eCOMMUNITY
INTERNATIONAL JOURNAL OF MENTAL HEALTH & ADDICTION

Vol. 2, No. 2, pp. 1-5, 2005

ISSN 1705-4583

Gambling, Violence, and Family Dynamics: Some Intervention Markers

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Published online May 2, 2005

The phenomenon of family violence associated with addictions in general, and with gambling in particular, is analyzed by the medical model in North America as being a disorder of impulsion, pathology or a disease. This approach, which permits, socially and legally, to label the gambler as suffering from a disease or pathology has certain consequences for the individual, his family members and the society. From a sociological and systemic perspective, this article attempts to identify some markers in these family dynamics with gambling and family violence issues.

Keywords: Addiction; Family dynamics; Gambling; Violence.

Family Violence in the Context of Gambling: Some Benchmarks

When looking at the phenomenon of gambling in relation to violence, individuals who develop an addiction to gambling (pathological gamblers) are often physically and mentally abusive toward their spouse and family members (Berman & Siegel, 1992; Castellani, 2000; Herscovitch, 1999). Since these gamblers are also more likely to be substance abusers, this further elevates the risk of harmful behaviour aimed at themselves or others. The aggressive or violent behaviour may take different shapes, from psychological abuse to physiological one and economic control. In this context, the gambler will have the tendency to exercise the maximum control of his or her environment in order to achieve and maintain his or her addiction habits. Psychological control can be manifested by abusive criticism, threats, and unreasonably limiting freedom to the loved ones (tangled family system). Economic control, such as limiting or preventing family members' access to family funds, can also be a form of abuse that is used to conceal and maintain a family member's problem gambling.

From a sociological point of view, although social problems are common to all families, each family's adaptation mechanisms will depend on its economic status, its capacity to gain and consolidate certain flexibility between the feelings of belonging and socialization of its members, as well as the process of individuation and uniqueness that allows each one to develop psychosocially. A pioneer of the systems approach pointed out, "the process of life consists not only of the body's adaptation to its environment but also of the environment's adaptation to the body" (Minuchin, 1979, p. 21).

In this logic, we can say that families do not live in isolation, but in interaction with a larger social context. The relationship between individual, family, and environment produces inevitable stress for the family members in their continuous attempt to keep some equilibrium. The management of this stress depends on such factors as, the adaptation and flexibility skills of each family in the internal and external boundaries, social and economic status, social support networks, and the family's ability to negotiate the problems inherent to the life cycles.

By internal and external boundaries, we mean that families must generally meet two challenges in order to maintain equilibrium. First, it must cultivate a sense of belonging and socialization and second, it must also ensure the individuation or uniqueness of each member. This transaction presupposes a certain capacity by the family system to both open and close the gates between the internal and external dynamics. Failure to

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remain flexible enough to change while still retaining its structure could lead the family to become either a closed or a disengaged system.

The characteristics of the closed system (tangled) reveal that family survival is based on the survival of the system rather than of the people within it. For example, one might think of systems managed internally by a code of secrecy when it comes to problems such as incest, violence, addictions, etc. In this kind of family, members' autonomy is often sacrificed on the altar of family affiliation, and direct conflict between members is avoided in order to prevent the explosion of the family system (*popcorn families*) that would result if the problem became widely known. As for the disengaged system, this can have such characteristics as multiple problems, difficulty connecting, disorganization, and often poverty and delinquency. Since the family system itself has no power, there are no rules governing behaviour, loyalty between members or family feedback, each member's suffering is likely to be a private matter. For all these reasons, both these kinds of families often find themselves on the receiving end of some kind of social service intervention, especially in a context of authority (e.g., youth protection, treatment center, or prison). In a context of difficult conditions, poverty and deprivation for example, the person may resort to violence, addiction behaviour, or both, as an adaptation strategy to manage his or her own suffering and with the constraints of a social and family environment.

The Concept of Addiction: At the Heart of the Debate

The first screening tool evaluation conceived to define pathological gambling among an adult population was the Gamblers Anonymous questionnaire during the 1950's. Scientific studies of the prevalence of pathological gambling around the world are based on the use of two main screening tools to assess the scope of the phenomenon: The Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV*), used by the American Psychiatric Association (APA, 1994), and the South Oaks Gambling Screen (*SOGS*; Lesieur & Blume, 1987). Today, these two instruments are used to evaluate situations of abuse and addiction in the world of gambling. Although they are able to provide certain information that is useful in understanding the personal situation of a particular client, these tools are still clearly incomplete and insufficient for diagnostic evaluation, especially for identifying family problems, family violence, or both. For example, clients are always alone when they complete their questionnaires and there are no questions about the family context, although this is known to be an important marker in the dynamic surrounding the onset, continuance and termination of gambling. There is also no picture of addiction activities prior to or concomitant to the reason for the consultation. Finally, addiction to gambling is not seen as part of a continuum, a person may have periods of more or less intense addiction, in different circumstances and for different reasons.

