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A new look at the coping strategies used by the partners of pathological gamblers

Mélissa Côté,¹ Joël Tremblay,¹ & Natacha Brunelle¹

¹Département de psychoéducation, Université du Québec à Trois-Rivières, centre universitaire de Québec, Québec, QC, Canada

Abstract

People living with pathological gamblers (PGs) have to endure the negative consequences of their problem gambling. It is known that the partners of PGs will develop adaptation strategies to cope with gambling behaviour. However, research conducted on the topic is still in its early stages. The goal of this study was to draw up a portrait of the strategies employed, their context, means, and main goals, and to examine the variation of these strategies over time and the viewpoints of the 2 members of the couple. Using 19 semi-structured interviews, we noted that the partners used some 30 strategies aiming primarily at modifying the gamblers' pathological behaviour, and also at improving their own personal well-being. An analysis of the usage context illustrated the many possible interactions which occurred between individuals and their environment and which triggered a strategy's use. Generally speaking, both members of the couple had a similar perception of the strategies used by the partners. When partners realized that they had not influenced the PGs' habits, they sometimes changed adaptation strategies.

Keywords: adaptation strategies, partner, pathological gambling, usage context, main goals

Résumé

Les partenaires de joueurs pathologiques (JP) vivent des conséquences négatives découlant des habitudes problématiques de jeux de hasard et d'argent (JHA) de leur conjoint. Il est reconnu que les partenaires de JP mettront en place des stratégies d'adaptation pour faire face à ces comportements de JHA. Toutefois, les recherches effectuées sur le sujet en sont encore à leurs premiers balbutiements. L'objectif de cette étude vise à dresser un portrait des stratégies utilisées, leurs contextes d'utilisation, les moyens et les finalités recherchées, en plus de s'intéresser au point de vue des deux membres du couple et à la variation dans le temps de ces stratégies.

À l'aide de dix-neuf entrevues semi-structurées, on remarque que les partenaires ont utilisé près d'une trentaine de stratégies visant principalement une modification des comportements de JHA du JP, mais aussi l'amélioration de leur bien-être personnel. L'analyse des contextes d'utilisation illustre les nombreuses interactions possibles entre l'individu et son environnement qui déclenchent l'utilisation d'une stratégie. De façon générale, les deux membres du couple ont une perception similaire des stratégies utilisées par l'autre partenaire. Enfin, lorsque les partenaires prennent conscience qu'elles n'ont pas influencé les habitudes de JHA du JP, elles changent parfois de stratégies d'adaptation.

Introduction

Gambling has become more accessible in the last few decades. This activity is now widely practiced throughout the world. Gambling-related problems now affect a significant proportion of the population in industrialized countries. The most recently conducted prevalence studies in the West report prevalence ratios for pathological gambling in adults that range from 0.2% in Germany to 3.5% in Northern Cyprus (Barbaranelli, Vecchione, Fida, & Podio-Guidugli, 2013; Black et al., 2012; M. Çakici, E. Çakici, Karaaziz, 2016; Dowling et al., 2015; Ekholm et al., 2014; Kessler et al., 2008; Olason, Hayer, Brosowski, & Meyer, 2015; Romo et al., 2011; Sassen, Kraus, & Bühringer, 2011; Stucki & Rihs-Middel, 2007; Toneatto, 2013). The mean rate worldwide for the prevalence of pathological gambling is estimated to be 2.3% (Williams, Volberg, & Stevens, 2012). Even though this proportion might not seem that high, several authors note that problem gambling is worrisome from a public health point of view (Blaszczynski & Nower, 2007; Shaffer & Korn, 2002). This concern is not only valid because of the considerably negative impact that it places on the pathological gamblers (PG), but also because of the impact on their close family and friends (CFFs), who are directly or indirectly affected as a consequence. Between 8 and 17 of a PG's CFFs are affected by the PG's problem gambling (Ladouceur, Boisvert, Pépin, Loranger, & Sylvain, 1994; Lesieur, 1994; Lobsinger & Beckett, 1996) and its deleterious effects (Dickson-Swift, James, & Kippen, 2005; Ferland et al., 2008; Kalischuk, Nowatzki, Cardwell, Klein, Solowoniuk, 2006; Kourgiantakis, St-Jacques, & Tremblay, 2013). It need not be pointed out that the other member of the couple, the partner,¹ is the family member the gambling problem affects first and foremost (Ciarrocchi & Reinert, 1993; Kourgiantakis et al., 2013). Moreover, between 46 and 60% of PGs live with their partner (Kairouz &

¹In the present article, the terms *gambler*, *pathological gambler* and *PG* all refer to the same member of the couple, namely the person with the pathological gambling problem. For the most part, this person was male, and thus, where required, masculine pronouns are used to refer to this person. Conversely, the term *partner* refers to the non-gambling member of the couple, for the most part female. Pronoun gender follows accordingly.

Nadeau, 2011; Ladouceur et al., 2004), further exacerbating the extent of the problem from a larger social perspective.

Involvement of family members in the treatment

The entangled links between pathological gambling and family life, particularly in a couple relationship, has led therapists to propose that CFFs be included in the treatment of PGs (McComb, Lee, & Sprenkle, 2009; Steinberg, 1993). Several studies of persons with problems associated with pathological gambling, such as drug and alcohol addiction, have pointed out the added effectiveness of these practices (Barber & Crisp, 1995; Barber & Gilbertson, 1997; Garrett, Landau-Stanton, Staton, J. Stellato-Kabat, & D. Stellato-Kabat, 1997; McCrady, 2012; Meyers, Dominguez, & Smith, 1996; Steinglass, 2009; Thomas & Ager, 1993). Despite these interesting advances in the field of substance abuse, it is nonetheless the case that only a small number of studies have specifically examined the role played by CFFs, particularly the partners, in the rehabilitation of PGs (Bertrand, Dufour, Wright, & Lasnier, 2008; Lee & Rovers, 2008; Steinberg, 1993; Tremblay et al., 2015). That being said, in certain studies, adaptation strategies were found to be a key element in intervention models targeting the CFFs of PGs (Copello, Templeton, Orford, & Velleman, 2010; Hodgins, Shead, & Makarchuk, 2007; Rychtarik & McGillicuddy, 2006).

Transactional model of stress and coping

The transactional model of stress and coping proposed by Lazarus and Folkman (1984) plays a leading role in studies on the notion of coping (Chabrol & Callahan, 2013). Psychological stress is defined as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 19). An exterior event that puts pressure on people is called a *stressor* (Chabrol & Callahan, 2013). This definition of stress takes into consideration the relation between persons and their environment, and considers that persons are in fact able to influence the stressor (Quintard, 2001). When confronted with a stressful situation, persons evaluate the nature of the situation (primary evaluation) and, in so doing, the personal resources they have to confront it (secondary evaluation) (Lazarus & Folkman, 1984). If persons conclude that the situation is beyond their capacity and that it is perceived as a stressor, they will then develop adaptation strategies to deal with it.

The adaptation strategies (expressed as “coping with” or “dealing with”) are defined as “constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). The use of these strategies is considered to be a dynamic process that changes over time as a function of both regular evaluations of one’s environment (De Ridder, 1997) and specific utilizations that are only applied to threatening environmental variations (Bruchon-Schweitzer, 2001;

Lazarus & Folkman, 1984; Paulhan, 1992). There are numerous adaptation strategies, varying according to the demands of one's environment and close circle of family and friends, but also as a function of people's personal characteristics and adaptive resources (Chabrol & Callahan, 2013). The use of adaptation strategies leads people to try to modify stressful problems while at the same time regulating their emotional responses (Bruchon-Schweitzer, 2001).

The adaptation strategies used specifically by the partners of PGs represent a still relatively unexplored field of research. Four published studies (Krishnan & Orford 2002; Orford, Templeton, Velleman, Copello, 2005; Orford, Cousins, Smith, & Bowden-Jones, 2017; Patford, 2009), a research report (Casey & Halford, 2010), and a thesis (Patford, 2012) have looked at how the partners of PGs adapted to the latter's problem gambling. The studies all pointed in the same direction: the majority of the adaptation strategies used by the partners were directed at the PG in an attempt to influence his gambling behaviour. Moreover, there would seem to be a certain coherence in the overall categorizations of adaptation strategies used by the PGs' partners that were presented in the studies. That being said, the definitions provided by the authors to explain their categorizations in fact differ from one study to the other.

