




The Life Experiences of Old Women Diagnosed with a Gambling Disorder

Noa Levinson¹ · Liat Ayalon¹ 

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Abstract

The goal of the current study was to describe the experiences, drawn from their life stories, of old women who suffer and have or are being treated for gambling disorder. The study was carried out through semi-structured, in-depth interviews with 15 women, aged 60 and over. Analysis of the findings revealed four narratives that described four types of women, who can be distinguished across a spectrum of central life experiences: (a) a life experience of feeling distinctly different from other women gamblers, (b) a life experience of concealment, (c) the experience of a wasted life, and (d) the experience of living on the edge. These life experiences were characterized by the light of four recurring themes: (1) the reason for gambling, (2) intimate relationships, (3) the attitude of the women toward old age, and (4) the therapeutic experience. The four types of life experiences can be placed on a continuum, according to the severity of the harm done to the self. With the transition from the first identified life experience to the last, the women are increasingly distanced from social norms, their emotional intensity increases, and with it, the level of risk to themselves. This study highlights the diversity in these women's experiences and points to potentially different needs and expectations from treatment.

Keywords Older adults · Seniors · Gambling · Addiction · Therapy · Recovery

Gambling has traditionally been perceived as a man's game (Lesieur and Blume 1991). In countries like the USA and Australia, it is seen as the way men pass the time in public (Hing and Breen 2001; Volberg 2003). Women, however, constitute one third of those suffering from gambling disorder (American Psychiatric Association 2013), and in the case of electronic gambling machines, for instance, middle-aged women might form the majority (Hing et al. 2016c). In recent decades, gambling has achieved increased legitimacy (Järvinen-Tassopoulos 2016; Salonen et al. 2017) and, with it, an increase in the number of women exposed to gambling

✉ Liat Ayalon
liat.ayalon@biu.ac.il

¹ Louis and Gabi Weisfeld, School of Social Work, Bar-Ilan University, 52900 Ramat Gan, Israel

activities, suffering from and being treated for gambling disorder (Boughton and Falenchuk 2007; Casey 2016; Edgren et al. 2017; Griffiths et al. 2009; McCarthy et al. 2018; Volberg 2003).

A British study was conducted to identify and analyze the motivation and behavior patterns of high-frequency gambling among old women. What emerged from these women's personal perspectives, and how they experienced old age, was that gambling came from a combination of unfulfilled psychosocial needs, the satisfaction of escaping stressful life events for a while, and a response to hinge both the negative and positive reinforcement that gambling provided (Pattinson and Parke 2017). For older women, in particular, gambling alleviated the feeling of social isolation (Schull 2002).

Several studies have attempted to account for the growing phenomenon of women gamblers and women who suffer from gambling disorder by citing feminization (Svensson et al. 2011; Volberg 2003). The authors looked at cultural and social factors to explain why activities that, historically, were regarded as masculine have been adopted by women. Studies, past and present, have focused on the differences between men and women (Edgren et al. 2017; Tamam et al. 2014). Such a focus gives rise to stereotypes, which, in turn, produce an exaggerated perception of the femininity or masculinity of the gambler (Järvinen-Tassopoulos 2016). What is called for is a study that will offer a fresh view of the phenomenon, concentrating on an understanding of the experiences and inner world of the women participants, with an emphasis on the inner self.

The Theoretical Basis of the Study

Self-psychology suggests that the forms of psychopathology stem from defects, distortions, or weaknesses of the self, which, in turn, are rooted in disturbances relating to self-objects in childhood (Kohut 1984). Self-psychology understands the deficiency and narcissistic damage and the attempt of addicts to heal themselves through addiction (Ulman and Paul 2013). This finds expression in attempts to fill an inner emptiness (Pattinson and Parke 2017); display of narcissistic anger and the turning of that anger toward the self; the transference of the needs of the self-object of idealization kind, to the object of the addiction, striving to gain total control; and attempts to increase self-esteem (Baumeister et al. 1996; Hyatt et al. 2018; Miller et al. 2018).

Old age brings with it a grave threat and possibly serious damage to the self, as a result of the reduction, absence, or shattering of positive mirrors (Kohut 1977). When the environment shrinks, it is emptied of significant figures that once provided positive mirrors, or rejects the person and distances itself from her. Consequently, the old person may feel emptiness, anger, depression, guilt, or hypochondria. This can produce extreme changes in her self-esteem, dependence on others, and domineering or demanding behavior (Muslin 2013). Following the theory of self, the aging process may be characterized as an ongoing process of narcissistic damage to the sense of self, as a result of loss and diminution, which, in turn, is caused by a decline in functioning, and separation from important self-objects that once provided emotional nourishment and positive mirrors (Lazarus 1980; Wada 2003).

