



## Towards a relational framework for pathological gambling (Part I): Five circuits

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Relationship patterns before and after pathological gambling were investigated qualitatively using eight in-depth clinical case studies in which one partner met Diagnostic and Statistical Manual of Mental Disorders-IV pathological gambling criteria. Five circuits of couple interactions are described: (i) fault-lines; (ii) pressure points; (iii) escalation; (iv) relapse and (v) congruence. The exploration of these circuits is developed in two complementary articles. This first article delineates the first four circuits as recursive self-perpetuating cycles of couple distress in systemic interaction with pathological gambling development and relapse. The second article delineates how a couple can be helped to extricate themselves from these recursive circuits through 'congruence'. Implications of this relational formulation of pathological gambling for conceptualization, assessment and treatment are discussed.

*Keywords:* pathological gambling, relational framework, systems recursion, couple relationship, congruence.

### Introduction

The negative impact of problem gambling on family members has gained considerable attention in the gambling literature (Grant Kalischuk *et al.*, 2006; McComb *et al.*, 2009). Marital distress (Abbott *et al.*, 1995; Hodgins *et al.*, 2007), arguments and poor communication, an unsatisfactory sexual relationship (Lorenz and Yaffee, 1988), separation and divorce (Tepperman *et al.*, 2006) and increased risks of intimate partner violence (Afifi *et al.*, 2010; Korman *et al.*, 2008) are among problem gambling's after-effects. Also documented is the devastating impact it has on the spouse's emotional, social, physical and financial well-being (Dickson-Swift *et al.*, 2005). In contrast, there are fewer and more often anecdotal, descriptions of couple distress pre-dating problem gambling. Couple relationships were found to be chaotic, turbulent, chronically and severely disturbed even before the

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onset of gambling (Boyd and Bolen, 1970). Marital difficulties, ineffective communication and the low self-esteem of gamblers and spouses were deemed to have existed prior to the development of the gambling disorder (Lorenz and Shuttlesworth, 1983; Steinberg, 1993). It is apparent that, while the effects of problem gambling on families are widely known, the impact of couple difficulties on the development of problem gambling is less well understood (Suissa, 2005).

The link between couple problems and pathological gambling is undoubtedly complex (Bertrand *et al.*, 2008). Indeed, the idea that the gambler causes couple problems is too simplistic and unidirectional a formulation. Scientific studies to investigate this complex interaction of marital distress and pathological gambling are conspicuously missing in the literature (Bertrand *et al.*, 2008). Based on the qualitative analysis of eight clinical cases of problem gamblers and their spouses, it is the purpose of this article to elucidate how couple difficulties pre-existed problem gambling and were exacerbated by it, exemplifying a recurring and escalating pattern of relationship distress with problem gambling.

The analysis of couple relationship disturbance shifts the focus away from individual psychopathology to view severe problem gambling as a symptom of the breakdown of primary relationships. Systems thinking goes beyond individual and intra-psychic phenomena to relationships and interactions among the parts that contribute to the whole (Nichols and Schwartz, 2007). Couple distress is shown in this article to form recursive loops that are repeated and amplified with pathological gambling described in four circuits. Recursion as a phenomenon has been observed by early systems thinkers. It refers to a system folding back upon itself to create a self-similar cycle of interaction, thus functioning as a closed system that is self-reinforcing (Bateson and Bateson, 1987; Harries-Jones, 1995). Hence, the resolution of recurring gambling problems and couple distress needs to go beyond the symptom reduction of gambling to interrupt what fuels the recursion tendency, as is described in the companion article published in this issue that illustrates the fifth circuit of congruence (Lee, 2012).

The problem gamblers reported in this study fell within the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR (American Psychiatric Association, 2000) category of 'pathological gambling'. This term is used to specify gambling that produces symptoms meeting five or more of the DSM-IV-TR criteria consisting of the

three symptom clusters of compulsion, loss of control and adverse consequences. It is necessary to note that gambling exists along a continuum from recreational and social gambling at one end to sub-clinical problem gambling and clinical pathological gambling at the other. Problem gambling affects approximately 2 per cent of the population, and pathological gambling is estimated to affect approximately 1 per cent of the population averaged across a number of studies (Stucki and Rihs-Middel, 2007). To clarify, the use of the term ‘pathological gambling’ in this article does not imply endorsing a view of psychopathology as intrinsic to the individual but only to denote the level of severity of the gambling problem of the research participants, whose experience may differ from gamblers who are in the less severe range, more commonly known as problem gamblers (Stucki and Rihs-Middel, 2007).

## **Method**

Research question: what are the couple relationship patterns before and after pathological gambling?

### *Case studies series*

Case studies allow for holistic and in-depth understanding of a phenomenon with a discovery orientation (Moon and Trepper, 1996). Multiple case studies generate not only insights into the idiosyncrasies of a particular case but also comparisons that reveal consistencies and differences in the themes across cases (Moon and Trepper, 1996). This method has been valued for developing hypotheses leading to theory development (Ayres *et al.*, 2003; Eisenhardt, 1989; Yin, 1994). Employing an iterative process of within-case analysis followed by across-case analysis, this study searches for cross-cutting relational patterns among eight couples enrolled in twelve sessions of couple therapy for pathological gambling.

