

The Pathological Gambler and his Spouse: How do their Narratives Match?

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Abstract

This case study compares the narratives of a pathological gambler and his spouse concerning family, marital and individual matters. It does so through identifying each of the key players' narratives individually (analysis of self-report questionnaires) and interactively (couples therapy sessions analysis). The results show that the gambler has a rather more positive view of gambling-related issues than does his spouse, and this fact is most apparent when it comes to marital and family issues. The gambler's perspective is less positive when it comes to non-relationship issues (financial and professional issues). A few hypotheses are put forward to explain these results and these are summarized in three effects: denial, idealization/guilt relief, and disappointment/retaliation. Some implications for clinical practice are also identified, such as the need to set therapy objectives which are truly shared by both members of the couple, as well as guidelines for future research, such as studies focused on gender differences.

Keywords: gambler and spouse perspective, family, marital and individual variables

Résumé

Cette étude compare les récits d'un joueur pathologique et de sa conjointe concernant des questions familiales, conjugales et individuelles. La démarche a consisté à cerner chaque récit individuellement (analyse de questionnaires d'auto-évaluation) et en interaction avec l'autre (analyse de séances de thérapies de couple). Les résultats indiquent que le joueur a une perception plus positive des problèmes liés au jeu que sa conjointe et que cette caractéristique est plus marquée lorsqu'il est question des enjeux conjugaux et familiaux. La perception du joueur est cependant moins positive lorsqu'il est question d'enjeux non relationnels (enjeux financiers et professionnels). Les quelques hypothèses proposées pour expliquer ces résultats peuvent être résumées par les trois effets suivants : le déni, l'idéalisation/le soulagement de la culpabilité, la déception/les représailles. L'étude signale également les conséquences des résultats dégagés sur la

pratique clinique, comme la nécessité d'établir des objectifs de thérapie qui sont véritablement partagés par les deux partenaires du couple, et dresse des lignes de conduite pour des recherches futures, par exemple sur les différences entre les hommes et les femmes.

Introduction

Theoretical Framework

Pathological gambling (DSM IV-TR) (American Psychiatric Association, 2000) or gambling disorder (DSM V) (American Psychiatric Association, 2013) is an addictive behaviour defined in part by its strong negative impact on the individual, and on the relationships between gamblers (American Psychiatric Association, 2013) and those closest to them (Hing, Tiyce, Holdsworth, & Nuske, 2013). (Examples of the other characteristics include concern with gambling, repeated gambling losses, and the need for ever higher wages.) Spouses may be particularly affected (Ferland et al., 2008; Lorenz & Shuttlesworth, 1983); it is estimated that eight out of ten spouses suffer directly from the consequences of this pathology (Bertrand, Dufour, Wright, & Lasnier, 2008). A recent study indicates that concerned significant others were most often the intimate partners of problem gamblers and chiefly females less than 30 years of age (Dowling, Rodda, Lubman, & Jackson, 2014). Pathological gambling is related to a number of family problems (McComb, Lee, & Sprenkle, 2009). Dowling et al. (2014) found that gamblers' various family members display a similar profile, with emotional distress, and negative impacts on familial relationship, social life, finances, employment and physical health. In fact, different family members are affected by an individual's problem gambling: (1) the filial subsystem (gamblers' children) can experience risks to health and well-being in general, along with symptoms of depression and behavioural problems (Darbyshire, Oster, & Carrig, 2001), (2) the parental subsystem (the gambler's parents) has been reported to develop emotional problems (e.g., fear, guilt, anger) (Moody, 1989), and (3) the marital subsystem (Lee, 2002b). Regarding (3), certain authors, including Lee (2002b), consider that the negative effects of gambling are exhibited most abundantly in this particular subsystem. Other authors (Dowling et al., 2014) found evidence that there were few significant differences in impacts of gambling problem between family members (children, partners, parents and siblings). Marital problems are associated with problem gambling in a variety of different ways (Garrido-Fernández, Jaén-Rincón, & Garcia-Martínez, 2011; McComb et al., 2009), including psychological suffering, anger, guilt, frustration, resentment (Lorenz & Yaffee, 1986; Steinberg, 1993), sexual dissatisfaction (Lorenz & Yaffee, 1986), lying, deceit, attempts to hide or repair damage caused by the problem (Dickson-Swift, James, & Kippen, 2005), and violent behaviour (Chan, Jackson, Shek, & Dowling, 2012). Causes and effects are not clear. This lack of clarity highlights the circular nature of this problem (Cunha & Relvas, 2014a).

But do gamblers and their spouses perceive pathological gambling and the problems associated with it in the same way? Lorenz and Yaffee' (1989) study ($N = 151$ couples with a pathological gambler member) found that the responses of gamblers and spouses diverged regarding sexual satisfaction and dissatisfaction: 34% of the gamblers indicated the sexual relationship was satisfactory for both partners, whereas only 19% wives responded accordingly. The area where there was an even larger discrepancy in opinions was parenting, where half of spouses disagreed with gamblers who stated that they spent enough time with their children. The most common feelings experienced by gamblers are (1) a desperate need for money, (2) guilt for making others suffer, and (3) depression. On the other hand, the most common feelings experienced by spouses are anger, depression, and a feeling of distance from the gambler. Finally, regarding physical symptoms, gamblers reported a greater diversity of symptoms experienced. More recently, a qualitative exploratory study ($N = 7$ couples with a pathological gambler member) (Ferland et al., 2008) found that spouses perceive the consequences of gambling as more serious than do the gamblers, emphasising difficulties in the gambler's social life, whereas gamblers themselves are more inclined to perceive as serious the negative consequences of gambling on their own psychological well-being. Couples' views seem to converge when it comes to financial aspects (Ferland et al., 2008).

Furthermore, the view of recovery from problem gambling as a couples' issue (Strong & Sametband, 2011) has gained importance over the last several years (Bertrand et al., 2008; Lee, 2009; McComb et al., 2009). However, little is known about these couples themselves and, in particular, about the spouses' marital experiences. These facts emphasize the need for greater understanding of partners' experiences (Hing et al., 2013) and point to the need for additional research to compare partners' perceptions with gamblers' perceptions. Such research could be helpful, for example, to develop more accurate couples interventions for pathological gambling and to promote public health initiatives that protect gamblers, partners and their families from the damaging effects of gambling problems.

Objective

This case study aimed to compare the narratives of a gambler and his spouse on family, marital and individual issues by identifying the narratives of each member of the couple individually (analysis of self-report questionnaires) and interactively (analysis of couples therapy sessions).

Method

Methodological Framework

Case studies were one of the first research tools used within qualitative research and they are currently widely applied in various fields—psychology, history and education, among other—to generate content-specific scientific knowledge (Starman, 2013).

Case studies work to yield a deeper understanding of the subject in question, a need inherent to qualitative methods in general. Case studies deal with causal complexity, can analyze the hypothetical role of causal mechanisms in individual cases, and are robust as a tool for generating new hypotheses (George & Bennett, 2005). For all these reasons, case studies are particularly suitable for achieving the objective of this study—to identify and compare the narratives of a gambler and his spouse on family, marital and individual issues. We employed an instrumental case study method, one which served two purposes aside from an understanding of the case itself (Stake, 1995). Specifically, this study acted as a test for future research, and shed light and clarity on certain results found in previous studies.

We would like to draw attention to the data collection and analysis methods used in this study, specifically qualitative analysis of self-report questionnaires (see Data Collection and Data Analysis Procedures). The development of this qualitative method of analysis of self-report questionnaires emerged from the need to obtain detailed and more descriptive information on the subject of this study.

