

**FINAL REPORT  
ON A QUALITATIVE AND QUANTITATIVE STUDY**

**Well-being by Choice not by Chance:  
An Integrative, System - based Couple Treatment Model  
for Problem Gambling**

**Submitted for the  
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**Note: Appendices with the case studies are not published with this report on the Ontario Problem Gambling Research Centre website. Please contact the Principal Investigator for more information.**

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## **ABSTRACT**

This report presents the first qualitative and quantitative findings from the postdoctoral research project on the application of a humanistic, integrative, system-based Congruence Couples Therapy for problem gambling. Qualitative results reveal a history and pattern of disconnection in the intergenerational, intrapsychic and interpersonal functioning of the subjects. This pattern of disconnection severely limits access to intrapsychic and interpersonal resources for the gambler's coping during times of life transition associated with significantly increased stress. Major life transitions and critical events combined with the increased accessibility of gambling opportunities were significant factors identified to contribute to the onset of gambling. Fantasies and cognitions that motivated gambling bore relationships with disconnected feelings, thoughts, beliefs, and expectations as well as unfulfilled yearnings in the gambling subjects. Couples reported significant improvement on measures of well-being and life satisfaction, couple relationship, and congruence at three points: immediately following treatment, and 1-month and 4-month post-treatment. Gambling subjects reported reduced frequency and intensity of gambling urges and maintained their abstinence four months after treatment. A systemic hypothesis for the etiology of problem gambling and its corollary in treatment proposed. Implications of these findings are discussed.

## INTRODUCTION

### **Couple Therapy as an Underdeveloped Approach in Problem Gambling and Addictions Treatment**

Although the existence of marital distress has been noted by numerous authors in the problem gambling field (Boyd & Bolen 1970; Ciarrocchi and Hohmann, 1989; Griffiths & MacDonald, 1999; Lorenz, 1987; Lorenz & Yaffee, 1986, 1988, 1989; McCown & Chamberlain, 2000; Steinberg, 1993; Wildman, 1989), the predominant model of conceptualization and treatment in problem gambling remains individual rather than couple focussed. Marital discord has been described as both the cause and the result of problem gambling (Boyd & Bolen 1970; McCown & Chamberlain, 2000; Lorenz 1987). Family conflicts were found to be the most frequent reason for a compulsive gambler's relapse (Lorenz, 1989). The devastating and often traumatic impact of problem gambling on the couple and family is difficult to overlook (Heineman, 1994; Lorenz, 1987). Despite the evidence pointing to the importance of treating the couple unit, only a few anecdotal reports using couple-based conjoint therapy for problem gambling are reported in the literature (McGown & Chamberlain, 2000; Wildman, 1989; Steinberg, 1993). In the treatment of alcohol and chemical addictions, systemic and couple approaches have slowly begun to appear in the literature in recent years (Crnkovic & DelCampo, 1998; Edwards & Steinglass, 1995; Trepper, McCollum, Dankoski, Davis, & LaFazia, 2000).

Although only one partner may appear to be the presenting problem, couples are frequently found to be matched in their levels of personal integration and differentiation of self (Bowen, 1978; Day et. al., 1997; Steinberg, 1993). Spouses of gamblers were described to suffer from severe emotional difficulties (Boyd & Bolen, 1970), to display low self-esteem, dependency, passivity, limited coping skills, controlling and perfectionistic characteristics and other symptoms (Lorenz, 1987; Lorenz & Yaffee, 1988). Yet, few programs bring gambler and their spouse together in conjoint treatment. The reasons cited for the neglect of marital therapy is the lack of marriage and family systems training of problem gambling counselors (McCown & Chamberlain, 2000; Steinberg, 1993) and the modelling of most treatment programs after the self-help programs of GA and GamAnon which operate on an individual model separating the gamblers and spouses into distinct groups (McCown & Chamberlain, 2000; Wildman, 1989).

## **Theory Development in Problem Gambling and Addictions**

Currently, a theory of gambling that links various predisposing factors into a coherent systemic framework has not yet been developed. There is a lack of overarching explanatory theories for problem gambling apart from Jacobs' General Theory of Addictions (Jacobs, 1987) which identifies three significant factors associated with addictions: (1) a physiological state of hypo- or hyper-arousal; (2) the ongoing experience of psychological pain related to a history of childhood trauma, neglect, and abuse (Jacobs, 2001; 2002); and (3) a dissociative state in relation to problem gambling and other addictions (Jacobs, 1988a; 1988b; 2001; 2002). Jacobs views addictions as a form of self-treatment for the amelioration of the distress experienced intrapsychically within the addicted individual. Ladouceur's demonstrated effective cognitive-behavioural approach supplies an explanation for problem gambling in terms of cognitions limited to the behaviour of gambling, but does not address the underlying sources of distress that gives rise to it (Sylvain, Ladouceur, & Boisvert, 1997). What is still lacking in the field is a theory that weaves together multiple variables including intrapsychic, interpersonal, spiritual, family of origin to understand the complex systemics of problem gambling specifically, and addictions in general.

## **Efficacy and Outcome Studies**

Efficacy and outcome studies in problem gambling treatments are loaded on behavioural, cognitive, and combined cognitive-behavioural methods (Lopez Viets & Miller, 1997, Wildman, 1998). Psychodynamic, pharmacotherapeutic, 12-step and multimodal approaches suffer from research-design problems, although they purport to have encouraging results (Lopez Viets & Miller, 1997). Currently, apart from anecdotal reports (Steinberg, 1993), no empirical research studies have been found in the literature on the efficacy and outcome of marital and family therapy as treatment models for problem gambling.

In order for outcome studies of specific treatment approaches to be meaningful, the model of study needs to have a conceptual framework underlying its clinical interventions (Alexander, Holtzworth-Munroe, and Jameson, 1994). Furthermore, the specific interventions need to be described with sufficient detail and clinical meaningfulness so that other clinicians can attempt to replicate them (Alexander et al., 1994). The theoretical framework and specific

procedures of treatment are not always made explicit in outcome reports on gambling treatment. Clearly, efficacy studies of treatment models and approaches for problem gambling need greater specificity and empirical grounding.

### **Combined Qualitative-Quantitative Design**

Empirical studies in problem gambling have been predominantly quantitative and outcome-oriented (Wildman, 1998). Attention is placed more on the results of treatment rather than on the themes, meaning, patterns and process of treatment. Qualitative research using in-depth interviews and thematic analysis is particularly conducive to generating themes and narratives for hypothesis and theory-building. Currently, qualitative research of treatment is markedly absent in the problem gambling field.

The use of a multi-method approach to research has not yet appeared in the gambling literature. However, an increasing number of researchers are finding promise in an approach that goes beyond the traditional quantitative/qualitative divide to bring together the best of both worlds. A multi-method research approach combining quantitative and qualitative methods offers the advantages of comprehensiveness that comes from the complementarity of perspectives (Greene, Caracello, & Graham, 1989). It refines the validity of interpretation through access to different facets of a phenomenon and different layers of information (Creswell, 1994). The term “triangulation” (Denzin, 1978) refers to research that uses a combination of methods for the study of the same phenomenon. Greater clarity and validity can be derived from data collected from different sources and with different methods. One set of data can converge, contradict and compensate for another, leading to more refined interpretations (Jick, 1979). Quantitative and qualitative approaches as complementary methods offer a breadth and depth of information and interpretations neither can achieve alone in addictions research (Power, 1996).

