

Powerless yet powerful: The duality of everyday life of partners of persons with gambling problems

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Abstract

This study explores how partners of persons with gambling problems experience the family's everyday life, focusing on family relations and parenting. Problem gambling creates a serious impact on household finances, social life and health, emotional and relational issues. Between 6 and 10 persons are directly affected by a person's gambling problems. Despite this, research exploring how daily life and relations in the family is affected is scarce. A qualitative method was used to acquire a deeper understanding of partners' experiences of everyday life, relations and parenting. In-depth interviews were carried out with nine female partners of problem gamblers. All nine women had been responsible for minor children. A thematic analysis was used to systemize the participants' experiences. The results determined how living with a partner with a gambling problem is a lonely project. Partners of problem gamblers take on a lot of responsibility for daily life activities, household finances and parenting but experience little support from their partner. A general lack of knowledge and recognition of gambling as a problem, increases the loneliness, shame and burden. Despite gambling having a tremendous impact on daily life and relations, families receive little support. Taking over responsibility and becoming the one in charge, can be understood as ways of reclaiming dignity and gaining power albeit within limits. This duality needs to be considered when providing support to families.

Keywords: problem gambling, parenting, family relations, everyday life, partners, qualitative study

Résumé

Cette étude explore la manière dont les partenaires de joueurs compulsifs vivent la vie de famille au quotidien, en mettant l'accent sur les relations familiales et la parentalité. Le jeu compulsif a de graves répercussions sur les finances du ménage,

la vie sociale et la santé, sans compter les problèmes émotionnels et relationnels qu'il occasionne. Entre six et dix personnes sont directement affectées par les problèmes de jeu d'une personne. Malgré cela, les recherches sont rares sur les effets sur la vie quotidienne et les relations au sein de la famille. On a utilisé une méthodologie qualitative pour mieux comprendre les expériences des partenaires dans la vie quotidienne, les relations et la parentalité. Des entretiens approfondis ont été menés avec neuf partenaires féminins de joueurs compulsifs. Toutes avaient à charge des enfants mineurs. On a utilisé une analyse thématique pour systématiser les expériences des participants. Les résultats montrent à quel point vivre avec un partenaire ayant un problème de jeu oblige à assumer seul les responsabilités. Les partenaires de joueurs problématiques endossent beaucoup de responsabilités pour les activités quotidiennes, les finances du ménage et la parentalité, et elles obtiennent peu de soutien de leur partenaire. Un manque général de connaissances et le fait de ne pas reconnaître le jeu comme un problème augmente la solitude, la honte et le fardeau. Bien que le jeu ait un impact considérable sur la vie quotidienne et les relations, les familles reçoivent peu de soutien. Assumer les tâches familiales et en être responsable peut être vu comme un moyen de regagner de la dignité et d'avoir le pouvoir, même dans certaines limites. Le soutien offert aux familles doit tenir compte de cette dualité.

Introduction

“You’re in this all alone. It’s like a roller coaster, all these ups and downs. But somehow, it makes you a little tougher, a little stronger.”

A participant in this qualitative Norwegian study provided that reflection. The person was describing how living with a partner struggling with problem gambling¹ affects daily life, relations, and parenting in families. Problem gambling is still commonly understood and treated at an individual level. However, the need to contextualize the understanding and treatment of problem gambling has been increasingly emphasized as the effects from gambling occur at individual, family and community level (Kourgiantakis, Saint-Jacques, & Joël, 2013; Langham et al., 2015).

It is estimated that problem gambling affects approximately 2.3% of a given population around the world (Kourgiantakis et al., 2013). In Norway, 2.3% of the population may be categorized as moderate risk gamblers and 0.9% as problem

¹The inclusion criteria in this study were that the participants either were or had been living with a person with gambling problems and had experiences with parenting in that situation. It was not a criterion that the partner or family had received treatment for the gambling problems, or that the partner had been diagnosed with gambling disorder. However, the severity of the descriptions and experiences shared by the participants in the study could easily fit with the term gambling disorder, even though this fact was not expressed in the inclusion criteria.

