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Towards a relational framework for pathological gambling (Part II): Congruence

Bonnie K. Lee

In an illustrative clinical case study, congruence is depicted as the fifth circuit in a relational framework to extricate gambler and spouse from pathological gambling and its after-effects. Congruence couple therapy poses interventions in four dimensions of the couple experience: (i) intrapsychic; (ii) interpersonal; (iii) intergenerational and (iv) universal-spiritual. Congruence is operationalized as awareness, attention, acknowledgment and the alignment of the four dimensions. The philosophical underpinnings of this concept-based model are laid out with clinical vignettes. The couple reported improved relationship quality with a reduction of gambling urges and maintained abstinence. The couple relationship serves as leverage for both gambler and spouse to reconnect with themselves, with each other, with their intrinsic worth and dignity and with their family of origin experiences. As such, congruence couple therapy goes beyond the level of the individual and intrapsychic to reconstruct key family relationships in both past and present, and to rebuild spiritual resources to fortify the couple’s capital for sustained recovery.

Keywords: pathological gambling; relational framework; systems recursion; couple relationship; congruence couple therapy.

Introduction

For nearly two decades clinicians and researchers have seen the wisdom in addressing couple distress with problem gamblers, yet minimal progress has been made towards working with couples conjointly (Bertrand et al., 2008; McComb et al., 2009). Current conceptualization and treatment for problem gambling has been largely individually based on the problem gambler, with interventions that seek to alter the gambler’s cognitions and behaviour (Leung and Cottler, 2009; Toneatto and Millar, 2004). There remains a lack of formulation of problem gambling aetiology, treatment and recovery.
in relational terms. When family interventions are proposed these are aimed at assisting the spouse and gambler separately (Hodgins et al., 2007; Ingle et al., 2008), or as an auxiliary to primary individual cognitive-behavioural treatment (Bertrand et al., 2008).

This article is Part II of a systemic relational framework to understand the aetiology of severe problem gambling and propose a set of systemic interventions as a remedy. It serves as a complement to the first article that addressed the first four of the five interactional circuits that contribute to problem gambling (Lee, 2012). A clinical case study illustrates that congruence as the fifth circuit extricates the couple from four recursive circuits of couple distress.

The relational framework elucidates a holistic picture of how a problematic couple relationship and severe problem gambling are intertwined (Lee, 2012). The first four circuits provided a relational formulation showing how external stressors and relationship processes contribute to problem gambling. These circuits link to relationship patterns learned in both partners’ original families. Relapse is common if little has changed fundamentally in the problem gambler’s relational life context. ‘Recovery capital’ is a term that has been used to refer to the quantity and quality of internal and external resources to the client that can be drawn upon to initiate and sustain recovery (Laudet and White, 2008; White, 2009). Chief among such capital is a viable couple relationship.

Theory and empirical grounding

Congruence couple therapy (CCT) is structured as an integrative, short-term (12–20 sessions) model of couple therapy based on five philosophical streams, namely, humanistic, existential, experiential, social constructionist and systemic (Lee, 2009). Its humanistic-existential tenets posit the human potential for growth, healing, awareness and actualization (Cain, 2002; Maslow, 1968; Rogers, 1961; Satir et al., 1991) and the unique human capacity for choice and responsibility, even in the face of suffering (Frankl, 1953; May 1953, 1981). This optimism in human potential is balanced by an acknowledgment of the tragic aspect of existence (Remen et al., 1985; Tillich, 1967). In many cases human beings have fallen short of their full potential and the fulfilment of their deepest yearnings. With the grieving of this loss can come a quest for conditions conducive to human thriving and connection. The experiential underpinnings of the model place an emphasis on working holistically,
giving attention to the bodily ‘felt sense’ (p. 11) and what transpires in the here and now (Gendlin, 1981). Social and historical contexts and values contribute to and constrain our meaning-making through prevailing discourse and symbolic expressions (Berger and Luckmann, 1967). Such social constructions, in turn, shape our understanding of events and our lives. Hence, the therapeutic context can be seized upon as one forum where meaning and self-understanding are reconstructed through new interpretations illuminated by deep knowledge, understanding and compassion. Hope, a manifestation of the human spirit, can then shine through when universal human needs and spiritual aspirations for worth, purpose and meaning are affirmed. In CCT the work of life-affirming social construction evolves through the micro-community created by the couple partners and the therapist. Changes in one part of the human system in therapy affect the larger systemic contexts of family, work and community.