The Current Study

The focus of this study is deepening of knowledge and understanding of the experiences of old women who suffer from gambling disorder, as revealed in their life stories. The

study was confined to women, because the literature on the subject has concluded that the problem of gambling is not a disorder found just among men, as was once thought (Volberg 2003). That being said, studies of gambling among women have lagged behind the growth and prevalence of the phenomenon (Holdsworth et al. 2012). They have focused mainly on cultural and social factors, in order to explain why an activity that, historically, was regarded as a male domain has been adopted by women, and on the differences between men and women, thus reinforcing stereotypes (Järvinen-Tassopoulos 2016). What has been lacking thus far is an analysis that focuses on women and relates to the nature of the female experience. There is a need for an in-depth qualitative study to help understand the female experience (Gavriel-Fried and Ajzenstadt 2012) and allow the women to articulate their own experiences and express the meaning they attribute to life in general or to a specific life event (Holdsworth et al. 2012).

In the present study, we specifically interviewed women who had been or were currently in treatment for gambling disorder. Hence, our sample was officially identified and treated for a pathological mental condition. We use the insights gained through the interviews to better learn not only about the experiences of and motivations for gambling but also about the treatment experiences and motivations. By doing so, this study aims to assist health care providers in the treatment of older women who suffer from gambling disorder, a population that has received a growing recognition in recent years (Pattinson and Parke 2017; Subramaniam et al. 2015; Tarras et al. 2000).

Methodology

The Study Population and the Sampling Method

The study population was selected on the basis of a purposeful sample (Patton 1990). The population consisted of 15 women, aged 60 and above, diagnosed with gambling disorder, whose excessive gambling occurred in their 50s, but only sought treatment in their 60s. The women are being treated or have been treated in the past for gambling addiction at one of the centers of Efshar, a nationwide association that treats alcohol abuse and gambling addiction. Nine women were primarily addicted to scratching cards, whereas the remaining six were addicted to gambling machines (two of which in Casinos). The magnitude of their engagement in these behaviors was pathological as it impaired their quality of life and resulted in substantial financial implications (e.g., spending 72 h, non-stop by the machine). The first contact with the participants in the study was made by their personal therapists or heads of the centers. After their consent, their telephone numbers were passed on for further contact, additional explanation of the study, and setting a time for the interview.

There was a deliberate effort to make the study population as heterogeneous as possible, with regard to the age of the interviewees, country of origin, family and work status, treatment situation (whether they remained in therapy or abandoned it), their gambling situation, and who referred them for treatment. The study demographics are presented in Table 1. The women stressed that they had come to therapy because of impossible financial debts, pressure from friends and family, or trouble with the law (see Table 1). The personal questionnaires revealed that eight of the 15 women were still involved in gambling.

Table 1 Characteristics of the participants in the study

	Life experience different from other gamblers	Experience of life in concealment	Experience of a wasted life	Experience of life on the edge
Number of women	2	3	8	2
Age	70, 72	68, 69, 65	68, 66, 62, 72, 65, 62, 72, 63	65, 66
Region of origin	Israel; Europe	Israel; Europe; Africa	Israel (3); Africa (2); Asia (3)	Israel; Asia
Area of residence	Northern Israel; Southern Israel	Central Israel	Central Israel (5); Southern Israel (2); Northern Israel (1)	Central Israel
Marital status	1 married, 1 divorced	2 married, 1 divorced	7 married, 1 widowed	1 single, 1 widowed
Work status	1 working, 1 retired	All working	6 working, 2 retired	1 working, 1 retired
Therapeutic status	None in therapy	All in therapy	6 in therapy, 2 not in therapy	1 not in therapy, 1 in therapy
Gambling situation	1 gambling, 1 not gambling	1 gambling, 2 not gambling	5 gambling, 3 not gambling	Both gambling
Reason for turning for treatment	1 independently, 1 because of family pressure	All because of external pressure	2 independently, 6 because of external pressure	1 independently, 1 because of external pressure

The Study Procedure

The study was approved by the ethics committee of the researchers' university, and all the participants gave their informed consent in writing before the interview. The study was conducted by means of semi-structured, in-depth interviews, using the narrative method. The in-depth interview allows the interviewee to volunteer detailed information and to express fully her perspective and experience (Turner 2010).