Couple Selection

The couple was selected from the cases of a family therapy centre of the Faculty of Psychology and Education Sciences of the University of Coimbra. The selection criteria required (1) a couple in which one partner was a pathological gambler, and (2) the referral for therapy that was directly related to the gambling problem. This case was the only one which met these criteria.

Therapy Demand

The therapy referral was made in 2012 and targeted gambling abstinence. Therapy was a condition set by the gambler's employer and the gambler himself felt no need for it as he believed he was "cured." However, he felt pressured to participate in couple therapy, first by his employer, but also then by his spouse. After four fortnightly therapy sessions, the gambler was dismissed from work and then dropped out of therapy.

Questionnaires

The research protocol consisted of a questionnaire on socio-demographic characteristics and of Likert-scale self-report instruments adapted for the Portuguese population (see Appendix A). The measures evaluated participant demographics, current family functioning, marital adjustment, psychopathological symptoms, and congruence (i.e., relation with self, others, and context). The protocol included the Systemic Clinical Outcome and Routine Evaluation 15 scale (SCORE-15) (Stratton, Bland, Janes, & Lask, 2010; Portuguese version by Vilaça, Silva, & Relvas, 2014), the Quality of Life scale (QOL) (Olson & Barnes, 1982; Portuguese version by Simões, 2008), the Dyadic Adjustment Scale (DAS) (Spanier, 1976; Portuguese version by Lourenço, 2006), the Congruence Scale (CS) (Lee, 2002a; Portuguese version by Cunha, Silva, Vilaça,

Gonçalves, & Relvas, in press) and the Psychopathological Symptom Inventory (BSI) (Derogatis & Spencer, 1982; Portuguese version by Canavarro, 1999).

Data Collection and Data Analysis Procedures

The couple was asked to be present thirty minutes before the first session. It was thus possible to explain the study in more detail. Its purpose/objective, voluntary nature, participation confidentiality, and the need to record all sessions on video, were each explained, and informed consent was obtained. Each member of the couple completed the questionnaires.

The data analysis involved both study of the questionnaire data, and study of the of the data garnered from therapeutic sessions. This methodological triangulation aimed to (1) increase the study's internal validity and (2) test the qualitative analysis of the data from the questionnaires, by comparison with the data garnered from therapeutic sessions, a more consensual and recognized method for content analysis (i.e., concurrent validity).

The items marked with extreme Likert-scale scores (e.g., “very good description,” “very poor description”) were used as a structural basis to build the narrative of each participant. This option ensured that the items were faithful descriptors for the characteristics they represented. Subsequently, a search was made to find which of the items were marked both by the gambler and spouse (coincident items) and if there were any convergence in extreme ratings. For example, if both partners marked item “x”, it was then ascertained whether they classified it with the same extreme score (convergent item) or if they were at opposite ends (divergent item). With the aim of understanding the most relevant psychopathological symptoms, for the analysis of the BSI, only the two highest scores (“often” and “very often”) were taken into account, thus ignoring the lower extremes (“never” and “rarely”). Regarding the DAS, since hardly any extreme values were marked, an item to item comparison was made of the couple's responses (regardless of whether they were at opposite extremes of the response scale) to avoid the loss of useful data. For example, the item “considering a divorce, separation or ending the relationship” could be classified on a scale from “always/all the time” to “never.” Some very interesting data emerging from the gambler's (“rarely”) and spouse's (“sometimes”) divergent perspectives would have been lost if we had only considered extreme values.

Therapy sessions followed the subsequent protocol: session one outlined the purpose of therapy and present marital relationship; session two assessed the couple's history and problem history; session three assessed family history (family of origin) and parallels between marital history and problem history; session four did not follow protocol definitions but focused on the couple's concerns regarding the recent job loss of the gambler. They were video recorded, transcribed, and a content analysis (theme/category) was then performed (Oliveira, 2008) without the use of software. The session transcript was read several times to remove data of no use to the research

purpose (e.g., pre-session social conversations, therapist interventions). The conversation theme was used as a registration unit (RU), which could consist of sentence parts, sentences, or paragraphs. The RUs were then selected and organized by themes. These were pre-established based on the literature, while remaining completely open and flexible and were altered as RUs were classified. The last task was to group these themes into categories bearing in mind the literature on the subject. The theme quantification was made on number of RUs.

Results

Extracted Narratives from the Qualitative Analysis of Questionnaires

The expressions chosen to present these results were retrieved from the assessment questionnaires Likert scale descriptors. For example, the terms “satisfaction” and “dissatisfaction” were used in the QOL results presentation because the Likert scale of this instrument taps variations in satisfaction. Thus, the following narratives were created for each partner, using the explicit item descriptors which they had marked.

Family Functioning (SCORE-15)

Gambler	Spouse
<p><i>We are honest and trust each other [trust]. We do not blame others when things go wrong and when people get angry they do not deliberately ignore each other [understanding and respect]. We do not experience crisis after crisis and we cope with everyday problems [family problems/crisis]. We listen when someone speaks and, usually, we speak with each other on things that matter to us [communication]. The words that describe our family best are love, caring and friendship [emotional support and positive feelings]. What bring us to therapy are my own professional issues.</i></p>	<p><i>We are not honest and do not trust each other [trust]. We do not blame each other when things go wrong but when people get angry they deliberately ignore one another [understanding and respect]. Crises keep on coming and day-to-day problems are hard to deal with [family problems/crisis]. The words that best describe our family are: “We do not talk much about problems and we put them off to the very end” [communication]. What bring us to therapy are our current economic and social problems.</i></p>

Family Quality of Life (QOL)

Gambler	Spouse
<p><i>I feel very pleased with my family, with my marriage, the relations I have with my family [family], as well as with my children [children]. Also my friends bring me a great deal of satisfaction [friends]. I have great living conditions with plenty of room for my own needs as well as my family's [housing and space]. I am very happy with the household chores of my family [household chores]. Also the educational programmes on improving married and family life [media and community], community leisure facilities and the neighbourhood where we live [space and community] are also fine. In terms of work, I feel secure and pleased with my wage as it is enough for my family's needs. Regrettably, there is not so much money for future needs and also my savings level is unsatisfactory [financial aspects].</i></p>	<p><i>I am dissatisfied with my family, my marriage and the relationship with my family [family]. Nevertheless, my children give me enormous satisfaction [children]. Although I am very happy with my home regarding the amount of space for family needs [housing and space], I am very unhappy about household chores done by other family members [household chores]. Generally, I am satisfied about what the community offers like newspaper quality, shopping, security and even healthcare; I am not so pleased with the community religious life [media and community]. The community leisure facilities and neighbourhood conditions where we live [space and community] are very satisfactory. Regarding my job conditions, I feel secure [job security] and I am satisfied with my education level [education], although I am not happy with my wage. Regrettably, it is hard to deal with family needs and cope with financial emergencies. I am dissatisfied with money issues regarding the family's future needs, as well as savings level [financial aspects]. Nevertheless, it is great to have free time for myself and for my family and also to earn money [time]. I am not satisfied with my health or that of my family [health].</i></p>

Marital Adjustment (DAS)

