

# GAMBLERS' SPOUSES IN TREATMENT

A view that is often underestimated

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NGO “A Change in Heart”

SLOVENIA

# “The Gamblers’ Spouses in Treatment”

- **Sanja Rozman**, medical doctor
- Association for help to the addicted and their families - president
- 13 years, 60 -80 members at a time
- Treatment of non-chemical (behavioral) addictions
- Self supported NGO

# A Change In Heart

- The article describes **15 years** of experience in treatment of pathological gamblers and their families, in a therapeutic group for treating behavioral addictions.
- Gamblers anonymous, facilities for treating alcohol dependence, individual psychiatrists.

# What is addiction

- Addiction is a **chronic** condition, characterized by a pattern of **repetitive adverse behavior** that a person can **not control** in spite of awareness that it is leading to the degradation of his physical, psychological, social as well as spiritual dimensions of life.
- **Characteristics:** progressive, loss of control, altered states of consciousness, increased tolerance, withdrawal at cessation, cravings.

# Definitions of problem gambling

- Problem, pathological, compulsive, addictive, excessive, out of control gambling
- Pathological gamblers are **unable to stop** whether winning or losing (staying in the activity is the only goal)
- The need to gamble overrides all other considerations (**lying, cheating, stealing** from the family)
- A **psychological dependency** is formed to the mood modification experienced when gambling

# Is **pathological gambling** an addiction or an impulse-control disorder?

## ➤ **Characteristics of addiction:**

1. Progressive
2. Involves altered states of consciousness/mood swings
3. The control over behavior is lost
4. Increased tolerance
5. Withdrawal symptoms and cravings
6. Physical, psychological, social, spiritual degradation of the addict
7. Family is affected

# Behavioral addictions

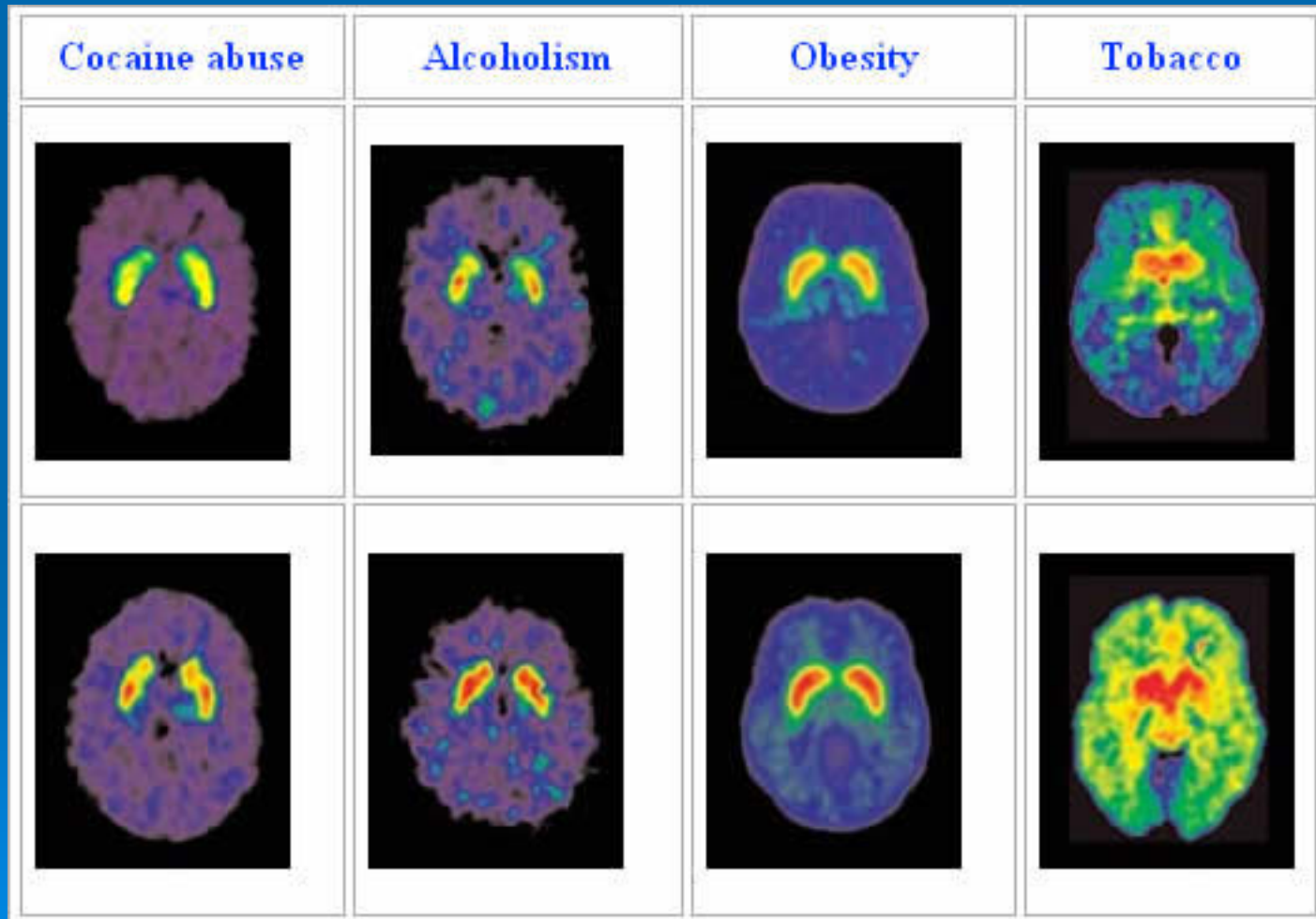
- Pathological gambling is a form of **behavioral** or **non-chemical** addictions.
- It has the character of a disease when it has been repeated for a long time, so that **pathological changes in brain chemistry** (reward system) occur.
- Behavioral addictions (gambling, sexual addiction, binge-eating and anorexia nervosa) are common, usually multiple and associated with chemical addictions such as addiction to alcohol or illegal drugs.
- A COMPROMISE: **addictive behavior**