The conceptualization of congruence was developed by the author (Lee, 2002a) integrating its reference in the work of Virginia Satir (Satir et al., 1991), a pioneer of family therapy, and the philosophical thought in the work of Paul Tillich (Tillich, 1967) an eminent Christian existential-philosopher-theologian of the twentieth century. Congruence was conceived in terms of three vital human dimensions: the interpersonal, the intra-psychic and spiritual-universal (Lee, 2002). These dimensions of congruence informed the development of the congruence scale (Lee, 2002b). Subsequent clinical observations of couple dynamics added a fourth intergenerational dimension to congruence (Lee, 2002c). Congruence is operationalized as ‘attending, awareness, acknowledgement and alignment’ of the four dimensions (Lee, 2009, p.50). Hence, theory and empirical findings formed an iterative interplay that led to the development of CCT (Figure 1).

Aetiology and intervention

If the four circuits systemic relationship framework articulates an empirically derived aetiology for pathological gambling, then congruence is the fifth circuit that provides a radical transformation of the couple relationship. CCT is likened to a house with four doors with its four dimensions of interventions: (i) intra-psychic; (ii) interpersonal; (iii) universal-spiritual and (iv) intergenerational. One can enter the couple system through any of the four doors that seems to be most
immediately accessible. Thus the four doors provide a map for systemic interventions (Figure 2).

Interventions in the case of Shaun and Alison are representative of the couples seen in this series of case studies. The recruitment of couples is detailed in the companion article in this issue (Lee, 2012). Although the specifics of each case are unique in their interactions, patterns of the first four circuits are common across the cases.

CCT is a principle-based therapy. While six phases are presented for CCT intervention (Lee, 2009), there is fluidity in the therapy process that honours the couple’s priorities and dynamics as the point of entry. The interventions follow the clients’ focus, not necessarily in a prescribed linear progression but in a systemic fashion. The four dimensions as a map and the five philosophical tenets as a guide lend coherence to the interventions and the therapeutic process.

Case introduction

Two paths opened for the couples after problem gambling. One path pointed towards relapse as further imbalance and rift in the couple relationship caused increasing turmoil. The second path created new patterns through awareness and acknowledgement for both the
The case of Shaun and Alison is chosen to illustrate how congruence extricates the gambler and his spouse from the recurring dynamics of the four circuits. Names and identifying details of this case have been altered to protect the couple’s anonymity. The couple was seen for 12 sessions of CCT and two follow-up sessions 1 and 4 months post-treatment. A brief phone contact was made 2 years later.

Shaun was a 34-year-old auto mechanic who came in for couple therapy at the suggestion of his wife, Alison, age 32, a nurse’s assistant in a retirement residence. Eighteen months previously, Alison was in shock when she discovered that Shaun had been fraudulently using her bank card to pay off his gambling debts. Shaun had been gambling for 5 years since the birth of their first daughter. When Alison threatened divorce, Shaun stopped gambling but had had two relapses until he enrolled in a 12-week gambling psycho-educational treatment group at an addictions agency. When he heard about the couple therapy study at his agency, Shaun decided to sign up with his wife. Although he found that he had learned a lot about himself in the group sessions, he felt that his wife had not had an opportunity ‘to get things off her chest’. At home tensions built up, quickly resulting in

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frequent flare-ups between them. They had been married for 9 years and both felt they were ‘in this life together’ when they made their vows. They indicated a shared desire to rebuild their marriage and get back ‘on the right path’ if only Shaun’s ‘transgression’ could be resolved. The couple have three children, aged 2, 4 and 5.