### **CONGRUENCE COUPLES THERAPY**

Congruence Couples Therapy developed by the principal investigator for this research is derived from the work of master family therapist Virginia Satir (1916-1988). Satir’s pioneering influence and contribution to family therapy is well recognized (Becvar & Becvar, 1996; Goldenberg & Goldenberg, 1996; Nichols & Schwartz, 1998). In recent years, increased

systematization and written documentation of Satir's approach and therapeutic vehicles have led to more widespread knowledge of her work and its formulation and application (Chan, 1996; Cheung, 1997; Lee, 2001; 2002a; 2002b; Loeschen, 1998; McLendon, 1999; Satir, Banmen, Gomori, & Gerber, 1991; Winter, 1993). The communication aspect of Satir's model has been reported to have been effective in chemical dependency treatment (Englander-Golden & Golden, 1996).

Satir's system has been further conceptualized by the principal investigator as an integrative, multidimensional model centred on the core construct of congruence (Lee, 2001; 2002a; 2002b). Congruence is defined as alignment, communication and flow between different parts of a system. A Congruence Scale was developed by the principal investigator (Lee, 2002b) based on three dimensions: (1) the interpersonal dimension which maps out the communication stances (blaming, placating, super-reasonable, irrelevant) that characterize a couple's interactive cycle; (2) the intrapsychic dimension which includes feelings, feeling about feelings, internalized family rules, perceptions, meanings, expectations and beliefs; and (3) the universal-spiritual dimension which validates universal human yearnings for self-worth, belonging, connection, and a dynamic, vital and creative source of a person's selfhood. These dimensions and variables are interrelated and reciprocally interactive in a systems framework.

In the proposed Congruence Couples Therapy for problem gambling treatment, a fourth intergenerational dimension is incorporated with the conceptual three dimensions to form an articulated therapeutic system structured for working with problem gambling within a couple context. Building of personal, relational and spiritual capacities are simultaneously addressed when change is effected in any one of the elements in the each of the four dimensions.

Congruence Couples Therapy has a clear theoretical base as well as interventions that can be described in sufficient detail to be clinically meaningful. It aims to effect multidimensional "second-level" deep structural change beyond a shift in behaviour. Problems commonly identified among problem gamblers and their spouses, such as family of origin issues, affective issues including anxiety, helplessness and hopelessness, lack of communication, and coping skills (Henry, 1996; McCormick, 1994; Steinberg, 1993) fall within the purview of what this integrative, multidimensional therapeutic model aims to address. The specificity of a well-defined therapeutic approach allows it to be taught to counsellors and it to be replicated for

treatment research. Research and development of a manualized approach will be an important contribution to couple therapy and couple counsellors' training in the treatment of problem gambling.

### **PURPOSE OF THE RESEARCH STUDY**

The following research questions guided this research study:

1. What are the presenting interpersonal and intrapsychic thematic patterns that characterize the partners in a couple relationship in which one partner is identified with problem gambling?
2. What are the changes the couple undergo interpersonally and intrapsychically in the course of the couple therapy?
3. Is Congruence Couples Therapy effective with problem gambling? How can its effects and outcome be characterized qualitatively and quantitatively?

### **COMBINED QUALITATIVE AND QUANTITATIVE METHOD**

The study adopts a multi-method approach that combines both quantitative and qualitative methods. The model is a primary-secondary combined design with the qualitative analysis as primary, and the quantitative analysis as a secondary source of data to give validation to the qualitative data, but which will be taken tentatively on its own because of the small sample size. The couple therapeutic context is used as an extended interview tool for the in-depth exploration of interrelated factors and themes in the history of each partner, their internal experience, their relationship with each other, and the factors that contributed to, and resulted from, the problem gambling. The qualitative analyses delineate themes and interrelated patterns of the couple's experience in relation to the problem gambling.

### **Research Participants**

A recruitment letter with a brief description of the nature and purpose of the research project was distributed to members of two aftercare groups at a community addictions service agency. The criteria for acceptance into the study were: (1) one partner be diagnosed with pathological gambling based on DSM-IV (APA, 1994) criteria; (2) the gambler must have

completed the 12-week Cognitive Restructuring group run by the agency; (3) the gambler is in abstinence from gambling at the time of participation in the research program; and (4) the absence of any major psychiatric disorder based on the subjects' reported mental health history. Interested couples applied in writing to take part in the project that was free of charge to them. Each couple was seen for a screening interview with an explanation of the research project. Selected couples signed a research consent form for the project. The screening interview constituted the first of their treatment sessions.

The quota for this study was eight couples. Eight couples applied and were all accepted into the research project. The gambling subjects consisted of six males and two females. The two female gambling subjects reported a concurrent diagnosis of depression and anxiety. Eighty-eight percent (88%) of gamblers and 33% of their spouses reported having addictions other than gambling. Seventy-five percent (75%) of gamblers and 63% of spouses reported addictions in family of origin members. Three female spouses reported previous or current diagnosis of depression.

Mean age of the subjects was 44 years. Mean age of onset of gambling was 36 years. Thirty percent (30%) of the subjects had been married previously. Eighty percent (80%) of the subjects completed some college. All subjects are Caucasian and all except one were born in Canada. Eighty percent (80%) of the subjects reported a Christian upbringing. Fifty percent (50%) considered themselves Christian in their current practice and 50% declared themselves to be agnostics, atheists, or spiritual.

The mean length of marriage was 19 years (range: 3 - 47 years). There was an average of two children per family (range: 2 - 4).

Mean family income was \$58,000 (Canadian) per year. Average number of years of gambling was three. Average amount of money lost in gambling was \$40,000.

Four couples had received previous couple therapy. The gambling subjects had attended an average of 25 sessions of group program for gambling and 2.5 sessions of individual counselling related to the gambling problem. Spouses of gamblers had attended an average of two group sessions and 2.5 sessions of individual counselling. At the time of this couple therapy, five gambling subjects and one spouse were attending group sessions related to gambling.

All the gambling partners had abstained from gambling at the time of their participation

in the couple therapy. The length of abstinence ranged from 0-2 years.

### **Therapist**

The couple therapy sessions were conducted by the Principal Researcher with a doctoral degree who is a marriage and family therapist with Clinical Membership with the American and Ontario Association for Marriage and Family Therapy. She has had advanced training in the Satir Model of family therapy.

## **QUALITATIVE METHOD**

For this project, the qualitative method constitutes the primary means of data gathering. The following sections describe the qualitative procedures, the qualitative analysis, and the qualitative results obtained. A qualitative summary is provided at the end of this section.