It should be noted that the *SOGS* was developed based on the criteria used by the American Psychiatric Association in the *DSM-IV*. Even though a revised version of the *SOGS* was produced in 1991 and covers the gambler's current problems, as well as problems with the rest of his or her life, the application of the tool will differ in different contexts and environments. Thus, certain Canadian provinces, such as Quebec, prefer to use the original *SOGS* screen, while others, such as Ontario and Manitoba, opt for the revised one (National Council of Welfare, 1996). Although there have been attempts to apply the *SOGS* in different cultural contexts, such as in the Chinese (Blaszczynski, Huynh, Dumlao, & Farrell, 1998), Turkish (Duvarci, Varan, Coskunol, & Ersoy, 1997) or Cretan (Malaby, 1999) communities, a fact remains: the values attributed to the unpredictability, randomness, and arbitrariness of gambling are undeniably part of every specific cultural framework with its own historical and social milestones. One may therefore, question the validity of these instruments at the international level, insofar as they take no account of the sociocultural contexts and values that are associated with the reasons, choices and motives for using or abusing games of chance.

Lately, an attempt to update the evaluation instruments in a more global perspective was done by Canadian researchers of the Canadian Centre on Substance Abuse in order to study inter-provincial gambling problems (Ferris & Wynne, 2001). Divided in two phases, this research was aiming at examining how the gambling problems are conceived, defined and measured. In the second phase, and through a psychometric test among 143 individuals and a pan-Canadian survey among 3120 adults, the focus was put on a validation process of the first phase. The results of this work are 31 references called the Canadian Problem Gambling Index. What is encouraging about this index is that the factors linked to the environment and social aspects are now included, while they are not with the *DSM-IV* and the *SOGS*.

In this logic, the Canadian Problem Gambling Index (*CPGI*; Ferris & Wynne, 2001) represents a good step in the right direction, in the sense, that it does distance itself from a gambling conception as an individual disorder or pathology to include also the social context. While the *CPGI* constitutes an interesting tool for evaluation in future research, it is, at this stage, and because it is a new instrument, not used enough in scientific research. Surprisingly, the head of research for the Responsible Gambling Council, Jamie Wiebe did

use it on a large scale in the province of Ontario (Wiebe, Cox, & Falkowski, 2003; Wiebe, Single, & Falkowski, 2003), and the results show some interesting analysis in terms of psychosocial factors associated with problem gambling.

That being said, the only discourse available to the family members of problem gamblers is mainly the medical model. According to Castellani (2000), treatment is structured to care for the individual gambler and less for his or her family and social system; consequently, the family is largely ignored during the treatment process. In other words, the family is always seen in relation to the gambler and when the family members want treatment, they are often advised to join GamAnon or to seek their own counselling. Most gamblers do not seek treatment at the early stages of their addiction cycle, thus the family members have suffered a great deal. The most popular form of help participation for family members of problem gamblers is the 12-step programs of Gamblers Anonymous and GamAnon, where the out of control and the pathology-disease theory remains the principal marker in the socialization of the medical model (Peele, 1989).

Addictions, Gambling, and Family Dynamics

In terms of family dynamics, and contrary to the well documented alcoholic family system, family dynamics with gambling problems are in a construction stage. While some gambling effects on families are known, those regarding the impact of family functioning on gambling are less known. On a social level, family members often experience feelings of shame that contributes generally to social isolation and weakening of social ties. In this context, we observe a potential for aggressive or violent behaviour when there is incompatibility between the individual needs (autonomy, self realisation, feelings, emotions) and the needs of the family system (surviving, equilibrium, adaptation, continuity). Generally, the family will have the tendency to center all its attention on the gambler and take all possible means to protect him. In this dynamic of protection it may take a long period of time, often years, to develop the addiction to gambling.

Unlike the scientific knowledge gathered over the years about drug and alcohol in family systems (Seron, 2002; Steinglass, 1980; Stratton, 2003; Suissa, 2003), which is, up to a certain point similar to gambling when we consider the historical markers and the sources of medical model (Castellani, 2000), no research work can demonstrate that a gambling activity or a psychotropic substance is by itself a cause of a violent behaviour. In other words, if the gambler has intense feelings of anger that were put on hold through psychological defence mechanisms, this person would then liberate his anger once the gambling activity is initiated. In these scenarios, anger toward self or others is present before the addiction activity. The phenomenon of addiction is not a problem of the gambling activity or of the psychotropic substance use; it is primarily a psychosocial problem (Peele, 1989, 1991; Suissa, 1998).