**Intergenerational congruence**

Couple therapy began shortly after Shaun’s father died. Shaun was grieving when they began their first session, so of the four doors, the therapist focused on Shaun’s relationship with his father, thus entering the couple system through the intergenerational door. Intergenerational relationships have been observed to impact on a current couple relationship in that they set up templates for communication, perception, meaning-making and emotional reactivity.

Shaun’s childhood was steeped in fear and insecurity. He reported having had more spankings and ‘the strap’ than he could count, but what left more of a mark on him was the verbal put-downs and abuse. His mother suffered from a few major depressive episodes which required hospitalization when he was between the age of 3 and 12 years. As a child, Shaun thought that the constant chaos in the home was related to ‘something I did wrong’ and that maybe he should try to fix it. Not being able to do so left him with a sense of overwhelming helplessness. Shaun lacked confidence and doubted his own worth and abilities throughout school and therefore never pursued higher education. His parents were separated when he was 16 years of age and he became the ‘strong one’ for his mother and looked after her.

In the first session the therapist stayed close to Shaun’s descriptions about his parents and acknowledged the underlying feelings in these relationships. At the same time she enlarged upon the client’s perspective through re-frames based on humanistic-existential values. Relationships between past and present were drawn and acknowledged and the way the intergenerational dynamics were internalized was explored. Shaun disclosed his ambivalence towards his father:

Lambda: I knew he loved us and everything, but he was inhibited. He was too afraid to show emotion, until the end—the last few months.

Therapist: So how do you think that affected you early in life?  
Shaun: I became very insecure. I actually wet the bed till I was 8 years old. That’s kind of personal ...
Shaun reminisced about the good times he had with his father in the last few years after his dad stopped drinking. He and his father shared a taste for excitement and adventure in doing last minute things together, such as packing up for a trip on the spur of the moment. At the same time Shaun had regrets over the lost years when their relationship was turbulent. Both sides of this relationship with his dad needed acknowledgement to bring out the true humanity of both Shaun and his father. The therapist asked if Shaun knew how his father grew up. Shaun came out with a poignant memory:

Shaun: The one story that sticks in my head that I heard is that he came home from school one day when he was about 13 and he found his dog had been shot in the front yard. And his dad came out on the front steps and said ‘Clean up your dog. Your dog tried to bite me and I shot it’. He just left it there and told my dad to clean it up and my dad slept in the ditch in front of the house for the next two to three nights. He wouldn’t go in and he wouldn’t talk to his dad.

Shaun spoke about his shame of his father’s raging and yelling when he was a child. Seeing his father as a human being with his own struggles and history of trauma led to Shaun’s compassion for him and ultimately for himself. The therapist also highlighted the beauty of his father’s
fun-loving and affectionate nature that was sadly tarnished by an adverse upbringing. Nonetheless, his father’s courage and resilience did shine through in the way he protected his siblings. This acknowledgment of the human spirit is a part of the spiritual dimension of congruence. The intergenerational bond runs deep. As Shaun changed his perception of his father’s legacy, he was able to find greater worth and strength in himself.

Intra-psychic and intergenerational congruence

In a later session, Shaun recognized that his urges to gamble went with ‘dark moods’ and a ‘feeling of impending doom’. The therapist helped Shaun make a connection between his dark moods and his experience of his mother’s depression and his childhood insecurity.

Therapist: It’s good to be able to name it. ‘I’m feeling a bit low now’ ... and accepting it rather than fighting it ... it’s better to tend to it.

Shaun: It doesn’t happen very often but it scares me because my mother was prone to depression. She had those spells where she just sort of walked around like a zombie ... I wanted her to be my rock, my pillar ... because my father ... I was mainly scared of my father and then I thought, ‘You know, when my mom is like this I don’t have anybody’.