Orford and colleagues (1998) proposed three coping categories: (1) engaged coping (e.g., control the PG, set limits); (2) tolerant coping (e.g., shield the PG, act as if nothing were wrong); (3) withdrawal coping (e.g., avoid and ignore the PG, pull out of the relationship) (Orford and colleagues created their classification, it should be noted, through the Coping Questionnaire [CQ] for partners of alcohol or drug addicts) (Orford et al., 1998; Orford et al., 2005). Recently, Orford, Cousins, Smith & Bowden-Jones (2017) modified the engagement category, which is now divided into two categories: Engaged-Emotional and Engaged-Assertive, for a total of four categories of coping strategies used by partners of PG. The CQ (Orford al., 1998) was then revised by Krishnan and Orford (2002) to adapt each one of the statements to the situation of the PGs' family members. In-depth interviews with the PGs' partners and family members ($n = 16$) led to a new typology of strategies different from that initially established in the CQ. Aside from one strategy (the partners searched for help for themselves), all the other strategies aimed to have an impact on the gambling behaviour of the PGs, whether it be to: (1) take control (e.g., manage the PG's finances, look for proof that he gambled); (2) be tolerant (e.g., provide financial help, accompany or play with the PG in gambling sessions); (3) be supportive (e.g., show one's love, encourage the PG, go with him to treatment); (4) punish (e.g., be aggressive and severe with the PG); (5) talk (e.g., discuss gambling difficulties with the PG); (6) set clear limits (e.g., specify what is and is not acceptable concerning the PG's behaviour); (7) separate (e.g., ask the PG to leave the house).

In a similar project, based on semi structured interviews held with 33 partners of PGs, Casey and Halford (2010) proposed seven categories of adaptation strategies that were fairly similar to those proposed by Krishnan and Orford, namely: (1) restrict/monitor (e.g., control the PG's finances and comings and goings); (2) obtain professional help

(e.g., take the PG to treatment, encourage him to obtain help); (3) support/manage (e.g., communicate with the PG to know how he is doing); (4) coerce (e.g., threaten to leave the PG if he continues to gamble); (5) show the PG self-help possibilities (e.g., show the PG Internet sites that provide help for PGs, send the PG to Gamblers Anonymous); (6) turn to close family and friends (e.g., encourage the PG to ask for help from family and friends, talk to the PG's family about his problems; and (7) withdraw (e.g., ignore the PG, tell the PG that you will return when the gambling has stopped).

Patford (2009, 2012) conducted 2 qualitative interviews (2009: $n = 23$ female partners of PGs; 2012: $n = 13$ male partners of PGs) which enumerated 22 strategies of which certain strategies were less frequent relative to others (no classification was proposed). The 22 strategies included (1) going to search for the PGs during a gambling session; (2) keeping the PGs away from their gambling partners; (3) destroying the PGs' credit cards; (4) challenging the PGs' statements about profits made from gambling; (5) not talking too much about it for fear of losing friends; (6) partaking in shared leisure activities; (7) focusing on the positive elements of the relationship; (8) working extra hours to reimburse the PGs' debts; and (9) saving money without the PGs knowing about it. Patford (2012) likewise observed that the strategies used evolved over time. Partners initially employed strategies intended to control gambling habits and the associated financial loss in different ways (e.g., take on the PG's financial debts). Subsequently, when the partners became more aware of the seriousness of the PGs' gambling and its chronic nature, they revised their strategies, taking into consideration the strategies' impact on their own well-being and the couples' future.

Certain of these studies have likewise identified strategies used by partners with the intention of improving their own personal well-being (Krishnan & Orford, 2002; Patford, 2009, 2012). The strategies can primarily be summarized as: (1) consulting professionals; (2) withdrawing from the relationship; (3) protecting one's financial assets; (4) hiding one's personal valuables; and (5) turning to trustworthy people among their close family and friends for help and advice about coping with the PGs' addiction.

Overall, the results of these studies indicate that partners use a combination of adaptation strategies. Most of these aim to reduce or stop the PGs' gambling, while others are intended to improve their own personal well-being. A certain coherence arises regarding the categories proposed to classify the adaptation strategies used, but these fields of research are just emerging and require more exploration to determine the strategies' diversity and main goals. None of these studies have as of yet explored the conditions leading to a particular category of adaptation strategies, that is to say, the usage context. That being said, Lazarus and Folkman (1984) have greatly insisted on the considerable influence that the environment and stressful situations exert on the strategies used. Few studies have, however, explored precisely the way or the exact set of means with which partners implement a given strategy. At the methodological level, no studies have as yet taken into consideration the PGs'

viewpoint, which would be an additional tool for measuring the degree of coherence between the perceptions of the two members of the couple as to how partners employ strategies. Moreover, studies of couples where one is a PG have revealed the distinctions in the perceptions between the PG and the partner (Cunha & Relvas, 2015; Cunha, Sotero, & Relvas, 2015; Ferland et al., 2008). Furthermore, while certain authors have noted the evolution over time in adaptation strategies (Bruchon-Schweitzer, 2001; De Ridder, 1997; Lazarus & Folkman, 1984; Paulhan, 1992), little information has been collected about the strategies used by PGs' partners.

Study objectives

The objectives of this study were: (1) draw up an exhaustive portrait of the adaptation strategies used by the partners of PGs to cope with problem gambling; (2) document their usage context; (3) investigate their means of implementation; (4) understand the main goals of these strategies; (5) compare the perceptions of both members of the couple regarding the use of such strategies; and (6) describe how these strategies evolved over time. To respond to these objectives, we took the statements of both the PGs and their partners into consideration in the results analysis.

Method

Recruitment

The participants were recruited in three centres specialized in the treatment of pathological gamblers (PGs) and situated in the Québec City region. Specifically, the three centres were: (1) Service point for the Québec City addiction rehabilitation centre (CRDQ), which is now part of the CIUSSS de la Capitale-Nationale (CIUSSS-CN); (2) Service point for the Chaudière-Appalaches addiction rehabilitation centre (CRDCA), which is now part of the CISSS de Chaudière-Appalaches; (3) and at the Centre la CASA therapy centre. The participants were initially contacted by clinicians or by the main author who presented the project to intervention groups. Compensation in the form of a cash voucher (\$50) for a large retail store was given to each participant. This research was approved by two research ethics committees: the CEREH² at Université du Québec à Trois-Rivières, (CER-14-206-07.14), and CERD,³ an addiction research ethics committee (CERD #: 2014-169).

Participants

The sample size was determined by the empirical saturation principle (Pirès, 1997) according to which recruitment ends when no more new ideas emerge from the last interviews. Thus, the first author who conducted the interviews decided to stop

²Comité d'éthique de la recherche avec des êtres humains.

³Comité d'éthique de la recherche en dépendance.

recruiting since no new or sufficiently new information was raised by participants during the last interviews. A total of 19 participants were met with in this study, including: 8 couples of which one member was a PG, 2 PGs whose partners did not participate in the study, and 1 partner where the PG did not participate. The sample thus comprised 10 PGs ($n = 9$ men) and 9 partners ($n = 8$ women). The PGs had a mean age of 39.5 ($SD = 15.5$) and the partners, 37.4 ($SD = 16.7$). Among the PGs, 60% of the sample had children, whereas among the partners, this rate was slightly lower at 56%. The mean length of the couples' relationship reported by the participants was 10.0 years ($SD = 6.8$). All the PGs met with were being treated for problem gambling and the majority of the partners ($n = 7$ of 9) were also receiving help to cope with the PGs' problematic gambling behaviour.

To be admissible, the couple had to be living together for at least 6 months and both spouses had to be 18 years old or more. The PGs' problem gambling (requiring specialized addiction services) was assessed with the Problem Gambling Severity Index of the Canadian Problem Gambling Index (CPGI) (Ferris & Wynne, 2001). All participants obtained a score of 8 or higher, which means that their gambling habits were considered problematic. This was also the case with the Détection du besoin d'aide – Jeu (DÉBA-Jeu) (Detection of the Need for Help Gambling) (Tremblay & Blanchette-Martin, 2009), where all gamblers scored higher than 11. This placed them in the red light zone, which means that they required a specialized intervention for their problematic gambling habits. The PGs had to have bet money in the 6 months preceding the interview and must not have had any major difficulty with alcohol or drug consumption. Finally, the partners could not have any gambling problems.

