The Family Environment of Married Male Pathological Gamblers, Alcoholics, and Dually Addicted Gamblers

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The family environments of married pathological gamblers, alcoholics, and alcoholic gamblers were measured with the Family Environment Scale (FES), a measure of 10 characteristics of family life. The total sample consists of 193 hospitalized patients, which includes 73 male alcoholics, 53 female alcoholics, and 67 male pathological gamblers, of whom 34 were alcoholics and 33 were not. All four treatment groups had a significantly lower degree of cohesion than normal controls. Male alcoholic gamblers reported significantly more conflict and less personal independence than controls, while male gamblers (nonalcoholics) reported less independence and intellectual-cultural orientation. Male alcoholics (nongamblers) reported more conflict, less independence, intellectual-cultural orientation, and active-recreational orientation than normals. Female alcoholics (nongamblers) also reported less intellectual-cultural orientation and active-recreational orientation than normals. Except for one comparison, treatment groups did not differ from each other. The implications of these findings for models of addiction are discussed as well as their contribution to understanding family issues for pathological gamblers.

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Pathological gambling is well known to create severe marital distress (Lesieur, 1984; Lorenz & Yaffee, 1986; Tepperman, 1985). Nevertheless, most attention to this problem comes from clinicians treating pathological gamblers, since family problems significantly influence the recovery process from this disorder. Furthermore, most surveys of marital problems in pathological gamblers conducted to date invariably lack a comparison group of some similarly stressed population. Descriptive studies, while a necessary first step, cannot generate much confidence in the specificity of the findings for pathological gambling as a unique disorder.

Many studies document the critical role that marital interactions and the degree of marital distress play in a variety of psychological disorders such as depression (Hirschfield & Cross, 1982), schizophrenia (Tsuang, 1982), and substance abuse (Paolino & McCrady, 1977). Given this fact, the measurement of marital functioning of pathological gamblers in treatment would appear to be clinically useful and scientifically essential. The present study investigates the family environments of married pathological gamblers to determine their level of functioning within the marital relationship. The instrument used is the Family Environment Scale (Moos & Moos, 1981), a measure of 10 characteristics of family life which discriminates between distressed and nondistressed families. In addition, the scale has been used extensively in the addictions field, and various subscales have been found to differentiate well-functioning alcoholics in recovery and their spouses from poorly functioning ones (Moos *et al.*, 1982; Moos & Moos, 1984).

The present study attempts to add some methodological refinement to the study of marital stress among pathological gamblers in several ways. First, comparing pathological gamblers with a similar number of married male and female substance abusers will assist in answering the basic question of level of marital functioning and whether, as a group, one type of addiction is more dysfunctional than another. Experts in the field of substance abuse have made a strong case for viewing disorders such as alcoholism as a "family disease" which negatively affects marriage (Paolino & McCrady, 1977). Whether pathological gambling or substance abuse creates greater dysfunction remains an empirical question at this time.

Second, using women substance abusers as an additional comparison group may also prove useful in distinguishing those aspects of marital dysfunction which are associated with such variables as gender roles or power in the relationship. Finally, the pathological gambling

group will be further subdivided into substance-abusing and nonsubstance-abusing groups. While there has been some empirical work examining the special population of dually addicted gamblers, i.e., substance abuse plus pathological gambling (Ciarrocchi, 1987; Lesieur *et al.,* 1986), virtually nothing is known regarding the precise influence of substance abuse and pathological gambling on marital functioning. This issue of the presence of substance abuse in the pathological gambler remains a serious confound in even the few quantitative research studies on pathological gamblers. Since rates of substance abuse in gamblers run as high as one half to two thirds in treatment groups (Ciarrocchi & Richardson, 1989), the question of the specific influence of each addiction requires dismantling. The design of the current study advances the possibility of some conclusions regarding the effects of these addictions whether alone or in combination.

Several specific hypotheses are explored here. First, using normative data for comparison, all addiction groups are expected to report greater dysfunction on the various dimensions of family life experience. Second, dually addicted gamblers will report greater family life dissatisfaction than gamblers who are not substance abusers (Ciarrocchi, 1987). Third, female substance abusers would report more family life dissatisfaction than male substance abusers (Moos & Finney, 1983). Finally, exploratory analysis will compare the treatment groups to ascertain the differential effects, if any, of the addictive disorders on family life functioning.