The therapist supported Shaun in attending to his fear as a child and staying with it. Shaun recalled images of himself sitting in the back of the car watching his mother walk back to the hospital at the end of one of his visits:

Therapist: What would you have wanted to say to her?
Shaun: I wanted her to come home.
Therapist: ‘Come home, mom!’
Shaun: Um-hum.
Therapist: Would you like to try to say that?
Shaun: [softly and mumbling] Come home, mom ... it was ... difficult ... I don’t think about it on a day-to-day basis. When I do think about it, I get all emotional [laughs nervously] ...
Therapist: Yes, it is emotional.
Shaun: Um-hum ... it was a long time ago ... it did affect me a lot ... I guess I felt powerless and abandoned ... I just felt, ‘Why isn’t mom coming home?’
Therapist: ‘Why isn’t mom coming home?’
Shaun: I remember my brother and I bawling our eyes out.
Therapist: It must have been devastating to the little boy. There was no one there with you then?
Shaun: Dad was there, but he didn’t know what to say ... maybe he had a hard time dealing with it too.
Therapist: What would you say to the little boy if you were there? If you were the dad?
Shaun: ‘Everything will be OK. Mom will be back home soon. Mom’s going to be OK.... Don’t worry, I’m going to be here for you ... She loves you very much. I love you very much too. We’re all going to be fine.’ ... I didn’t get that, though.
Therapist: But you have that dad in you now. You know how to be a dad ... to yourself, as well as to your kids. You know how to acknowledge and comfort yourself now.
Shaun: Yes, I think so.

This episode illustrates work in the intergenerational and intrapsychic dimensions and how unresolved childhood suffering is brought to awareness and acknowledged in the present. A subtle but clear distinction is made between past and present to access and affirm the resources of the adult and parent that Shaun is today. Congruence with the past was brought about by Shaun finishing the unfinished conversations he could have had with his parents, thus acknowledging himself as a child. As Alison witnessed the depth and poignancy of Shaun’s childhood fear and abandonment, she had an opportunity to better understand Shaun’s childhood distress that are undercurrents to his dark moods and urge to gamble. This evoked her compassion and empathy.

The second session of therapy was devoted entirely to Alison’s history with her family of origin, which was not without its heart-wrenching episodes. With her disciplinarian mother who lacked an understanding of a child’s emotions and the desertion of her father when she was 9 years old, Alison tended to keep to herself. The discovery of Shaun’s fraud and gambling echoed the loss and abandonment in her early life.

**Interpersonal congruence**

Interpersonal congruence refers to an honouring of self, the other and the context (Satir et al., 1991). Prior to therapy, Shaun and Alison were restricted in the range and depth of their communication. They were uncertain about self-disclosure, and in giving expression to their thoughts and emotions. In one session, Alison said she was disgruntled that Shaun did not spend more time with the children...
and help out at home. Accustomed to hearing blame with the threat of punishment when growing up, Shaun became defensive and justified his actions:

Therapist: I wonder, when Alison expresses her feelings, do you hear what she says as blame?
Shaun: Yeah, probably. The defences go up [laughs].
Therapist: I wonder what would happen if you could choose to hear Alison differently, like she is expressing her hopes and wishes?
Shaun: [quiet and considering]
Therapist: Alison, could you say that again not as a criticism but as a request ... like, ‘I would like ...’ or ‘It would make me happy if ...’
Alison: I hope to have more family time together in walks or going to the park. It’s a bunch of little things that would be ... nice ... for the family to do ... as a family. ... And that would make me happy.
Shaun: [quiet laugh].
Therapist: You’re laughing?
Shaun: Because I know she feels uncomfortable ... talking this way.
Therapist: It’s a new way of talking, isn’t it?

In this vignette, the therapist legitimized the importance of congruence for Alison to make her wishes known without the edge of blame, while Shaun was prompted to choose to hear Alison’s desire to have more time with him, not as a criticism but as a request. The awkwardness of unfamiliar communication patterns was acknowledged by the therapist. Alison grew up with a mother who was stern and domineering and a father who was ‘laid back’. She had never seen her parents quarrel so Alison was devastated when her father packed his suitcase and walked out of the house one day and never returned. Reared in this environment, Alison seldom spoke up and when she did, it often came out with an edge that made Shaun defensive.