Qualitative interview and procedure

A qualitative research design was employed (Poupart et al., 1997; Trudel, Simard, & Vonarx, 2007) using a semi structured interview that provided an in-depth understanding of the phenomena, namely the adaptation strategies used by the partners and the complex context in which they occurred (Anadon & Savoie-Zajc, 2009; Mayer, Ouellet, Saint-Jacques, & Turcotte, 2000). A mixed (deductive-inductive) method was used. First, a deductive method was used based on the two questionnaires of Tremblay et al., (2010a, 2010b), as we proposed adaptation strategies to the participants. Second, an inductive method was used, since several open-ended questions were used in the interview protocol and participants were asked if they had used alternative coping strategies to those proposed in the two questionnaires.

To help the participants identify the strategies they used, the participants were first of all asked to fill out two questionnaires developed by Tremblay and colleagues (2010a) that grouped together a set of more than one hundred adaptation strategies that either facilitated gambling behaviour or, conversely, helped the people to reduce their problem gambling (Tremblay et al., 2010b). These questionnaires were developed from similar questionnaires on addictions: the Spouse Enabling Inventory (SEI) and the Spouse Sobriety Influence Inventory (SSII) (Thomas, Yoshioka, & Ager, 1993). Tremblay and colleagues (2010) first created a French adaptation of these two

questionnaires, then adapted them to the reality of gambling. They also added strategies specific to gambling based on their clinical experience and the literature. Subsequently, when the participants stated that they had used a given strategy more than once, they were asked in each case to elaborate on the (1) context in which it was used; (2) means employed to adapt; and (3) goal pursued. The interview also left room for talking about adaptation strategies that were not identified in the questionnaires and paying greater attention to the strategies' possible evolution over time. So as to obtain a more in-depth, overall portrait of the couples met during the interviews, we further explored the history of the PGs' problems and the couple relationship, the presence or absence of children, and the gravity of the consequences for the partners and families. The interviews were conducted by the main researcher. The meetings were held in the treatment centre where the participants had filled out their application for assistance, and interviews lasted from 40 minutes to 2 hours and 45 minutes ($M = 1$ hr. 20 min.). All the interviews were transcribed.

Qualitative analysis

The thematic analysis employed in this study integrated the principle of continuous thematization proposed by Paillé & Mucchielli (2012). More specifically, the three authors used an iterative process to conduct the interview analysis and create the coding table. The table itself was a mixed table. In addition to containing the items initially proposed in the two questionnaires used here, it likewise contained themes and sub-themes arising from the interviews, most notably adaptation strategies that were as yet unexplored. In particular, the themes covered adaptation strategies involving three sub-concepts: (1) the usage context (*what was the element that pushed the partner to begin using a particular strategy?*); (2) the means (*how did the partner actually use this strategy?*); and (3) the main goal (*what was the purpose in using this strategy?*). Specific objectives arose from this goal. An analysis was likewise conducted of the strategies' evolution over time, since there was a specific question on this aspect in the interview guide. A coding guide was then written up to bring together all the instructions and nuances regarding the coding of extracts. The coding of the material was carried out with N'Vivo software (version 9.2), and was conducted by the main author. The authors worked together at regular intervals to analyze the corpus to group them into a certain number of themes and establish the meaning of these themes. To ensure a uniform understanding of the corpus the three authors conducted an interjudge agreement process during the development of the coding table, the coding itself, and the data analysis and writing of the results. More precisely, for each of the steps, a first version was produced by the first author and submitted to the other two authors who validated the process independently. Consequently, the authors could discuss and resolve disagreements whenever they arose.

Results

The partners used some 30 different adaptation strategies to cope with the PGs' problems. The strategies were grouped into 2 main goals, namely: (1) influence the

PG's gambling habits and (2) increase the well-being of the partner, couple, and family.

Influence the PG's gambling habits

Based on the participants' statements, the main goal of the most frequently employed adaptation strategies was to reduce or completely stop the PGs' gambling. The partners pursued different specific objectives to achieve this first main goal, namely: (1) make the gambler aware of the negative effects of gambling and the reasons for becoming and remaining abstinent; (2) try to convince the gambler that he should reduce and/or stop his gambling; (3) learn the full extent of his gambling behaviour; (4) stop a gambling session from happening or put an end to one already underway; (5) avoid reinforcing gambling behaviour; (6) help him to avoid risky situations; (7) help him to begin and succeed in his treatment; and (8) help him to develop behaviour that is incompatible with gambling.

Table I shows 18 adaptation strategies classified under the 8 specific objectives described just above. For each strategy, it was possible to associate different usage contexts (*who, when, where*) that illustrated the initiating element that led the partners to use this strategy. The numerous usage contexts illustrate that many situations can prompt partners to use a given strategy and that, furthermore, the same context can give rise to several strategies. What is more, partners used several different means to put a given strategy into action. These means made it possible to clearly indicate how this strategy was expressed by partners. Each of the means and contexts shown here is followed by a character in superscript indicating whether it was reported by the partner (P), gambler (G) or both (P&G).

Increase the well-being of the partner, couple, and family

The second main goal occupied an important place in the participants' statements, though slightly less so than the first goal. Its primary aim was to increase the well-being of the partner, couple, and family. This search for well-being was expressed through 7 specific objectives, namely: (1) protect the gambler's, partner's, and couple's reputation, avoid worrying close family and friends, and avoid having to deal with their lack of understanding; (2) avoid couple conflicts; (3) reduce one's personal suffering; (4) decrease the financial strain on the family; (5) spend quality time together as a couple and family; (6) try to understand genuinely the person's apparently irrational gambling problem; and (7) be loyal and helpful by taking care of the gambler. These 7 specific objectives composed a total of 12 different strategies.

It is noteworthy that a given strategy can be used for both of the main goals. By adopting strategy #18 (suggesting other non-gambling activities to the PG) for example, the PG was not only kept away from gambling, but also the well-being of the partner, couple, and family generally increased by partaking in this organized activity together. That being said, the adaptation strategies were classified according to the main goal most frequently reported by the partners.

Table 1
Coping strategies whose main goal is to influence the gambler's habits: Description of the specific objectives, usage context, and means

	Usage context	Means
	Specific Objective 1: Make the gambler aware of the negative effects of gambling and the reasons for becoming and remaining abstinent	
	Strategy 1. Remind the gambler of the negative consequences his gambling is having	
	The gambler:	
	<ul style="list-style-type: none"> • gambles and loses a substantial amount of money; is in a bad mood^{P&G 4} • asks his partner for money^{P&G} • wants to buy something for himself^{P&G} • lies to his partner^{P&G} 	<ul style="list-style-type: none"> • Remind the gambler of all the economic hardship the family has to endure because of his gambling habits (less leisure activities, vacations, etc.)^{P&G} • Remind him of the family and couple aspects he is neglecting (child care, relationship with partner, etc.)^{P&G} • Remind him of gambling's negative impact on his personality and attitude (lying, isolation, irritability, etc.)^{P&G} • Make him realize how small the winnings are in comparison to all the losses^{G 5} • Talk about these aspects even when the gambler is abstinent^{P&G} • Regularly state the negative consequences for the family^{P&G}
	The partner:	
	<ul style="list-style-type: none"> • feels neglected by the gambler, must live with the negative consequences^{P&G} • suspects that he has gambled^{P&G} 	
	The couple:	
	<ul style="list-style-type: none"> • is in a precarious financial situation^{P&G} 	
	Strategy 2. Make sarcastic or hurtful remarks about the gambler's habits	
	The partner:	
	<ul style="list-style-type: none"> • is angry with the gambler^{P&G} • realizes that he has gambled once again^{P&G} • must live with the negative consequences of his problems^{P&G} • fails completely to understand pathological gambling^{P&G} • is at wits end, has no idea about how to help the gambler^{P&G} 	<ul style="list-style-type: none"> • Mention constantly that the family's hardships are the gambler's fault^{P&G} • Blame, insult, and shout at him because of his gambling behaviour^{P&G} • Tell him how ridiculous it is to throw money out the window when the couple has financial problems^{P&G} • Insult him and tell him he lacks willpower^{P&G}

⁴This element was reported by the partners and gamblers.

⁵This element was only reported by the gamblers.

Table 1 Continued.