gamblers (Pallesen, Molde, Mentzoni, Hanss, & Morken, 2016). These two categories are not mutually exclusive, and the transition between them can be gradual (Pallesen et al., 2016). Men are more likely than women to have a gambling problem (Echeburúa, González-Ortega, de Corral, & Polo López, 2011; Pallesen et al., 2016; Wong, Zane, Saw, & Chan, 2013). Several studies estimate that between six and ten persons in a gambler's social network are directly affected by that person's problem gambling (Goodwin, Browne, Rockloff, & Rose, 2017; Kourgiantakis et al., 2013). In addition to posing a problem for the person who gambles, gambling problems can also yield major consequences for partners, children, and other close family member because they affect household finances and social life, and lead to legal, medical, emotional, relational, and existential issues (Borch, 2012). Financial problems commonly include immense credit card debt as well as formal, informal, and illegal loans. Together, these may be so large that they place families at risk to lose their housing (Downs & Woolrych, 2010; Shaw, Forbush, Schlinder, Rosenman, & Black, 2007). Among close relatives, partners of problem gamblers have been demonstrated to experience the greatest distress on a personal level (Hodgins, Shead, & Makarchuk, 2007) and show increased risk for depression, anxiety, and isolation (Shaw et al., 2007; Wenzel, Øren, & Bakken, 2008). Moreover, among these couples, there are increased risks of relational challenges, such as conflicts and alienation, and higher risk of divorce (Dowling, Suomi, Jackson, & Lavis, 2016; Shaw et al., 2007). Gambling problems and their financial consequences are often experienced as a breach of trust by partners of persons who gamble. As such, the gambling problem can be understood as jeopardizing a key factor in building and preserving close relationships in families (Buyukcan-Tetik, Finkenauer, Siersema, Vander Heyden, & Krabbendam, 2015). This loss of trust can lead to seemingly unresolvable conflicts, including verbal attacks and even violence (Downs & Woolrych, 2010; Strong & Samentband, 2014).

The relational challenges also considerably affect the children in these families; those children have been found to experience pervasive losses, such as loss of contact with family and relatives, loss of security, stability and trust, and material losses (Darbyshire, Oster & Carrig, 2001; Kourgiantakis et al., 2013; Kourgiantakis, Stark, Lobo & Tepperman, 2016). These children are also at risk for experiencing role conflicts, psychosocial problems, and developing their own gambling problems (Kourgiantakis et al., 2016; Shaw et al., 2007). Because all these serious consequences dominate and affect these families' everyday lives, the gambling problem has been described as these families' "centre of gravity" (Borch, 2012).

Even though problem gambling negatively affects the family members' everyday life and well-being, they are rarely included by health and social services in the treatment of the person's gambling problem, nor do they receive support for their own relational challenges or needs (Downs & Woolrych, 2010; Kourgiantakis et al., 2013; Strong & Samentband, 2014). This practice is not in accord with recent research that indicates that a more family-focused approach in services for problem gambling is desirable since family inclusion will increase the likelihood of successful treatment of

the gambling problem and also be essential for supporting family members' own needs (Kourgiantakis, Saint-Jacques, & Tremblay et al., 2017).

Despite the fact that problem gambling is serious and may create devastating consequences for the person who gambles and his or her close relationships, only limited previous research on its effects on the everyday lives of partners and families has taken place (Kourgiantakis et al., 2016; Kourgiantakis et al., 2017; Velleman, Cousins & Orford, 2015). Furthermore, although certain studies have focused on the relational consequences of problem gambling between individual family members, research exploring how problem gambling affects relations in the family constellation as a whole and everyday family life is still relatively scant (Kalischuk, 2010; Kourgiantakis et al., 2103).

This lack of family-oriented research also includes a dearth of studies that focus more explicitly on how problem gambling affects the parental role and parenting as a shared responsibility. Although certain studies have addressed how partners and children are affected by adult problem gambling in the family (Cunha & Relvas, 2015; Dickson-Swift, James, & Kippen, 2005; Holdsworth, Nuske, Tiyce, & Hing, 2013; Kourgiantakis et al., 2016), little research has addressed how parenting is experienced and enacted in these particular situations. More often, the parental role has been explored within research on parental mental health and-substance misuse, demonstrating that the problems faced by one parent, may negatively affect the parenting of both parents because of entwined and interdependent relational challenges (cf., Falkov, 2015; Falkov et al., 2016; Foster et al., 2016; Foster, Good-year, Grant, Weimand, & Nicholson, 2019). How partners of persons with gambling problems experience their parenting role is a current knowledge gap.

The aim of this study is to explore how partners of persons with gambling problems experience the family's everyday life, with a particular focus on family relations. To address this aim, we posted the following research questions. How do partners of problem gamblers describe and experience

1. everyday life in the family?
2. relations in the family?
3. parenting in an everyday life context?

Method

Participants and Design

This qualitative study had a descriptive, explorative, and interpretive design. The design was considered appropriate to acquire a deeper understanding of partners' experiences of everyday life, relations, and parenting in families with a partner struggling with gambling problems.

The majority of study participants were recruited through the Norwegian organization *Spillavhengighet Norge* ("Gambling Addiction Norway"), an independent organization

providing information and support to gamblers and caregivers. Certain participants were also recruited through *Blå Kors* (“Blue Cross”), a Norwegian non-governmental organization (NGO) providing prevention and treatment for different kinds of addiction problems and offering services to both gamblers and family caregivers. Inclusion criteria were that participants should have lived with a partner with gambling problems and have experiences with parenting in that situation. Altogether, nine partners volunteered to participate in the study and all of them were female. All the study participants’ partners were male. The participants had all been responsible for minor children when living with a partner with gambling problems. The age of their offspring at the time of the interview varied from infants to young adults. At the time of the interviews, seven of the partners were still living with the person who previously had or was still having gambling problems. One of the participants was a student, five were working, and three were either on long-term sick leave or receiving disability benefits.

