

# **The WAGER Vol. 9(50) - Gambling Problems, Relationships and Social Networks. Part 2 - Family Feud: Addiction and Family Interactions**

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Gambling Problems, Relationships and Social Networks  
Part 2 - Family Feud: Addiction and Family Interactions

Series organized by Michael Stanton

Like other addictions, disordered gambling develops in stages (Shaffer, 1997) — from initiation, to use associated with positive consequences, to adverse consequences which may or may not be recognized by the gambler<sup>1</sup>. At all stages, the gambler's social network of family and friends can experience such problems as a lack of communication, emotional, financial, and even physical damage, as well as an uneasy concern for a loved one with problems (Abbott, Cramer, & Sherrets, 1995). To examine how addiction in its later stages might impact families, Ciarrocchi and Hohmann (1989) interviewed disordered gambling and alcohol dependent patients to compare the financial and emotional consequences experienced by the families of patients with different addictions.

Ciarrocchi and Hohmann recruited 67 male disordered gamblers (34 with alcohol dependence and 33 without alcohol dependence) and 73 alcohol dependent males (without diagnosed gambling problems) from treatment programs<sup>2</sup>. The patients were all married, and consecutively admitted to addiction treatment at Taylor Manor Hospital, a private hospital with separate programs for those with gambling and alcohol problems. Researchers determined diagnoses for alcohol dependence using DSMIII-R criteria. Patients completed the Family Environment Scale (FES), a self-report measure of family structure and relations. The instrument tests three basic constructs: relationship, personal growth, and system maintenance. The FES subdivides these constructs into 10 subcategories. The relationship subcategories include cohesion, expressiveness, and conflict; the

personal growth subcategories include independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, and moral-religious emphasis; and the system maintenance subcategories include organization and control. Ciarocci and Hohmann compared data from their three groups (disordered gamblers: DG, alcohol dependent patients: AD, and alcohol dependent disordered gamblers: ADDG) with the data of 1,432 control families reported in the Family Environment Scale (FES) manual (Moos & Moos, 1981).

Table 1 illustrates comparisons of each group of patients to the normative (control) scores reported in Moos & Moos. All three groups scored significantly lower on family commitment and support than the normative scores for the FES; they all also scored lower on independence within their families. A few significant differences between treatment groups and the normative sample emerged that were specific to type of addiction. The AD group reported lower expressiveness with their family. The DG group reported a lower level of familial participation in intellectual activities. The ADDG group reported a significantly higher level of expressed anger within the family. Between treatment groups, there was only one significant difference - the DG group reported FES scores of active-recreational orientation that were significantly higher than the AD group.

In this study, patients with gambling problems, patients with alcohol problems, and patients with both gambling and alcohol problems all reported significantly greater family problems than controls (they all differed significantly from controls on 6 of 10 FES subscales). Moreover, the treatment groups showed no significant differences in scores except with regard to recreational activities. Since many gamblers may consider gambling a recreational activity, this is not surprising. These results suggest that patients in treatment for different addictions show similar deficits in family functioning.

**Table 1. Means reported for T-tests of gamblers with problems, alcohol dependent individuals, and alcohol dependent gamblers with problems compared to controls (adapted from Ciarrocchi & Hohmann, 1989).**

FES Subscales	Controls (n=1125)	Gamblers (n=33)	Alcohol Dependent (n=73)	Alcohol Dependent Gamblers (n=34)
Cohesion	6.61	5.21*	5.33**	5.24*
Expressiveness	5.45	4.58	4.63*	5.06
Conflict	3.31	3.63	3.99	4.71**
Independence	6.61	5.64*	6.07*	5.65*
Achievement orientation	5.47	4.82	5.64	5.35
Intellectual- cultural orientation	5.63	4.24**	3.90**	4.59
Active- recreational orientation	5.35	5.39	3.90**	4.56
Moral-religious emphasis	4.72	4.82	4.62	4.91
Organization	5.41	4.94	5.04	4.91
Control	4.34	4.42	4.37	4.47

\*  $p < .01$  \*\*  $p < .001$ . Note. The comparison group for all t-tests is the "Controls" group. DG = disordered gamblers; AD = alcohol dependent individuals; ADDG = alcohol dependent disordered gamblers.

Some limitations of this study include the potential issues associated with one individual reporting on a family's problems. Because the FES scale only asks one member of a family to describe the characteristics of an entire family, reporting inconsistencies and recall biases easily could occur. Also, because the investigators restricted the sample to male inpatients, this cohort might not be representative of the average gambler with problems or alcohol dependent individual. It is possible that in addition to the problems caused by the addictive disorders, admission to treatment independently caused family problems. For example, because they are inpatients, the respondents have spent a significant amount of time in treatment. This process might have placed increasingly stressful demands on the family.

This study reveals that in treatment settings, people with addictions report similar family difficulties whether they are being treated for alcohol problems or gambling problems (Shaffer et al., 2004). While we cannot assume that the disorder is the cause of family problems—for example, family difficulties might have existed prior to gambling or alcohol problems—we can suggest that addiction contributes to family problems in meaningful ways. Because social networks and families are such a large part of a problem gambler's life, families

can suffer as much as the identified patient in treatment. It is surprising, then, that more research has not been conducted on this noteworthy subject. Given the impact of addiction on families, families dealing with addiction might benefit from joint therapy and might be able to contribute to a family member's recovery through such therapy. As a cap to the series on relationship and social networks, family therapy will be the topic of next week's WAGER.

Comments on this article can be addressed to Michael Stanton.

## **Notes**

1 Gamblers do not always move in a linear fashion through these stages. For example, a gambler could experience some gambling-related problems, but then return to non-problematic gambling without ever experiencing severe adverse consequences.

2 Ciarrocchi & Hohmann also included a group of female alcohol dependent patients in their study, but those results are not reported here.

## **References**

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