Specific Objective 1: Make the gambler aware of the negative effects of gambling and the reasons for becoming and remaining abstinent	Means
<p>Usage context</p> <p>Strategy 3. Emphasize how positive the atmosphere is in the family and couple when he is not gambling</p> <p>The gambler:</p> <ul style="list-style-type: none"> • Point out the positive family and couple moments when the gambler is not gambling^{P&G} • Congratulate him for his involvement in family and household chores^{P&G} <p>The couple and family:</p> <ul style="list-style-type: none"> • Becomes involved in family and household chores^{P&G} • spend quality time together^{P&G} 	
<p>Specific Objective 2: Try to convince the gambler that he should reduce and/or stop his gambling</p> <p>Usage context</p>	<p>Means</p>
<p>Strategy 4. Express one's disagreement and ask the gambler to stop gambling</p> <p>The gambler:</p> <ul style="list-style-type: none"> • asks his partner for financial support^{P&G} • feels guilty, is sad^G <p>The partner:</p> <ul style="list-style-type: none"> • finds out that the gambler has gambled (either the first or a subsequent time)^{P&G} • is confronted with negative consequences of gambling^{P&G} • anticipates a relapse or suspects that he has gambled^{P 6} • accumulates extensive proof before confronting the gambler^G 	<ul style="list-style-type: none"> • Express one's disagreement regularly and firmly and ask the gambler to stop gambling^{P&G} • Certain to inform him clearly that one completely disagrees with his gambling^{P&G} • Demand the complete stoppage of all gambling behaviour^{P&G}
<p>Strategy 5. Remind the gambler of possible future negative consequences if he continues gambling</p> <p>The gambler:</p> <ul style="list-style-type: none"> • gambles and loses a substantial amount money^{P&G} • has stopped gambling but has a relapse^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • Remind the gambler of the long-term financial burden^{P&G} • Tell him that, should he continue to gamble, he will lose his children's respect and she might break up with him^{P&G} 	

⁶This element was only reported by the partners.

Table 1 Continued.

Specific Objective 2: Try to convince the gambler that he should reduce and/or stop his gambling	Means
Usage context	Means
<ul style="list-style-type: none"> • suspects he has gambled^{P&G} • feels neglected, must live with the negative consequences^{P&G} • has negative feelings about her future with the gambler^{P&G} 	<ul style="list-style-type: none"> • Inform him repeatedly of what they could buy if the money was not instead being spent on gambling^{P&G}
<p>The couple:</p> <ul style="list-style-type: none"> • is in a precarious financial situation^{P&G} 	
<p>Strategy 6. Communicate the distress one feels when confronted with the gambler's habits</p>	
<p>The gambler:</p> <ul style="list-style-type: none"> • leaves the home to go gambling or is away from home in order to undergo residential treatment^{P&G} • indicates his plans for the evening^P 	<ul style="list-style-type: none"> • Express clearly one's despair, indicate that gambling affects her and makes her sick (i.e., anguish, vomiting, physical problems, stress, and depression)^{P&G} • Display strong emotions by talking about how gambling affects her negatively (shout and cry)^{P&G} • Express one's lack of understanding of the gambler's behaviour^{P&G}
<p>The partner:</p> <ul style="list-style-type: none"> • realizes the gambler has gambled again^{P&G} • realizes she has no control over the gambler^{P&G} • feels betrayed because of his lies^{P&G} • is on sick leave or is depressed because of his gambling^{P&G} • fears for the future of the couple and family if the gambling fails to stop^{P&G} 	
<p>The couple:</p> <ul style="list-style-type: none"> • has conducts arguments related to the negative effects of gambling^{P&G} 	

Table 1 Continued.

Specific Objective 3: Learn the full extent of the person's gambling behaviour	
Usage context	Means
<p>Strategy 7. Look into the gambler's recent gambling behaviour</p> <p>The gambler:</p> <ul style="list-style-type: none"> • has no more money for family or couple outings^{P&G} • asks his partner for money^{P&G} • is regularly away from home^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • suspects or realizes the gambler has lied^{P&G} • gives the gambler money to do groceries, etc^{P&G} • believes he has gambled^{P&G} 	<ul style="list-style-type: none"> • Analyse minutely one's bank statements^{P&G} • Examine the gamblers digital records (Facebook, Internet, cell phone)^{P&G} • Checking bills and receipts. The gambler is expected to bring back exact change after shopping^{P&G} • Question him exhaustively about his recent comings and goings^{P&G} • Use the GPS function in his cell phone to know exactly where he is^P • Consult with close family and friends to find out whether he has gambled^P • Go to the bar where he gambles to question the employees^P
Specific Objective 4: Stop a gambling session from happening or put an end to one already underway	
Usage context	Means
<p>Strategy 8. Attempt to convince the gambler to not give in to the desire to go and gamble right there and then</p> <p>The gambler:</p> <ul style="list-style-type: none"> • leaves the house alone to, according to the partner, go gambling^{P&G} • tells his partner that he is meeting with friends; she suspects he will instead be gambling^{P&G} 	<ul style="list-style-type: none"> • Warn the gambler about the harmful effects of gambling^{P&G} • Cry, become particularly angry, clearly explain one's aversion to his gambling^{P&G} • Question him methodically as to his plans for that evening^{P&G} • Remind him of her distaste for gambling^{P&G} • Propose an alternative activity to the gambler^{P&G} • Inform him how much she loves him and how much he is hurting the family by gambling and leaving the house^P

Table 1 Continued.

Specific Objective 4: Stop a gambling session from happening or put an end to one already underway	
Usage context	Means
<p>Strategy 9. Try to stop the gambler during a gambling session</p> <p>The gambler:</p> <ul style="list-style-type: none"> • is gambling outside the house^{P&G} <p>The couple:</p> <ul style="list-style-type: none"> • goes out with friends to a place where gambling is taking place^{P&G} 	<ul style="list-style-type: none"> • Contact the gambler constantly through his cell phone and send him text messages^{P&G} • Send him photos of his children by text message^P • Tell him that if he indeed loved his family, he would accordingly stop gambling^{P&G} • Talk to him to convince him to stop gambling^{P&G} • Use GPS tracking apps to follow him discreetly and take him out of a gambling establishment if he goes to one^{P&G} • Become particularly angry and shout at him in a gambling establishment^{P&G} • Leave a social activity with the gambler before he loses control of his spending^{P&G}
Specific Objective 5: Avoid reinforcing gambling behaviour	
Usage context	Means
<p>Strategy 10. Disapprove of gambling winnings</p> <p>The gambler:</p> <ul style="list-style-type: none"> • brings home money won through gambling or a gift paid for with winnings^{P&G} • lies about the source of monetary gains^{P&G} 	<ul style="list-style-type: none"> • Become angry, express one's aversion to the winnings^{P&G} • Remind the gambler that he must stop gambling^{P&G} • Remind him of the dangers associated with gambling^{P&G} • Ignore him (refuse to speak to him, sleep in another room)^{P&G} • Reprimand him, point out he has lost money once again, despite his winnings^{P&G}

Table 1 Continued.

Specific Objective 5: Avoid reinforcing gambling behaviour	
Usage context	Means
<p>Strategy 11. Use gambling winnings so that there is no immediate reinforcement for the gambler</p> <p>The gambler:</p> <ul style="list-style-type: none"> • brings home money won through gambling or a gift paid for with winnings^{P&G} • lies about how the money came from^{P&G} 	<ul style="list-style-type: none"> • React negatively to money coming from gambling on the grounds it indicates he went gambling again^{P&G} (The gambler reports being surprised by the partner's negative reaction) • Use winnings to pay family debts and bills^{P&G} • Put the money in a savings account^{P&G}
Specific Objective 6: Help the gambler to avoid risky situations	
Usage context	Means
<p>Strategy 12. Control the gambler's access to money</p> <p>The gambler:</p> <ul style="list-style-type: none"> • makes purchases or needs money^{P&G} • asks his partner to take charge of his finances, or the partner demands that he let her do so^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • realizes the seriousness of the gambler's habits^{P&G} • fails to trust the gambler^{P&G} <p>The gambler or the partner:</p> <ul style="list-style-type: none"> • look for professional help (strategies learned in therapy)^{P&G} <p>The couple:</p> <ul style="list-style-type: none"> • rest in a particularly precarious financial situation^{P&G} 	<p>The following strategies were used for lengths of time that varied according to the severity of the gambling behaviour and the gambler's commitment to the treatment</p> <ul style="list-style-type: none"> • Keep in her possession all the gambler's banking and credit cards^{P&G} • Take charge of all the family's and gambler's expenses and ensure the bills are paid^{P&G} • Provide him with only the exact amount of money he needs^{P&G} • Make him ask the partner for money if he needs it^{P&G} • Ask him to transfer his entire pay check to her^{P&G} • Ask him to give her access to his bank account so that she can monitor his transactions^{P&G} • Require both the couple's signatures when he wants to withdraw money from an automatic teller^{P&G} • Change the PIN on all the bank and credit cards so he no longer enjoys access to them^P • Keep a minimum amount of money in the common account^P

Table 1 Continued.