Gambler	Spouse
<p><i>My wife and I agree on such matters as: religious issues [religion]; friends [friends]; quality time when together; spare time [time]; decisions about life; conventionalities; life's philosophy; goals, objectives and other important matters; important decision taking [attitude towards life]; leisure matters [leisure matters]; affection; sexual life [intimacy]; how to handle parents and parents-in-law [family]. I've hardly thought about divorce and never regretted getting married. Most of the time I think that things between me and my wife are fine. I think our relationship is quite happy [assessment of marriage]. I or my wife rarely storm out of the house after an argument, in fact we rarely have any arguments or get on each other nerves [marital conflict]. Most of the times I share feelings with my wife, I kiss her every day, once or twice a week we have stimulating talks and more than once a day we have a calm chat on some topic, we laugh together more than once a day [intimacy]. We work on something together once or twice a week [sharing].</i></p>	<p><i>Me and my husband agree on several matters like: religious matters [religion]; friends [friends]; quality time spent together; spare time [time]; decisions about life [attitude towards life]. Household chores is a theme on which we mostly disagree [household chores]. Sometimes I consider a divorce and regret getting married. Although most of the time I feel that things between me and my husband are fine, I regard our relationship as a little unhappy [assessment of marriage]. Neither I nor my husband ever storm out of the house after an argument, in fact, we rarely argue even though we sometimes get on each other's nerves [marital conflict]. Sometimes I share feelings with my husband and kiss him almost every day. Once or twice a week we have stimulating talks and a calm chat on some topic. We laugh together more than once a day [intimacy]. We work together on something less than once a month [sharing].</i></p>

Congruence (CS)

Gambler	Spouse
<p><i>Generally, in life, I do not react unreasonably in conflict situations [reaction to conflict] and I know that I am able to solve the problems [resources to solve problems], I believe in myself [self-confidence] and accept my past [acceptance of the past]. I do not feel stress when I am with other people [social tension].</i></p>	<p><i>Generally in life, I do not react unreasonably in conflict situations [reaction to conflict] and I do not feel stress when I am with other people [social tension]. I do not feel any inner conflict [inner conflict], I believe in myself [self-confidence] and accept my past [acceptance of the past]. God is an important pillar in my life: I feel connected and related to Him and I have a positive image of Him and trust His goodness [God]. I do not feel guilty easily or if someone is unhappy [guilt].</i></p>

Psychopathological Symptomatology (BSI)

Gambler	Spouse
<i>Sometimes, I feel on edge, with an inner stress [anxiety].</i>	<i>Very often I feel on edge, with an inner stress, I feel a sudden fear without any particular reason; it is a state of stress and being upset, in such a way that very often I cannot calm down or stop. It is a physical thing... I feel a pain over my chest and lose my appetite very often. I cannot count on most people any more [anxiety, depression, somatisation, etc.].</i>

Qualitative Analysis of Questionnaires

Family Functioning (SCORE-15). Eleven items were marked (extreme scores) by both the gambler and spouse but only four had a convergent perspective, for family strengths. Divergences between dyad marital perspectives (items = 7) arise from the spouse marking as difficulties what the gambler saw as strengths (see Figure 1).

The difficulties pointed out by the spouse (items = 7) concentrate on three themes: family problems/crisis (items = 3), communication (items = 1), understanding and respect (items = 1) and trust (items = 2). The convergent strengths (pointed out both by the gambler and spouse) (items = 4) concentrate on the issue of understanding and respect (items = 4). The competences/strengths marked solely by the gambler (items = 11) concentrate on emotional support and positive feelings (items = 3), communication (items = 3), family problems/crisis (items = 3) and trust ($n = 2$) themes. The last three themes are also contained in the spouse’s “difficulties narrative/

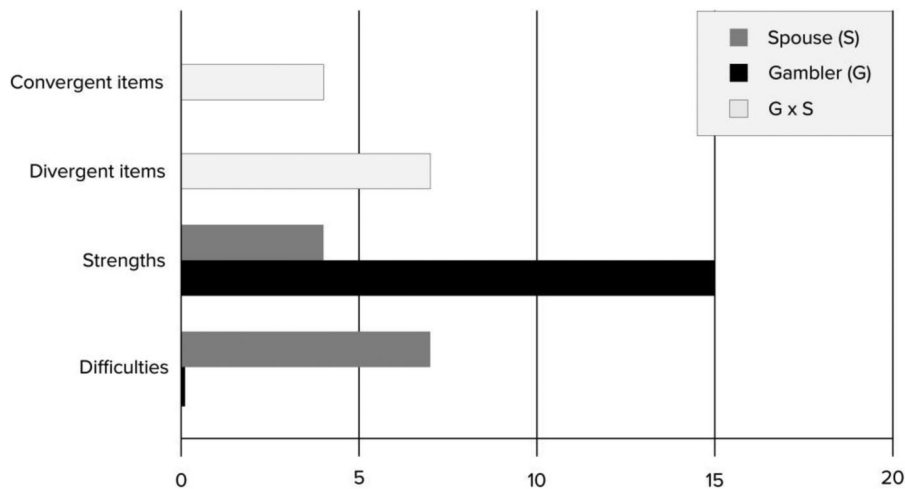


Figure 1. Main results of SCORE-15 questionnaire (number of items).

divergent themes” classification (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5).

Regarding the severity of the main problem that led the couple to therapy, the gambler’s score is 2 points lower than his spouse’s on the severity scale (6 vs. 8). Qualitatively speaking, the divergence remains as the gambler sees the problem in professional terms and the spouse in financial and social terms.

Summarizing, the gambler and his spouse diverge in their perception of family functioning and the gambler’s perspective is one of no difficulties. The spouse shows a rather more balanced perspective between strengths and difficulties, yet difficulties prevail.

Quality of Family Life (QOL). The gambler and his spouse identified 14 items in common and converged on 8 items (see Figure 2). Six of those corresponded to satisfaction domains and 2 to dissatisfaction domains.

Satisfaction domains are concentrated on children (items = 2), house space (items = 1), community space (items = 2), and safety in job (items = 1) themes; those of dissatisfaction are concentrated on financial aspects (items = 2). The gambler and his spouse diverge on the remaining 6 items marked by both. The divergence results from the gambler having marked these items as “satisfaction” and the spouse as “dissatisfaction.” These items concentrate on the themes: family (items = 3), financial aspects (items = 2), and domestic responsibilities (items = 1) (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5).

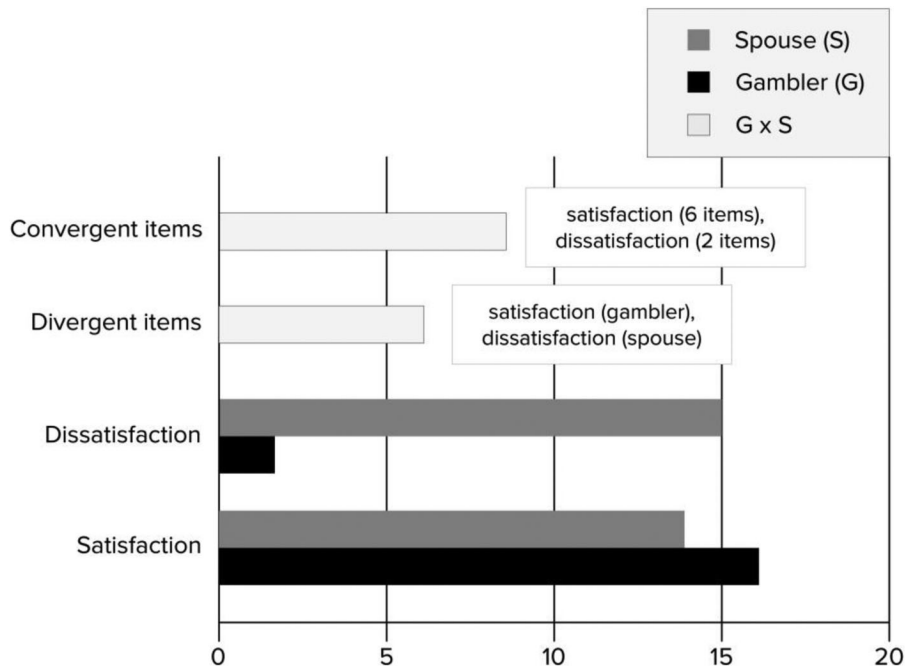


Figure 2. Main results of QOL questionnaire (number of items).