### *Sampling*

Purposive sampling (Loiselle *et al.*, 2007) was used to recruit the eight couples at a gambling treatment programme in a Canadian city (Figure 1). Inclusion criteria were: (i) one partner meeting pathological gambling criteria based on DSM-IV-TR (American Psychiatric Association, 2000) criteria; (ii) the gambler must have completed a

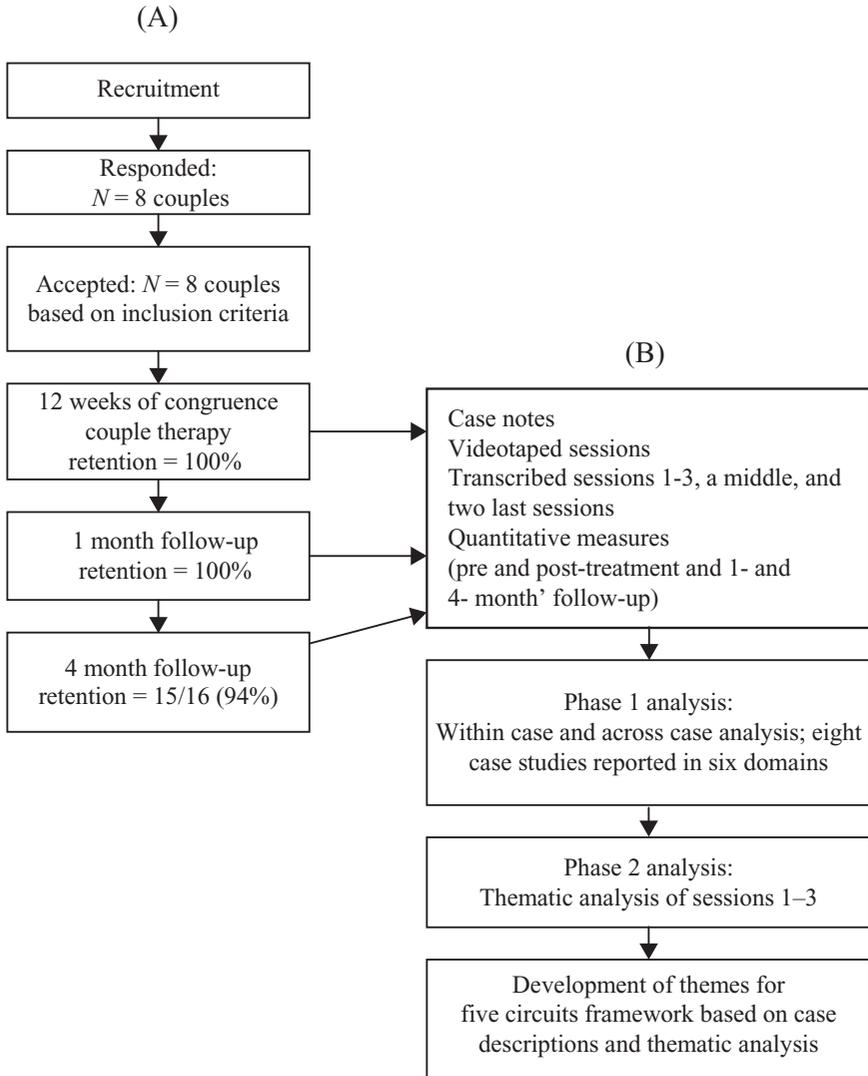


Figure 1. Study procedures.

12-week cognitive restructuring group programme run by the gambling service agency; (iii) the gambler was abstaining from gambling at the time of participation in the research study; and (iv) the absence of psychosis in the participants' history. Interested couples applied in

writing to take part in the couple therapy research. The study and its protocols received the approval of the university research ethics board before implementation. The sample size of eight couples was based on feasibility within the project's one year funding.

### *Researcher*

The researcher was the therapist for the couples. Her experiential engagement with the couples and use of participant-observation informed the analysis and the interpretation of the data.

### *Procedures*

Qualitative data included video and audio-tapes of all the couple therapy sessions, case notes and five transcripts of selected beginning, middle and end sessions of each case. Supplementary quantitative measures used for triangulation of the qualitative data on the couple relationship included the dyadic adjustment scale (DAS) (Spanier, 1976) which measured participants' self-reports on their couple relationship satisfaction. This scale has a reliability of 0.96 (Cronbach's alpha). Jacobs (1999) neglect and abuse protocol (J-NAP) was used to investigate the incidence of four operationally defined types of childhood maltreatment and dissociation including neglect, physical, emotional and sexual abuse.<sup>1</sup>

### *Data analysis*

Qualitative analysis proceeded in two phases (see Figure 1B). Phase 1 consisted of clinical observation and interpretations entered as case notes following each session. A detailed case description and analysis of the unique presentation of each couple was reported in six domains: (i) the presenting problem; (ii) the family of origin for each partner; (iii) the onset of gambling: stressors, fantasies and wishes; (iv) communication and marital relationship before and after pathological gambling; (v) therapeutic interventions and couple changes; and (vi) outcome of treatment (Lee, 2002).