### **Qualitative Procedures**

All couple sessions were audio and videotaped. Focus questions in four areas guided the therapeutic exploration: (1) Desired outcomes; (2) Family of origin history; (3) Childhood trauma; (4) Comorbidity; (5) Onset of gambling (precipitating event, triggers, fantasies and wishes); (6) Marital relationship (pre- and post-gambling); and (7) Intrapsychic functioning. Interventions were based on the tasks for the three phases of Congruence Couples Therapy. All eight couples completed the stipulated 12-week couple therapy. Selected videotapes of sessions were viewed and analyzed for the case studies by the Principal Researcher and a research assistant. Case studies were written up on all the couples who were asked to give feedback to the Principal Researcher on accuracy and protection of their identities for release and publication. Congruence Couples Therapy followed three phases:

#### ***Beginning Phase.***

*Session 1:* Make contact with the clients by validating, fostering hope, affirming resources, motivating, normalizing, appreciating, clarifying, empathizing, reframing, and setting goals. Begin assessment.

*Session 2:* Observe and delineate couple's process in session and explore intrapsychic and

interpersonal process.

*Session 3:* Explore marital and family of origin history and patterns to shed light on current interaction and experience. Explore factors leading up to gambling.

***Middle Phase.***

*Sessions 4 - 10:*

- Describe and bring to the couple's awareness patterns of communication and intrapsychic experiences.
- Link present interpersonal and intrapsychic patterns to family of origin learning.
- Invite involvement and ownership of personal experience. Access intrapsychic factors underlying behaviour and communication.
- Identify and challenge dysfunctional patterns of communication, behaviours, perceptions, interpretations, beliefs and expectations.
- Facilitate experiencing and connection with one's own pain and suffering with compassionate acceptance and validation.
- Promote validation and acceptance of one's needs and yearnings.
- Promote acceptance of the other partner's experience.
- Facilitate congruent communication that is in line with the inner experience of each partner.
- Expand couple's range and depth in communication to show appreciation, ask questions, make observations, complain with recommendations, and express hopes and wishes.
- Use visualization and meditation for self-affirmation and validation.

***End Phase.***

*Sessions 11 & 12:* Consolidate gains through circular questioning for corroboration, describe intrapsychic and interpersonal processes underlying changes, acknowledge resources brought to effect change, assess impact of changes on gambling urges and activities, celebrate progress, encourage mutual appreciation for difference partner makes, identify any concerns and residual issues that need to be addressed, make appropriate referrals and plans.

## Qualitative Analysis

Case notes written by the researcher following each of the 12 sessions for the couple were reviewed. Videotapes of selected sessions were viewed by the researcher and a research assistant. Videotapes selected for viewing were based on case notes indicating salient change moments. Written transcripts were made of beginning sessions 1, 2 and end sessions 11, 12 and an illustrative middle session for all the couples. The researcher gained a sense of the whole of a case based on data from the case notes, videotapes of the sessions, and verbatim transcripts. Descriptive data within a psychological perspective were collected for eight case studies (see Appendix) based on the framework: (1) presenting problem; (2) family of origin of gambler and spouse; (3) onset of gambling: stressors and fantasies/wishes; (4) communication and marital interaction; (5) therapeutic interventions and changes; and (6) outcome of treatment. One of the eight case studies could not be released because the couple studied did not give signed consent upon reviewing the case study. Data from all the categories from the eight case studies were analyzed for central themes on the basis of their similarities. Core themes were extracted by searching for commonalities in central themes. A narrative summary which serves as a theoretical hypothesis for gambling was constructed based on the core themes.

## Qualitative Results

Using the framework for the case studies, central themes and core themes were extracted and delineated as follows:

### ***Motivation for Engaging in Couple Therapy***

#### *Central Themes:*

Yearnings for intimacy and connection. All couples indicated that they chose to participate in the couple therapy research because of their desire to reconnect with each other, to communicate better, and to heal from their hurts. They might have been uncertain about whether they would succeed, but their yearnings for intimacy and reconnection with each other were their chief motivation for engaging in the couple therapy.

Altruism. Another motivating factor cited by 40% of the subjects in taking part in the couple therapy research was the desire to help others with gambling problems.

*Core Theme:*

Motivation for couples' engagement in therapy can be characterized by the core theme of yearning for connection in the seeking healing for self and relationship with spouse. The desire to help others can be described as a yearning for connection with the larger human community.

***Couples at the Beginning of Therapy***

*Central Themes:*

Exhaustion: Couples expressed a state of feeling “worn down”, “bankrupt” and depleted of resources when they presented for couple therapy.

Critical juncture: Enrolling in couple therapy represented a “last chance” to save their marriage. The timing of the couple therapy represented a “make it or break it” stage. A few wanted to gain clarification as to whether they wanted to continue in the marriage or not.

Deep hurt: A depth of hurt was expressed due to prolonged and repeated disappointment, unresolved wounds, breach of trust, betrayal, loss of security, disrespect, and feeling abused emotionally and physically.

Breakdown in communication: Couples reported strain and tension, lack of trust, lack of respect, mutual ridicule, attack, sarcasm, and alienation from each other.

*Core Themes:*

Depletion of resources and disconnection from self and partner characterize the state of the couples at their presentation for therapy.

***Family of Origin of Gamblers and Spouses***

*Central Themes:*

Physical, emotional, and sexual abuse, neglect, loss and abandonment. Descriptive data corresponded with quantitative results on the J-NAP (Table 3) showing that 75% of gamblers and 62.5% of spouses had suffered at least one of the following: physical, emotional, or sexual abuse, neglect, or loss and abandonment before the age of 18. Abuse was either one-time or repeated occurrence. In some cases, physical violence and verbal abuse were witnessed by the subjects in their family. Neglect included lack of guidance, structure, consistency, and

provisions. Loss and abandonment included a parent taken away for hospitalization because of depression, divorce, walk-out by a parent, witnessing the accidental, traumatic death or the slow deteriorating death of a parent.

Disconnection with abuse and trauma. Many of these traumatic childhood incidences were rationalized, minimized, suppressed, dissociated, and not discussed until the time of this couple therapy, in some cases for as long as 50-60 years since the occurrence.

Parental addictions. Seventy-five (75%) of gamblers and 68% of spouses reported addictions in their parents.

Lack of emotional and moral support. If one parent was abusive or died, the other parent often was not available for protection and support, due to grief, depression, or being over-burdened with responsibilities. This meant the loss of both parents on whom the child depended on for understanding, protection, and practical, emotional, and moral support. Lack of support, acknowledgment, understanding and guidance was a central theme among gamblers and their spouses. Fear, insecurity, and low self-worth were common. Only two out of eight spouses, and none of the gamblers, reported a “normal” or “happy” childhood where there was a measure of stability and security without an occurrence of a traumatic event.

Strictness, perfectionism, and unreasonably high expectations. Implicit or explicit demands for good behaviour and achievement, unreasonably hard labour, not being allowed to play and have fun, and an expectation to look after one’s parents or siblings were reported by 60% of gamblers and their spouses.

Lack of communication. A lack of communication and understanding from one’s parents resulted in emotional isolation and loneliness felt at an early age was reported by many of the gamblers and their spouses. In many cases during times of distress, no comfort was available. Language and communication that allowed for breadth and depth of sharing was not available or modelled in the family of origin.

Lack of expression of affect. Feelings were not shown or expressed in the families. Anger was not allowed expression.