Both the research questions and interview guide were developed in collaboration with two persons with lived experiences of being a partner of a problem gambler and having responsibility for minor children in that context. Data were generated using semi-structured in-depth interviews, which were conducted based on a thematic guide that focused on the experiences of everyday life, relations and parenting in the family. Open-ended questions were used to elicit first-person experiences. The same themes were addressed in all interviews, but the order of questions followed the order of the participants’ reflections. Participants were also given the opportunity to elaborate on subjects that they found important. The first author conducted all interviews. The interviews lasted for 60–90 minutes at a time and place that suited each participant. Most of the interviews were conducted in the home of the participant.

Analysis

We used a thematic analysis to obtain and systemize data on participants’ experiences of everyday life, relations, and parenting in their families. The aim of thematic analysis is to organize data into themes that are subject to further interpretation. Thematic analysis can be flexible concerning theoretical stance (Braun & Clarke, 2006). In this study, we applied a hermeneutic stance. This position implied a recognition that data analysis involves more than merely describing and representing “stable truths,” and situates the study within an understanding of truth and knowledge as being multi-faceted and open to ongoing and multiple interpretations (Crotty, 1998). Consistent with this, the themes that were developed through the analysis involved an iterative process between descriptions and interpretations (Brinkmann & Kvale, 2015). The descriptions as expressed by the participants and the evolving themes of the analysis were understood, interpreted, and revised against the respective interview and the data set as a whole.

Although the subsequent description of the procedures of our data analysis follows a typical step-by-step outline, steps in qualitative analysis within a hermeneutic approach are overlapping and difficult to separate. The procedure is best described as a back and forth process between descriptive and interpretive dimensions of

analysis, designed to develop meaning and knowledge (Klevan, Davidson, Ruud, & Karlsson, 2016).

The interviews were transcribed verbatim. All three authors read the sets of data separately and searched for and took notes on possible meaning units and interpretations. Each author then labeled the meaning units using coding words (Braun & Clarke, 2006; Brinkmann & Kvale, 2015). The authors then met and discussed and arranged the coded meaning units into sub-themes, aiming to adhere as closely to the interview texts as was possible. We clustered the sub-themes and organized them into preliminary themes, through an iterative back and forth process between text and evolving themes. The interpretations of the text and development of themes underwent thorough discussion between the three authors. We reorganized the themes repeatedly before reaching agreement on them. Data were finally organized into three main themes.

Ethics

This study was initiated and financed by the Norwegian Directorate of Health. The study was assessed and approved by the Norwegian Social Science Data Services (NSD) (17-074). Written informed consent was required before participation. Data were made anonymous through the transcribing process, by moderating or removing details that could entail the risk of participants being identified (e.g., use of pseudonyms).

Results

Experiences of everyday life, relations, and parenting in the family appeared to be closely entwined and hence difficult to separate. For instance, the participants described their everyday life experiences through relations between the family members and vice versa. Therefore, the themes that we present in this section as the results of the study should be interpreted and understood in relation to each other. Although the themes are partly distinct from each other, they also overlap and comprise parts of a whole, where the different elements iteratively shape and are shaped by each other.

Through the analysis, we identified the following three main themes: (1) the lone problem, (2) the lone parent, and (3) the lone adult. Each of these main themes is further described and explored through sub-themes below.

The Lone Problem

This theme describes and explores how the partners of problem gamblers experienced the problem from their own perspective and the perspective of the society in which they were inscribed. The latter involved perspectives of society “in general” and, more specifically, among health and social service providers. Gambling appeared to be met with little knowledge among both laypersons and professionals and was

described as connected to shame and courtesy stigma. It was experienced by the participants as an invisible problem that few talked of or had knowledge about. As such, it was a “lone” problem at several levels, including a lack of an actual recognition of it as a problem, lack of possibilities for adequate help, and, ultimately, their experiences of the loneliness connected to the problem at an existential level. The theme is explored through the following two sub-themes: (1a) “the rock bottom problem” and (1b) “the quest for appropriate help.”