The structure of the interview was composed of two stages: the interviewee's spontaneous story, followed by the interviewer's questions (Rosenthal 2004). The first stage was initiated by a broad general question: "Tell me about your life." The second stage was made up of questions that were designed to discover the interviewee's attitude to topics connected to the underlying theory of the study or were considered relevant to the subject before the interview. "What is the meaning of old age, in your opinion?" or "How do you see old age in light of your gambling addiction?" In this section of the interview, we returned to the narrative that had already been related with the aim of delving deeper, and we raised questions about topics that had not been mentioned but were related to the subject of the study. At the end of the interview, the participant was asked to fill out a form with her personal details (details in the [Appendix](#)).

The interviews were between 2 and 3 h long. They were conducted and recorded by an interviewer (the first author), a master's candidate in social work, specializing in problems of addiction. All the interviews were transcribed. The venue of each interview was chosen by the interviewee. The transcripts were immediately saved under assumed names to conceal the identity of the interviewee.

Analysis

The analysis was conducted by a reading of the life stories and therapy experiences of the old women who suffer from gambling disorder, focusing on the entire content of the text in order to disclose the endpoint (Lieblich et al. 2010). Through the reading of the entire interview, we identified four narratives that represented four main life experiences of the interviewees. This was followed by a line-by-line coding of the entire interview in order to identify major themes in each of the interviews (Chenail 2012). We started with descriptive categories of meaning and following comparisons and contrasts within and between interviews, collapsed smaller units of meaning into more interpretative categories (Boeije 2002), relying on the categorical-content technique offered by the quadrilateral model (Lieblich et al. 2010). We identified systematic repetitiveness of topics and content with relevance to the study. The variance in the themes identified served to characterize the women and suggest a correspondence to different life experiences.

Several steps were taken to increase the trustworthiness of the findings (Lietz et al. 2006). The initial coding was conducted by the first author. However, the second author went back to the interview data, using existing coding scheme developed by the first author. At this stage, codes were discussed and the overarching meaning of the findings was explored by the two authors. The findings also were presented to social workers who work with this population and their feedback was incorporated. In addition, we provide a thick description of the findings by using direct quotes from the text in order to improve the transferability of the findings and allow the reader to independently judge the accuracy of our interpretations. Finally, we maintained an audit trail, which documented all stages of analysis (Rodgers and Cowles 1993).

The Findings

We identified four narratives that described four central life experiences: (a) a life different from that of other women gamblers, (b) a life of concealment, (c) a wasted life, and (d) living on the edge. Using the method of categorical analysis, four themes emerged: (1) the reason for gambling, (2) intimate relationships, (3) the attitude of the women toward old age, and (4) the therapeutic experience. The four life experiences were explored through the lens of the four different themes.

A Life Experience Different from That of Others

Two women described a life experience in which they perceived themselves as “different from others,” with the term “others,” referring to other women similarly suffering from gambling disorder. This experience is informed by a dramatic-romantic narrative, in which the heroines are able to transform a negative situation into a positive one through skill and strength of character. Their life stories, as revealed in the interviews, leave room for future developments and produce a feeling of progress in their lives. What distinguished these interviewees from the others was their self-description as “different,” from other addicts and their life experience as “normative.”

... And I come from a normative place. And I'm... a person... I want to see myself as normative... I had a... very unstressful life... even my divorce was unstressful... I am comfortable with myself and comfortable with my age... (Interviewee no. 13)

These elements of separateness from other addicts surfaced in each of the various themes. With respect to gambling, for example, they stressed that their situation was different from that of others, because they saw themselves as normative. They had *chosen* to get into gambling, not fallen into it as a result of depression or anxiety.

...I think it began when I was 60... I didn't feel... any lack... or anything... like... [people] are always looking... [what] I wanted to fill. I always objected strongly to... that concept [of emptiness]. Because I have girlfriends... It really excites me and really moves me... Sometimes we were five and sometimes four... Women without husbands, and it was very attractive. That is to say... single, [but] not from the point of view of husbands. Single women. It was a lot of fun. To go there in the evenings and play... not out of misery or misfortune but for the fun of it... (Interviewee no. 13)

The subject of normative and natural experiences arose within the context of intimate relationships as well:

I've been alone since I was 44. By choice. I'm happy alone. I enjoy being alone. And... that's it... there was someone I went out with. And... he died. And don't think [that I'm sad] – just two months ago... someone came on to me... [but] I have no, I have no desire to let something develop – you know – I'm so happy alone... I don't have any yearning for intimacy. On the contrary. The intimacy I, ah... had in, in my two marriages... were not successful. So I came to the conclusion that apparently I'm not [made] for intimate relationships... (Interviewee no. 13)

In their old age, they emphasized elements of functioning and growth that connected to the feeling of normativity:

I enjoy walking a lot. What can I say? I have something left over from a younger age. I walk. I try to walk fast and forget that I'm on blood-pressure medication... I studied long hours when I was at university. I attended lots of courses... [not just] because of the Vocational reward. I was already in my 60s, and I went to lots of courses. It interested me, and I loved it, and I went... (Interviewee no. 5)