# The Addictive Behaviors

- An individual can become addicted, dependent, or compulsively obsessed with any activity, substance, object, or behavior that gives him/her pleasure.
- There is a similarity between physical addiction to various chemicals, such as alcohol and heroin, and psychological dependence involved in such activities as **compulsive gambling**, sex, work, running, or eating disorders.
- The reason for this is that these behavior activities may produce **beta-endorphins in the brain**, which makes the person feel "high."
- If a person continues to engage in these activities to achieve this feeling of well-being and euphoria, he/she may get into an addictive cycle.
- In so doing, he/she becomes physically **addicted to his/her own brain chemicals**, thus leading to continuation of the behavior even though it may have negative health or social consequences.

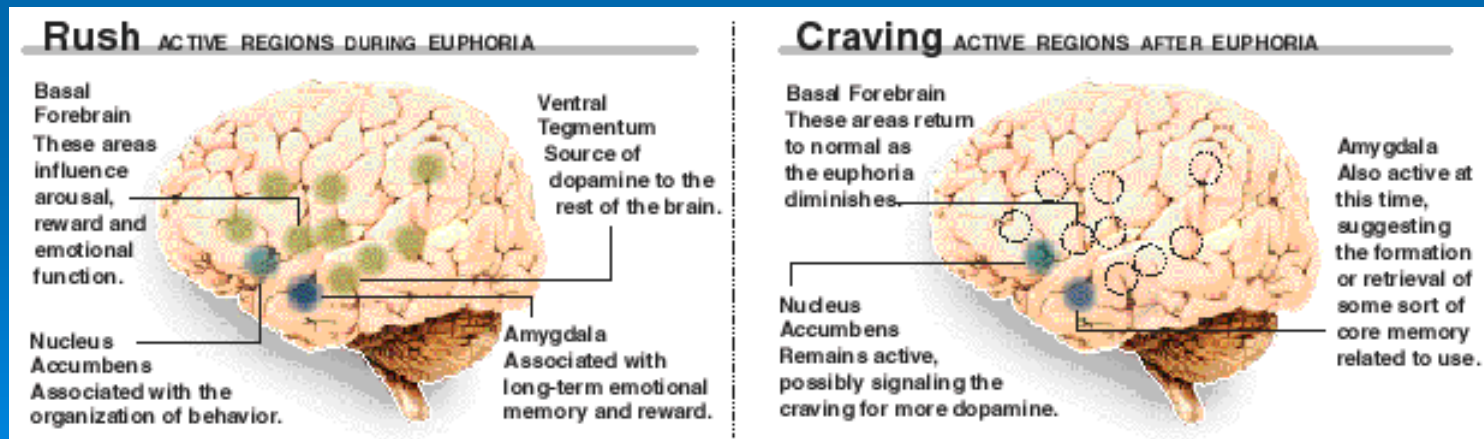


# Brain changes in addictions



# Gambler's brain

- The changes in brain function that develop after long-term gambling suggest that pathological gambling is a disease similar to chemical addictions (cocaine)



# The **addicted family**

- Social and psychological damage done by the addict's irresponsible behavior adversely influences all the other vulnerable members of his family.
- The **urge to control** the gambler's addictive behavior becomes to the family members more important than the challenges of their own life.
- Their sense of **identity and self-esteem** depends upon the ability to control the un-controllable gambler's behaviour.
- Their own development is stopped.