The Rock Bottom Problem. Among study participants, the feelings of shame and stigma connected to being associated with problem gambling was striking. Problem gambling was perceived as “rock bottom” among shameful activities by the participants. Anna shared her thoughts on the shame connected to gambling problems:

I feel this is a huge taboo. And very shameful. This is something I am very shameful of, on his behalf, that he has done this. It’s the same thing with alcohol or with mental illness, but I think it is easier to say you have a mental illness than an alcohol problem or even worse, a gambling problem. (Anna)

Struggling with problem gambling was not only connected to shame and stigma for the gambler, but for the family as well. The participants described this feeling as a kind of “shame and stigma by association.” It appeared to be related to two issues; having a partner who was a gambler and choosing to stay with the partner despite the gambling problem. For example, Eva noted:

It’s embarrassing, that he should gamble and lose all our money and that I am with him. (Eva)

Sandra shared her experiences:

And it’s like I’m being blamed for... “How can you still be with him?” My parents say, “Well it’s your choice. As long as you’re happy.” But they don’t really understand why I’ve let him get into my life again. (Sandra)

When they needed support in a demanding situation, the participants experienced little support from their partner. Because of the shame and courtesy stigma, many of the participants were reluctant to talk about their situation with friends and family, which further complicated the possibility of receiving support. Simultaneously, they found themselves unable to search for support elsewhere. The problem was experienced as solely their own.

The Quest for Appropriate Help. Many participants shared how they had experienced difficulties in obtaining professional help. This frustrated need included help for the person with the gambling problem, the family, and individual family members. Generally, there seemed to be a lack of knowledge among health professionals about problem gambling and possibilities for support of those affected. Several participants shared how they had struggled to obtain help for their partner,

their family, or themselves. Sandra had tried to contact various mental health and social services to obtain help for her husband and family, but received little support:

They didn't have a clue about where we could get any help. Not even our GP knew where we could turn for help. So, I ended up searching the Internet.
(Sandra)

If they were able to obtain help, it largely targeted the person with the gambling problem and the gambling itself. The family, specific family members, and their specific situations were rarely included. Thus, the help offered appeared to be insufficient given the complexity of the situation as experienced by the participant. Several issues required immediate support. For example, participants described how they could have used more support and guidance on how to deal with an extremely difficult financial situation because of the gambling. They also called for more support on how to handle damaged or at-risk relationships and delicate or fragile issues within the family. Several participants shared how they both needed and wanted guidance on challenges connected to their children's situation and their parenting role. These issues were prominent because of the partners' gambling problem. Elsa, a mother of four young children, shared the following experience:

When I think about it now, in retrospect, it just wasn't sufficient. It was as if the problems I shared with them [my social workers] ... I think maybe they didn't take me seriously. They said that; "just tell your children how things are." But the children's' capacity to understand this is limited. (Elsa)

Although many participants had experienced inaccessible or insufficient help, certain of them also shared how they found useful help. Several of the participants highlighted how peer support had been particularly beneficial. This benefit was connected to a feeling of their troubles being recognized. Furthermore, obtaining specific advice on how to deal with practical challenges and meeting meet who had the same experiences was experienced as useful. Mariann, a young mother with an infant, told about her experiences of joining a peer support group. To her, the sense of no longer being the only person with this specific problem was a great relief.

It's like the only ones who know what they're talking about are those who have gone through it themselves. We can talk about things that are important to family carers. When I say something, the other women with husbands who gamble will nod. We nod to each other. As carers we have a different understanding and communication. (Mariann)

The Lone Adult

This theme describes and explores how participants often experienced being the sole adult in the family. This experience was related to feeling alone and lonesome in dealing with the practical, relational, and emotional aspects of the family's everyday life. They found themselves left alone with this responsibility with no one to turn to for support. Small and large decisions that are usually considered part of "adult life"

were experienced as being theirs alone. The theme is explored through three sub-themes: (2a) “the organizer of everyday life,” (2b) “in charge of finances,” and (2c) “not being able to share.”

The Organizer of Everyday Life. Living with a person with gambling problems affected every part of the families’ daily life. The participants described how they took on greater responsibility for organizing and overseeing daily chores and activities in the family, receiving little support from their partner in dealing with these issues. They described several reasons for this. In many cases, they felt that their partner lacked the capacity to deal with everyday activities because of how the gambling problem would negatively affect their overall coping abilities including mental health fitness. Elsa described her situation as follows:

The job I feel that I’ve done, I’ve been in this alone. There has been a lot... I’ve gone for months, hardly with any sleep. Because I’ve had to see to it that the kids are fine and that everything around here is all hunky dory so that no one can pick on me for anything. (Elsa)

Many of the participants stated that they felt they could not trust their partner with taking responsibility for daily chores in the family. As a result, they would often choose to take responsibility for everything themselves, rather than having to manage uncertainty over whether things would be done. This uncertainty was a kind of constant reminder of the inherent loneliness of their changed role. It was also described as something that became their normal approach toward the partner’s every action or word. Lisa shared how she had experienced difficulties with trusting her husband:

I can recall not trusting anything he said for a while... small things that were often related to our son. Like, if he had delivered him in the kindergarten in the morning, I could ask him questions like “Did you remember to bring a drinking bottle?” And he would say “Yes” and I would think that maybe he is lying. (Lisa)

Although the majority of the partners described a situation where they took on more responsibility for daily life chores than their partner did, certain of them also described how they could use their “in charge” position to decide what could be delegated and what could not. However, this change was not necessarily done with unequivocal pleasure; several of the women described how they missed the equality they had formerly experienced in their relationship. Placing oneself as the person “in charge” in the family involved a step away from equality and sharing the chores and activities of daily life that tend to make up family life. This “in charge” status was described as twofold: although it served as a constant reminder that the relationship they once had was changed, or even broken, it also implicitly inculcated a kind of freedom or power to the female partners. Sandra reflected:

He has to do more. It becomes a kind of his punishment, in a way. We have always had an equal relationship. We have distributed tasks fairly equally

between us. But I think I feel freer now to do my own things than he does. He feels that he has to ask for my permission. (Sandra)

In Charge of Finances. The economic consequences of the problem gambling were described by the participants as devastating. Many of the families were deeply in debt. Economic difficulties profoundly affected all aspects of their daily living conditions and participants described how they often had to economize severely to make ends meet. Thus, a crucial part of being in charge and retrieving control over the situation involved taking control of the family economics. All the participants described how in some way they had taken steps to gain control. Most of the participants had taken total control over bank loans, including mortgages, accounts, and credit cards. Louise shared how she was the one in charge:

I have taken the role as the boss. For instance, my husband does not have a clue about how many bills we get every month. I have full control of the economics; his salary goes straight into my account. He only gets pocket money. (Louise)

They also described how they had lost trust in their partner and how they had taken precautions to secure the family's finances. Sophie had experienced that her husband had misused her credit card several times. She was constantly alert:

How can I secure myself? I have changed my credit card many times so that he shouldn't have the card number for gambling. I changed the password to my account. All the time, you need to take action. (Sophie)

Taking control also involved constantly thinking about how to save money daily. Several of the participants described how they had learned to live on less money. They tried to live as normally as possible and to create a safe home environment, despite their financial difficulties. Astrid described how she had taken actions to save money and provide a decent life for her young daughter and the rest of the family:

I bought winter boots during summer, on sale, two sizes too big. Or I bought them in my home country, it's cheaper than here. And I bought a lot of dry food, so that we could use it during the winter. I did many things, so that we could be fine. (Astrid)

For the participants, forsaking material goods, activities, or going on holidays, was not necessarily seen as a great sacrifice on their own behalf. Their primary concern was attempting to safeguard so that their children could continue living as normally as possible. Several of the participants shared descriptions of how they prioritized their children's needs and how they took pride in striving to provide them with a "normal life." For example, Louise stated:

I haven't bought clothes, shoes, or that kind of things for myself, I think about my daughter first. Because I have said, this will not affect her. (Louise)

Although the participants described how they worked hard to regain control over their financial situation, it was the experience of many that the gambling debt yielded major changes in the family's standard of living. In certain cases, the family lost the home they owned and were forced to resettle in a smaller, rented home. It was described as painful to know that the poor financial situation was likely to not only affect the family currently, but also in the future. Elsa's family had for many years been at a constant risk of losing the home they owned. She described a feeling of sadness over how their financial situation was unlikely to improve:

Economics, definitely. That's the biggest problem and it's not something that's going to disappear over the next ten years or so. We have to keep paying for the rest of our lives. And that affects the children, and me of course. (Elsa)

However, despite this shift in economic status being a major change and challenge to the family, the participants explained how the alteration was a topic that could not really be talked about in the family. They felt that to carry on and cope with the situation bitterness or hard feelings connected to the financial situation must be set aside. Instead, the focus needed to be on maintaining daily life and supporting the partner in his recovery. Being supportive of his recovery meant there was no space where they could express or dwell with their own feelings.

Not Being Able to Share. Being the sole household member in charge of the family's practical and financial matters had consequences for the relationship and the couple. It could create a sense of distance and inequity between the two adults; they were no longer sharing the family responsibilities or contributing on equal terms. Anna described how she missed the former equity and sharing of responsibility in her relationship with her husband:

It's not okay at all; I would rather not be in that role. I just want a husband who takes responsibility and who has control and whom I can trust, without me having to control him all the time. (Anna)

This change of roles was a topic that also Sandra talked about:

It ruined something, it did. So yes, I think he felt that we kind of swapped roles in a way and that he felt, maybe less worthy. (Sandra)

Many of the participants talked about feeling alone in the relationship. This was due not only to taking over practical and financial issues in the family, but also from a sense that they could not burden their partner who was already dealing with the gambling problems. Lisa shared how she had found herself in a situation with an increased burden and challenges for the family, but also a reduced possibility of support from her husband:

You are very much alone. And the person who is your partner, who gambles... He has enough, dealing with his own business. You can't increase the burden.