In their old age, the women sought treatment. Here too there was a stress on the normative experience and, consequently, the distinction and separateness from others:

The first time B. spoke with me she wasn't very nice (said with a chuckle)... People who deal with people like me need to be more... I had the feeling that I'd come to see the prime minister or the president! They need to be a bit more layback... I'm already, um... I have a university education. I can tell the difference between people, don't you think? (Interviewee no. 5)

The Experience of a Life of Concealment

Three of the women described a life of concealment. Their experience depicted a tragic-romantic narrative, with an underpinning of suffering, the consequence of years of concealment. Nevertheless, it emerged from the interviews that these women believed that they had undergone a process of change by their own strength of will, and dealt with the challenge of exposure of their addiction. Their story told about a kind of redemption, which left place for hope. The feelings and experiences of this group were similar to those who see themselves as different from others, especially with regard to their feeling of strength and emotional resilience. On the other hand, as the interviews indicated, at the center of the group's narrative lay concealment, which found expression in behavior patterns of secrets and lies. These women seemed to hide behind a mask, apparently part of a false identity they had adopted over the years, perhaps as a defense against the emptiness that is itself a consequence of the absence of a cohesive and integrated self.

I'm the type of person who... I don't tell what really hurts me... I'm always laughing and talking, and no one knows just what (choking voice), what troubles me... (sobs)... I just try to play the game and show that everything is alright. People on the outside... see me always laughing... no one knows, [no one] sees the sadness in my soul (chokes)... (Interviewee no. 7)

These motifs found expression as well in the reasons for gambling, which were concealed, especially from their partners and immediate family. They described their desire to feel sophisticated, as though gambling allowed them to deceive those around them. In fact, the opposite was proven to be true: gambling was the nadir that imbued them with feelings of disgust and lack of confidence. Perhaps the feelings that gambling brought to the surface exposed things they feared to expose.

Today I see [gambling] as disgusting. It's... not pretty. Not pretty. I didn't see it that way back then. I... my thinking has changed. Then... then, ah... it seemed to me... sophisticated... I saw myself as sophisticated. I was able to do whatever I needed to do and, ah... still find time for gambling. And fool everyone... It's... simply... empty. Brainless. Emptiness... You know, there is [nothing] in it... You learn nothing from it. (Interviewee no. 14)

The intimate relationships of these women, as they emerged in the interviews, were also accompanied by lies, secrets, and the difficulty of exposure.

I didn't have an easy life (pulls her nose; cries)... It hurts me very much... I was fortunate to meet my husband, and get married, and I came into a good family that... I really do have a good life... And what I have done really hurts me... Most of all it hurts me because of my husband, all this mess... I'm everything here... I'm in the house... Like... everyone comes to me for advice... Even my husband does nothing without me... He is really... It's me... It's all me... It's hard for me that I can't just tell them... my husband... that it's so hard for me... but I can't open up... (Interviewee no. 7)

In old age, the interviewees relate, and they see the beginning of a process of growth and change and experience a way out of the turmoil and the nightmare to freedom. It finds expression in removing masks as they move toward a real and more integrated self.

...The experience of this age is wonderful. The experience is wonderful... Because today I see things in a different light than I did 10 years ago, 15 years [ago]... You see things differently... behave differently. You're more focused, more patient. You're more restrained... more forgiving. Ah... more... flexible. More flexible... More... ah... genuine. Less egoistic. (Interviewee no. 10)

In the light of the changes in old age, when the women went into therapy, there was an increasing desire for exposure and a need for removing masks, but also ambivalence and anxiety about such moves.

I... feel that I... sometimes fall apart there. I tell her things that... ah... I don't tell everyone... I tell her and I fall apart. And when go out to... when I finish with her, and go immediately to the rehabilitation workshop, I walk [in] as if nothing had happened. I sit down and put on a show... (Interviewee no. 7)

The Experience of a Wasted Life

Eight of the 15 interviewees described their lives as 'wasted,' a tragic narrative that views suffering as the unavoidable basis of their lives as women, leaving no room for future development. They expressed themselves in the interviews as unhappy with their lives. They recalled the past—raising children and working—as a good period, but it had ended, leaving them with feelings of emptiness and loneliness. Most of the women were not able to effect change in their lives and escape the cycle of frustration, suffering, and emptiness. What distinguished these women from others in the study were their sense of 'missing out' and, especially, their sense of self-sacrifice. Most of them expressed feelings of suffering, deriving from loneliness, shame, absence of love, and absence of support and help. From their perspective, they had helped others all their lives, but no one had done anything for them.

