espouse the views under which they were ‘oppressed.’ It is likely that they raised their own children with these values and see a therapist as a direct threat to their parenting skills and to their parents, who they hold in high esteem. These attitudes and beliefs can lead to a reluctance to seek counselling or to continue attending sessions.

### **Circumstantial issues**

Seniors may be more vulnerable to problem gambling because of their personal circumstances. There is a set of circumstances common to seniors that differ categorically from the younger population.

Financial attitudes may be different amongst seniors who have lived through The Depression, or whose parents did. This experience will affect their attitudes about money and their approaches to spending and saving it (Ruffenach, 2002). Their family's financial status during their upbringing may have created situations where seniors felt deprived and thus entitled to indulge themselves later in life. Some may become extremely money-conscious and likely to deny themselves for fear of experiencing a money shortage again. Often self-deprivation leads to a lifestyle imbalance, resulting in the need to seek pleasurable activity to fill the void. Similarly, overindulgence can create a situation of debt, which can also lead to the search for 'easy money.'

Financial situations for seniors, like those in the general population, vary significantly. Many experience a decrease in income as they retire from paid employment. Some decide to downsize their houses, and a number become reliant on the government superannuation scheme. Decreased income appears to be a more difficult adaptation than a continuous low income for the majority of clients (of all ages). Both a decreased income and a move of any description – especially when moving from the family home to a small flat, for example, can produce increased stress. Stress is often a trigger for gambling (Sullivan, 2001, August).

Seniors may face a family structure without historical precedent. As life expectancy increases, they are more likely to be still caring for their own ageing parent or parents (whether in the home or just overseeing their well-being). At the same time, they may be experiencing their own adult children moving back home (or nearby) with their children after broken relationships. Sometimes this results in the additional job of child-minding which, can create a situation where seniors are responsible for four generations living in close proximity. Stress can be overwhelming as seniors try to cope with increased responsibility on top of the additional age-related personal issues they may be experiencing.

### **Personal issues**

Although the ageing population is as diverse as the rest of the general population, loss seems to be a common theme that occurs naturally due to increased age. Seniors are more likely than younger people to have experienced the death of friends and/or family members and to experience the fear of their own impending death. Because they have lived longer, seniors are also more likely to have been exposed to an increased number

of traumas. Frequently this leads to loneliness and depression. Similarly, a decline in health such as hearing and vision loss, strokes, heart attacks and broken bones is not uncommon. All these factors can be major contributors to stress levels and therefore increase vulnerability to a gambling addiction (Sullivan, 2001, August).

Loss of vision and paralysis caused by strokes are common causes of failure by seniors to maintain a current driver's license. For some, a decreased income can result in the inability to maintain a car. Many seniors, especially women, may have never learned to drive and perhaps relied on their partners for transportation. Regardless of the reason for not driving, this usually results in difficulty getting out and around. Similarly, paralysis and broken bones generally decrease mobility. For example, when people are confined to wheelchairs, or experience pain when walking, they generally require assistance to perform daily tasks (e.g. cooking, showering, cleaning, using the toilet, etc.). Such acquired dependence can create a lower sense of self-worth – especially if the seniors see themselves as a burden. Most frequently, seniors either opt to rely on others and become a burden, or decide to stay independent and isolated. Either way, acquired dependence can have profound psychological effects.

Many seniors make a conscious decision to leave the workforce. A number of clients report feeling a loss of sense of purpose. Keeping in mind that they rarely have the opportunity to speak with the average, healthy, well-adjusted senior, therapists frequently report that seniors feel out of touch with modern society and new social mores. It is a regular occurrence to hear phrases that begin with “back in my day, we never...” Some older adults complain that the youth today have no recollection of the ‘old regimes’; that the younger generation have no respect for those who had to do everything manually – without modern conveniences. Seniors often relate a sense of alienation from younger people.

While personalities among seniors are as diverse as those in the general population, individual difference significantly affect how seniors cope. Extroverts, for example, probably suffer more from losing their driver's license than introverts; an anxious person may respond more strongly to relying on others for personal care. Equally, certain personalities may be more susceptible to gambling than others.