Specific Objective 6: Help the gambler to avoid risky situations	
Usage context	Means
<p>Strategy 13. Provide gambler with a safe context where there are no gambling temptations</p> <p>The gambler:</p> <ul style="list-style-type: none"> • is likely to be proposed gambling activities when he leaves to buy goods^{P&G} • enjoys access to gambling activities at home^{P&G} <p>The gambler and couple:</p> <ul style="list-style-type: none"> • are invited to go to a place where gambling activities are present^{P&G} 	<ul style="list-style-type: none"> • Refuse to attend social functions with family and friends^{P&G} • Absolutely forbid gambling at home^{P&G} • Put gas in the gambler's car and pay for it so that he will not be tempted to buy a lottery ticket at the checkout counter^{P&G} • Stop going to places where gambling activities are available (restaurants, casinos, etc.)^{P&G} • Control the gambler's outings^{P&G}
<p>Strategy 14. Try to reduce the sources of stress that push the gambler to go and gamble</p> <p>The gambler:</p> <ul style="list-style-type: none"> • seems worried and stressed^P <p>The partner:</p> <ul style="list-style-type: none"> • is confronted with gambling's negative consequences^{P&G} • realizes that the gambler might go gambling when he is stressed^P <p>The couple:</p> <ul style="list-style-type: none"> • has a disagreements or fights^{P&G} 	<ul style="list-style-type: none"> • Assume more family and household chores^{P&G} • Avoid conflicts with the gambler^P • Stop crying in front of him^P • Accept situations that used to bother the partner^P • Try not to talk continuously about the negative consequences of gambling^P

Table 1 Continued.

Specific Objective 7: Help the gambler to begin and succeed in his treatment	
Usage context	Means
<p>Strategy 15. Help the gambler to begin treatment (some gamblers report that without pressure from their partners, they would never have started treatment)</p> <p>The gambler:</p> <ul style="list-style-type: none"> • begins treatment^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • realizes the seriousness of the gambler's habits^{P&G} • tries to find professional help for herself^{P&G} • sees a booth at her workplace with information about services for gamblers^P • sees an advertisement for a gambler treatment organization^P • makes the gambler go to treatment by threatening to end their relationship^{P&G} <p>The family:</p> <ul style="list-style-type: none"> • is confronted with an increase in negative consequences^{P&G} <p>Strategy 16. Participate in the gambler's treatment</p> <p>The gambler:</p> <ul style="list-style-type: none"> • asks his partner to come to the treatment meetings so that she will better understand what he is going through and be able to help him^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • wants to understand better the underlying issues of pathological gambling^{P&G} 	<ul style="list-style-type: none"> • Provide information about gambler-treatment services^{P&G} • Ask the gambler to complete a self-evaluation questionnaire about his gambling habits^P • Tell the gambler that he must obtain help^{P&G} • Tell him the relationship is over if he fails to undertake treatment^{P&G} • Call the treatment centre directly to set up a meeting for the gambler^P <ul style="list-style-type: none"> • Go with the gambler to treatment meetings^{P&G}

Table 1 Continued.

Specific Objective 7: Help the gambler to begin and succeed in his treatment	
Usage context	Means
<p>Strategy 17. Acknowledge the progress made, including that in treatment</p> <p>The gambler:</p> <ul style="list-style-type: none"> • completes his therapy at home and his treatment at the clinic^{P&G} • is more involved in family chores^{P&G} • asks his partner outright to congratulate him^P <p>The partner:</p> <ul style="list-style-type: none"> • acknowledges days of abstinence^{P&G} • acknowledges quality time spent with the family, as a couple^{P&G} <p>The following means were sometimes used reluctantly by the partner, especially when she had the impression that the gambler only needed some willpower or did something intentionally to hurt the family. The partner then acted out of duty.</p> <ul style="list-style-type: none"> • Acknowledge the progress made by the gambler and compliment him for it^{P&G} • Throw a party at the end of his therapy^{P&G} • Express concretely satisfaction about the changes in his behaviour and his involvement in family life and the couple's relationship^{P&G} • Tell him that she enjoys his company when he's not gambling^{P&G} • Remind him of his past successes^{P&G} 	
Specific Objective 8: Help the person to develop behaviour that is incompatible with gambling	
Usage context	Means
<p>Strategy 18. Suggest other activities than gambling</p> <p>The gambler:</p> <ul style="list-style-type: none"> • is on work leave and has considerable free time^{P&G} • is alone with the children^{P&G} • tells his partner that she works too much and he feels lonely^{P&G} • operates in an environment that encourages gambling^{P&G} • plans a gambling session^{P&G} <p>Frequent places where no gambling opportunities are present^{P&G}</p> <ul style="list-style-type: none"> • Partake in non-gambling activities that the gambler enjoys^{P&G} • Invite close family and friends to the house^{P&G} • Find and propose non-gambling activities in which the gambler can become involved^{P&G} • Organize family or couple outings^{P&G} • Give the gambler household chores to perform^{P&G} 	

One distinction was noted regarding the usage context that was specific to each of the main goals. The contexts related to the first main goal (influence the PG's habits) seemed to be stressors that needed immediate attention. More specifically, for the majority of these contexts, it was an inappropriate behaviour by the PGs that led the partners to establish an adaptation strategy. For example, when PGs asked their partners for money, or when the partners suspected that the PGs went out to gamble, the partners' strategy was to react immediately to this event. Conversely, the contexts related to the second main goal (increase the well-being of the partner, couple, and family) were generally related to an accumulation of the negative consequences of gambling and, as such, were more a reaction to a long-term stressor and were more intense; a single behaviour did not always initiate an adaptation strategy such as those shown in Table II. In other words, the contexts illustrated inappropriate behaviour on the part of the PG that was repeated over time. This behaviour seemed to indicate a more severe gambling problem (e.g., the PGs stole money from their partners, the gravity of the lies was substantial, the financial impact on the family was considerable, etc.).

Another interesting observation was that stressors were not always specifically caused by the PGs' behaviour: their sources sometimes came from outside of the relationship. This observation stems primarily from the analysis of contexts associated with the second main goal. By way of example, when close family or friends questioned the partners about the PGs' behaviour, the partners at times employed strategies to preserve their own well-being and the PGs' reputation (e.g., hid the amplitude of the gambling from CFFs when the latter thought the PGs were having serious difficulties).

It was likewise observed that the partners employed strategies even when the initiating event was not perceived as threatening. As such, this does not look like an adaptation related to the stressor. Indeed, the PGs sometimes displayed behaviour that was positively perceived by their partners (e.g., when the PGs were at home more often and took care of family tasks). When this occurred, the partners at times used strategies to encourage and reinforce the PGs' behaviour. However, this was actually a response to a stressor since it was a way of increasing the probability that the stressor (e.g., gambling behaviour) would not reappear.

Moreover, it was also observed that the same context could encourage the use of strategies related to both the first and second goals. These were often contexts that were directly associated with the PGs' behaviour, for example, when the partners realized that the PGs had lied or that they had gone gambling.

Furthermore, it sometimes seemed difficult to grasp the logic between a specific objective mentioned by partners and the strategies they said they used to reach this objective, as it gave the impression that the means employed were not enough to reach the target. For example, to make the PGs aware of gambling's negative effects and of the reasons to become and remain abstinent (specific objective), partners at times made sarcastic or hurtful remarks about gambling habits (adaptation strategy).