Even if it is the consequences of what he is doing that is causing your troubles, even so, you can't push it over on him. Because he has enough, I think. (Lisa)

The Lone Parent

This final theme describes and explores how the participants experienced parenting while their partner struggled with gambling problems. They shared how parenting in these situations could be a particularly challenging and lonely task. This included feeling alone with the responsibility for the children daily and ensuring family unity. The theme is explored through two sub-themes: (3a) "present, but not really there" and (3b) "keeping the family together."

Present, but Not Really There. Participants reported that the everyday life in the family had to continue as usual. It was important to them that their children could live as normally and unaffected by the situation as was possible. This assurance was challenging, as their economic situation limited the possibilities for the children's participation in activities that their peers included in their daily lives, and in which the children were involved before the problem became insurmountable. The participants shared how they would expend tremendous effort to shield their children from the situation. Several of the participants had experienced challenges with having to deal with children's reactions and simultaneously not being able to expect much from their partner. They described the situation as being a single parent while also living in a relationship. Certain participants also shared how in addition to feeling alone in parenting their children, they also came to occupy a kind of parenting role for their partner. Elsa described her experiences:

I have felt that I have been both the mom and the dad and covered up for him, you know. Because he has not been present, physically and mentally. Now he is around all the time. He's always at home. He never goes out. He just stays home, but his capacity is really reduced. My parents have said, "You don't have three children, you have four. Because you look after your husband just as much." (Elsa)

Despite trying to shield their children, many of the participants perceived that the children knew "something" was wrong generally and held the specific notion of their mother being the only parent. Many participants shared stories of their children primarily turning to them for support and largely excluding their father. One of them was Eva who reflected on how the children had become more attached to her:

So, it has become this thing, they seem to have understood that I have the last word. They turn to me a lot, because when he has had his bad periods, he has been very absent-minded. So, I notice that they have become a bit of mommy-kids. Because I have been here all the time. He has baled. I have become the safe haven. It's a bit of a shame. They should have the same attachment to both of us. (Eva)

Although the participants described how they worked hard to protect their children from the situation and provide a safe haven, many perceived that their children

struggled. The children's' difficulties could be manifested in a variety of ways; certain children suffered from stomach pains, others had trouble with sleeping or being left alone, and certain children showed signs of anger and frustration. Part of being the "main parent" also involved finding ways to deal with these issues. Elsa shared how the children had taken out their frustration on her because they sensed that their father would not be able to take it:

A lot of their frustration has been taken out on me, because they couldn't take it out on their father. What if he were to experience even more distress? And the thing with daddy was that he could bale. But they knew that I wouldn't leave, no place ever. (Elsa)

Keeping the Family Together. Most of the participants in this study were still living with their partner. Those who were not shared how they had given their former partner several chances before they ended the relationship. Trying to keep the family together proved quite difficult. Because the participants felt they could not expect much from their partner who was already fully occupied with his own problems, it was largely their responsibility to keep the family together. This situation also meant that they had to constantly evaluate if it was in the best interest of the children to do so for both the short and long-term, and to make decisions accordingly. Eva described how the decision to stay or leave was in certain ways a choice between two evils. Whichever alternative she chose, her children would suffer:

You see how your children suffer and you feel it yourself, how the situation is terrible. But still, it hasn't been painful enough to make me leave. To take the children and leave. I think, that for the children, that hasn't been an alternative; they want their father there, because he's the kindest person in the world, actually. When he's well. (Eva)

Making these assessments and decisions also involved deciding on limits and boundaries. Sophie asserted, "This is the last chance. We can't continue, if we were to lose the house. It has never been an option for me, not to be with him. But there is a limit."

Keeping together meant having to find ways to live with everything that had happened. For some, finding ways to deal with feelings of anger, bitterness, and mistrust toward their partner was also necessary. Another issue was that the participants had to cope with not only their own feelings of disappointment or anger, but also with the feelings of their children. In addition, they had to defend their choice of staying with their partner to their family and network. Louise stated:

And now I have no one I can talk to, because I don't want to burden my parents with this anymore. Because they get so angry. And then they also get a bit angry with me. (Louise)

The decision to stay, defending that choice, and finding ways to keep the family together was in many ways a solo project. However, embittered feelings toward the

partner were not a primary trend. More frequently, the participants would describe feelings of love and affection despite all that had happened. They were concerned with trying to understand and support their partner. Several of the participants pointedly made a distinction between the problem and the person. Focusing on the partner and father they knew “behind the problem” was an important motivator in continuing their struggle to keep the family together. The participants typically described how focusing on the family unity and what they considered to be in the best interest of the family over the long-term helped them to persevere. The significance of not giving up was emphasized. Mariann described how she had focused on how the family needed to face the challenges as a unit:

My thoughts were, ok we have a challenge. This challenge is going to affect the family and now we have to agree... that we're still on the same team and how we are going to handle this together. (Mariann)

Anna shared similar thoughts. To her, being a family meant keeping together also when the going got tough:

If you love someone, then you fight as well as you can, to make it all right. It's going to be fine. There have been ups and downs, but we have worked it out. Although it has been tough, it has, all the way. (Anna)

Discussion

This study has highlighted how problem gambling affects daily life, relations, and parenting in the families. Living with a partner struggling with problem gambling was commonly experienced as a “lone project” across several dimensions. Experiences of the “lone problem,” being the “lone parent,” and the “lone adult,” were related to how gambling was perceived by others as a nearly “non-existent” problem because of the lack of a common knowledge base, recognition, and access to adequate help and support. Despite being almost invisible and rarely recognized or acknowledged as an issue, the impact of problem gambling on the daily life in the families was tremendous. These impacts included those on practical issues of family life from short and long-term perspectives, and how this situation was entangled with emotional and relational consequences. The findings of this study show how living with a partner with gambling problems is connected to experiences of pervasive loss for the family in several areas of daily life. This determination is also consistent with previous studies exploring the experiences of family carers (Borch, 2012; Darbyshire et al., 2001; Holdsworth et al., 2013; Kourgiantakis et al., 2013; Kourgiantakis et al., 2016).

However, the findings of the current study provide further insight on how partners, despite experiences of loss and loneliness, mobilized their own strength and decisiveness on behalf of their partners, their children, and themselves. Their ability to maneuver was limited because of difficulties concerning several key areas of life: their own health, family economics, the relationship between parents and partners,

and social life. In addition, they were limited by the feelings of shame and stigma associated with the partner's gambling addiction. This situation was further reinforced by a general knowledge gap within society regarding problem gambling, and a particular lack of knowledge in social and health services about these families' situations. Such narrowed room to maneuver indicates powerlessness. However, our findings also showed that these female partners were powerful; *within* the limited frames mentioned, they were still able to take responsibility and control, and showed power and strength in their everyday life including foregoing their own needs and feelings of anger, shame, bitterness, mistrust, and violation to safeguard partners and children. It was nevertheless striking how the power they mobilized came with a cost; they had to tread carefully, considering that this way of life would be for the foreseeable future.

Living with a partner with gambling problems can be understood as involving duality in several aspect of life. In many ways, the partners and the families of problem gamblers may be viewed as being deprived of power. The gambling affects several aspects of the lives of the partners and families. As described, for instance, by Borch (2012), the gambling problem is often experienced as the center of gravity in the families, which is in line with the findings in our study; all aspects of family life were affected, not only in the present, but even more seriously for the future too.

Although a gambling problem extensively affects family life, the current study shows how the partners could go to great lengths to attempt to conceal this. The shame and stigma connected to problem gambling is vast and this study demonstrates how gambling is perceived as a "rock bottom problem" in this regard. The current study showed the duality of the participants' need to keep secret the gambling problem while simultaneously desiring that it be recognized and needing to share the challenges they faced with someone who could understand the complexity of the situation. The reasons for deciding not to talk about the gambling problem were twofold: the problem was connected to shame and stigma, and they also tried to maintain daily life without burdening their partner with more problems during his recovery process. This situation meant there was no place in the relationship for partners to acknowledge their own emotions, including feelings of anger, bitterness, and mistrust. The participants described the concealment of problems as the only way they could survive the situation. However, Johnson, Mäkinen, and Milikin (2001) showed that betrayal of trust result in relational distress and may cause serious damage to close relationships, which indicates that these couples should be offered support in dealing with emotional and relational distress.

The issue of being open with children was also raised in our study. According to the participants, their children were often not fully aware of the situation, although they believed the children sensed that there was "something" wrong. This set of circumstances posed a dilemma for the participants of whether (and how) to talk about the situation with their children. A study on mental or physical parental illness or substance abuse showed that parents' perception, when compared to children's self-assessments, underestimated their children's strains related to the situation, and

overestimated their quality of life (Ruud et al., 2015). This discovery revealed a need for supporting openness in these families. Such honesty seems essential since our findings determined that from the participants' perspective, certain of the children suffered from physical and emotional health issues like stomach pains and sleep disturbances. This finding was consistent with study results on children as relatives in the fields of mental health and substance abuse (Bröning et al., 2012; Siegenthaler, Munder, & Egger, 2012; Sieh, Meijer, Oort, Visser-Meily, & Van der Leij, 2010).