Sensitized to the common relational patterns across the cases, a second-phase analysis (Braun and Clarke, 2006) was conducted on the

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<sup>1</sup> The category of childhood "loss and abandonment" was a theme discovered in this qualitative study which the author drew to the attention of Dr Durand Jacobs. This category was subsequently added to the J-NAAP (2002).

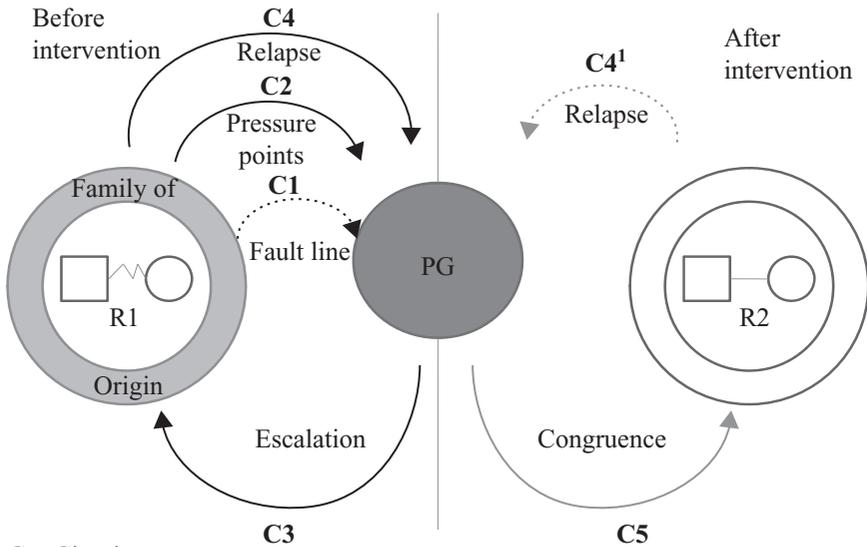
written transcripts of the first three therapy sessions of each of the eight couples. The researcher used a top-down approach driven by the research question to decide what constituted a key pattern. She looked for repeating patterns of meaning and interactions within and across the cases that were germane to the overarching research question (Braun and Clarke, 2006). These first three sessions provided the maximum information on the couple's pre-gambling relationship before therapy through their retrospective reports, corroborated with their couple dynamics as observed in sessions. Transcripts of the first three sessions were coded into interpersonal and intergenerational categories, followed by subcategories. For example, the interpersonal dimension included self-focus, other-focus, under-acknowledgement, avoidance, abuse, betrayal, secrecy, interruption and pattern repetition. Relational patterns were separated into two main time-frames: before and after pathological gambling. The significance of these relational patterns and salient aspects of the case descriptions were further theorized in an explanatory relational framework for understanding pathological gambling. A diagram representing the recursive circuits of couple distress in relation to pathological gambling is presented in Figure 2.

### *Rigour and trustworthiness*

Member checking through debriefings with informants to obtain their feedback was used to validate the credibility of the qualitative data and their interpretation (Lincoln and Guba, 1985). Seven of the eight couples responded and endorsed the case study descriptions. One couple did not provide feedback.

Prolonged engagement and persistent observation are procedures that increase the 'validity and vitality' of qualitative research (Fetterman, 1989, p. 46). Each of these eight clinical case studies involved a total of 14 hours of in-depth clinical engagement and observation over a 7-month period, including two follow-up sessions. Triangulation (Lincoln and Guba, 1985) makes use of corroborative evidence to strengthen the validity on the phenomenon of interest. This study incorporated multiple data sources including case notes and transcripts of videotapes. It also triangulated the selective use of quantitative measures as secondary evidence to corroborate with the qualitative findings.

Finally, the use of 'thick description' (Geertz, 1973) presents the findings with rich contextualized detail, emotions and verbatim



C = Circuits  
 C4<sup>1</sup> = Reduced potential for relapse  
 R1 = Distressed relationship  
 R2 = Congruent relationship  
 PG = Pathological gambling

Figure 2. Five circuits of couple interaction in relation to pathological gambling.

quotes. This creates a verisimilitude of what was experienced by the participants (Denzin, 1989) and of what actually transpired in the therapy sessions to anchor the analysis and interpretations.

**Findings**

*Research participants*

Eight gamblers with a ratio of six men to two women with a mean age of 44 comprised the study sample. Table 1 provides the participants' characteristics, previous counselling history, reported mental health and addiction history and their gambling characteristics. Participants are designated as gambler (G) or spouse (S) in the findings. Pseudonyms are used and identifying information is disguised.

