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PRACTICE NOTES
Specific Cases, Techniques and Approaches

Counselling a Couple with a Gambling Problem

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This paper discusses work with a couple where a gambling addiction was present. General principles of change are discussed, and the stages of treatment outlined.

INTRODUCTION

This paper discusses an approach to the counselling of couples where one or both has an addiction problem. I shall use as an example a couple where an addiction to gambling was present. This approach is based on three general assumptions. Firstly, that generally addictions are chosen actions, with important underlying purposes which must be interpreted for fundamental change to happen. Secondly, that over the course of time a developmental movement away from the addiction will occur. Thirdly, that as the addiction is typically intertwined with the relationship patterns of the couple, movement away from the addiction will require a parallel change in the couple relationship.

The therapeutic implications of this approach are that the couple therapist must:

- identify the explicit or implicit purposes underlying the addiction
- identify the past and current developmental forces leading to a change in the addiction and in the couple relationship
- identify the restraints to change
- outline both the pros and cons of change
- strategically wait for change to occur or not occur
- identify the ways in which the couple relationship will have to change once the addiction is brought under control
- assist the couple to restructure their relationship without the addiction.

These steps will be illustrated below.

THE FRAMING OF THE PROBLEM

One of the earliest notions introduced into family therapy was that solutions were often restrained or prevented by the way in which the problem was 'framed'. Bateson's famous proposition was that events take a certain course because they are restrained from taking other courses (Bateson, 1972). One particular way of developing a new framing of a problem is to connote the problematic behaviour differently. Usually this connotation is expressed in terms of a positive re-evaluation. Hence the term 'positive connotation' (Palazzoli, Cecchin, Prata and Boscolo, 1978: 55). In a discussion of this area, Louis Shawver argues that:

> … it is more important for therapists to perfect their understanding and mastery of connotation than for them to worry about perfecting their skills in correctly identifying the patient's inner realities in a denotative … sense (1983: 5).

Of course, it is a little more subtle than this, in that framings can have a 'generative impact' (to use Minuchin's very apt phrase) which is based on the power that comes from pointing to an inner truth. Shawver goes on to say that:

> … there seem to be two major ways the connotation of two expressions can differ. One is evaluative … the other connotative dimension might be called 'implied action'. It has to do with how much control and responsibility the phrase implies the person had over the behaviour … (1983: 6).

Both of these forms of connotation (positive focused

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and action focused) are of some importance in addictions work. Along very similar lines, Jay Haley writes that in couple therapy the therapist's comments '… tend to … emphasise the positive side of their interaction, and … redefine the situation as different from, if not opposite to, the way they are defining it' (Haley, 1963: 139). The therapist's stress on the power of choice can be viewed as emphasising the positive, and assuming that a developmental change is occurring or will occur (see later in this discussion) can also be seen as emphasising the positive.

In this respect, it is of some interest that the original verb 'to addict', from the Latin, has a dual meaning. The term contains both 'compulsive' and also 'chosen' aspects. The Oxford English Dictionary makes this clear. To be addicted (or to be 'addict to' in the earliest usage) has the meanings of, firstly ' … delivered over by, or as if by judicial sentence … destined, bound', or secondly ' … attached by one's own act; given up, devoted, inclined … ' The dual meaning of addiction is clear here. On the one hand, an addiction is something that happens to one outside of one's control. On the other hand, an addiction is something that we can be said to purposefully choose or devote ourselves to.

The purposive or elective aspects of addiction will be given some prominence in the following discussion. In my experience, what purports to be compulsive behaviour may often turn out on close analysis to be quite purposeful at a less admitted or less conscious level. Indeed, it is quite often when we do not wish to own our own choices (even to ourselves) that we describe our behaviour as compulsive. We may recall Jay Haley's remark that symptoms which are described as 'involuntary' can be ways of handling 'incompatible definitions of a relationship' (1963: 132). Reference to a 'compulsion' may be a way of disclaiming responsibility for an action which cannot be openly advocated because of its apparent absurdity or unacceptability.

In drawing out (i.e. interpreting) the purposes underlying addictive actions, the therapist works from the 'person-centred' understanding that we are agents or actors in our own narratives, although not always fully aware initially of what our underlying motivations might be. From the point of view of connotation, when the therapist interprets addictive actions as purposive he or she :

- 'Positively connotes' the addiction, in the sense that the addictive actions are described as directed to the achievement of some important end, and
- Describes the addiction in 'action language' as something that the person engages in as a matter of explicit or implicit choice.