Lack of acknowledgment. Self-esteem, the ability to value oneself and to trust in one’s resources, was low, since praise and acknowledgment were rare. Fear of punishment was common, leading to practices of lying and concealing.

Family instability and upheaval. Due to frequent moves, placement in foster homes, divorce, addictions, loss and abandonment, neglect, abuse, and unpredictable parental behaviours, a majority of the gamblers and their spouses experienced a lack of stability and upheaval in their early life.

Resentment, hurt, loneliness, fear, and low self-esteem. A store of unprocessed and unexpressed emotions with concomitant perceptions, beliefs, and expectations, as well as a sense of low self-esteem were found in the subjects of this study.

*Core Theme:*

A core theme of disconnection from significant others and self characterized the family of origin experiences in the majority of gamblers and their spouses.

### ***Factors Related to the Onset of Gambling***

*Central Themes:*

Stress of transitions. Stresses related to life-span and family life cycle developmental changes and life transitions were identified as coinciding with the onset of gambling in seven of the eight cases. These transitional stressors were: burnout and changes in financial situation; job loss; job demotion; change of career; committing to a couple relationship; immigration; birth of the first child; and retirement.

Breakdown and/or lack of communication with spouse. Inability of the couples to communicate with each other to alleviate the stresses they were experiencing was reported by all couples. This led to a sense of isolation and distress felt acutely by the gambler around the onset of gambling.

Availability and accessibility of gambling facilities. The establishment of a local casino was a factor that led four out of the eight couples into gambling.

*Core Theme:*

Onset of gambling is associated with acute stressors at life transition points which placed an extra load on coping and accessibility of internal and interpersonal resources. The core themes of inaccessibility to or disconnection from inner and interpersonal resources, and the availability and accessibility of gambling facilities contributed to the onset of gambling.

## ***Fantasies and Wishes around Gambling***

### *Central Themes:*

Rebellion and anger. Angry and rebellious thoughts were reported by gamblers who saw gambling as a way to assert themselves and stand up to the people they rebelled against.

Escape from overwhelming pressures. Gambling represented the only form of escape from the pressures in life for which the gamblers had no alternate coping strategies. Gamblers reported being overwhelmed by the pressures of reality and the gambling environment provided an alternate world that gave momentary relief, pleasure, and soothing. They entertained the wish that winning could put them on “easy street” and give them a way out of all their troubles and worries. Gambling was seen as an escape, a safe haven, a euphoric outlet.

Play, fun, and enchantment. For gamblers who were not allowed to play and on whom excessive demands of responsibilities were made, gambling represented pleasure, fun, and play-time. Gambling was an opportunity to indulge in what gives pleasure, especially when gamblers were feeling distressed, sad, or depressed. The casino was a place of enchantment with its greenery, bright lights, ringing bells, service, and well-dressed attendants.

Boost to self-worth. Gamblers wanted to win big to get recognition of their worth. At the casino, gamblers felt they were treated with respect. One wanted to show that he could be a good provider. Another said he had “bigshotitis” and gambling helped him prove to those who had put him down that he could be “big.” He felt self-important at the casino where “the customer is always right.”

Undeserving and guilty. Losing represented a wish to make amends because the gamblers felt undeserving of good things or guilty about getting something for nothing.

### *Core Themes:*

The central themes point to gambling as: (1) an outlet for unfulfilled yearnings for comforting, pleasure, play, respect, self-esteem, mastery, contribution and recognition; and (2) an outlet for unacknowledged thoughts and feelings, which were often negative towards self and others that had not been expressed directly in a safe context.

## ***Marital Interaction and Communication***

### *Central Themes:*

Negative or unproductive cycle of communication. Communication between the couples was characterized by blaming, sarcasm, dismissal, criticism, verbal attacks, disapproval, avoidance, super-reasonableness, and placating. These categories correspond to a lack of congruence, or connection with, and acknowledgment of self and other. The patterns that emerged from clinical observations and the couples' reports correspond to Satir's categories of blaming, placating, super-reasonableness, and irrelevance and avoidance. Couples reported either having avoided conflict for years in their marriage until the gambling brought issues out into the open or they reported recurring negative cycles of blaming, placating, avoidance, and withdrawal. Seldom were the couples able to go beyond these incongruent patterns to respectfully represent themselves, and to acknowledge the other so as to resolve their issues. Congruent communication to express one's true feelings and vulnerability was pre-empted by blame, attacks, and withdrawal.

Limited range and depth of communication. Couples were not able to share with each other their deeper thoughts, feelings, expectations, hopes, wishes, and yearnings. Communication was limited in range and depth and terminated prematurely before issues could be resolved.

Under-functioning and over-functioning. A pattern of under-functioning, uninvolved or irresponsibility of the gambler in terms of financial contributions, parenting, and household chores was noted in six out of the eight couples. In all cases, the over-functioning partner was the female partner, even in the cases of the gambler. The over-functioning spouses evidenced exhaustion, exasperation, resentment, and in some cases burnout.

Separate activities. Seven of the eight couples engaged in separate activities independent of their partners, such as volunteer work, going out with friends and buddies, extramarital affair, overworking, overspending, drinking, and gambling.

Verbal, emotional, or physical abuse. Fifty percent of the couples reported verbal, emotional, or physical abuse some time during their marriage.

Deception and secrecy. All gamblers were secretive about their gambling activities and were deceptive about their losses. A few cases involved theft and fraud.

Repetition of themes of childhood trauma. Themes related to childhood suffering played out in

the marriage were fear of rejection, feelings of abandonment, being good to gain approval and acknowledgment, resentment in not getting credit for contributions, lack of intimacy and communication, loneliness and isolation, anger and resentment, deception and betrayal, feeling shell-shocked and overwhelmed, not being heard, being discounted, being blamed, and lacking support and feeling abandoned.

Breach of trust. In all cases, the betrayal, deception, and loss associated with the gambling incurred a deep wound in the spouses. Feelings of anger, resentment, and bitterness were expressed. Insecurity, defensiveness, reduced receptivity were evidenced in the sessions.

Shame, guilt, and remorse. In differing degrees, shame, guilt, and remorse were experienced by the gamblers. However, these feelings were defended against or denied because of blame by the spouse, or because of a lack of connection with their own feelings which prevented them from empathizing with the hurt they had caused their spouses.

Lack of awareness of self and other. There is a lack of awareness of the other partner's feelings and experience, as well as the impact of one's words and actions on the other. Correspondingly, there is a lack of clarity, awareness, and connection with one's inner experience.

Seeking support and affirmation from one's Higher Power or spiritual dimension. Approximately half of the gamblers and spouses appealed to their connection with a Higher Power or a spiritual dimension to gain resources and affirmation of self.

Complications and enmeshment with extended family. Over-involvement with children, and with extended or step families added stress and tension to the couple relationship. This reflected a lack of clear boundaries for the couple unit and reflected unresolved issues with family members or enmeshment with children.

Yearnings for worth, validation, respect, reconnection with spouse, healing of woundedness.

These common themes reflect the yearnings expressed by all the subjects in terms of what they sought for themselves and hoped to get from the couple therapy sessions.

*Core Themes:*

The core themes of disconnection and yearning for connection in relation to self, marital partner, and a spiritual dimension were extracted from the central themes.