TABLE 1 *Participants' profiles*

Sample characteristics	Descriptive statistics ( $N = 16$ ; eight couples)
Gender of gamblers ( $n$ )	Male 6; female 2
Age (median, years)	44
Ethnicity	Caucasian ( $N = 16$ )
Previously married ( $n$ )	5
Length of current marriage (median years)	19 (range, 3–47)
Children per family (median $n$ )	2
College completion ( $n$ )	13
Annual family income CA\$	58,000
Previous counselling	4
Couples counselling ( $n$ of couples)	Gamblers 8 (M 2.5 sessions); spouses 5 (M 2 sessions)
Group counselling ( $n$ )	Gamblers 8 (M 2.5 sessions) spouses 8; (M 2 sessions)
Individual counselling ( $n$ )	Gamblers 7; spouses 3
Reported mental health and addiction history	Gamblers none reported; spouses 3
Past substance abuse ( $n$ )	Gamblers none reported; spouses 2
Concurrent depression ( $n$ )	Gamblers none reported; spouses 1
Concurrent anxiety ( $n$ )	Gamblers 6; spouses 5
Concurrent phobias ( $n$ )	
Childhood neglect, abuse, abandonment ( $n$ )	
Gambling characteristics	
Family of origin gambling and substance abuse problems ( $n$ )	Gamblers 6; spouses 2
Age of problem gambling onset (M years)	36
Years of problem gambling (M years)	3
Money lost from gambling (M CA\$)	40,000
Years abstinent from gambling (range years)	0–2

M, mean.

*Five circuits*

Four of the five circuits of couple interaction in relation to pathological gambling are delineated in this article namely; (i) fault-lines, (ii) pressure points, (iii) escalation; and (iv) relapse (Figure 2). Each circuit gives rise to similar but intensifying subsequent circuits that follow as variations on the theme of disconnection. The first circuit warrants more detailed elaboration because its pattern is the precursor of subsequent circuits.

*Circuit 1: fault-lines.*

Intimacy in couple relationships is made possible through a quality of communication with honest self-disclosure, trust in revealing one's inner self and vulnerabilities, unconditional support and mutual acceptance, although not necessarily agreement, and the open and constructive discussions of relationship problems (MacKey *et al.*, 2000; Monsour, 1992). The fault-lines that pre-existed in the couple relationships antecedent to pathological gambling were characterized by a limited range and depth of communication, over-functioning and underfunctioning stemming from an excessive focus on the self or the other, extrication from the couple system and emotional and physical abuse. In seven of the eight couples, these fault-lines had a prolonged history, yet these couples were either unaware of the faulty patterns in their relationships or they tolerated them until critical events strained the relationships to a breaking point.

*Limited range and depth of communication.* Communication among the couples before pathological gambling lacked range and depth. Not being attuned to their own needs, desires, feelings and thoughts, it was difficult for the partners to reach out to make connection with their significant other. A lack of safety and trust in the relationship prevented them from revealing their vulnerabilities. The couples were also limited by rules and patterns of communication from their family of origin. Rebuffs and the absence of acknowledgment by one spouse engendered further withdrawal in the other. Shame and a feeling of unworthiness also curtailed self-disclosures.

In the case of Mita (G) and Norm (S), Mita was raised in a family where the pattern of communication revolved around blame and shame. Her brother was the 'prince' and she the 'Cinderella' who waited on everyone. After immigrating with Norm to Canada she kept her disappointment of losing her former profession and her loneli-

ness to herself. Low in self-esteem and fearful of self-disclosure, she placed Norm's interests above her own:

Mita (G): I knew he was proud of me. It's just I didn't want to disappoint him ... his job was always priority. I said, 'I would never stand in the way of your job and your career'. And I thought it was not my place to say 'Listen, I cannot do this anymore', or 'I am really desperately lonely'. I just kept it inside and I lived my little secret life. I think it had to get out somewhere. Not in the right way but that's the way [gambling].

Norm was absorbed in himself and his career and blind to Mita's distress. He saw his mother as the stronghold in his family and he expected the same of Mita. Mita resented Norm's freedom with his business trips while she was tethered to the children. Her jealousy and resentment mounted over time with her perception of Norm's privilege, similar to her brother's. The recursive interaction pattern of this couple was Mita's shame and low sense of worth, and fear of rejection → hiding her loneliness and loss of self-esteem → Norm's oblivion and high expectations → her growing jealousy and resentment → his put-downs of her endeavours → her increasingly hidden resentment eventually leading her to seek an outlet through gambling as both rebellion and relief. A recursion was also maintained through past and present reactions in a pattern of Mita's overwork and jealousy of male privilege → her inability to voice her feelings → coupled with her expectation of not being heard or understood → and her increasing loneliness and resentment, a familiar state from her family of origin. Norm's recursive family pattern was one of high expectations, self-righteousness, looking up to an invincible mother and a form of communication that did not acknowledge feelings. Hence, both Mita and Norm repeated their family of origin patterns in their present relationship.