Table 2

Coping strategies whose main goal is to increase the personal well-being of the partner, couple, and family : Description of the specific objectives, usage context, and means

Specific Objective 9: Protect the gambler's, partner's, and couple's reputation, avoid worrying close family and friends, and avoid having to deal with their lack of understanding	Means
<p>Usage context</p> <p>Strategy 19. Conceal the extent of the gambling behaviour from close family and friends who think the gambler has gambling problems</p> <p>The gambler:</p> <ul style="list-style-type: none"> • fails take care of the children^P • is absent at important moments (family/work)^P • spends the night away from home^P <p>Close family and friends:</p> <ul style="list-style-type: none"> • ask the partner questions^{P&G} • think the gambler's habits are indicative of his meanness^P • tell the partner that he gambles^P 	<ul style="list-style-type: none"> • Lie to the children and close family and friends about the real severity of the gambler's habits^{P&G} • Try to find alibis for the gambler^{P&G} • Explain to the family the issues of pathological gambling^P
<p>Strategy 20. Completely conceal the gambler's habits when close family and friends are not aware of his difficulties</p> <p>The gambler:</p> <ul style="list-style-type: none"> • steals from his partner to pay for his gambling^{P&G} • is absent at important moments (family/work)^P • asks his partner not to talk about his problems to family and friends^{P&G} <p>The couple:</p> <ul style="list-style-type: none"> • decides not to talk about the gambling problems^{P&G} • allows ties with the extended family slide^{P&G} • decides to reveal their gambling problems only after they have been completely resolved^G <p>Close family and friends:</p> <ul style="list-style-type: none"> • ask the partner questions^{P&G} 	<ul style="list-style-type: none"> • Talk only to persons who know about pathological gambling issues and those persons who are trustworthy^{P&G} • Ensure that the children do not know or fail to discover the truth so that they will not have a negative image of the gambling parent^{P&G} • Family gatherings less often^{P&G} • Lie about the real severity of the gambler's habits^{P&G} • Reduce or stop all social activities with close family and friends^P

Table 2 Continued.

Usage context	Specific Objective 10: Avoid couple conflicts	Means
<p>Strategy 21. Play down the severity of the gambling problem in the gambler's eyes</p> <p>The gambler:</p> <ul style="list-style-type: none"> • is irritable and impatient after a gambling episode/^{P&G} session^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • obtains proof that the gambler has gambled^{P&G} • knows and understands little about pathological gambling^{P&G} • no longer wants to invest in a relationship with the gambler^P <p>The couple:</p> <ul style="list-style-type: none"> • fight about financial difficulties^G 	<ul style="list-style-type: none"> • Deny completely when talking with the gambler, the existence of a gambling problem (i.e., fails to acknowledge the gambler has a problem)^{P&G} • Trivialize and reduce the severity of the gambler's habits and difficulties^{P&G} 	
Usage context	Specific Objective 11: Reduce one's personal suffering	Means
<p>Strategy 22. Diminish, in her own mind, the severity of the gambling habits</p> <p>The partner:</p> <ul style="list-style-type: none"> • holds proof that the gambler has gambled or discovers the severity of his gambling^{P&G} • fails to understand what pathological gambling is^{P&G} <p>Close family and friends:</p> <ul style="list-style-type: none"> • inform the partner that the man gambles^P 	<ul style="list-style-type: none"> • Lie to herself and deny the existence of a gambling problem^{P&G} • Trivialize the difficulties in her mind and reduce the severity of the gambler's problems and their consequences^{P&G} 	
<p>Strategy 23. Temporarily withdraw from the relationship when the gambler has gambled</p> <p>The partner:</p> <ul style="list-style-type: none"> • is overwhelmed by the intensity of the negative consequences associated with the gambling^{P&G} 	<ul style="list-style-type: none"> • Reduce signs of affection, intimacy; refuse to make love; sleep in a different bedroom^{P&G} • Separate temporarily (the gambler or the partner leaves the house)^{P&G} 	

Table 2 Continued.

Specific Objective 11: Reduce one's personal suffering	
Usage context	Means
<p>• finds out about a gambling session or discovers the severity of his gambling^{P&G}</p> <p>• thinks very seriously about separating^{P&G}</p> <p>• tries to express her distress^{P&G}</p> <p>Strategy 24. Threat of a break-up</p> <p>The gambler:</p> <ul style="list-style-type: none"> • fails to answer his cell phone when his partner calls^{P&G} • gambles when his partner is present^P • asks his partner for money^P • steals money from his partner^{P&G} • comes home late^P <p>The partner:</p> <ul style="list-style-type: none"> • can no longer tolerate relapses^{P&G} • cannot conceive of a sane future with the gambler^{P&G} • discovers he has gambled or discovers the severity of his gambling^{P&G} • can no longer put up with the negative consequences^{P&G} • feels betrayed by the extent of the lies^{P&G} 	<ul style="list-style-type: none"> • Ignore him (refuse to talk to him, refuse to be in the same room at the same time)^{P&G} • Threaten to end the relationship^{P&G} • Tell the gambler that he has to leave the house^{P&G} • Start searching for a new place for the gambler to live^{P&G}
<p>Strategy 25. Find professional help for herself concerning the gambler's problems</p> <p>The partner:</p> <ul style="list-style-type: none"> • can no longer put up with the negative consequences^{P&G} • has had her money stolen^{P&G} • is on work leave^{P&G} • has had a nervous breakdown^{P&G} • has physical symptoms resulting from the gambling^{P&G} 	<ul style="list-style-type: none"> • Obtain support for family members at the specialized clinic where the gambler received treatment^{P&G} • Acquire support through employee aid services at the partner's workplace^{P&G} • Obtain different types of support (group, individual, couple)^{P&G}

Table 2 Continued.

Specific Objective 11: Reduce one's personal suffering	
Usage context	Means
<ul style="list-style-type: none"> • is performing poorly at work or school^{P&G} • must assume certain or all of the gambler's responsibilities^{P&G} • discovers the severity of his gambling^P 	
Specific Objective 12: Decrease the financial strain on the family	
Usage context	Means
<p>Strategy 26. Support the gambler financially</p> <p>The gambler:</p> <ul style="list-style-type: none"> • puts the couple in financial debt^{P&G} • is no longer able to pay off his debts and to borrow money^{P&G} • squanders the couple's savings^{P&G} • sells family possessions at a pawn shop^{P&G} • borrows money from a pawnbroker^{P&G} • is not able to pay regular bills^{P&G} • steals from his partner to pay for his gambling^{P&G} • cannot pay for his therapy^P 	<ul style="list-style-type: none"> • Buy back possessions sold by the gambler^{P&G} • Pay his debts^{P&G} • Pay the family's and couple's outings, the various common bills, and other personal expenses that the gambler cannot pay for^{P&G} • Pay for the gambler's treatment^P • Fail to ask him to reimburse the money he stole from her^P • Stop helping the gambler financially upon learning that he is losing money gambling^{P&G}
<p>Strategy 27. Compensate for the gambler's inability to financially support the family</p> <p>The gambler:</p> <ul style="list-style-type: none"> • puts the couple in financial debt^{P&G} • is no longer able to pay off his debts and borrow money^{P&G} • squanders the couple's savings^{P&G} • is not able to pay regular bills^{P&G} 	<ul style="list-style-type: none"> • Limit expenses as much as possible^{P&G} • Reduce couple and family activities^{P&G} • Use various personal savings (i.e., RRSP)^P • Double one's work hours^P • Reduce personal expenses^P • Give the children old toys at Christmas^P

Table 2 Continued.

Specific Objective 13: Spend quality time together as a couple and family	
Usage context	Means
<p>Strategy 28. Use gambling winnings to have some fun</p> <p>The gambler:</p> <ul style="list-style-type: none"> • brings home money won through gambling or a gift paid for with winnings^{P&G} <p>The partner's reaction depends on the seriousness of the gambler's habits</p>	<ul style="list-style-type: none"> • Accept the gift^{P&G} • Use the money to buy something special or to treat oneself to an outing that would usually be too expensive^{P&G} • Express one's satisfaction at being able to enjoy the winnings^G
Specific Objective 14: Try to genuinely understand the person's apparently irrational gambling behaviour	
Usage context	Means
<p>Strategy 29. Exhaustively question the gambler about his habits</p> <p>The gambler:</p> <ul style="list-style-type: none"> • comes back from a gambling session in terrible shape^{P&G} • decides to talk about his problems^{P&G} <p>The partner:</p> <ul style="list-style-type: none"> • finds out about a gambling session or discovers the severity of his gambling^{P&G} • must live with the negative consequences of gambling^{P&G} • must assume some or all of the gambler's responsibilities^{P&G} • fails to understand why someone is attracted to gambling^{P&G} • thinks the gambler lies to her^{P&G} • accompanies the gambler to treatment^{P&G} 	<p>Try to understand by asking him questions about:</p> <ul style="list-style-type: none"> • what motivates the gambler to gamble^{P&G} • why he continues to gamble despite the negative consequences for the family^{P&G} • why he lies about his intention to stop gambling^{P&G} • how he could think that he would win money by gambling^{P&G} • what he has learned from the therapy about his gambling problems^{P&G}

Table 2 Continued.