What do I have to enjoy in life?! I don't enjoy life... Even on the most joyous occasions, I have a corner of sadness [within me] afterward. When I leave the celebration I know the sadness will stay with me, even if I danced [there] and you heard me sing... (Interviewee no. 3)

As they relate it, the reason the women were drawn into gambling had to do with their struggle with depression, and the fantasy of achieving control, independence, and security. A prominent

theme among the interviewees was revenge and using gambling as a rebellion against their husbands and family. Some of the women related that they gambled to alleviate their feelings of loss and emptiness after retirement and seek a sense of excitement. Most of the interviewees in this 'wasted life' group reported that it was hard for them to give up gambling altogether, and they still gambled.

I took early retirement... and I had time and I had... I don't know, an inclination, let's call it an inclination... I began to [buy] lottery tickets, one [or] two, and I never won anything for [my] five shekels, 10 shekels, 50 shekels. I began to buy lottery tickets almost every day, and it made me feel very good. You know, all the problems I had, my interaction with my husband, the... relations... and [then] I won 25,000 shekels!... every day after the 25,000, I lost – about 50 to 70,000 shekels [altogether]... a year ago I took out a loan... from time to time I would [gamble]... but I had it under control ... meanwhile [my husband] took [my] income... why should he control me with... money? Let's call it economic violence. There were two controls, his control over me (economic violence) and my control over him (gambling)... (Interviewee no. 6)

In further discussion of the reasons for gambling, some of which were described in terms of a desire to rebel against and punish family members, interviewees talked about their experience of abuse by their husbands, citing elements of suppression, and an absence of warmth, love, and intimacy. They described their partners as stingy, uncultured, possessive, and materialistic. They shared their feeling that they were like lowly servants who only lived to serve others.

... I thought I would establish a home [with a] husband, and I feel that he wants to control me, that he [wants] to own me. His wife! But not... together with him. What is this?! When he makes me angry, or he or one of the children upsets me, I go and unwind, as a kind of punishment... My husband gets angry if someone says I'm smart. Imagine. If someone tells you you're smart, he's an idiot! So what enjoyment do I get out of life?! It's a pity I didn't have the physical and emotional strength to separate from my husband, because I suffered and he is suffering, I am suffering and he suffered... (Interviewee no. 3)

Regarding their attitude to old age, the women in this group reported getting no enjoyment from this stage of their lives, which they perceived as sad, meaningless, and lacking value. The loneliness and emptiness they felt, which was in part the reason for their gambling, but also a product of their marital relationship, became more acute in old age. In addition, the women spoke of their ill health, from which they suffered for years and had worsened in old age. It should be noted that some of the interviewees never spoke about old age or only mentioned the subject in passing, perhaps because of their perception of old age as a hard and frustrating place to be in.

... I gave myself body and soul to everyone. Everyone! Except myself. Life for me... a shitty life! My daughter tells me, 'Mom, be thankful that you're still on your feet.' I tell her, yes, I'm standing on my own two feet, but my back has had it. I told her: my dear daughter, the slave is done working! We're finished. Your mother is completely exhausted... (Interviewee no. 15)

In the context of the difficult experiences the 'wasted' women described, the therapy experience was regarded as meaningful. They felt that the therapist represented an empathetic and supportive voice and was mentioned in the interviews as a central figure.

For these women, who had experienced feelings of self-sacrifice and worthlessness, the treatments offered a place of acceptance, recognition of their pain, and a healing experience. This was true of group therapy as well: they experienced the group as a supportive family, with the possibility of a restorative family experience.

The Efshar Association is [like] a supportive family. When a person falls, you've got to pick him up... Just yesterday, in the GA [Gamblers Anonymous, a support group], [they were saying] help with all your heart. First of all rehabilitation, then the person himself will be grateful... We say 'thank you' to the place and pray [for it]. It's a really good place for us. (Interviewee no. 2)

The Experience of Life on the Edge

Two of the interviewees described the experience of life on the edge as a tragic narrative characterized by suffering, and a sense of helplessness and hopelessness brought on by their own path of self-destruction. What emerged from the interviews was that the force of these elements has increased with age, leaving no place for change. These women are distinguished from other interviewees by the constant tension of life on the edge, which stems from impulsive behavior that causes them to ignore warnings and leave themselves no margin of safety. Consequently, they are in danger of falling into extreme, potentially suicidal, situations.