In developing the notion of addictions as purposive actions we therefore utilise both forms of connotation described by Shawver. The therapist also takes a position directly contrary to how the addiction is commonly understood by the clients: i.e. as irrational and compulsive.

STEPS IN THERAPY WITH THE COUPLE

1. Determining the Purposes of the Addiction

From this perspective, the first issue in counselling a couple with an addiction problem is to determine the purposes of the addiction.

Nick and Lily were a couple in their mid 40s (names and details altered here). They had been married for 21 years, and had three children. Lily was a rather extroverted nursing administrator. Nick was somewhat introverted and worked for the Metropolitan Transport Authority. The problem was identified by the couple as Nick's gambling. Lily explained that Nick's gambling meant that they had never had any spare cash, and were always in debt. Nick outlined the history of his gambling. His earliest memories of gambling were running down to the SP Bookmaker to place bets for his father when he was around ten years old. His father died when he was twelve. He placed money on the horses himself when he was quite young. He began serious gambling when he was eighteen and began earning money. In recent years he gambled three or four days a week, often quite heavily.

I inquired about Nick's rationale; he said that there was for him a certain thrill in gambling. But on recollection (when prompted by the therapist to look more deeply) he believed that as a young child gambling was a way of attempting to make some money for the family after his father died, as the family was very poor and his mother had to work very hard. Indeed, there seemed to be a repetition of these issues in his current marriage, as Lily had always earned substantially more than he, and he always hoped for a big win so that he could contribute more and balance the equation. Whenever he won money, he would give it straight to Lily and not take any for himself. He described himself as 'a very helpful person'.

Lily also had some views on the motivation for Nick's gambling. She said that he had a great interest in the breeding of dogs and was a highly respected judge in that field. However, she had noticed that as he was very dedicated to his position, he was very distressed by the poor attitude of some of the other judges. She noticed that after some shows he would depart for the TAB. She also believed that Nick's gambling became worse when she was ill.

As we determine the underlying purposes of the addiction we humanise what might at first glance appear to be 'irrational' and absurdly harmful behaviour. Our connotation of Nick's actions is that he is a sensitive and devotedly helpful person, whose gambling from an early age can be construed as an attempt (albeit unsuccessful) to contribute to those around him to whom he is devoted and to whom he believes he does not give enough. On this view, the addiction is related to a certain sense of powerlessness, of not knowing any other way of helping others he cares about. Clearly, Nick's addiction is also a method for the containment of distressing affect, which in my experience is the most common purpose for underlying addictions.

2. The Developmental Forces Leading to Change

The second issue in counselling is to determine the developmental forces for change. Why did this couple enter treatment at this time? After all, Nick's devotion to gambling had been there for over thirty years, and had existed throughout the twenty years of marriage to Lily.

In response to being asked whether he wished to modify his attachment to gambling, Nick stated that without pressure from Lily, he probably would continue to gamble. What had changed significantly over time was Lily's attitude. She said that it had taken her some time to appreciate the extent of his gambling. As this happened, however, incidents would arise which gradually had a cumulative effect. In recent years a series of incidents where her needs had been put second to the gambling had caused her to get very angry, whereas before she would 'live with it'. Not only did her attitude to the gambling change, but she was personally affected. When Nick would disappear for hours without her knowledge, she would worry intensely about whether he would come home; so much so that her health deteriorated.

Lily had decided in recent years to get individual counselling. She was the eldest daughter in a family where she took after her mother, whom she described as a very 'kind-hearted' person who would help anyone.[1] The counselling had led her to revise her position as caring for Nick, who had played the role of the 'incompetent' one in the marriage. As a result of the counselling, Lily talked of starting her own inner journey and of looking to her own needs for perhaps the first time in her life. These changes had reached the point where the marriage was now under threat, unless a rebalancing could occur in the couple relationship.

It would be incomplete to attribute all the developmental forces for change to Lily, as Nick had increasingly become uncomfortable with the extent of his gambling, and in recent times had made some initial attempts to moderate his actions. It is often remarked that people 'grow out' of addictions, and in my experience addictions that once had some purpose to them can lose their meaning over the course of time.