Regarding the items exclusively marked by the gambler (items = 4) or by the spouse (items = 14), we find that the gambler’s choices correspond solely to satisfaction domains and concentrate on housing and space (items = 2), friends (items = 1), and media and community (items = 1) themes. Regarding the spouse’s choices, 9 out of 14 items correspond to satisfaction domains: media and community (items = 4), time (items = 4), and education (items = 1) themes; 5 out of 14 items are dissatisfaction domains and concentrate on media and community ($n = 2$), health (items = 2) and financial (items = 1) themes (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5).

To sum up, the gambler’s and spouse’s perspectives diverge, especially regarding domains of dissatisfaction with family life, which are essentially pinpointed by the spouse. The spouse’s perspective has a better balance between satisfaction and dissatisfaction with life whereas the gambler mostly tends to select satisfaction indicators.

Marital Adjustment (DAS). The gambler and spouse had 5 convergent common items (with extreme scores), expressing marital agreement (see Figure 3a) on the following themes: time (items = 2), friends (items = 1), attitude towards life (items = 1) and religion (items = 1). In addition to the common items marked, the gambler has 8 more items related to marital agreement and the spouse has 1 more item, but related to an area of marital disagreement. The themes related to marital agreement domains marked solely by the gambler are: attitude towards life (items = 4), intimacy (items = 2), recreational matters (items = 1) and family (items = 1). Household chores is the theme in the above-mentioned marital disagreement domain (items = 1), endorsed by the spouse (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5).

In brief, both the gambler and his spouse have a positive perspective regarding marital status. The gambler’s results are more positive since he only points out marital agreement indicators. The spouse is rather more circumspect regarding the number of agreement indicators and also adds a disagreement indicator.

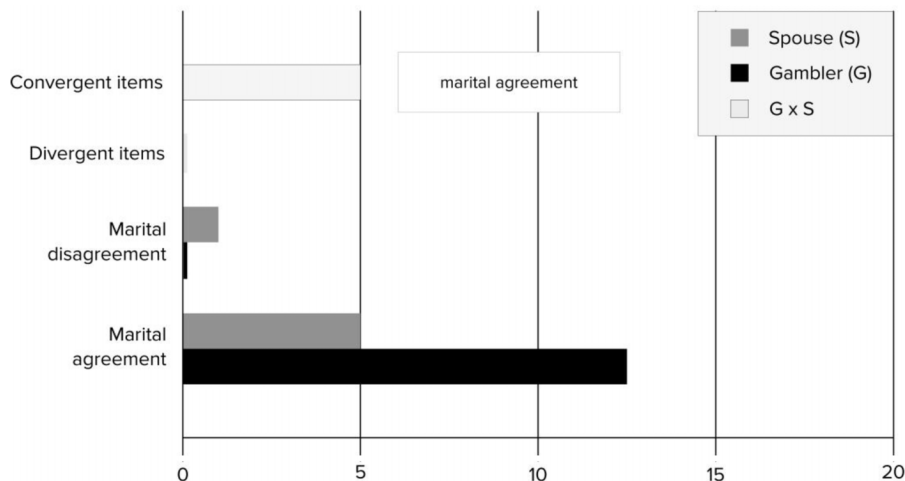


Figure 3a. Main results of DAS questionnaire (number of items).

The second set of items was analyzed using a different method. That is, while the analysis of the first set of DAS items used only extreme scores, the second set of items used all the scores (extreme and non-extreme scores) (see Data Collection and Data Analysis Procedures). There are 4 convergent items between the gambler’s and spouse’s answers on the following themes: intimacy (items = 2), assessment of the marriage (items = 1), and marital conflict (items = 1) (see Figure 3b). Eight of the 9 divergent items are given a more positive evaluation by the gambler and concentrate on the themes: assessment of the marriage (items = 3), intimacy (items = 3), sharing (items = 1), and marital conflict (items = 1). One of the 9 divergent items is given a more positive evaluation by the spouse (marital conflict) (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5).

To sum up, the gambler has a more positive perspective on the marriage, and this divergence of perceptions is perfectly summed up by the item “our relationship is...” on which the gambler answers “very happy” and the spouse answers “a little unhappy.”

Congruence Scale (CS). Five items were marked with extreme scores both by the gambler and spouse (i.e., pertaining to themes of reaction to conflict, acceptance of the past, social tension, self-confidence), all in the same direction (convergent perspective). In addition, the spouse marked a further 8 items (i.e., pertaining to themes of guilt, inner conflict, and God) and the gambler marked 1 extra item (resources to solve problems). All items marked by both partners show a congruent position, although this is more evident for the spouse (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p.5; Figure 4).

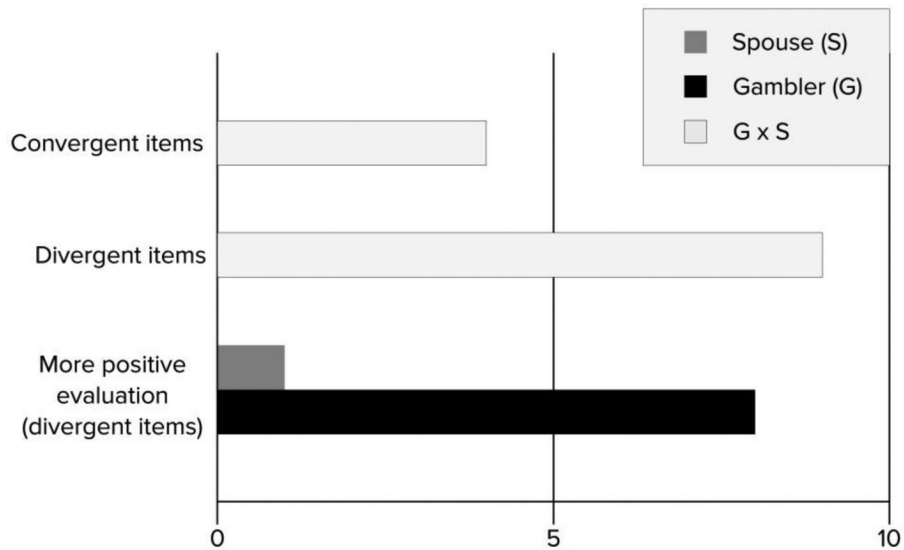


Figure 3b. Main results of DAS questionnaire utilizing the second set of items (number of items).

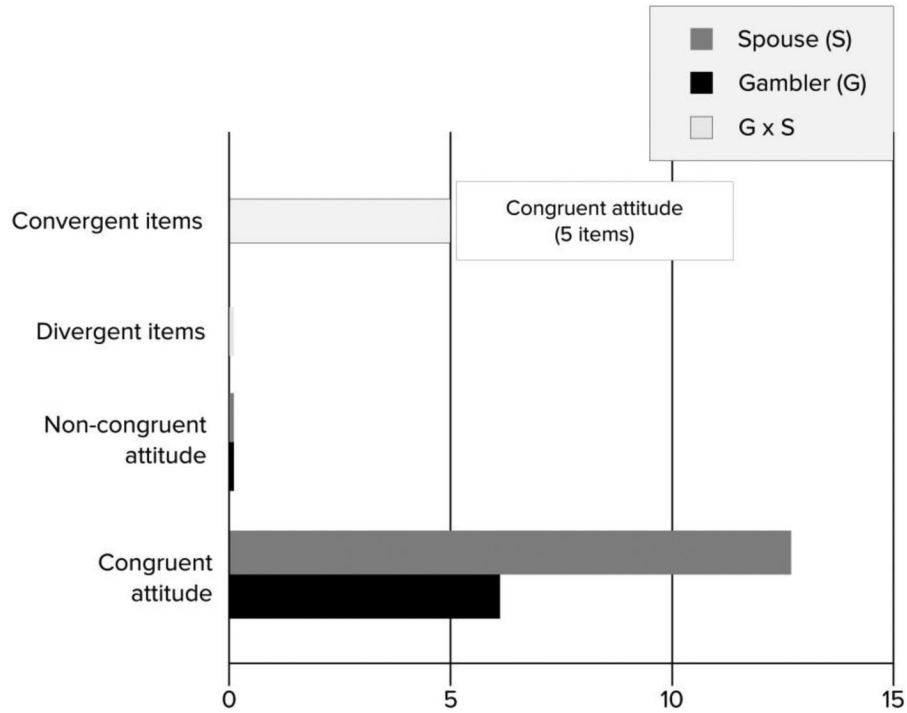


Figure 4. Main results of CS questionnaire (number of items).