A new pattern of requests, hopes and wishes → response and acknowledgment → mutually agreed changes was practised and supported to replace the old cycle that had led to a dead-end. Congruence displaces the couple’s former recursive patterns of unspoken fears and hurts on both sides.

**Intra-psychic, interpersonal and spiritual congruence**

The tension and isolation at home increased Shaun’s anxiety, driving him to the casino as his escape. Transition to parenthood was difficult
for Shaun whose ‘life changed as I knew it’ with increased financial and time pressures. Soon after their first child was born, Shaun was under stress of overtime at work. ‘Terrified’ of going home to a baby demanding attention and a wife with post-partum depression, Shaun was reminded of the ‘chaos’ of his childhood with his depressed mother and volatile father:

Shaun: I remember Alison and I losing touch with each other ... I was coming home and I knew Alison was depressed. But we didn’t know how to talk to each other. I started getting frustrated because you were angry at me saying I should be home a little earlier. And you were saying I was just out and having fun. I wasn’t. I was out working!

The casino was a haven where Shaun was treated like royalty. While Shaun was never a heavy drinker because of his father’s alcoholism, gambling satisfied his love for excitement and fun. Unlike alcohol and other substance abuse where tell-tale signs are obvious, Shaun’s gambling problem was well hidden from Alison for a long time until she discovered his fraudulent use of her bank account. The discovery brought up her earlier childhood trauma of abandonment:

Alison: The thought of me losing you after the gambling was unbearable [voice became inaudible]... It went through my mind that the kids were going down the same route as ... you know ... they’re not going to have a father present, which makes a big difference. That just totally devastated me.

The lying and betrayal that went with gambling left deep hurts and resentment in the spouse, as well as guilt and shame in the gambler. Acknowledging one’s own pain and grief over loss and being acknowledged by one’s spouse were important moments in the process of healing the breach in the relationship. In one session Alison spoke with strong emotions about the first car they owned which was sold due to financial pressures from Shaun’s gambling:

Alison: There’s lots of bitter feelings towards that.

Therapist: Stay with those bitter feelings for a bit ... you miss that car?

Alison: Oh yeah! ... Because we took such good care of it and we always put money into it and we didn’t abuse it, we took our kids home in it [crying] and I’m sure it would’ve taken only a little bit to get that working properly [crying].

Therapist: Let the tears come. It’s symbolic of a number of things. You took good care of that car. It represented this first part of your life together. It was part of your family and it was reliable ... and then the loss.
Alison: Yeah, I don’t think it’s the vehicle that I’m upset about [crying].
Therapist: It’s all that it stands for ... have you always given a lot of care to that car, just as you have to the marriage and family, Alison?
Alison: [pause] ... Oh, yeah!
Therapist: And can you honour yourself for that?
Alison: I know when I look in the mirror I know that I’ve done my best, tried my best anyways to keep everything at home together.
Therapist: So you are true, loyal, reliable and caring. You were there for the kids and Shaun. Take a minute to give yourself an acknowledgment of appreciation.
Therapist: Shaun, do you have anything you want to say to Alison, your reliable vehicle?
Shaun: [Clears throat, shifts in chair] Well ... [long pause] ... I’m still having a hard time with it all [long pause] ... We’re still together here ... those were very difficult times ... I’m really sorry for all the hurt I’d caused.

The couple session provided a safe context for both partners to attend to deep feelings of hurt and grief. The therapist acknowledged their pain and their spirit while facilitating their congruent communication with each other. Witnessing Alison’s grief and pain, Shaun was moved to acknowledge the difficult times they had gone through together, to affirm the tenacity of their relationship and to attend to Alison in the hurt he had caused. This vignette illustrates how the intra-psychic, interpersonal and spiritual dimensions are brought into alignment and congruence.