METHOD

Assessment Instrument

The Family Environment Scale (FES) consists of 10 subscales related to family organization and interaction. According to its authors (Moos & Moos, 1981) the scales tap three basic dimensions including relationships, personal growth, and system maintenance. The relationship dimensions include cohesion, expressiveness, and conflict. The personal growth dimensions are independence, achievement orientation, intellectual-cultural orientation, active-recreational orientation, and moral-religious emphasis. System maintenance dimensions include organization and control.

The FES was administered to married patients admitted consecu-

tively to the addictions service of Taylor Manor Hospital, a private psychiatric hospital which includes separate programs for substance abusers and pathological gamblers. Patients who are legally married but not currently living with their spouses were not included in the study. The final sample consists of 73 male substance abusers, 53 female substance abusers, and 67 male pathological gamblers, for a total sample of 193. The group of male pathological gamblers consisted of 34 substance abusers and 33 who were not substance abusers. Every male in the substance abuse category had a diagnosis of alcohol dependence based on the clinical team's diagnosis according to the criteria of the Revised Diagnostic and Statistical Manual (American Psychiatric Association, 1987). Every female had received a diagnosis of either alcohol dependence or alcohol abuse, with approximately one third having a diagnosis of drug dependence for an additional psychoactive substance. Controls for the study were taken from the FES manual (Moos & Moos, 1981).

RESULTS

Table 1 presents all the comparisons using the subscales of the FES of each of the four study groups (male gamblers, male alcoholics, male gamblers who are also alcoholics, and female alcoholics), with 1125 normal family groups.

All four sample groups had a significantly lower degree of family commitment and support than the normal (control) families. However, only on that one subscale were all four groups significantly different from the controls. On the degree of expressiveness within families, only the families of male alcoholics had significantly lower levels, and on the amount of openly expressed anger within the family, only the families of male gamblers who are also alcoholics had significantly higher levels. Only the males, regardless of whether they were gamblers, alcoholics, or both, reported significantly less individual independence within their families; the difference between the families of female alcoholics and controls was not statistically significant. The families of both male and female alcoholics were significantly less likely than controls to participate in social and recreational activities or to have an interest in political, intellectual, or cultural activities. This was not true for the families of alcoholic men who are also gamblers. The families of

Table 1
T-Test Comparisons of Sample Subgroups with Normals[a]

	Normals (*N* = 1125)		*Entire Sample* (*N* = 193)		*Male*						*Female Alcoholics* (*N* = 53)	
					Gamblers (*N* = 33)		*Alcoholics* (*N* = 73)		*Both* (*N* = 34)			
	Mean	*(sd)*	*Mean*	*(sd)*	*Mean*	*(sd)*	*Mean*	*(sd)*	*Mean*	*(sd)*	*Mean*	*(sd)*
Cohesion	6.61	(1.36)	**5.34	(2.49)	*5.21	(2.64)	**5.33	(2.36)	*5.24	(2.52)	*5.51	(2.61)
Expressiveness	5.45	(1.55)	**4.85	(2.06)	4.58	(2.05)	*4.63	(2.12)	5.06	(2.19)	5.19	(1.88)
Conflict	3.31	(1.85)	**4.07	(2.47)	3.63	(2.43)	3.99	(2.53)	**4.71	(1.98)	4.06	(2.55)
Independence	6.61	(1.19)	**5.92	(1.93)	*5.64	(2.13)	*6.07	(1.81)	*5.65	(1.84)	6.08	(2.05)
Achievement orientation	5.47	(1.61)	5.52	(2.15)	4.82	(2.62)	5.64	(1.92)	5.35	(2.36)	5.91	(1.90)
Intellectual-cultural orientation	5.63	(1.72)	**4.22	(2.32)	**4.24	(2.68)	**3.90	(2.30)	4.59	(2.35)	**4.40	(2.08)
Active-recreational orientation	5.35	(1.87)	**4.27	(2.49)	5.39	(2.44)	**3.90	(2.48)	4.56	(2.52)	**3.89	(2.33)
Moral-religious emphasis	4.72	(1.98)	4.87	(2.28)	4.82	(2.59)	4.62	(2.20)	4.91	(2.35)	5.21	(2.15)
Organization	5.41	(1.83)	5.19	(2.44)	4.94	(2.51)	5.04	(2.61)	4.91	(2.31)	5.72	(2.20)
Control	4.34	(1.81)	4.45	(2.15)	4.42	(2.19)	4.37	(2.12)	4.47	(2.18)	4.57	(2.19)

[a] *T*-test of each group relative to normals.
* $p < .01$
** $p < .001$

gamblers were also significantly less likely to have an interest in intellectual activities.