Andy (G) and Marilyn (S) were caught in a recursive cycle of Marilyn's complaints and Andy's attempts to change his ways of parenting → her inability to acknowledge his efforts → his return to old patterns → her punitive measures → his futility → her despair. In the end, Marilyn was worn down:

Marilyn (S): Well, we don't need to be fighting and arguing every night and every morning and always rehashing old things.... It goes in one ear and out the other and we are rehashing it all over again and ... [starts crying] ... it's continuous.

Frustrations, resentment and boredom resulted from superficial civility in some couples when what mattered was never discussed.

*Underfunctioning and over-functioning.* Underfunctioning, uninvolved and the irresponsibility of one spouse in areas of financial contributions, parenting and household chores appeared in six of the eight couples. The over-functioning partner was commonly female and was represented by the two female gamblers who had high expectations of themselves. They described their exhaustion and exasperation but had been unable to voice their predicament to their partners. The over-functioning spouse was often other-focused in contrast to the excessive self-focus of the underfunctioning partner.

As in the case of Tom (G) and Kathy (S), couples were often unaware of their patterns or the psychological dynamics underlying them:

Tom (G): My version of Saturdays for years has been me wondering what I can do to look as if I'm busy but avoiding all of the things I think Kathy wants me to do. I don't know what it is [Kathy laughs] ... I didn't want to do the things she wanted me to do.

A prolonged pattern of the over-functioning–underfunctioning imbalance was detrimental to the physical and mental health of the over-functioning partner and contributed to the onset of gambling in the two female gamblers in the study.

*Extrication from the couple relationship.* Previous marital separations before the problem gambling were reported by three couples and two couples had not been sharing the same bed for a period of time. Seven of the eight couples immersed themselves in separate activities independent of their partners to compensate for the lack of intimacy and fulfillment in their marriage. Escape and distraction with computer, television and drinking were common:

Kathy (S): But there are some old patterns emerging: watching television, disappearing in the basement and stuff and that's what you used to do.... Whenever there is something negative happening, Tom distances himself. Um, especially with the boys. He lets me handle all of that stuff.

Outside involvement at the expense of the couple relationship created resentment in the spouses. This included overworking, overspending, over-involvement with extended family and voluntarism in mutual help programmes. The women gamblers found gambling as a way of dealing with being left on their own.

*Emotional and physical abuse.* Although an elevated risk of intimate partner violence involving physical and verbal aggression and sexual

coercion was found with problem gambling, their temporal and causal link remains unclear (Afifi *et al.* 2010; Korman *et al.*, 2008). Half the couples in this study reported episodic and at times prolonged emotional and physical abuse by their partners during their marriage before the onset of gambling, precipitated by conflicts unrelated to gambling. Kathy was unaware that she had been suffering verbal and emotional abuse:

Kathy (S): I was at the brunt of his sarcasm. It was like I was in a fog and didn't realize it. I was being beaten down ... looking back, it was like abuse. Well, it was really umm hurt ... [begins to cry]. I was constantly criticized and laughed at and it was very hurtful.

Ethel reported physical abuse. Bill hit her when she confronted him about an illegal activity and pressed him to put an end to it:

Ethel (G): Bill got very angry with me and next thing I knew I was physically abused which was the first time ... he just, he lost it ... just kept on hitting and hitting [starts crying] ... it couldn't possibly be happening because I didn't deserve that, 'cos I didn't do it and I just wanted it to stop.... I had been lied to for so long. I'd been working hard.

In summary, the fault-lines in the marriage were sharply etched before the onset of the pathological gambling in all eight couples. Although the couples' patterns varied, they all revolved around the theme of disconnection with a limited range and depth of communication, hiding and secrecy, imbalance of responsibility, excessive focus on the self or the other and a lack of awareness of each other and their relationship patterns. Family of origin patterns insinuated themselves into their marriage. Devoid of intimacy, the couple sought independent gratification and diversion for their unmet emotional and social needs. Gambling became one such extramarital preoccupation. Couple distress was clearly extant in these cases before problem gambling began.

### *Circuit 2: pressure points and the onset of gambling*

Life transitions, losses and setbacks precipitated the onset and intensification of pathological gambling (see Table 2). Adolescence, marriage, initiation into parenthood and retirement were life cycle events associated with the onset of gambling, although these connections were not initially obvious to the gamblers. Concurrent setbacks involving losses, such as death of a family member, job burnout, loss of profession, demotion at work and financial troubles compounded

TABLE 2 *Life transitions and critical events with pathological gambling onset*

Gambler	Spouse	Transition/setback for gambler
Andy	Marilyn	Adolescence
Harry	Ellen	Marriage
Greg	Jean	Transition to parenthood, job loss
Shaun	Alison	Transition to parenthood, financial pressures
Mita	Norm	Transition to parenthood, immigration, loss of profession
Tom	Kathy	Job demotion
Ethel	Bill	Retirement, financial loss, burnout
Fred	Lois	Retirement

life transition stresses. Furthermore, the coping capacity of the gamblers' was insufficient to deal with their overwhelming emotions and adjustments.