## ***Therapeutic Interventions and Changes in Therapy***

### *Central Themes:*

#### Developing and expanding congruent communication

1. delineating couples' existing patterns of communication
2. interrupting negative communication cycle
3. shifting the couple's way of communicating to congruence
4. expanding the range and depth of the couples' communication by modelling and prompting

Building self-worth. This was achieved through self-affirming meditations, encouraging messages of self-appreciation, self-acceptance and appreciation, forgiveness of self, changing beliefs about self, and understanding the roots of one's behaviours in light of unfulfilled human needs and yearnings.

Developing awareness. By pointing out the couples' interpersonal and intrapsychic patterns and dynamics, the couples began to develop greater self awareness and were able to self-monitor their own behaviours to interrupt old, destructive cycles.

Connecting with and healing the pain of one's past. In a safe therapeutic context, gamblers and their spouses were supported in their exploration of the impact of past abuse and trauma on their intrapsychic functioning, including feelings, feelings about feelings, perceptions, beliefs, expectations, and unfulfilled yearnings. This led to greater self-compassion and connection with self.

Linking past learning to present functioning. On an ongoing basis the influence of each partner's past was brought to light in present interactions. Inner dynamics of feelings, thoughts, beliefs, expectations, and unfulfilled yearnings were explored and articulated in a context of safety in the presence of one's spouse. This led to reconnection, understanding, and experiential resolution of the pain and limitations of each person's past and a deeper understanding and empathy for each other. New choices for awareness, self-acknowledgment, and communication could be exercised to create a different kind of present and future for the gamblers and their spouses.

Healing the breach in the couple relationship by forgiving self and partner. The therapist creates a safe place for deep feelings of hurt and mourning to be expressed. Gambling had invariably brought harm to the gambler and spouse. Healing the breach of trust and the harm from the

gambling involves a number of steps. These steps typically are:

1. The spouse expresses the hurt and harm caused by the gambler;
2. The gambler becomes a more “feeling” and self-connected person, thus becoming more empathic for the spouse’s hurt;
3. The therapist frames the gambling in a way that goes beyond blame since the couple did the best they could at the time with their resources;
4. The therapist helps the couple see how both parties contributed to the state of affairs that led up to the gambling;
5. The couple develops an understanding of the internal and interpersonal dynamics that stems from their family of origin;
6. Each partner acknowledges to oneself and to one’s spouse verbally his/her contribution to the gambling problem;
7. Each partner acknowledges one’s present resources that could contribute to a different outcome for oneself and the marital relationship.

*Core Theme:*

Therapeutic interventions were aimed at reconnecting the couples with their experience of themselves intrapsychically and to reconnect with each other through congruent communication.

***Outcome of Treatment***

Noticing and awareness. Couples developed a way of stepping back and watching themselves as they interact with each other rather than being caught up in a repeating negative cycle of interaction.

Increased depth and range in congruent communication. Couples reported talking more to each other about issues previously difficult to broach. Each partner was able to assert himself/herself and what he/she thinks, feels, and wishes for in communication. They could carry on conversations to greater length and depth before reaching an impasse. They felt more connected and intimate with each other. There was a reduction in criticism, disapproval, and verbal attacks. A change in communication also produced changes in the partner’s connection with their own inner experience as each partner felt safe and heard in the communication.

Owning and being responsible for one's inner experience. Each partner became more aware of his or her own pain, fear, needs, and yearnings. Each person assumed greater responsibility for his or her own intrapsychic experience instead of blaming or attacking the other partner, e.g. "I have a lot of pain that I've only scratched the surface of getting in touch with...I know I have a lot of pain I blame him for."

Increased self-esteem. Each partner was better able to accept and affirm himself/herself and risk speaking congruently about self with others.

Clearer boundaries between couple unit and extended family. As the couple bond grew stronger with greater intimacy and their sense of personal boundaries and responsibilities became better delineated, they were less drawn into extended family dynamics that tended to sap their energy.

Reduced reactivity. Couples reported less "blow-ups" and reactivity to comments made by their spouse. Although they still argued, there was less "angst", intensity and carried-over bad feelings.

Seeing the partner differently. Couples disclosed to each other their hurts, vulnerabilities, and yearnings in the sessions. This led to a deeper understanding of the other partner's uniqueness and humanity. The couples related more sensitively to each other, had more regard for the other person's feelings, and experienced more compassion for them. They took things less personally and were better differentiated from their spouse, with a clearer sense of self and other.

Healing from trauma. In dealing with the pain from past trauma, couples reported feeling relief and greater peace with themselves. They were more able to affirm and value themselves. They were able to make choices in the present that were not driven by feelings and perceptions from the past.

Improved relationships with larger system. A number of couples reported improved effectiveness at work with better relationships with their bosses and colleagues, as well as improved relationships with extended family members. Some also reported better social relationships.

Abstinence from gambling and reduced urges to gamble. All of the gamblers continued to abstain from gambling four months post-treatment. Half of the gamblers reported having had thoughts or urges to gamble. However, these urges were reportedly less intense and much more readily controlled. Gambling thoughts and urges arose when they were under stress, angry, or in a dark mood. However, the gamblers were less driven by the impulse and could get it out of their

minds faster.

Need for further healing. Four of the eight couples felt there was a need for further therapy, either individually or as a couple, at the end of the 12-week couple therapy. Further therapy was desired for the following reasons: worry about partner's relapse; need for support to deal with anxiety; need to further communication to develop intimacy; and unresolved pain from past trauma.

### **Qualitative Summary**

A core theme of disconnection was extracted in three dimensions from the couples' experience: (1) disconnection from the pain of their past; hence (2) disconnection with their inner experience or intrapsychic experience; and (3) disconnection from each other. Disconnection with one's past is characterized by a lack of awareness of the impact of one's past on oneself and on the present. As most gamblers and their spouses come out of a family of origin that provided little support for connection, acceptance, and acknowledgment of self, this disconnection carries over into the partners' present disconnection with his/her intrapsychic dynamics. These are inner dynamics of feelings, thoughts, expectations, hopes and wishes, yearnings. Disconnection with self is intertwined with disconnection to others, since the communication these couples engage in are limited in range, depth, and duration. This leads to disconnection with one's partner characterized by a lack of awareness of the other's inner experience and a lack of awareness of the impact of one's words and actions on the other. Disconnection with self and other limits the accessibility to resources of caring, support, and to the positive life energy intrinsic within human beings variously referred to as the life force, Higher Power or God. Disconnection to self also limits options available to oneself that could be made available through the re-working of beliefs, expectations, and choices. In the face of life or family life cycle developmental and/or environmental stressors, without ready access to one's wider resources and the resources of others through connectedness, the gamblers in this study resorted to gambling to seek an escape, to discharge blocked energy from unresolved past issues, to boost their sense of self-worth, and to find temporary fulfillment to their yearnings for self-efficacy, play, pleasure, and social connection.