# Who is affected?

- It has been suggested that as many as **15 other people are adversely affected** by one adult problem gambler (Lesieur and Custer 1984).
- The gambler's spouse (partner)
- The children-through emotional and material deprivation
- The parents, and partner's parents
- The gambler's employer, working colleagues
- The gambler's friends or relations

# Harmful effect on the family – **degradation of trust into control**

- Broken promises
- Money shortage
- Debts
- Absence from home
- Lying, cheating
- Shame
- Loss of status
- Verbal and physical abuse
- Criminal activity

# Relationship problems

- **Collusion** is demanded (hiding secrets)
- Degradation of **trust** into **control** – repeated lying
- Dramatic **emotional and mood changes**
- Gambler's **avoidance of responsibility**
- **Social isolation** of the family
- Personal feelings of **failure and disillusionment**
- **Domestic violence**: 25-50 percent of spouses of pathological gamblers have been abused

# Literature reports

- 99% of the spouses reported experiencing **financial problems** due to their partners' gambling.
- Spouses had to give up personal savings or earnings and borrow money to **pay for gambling debts**, bills, and other essentials.
- Spouses had to take over **management of household finances** and deal with debt collectors, credit bureaus, and legal matters.
- **Physical symptoms** such as headaches and gastrointestinal ailments that are likely related to the distress.
- **Psychological symptoms** such as depression, anxiety and suicidal ideation.
- **Lying, deception, and illegal activities**, in an attempt to obtain money for gambling.
- Other relational problems such as **mistrust, poor communication, unsatisfactory sexual relations**.
- **Abuse, domestic violence, neglect, separation and divorce**.

# Treatment of gambler's spouses

- Most treatment programmes that **acknowledge** the addiction component of pathological gambling, **demand** the involvement of a responsible family member during treatment.
- In fact, they **NEED** her/him to control the gamblers abstinence for them.
- To some extent they **demand** of her/him to take over the control of family assets for the gambler and report his out-of-control behavior.



# What is the spouse's position in treatment?

- **Co-therapist:** not qualified, not objective, not addressing her/his own problems .
- **Victim:** this is a passive role with a potential to become very harmful to the family (**The Carpenter's dramatic triangle** typical for addictions). Anger!
- **Client:** what is your disease? Relationship addiction or codependency is a non-chemical addiction.

# Relationship addiction or codependency

- The spouses and children demonstrate a **fixed repetitive behavioral pattern** that has a lot of characteristics of addiction itself (**relationship addiction or codependency**).
- **Dr. Cermak**, in his book "**Diagnosing and Treating Codependence**" (1986), has argued for the inclusion of codependency as a separate personality disorder worthy of inclusion in the diagnostic and statistical manual.
- He states that **codependence is a recognizable, differentially diagnosed-personality disorder** typically found within most chemically dependent families.

# Diagnostic criteria “Codependent Personality Disorder”

- (1) **continual investment of self-esteem in the ability to influence/control** feelings and behavior in self and others in the face of obvious adverse consequences;
- (2) **assumption of responsibility for meeting other’s needs** to the exclusion of acknowledging one’s own needs;
- (3) **anxiety and boundary distortions** in situations of intimacy and separation;
- (4) **enmeshment in relationships** with personality disordered, drug dependent and impulse disordered individuals;

and

- (5) exhibits in **any combination of three or more**; constriction of emotions with or without dramatic outbursts, depression, hyper-vigilance, compulsions, anxiety, excessive reliance on denial, substance abuse, recurrent physical or sexual abuse, stress-related medical illnesses,

and/or

- (6) **primary relationship with an active substance abuser** for at least two years without seeking outside support, (p. 16- 17).
- Cermak, T. “Diagnostic Criteria for Codependency”. *Journal of Psychoactive Drugs*. 1986, 19(1), 15-18.