Brief Symptom Inventory (BSI). The gambler marked 1 item and the spouse marked 12 items (with extreme scores). Nervousness and inner stress are experienced by both partners, yet the spouse indicates other emotions like anxiety, depression, and disbelief in others (see Narratives Extracted from the Qualitative Analysis of Questionnaires, p. 5; Figure 5).

Narratives Extracted from the Couples Therapy Narrative Analysis. This analysis uses pre-established categories based on the literature (“family difficulties,” “family strengths,” “marital difficulties,” “marital strengths,” “psychopathological symptoms,”

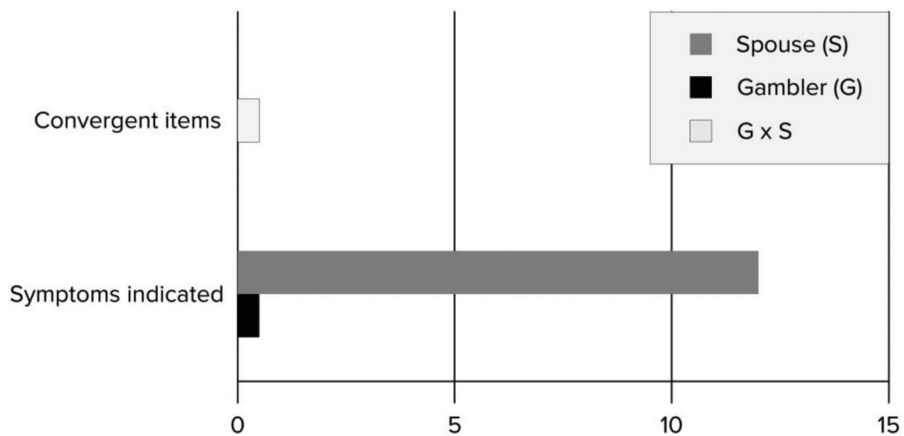


Figure 5. Main results of BSI questionnaire (number of items).

and “financial difficulties”), while remaining completely open and flexible. Concerning the themes emerging in the narratives analyzed (see Appendix B), some categories were added (“family stress,” “gambling-related risk factors”), others were eliminated (“family strengths,” “family difficulties”) and others were grouped under a broader category (“psychopathological symptoms”) and financial difficulties were placed with other themes under the category “difficulties felt in the individual domain”).

Using the words of each member of the couple and based on the analysis performed (see Couples Therapy Narrative Analysis), the following narratives can be presented.

Gambler	Spouse
<p><i>There is nothing in my family life that would lead me into gambling; it's gambling that has affected my family structure (family stress). I think we have a very good relationship (positive perception of spouse or marital relationship). It is true that she runs away a bit; but she runs and I go after her and try to catch her [laughs] (sexual intimacy difficulties). In our spare time, we go out for a coffee or meet with friends and if by any chance we do not meet anyone we stay on our own. Even when we do not meet anyone we have fun (leisure time/friendship satisfaction). I don't open up much, or talk about issues... I am not very extroverted and I think she would like me to be a little different because she talks a lot [laughs] and I only talk when I have to (emotion sharing and communication difficulties). I work around 12 hours a day and I am never on time to pick up the children from school (difficulty sharing daily household chores). It is true that I tried to hide my problem all these years, did not show the truth, I covered everything up (gambler's attempts to conceal gambling from spouse), but this climate of distrust was no help at all... she is right about some issues but, in my opinion, trust either exists or it doesn't, and it's hard to cope with this situation (importance of distrust in marriage).</i></p>	<p><i>My son weighed 3 kilograms at birth and all his muscles were paralysed, I had to set up an intensive care unit at home (family stress). Socially, we have fun together and have a lot of friends (leisure time/friendship satisfaction). He is distant, closed up in himself, doesn't talk, it bothers me that he doesn't remember things... Memories are only for me (emotion sharing and communication difficulties). After this problem I'm not as loving any more, there has been a physical, intimate, and sexual distancing (sexual intimacy difficulties). I would like him to be more of a presence, to keep up with details of everyday life, so that I am not the only one to take care of everything... hmm... like replacing a light bulb (difficulty sharing daily household chores). I am not saying that he is mean but rather selfish (negative perception of spouse or marital relationship). I've given up expecting him to change because I have seen the worst. I do not ask for much, I just need for him to stop gambling as I'm used to everything else (conformism). I want to keep this relationship... he is a great person; everybody likes him (positive perception of spouse or marital relationship). But I need to believe and I have yet to fully trust him (importance of distrust in marriage) because when I'm around I don't see anything special, something that would justify the problem. It's worse if I'm not there. Often he would go without me knowing (gambler's attempts to conceal gambling from spouse). Sometimes too many thoughts came into my head, even killing him... I feel angry (anger/ rage/ lack of empathy).</i></p>

Couples Therapy Narrative Analysis

The most common areas in the couple's narratives were: "marital difficulties" (41.67%),¹ "individual sphere difficulties" (25.69%) and "marital strengths" (18.75%), thus revealing a marital discourse with a notable deficit (see Figure 6). The spouse's narrative contributed 23.62% more RUs to the content analysis than did the gambler² and emphasizes the areas "family stress" (66.67%),³ "marital difficulties" (85.00%) and "risk factors for gambling" (54.55%) and, in particular, the themes of "emotion sharing and communication difficulties" (85.00%), "difficulties sharing daily household chores" (90.00%), "sexual intimacy difficulties" (80.00%), "importance of distrust in marriage" (87.50%), and "family challenges" (75.00%). The gambler's narrative emphasizes the areas of "marital strengths" (55.56%), "individual sphere difficulties" (62.16%), and specifically the themes of "leisure time/friendship satisfaction" (63.64%), "positive perception of spouse or marital relationship" (80.00%) and "consequences of gambling on gambler's professional life" (71.43%). Themes like "conformism," "negative perception of spouse or marital relationship," "anger/rage/lack of empathy," and "available money" were emphasized only in the spouse's narrative, whereas issues like "self-perception," "irresponsibility/failing," "gambler's memory problems," and "stress at work" were emphasized only in the gambler's narrative.

To sum up, the gambler has a more positive perspective on family and marriage, and sees more marital strengths and fewer marital or family problems than does the spouse. In terms of problems, the gambler is not so keen on stating them: "[T]here is nothing in my family life that could lead me into gambling... maybe conflicts," "she runs away and I try to catch her (laughs)." On the other hand, the gambler has a more negative view of individual aspects. It looks as if, for the gambler, the problems simply involve himself, whereas the spouse is the one that reveals relationship problems (family and marital) and sees them as being particularly important.