...What is called 'normative,' the way 'normal' people behave – and they are happy with their normativity – I see that as depression. Alright, 'despondency' rather than depression, okay? Despondency. That's my basic problem... A script of life that's already been written is uninteresting... because for me everything is on the edge. And... regrettably it's possible that normal people really are happy. I'm sure they are. But I cannot be happy in such a situation... I can't... (Interviewee no. 9)

The reason for gambling according to these women is to fulfill their need for breaching boundaries, thereby serving their daring and impulsive pattern of behavior. They are extreme gamblers, sometimes to the point of losing everything: money, sanity, and life. They believe that only death will cure them of gambling.

...How does one get out of this mess, I don't know. Me? I don't think I can get out of it. For sure not... I am stuck in the same place, with a lot more serious crashes. I come home and I've got no food in the house. At that moment I tell myself it will never happen. Ahhh... I... I told you, I don't even know how to explain it to you... that... it's not really me... that... I should find myself in such a situation where I'm left with nothing. And I get into such situations without realizing it... (Interviewee no. 11)

In their partnership, too, they "live on the edge" and behave impulsively, disregarding dangers:

He was a great husband. But, there were many things he didn't know about, I lied about. He used to gamble a little bit, but not exaggerated like me. He used to be angry at me. (interviewee no. 11)

The women living on the edge view old age as making place for the girl within them to burst out. Their situation exposes them to an increasingly higher risk of loss of control and disregard for limits. At that age, there is greater difficulty in dealing with it.

...I was suppressed all those years. In my youth. Today I am more full of life... But listen, the... the love that I have gives me a lot of strength. The young kind. My sex life was never better than it is today... I have butterflies in my belly... (giggles) the girl within me comes out now, of all times... (Interviewee no. 9)

The interviews revealed that the women regarded the therapy experience with some trepidation about exposure and intimacy, but at the same time, they had a yearning for it. They tested limits, said, and tried to coax the therapist into taking risks with them. It transpired that it was important for them to go into therapy of their own free will, and not be compelled to do so. They felt that if they came willingly, and perhaps underwent a process of change, they would feel more protected, more at ease, and more balanced.

... And when I called the therapist, he did something very unethical. He loves me very much, loves me very very much. He was one of the biggest angels in my life... At a certain stage I began gambling [again]... and he said to me 'be careful.' That was the last time I spoke with him, um, because I was ashamed of my relapse, and when... I began... I decided to commit suicide. I called him... he was shocked... Then he brought me cash. He was not allowed to do that... He knew he was doing something wrong... He didn't want me to go to the black market. He didn't want me to die. (Interviewee no. 9)

Discussion

The focus of the current study is on the experiences of old women who suffer from gambling disorder, as revealed in their life stories. The goal and the importance of the study lie in its attempt to understand the experiences of these women through their own perspectives and stories. Analysis of the experiences and motivations of the interviewees revealed four narratives that described four central life experiences: a life experience different from that of the other gamblers, a life experience of concealment, an experience of a wasted life, and an experience of life on the edge. Using the method of categorical analysis, four themes were identified: the reason for gambling, intimate relations, the attitude to old age, and the therapeutic experience. The differences that emerged with regard to the themes facilitated the characterization of each interviewee's life experience.

The central feeling of women who claimed a different life experience was one of separation and distinction from others who suffered from gambling disorder. They ($N=2$) had a sense of self as normative and healthy, in contrast to the sick self of the other women. As an aspect of this experience of self, they described their gambling as a choice, not out of emotional or financial need, but for the fun of it. With regard to intimate relationships, they preferred to live alone and highlighted the positive side of that choice; old age was described in terms of personal growth. Consistent with past research (Casey 2016), their experience describes a dramatic-romantic narrative, in which the women's skills and strengths enable them to meet challenges and overcome obstacles.

Gavriel-Fried et al. (2015) describe how women with gambling disorder construct their identity by adapting themselves to behavior patterns considered normative. The findings of the study emphasize the complex dialog behind the identity structuring of women with gambling disorder, their yearning to be perceived in society as normative, and to feel they belong despite their unacceptable social behavior. Consistent with the literature, it is possible that the

experience of the normative self-felt by the women in the study who saw themselves as different from the others is, in fact, a defense of the false self, which satisfies their yearning to be viewed by society as normative (Campbell 2018; Michikyan et al. 2015). Similarly, it assists the women in their emotional separation and the expression of their inner world, because they maintained that they never suffered depression or anxiety as a result of the difficulties and messy situations caused by their gambling disorder. This finding is consistent with past research which has identified older women gamblers as normative and non-pathological (Tarras et al. 2000). Yet, it stands in clear contrast with a contemporary scoping review which has identified high levels of comorbid mental conditions among people who suffer from gambling disorder (Yakovenko and Hodgins 2018).