Specific Objective 15: Be loyal and helpful by taking care of the gambler	Means
Usage context	
Strategy 30. Allow the gambler to express his distress	
The gambler:	
<ul style="list-style-type: none"> • becomes aware of the negative impact that gambling has on his close family, friends, and personal life^{P&G} • denigrates himself, confides in his partner, feels guilty, cries^{P&G} • expresses his lack of understanding about gambling^{P&G} • comes back from a gambling session in terrible shape after losing a considerable amount of money^{P&G} 	<ul style="list-style-type: none"> • Comfort the gambler^{P&G} • Listen attentively^{P&G}
The partner:	
<ul style="list-style-type: none"> • finds out about a gambling session or discovers the severity of his gambling^{P&G} 	
The couple:	
<ul style="list-style-type: none"> • is confronted with negative consequences of the gambler's problems^P Sometimes used reluctantly by the partner out of moral obligation or duty to the gambler 	

At first glance, the strategy employed did not seem to conform to the specific objective. Nonetheless, in these cases, the goal pursued by the study's authors was for the specific objective to illustrate the partners' intention, even though the strategy might have proved inefficient.

As presented in Tables I and II, PGs generally had a perception that was relatively similar to that of their partners. More specifically, the two members of the couple primarily identified the same contexts, the same overall strategies, and the same main goals. That being said, the interviews conducted with the PGs pointed to a few distinctions about the various means used to implement strategies. Indeed, the partners referred to several means that were not reported by the PGs, namely: (1) investigating recent gambling behaviour; (2) controlling the PGs' access to money; (3) trying to reduce the sources of stress that pushed the PGs to gamble; (4) financially supporting the PGs; and (5) compensating for the PGs' difficulty to contribute to the family financially. Finally, almost all the PGs were relatively aware of how hard their partners had worked to cope with their addiction.

An evolution in the implemented strategies was likewise noted. This change was observed in particular when the partners had the impression that strategies they had been using were having little or no effect on the PGs' gambling habits. When this occurred, some partners felt helpless and discouraged, which sometimes led them to modify their strategies completely or detach themselves by adopting an aloof attitude towards the PGs. This disarray was particularly present in couples when the gambling habit was chronic and severe. In this case, the partners employed more strategies that concentrated on their own personal well-being.

Waiting for him with a brick in my hand was a complete waste of time. So I stopped waiting for him. As simple as that. [...] I stopped waiting for him and I stopped shouting at him when he got home. He got home when he got home. Great for him. And anyway, who cares? [...] [P302]

The beginning of treatment by the gamblers, partners, or couples marked a significant moment in the evolution of strategies. The participants mentioned that the treatment helped them to understand pathological gambling better and, consequently, to learn which adaptation strategies should be avoided and which, conversely, should be implemented. In parallel to this request for help, this evolution was also perceived when the PGs became completely abstinent and began their rehabilitation process. Generally speaking, when PGs completely stopped gambling, their partners' anger and bitterness declined. The partners began using less control, supervision, and money management strategies, and more strategies focusing on recovery and renewal, in particular renewal by praising the PGs and involving them in couple and family activities.

Finally, the interview analysis also identified differences between the subgroups. The first subgroup was comprised of couples in which the PGs' gambling was considered to be severe and chronic ($n = 8$ participants). These partners' personal and family

savings were dilapidated by the PGs' gambling. In the second subgroup ($n = 11$ participants), the PGs' gambling was less intense over time and seemed to have created fewer negative consequences for the families as compared to the first group. A comparison of these 2 subgroups suggested that the number, diversity, and frequency of use of the adaptation strategies was greater in couples where the problem gambling was more chronic and severe.

Discussion

As regards the first objective, the study results give rise to several observations. First of all, the number of strategy categories observed here (30) was considerably greater than the 3 noted in Orford and colleagues (2005) the 4 in Orford and colleagues (2017), the 8 in Krishnan and Orford (2002), and the 7 in Casey and Halford (2010), not to mention Patford (2009, 2012), who did not propose categories for the strategies identified. Despite the greater number of categories proposed here, the main themes were, generally speaking, relatively similar to those obtained in the other studies published on this subject. The most macroscopic were those proposed by Orford and colleagues (2005): (1) *engaged coping* (all actions aiming to change gambling behaviour) which comprises all the strategies seen in Table I of the present study; (2) *tolerant coping* (accepting the situation, not carrying out threats, paying debts, etc.) which are found in the strategies in Table II; and (3) *withdrawal coping* (taking care of oneself, threatening to break up, etc.), also found in Table II. One of the particularities proposed in the present study was to group strategies into 2 main categories based on the underlying intention expressed by the participants, namely: (a) influence the PG's gambling habits, and (b) increase the well-being of the partner, couple, and family. Behind the apparently unproductive behaviour towards the PGs (e.g., paying their debts, avoiding talking about gambling problems), the partners were trying to take care of themselves and their family by compensating for financial problems, trying not to greatly disturb the children, and simply avoiding very distressful couple conflicts. In-depth interviews allowed us to determine the underlying meaning of the partners' strategies and employ it as a factor in their classification.

The method chosen here likewise led to more details in the description of the strategies. To give but one example, Orford and colleagues (2005) engaged coping strategy was referred to in 9 of our study strategy categories. Conversely, 10 strategies identified here were absent from the literature. Eight of these strategies aimed to have an impact on the gamblers. These strategies were: (1) remind the gambler of the negative consequences his gambling is having; (2) make sarcastic or hurtful remarks about the gambler's habits; (3) emphasize how positive the atmosphere is in the family and couple when he is not gambling; (4) remind the gambler of possible future negative consequences if he continues gambling; (5) attempt to convince the gambler to not give in to the desire to go and gamble right there and then; (6) use gambling winnings so that there is no immediate reinforcement for the gambler; (7) try to reduce the sources of stress that push the gambler to go and gamble; and (8) acknowledge the progress made, including that in treatment. The intention of the last two strategies was to improve the partners' well-being. They aimed to (9) play down the severity of the

gambling problem in the gambler's eyes (to avoid couple conflict); and (10) use gambling winnings to have some fun (even if the partners knew that they might potentially reinforce gambling behaviour). The emergence of new strategies can be explained by the research method used here, namely a sample exclusively composed of couples of which one member was a PG as opposed to being made up of various members of the family (Krishnan & Orford, 2002; Orford et al., 2005), and by a research objective uniquely focusing on the adaptation strategies adopted by the partners to cope with the PGs' gambling habits. The interview protocol likewise made it possible to propose a wide range of potential strategies to the participants, asking them if they had used them or not, thereby ensuring that these strategies were covered.

That being said, certain of the strategies identified by other authors were not detected in the present results. Krishnan and Orford (2002) identified a category of punishment-related strategies that were not identified by the partners in the present study. We might presume that the strategy was particularly used by the parents of PGs in the Krishnan and Orford study, a sample that was not covered in the present study. Likewise, a study by Casey and Halford (2010) revealed that certain partners invited the gamblers to talk about their difficulties with friends or family, a strategy that was not reported here by the participants. That said, an exhaustive list of strategies used by CFFs should include them.

The second objective pursued here concerned the usage context or, in other words, the stressors. Randall and Bodenmann (2009), in their effort to understand the influence of stressors on the adaptation strategies and capacities of couples, classified stressors according to three characteristics: (1) internal or external sources; (2) minor or major intensity; and (3) duration of time qualified as acute or chronic. However, most of the contexts/stressors in the first goal mentioned by the participants in the present study were internal to the couples' relationship, that is to say they came directly from the couples (e.g., the PGs' gambling behaviour and its many negative consequences). This was coherent with the present sample of participants who lived together. These stressors triggered immediate responses from the partners that were intended to reduce or stop this behaviour. That being said, the context was sometimes a cognitive accumulation that the partners had stored up over a significant period of time with regard to the PGs' attitudes and gambling behaviour. But it was also long-term fatigue that led to the conclusion that the PGs would not change very easily and that the effort invested in trying to change them was not as effective as hoped for. From the partners' point of view, the intensity of these stressors was both considerable and long-term. Faced with this conclusion, the partners made a decision to take care of themselves and their children (second main goal) instead of continuing to struggle to implement ultimately ineffective strategies. Though stressors external to the couple were also identified, they were less numerous and came from the partners' or couples' circle. When confronted with these stressors (e.g., questions from the families or children about the gravity of the PGs'/fathers' gambling problems), the partners used strategies to protect their family and couple, and even the PG. Orford and colleagues (2005) postulated that it is primarily the addictive behaviour of a person that creates stress for close family and friends. However, the

results of the present study shed light on an indirect effect of gambling behaviour, as the reactions of close family and friends were sometimes also a stressor for the partners of PGs.