Discussion

The narratives obtained individually and interactively show that each partner had intersecting narratives regarding family strengths, marital strengths, savings level, congruent position, and psychopathological symptoms. Within this common ground, however, the gambler emphasizes issues like good family and marriage functioning and difficulties with individual functioning (e.g., memory problems, consequences of gambling on employment). Meanwhile, the spouse tends to focus on the family,

¹The percentages presented resulted from a percentage calculation. For example, in the present case, *marital difficulties* % = n of RUs grouped in the theme "marital difficulties" (60)/total n of RUs for both partners (144)*100

²Spouse's frequency of RUs = 89 ($89*100/144 = 61.81\%$); Gamblers's frequency of RUs = 55 ($55*100/144 = 38.19\%$); $61.81\% - 38.19\% = 23.62\%$

³The percentages presented resulted from a percentage calculation. For example: Family stress's frequency of RUs = 9 (3 provided by the gambler and 6 by the spouse); gambler's percentage = $3*100/9 = 33.33$; spouse's percentage = $6*100/9 = 66.67\%$

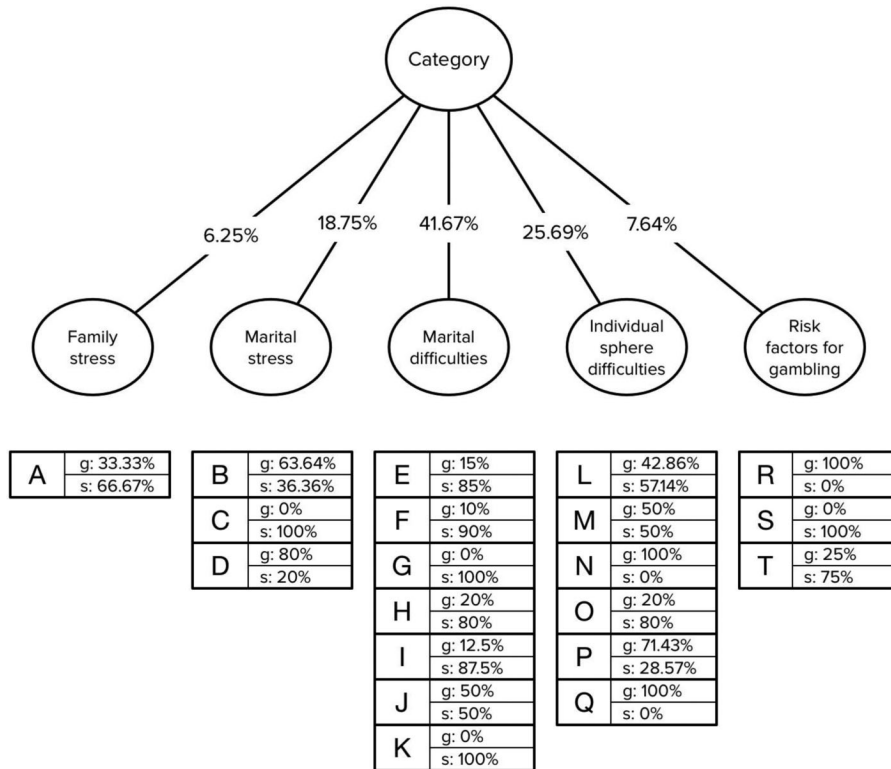


Figure 6. Content analysis of theme codes A through T (see Appendix B); g = gambler; s = spouse.

marital and financial aspects (in addition to savings levels) and psychopathological symptoms, yet showing a rather more congruent position (a better relation with the context, others, and herself).

Gambling risk factors were more evident in the spouse’s narrative than in the gambler’s, as he seems basically to emphasize stress at work and downplay family challenges and availability of cash. This point makes sense in the framework of these results, for two reasons: (1) it is still the spouse who more clearly focuses on problematic aspects, in particular, risk factors for the gambling problem, and (2) the gambler almost completely restricts the problematic narratives to non-family contexts, in particular, his job (see Figure 7).

Despite both the gambler’s and spouse’s recognition of family and marital problems and acknowledgement of individual problems (e.g., gambling risk factors, psychopathological symptoms, financial difficulties), the gambler minimizes them or states them with little apparent distress (“she runs away and I try to catch her” [laughs] — gambler). These results are in accordance with the findings reported by Ferland et al. (2008) that spouses see the consequences of gambling as more serious. Despite this quantitative difference, the couple’s narratives are quite deficit-focused, and include marriage problems and individual problems.

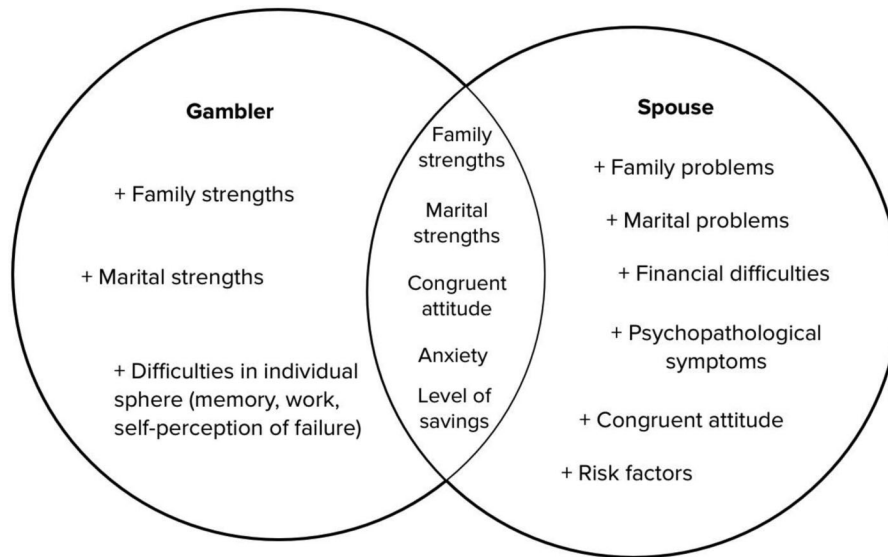


Figure 7. Summary scheme.

In fact, couples with a pathological gambler partner face a set of problems also found in our case study: emotional expressiveness (“I keep asking if everything is ok, he says yes, but it is not...” — spouse) (Lorenz & Yaffee, 1986); communication (“I only talk when I have to, he thinks I talk too much and even so he does not listen to me” — spouse) (Ferland et al., 2008; Fernández, Rincón, & Álvarez, 2002; Lorenz & Shuttlesworth, 1983); emotional intimacy (“with our problem I’ve stopped being so loving” — spouse) (Lorenz & Yaffee, 1986), sexual intimacy (“we are physically, intimately, sexually distant” — spouse) (Dowling, Smith, & Thomas, 2009; Fernández et al., 2002; Lorenz & Yaffee, 1986); lying and deceiving (“I am sorry if I distrust you but you lied to me and deceived me” — spouse) (Dickson-Swift et al., 2005); anger and resentment (“I do not forgive him because he always gambles when it is hard on everyone” — spouse) (Fernández et al., 2002; Lorenz & Yaffee, 1986); lack of trust (“this atmosphere of distrust has no benefits” — gambler); feelings of guilt (“I feel the consequences of irresponsibility; had I been more responsible we would not have come to this” — gambler); isolation (“he is distant, inhibited, does not talk” — spouse); financial problems (“I missed speech therapy because we could not afford it...” — spouse) (Dickson-Swift et al., 2005; Lorenz & Yaffee, 1986); and gambler’s dwindling responsibility/spouse’s increasing responsibility (“What I would like? That he would be around keeping up with details of everyday life, not to have to take care of everything myself like replacing a light bulb” — spouse) (Fernández et al., 2002).