According to the medical model and in the case of family or couple violence, the problem gambler is generally seen as being out of control because he suffers from the impulsion disorder, pathology, or disease of addiction gambling. From that point of view, the problem gambler will have the tendency to discharge his frustration and aggression toward the partner in order to paradoxically manage or maintain his own equilibrium. In the majority of cases, the problem gambler will have the tendency to accuse his gambling addiction, an external activity or object, as being the source and the cause of the problems.

Perceived often as a victim of a process that cannot be controlled, due to the success of labelling gambling as a disease or as pathology, the violent partner can gradually build a psychosocial identity within a status of a disease sufferer. This reality is well supported by the public and legal institutions as well by the ideology of 12-step Anonymous self-help groups (Peele, Bufe, & Brodsky, 2000). It also reinforces the medical model discourse of the individual pathology and exercises an enormous influence in labelling more behaviours and social conditions as diseases (e.g., workaholism, depression, sexual addiction, overeaters, shopping too much, etc.).

In terms of couples or family therapy, the social acceptance of gambling as a disease or pathology by his or her partner permits a dyad installation (alliance of the two partners based on a complementary role), where the problem gambler's responsibility is evacuated outside the couple or family dynamics. The reality of "I have an illness or disease; it's not my fault" favours a reaction where the spouse's role must generally cover the problems of her partner. This secondary adaptation of the so-called co-dependent, generates a relation where symmetry (relation founded on a more equal rapport and where the gambler person is seen by his partner as responsible for his own behaviours) is erased, while it is the main tool for confrontation and for individual and social change (Suissa, 1994). One then enters a more complementary relation and inequality, which strongly explain why we have an impressive length of the addiction family systems that can last 5, 10 or 20 years. In other words, every time the partner tries to protect and cover the problem gambler by accepting the pathology explanation, the violent and addictive system continues. With this perspective, the behaviours of the co-dependent are aimed at helping her husband who is seen as a disease carrier and para-

doxically protects, not the gambler, but the gambling family system. If we consider a scenario where the violent partner is obliged to take responsibility for his own behaviours and not label himself as suffering from his permanent pathology condition (once a gambler, always a gambler), the family dynamics will take another direction. In this case, this will result in a crisis for the family members, but it is also an opportunity to change for good, as it addresses the root of the problem; which is the psychosocial problem of the gambler who needs to do some introspection and change without "hiding" behind the external disease label.

From a systemic point of view, several classical authors who worked on family systems with addictions confirmed this explanation by demonstrating that addictions, in this case gambling, can have adaptive effects on the homeostasis of the family system (Federman, Drebing, & Krebs, 2000; Stanton & Todd, 1982; Steinglass, 1980). With this perspective, it is important to understand the gambling behaviour is being used to also maintain equilibrium functions within the family system. Among these functions, we can underline the fact that family members can, to a certain extent, predict the course of the events. The gambling schedule and timing, the moods and tempers of the gambler, the family rules that are gradually integrated, etc., will reduce, to a certain point, uncertainties among family members. Another important observation in couples and family dynamics is the one based on the paradox: "I win, you lose or you win, I loose" (Ausloos, 1995).

According to Bertanlaffy (1968), a pioneer in the studies of systems, one can deduce that each time the gambler gambles, he or she looses because he or she becomes inferior to his or her partner who does not gamble, but also wins at the same time as the partner cannot succeed to make him or her stop from gambling. In other words, the co-dependent who asks the partner to quit gambling generally fails in this attempt without breaking the addiction cycle. In this context of behaviour prediction, abstinence at any price can produce greater difficulties in terms of psychological and social adaptation (Cormier, 1985). With this logic, Liepman (1989) suggests that without family therapy, the majority of the families will suffer from some secondary effects if the gambler stops his addiction on a permanent basis.

Conclusion and Prospects

Family and couple violence in a context of gambling addiction is not a phenomenon that can be easily measured (Livingston, 1986). If a violent person can also have a gambling addiction problem, one has to admit that the majority of the population can be violent without any underlying addiction (Bennett, 1995). Even with psychotropic substances, the effects do not seem to constitute predictive factors for violence. One has to stay alert and prudent when attributing a causal relation between addictions and violent behaviours in the context of couple and family dynamics. If the addicted and violent person loses control at home, it is not a hazardous event, because the social control instances (police, work environments, institutions, etc.) play an important role in the trajectory and the space where the violence will occur (Brown, Werk, Caplan, & Seraganian, 1999).

According to Palmer and Healey (2002), working with families from a developmental, non-pathological perspective allows the social practitioner to see the members' strengths as a concrete reality within the family's life-cycle. To sum up, as Goulding (1978) so aptly says, "the real power is in the patient and the challenge for intervention resides in our ability to enhance that power without falling into the trap of labelling."

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Received May 22, 2003
Accepted September 29, 2004 ◆