3. Examining Restraints and Ambivalence

Once the purposes of the addiction and the developmental forces for change have been interpreted, the client's ambivalence about change will assume a greater focus. Despite the developmental forces at work in the addiction and in the couple relationship, there were also clearly for this couple a number of significant restraints to change. Some of the restraints were:

- The purposes (i.e. benefits) the addiction served for Nick, such as allowing him to give voice to that part of himself which wished to help those he cared about.
- The previous settled pattern of the relationship, where Lily had clearly taken on a 'caretaking' role, and Nick had taken on a 'being cared for' role.
- Nick's integrity and independence which could produce a dangerous resentment if he felt he was pushed into change rather than making his own choices.
- The view of both partners that change was almost impossible after such a length of time. This type of self fulfilling prophecy is quite common in addictions. [2]

These restraints need to be handled in different ways. Firstly, the forces that underlie the addiction need to be respected, and validated:

'It is quite understandable that at times in your life you have turned to gambling as a way of managing a particular kind of stress, namely a perceived inability to make the kind of contribution that you would like to make to people that you care for. Of course, the gambling has also helped relieve the pain of this issue through its distracting qualities.'

Secondly, the changing pattern over time in the couple relationship can become part of a developmental or prospective interpretation of a kind that is very useful in addictions work:

'It seems that over the course of time you have been moving to revise your involvement in the addiction, and that parallels changes in the balance of your relationship where you Lily, have played the role of the 'caretaker'. It seems that the previous pattern has almost lost its usefulness. These kinds of movements are of course quite normal and expected.'

Thirdly, Nick's integrity, while it is worthy of respect, does not have to be commented on directly. Rather, it is important for the therapist to be clear that choices about the control of the addiction are Nick's. The therapist's demonstrated neutrality on this issue respects (and strengthens) Nick's capacity to make an appropriate judgment.

4. Walking Around the Problem

To this point, both sides of the ambivalence about change have been interpreted and validated. The therapist now waits quietly for a response. The couple may be doubtful that anything can change, as we have seen. The therapist however expects that change is quite likely, given the balance of the developmental forces versus restraints that have been explored. In cases where the therapist assesses that the balance is against change, he or she may declare with some authority that the couple is 'not yet ready' for change. If put non-judgmentally, such a statement often produces a reaction in favour of change.

In her book *Psychotherapy Grounded in the Feminine Principle*, Barbara Stevens Sullivan describes the process of 'walking around' a problem and waiting for the outcome in the following terms:

> The feminine… understanding implies sitting with a problem, walking around an issue, familiarising oneself with the territory over and over, until one may imperceptibly outgrow any given way of existence … ' (1989: 23).

One way of describing the process of therapy to this point is that the therapist and couple have been 'walking around the problem' together, exploring its different facets.

The therapist's expectation of change was initially confirmed, in so far as there was a dramatic decline in the frequency and severity of gambling episodes. Nick had not gambled for two weeks prior to entering therapy, and this change was maintained for a period of some months. This was something of a mystery to both members of the couple. I interpreted the change developmentally: 'It seems that there is indeed a movement away from the addiction. Does this indicate, Nick, that your decision to take charge of your addiction is becoming stronger?' As no instances of gambling had occurred to this point, an analysis took place of any 'urges' to gamble that he had experienced. Nick reported on two, the more significant of which followed a dog show where he was distressed by some aspects of the judging.

5. Spiralling Around the Problem

In most cases, the couple will need to 'turn over every stone' (Prochaska, DiClemente and Norcross 1992, especially figure 1 on page 1104) before the addiction is finally managed. While there are still some doubts remaining about the decision to control the addiction, a person may return to it at times to clarify these doubts. Typically, this clarification will reinforce the original decision. Indeed, in any change (whether it be learning to ride a bicycle or overcome a 'symptom'), it is to be expected that returns to past patterns will occasionally occur. Change is best construed as having a spiral pattern, where progress consists of moving in and out of the problematic behaviour.[3] However much one normalises and anticipates this possibility, the couple (and perhaps the therapist) experience a return to the addiction as a shock.

The possibility of a return to the problematic behaviour had been raised by the therapist from the beginning of therapy in the following terms: 'In taking charge of an addiction some people stop and never return to the addiction, but in many cases it may require on or two tries before they are finally successful.' The therapist has to find a middle course here between an unreal optimism (relapses will not occur) and an inappropriate pessimism (the problem will never be solved). The potential problem in occasional returns to the problematic behaviour is that these may restore the couple's sense of powerlessness.

When I went to the waiting room to meet Nick and Lily for the fourth session the glum expression on both their faces spoke a thousand words. Nick looked extremely depressed and disappointed with himself, and Lily looked very angry and disappointed in him. The emotional suction at this point too is strong, and therapists may find themselves struggling with feelings to persecute (one's tone of voice becomes a little abrupt, and one's questions more 'penetrating' that usual), to rescue ('it was nothing really'), or to play the victim ('there must be something wrong with my therapy'). The way through this drama is to retain one's 'presence' as the guiding centre, and warmly but matter-of-factly examine the details of this new opportunity for learning about the addiction and why it might need to return.