Regarding this last topic, several studies (Lorenz & Shuttlesworth, 1983; Patford, 2009) show that spouses/partners of gamblers tend to take on extra responsibilities caused by the gambler’s absences and neglect of the family. In this study, that finding is much in evidence in the spouse’s narrative, which mentions dissatisfaction on themes such as household chores distribution and parenting (“[m]ost couples would

not put up with the lack of help on household chores and taking care of the children...”). According to Lorenz and Yaffee (1989), parenting is an area of disagreement in these couples, finding that half the spouses disagree with those gamblers who consider enough time was being spent with their children. In our study, the gambler does not mention that he spends enough time with his children, and accepts that employment issues cause his difficulties in doing so (“I never pick the children up from school on time”); yet, child care prevails as an area of dissatisfaction for the spouse. Physical symptoms on the part of the spouse are both evident in this study and reported in the literature (Lorenz & Shuttlesworth, 1983; Patford, 2009). (Examples of these symptoms include depression and anxiety: “[on] Monday I felt bad, blood pressure, because I feel anxious, now it is physical!” – spouse). The gambler is also described in the literature as having symptoms of depression and anxiety and various family and marital problems, among other difficulties (McComb et al., 2009). In general, it is hard to determine through the literature whether these issues are more evident in the spouse, as shown in our study.

It was also found that the spouse emphasizes relationship difficulties (family and marital) and the gambler emphasizes individual problems. This result is consistent with our previous study (Cunha & Relvas, 2014b) in which pathological gamblers do not perceive family functioning, quality of life (family), and marital adjustment as being more problematic than the control group do, whereas psychopathological symptoms and financial aspects were found to be domains of greater difficulty. The partners also differ regarding how they assign significance to their problems. For example, when defining the main family problem they are experiencing, the spouse mentions financial and social aspects while the gambler focuses on job problems, although both agree they are in therapy because of the gambling problem. Another example is the significance assigned to the gambler’s memory failures, which he sees as memory problems (“I would like to have a better memory but I just cannot...”) arising from a personal disability and his spouse sees as caused by emotional/life experience sharing difficulties (“but you do not remember that António was born disabled (...) memories only belong to me”). Even when they agree, for example regarding financial aspects, differences in the couple’s perspectives are still evident; specifically, the spouse’s narrative takes a broader view at this level, such considering other financial difficulties in addition to the level of savings. This result is in accordance with the findings of Lorenz and Yaffee (1989) who found the non-gambling spouse to be more aware of the family/marital situation in terms of finance, and not simply confined to savings difficulties.

Although the spouse feels “a little unhappy” about her family and marital life, the marriage is to be kept (“I want to keep this relationship; he is a great person and everybody likes him” — spouse) partly because of the common aspects presented in Figure 7, and partly because of conformism (adaptation to spouse’s less likeable characteristics), as shown by the spouse and to the gambler’s positive perception of married life, nurtured by the couple’s social relations with friends (“[s]ome of our friends even admire us as a couple”).

A possible explanation of these results could be presented through three theorized effects—idealization/guilt relief effect, denial effect, and disillusion/retaliation effect. The gambler experiences guilt and remorse (Lee, 2002b), and feels responsible for the pathological gambling and so could be less able to place the emphasis on it in family and marital aspects, finding it easier to talk about his individual problems. It is as if his own guilt does not allow him to recognize any “flaws” in his family, whose suffering is something he has caused. This inability is called the “idealization/guilt relief effect” (“[m]y family is wonderful... I am the problem”). In addition the gambler considers himself “cured” and this may contribute to a denial of the difficulties-denial effect. Denial is referred in literature as one of the most significant barriers to change (Evans & Delfabbro, 2005; Gainsbury, Hing, & Suhonen, 2014). On the other hand, the spouse can feel like a “victim” caused by the gambler’s irresponsibility, thus evoking, or even exaggerating, family and marital difficulties more easily—itself an instance of the disillusion/retaliation effect. (“I and your children are like this because of you. How can I feel good being married to someone who puts gambling ahead of his family’s needs?”) In fact, a sense of anger and resentment are frequent in pathological gamblers’ spouses (Hodgins, Shead, & Makarchuk, 2007), probably reflecting, among other things, that last effect of disillusionment/retaliation.

From this study, some clinical implications can be taken for couples therapy, such as: (1) maintain neutrality, that is, listen, understand and respect both sides and confront, challenge, or praise both partners equally; (2) create a secure, non-defensive context making it possible to collect divergent interpretations relative to the problem and possible solutions; (3) work on the definition of truly common therapeutic objectives. The knowledge of the three effects could also contribute to therapists developing an empathic attitude with both gambler and spouse, facilitating their achievement of (1), (2) and (3). The intersecting narratives (e.g., family strengths, marital strengths, savings level), identified in this study, could also help therapists to work on (3).

The findings of this study should also take into consideration the specific context of the case: an involuntary client, the gambler, who goes to therapy to fulfil professional obligations. This fact can justify the gambler’s emphasis on professional issues at the expense of more relational aspects. Maybe couples motivated by other reasons to enter therapy, or couples in different stages of change, might yield different results, or possibly both results. For example, there may be more convergence on how the two partners view the degree of marital distress, and there may be less emphasis on employment stress. In fact, one of the limitations of case studies frequently pointed out in the literature is their provision of only scant bases for generalization (Yin, 2014). Thus, with this study alone, it is not possible understand if these results were mainly dependent of the condition of being a couple with a gambling problem or if they were also explained by other specific conditions inside this general one (e.g., being an involuntary client). Probably, this last hypothesis is more reasonable. Despite these limitations, the narratives obtained individually and interactively (via

our methodological triangulation) were consistent/convergent, both underlying the validity of the results (Erzberger & Prein, 1997) and enhancing the credibility of the interpretations made (Denzin, 1989).

Finally, we shall consider the innovative method used in this study: qualitative analysis of self-report questionnaires. The results obtained with this method were consistent with the results obtained in the session's content analysis. This consistency is a favourable indicator of the method's concurrent validity. This method may be time-consuming, but certain advantages can be highlighted, such as the collection of a more detailed information set, one that deepens and assigns meaning to results obtained via quantitative analysis. In fact, sometimes after the quantitative analysis of a battery of questionnaires, some doubts prevail which could be answered qualitatively. This method could therefore be useful to obtain deeper answers, without investing more time on new data collection (e.g., interviews). This analysis doesn't replace more "classic" qualitative methods, but promotes a simple and time-saving method for clarifying and supplementing some quantitative data. It could also be an interesting and useful method for larger samples. Quantification is an advantage for data organization, since it allows for statistical processing.

Conclusion

The gambler has a more positive perspective on gambling-related problems than the spouse, especially regarding marital and family aspects. With respect to non-relational aspects—financial and professional—the gambler's viewpoint is more marked by difficulties. To explain these results we put forward three effects: denial, idealization/guilt relief, and disappointment/retaliation.

This data cannot necessarily be extrapolated to a target population—couples with a pathological gambler member—given methodological limitations with case studies. However, this research benefits from triangulation of data sources (i.e., gambler and spouse) and data collection methods (i.e., individually and interactively), thus enhancing its internal validity. Furthermore, we would also like to draw attention here to the originality of the data collection and analysis methods used in this study (qualitative analysis of self-report questionnaires) as being of possible methodological interest to readers. These results gave an interesting set of indicators on this couple's family, marital and individual functioning, and, in particular, their differences in viewpoints, something that is hardly mentioned in the pathological gambling literature. Hence, some warnings for clinical intervention with such couples can be taken from the study. It would be interesting in the future to replicate this method, also using quantitative methods and with a larger sample, to determine whether these differing viewpoints are repeated. At this level, the study of gender differences (Ibáñez, Blanco, Moreryra, & Sáiz-Ruiz, 2003) may be worthwhile, since this would let us analyze whether, for instance, the spouses of gamblers emphasize marital difficulties or if this is an especially female (wife's) characteristic.