## **Treatment implications for seniors**

It is a common understanding that older adults prefer to speak with other mature or older adults (Hirsch, 2000). Hirsch further mentions that information and sharing sessions about gambling are far more enjoyable to seniors than any other form of learning. This seems to bolster support for the seniors' conceptualisation of individual therapy as a weakness, rather than as a pathway to convalescence. Hirsch (2000) also mentions that hearing the information from a person who has first-hand experience with the topic (i.e. a problem gambler) lends credibility to the speaker and lowers barriers among older audiences.

Ideally, gambling treatment groups would take place in an environment already familiar to the seniors, such as through a Rotary Club meeting or through Age Concern. However, given that one-to-one, face-to-face counselling is currently offered in New Zealand, and there are few gambling experts available to offer the specialised aforementioned opportunities, a number of approaches may be helpful for senior counselling.

Sometimes individual therapy with the senior can be less threatening if it starts out as an informal chat. For the counsellor, it is common to be treated like a 'doctor' (i.e. looked up to as an authoritative expert with all the answers) or like a 'young person' (i.e. looked down on as an inexperienced youth who could never understand their predicament). It can be useful to persevere with a respectful, yet respectable, approach and to openly acknowledge and validate the senior's hesitation to trust their therapist as an equal. It may be unrealistic to expect to develop a true therapeutic rapport early on. Asking seniors to identify core beliefs or to get in touch with their feelings may be too foreign. If such a relationship develops early on, consider this a bonus.

Many clients claim that they have managed to get what they need from simply having a respectful listening ear. Sometimes this leads to the trust required to establish a true therapeutic relationship. With this assertion must come the acknowledgment that those presenting for one-to-one, face-to-face gambling counselling may be different categorically from those who don't. In other words, the seniors who seek treatment may do so only as a result of crisis. They may not respond to therapy in the same way as seniors opting to attend therapy for personal growth, for example. According to Zoellner (2002), elderly women appear to be the fastest growing sector of the addicted population based on the number of people seeking gambling treatment.

Gender differences in older adult gamblers can also dictate how therapy proceeds. The majority of older female gamblers don't start gambling until later in life. According to Petry (2002), the average onset of gambling problems in older females is 55 years of age. Conversely, older male gamblers generally report a life-long history of gambling (Petry, 2002). Given these gender differences, an appropriate therapeutic focus might be different for males and females. Treatments focusing on later life development of problems may be indicated for older female gamblers (Petry, 2002), while treatments focusing on early adulthood and lifestyle issues may be indicated for older male gamblers. Older male 'lifetime' gamblers often seem to have an environmental head start. For example, many have grown up in families or cultures where gambling was the norm. Many associate power, status and popularity with this way of life, making it particularly difficult to leave behind. The pattern is different with older female gamblers, who generally gamble to escape from problems such as depression, boredom and oppression.

A narrative or solution-focused approach may be especially useful, since story-telling and highlighting the positive affirms the individual's efforts and allows for catharsis. Hearing their story can also create the opportunity for the individual to explore their feelings past and present. It is important to remember that what is trauma in the current younger generation is not necessarily trauma for the older generation. Not judging or making assumptions can make a big difference in earning trust. It is easy to sympathetically and automatically say things like "that must have been awful for you" when, in fact, the person may have been relating that particular detail for some other purpose.

Although treatment with regard to budgeting may not differ substantially with seniors, underlying financial philosophies may. Keeping in mind their circumstantial issues and attitudes (as mentioned above) will be important in deciding how to proceed. For example, to a therapist it may be clear that the client needs to allow for more spending money. In principle, a budget that allows no leeway is unrealistic. The client's need to scrimp and sacrifice may in itself be an issue however, and having insight into their resistance can be a real advantage.

Typically, older male gambling clients have an entire lifetime of gambling to unlearn. Their friends, acquaintances, co-workers and even family members are active participants or enablers of their gambling. Although they may do a lot of secretive gambling, they are also generally

known as gamblers to their associates and bet in public. Much of their lifestyle revolves around gambling, and this includes work, home, vacations, etc. Family involvement is usually fitted in around the gambling. Many track bettors will watch the racing channel during family time at home. They will often be part of a syndicate at work for rugby, horses, soccer, cricket etc. Social activities will inevitably be dictated by gambling (e.g. eating at restaurants with pokies, barbecues involving a big game on TV, vacations near casinos, etc.).