The presentation of a false self can be seen with the study population in the experience of a life of concealment. The central characteristic of the concealed life is disguising wounds and pain with a behavior pattern of secrets and lies which are so common in individuals who suffer from a stigmatized condition such as gambling (Hing et al. 2016a). The women who are part of this experience have a hidden sense of self. They make a pretense of everything being as it should be, but, in fact, no one, even those closest to them, knows what is happening inside. These women hide behind a mask, their defense against emptiness, which, in turn, is a result of the absence of an open, real self. The outlet is gambling, in which the women try to show how clever and sophisticated they are, but in the end, experience emptiness.

Past research has found high levels of shame (Schlagintweit et al. 2017) and pathological comorbidity (Yakovenko and Hodgins 2018) in individuals who cope with gambling. It may be assumed that among women who have experienced a life of concealment, gambling provides a defense against their real feelings, like sadness, emptiness, and shame, which they harbor in secret. In light of that, they feel the need to create a kind of false self, in the form of gambling, secrets, and lies, which helps them 'put on a show,' projecting self-confidence, strength, and joy. That false self cannot survive for long, however. With the intensification of gambling disorder in old age, the women find it increasingly difficult to hide their addiction. It is at this point that the willingness to confront the real self begins to surface. The experience of a concealed life therefore describes a romantic-tragic narrative with an underpinning of suffering, the result of years of concealing wounds and pain. There is a basis of hope that emerges from the life stories, however: with the approach of old age comes the beginning of a process of change toward exposure and reaching toward the true and integrated self.

The tendency to hide and conceal the gambling disorder also can be explained in light of the sociocultural context in which the study took place. Past research has shown that in some countries, such as Australia or the USA, certain types of gambling are quite common and receive legitimacy (Hing et al. 2017; Miller and Michelson 2013; Volberg 2003). Others, on the other hand, have found a strong sense of stigma attached to gambling disorder (Hing et al. 2016a, b). Hence, in order to better understand the findings, it is also important to move away from the intrapsychic context to the interpersonal context, which likely also influences the manifestation of the disorder.

The experience of a wasted life describes a tragic narrative that leaves no room for change. The central feeling of the women identified with this group derives from the experience of a wasted self because of the sacrifices they were forced to make throughout their lives, with the attendant pain and great suffering. They felt themselves under the domination of others, depressed, alone, and humiliated. Even though the society in Israel has gone through significant modernization processes, gender equality is still an unattainable ideal (Bental et al. 2017). Possibly, in such a society, in which men still hold a more prestigious status, women end up reporting a sense of a wasted self.

Working from life stories of abused old women, Band-Winterstein and Eisikovits (2009) and Buchbinder and Winterstein (2003) describe the broad significance of aging within an abusive situation. Those women depicted their lives as sad and lacking positive content, leading them to an experience of a wasted life—in fact paralleling the findings of the current study. The experience leads to internal emptiness and self-destruction (Laurita 2018), which possibly finds expression in the gambling disorder from which these women suffered. Furthermore, the combination of old age, abuse, and solitude leads to suffering, which colors everyday life to the point of transformation of identity and to injury to the sense of continuity of the self (Wand et al. 2018).

Band-Winterstein and Eisikovits (2009) further draw on the women's stories to describe the dimension of solitude that began in their childhood and continued in old age. This motif reflects a dangerous world and a worthless life (Winterstein and Eisikovits 2005). In line with the literature on the subject (González-Ortega et al. 2015), it is possible that gambling provided an answer to the injury to the continuity of the self and the yearning of the women for control, and a feeling of strength and independence. The fantasy was never realized, however: the gambling led to a radicalization of the feelings of worthlessness, emptiness, loneliness, and shame, and deterioration of their emotional and physical condition (Schlagintweit et al. 2017).

According to Kohut (1977), old age brings with it a serious threat to the self, because of the reduction, absence, or shattering of positive mirrors. Kohut (1977) suggests that when the environment rejects a person and distances itself from her, she may experience a serious blow to the self and, consequently, feelings of emptiness, anger, and depression. This, in turn, may cause extreme fluctuations in self-esteem, dependence, and domineering behavior (Muslin 2013). Consistent with the literature (Cousins and Witcher 2007), the women in our study described their old age as sad and meaningless: “they gave of themselves to others but received nothing in return”; “they did what they had to do and can go now.” The narcissistic damage from which they suffered for years has become stronger in old age, creating feelings of meaninglessness and hopelessness and transforming the experience of a wasted life into a tragic narrative with a central motif of suffering that leaves no room for development and change in the future.