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Appendix A
Brief presentation of questionnaires

Questionnaires	Dimensions	Example Items	Answer Scale
SCORE-15	Family strengths Family communication Family difficulties	I feel that it is risky to disagree in our family (item 4) In my family, we talk with each other about things that are of interest to us (item 1) Your marriage (item 2) Your level of income (item 29)	1 (describes us very well) to 5 (describes us very badly)
Quality of Life	Family, friends and health Time Media and community Financial wellbeing		1 (dissatisfied) to 5 (extremely satisfied)
DAS	Mutual consensus Mutual satisfaction Affectional expression Mutual cohesion	Manage the family income (item 1) Laugh together? (item 26)	0 (always disagree) to 5 (always agree) 0 (never) to 5 (more than once per day)
CS	Spiritual/Universal Intra/Interpersonal	I blame myself when things go wrong (item 6) I trust in the goodness of God or the Universe (item 15)	1 (extremely agree) to 7 (extremely disagree)
BSI	Somatization Obsessions-compulsions Interpersonal sensitivity Depression Anxiety Hostility Phobic anxiety Paranoid ideation Psychoticism	Feeling sad (item 17) Difficulty falling asleep (item 25)	0 (not at all) to 4 (extremely)
	General Symptom Index (GSI) Positive Symptom Total (PST) Positive Symptom Index (PSI)		

Appendix B
Themes for analysis

Category (number of RUs)	Code	Theme (number of RUs)	Definition	RUs examples
Family stress (9)	A	Family stress (g = 3, s = 6)	Features described as stressful and inducing nuclear family imbalance	g: "gambling affected the family structure (...)" s: "Our family are our children. Parents have passed away, I am an only daughter and his brothers live abroad (...)" s: "my son weighed 3 kg and all his muscles were paralysed (...) I practically set up an intensive care unit at home (...)"
	B	Leisure time/ friendship satisfaction (11: g = 7, s = 4)	Satisfactory leisure activities allowing for marital strengthening and friendship support	g: "we go out for a coffee or to meet friends. If by any chance we do not meet anyone we stay on our own (...)" s: "we have fun together socially (...)" s: "we have a lot of friends (...)"
	C	Conformism (6: g = 0, s = 6)	Adaptation to spouse's least liked aspects	s: "I have given up the idea that he would change because I've seen the worst... I don't ask much... I just need for him to stop gambling... I am used to everything else (...)" s: "I'm used to being alone and that doesn't bother me anymore (...)" s: "it's been a few years since I have adapted (...)"
Marital strengths (27)	D	Positive perception of spouse or marital relationship (10: g = 8, s = 2)	Identification of spouse's positive qualities and/or the marital relationship	g: "I think we have a very good relationship (...)" s: "I want to stay in this relationship... he's a great person and everybody likes him (...)"

Appendix B. Continued.

Category (number of RUs)	Code	Theme (number of RUs)	Definition	RUs examples
Marital difficulties (60)	E	Emotion sharing and communication difficulties (20: g = 3, s = 17)	Reference to incompatibilities in verbal communication and expression and emotion sharing	g: "I don't open up a lot, talking about problems... I don't talk very much (...)"
				g: "I think she would like me to be a bit different because she talks a lot (laughs)... I only talk when necessary (...)"
				s: "moves away, shuts himself down, doesn't talk (...)" s: "it bothers me that he doesn't remember things... Memories only belong to me (...)"
F	Difficulties sharing daily household chores (10: g = 1, s = 9)	Unbalanced perception of how everyday family household chores are divided	g: "I never pick the children up from school on time"	
			s: "I would like him to be more 'here' keeping up with everyday details so that I am not the only one taking care of everything like replacing a light bulb (...)"	
G	Negative perception of spouse or marital relationship (3: g = 0, s = 3)	Identification of negative qualities of spouse and/or marital relationship	s: "I'm not saying that he is mean, but he's rather selfish (...)"	
H	Sexual intimacy difficulties (5: g = 1, s = 4)	Couple's sexual distancing	g: "she runs away and I try to catch her (laughs) (...)" s: "with our problem I've stopped being so loving (...) I feel a distance, even physical, intimate or sexual (...)"	
I	Importance of distrust in marriage (8: g = 1, s = 7)	Reference to lack of trust as a negative aspect, damaging to the marriage	g: "I feel nervous, impatient, throughout that year I felt permanently stressed (...)" s: "I feel bad... blood pressure... because I feel this anxiety ...it is physical!"	
J	Gambler's attempts to conceal gambling from spouse (6: g = 3, s = 3)	Reference to gambler's behaviours designed to conceal gambling and/or its impact	g: "I tried to hide it all these years, I wasn't showing things as they were, I hid things from her (...)" s: "when I was around I didn't see anything in particular ...to explain the problem. When I didn't go that was when it was worse. He often went without me knowing (...)"	

Appendix B. Continued.

Category (number of RUs)	Code	Theme (number of RUs)	Definition	RUs examples
Individual sphere difficulties (37)	K	Anger / rage/ lack of empathy (8: g = 0, s = 8)	Expression of negative feelings like anger, rage, sometimes due to failure to understand the problem	s: "I thought of everything, even killing him... I was furious (...)" s: "I have to see why... why does he go back when he keeps losing, how is it that he can't say no!?"
	L	Pressure to control/ treat gambling (7: g = 3, s = 4)	Reinforce the urgent need to control gambling by others (friends, company, spouse)	g: "pressure from the wife (for treatment) helped to get us here (...)"
	M	Financial difficulties (8: g = 4, s = 4)	Unbalanced financial situation of the couple (debts)	g: "these debts are short-term... it'll be easy to clear them quickly (...)" s: "his compensation payment would be enough for the house...but, not with the debts (...)"
	N	Self-perception of irresponsibility/ failing (3: g = 3, s = 0)	Gambler feels he has failed in his responsibilities/decisions	g: "I feel something of a burden of responsibility...if I'd been more responsible we wouldn't be in this situation"
	O	Anxiety/stress (5: g = 1, s = 4)	Reference to emotional and physical signs of anxiety/ stress	g: "I feel nervous, impatient, I've been under stress all this year (...)" s: "I feel ill... blood pressure...because I'm so anxious ...now it's physical!"
	P	Consequences of gambling on gambler's professional life (7: g = 5, s = 2)	Implications of gambling on the gamblers employment stability (keeping his job)	g: "triggered with respect to the company (...) I was advised (by the company) to do something about it (...)" s: "it is very important to be here to save his job" (...)
	Q	Gambler's memory problems (7: g = 7, s = 0)	The gambler cannot remember some events in his past	g: "cannot remember the birth... some details (...) I think that I just keep erasing older memories with no regard to their importance (...)"

Appendix B. Continued.

Category (number of RUs)	Code	Theme (number of RUs)	Definition	RUs examples
Risk factors for gambling (11)	R	Stress at work (4: g = 4, s = 0)	Identification of stress at work/ overwork as a trigger for gambling	g: “something that could have led me into gambling could be stress at work (...)
	S	Available money (3: g = 0, s = 3)	Identification of substantial amounts of money availability as a trigger for gambling	s: “he has a lot of ready cash... it is a risk”
	T	Family challenges (4: g = 1, s = 3)	Identification of problems in the family of origin as a trigger for gambling	g: “there is nothing in my family life that could lead me into gambling (...) maybe conflicts (...)” s: “I think it’s important to say that we have a disabled son... this is another stress factor (...)” (trigger for gambling)