In the safety set up in a therapeutic context, reconnections were made with the

unprocessed pain and inner experience of the past, with one's self, and with one's partner. The three dimensions are systematically interrelated in that the change in one dimension effects changes in the other dimensions. Reconnections across these dimensions made accessible to gamblers and spouses resources that enabled them to make creative choices in coping with various stressful and demanding aspects of life. Awareness of one's intrapsychic experiences allows one to expand options to deal creatively with them. Congruent communication of one's inner experience elicits support, understanding and connections with others. Reconnections and reconciliations, with self and others, reduce the urge to gamble as new resources become available for support and utilization.

## **QUANTITATIVE METHOD**

This section details the rationale for the selection of the quantitative measures, the quantitative procedures, the quantitative results, and a discussion of the quantitative findings.

### **Quantitative Measures**

Six clinical measures were selected to determine the treatment effects of the Congruence Couples Therapy:

*The South Oaks Gambling Screening* (SOGS) (Lesieur & Blume, 1987) is reported to be a valid and reliable self-report instrument for detecting pathological gambling. Subjects rate their perception of control over their gambling on a 10-point scale. It also measures the frequency of gambling indicated by the number of gambling sessions, the number of hours spent in gambling, and the total amount of money spent on gambling during the previous week.

The *Outcome Questionnaire* (OQ) (Lambert et al., 1996) was developed as a standardized measure of assessing psychotherapy outcome. It consists of 45 items on a self-report 5-point scale which yields information on the three dimensions of intrapsychic, relational and social role functioning. This instrument is selected because of its reported high reliability and validity, and high sensitivity to change in clients undergoing psychotherapy (Lambert et al., 1996, 1998).

The *Dyadic Adjustment Scale* (DAS) (Spanier, 1976) is a well-known self-report questionnaire widely used as an index of global marital adjustment (total score). This scale gives

information on the couple relationship in four dimensions based on the subscales: Consensus, Satisfaction, Cohesion, and Affectional Expression. A reliability of .96 (Cronbach's alpha) was reported (Spanier, 1976). Most items involve a 5- or 6-point Likert-type scale indicating the amount of agreement or frequency of an event.

The *Satisfaction with Life Scale* (SWLS) (1985) by Edward Diener was selected because of its focus on global well-being and its high positive correlation with self-esteem and negative correlation with clinical measures of distress (Pavot & Diener, 1993). This short scale (5 items) assesses an individual's subjective evaluative judgment of his or her life by using the person's own criteria. The scale is reported to display strong validity and reliability, stability and sensitivity (Pavot & Diener, 1993).

The *Congruence Scale* (CS) (Lee, 2002b) measures congruence, a central construct in the Satir Model and Congruence Couples Therapy. Since the Congruence Couples Therapy is based on the Satir construct of congruence, the *Congruence Scale* is selected as one of the measures of change pre- and post-treatment. The *Congruence Scale* consists of 28 statements which the respondent rates on a 7-point scale ranging from strongly disagree to strongly agree. In its current state of development, the *Congruence Scale* is reported to measure four factors or dimensions: intrapsychic-interpersonal, spiritual, present-future and communal. Concurrent validity with the *Satisfaction with Life Scale* (Diener, 1985) and the *Outcome Questionnaire* (Lambert et al., 1996, 1998) was evidenced (Lee, 2002b) in the first phase of development of the scale.

The *Jacobs Neglect and Abuse Protocol* (J-NAP) (Jacobs, 2001) is a questionnaire developed to investigate the incidence of four operationally defined types of childhood maltreatment and dissociation: serious neglect, physical abuse, emotional abuse, and sexual abuse. An affirmative answer to any of the above areas of questions was followed by a detailed set of questions relating to the ages when the neglect or abuse occurred, the setting, severity of experience, effects on the subject's life then and now, and the experience of dissociation during the occurrence. The J-NAP was added to the battery of instruments at the 4-month follow-up session because the qualitative findings of this study suggested support for Jacobs' findings of the high incidence of childhood abuse and trauma in individuals with gambling addiction. The researcher added a category of loss and abandonment to the questionnaire based on clinical

findings in the course of the couple therapy. Loss and abandonment was operationalized as the loss or absence of a significant other through death, divorce, or desertion.

### **Quantitative Procedures**

The six questionnaires, namely, the *Outcome Questionnaire* (OQ), the *Dyadic Adjustment Scale* (DAS), the *Satisfaction with Life Scale* (SWLS), and the *Congruence Scale* (CS), and the *South Oaks Gambling Screen* (SOGS) were administered at the beginning of treatment, immediately post-treatment and at 1-month and 4-month post-treatment intervals. The return of the questionnaires was 100% for the pre- and post-treatment and 1-month follow-up (N = 16). The return of the questionnaires for the 4-month follow-up questionnaires was based on N = 15. The Jacobs' *Neglect and Abuse Protocol* (J-NAP) was administered at the 4-month follow-up because of the personally sensitive nature of the questions and the expected increase of self-awareness of the participants at the end of the therapy process.

### **Quantitative Results**

Four outcome variables from the OQ, DAS, SWLS, and CS were analyzed using repeated measures ANOVA procedures over time. No significant differences were found on the sub-scores and total score of the OQ over time. The lack of significant difference on the OQ despite a tendency of improved scores suggests either no real significant effects or insufficient number of subjects for significant difference in the OQ to be demonstrated.

Significant differences were found on univariate tests performed on the DAS, SWLS, and CS at three time intervals: pre-treatment, post-treatment, and the 1-month follow-up (N = 16) (Table 1). Significant differences at four levels of pre-, post-treatment, 1-month and 4-month follow-up on the two measures DAS and CS, and approaching significance on the SWLS (N = 15) (Table 2). No changes were found on the scores of the SOGS since gambling subjects were abstaining from gambling at the beginning of the couple treatment, and who maintained their abstinence throughout the treatment and post-treatment, at the 1-month follow-up, and at the 4-month follow-up.

**Table 1**

<b>Subject Means and Standard Deviations Across Time (N = 16)</b>								
<b>Measures</b>	<b>Pre-Treatment</b>		<b>Post-Treatment</b>		<b>1-month follow-up</b>		<b>F</b> (2, 30)	<b>Sig.</b>
	Mean	Std	Mean	Std	Mean	Std		
OQ total*	<b>57.5</b>	19.04	<b>51.81</b>	12.76	<b>49.6</b>	13.27	2.0	<b>0.168</b>
DAS	<b>92.44</b>	19.26	<b>97.63</b>	12.79	<b>104.87</b>	9.54	9.48	<b>0.002**</b>
SWLS	<b>20.94</b>	4.95	<b>23.31</b>	4.56	<b>24.56</b>	5.28	4.32	<b>0.032**</b>
CS	<b>174.44</b>	20.66	<b>184.69</b>	21.85	<b>186.25</b>	20.89	6.13	<b>0.011**</b>

\*Scoring on OQ is reversed in directionality.

\*\* p 0.05 on the Greenhouse-Geisser measure.