# Codependent behavior

- Experiences validation through **being needed**
- **Rescuing** people in crisis
- Her/his worst fear: **Abandonment**
- Remains in relationships even when they are clearly unsatisfactory, because she/he is **afraid to leave**
- Trying to control addict's behavior - yet **sometimes enabling the addict to stay addicted**
- May want to “**possess**” the addict
- If the addict recovers, codependent may move on to new addict who needs and appreciates her/his rescuing skills

# *Attending to the Spouse in Treatment – What are her/his needs?*

- Often partners call requesting information about a treatment program and how to **MAKE** the gambler attend.
- They claim they are willing to **do anything** to help their loved one.
- Because family members also suffer financial, emotional, and physical consequences of gambling, it is also appropriate to determine what family members' **current needs** are.
- Often partners develop mistrust and become suspicious of their gambling spouse, resulting in **feelings of anxiety and worry**.
- Partners' belief in a fair and just world may also be shattered.
- Feeling victimized can lead to **anger and resentment**.
- A partner's **self-worth** may be jeopardized and **self blame** can result from the inability to understand and explain the reasons for the irrational behavior.
- Couples can also attend treatment together and work towards **better communication** and agreed upon goals (abstinence).

# Treatment program

- **SOCIO-ANDRAGOGIC METHOD** (Rugelj, Hudolin, Rozman)
- Use of different **therapeutic methods** in a group setting (TA, group analysis, BCT, Gestalt)
- **PROGRAM**: self administered, partly supervised by therapist, duration 1-6 years (as long as the patient wants)

# Treatment program and therapeutic means (tools)

- **1. RUNNING (JOGGING):** increased psycho-physiological activity reduces the adrenaline level and acts as a kind of tranquiliser, alleviating the withdrawal symptoms and increasing overall energy and the ability to cope.
- **2. MARATHON:** Addicts crave ecstatic experiences and expect that something outside themselves, a drug, a gambler's fortune, sex or adrenaline will provide ecstasy. Here is one legitimate ecstatic experience that you can achieve if you work out very hard for a very long time. You cannot cheat at marathon.
- **3. MOUNTANEERING:** The aim is to be with people, to feel the beauty of Nature, to start to feel that there are forces greater than human will that control the Universe, to spend time and have fun with other people, and to strengthen the group and family ties.
- **4. REGULAR AEROBIC EXERCISE:** At least 30 minutes every morning. It is useful as anti stress therapy as well as a good test of motivation: the addicts that are about to quit the programme stop exercising before! It is important for training discipline as well as muscles!
- **5. MEDITATION:** Guided imagery, working with symbols are important methods for "reprogramming" the unconscious mind. On a deeper lever it brings "conscious contact with God, as we understand it" (Alcoholics Anonymous). Sometimes it evokes a memory - a "film of past trauma". Caution is recommended with schizophrenic patients.
- **6. BIBLIOTHERAPY:** Books are used in therapy for education, reflection on one's position and crisis behaviour, and understanding that you are not alone in your struggles with addiction. It teaches empathy, sympathy and identification with positive role models. There are some very useful self-help books available.
- **7. JOURNAL WRITING:** This is very useful for the therapist to get insight into everyday life and understand the individual dynamics of the addict's life (trigger points, crisis behaviour, conflicts).

# Treatment program and therapeutic means (tools)

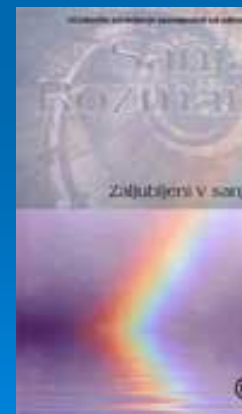
- **8. BIOGRAPHY:** The client writes extensive biography with emphasis on childhood traumas, current difficulties and “standpoints and prejudices” at the beginning of treatment.
- **9. PERSONAL PRESENTATION:** A self-experienced analysis of one’s own life and relationships, shared with the group. Being able to share is a cathartic experience, which brings to the person presented a deep emotional release.
- **10. ESSAY and REMINISCENCE WRITING:** Written feed back to the therapist on everything important that happens in one’s life or on group sessions. Some people cannot speak up about their problems, but find it easier to write about them.
- **11. GROUP:** Group sessions are scheduled every 2 weeks and last for 3 hours, conducted by the *therapist*.
- **12. GROUP CELEBRATIONS:** The addicted are often very lonely people and awareness of their social isolation can be very painful in times of family holidays such as Christmas. A pleasant reunion enhances feelings of closeness and empathy within the group.
- **14. MENTORSHIP:** Experienced group members are available to newcomers to help them become part of the group.



# Some statistics – and beyond statistics...

- relationship addiction or co-dependency 96%
- adult children of alcoholics 71%
- sexually abused in childhood 43%
- addicted to overeating or starving 18%
- sexually addicted 25%
- addicted to gambling or computer games 3%

# Our original literature



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