Family and individual stress has been found to be greatest at transition points of the family life cycle, so it is not surprising that symptom onset often appears during this time (Carter and McGoldrick, 1989). The degree of anxiety experienced by a family system and its individuals depends on the convergence of vertical and horizontal stressors (Carter and McGoldrick, 1989). The vertical stressors of family of origin attitudes and behaviour intersect with horizontal stressors of family transitions and personal setbacks. An open and confiding relationship is a major factor in enhancing self-esteem and self-respect, thus reducing symptoms of physical and psychological impairments in the face of stressful events (Prager, 1995). The couples in this study were not equipped with this relational resource, which could have increased their resiliency through life's difficult passages.

The fault-lines identified in Circuit 1 deepened in Circuit 2 as internal and external pressures mounted. Disowned feelings, thoughts and unspoken needs were vented vicariously through gambling, as revealed in the gamblers' fantasies. Gambling became an outlet for unexpressed emotions at a time of heightened stress. Gamblers' fantasies revealed gambling as: (i) an outlet for unfulfilled yearnings – for comfort, pleasure, play, respect, self-esteem, mastery, contribution and recognition; and (ii) an outlet for unacknowledged negative thoughts and feelings towards the self and others they had not expressed directly in a safe context.

For Fred (G) and Lois (S), 'winning big' fulfilled the gambler's need for self-esteem during a vulnerable time. After his retirement Fred felt he had lost his identity. Life was 'bland' at home, with little

communication between him and Lois. Fred confessed that gambling helped him mask feelings of loneliness and emptiness.

Transition to parenthood was difficult for Shaun whose 'life changed as I knew it' with increased financial and time pressures. 'Terrified' of going home to 'chaos' and a wife with post-partum depression, he was reminded of his childhood with his depressed mother and an unpredictable alcoholic father. The casino was a safe haven where 'they call you "sir" and offer you drinks. They made it very comfortable for you over there'.

Gambling fulfilled the yearnings gamblers did not know how to satisfy. Conversely, gambling fantasies also revealed suppressed negative thoughts and emotions, such as anger and rebellion:

Tom (G): I am secret of things I am ashamed of ... I tend to know it's something the other person does not want me to do ... I did what I wanted to do ... you [Kathy] wouldn't let me.... Gambling was an escape. Using the resources the way I wanted to. Using the time the way I wanted. Using the money the way I wanted.

Thoughts of guilt often accompanied losing episodes, which gamblers saw as a punishment they deserved. In summary, the yearnings, thoughts and emotions that gamblers were unable to express found a vicarious outlet through gambling in times of distress.

Resilience has traditionally been conceived of as an innate personality trait of the individual, such as hardiness (Jacelon, 1997; Maddi, 1999), rather than being viewed relationally (Jordan, 1992, 2004; Walsh, 2003). Relational resilience involves supported vulnerability, mutual empathic involvement, relational confidence and relational awareness (Jordan, 1992). Effective family processes reduce stress and vulnerability and foster healing and growth in the face of adversity (Walsh, 2003). Resilient processes encompass family belief systems, organizational patterns and a family's ability for communication and shared problem-solving (Walsh, 2003). Such an expanded relational and communication capacity could have served gamblers and their spouses well at critical junctures.

### *Circuit 3: escalation of couple distress*

The couples presented significant distress<sup>2</sup> at the initiation of therapy when the gamblers had stopped gambling. 'Worn down' and

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<sup>2</sup> The dyadic adjustment scale (Spanier, 1976) measures relationship quality on a scale of 0–151, with higher scores indicating better adjustment to one's relationship. A significant difference was found of  $P < 0.001$  between married people with mean total scores of 114.8

'bankrupt', couples were plagued by profound hurt, deceit and betrayal. This escalation was driven by reactivated wounds from previous primary relationships and an increased imbalance in the couple dyad.

*Opening up earlier trauma wounds.* The aftermath of pathological gambling was traumatic for both parties. Its discovery and disclosure often came as a massive shock to the spouse whose reaction was devastating to the gambler. The shock waves reactivated existing psychological wounds in both partners' lives, which intensified the emotional reactivity of gambler and spouse to each other. In some cases these existing, unhealed wounds originated in an earlier marital relationship, in others from childhood trauma or from both. Three examples of reactivated trauma will be described: (i) trauma in an earlier stage of the marital relationship; (ii) trauma with a previous spouse; and (iii) childhood trauma.

Fred's gambling brought Lois back to the devastation she suffered when he was drinking 15 years previously:

Lois (S): When the gambling got going it seemed like the same thing even though he wasn't drinking at all ... and as it went on I felt more isolated ... I was mad and resentful. He became agitated and our home changed and it felt like the alcoholism and I was abandoned and alone.