Because older female gamblers tend to start gambling later in life, their lifestyle tends to be less permeated with gambling behaviours. As a recent acquisition, their gambling is often scheduled around family commitments. Although many older women are likely to socialise with their gambling (e.g. housie, visiting the casinos with friends), they are equally likely to gamble secretly. A number of older female gamblers claim that nobody ever knew that they gambled at all. A final common path for males and females alike, however, is that if untreated the gambling will eventually interfere with work, home/family and leisure. Once the gambling disorder is full-blown, the gender differences in a gambling addiction diminish dramatically. The patterns of their problematic gambling are virtually undistinguishable until the onset and origin of their problematic gambling are revealed.

Given that the majority of older adult problem gamblers do not present for therapy until the addiction is unmanageable, initial treatment will be very similar for males and females. Generally, therapy will start with crisis intervention and education – usually relating to money management and suicide prevention. Only after hearing their story will any gender differences surface. At this point, the primary issues they highlight when telling their story will dictate treatment. It is important to note here that despite having similarities in their age and culture, individual differences will guide how counselling proceeds.

Finally, an increasing number of older adults are presenting as family members of gamblers. A number of ageing parents report being coerced by their adult children to re-mortgage the family home or co-sign on loans as a guarantor. Many claim that items around the house go missing and spare cash disappears. Others admit that they were talked into signing over power of attorney to their children after having been convinced that they were incapable of making their own financial decisions.



One of the biggest difficulties in helping these family members is that they are usually reluctant to call in the police or other authorities. Therefore they often have to choose between their own well-being and that of their children. More often, they choose the latter. Unfortunately, older adults' reluctance to participate in therapy can result in a dead-end counselling session at the start. Many times, they will present with the assumption that they will be told how to 'fix' the gambler.

Teaching seniors how to keep themselves safe – emotionally, financially and physically – is vital; but convincing them that this is the best thing for themselves *and* the gambler can be more difficult. In common with most significant others affected by gambling, seniors often want to solve the problem rather than just deflect the effects. However, seniors are often more reluctant to engage in any therapy that does not focus on the gambler. In this situation it would be helpful to be able to refer a client on to an education/therapy/support group specifically run for and by seniors.

## **Recommendations**

In summary, as a result of their environment, circumstances and experiences, older adults may require a different therapeutic approach from the general population. This requirement, in turn, creates the need for a different local and national approach that will allow communities to cater to these different requirements.

One approach might be to address the establishments who direct their advertisements and perks at seniors. With the new legislation under the Gambling Act 2003, host responsibility becomes the onus of the gambling venue. As local policies are being developed, district councils can opt to ban certain forms of advertisements or incentives. When the funding of problem gambling services throughout New Zealand is taken over by the Ministry of Health (in June, 2004), hopefully money will be available to wage a media counter-attack. A more economical option might be to enhance existing problem gambling awareness campaigns with messages targeted at seniors (Hirsch, 2000).

Once problem gambling services are funded by the Ministry of Health, perhaps gambling problems can be portrayed appropriately in the media as a mental health issue, rather than resulting from habits of greed and excess. Aiming these messages at people from whom seniors typically seek advice can also be useful. Family, clergy, physicians and Gamblers Anonymous are the supports most commonly chosen by older adults

(Hirsch, 2000). Gradually such 'source-generated' messages will become more widely accepted by New Zealanders (old and young), providing encouragement to ask for help. In this way, the concept of counselling for gamblers can be progressively de-stigmatised.

An even more important result of the collaboration between the Ministry of Health and problem gambling services is the opportunity to raise public awareness about normal ageing. This could help eliminate (or, at least, combat) a number of common myths about seniors and ageing. These messages, especially if directed at employers and family members, could enhance the common understanding New Zealand has about the expanding majority of its population. Finally, the information supplied by Hirsch's report (2000) and by this chapter suggests that seniors need to play an integral role in developing and delivering material pertaining to problem gambling intervention, prevention and awareness.