**Table 2**

<b>Subject Means and Standard Deviations Across Time (N = 15)</b>										
<b>Measures</b>	<b>Pre-Treatment</b>		<b>Post-Treatment</b>		<b>1-month</b>		<b>4-month</b>		<b>F</b> (3,42)	<b>Sig.</b>
	Mean	Std	Mean	Std	Mean	Std	Mean	Std		
OQ total*	<b>57.0</b>	19.6	<b>51.6</b>	13.18	<b>49.93</b>	13.26	<b>48.13</b>	13.95	1.95	<b>0.168</b>
DAS	<b>92.13</b>	19.89	<b>97.93</b>	13.18	<b>104.33</b>	9.61	<b>100.07</b>	17.58	4.85	<b>0.011**</b>
SWLS	<b>20.8</b>	5.09	<b>23.47</b>	4.67	<b>24.33</b>	5.38	<b>24.0</b>	6.2	3.05	<b>0.051</b>
CS	<b>174.20</b>	21.36	<b>184.93</b>	22.6	<b>186.27</b>	21.62	<b>186.73</b>	16.88	4.64	<b>0.011**</b>

\*Scoring on OQ is reversed in directionality.

\*\* p# 0.05 on the Greenhouse-Geisser measure.

According to the results on the J-NAP with the additional category of loss and abandonment (Table 3), 75% of the problem gamblers and 63% of their spouses reported some form of childhood neglect, abuse, loss and abandonment as well as a high rate of dissociation during these events. These findings provide corroboration for Jacobs' General Theory of Addiction (1987) of psychological distress with dissociation as a factor linked to addictions. The findings also support a model of treatment that can resolve the distress and effects engendered by such a history.

**Table 3**

<b>Incidence of Childhood Abuse and Trauma and Dissociations</b>				
	<b>Gambler N = 8</b>		<b>Spouse N = 8</b>	
	<b>Incidence</b>	<b>Dissociation</b>	<b>Incidence</b>	<b>Dissociation</b>
<b>Severe Neglect</b>	13%	13%	13%	13%
<b>Physical Abuse</b>	50%	38%	25%	25%
<b>Emotional Abuse</b>	63%	50%	38%	25%
<b>Sexual Abuse</b>	0%	0%	38%	38%
<b>Loss and Abandonment</b>	50%	50%	63%	38%
<b>One of the above</b>	75%	63%	63%	63%

**Discussion of Quantitative Findings**

Given the small sample size, one must be cautious about the conclusions that can be drawn from this preliminary study. The results, however, are encouraging in pointing to the efficacy of this short-term Congruence Couples Therapy in producing significant changes in marital satisfaction, in intrapsychic, interpersonal, and spiritual congruence or connectedness and overall well-being. These results are correlated with the maintenance of abstinence from gambling during and beyond the treatment period for at least four months. Other gambling instruments that are repeated measurement instruments should be sought for future studies that would allow the measurement of gambling compulsion, gambling concerns or worries. The study should be expanded with a larger sample size in Phase II to see if the effects of treatment would become more pronounced on the OQ and whether the present results could be replicated. A comparison group of couples not receiving couple treatment, or a within-group comparison using a waiting period without treatment, should be used to obtain treatment versus no-treatment effects. In terms of the selection of subjects, consideration should be given to gamblers and spouses who have received no prior treatment of any kind to demonstrate that Congruence Couples Therapy is an efficacious treatment modality for problem gambling.

## **SUMMARY AND DISCUSSION OF QUALITATIVE AND QUANTITATIVE FINDINGS**

This research project supplied some important preliminary answers to the questions posed at the outset and a summary of the findings and their implications are discussed in this section.

### **Pattern of Disconnection that Characterized Gamblers and their Spouses**

A core theme of disconnection was found in the interpersonal and intrapsychic functioning of the eight couples presented for couple therapy in this study. Disconnection refers to the lack of awareness, acknowledgment, acceptance, and articulation of one's experience and of the experience of another person. Intrapsychically, disconnection was manifested as a lack of awareness, acknowledgment, acceptance, and articulation of what one feels, thinks, believes, perceives, presumes, expects, hopes, wishes, and yearns for. Interpersonally, disconnection was manifested in communication that discounts either self, other, or the reality of the contextual factors in which the communication occurs. Intrapsychic and interpersonal disconnections are interrelated as one affects the other. A few individuals strived to make connections with their higher or deeper self for resources. To what extent this spiritual connection was being made needs to be further explored. However, it is safe to say that when a person functions in a state of disconnection with self and in relationship with others, one's resources become severely compromised leading to limited coping strategies in the face of stressors.

Current interpersonal and intrapsychic disconnections can be traced to the early life experience and family of origin relationships of the participants. A high percentage of gamblers (75%) and their spouses (63%) suffered either severe neglect, physical, emotional, sexual abuse, or loss and abandonment before the age of 18. In addition, none of them was able to find a safe and secure relationship with a significant other in childhood to process their painful experiences. Seventy-five percent (75%) of gamblers and 63% of their spouses reported parents with addictions. Loneliness, isolation, fear, anger, resentment, low self-esteem, grief, guilt, shame, helplessness, hopelessness, and despair were reported by 94% of the participants.

### **Problem Gambling as the Outcome of a System's Malfunctioning**

A system is defined as a set of interacting variables which give rise to an outcome. Disconnections in the interpersonal, intrapsychic, spiritual, and past-present-future dimensions can be seen as multiple variables in the system which produces the outcome of problem gambling for the gambler. What emerged in the qualitative analysis of the clinical data is that the onset of problem gambling coincided closely with high stress points in the gambler's life. These stress points were related to major life transitions such as immigration, job loss, job change, job demotion, financial setback, and health deterioration; family life cycle transitions such as marriage, birth of first child; or life-span development transitions, such as retirement. The relationship between increased stress in transitions is well acknowledged in the literature (Fisher, 1988). At such times, communal, social, spiritual, and relational support and rituals are especially important to help individuals negotiate these life crises and turning points.

All of the eight couples evidenced a history of limited range, depth, and continuity of communication prior to the gambling. In some couples, the couple communication evidenced a complete breakdown in mutual attacks, blame, or avoidance and silence. Gamblers were often not aware of their own inner experience such as low regard for self, unprocessed and unacknowledged feelings, thoughts, beliefs, assumptions, expectations, hope, wishes and unfulfilled yearnings. They reported a sense of being overwhelmed and unable to cope under a situation of increased stress. The intrapsychic and interpersonal disconnection experienced by the gamblers eventually led them to find relief and vicarious expression for disconnected parts of their experience in gambling. Analysis of the wishes and fantasies associated with gambling revealed the seeking of satisfaction for unfulfilled yearnings, for self-esteem. Gambling also functioned as an outlet for unacknowledged feelings, beliefs, thoughts, and expectations. Gambling poses a temporary solution for reality problems for which gamblers could not find coping strategies. For some, losses represent the punishment gamblers felt they deserved as a result of their misdemeanour in gambling. Hence, gamblers found themselves trapped in a paradoxical vicious cycle of feeling deserving of what they were deprived of and undeserving of what seemed to have come to them freely.

In summary, the significant finding here is that a pervasive pattern of intrapsychic and interpersonal disconnection with the gamblers and their spouses led to an impoverishment of

resources and coping strategies. The interacting variables that led to problem gambling are: intrapsychic and interpersonal disconnection, disconnection as a family of origin pattern, limited accessibility to intrapsychic and interpersonal resources, life transitions and increased stressors, limited coping strategies, and the increased availability of gambling opportunities, all of which interact to lead to the outcome of problem gambling.