The experience of life on the edge that emerges from the findings of the current study also describes a tragic narrative, which has been identified in past research (Savvidou et al. 2017; Tamam et al. 2014). In this case, the main feeling is impulsiveness, which finds expression in an extreme experience of the self, characterized by a lack of stability, risk-taking, and breaching boundaries, sometimes to a life-threatening or suicidal extent. These women report that the normative, with its existential emptiness and lack of meaning, bores them, and they are drawn to life on the edge. In old age, they experience a growing tendency to self-destruction and, consequently, increased suffering.

Consistent with the literature (Farstad et al. 2015; Tamam et al. 2014), the women who are identified with the experience of life on the edge describe the reason for gambling as serving the need for a feeling of impulsiveness and meaning, which they achieve through the excitement of breaching boundaries, to the point of loss of control, self-destruction, and danger. In their words, only death will save them from gambling. The use of substances or gambling is therefore an attempt to repair “the missing internal structure,” reduce tension, and regulate self-esteem and self-cohesion (Khantzian et al. 1990).

The findings of the current study indicate that most of the women who participated, regardless of how they were categorized, regarded therapy as a beneficial experience,

which gave them a place of acceptance and recognition of their pain, a feeling of belonging, an opportunity for candid exposure in a protected context, and the beginning of a process of change. Nevertheless, the women stressed that they only went into therapy because of overwhelming debts, pressure of friends or family, or trouble with the law. The background questionnaires revealed that over half of the interviewees (eight out of 15) still gamble. The disparity between the positive responses about therapy that emerged from the interviews, and the information in the background questionnaires, is explained in the literature on treatment of addictions: for the most part, addicted gamblers do not go into therapy in the early stages of their disorder, but only after they have lost considerable sums of money (Cunningham et al. 1993; Stumbo et al. 2017).

Evidence suggests that old people are less likely to seek help and go into therapy than other sectors of the population (Hirsch 2000; McNeilly and Burke 2000), because they themselves do not recognize their problem; this is one of the most crucial issues (Cousins et al. 2002; Hirsch 2000). Many old women ignore their gambling losses and prefer to emphasize the positive experience they get from gambling (Pattinson and Parke 2017). It may be that, despite their positive attitude to therapy, most of the women were in the first or second stage of the five-stage model of change—pre-contemplation or contemplation—in which the addiction is still active, and there is denial of the problem and resistance to change (DiClemente 2018; Prochaska and DiClemente 1986). In general, job loss, health loss, or loss of a partner precipitates an emotional crisis that pushes them toward contemplating change.

Ramifications of the Study

Despite its strengths, the study has several limitations. The subjective character of the study and the role of social desirability are apparent on the part of the target population (Goldstein et al. 2017). First, the assignment of an interviewee to one of the main life experiences—including her intimate relationships, her reason for gambling, her attitude to old age, her therapeutic experience, and the nature of her story—is based entirely on the woman's perspective, as the authors understood it and also subject to recall bias. Complementary interviews with the therapist at the treatment center, or with members of the woman's family, could have enriched and validated the study and may have shown the findings in a different light.

Second, one of the essential criteria in recruiting subjects for the study was that they were undergoing treatment for gambling disorder or had undergone such treatment in the past, creating a selection bias. Consequently, the findings reflect perceptions of the main experience that have been influenced by treatment and may not reflect the main experience of old women suffering from gambling disorder who have not been in therapy.

Despite its limitations, the study presents an important aspect of the experience of old women gamblers, which has attracted little attention before now. The findings of the study present a complex picture of considerable diversity among the women gamblers, recognition of which may contribute to the help that can be extended to women suffering from gambling disorder. It is hoped that the findings of the study will raise awareness of the special characteristics of the experiences of old women, in the context of their gambling habits and therapy, thereby offering a tool containing professional and clinical knowledge to therapists, service providers, and supervisors in the field.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Research Involving Human Participants All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Appendix

1. Tell me your life story.
2. What is the meaning of old age, as you see it?
3. How do you view old age, in light of your gambling addiction?
4. What do you think about old age, now that you have been through treatment?
5. When it comes to developing a gambling disorder, do you think there is a difference between men and women?
6. With regard to gambling disorder, do you think there is a difference between young and old people?
7. Do you think the therapy experience and the way the treatment is conducted is different for men and women?
8. What do you think about the differences between people who gamble and people who do not?
9. Tell me about your decision to go for treatment.
10. Tell me about your experience in treatment.
11. Tell me about the connection you had with the therapist.
12. Apart from the treatment, what else do you think could help you?
13. Tell me about social connections you have at this stage of your life.
14. Tell me about connections with people in your life in light of what you have been through.
15. Tell me about the circumstances that got you into gambling.
16. If somebody wrote a book about your life, what would the chapter headings be? And what would be the title of the book?

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