There were no differences between any of the sample groups and the normal controls in four of the 10 areas: the degree of emphasis on achievement; the degree of emphasis on ethical and religious issues and values; the degree of structure in the planning of family activities; or the extent to which a set of rules was used to control family life. The only sample group differences were between male alcoholics and gamblers on active-recreational orientation (one way ANOVA with Scheffe's test, $p < 0.01$).

DISCUSSION

This study supports the first hypothesis indicating greater dissatisfaction for addicted persons with their family environments on 6 of 10 scales. Addicted persons report more dissatisfaction on relationship variables as measured by less family support and degree of expressiveness within the family and more openly expressed anger. They also view their families as less oriented to personal growth as evidenced by less participation in intellectual, cultural, and social activities, as well as less involvement in social and recreational activities than nondistressed families. No differences between our patients and nondistressed families emerged, however, on system maintenance dimensions.

This degree of family life dissatisfaction on 6 of 10 scales documents the clinical fact that addiction, whether alcohol or gambling related, creates dysfunctional family environments. Relationship factors and personal growth dimensions would necessarily take a back seat as the disorder progresses. Indeed, the lack of significance on system maintenance dimensions suggests that the family's remaining energy is geared toward basic survival needs while higher-order family needs diminish.

The hypothesis that dually addicted gamblers would report greater family life dissatisfaction than nonsubstance-abusing gamblers was not supported. Previous work (Ciarrocchi, 1987) demonstrated greater number of days with family problems in dually addicted gamblers when compared to alcoholic nongamblers for a 30-day period prior to admission to treatment. This study measured family problems through a structured interview format. The FES, which is a global

measure of family life functioning is, of necessity, more impressionistic than the quantitative measure used in the previous study. Nor was the prediction of greater family life dissatisfaction in female alcoholics supported. While female addicts were more distressed than control family members on 3 of 10 FES subscales, male addicts reported greater dissatisfaction on a range of 3–5 subscales, depending on treatment group.

The only between-treatment group difference which was statistically significant involved less participation in social and recreational activities for alcoholic than nonalcoholic gamblers. While this difference certainly has face validity given the active-recreational style involved in the gambling enterprise, its empirical strength is tempered by its being only one of multiple comparisons between groups which emerged as significant. This suggests that while for this study the FES discriminates distress in addictive families vs. normal controls, it is not finely tuned enough to generate large differences for family problems specific to type of addiction. This may partly result from the composition of the FES in that each scale consists of only nine items. Differences might emerge if each variable consisted of a larger item pool.

While significant treatment group differences did not emerge, the pattern of differences for gambler families vs. normal controls may prove useful on theoretical as well as clinical grounds. All gamblers, whether alcoholic or not, report significantly less commitment, help, and support from family members than do nonproblem families. They also report less personal independence. They share these perceptions with male alcoholics. This finding tends to support a continuity model of addictions (e.g., Jacobs, 1986). On the other hand, only dually addicted gamblers report greater open conflict while, among gamblers, only nonsubstance-abusers report less interest in political, intellectual, and cultural activities. Further, only male alcoholics report an atmosphere not conducive to direct expression of feelings. These idiosyncratic patterns among the treatment groups tend to be more supportive of a social learning analysis of gambling behavior which deemphasizes an inevitable progression of symptoms (Brown, 1988).

These patterns further highlight the importance of distinguishing substance abuse as a co-factor in gambling research in future studies of pathological gamblers. Since substance abuse in compulsive gamblers is so common (Ciarrocchi & Richardson, 1989), not attending to it creates a serious confound in gambling research.

Finally, the current study suggests several clinical applications.

The FES, while utilized here as a research tool, has clinical applications as well. The instrument allows for measurement of 10 important family dimensions and allows for measurement of the degree of congruence among family members' perceptions of these dimensions. This scale has been used to assess families at the beginning of treatment and to measure the degree of change during and after treatment. The scale's brevity makes it suitable as an intake or screening device, and a clinician can score it in less than five minutes. Furthermore, children as young as sixth grade can easily read the scale. Clinicians can also visually display the results for all family members in graph form which assists the interpretation. If gambling treatment programs use the FES routinely, the resulting data pool would provide a wealth of information for multivariate analysis, thereby generating considerably more information about the impact of pathological gambling on families.