### **Congruence Couples Therapy as Systemic Reconnection**

If problem gambling is precipitated by a set of interacting variables constituted by intrapsychic, interpersonal, family of origin, life stressors, coping strategies, and availability of gambling opportunities, the corollary in treatment is to change one or more these variables to lead to a different outcome. Furthermore, the principle of “homeostasis” suggests that a change in a greater number of variables leads to greater stability in the direction of the new outcome. In other words, a simultaneous change in the intrapsychic and interpersonal dimensions produces a greater stability in the intended outcome than a change in merely one dimension. A person, seen as a system of interacting intrapsychic variables, could change in the direction of greater resourcefulness if more than one internal variable is altered in treatment, i.e. if change could occur not only at the level of thoughts or feelings, but thoughts, feelings, expectations, beliefs, wishes, hopes, and yearnings concurrently.

Congruence Couples Therapy as described earlier in this report aims to re-establish connection with multiple variables in the system. Interventions according to Congruence Couples Therapy aim at altering patterns at the interpersonal, intrapsychic, intergenerational and spiritual dimensions. Within the intrapsychic dimension, interventions aim at altering patterns in feelings, thoughts, expectations, and beliefs. With the interpersonal dimension, couples adopt congruent communication to express their inner congruence while acknowledging both self and other. The universal-spiritual dimension gives validation and affirmation to universal human yearnings for worth, belonging, love, connectedness, and acceptance while affirming intrinsic self-worth. In altering the present patterns, past patterns are simultaneously altered in a systemic way that transforms the past and creates new possibilities in the present and future.

Treating the gambler with the spouse as couple unit has the advantage over individual therapy in making visible and accessible both interpersonal and intrapsychic patterns in the

couple system. This provides a prime opportunity for past and present dysfunctional patterns to be re-worked to achieve new interactional patterns which support the individual and the couple unit. Reconnections with self and other make available resources that could be used productively to deal with stress and life challenges. In other words, intrapsychic reconnections increase interpersonal and social connecting capacities, and vice versa.

The qualitative and quantitative findings from couple treatment jointly demonstrate encouraging positive results in terms of improved couple communication and relationship, healing of wounds from childhood, healing the breach in the couple relationship because of the gambling, increased awareness of self and other, increased experiencing and connectedness with self and other, and increased well-being and satisfaction with life. There is also evidence from this study that increased connectedness with self and one's spouse interrelated with improved social relationships in the workplace and the larger systems.

Fifty percent of the couples expressed the need for further therapy to support the changes they were making either individually or as a couple. Congruence Couples Therapy applied in this study is a short-term couple therapy model that has produced significant results. A one-year follow-up of these couples would be useful to evaluate the stability and longer term effects of the systemic shifts made.

### **Congruence and Problem Gambling**

From the findings of this first study, Congruence Couples Therapy with its systemic approach that simultaneously addresses intrapsychic, interpersonal, universal-spiritual and intergenerational issues appears to be a promising model to deal with many of the central issues identified in the literature to be associated with problem gambling (Henry, 1996; McCormick, 1994; Steinberg, 1993): post-traumatic stress symptoms, anxiety, depression, limited coping skills, low self-esteem, low self-efficacy, intergenerational addictive patterns, impulsivity, helplessness, hopelessness, cognitive distortions, and marital problems. When new and congruent channels leading to connectedness with self and other are established, it is hypothesized that many of the identified associated issues and symptoms found among gamblers can be ameliorated. Instruments that will yield measurable changes in symptomology and coping skills will be useful in future studies.

This study demonstrated the maintenance of abstinence from gambling as well as reportedly reduced urges and increased control over gambling urges during and after couple treatment. Future studies will need to utilize repeated measures instruments to gauge quantitatively the effects of Congruence Couples Therapy on gambling variables.

### **Destigmatization of Problem Gambling**

The stigmatization of addictions and mental health has been identified as one factor that prevents individuals from stepping forward to seek treatment (Hood, Mangham, McGuire, & Leigh, 1996). Congruence Couples Therapy with its emphasis on intrinsic resources in human being that can be blocked or made accessible through practices of congruent communication and self-connectedness could be developed as a non-stigmatizing and non-judgmental reframe of the cause of problem gambling. The framework in which gamblers view themselves and their gambling problem would be interesting to explore, as these often reflect societal definitions that may exacerbate the shame and guilt of gamblers. A humanistic model that emphasizes the positive and growth-oriented propensity of human beings thwarted by contextual factors that were historical, cultural, societal, and familial could bring about hope that one could choose a different way of thinking, believing, feeling, and acting that would produce a different outcome in response to life's challenges.

### **Optimal Entry Point into Couple Therapy**

An important question to address is at what point is couple therapy most effectively introduced as a treatment approach. Feedback from the couples indicate that when they first presented for treatment they were in a crisis state which might not have been the most appropriate entry point for couple therapy. At the crisis stage, emotions were volatile, the spouses felt angry and alienated from each other, and the non-gambling spouse could be still in shock. In addition, there were financial, legal, and practical matters that needed immediate attention and containment. On the other hand, some participants who entered into this couple treatment research over a year after their abstinence felt that they would have preferred earlier couple interventions that would have helped them heal themselves in the context of the couple relationship and prevent the further deterioration of the couple relationship because of an

accumulation of resentment.

The literature points two views regarding entry into couple treatment. One is to include the partner and key significant others as early as possible in the assessment and treatment process to signal their involvement in the process, to observe the couple interaction, to gain perspective of the spouse, to help the couple manage and negotiate any crisis, and to prevent any unnecessary deterioration of the couple relationship (Steinberg, 1993). The other point of view, assumed in 12-step work, is that couple treatment should be postponed until significant change has been achieved through individual and group therapy (Wildman, 1989).

The determination of the optimal entry point for couple therapy, and whether the Congruence Couples Therapy could be an approach that would be effective on its own or in conjunction with other individual and group approaches, would be important questions to address in future research.

## **CONCLUSION**

The first findings of this study contribute to the building of a systems hypothesis for problem gambling as the outcome of a disconnected system of interpersonal and intrapsychic functioning in the gamblers and their spouses. Intrapsychic disconnection and interpersonal disconnection are interactive and intergenerationally related. Major life transitions associated with increased stress was a factor identified to coincide with the onset of gambling in this study. Disconnection with self and others severely limits access to personal and social resources in coping with stress. Without direct and functional outlets, unfulfilled yearnings and disconnected feelings, thoughts, and expectations were found to be associated with the fantasies occurring with gambling. Twelve sessions of short-term Congruence Couples Therapy have reportedly positive effects in building reconnections in the intrapsychic and interpersonal dimensions of the couple's functioning. Gamblers reported reduced frequency and intensity of gambling urges and greater control over them in maintaining abstinence from gambling. A systemic theory of problem gambling as an outcome of systemic intergenerational, intrapsychic and interpersonal disconnections which limit resources for coping with life stressors, and the development of a model of treatment aimed as increasing coping resources based on reconnections with resources in the psychological, marital, social, and spiritual dimensions, is a model of etiology and

treatment for problem gambling that deserves further research and validation.

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