Lois was unable to 'bring the nice warm feelings back' after this latest betrayal of trust: 'I can detach and withdraw and I got a little fear with the detaching. I was really withdrawing'.

With Harry's gambling, Ellen's old wounds resurfaced from a traumatizing prolonged former marriage to a man she described as 'violent, mentally deranged and psychotic'. The reverberations of this earlier relationship magnified her lack of safety during her fierce altercations with Harry. She experienced terrifying abandonment when he left the house:

Ellen (S): I can't count on this person. My trust is gone. It's very insecure for me. The rug has been pulled out from underneath my feet.... I was feeling a lot of open wounds ... I feel shell-shocked and I'm laying here wounded not knowing what to do with it. Very fragile ... we don't have deep roots. We have difficulty communicating. If I say I'm having a lot of problems now, he gets angry or leaves and I don't feel supported and I don't feel I'm entitled to my pain and hurt. I feel I'm alone in a marriage.

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( $n = 218$ ) and divorced people with mean total scores of 70.7 ( $n = 94$ ). The mean scores at entry to couple therapy for gamblers ( $M = 96.5$ ;  $SD = 15.1$ ) and spouses ( $M = 88.4$ ;  $SD = 22.97$ ) registered below the average score for married couples towards the distressed end of the scale.

Greg (G) and Jean (S)'s childhood pain was re-experienced in their conflicts. Jean's past with an irresponsible and alcoholic father was revived by Greg's gambling while Greg's past with his critical mother was reactivated by Jean's constant criticism:

Greg (G): The aftermath has been felt. It's been hell. [long pause] Just total criticism all the time.... Especially in the last year, if not longer. It's been really difficult ... it's been abusive towards me.... To the point of total abuse. Nothing I do is right. I was brought up with something like that with my mother.

Based on their reports on the Jacobs neglect, abandonment and abuse protocol (Jacobs, 2002), childhood traumatic experiences were highly represented among both gamblers and spouses (see Table 1). Couple distress and reactivity were magnified in gambling's aftermath with the reopening of earlier trauma wounds.

*Exaggerated imbalance in the couple relationship.* Pathological gambling exaggerated the imbalance in the couple relationship – morally, emotionally and financially. In some cases it reversed an existing balance of control. Because of the losses and debts incurred by the gambler, it was common for the non-gambling spouse to take control of the finances. The couple relationship became more polarized with guilt and shame on one side, and on the other side, control and hyper-vigilance:

Marilyn (S): Andy has no control over the money anymore at all. He has no bank account, no nothing.... And everything else he spends he has to get receipts for.... Then all of a sudden it is nothing again. And I resent that. I really resent that. So then ... it's a big fight.

Gamblers were devastated by the humiliation and stigma of their gambling, especially if illegal activities were involved. They also resented being controlled by their spouse:

Mita (G): I thought I was crazy and I was very, very suicidal. And he dragged me everywhere.... He was with me 24/7 ... the only thing you think is 'I just want to die' ... I tried to make up. I tried to make good. One day I had total control over everything and the next day I had nothing. I'm at his mercy. If he says to go, I go.... What am I supposed to do? I try to be quiet and do what they expect me to do, but I can't do this for the rest of my life.

Existing divisive patterns in the couple fault-lines widened in the aftermath of gambling. With unproductive communication, anger and humiliation escalated into futility and despair.

*Circuit 4: relapse*

Even when gambling had abated, the rift between the partners persisted to cause conflict and distress. As in this study, if the couples were unable to address the fallout of the pathological gambling, emotions of hurt and anger remained while communication patterns conducive to problem solving were likely unchanged. Financial and emotional concerns were the most frequently cited reasons for relapse (Hodgins and el-Guebaly, 2004). At this point, fault-lines in the relationship had widened into cataclysmic fissures. The non-gambling spouse lived with added financial burdens and was ridden with worry and anxiety:

Bill (S): I should be working two jobs to make ends meet, you know, and it's not easy. I find it hard physically and mentally and I take it out on Ethel ... a lot of it.... What worries me about the gambling is that Ethel keeps reminding me that she's not happy and says, 'I really felt like going to the casino and gambling', and that's scary.

The gambler, still vulnerable, received the brunt of the partner's sarcasm and disapproval. The tightening spiral of Bill's anxiety and Ethel's distress fed into each other and precipitated Ethel's relapse. In some instances the gambler felt under the spouse's surveillance and control. When their efforts to stop gambling went unacknowledged, they felt hopeless and resentful, thus precipitating a relapse:

Mita (G): And Norm wasn't very nice at the time ... but I took it ... I knew he was hurt. I was guilty ... I was doing so well for so long and no one acknowledged it, so I said, 'What the hell', and went back to the casino.... He treats me like he treats my 9-year-old ... and that little switch comes on in my head and then I think, 'You S.O.B. I'll get you back'.

Norm observed that 'nothing's really changed in the relationship' since Mita stopped gambling, except for the worse. Hence relapse hovers as an ominous threat unless the breach in the couple relationship is identified, addressed and healed.