The 'lapse' had occurred when Nick was distressed by the prices of items in the stores, felt that he did not have enough money to buy a decent present, and happened to pass by a TAB. I inquired whether this experience strengthened the parts of himself that wished to remain with the addiction or those parts that were moving away from the addiction. He replied with some emphasis that this incident had strengthened his decision to take charge of his addiction. He went on to proudly recount a number of incidents where he had successfully resisted urges to gamble.

A few further 'returns[4] occurred, and in each case they were initially described by Nick as 'unexplainable'. I posed the question whether this indicated that indeed he was labouring under a dark 'compulsion' after all, at which point he privately 'experimented' by seeing if he could go to the TAB and 'only lose five dollars'. He did so successfully, thus proving me wrong. He then confided in me privately that his 'relapses' stemmed from his difficulty in containing that part of him that rebelled against giving up his addiction. Of course, he was very unsure if he really wanted to contain this rebellious part of him. It would have been very easy to fall into the notion that his occasional returns to the problematic behaviour indicated a compulsion (a view that he was to some extent happy to maintain publicly in front of his partner), rather than to assume (as was the case) an important underlying motivation in these returns (in this case rebellion against restriction).

In my experience, the factors that determine the ability to move away from the addiction are an ability to allow oneself to contact the denied aspects of the self hidden in the addiction (both pain and self-assertion) and a recognition of the dissonance between the addiction and the emerging developments in one's personal and relationship life.

6. Exploring Personal and Relationship Change

If we focus particularly on the couple relationship in addictions, then we are likely to discover that over the course of time the addiction becomes (to use David Treadway's term) 'intertwined' with the relationship (1989: 37–38).[5] As the addiction is brought under control the underlying personal and relationship issues of the couple will inevitably emerge to be dealt with. If these issues are not managed effectively, then there will be pressure to return to the addiction.

Thus the therapist works with the four different aspects of the situation which interpenetrate: the addiction, the person with the addiction, their partner, and the relationship. Personal change and relationship

change takes place in parallel to change in the addiction. The therapist therefore explores the questions:

[To the person with the addiction] 'Given that your addiction has had an important purpose, can you see yourself moving away from the addiction, or must you remain embraced by it?' Nick responded by finding himself contributing more in 'small' ways to the family, by spending more time with Lily. The gambling seemed less important as a means of evening the balance in his relationship.

[To the partner] 'Can you give up the important role of caring for your partner no matter what?' Lily had answered this by deciding with the help of personal therapy to focus more on her own needs. Nick also became more involved in the local bowls club.

[To the couple] 'Can you find a way of doing things very differently in your relationship now that the addiction is under control?' As Nick took charge of his gambling, Lily found herself worrying less about what he was doing, and we discussed what she was going to do with this 'spare time'. As it turned out, she was thinking of doing some further study in connection with her profession, and this she acted on. She also allowed herself to have a holiday away from the family. The couple noticed that quite 'spontaneously' Nick was taking on more responsibility for tasks in the family. As Berenson remarks of alcohol addiction (the principle applies equally to gambling):

> There is a particular therapeutic paradox that occurs here. The more a spouse takes a position for herself, the more likely the alcoholic is to stop drinking; the more the spouse takes a position in order to get the alcoholic sober, the more likely such a move is going to be a failure ... (Berenson 1979).

As we noticed in the previous section, an underlying issue in this relationship was overt compliance and covert rebellion. The position of the partner in these situations involves a difficult and common dilemma. (I prefer the notion of a common dilemma shared by partners to using some stigmatising and inaccurate notion such as 'codependency'.) Typically, the partner will find him/herself oscillating between over-concern and anger. Lily found herself worrying that despite the dramatic changes she still could not quite trust Nick to retain his control of his gambling. It is best in these situations to be a little 'paradoxical':

'It is quite understandable that you may not have the same "trust" in Nick for some time. This is only to be expected, and you should not force this, but take your time.'

RIDING THE WAVE OF CHANGE

Bouchard and Guerette (1981: 394) ask: 'What scenarios are involved in successful psychotherapies? To what do they owe their power to heal?' Outlined above is a scenario that has the potential to heal, and which can be utilised in working with a couple with an addiction problem. In the first part of this scenario, as we have seen, the therapist *frames or connotes* the addiction not only in a more positive way but also in a way that emphasises action and choice. In the second part of the scenario the therapist draws out and provides *prospective interpretations* of the developmental changes that are already under way. The therapist is guided in these interpretations by the background assumption that in most cases there are underlying developmental forces at work that will lead the person to 'grow out of the addiction' over time. This will inevitably involve change in the pattern of the couple relationship.