Outcomes of treatment

Congruent communication

At the 2-month follow up session, Shaun and Alison reported experiencing less strain and stress at home with more open communication between them. In contrast to the anxiety Shaun used to experience when he and Alison argued, something he would ‘dwell on for hours and hours,’ he described what has changed:

Shaun: It made me feel good because I thought that was a bit of personal growth for me ... where I could just state my mind ... be a little angry, but get over it and not have to dwell on it and hide, you know? Like walk around on eggshells. I was quite pleased with that. I thought, ‘This is ... this is good’.
Alison: Shaun doesn’t let things bottle up and not talk about things now.
Shaun: I try not to assume things anymore ... Just tell me.... You were quiet, but sometimes you wouldn’t discuss it. You would say, ‘Well you should know’. Well I don’t, I don’t read minds.

The expanded range and depth of their communication included sharing their joys and sorrows, wishes and appreciation, concerns and worries and requests for help and comfort from each other. Shaun found solace with Alison in mourning his father’s death. He was able to cry and be held by her, ‘It felt good when I cried ... I didn’t feel any inhibition. I just cried on her shoulder’.

**Increased awareness of self and other**

Shaun had been able to link his feeling overwhelmed and depressed to family of origin experiences of fear and abandonment. He realized that gambling was an escape from overwhelming emotions that he could now better acknowledge and communicate. Alison learnt about Shaun’s past and what led to his gambling. Hence she could empathize with him and be less judgmental. Shaun was able to see the hurt he caused Alison. He now understood her fear of loss and abandonment and became more sensitive to her needs. As both partners became more congruent through connections within themselves and with each other, and became more aware of the influences from their family of origin experiences, tensions in their relationship diminished.

**Reduced gambling urges and activities**

Regarding his gambling urges, Shaun said, ‘Usually now they just come up as thoughts and it’s just for a fraction of a second and ... it just goes away’. He reported feeling happy and content at the 4-month follow-up interview:

Shaun: I think I’ve changed my idea of fun. I come home and the kids just ... it makes me happy ... before when I was gambling, I looked at them and I just saw work, a lot of work.
Alison: And now they’re a lot of fun.
Therapist: The perception reflects your internal change, doesn’t it? It comes from the inside.

A follow-up phone call with the couple 2 years post-treatment confirmed that Shaun’s abstinence had been maintained and the family
was doing well. Shaun admitted that although gambling urges did come up, associated with stresses at work, they did not present with the same urgency. He had found a new sense of home: ‘I like to go home now’, said Shaun, ‘I’m really living’.

Discussion

Specific pathways of how relationship breakdowns, trauma and intergenerational patterns impact upon addiction and its recovery are overdue for empirical studies (White and Chaney, 2008). To make an inroad into this area of investigation, a relational framework helps explicate the recursive pathways in which couple dynamics and family of origin patterns contribute to the development and maintenance of severe problem gambling (Lee, 2012). As a corollary, the case study in this article reveals how congruence is a key concept for intervention to reconstruct the relationship between gambler and spouse, to help them heal their family of origin relational experiences and to rebuild the dignity and worth of both partners.

Recent literature urges a broader ecological focus to consider how families, kinship and social networks can inhibit and promote the long-term resolution of drug and alcohol problems (White, 2007). A relational framework for problem gambling accords with the recognition that recovery from addiction is tenuous if it is no more than abstinence in an otherwise unchanged life (Laudet and White, 2008). Sustained recovery calls for the reconciliation and reconstruction of one’s key relationships, an appreciation of one’s character and worth and the hopeful story one tells about one’s identity and history (Lee, 2009; White, 2009). Congruence, as the fifth circuit in a relational framework for severe problem gambling, opens up a new pathway for gambler and spouse to rebuild interpersonal, intrapsychic, intergenerational and spiritual resources, with promising results (Lee, 2002c; Lee and Rovers, 2008). The longer term sustained effects of CCT in fortifying personal and relational resilience in problem gambling and other addictions invite continuing research.

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