**Limitations**

The findings in this study are limited by a reliance on a Caucasian Canadian sample. It should also be noted that these cases represent gambling at the severe end of the problem gambling spectrum and may differ from the profiles of less severe problem gamblers.

## Discussion

This study highlights the ways in which couple difficulties contribute to the genesis and maintenance of pathological gambling. A relational framework emphasizes relational issues as the focal point of conceptualization. Relational issues that require attention are those existing in the past and present with primary significant others. Couple dynamics and families of origin patterns interact with and perpetuate the pathological gambling system. In this framework, individual factors are germane but are seen to play out in relational processes that transcend the individual level. In turn, these relational processes have the power to impact on and reshape individuals in the system. Therefore, individual symptom formation must be understood as the manifestation of recursive disrupted relational processes that curtail relational resilience.

An in-depth qualitative study of a Chinese Canadian sample revealed similar findings of pre-existing couple fault-lines and discord before problem gambling onset, decreasing relational resilience over time post-migration, pathological gambling development around life transitions and setbacks, a history of childhood trauma among gamblers and the use of pathological gambling to assuage a dysphoric mood (Lee *et al.*, 2007a, 2007b).

Numerous studies identified loneliness, alienation and lack of social support as being associated with the severity of pathological gambling (Trevorrow and Moore, 1998; Wiebe *et al.*, 2003). Relational resilience provided through support, empathy, mutual openness and problem-solving can shore up resources and protect against symptom formation. Resilience drawn from one's primary relationships is especially critical at pressure points of increased stress during life transitions, losses and setbacks. In this study, fault-lines of communication and intimacy in the couple relationships recursively widened into fissures in the aftermath of pathological gambling. In this traumatic environment, couples' emotional turmoil and interpersonal reactivity are amplified by reopening wounds of childhood traumas and earlier couple relationship ruptures, abuses and betrayals. Therefore, an inquiry into couples' earlier relational trauma history provides an important context for understanding the intensity of couple distress.

Intergenerational patterns undergird couples' difficulties with self-worth, trust, intimacy and open communication. While it is beyond the scope of this article to explore in depth the complex recursion of intergenerational experiences in couple interpersonal

and intra-psychic functioning, this area is an important focus for delineation in clinical studies.

Reports of childhood abuse, neglect, loss and abandonment by gamblers in this investigation correspond to other studies showing a higher than average incidence of childhood traumatic experiences among pathological gamblers (Kausch *et al.*, 2006; Petry and Steinberg, 2005). The history of spouses in pathological gambling couples has been largely overlooked in the pathological gambling literature. The present study found that spouses' traumatic childhood experience, similar to that of gamblers, is also over-represented. Thus, in order to fully understand the undertow in the couples' relational dynamics, it is essential to explore the childhood traumatic histories of both partners.

This study corroborates previous findings (Afifi *et al.*, 2010; Korman *et al.*, 2008) that intimate partner violence and abuse are associated with pathological gambling. However, the interaction between the two remains unclear. The recursive escalating pattern of couple turmoil delineated in this article may shed light on the connection.

Parallel to this study, growing evidence links couple distress with the onset and co-occurrence of mental health and physical problems in adults (Snyder and Whisman, 2003; Whisman and Uebelacker, 2003). In the field of substance disorders, research has shown that baseline marital dissatisfaction is significantly associated with alcohol use disorder (Marshal, 2003; Whisman *et al.*, 2006). The causal connections between substance misuse and relationship discord have been thought to be reciprocal, with each serving as a precursor of the other, although the precise pathways are not clear (Fals-Stewart *et al.*, 2003). This study corroborates the reciprocal hypothesis and makes explicit the recursive loop connecting problematic couple relationship with pathological gambling.

It has been asked why individuals chose gambling rather than other forms of addictive behaviour as a way to cope with overwhelming personal and couple distress. In fact, pathological gambling often co-occurs with drug and alcohol abuse and compulsive sexual behaviour (Grant and Steinberg, 2005; Walker *et al.*, 2010). A high proportion of gamblers in this study exhibited previous substance abuse (see Table 1). Mental health symptoms among problem gamblers are also common (Kessler *et al.*, 2008; Rush *et al.*, 2007). Hence, the co-occurrence of mental health and other kinds of addictions should be assessed, and the question whether these are symptoms of a

common underlying problem of primary relationship ruptures invites further investigation.

This article describes a systemic relational framework that explicates how couple distress predates pathological gambling and escalates in its aftermath in four recursive circuits. Given the significant role of couple relational difficulties in the onset, maintenance and relapse of pathological gambling, the author recommends routine screening of the couple relationship in pathological gambling followed by an in-depth assessment, if indicated. A radical change in couple relationship and communication is necessary to alter the recursive predicament of relational disconnection. Couple therapy is an ideal modality for cultivating the relational resilience needed to foster sustained recovery in this population. Thus, the treatment of pathological gambling in couple therapy is a critical avenue to pursue in clinical research and practice.

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