The therapist assumes that the couple have the power and ability to deal with the addiction should they choose to do so, and avoids taking responsibility for change. The therapist reflects the inevitable ambivalence of change, respects the agency of the persons involved and waits for a creative response. Stressing the power of choice can be viewed as emphasising the positive, and assuming that a developmental change is occurring or will occur can also be seen as emphasising the positive.

In the scenario developed above, the therapist acts on the following assumptions :

- that change is already occurring,
- that it is natural or normal (developmentally) for change to occur,
- that the task of the therapist is to ride this wave of change.

The therapist follows these assumptions by:

- drawing out the aspects of the situation moving towards change, at the same time interpreting the restraints to change, and
- 'waiting' for change.

As Sullivan states: 'Somehow the therapist must facilitate a process that is already trying to happen' (1989: 81). The role of the therapist is to develop prospective interpretations that draw out the movement towards change, and to 'ride' this wave of change. The therapist uses his or her guiding and containing presence to help the couple reassess attachment to the addiction, and to indicate his or her confidence in the couple's resources to implement any decisions they come to both with regard to the addiction and with regard to the personal and relationship changes that will also be required.

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Notes

1. Jim Orford remarks that where an addiction is present families typically confront the dilemma of how tough or how soft a position to take with regard to the addiction. He remarks that: 'family members often describe swinging from one unsatisfactory position to another' or describe difficulty in 'getting the balance right' between the polar opposites (Orford, 1988: 34). The family of origin features mentioned above might explain why Lily took a predominantly supportive view on Nick, and the angry side of her response was to some degree repressed.
2. I well remember my initial work with addictions some years ago, when I started to work with couples both of whom were addicted to heroin. It was quite common for the couple to quote the 'research findings' on addiction to me: that supposedly 'only three or four per cent of heroin addicts ever recovered'. I was therefore presented with a problem that was regarded by the couple as practically 'insoluble'.
3. I am indebted to my colleague Rosalie Pattenden for pointing out the relevance of this description of 'relapses'.
4. I am a little uncomfortable with the term 'relapse', as the occasional return to the problematic behaviour that can occur for various reasons has a quite different (more 'chosen') quality about it compared to the dominance of the problematic actions during the phase of active 'addiction'.
5. Treadway writes that the addiction: ' … is inextricably intertwined with the couple's pattern of behaviour. Invariably, whatever pattern of behaviour the couple's system has evolved around the [addiction] … has become part of the problem rather than part of the solution' (Treadway 1989: 37–8).

***Name of Program*:**	**Family Interventions Steering Committee (FISC)**
Auspice:	Fremantle Hospital and Health Services
Length:	40 weeks x 3 hour sessions; plus 15 hours of supervision
Entry Requirements:	Health sector employees, with initial preference to those engaged in the South-West corridor, who have a tertiary qualification, and who are working in an adult-focused service
Qualification/certification:	Certificate upon completion
Cost:	$1,500
Key Teaching Staff:	Patrick Marwick, Adrienne Wills, Nick Ramondo
Special Features:	Emphasis on building skills in systemic thinking; half of the program is dedicated to practical application of theory and supervision of therapy
Are other learning opportunities provided e.g. workshops:	Some short courses may become available
Enquiries:	Jennifer Burgoyne, Tel +61 8 9431 3416; Patrick Marwick, Tel +61 8 9336 3099

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***Name of Program*:**	**Introductory Course in Systemic and Family Therapy (ICSAFT)**
***Auspice*:**	Health Department of WA, Warwick Clinic
Length:	40 weeks x 3 hour sessions, plus 15 hours of supervision
***Entrance Requirements*:**	Health Department employees with training in nursing, psychiatry, psychology, social work, occupational therapy or speech pathology. Working in a child or adolescent setting
***Qualification/certification*:**	Certificate upon completion
***Cost*:**	No cost
***Key Teaching Staff*:**	Paul Hudman, Patrick Marwick, Adrienne Wills
***Special Features*:**	Emphasis on building skills in systemic thinking in the area of child and adolescents and their families, with half the programme being dedicated to practical application of theory and supervision of therapy
***Are other learning opportunities provided e.g. workshops*:**	No
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