The need for recognition and sharing concerned not only the gambling problem itself, but also the effort expended, and strain experienced by participants in maintaining their daily life and family. Previous studies have indicated that partners of persons with gambling problems take on new roles and responsibilities regarding financial issues (Dickson-Swift et al., 2005; Kourgiantakis et al., 2013; Valentine & Hughes, 2010). Financial difficulties were described by Hodgins and colleagues (2007) as a source of distress in spouses. This finding was also a clear one in the current study, demonstrated by the reality that the family home was or might be lost and that a poor financial situation seemed never-ending.

Regarding the parental role, our findings showed that focus of the participants was to safeguard and protect their children from negative consequences of the gambling. This seemed to be conducted with an effort to hide these from their children. Participants also described how their children's situation had often changed radically. Protecting the children while also acknowledging their strains might place an additional burden on the parenting role in these partners. Like previous research, the current study found that partners had little or no support in fulfilling new roles and extended responsibilities. They described these functions as undesired and burdensome. Nonetheless, this study has also elaborated on how the adoption of new roles, supporting one's partner, and striving to keep the family together could also be connected to preserving a sense of dignity. Although the current findings suggest that partners of problem gamblers find their latitude and freedom of choice inhibited in many ways, understanding their situation as solely connected to pervasive losses also deprives them of recognition and dignity. Even though many of the participants in this study chose to stay in a challenging situation with dramatic consequences for the family's daily life, their descriptions are not unequivocally connected to powerlessness and loss.

Consistent with the work of Dickson-Swift and colleagues (2005), our findings demonstrated that the partners experienced feelings of guilt, anger, and blame, a loss of trust, and faced additional struggles like financial burdens and overall major responsibilities. In our study, these challenges were linked to feelings of being powerless over the gambling problem and its consequences. Simultaneously, the partners struggled to maintain their self-respect and dignity despite the losses that were obvious to others. This situation meant they found ways to regain power, although the spaces in which they could be powerful decreased because of the consequences of their partner's gambling problem. Thus, the current study suggests that experiences of partners of problem gamblers need to be understood as complex

and multifaceted. The findings indicate that the partners live with contradictions and dualities.

This study elaborates on how living with a problem gambler affects pivotal aspects of daily life and relations in the families and how these aspects appear to be entwined. Previous studies have emphasized the importance of including the family in the treatment of problem gamblers, both for the benefit of the problem gambler, and for supporting, informing and guiding the family members (Kourgiantakis et al., 2013, 2017; Shaw et al., 2007). The current study supports these recommendations. However, it also shows how relational aspects, including a lack of communication between the partner and the problem gambler, a breakdown in trust, and a lack of openness with the children, affects and are affected by practical daily life in the families. Thus, the study calls for family interventions that simultaneously address practical, daily life issues and relational aspects and the relationship between the two.

Limitations and Strengths of the Study

This research includes several limitations. The number of participants was limited. Furthermore, all the participants were female and lived with male partners. These issues can be understood as limitations. However, conducting research on a small, homogenous group of participants also enables in-depth exploration. The purpose of a qualitative study such as this one is not to generalize but rather to explore and elaborate on experiences related to certain phenomena. The findings shared in this study revealed that experiences of everyday life, relations and parenting in families affected by problem gambling are multifaceted and sometimes contradictory.

Through our coding and categorizing of data into common themes across the set of data, the personal context and storied experiences of each participant is partly lost. However, by describing and exploring the themes through extensive use of quotations, certain of the variations and possible interpretations provided by personal context were preserved and mediated. Although qualitative interview data can never capture or represent “the truth,” we would, in line with Funk and Stajduhar (2009), suggest that an interpretive approach is applicable when aiming to explore and make sense of the complexities and multiplicity of caregiver experiences. Thus, the personal experiences shared and interpreted in this study could contribute to a deeper understanding of and insight into everyday life, relations and parenting in families where one of the adults struggles with problem gambling.

Conclusion

Living with a partner struggling with problem gambling severely affects a variety of aspects of everyday life, relations, and parenting. Experiences of loss and loneliness across a span of issues connected to family life are striking. Partners of persons with gambling problems find their own and their family’s possibilities and latitude

inhibited by the situation. This restriction is because of concrete issues like poor finances and increased responsibility for taking care of practicalities in the family as well as a lack of support on these issues from both their partner and the service system. Furthermore, they also experience emotional loneliness in the relationship with their partner through the shame and stigma connected to problem gambling, and to choosing to stay with a problem gambler.

However, this study has also elaborated on how the partners' assumption of new roles and responsibilities is multifaceted. Assuming responsibility and becoming the one in charge, even with limited space to act, can also be understood as means to reclaiming dignity and gain power, albeit within limits.

The study shows how support to families experiencing gambling problems needs to be informed by this duality. Furthermore, the study underscores an urgent need for more family and context sensitive understandings and interventions in the field of problem gambling.

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