From a clinical standpoint, this study suggests several specific problem areas for married pathological gamblers which need attention. Gamblers experience a lack of support and help in their marital relationships. They also view their marriages as not providing a sense of personal independence. Both of these problems may reflect difficulties in the marital relationship, or they may reflect dysfunction inherent in the addictive disorder itself. Since similar deficits are experienced by male alcoholics in their marriages, it may be that the dissatisfaction reported simply represents the perception of a seriously addicted spouse. Dually addicted gamblers, furthermore, experience considerable expressed anger and open conflict in their marriages—a fact not true for either the alcoholic or gambling alone groups. Clinicians might need to help these couples reduce the open conflict in their relationships as a preliminary step in marital therapy.

The current sample consisted of gamblers and alcoholics in an acute treatment setting. We are currently analyzing the FES for a sample of GA and Gamanon members. In addition to comparing the perceptions of gamblers with family members, this will also permit us to compare family issues for self-help group members with our study of hospitalized inpatients. Another study in progress (Ahrons, 1989) compares married couples in which one spouse is a pathological gambler, alcoholic, or general psychiatric patient. This design improves on the current study by including the spouses and would also tease out the difficulties specific to gambling, if such exist.

In a field study of pathological gamblers, Lesieur (1984) noted that marriage escalated problems for pathological gamblers. This study

certainly confirms the significant dysfunction in the marriage of pathological gamblers. Further, it represents one of the first attempts to document dysfunction using an instrument which has had wide use clinically and empirically and one that has acceptable psychometric properties. Gambling treatment will continue to gain acceptance in the mental health community if we document its costs through objective assessment.

REFERENCES

Ahrons, S. (1989). *A comparison of the family environments and psychological distress of married pathological gamblers, alcoholics, psychiatric patients and their spouses with normal controls.* Unpublished doctoral dissertation, University of Maryland.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorder* (3rd ed., revised). Washington, DC.

Brown, R.I.F. (1988). Models of gambling and gambling addictions as perceptual filters. *Journal of Gambling Behavior, 3,* 224–236.

Ciarrocchi, J.W. (1987). Severity of impairment of dually addicted gamblers. *Journal of Gambling Behavior, 3,* 16–26.

Ciarrocchi, J., and Richardson, R. (1989). Profile of compulsive gamblers in treatment: Update and comparisons. *Journal of Gambling Behavior, 5,* 53–65.

Hirschfield, R., and Cross, C. (1982). Epidemiology of affective disorders: Psychosocial risk factors. *Archives of General Psychiatry, 29,* 35–46.

Jacobs, D.F. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behavior, 2,* 15–31.

Lesieur, H. (1984). *The chase.* Cambridge, MA: Schenkman Books.

Lesieur, H., Blume, S., & Zoppa, R. (1986). Alcoholism, drug abuse, and gambling. *Alcoholism: Clinical and Experimental Research, 10,* 33–38.

Lorenz, V.C., and Yaffe, R.A. (1986). Pathological gambling: Psychosomatic, emotional and marital difficulties as reported by the gambler. *Journal of Gambling Behavior, 2,* 40–49.

Moos, R.H., and Finney, J.W. (1983). The expanding scope of alcoholism treatment evaluation. *American Psychologist, 38,* 1036–1044.

Moos, R.H., Finney, J.W., & Gamble, W. (1982). The process of recovery from alcoholism: II. Comparing spouses of alcoholic patients and matched community controls. *Journal of Studies on Alcohol, 43,* 888–909.

Moos, R.H., & Moos, B.S. (1981). *Family Environment Scale manual.* Palo Alto, CA: Consulting Psychologists Press.

Moos, R.H., & Moos, B.S. (1984). The process of recovery from alcoholism: III. Comparing functioning in families of alcoholics and matched control families. *Journal of Studies on Alcohol, 45,* 111–118.

Paolino, T.J., Jr., & McCrady, B.S. (1977). *The alcoholic marriage: alternative perspectives.* New York: Grune & Stratton.

Tepperman, J.H. (1985). The effectiveness of short-term group therapy upon the pathological gambler and wife. *Journal of Gambling Behavior, 1,* 119–130.

Tsuang, M.T. (1982). *Schizophrenia—The facts.* New York: Oxford University Press.