It also occurred that an adaptive strategy was implemented not because the behaviour was seen as being a stressor but rather to prevent the reappearance of the stressor. In particular, we noted that the partners sometimes implemented a strategy to try to reinforce a positive behaviour in the PGs that was judged to be incompatible with the reappearance of gambling. The goal of this strategy was to cope with a stressor without being directly provoked by the PGs' habits: the connection was indirect. This observation adds nuance to the transactional approach which states that an adaptive strategy is implemented to cope with a stressful event (Lazarus & Folkman, 1984). While this can still be true, the notion of distance must be incorporated since stressors can be proximal or distal. Consequently, it is possible to group the contexts identified in this study into four categories: (1) the PGs' gambling behaviour and its direct consequences (proximal stressors); (2) the accumulation of a gambling behaviour that did not seem to change even after many attempts by the partner to influence this behaviour (proximal behaviour which, by its accumulation, takes on a distal aspect); (3) reaction of close family and friends (proximal stressors); and (4) the recovery behaviour of PGs or their abstinence, which were more distal triggering contexts or events (the partners reinforced positive behaviour, a strategy associated with a more distal context with respect to the source of stress).

The third objective aimed to document the means employed for the use of strategies. The identification of an imposing number of means which initially served to group the adaptation strategies into 30 distinct categories. This aspect proved to be one of the strengths of this project since, as indicated in Tables I and II, there was considerable variety and range in the means implemented. This aspect was less detailed in previous studies on this subject (Casey & Halford, 2010; Krishnan & Orford, 2002; Orford et al., 2005; Orford et al., 2017; Patford, 2009, 2012). The means identified could help to design questionnaires allowing us to evaluate the use or non-use of these strategies by the PGs' partners and then to validate the strategy categories proposed here using factorial analysis.

The fourth objective concerned the intended goals of the strategies. The first main goal involved the importance of strategies intended to reduce or stop gambling behaviour; this importance comprised both the number and intensity of the statements on a subject, as reported by other research teams (Casey & Halford, 2010; Krishnan & Orford, 2002; Orford et al., 1998; Orford et al., 2005; Orford, Copello, Velleman, & Templeton, 2010; Patford, 2009, 2012). This observation is in keeping with the potentially important role of CFFs in the rehabilitation of PGs, demonstrating that CFFs did not spontaneously adhere to the idea that they were powerless and could do nothing to reduce the PGs' gambling behaviour (Al-Anon, 1981). Moreover, several authors are of the opinion that partners must be considered as active agents for change who either initiate the request for aid or are incorporated into the addiction treatment program (McCrary & Epstein, 2008; O'Farrell & Fals-Stewart, 2006; Smith, Milford, & Meyers, 2004). Indeed, because partners can

have an influence on the PGs' addiction and their own personal health, they are not powerless (Orford et al., 2010; Meyers & Smith, 1997).

It is noteworthy that the sequence identified in Tables I and II, based on specific objectives reported by the partners for reducing the PGs' gambling, represents a coherent group of targets to attain when working with the partners of PGs. While not all the partners pursued all these goals, there was a well-ordered range of specific objectives that most of them tried to attain (e.g., make the PGs aware of the negative effects of gambling, or *specific objective 1*; then try to convince the PGs to reduce/stop gambling, or *specific objective 2*; have a clear idea of the intensity of the PGs' gambling, or *specific objective 3*; etc.). In short, the partners were thoroughly involved with the PGs in an attempt to influence their gambling habits using a multitude of strategies. Future studies should nonetheless verify whether these strategies are genuinely effective.

The PGs' partners used several strategies to preserve or improve their own well-being but also that of their family and their couple. Little light has been shed on this aspect in previous studies (Casey & Halford, 2010; Krishnan & Orford, 2002; Orford et al., 2005; Orford et al., 2017; Patford, 2009, 2012). That said, Orford and colleagues' intervention model states that partners have the power to improve their psychological and physical health (Orford et al., 2010). Table II shows how the partners used a wide range of strategies related to numerous personal, relationship, and family needs. The partners attempted to protect their family by lying to the children about the gambling parents' habits and even towards the PGs to avoid couple conflicts. Not only did they sometimes lie to their extended family, but they also reduced their social activities, so that people would not discover the real extent of the PGs' problems. They attempted to protect their family by financially making up for all the loss of earnings stemming from the PGs' gambling by dipping into their savings, working extra hours, and reducing their expenses, even for essential goods. They sometimes tried to optimize the couples' good moments, perhaps even reinforcing gambling behaviour by accepting a gift or outing paid for with gambling winnings. Several partners tried to understand the PGs' problems: they exhaustively questioned the PGs and consulted professionals. Though they took care of the PGs, it was often reluctantly and out of loyalty. They distanced themselves and even began the separation process so as to be able to take care of themselves and, when necessary, to protect their respective children.

In summary, the partners often worked to reduce the PGs' behaviour and improve their personal, couple, and familial well-being. These two main goals are closely related in the partners' minds. All intervention programs intended to help these partners should target these two principal objectives so as to be in accord with their own outlook. Indeed, drug addiction studies indicate that it is possible to implement effective interventions by simultaneously working on these two overriding aims (O'Farrell & Clements, 2012).

The fifth objective involved establishing the coherence between the partners' and PGs' viewpoints, there being a general uniformity that confirmed the partners' self-reports of

the strategies they used. Indeed, the PGs were conscious that their partners had been implementing the reported strategies and were able to explain what led their partners to use the strategies. As reported above, however, it is important to note that the partners reported other means that were not in fact identified by the PGs. Moreover, the PGs did not seem to realize completely all the effort that their partners made to detect their gambling habits, to support them financially and psychologically, and to take full charge of the families' well-being. Other studies have likewise reported this gap in perception where the partners are much more aware of the negative effects of the PGs' gambling on conjugal and family life than are the PGs themselves (Cunha et al., 2015; Ferland et al., 2008). A study by Cunha and Relvas (2015) came up with similar findings, the partners reporting: (1) significantly more negative consequences on family functioning; (2) a higher level of dissatisfaction regarding the quality of family life (in particular, financial security, friends, and health); and (3) a marked difference in the degree of relationship satisfaction (the partners being less satisfied than the PGs) and in dyadic adjustment (the partners reporting a lower level). It is thus worthwhile to take into consideration the viewpoints of both members of the couple since the PGs did not seem to see the bigger picture, that is all the negative consequences stemming from their problematic gambling, particularly with regard to their family and couple.

The sixth objective involved exploring the evolution of the strategies over time. Moreover, as indicated by Lazarus and Folkman (1984), adaptation strategies are considered to be processes that constantly change over time, and this because the cognitive and behavioural effort that people invest is adjusted because of regular evaluations of the strategies' impacts. On the one hand, as Chabrol and Callahan (2013) have suggested, the controllability of an event has a considerable effect on the perception of the stressor and on the resulting adaptation strategies. The concept of controllability can explain why the partners changed their strategies when they realized that they were not able to influence or control the PGs' gambling habits. Subsequently, a certain detachment was particularly remarked in the partners, who turned away from strategies that focused on the PGs' gambling habits so as to make greater use of strategies oriented towards their own well-being and that of their families. In this sense, Rychtarik and McGillicuddy (2006) suggested that, the more the gambling problem takes root over time, the more exhausted the partners become, thereby influencing their adaptation strategies. It is at this point that they begin using avoidance strategies. These results corroborate those obtained by Patford (2012), who noted that when partners realized the PGs' problems were growing ever more serious, they tended to pay more attention to their own well-being.

In the same vein and as reported previously, the results analysis likewise identified a subgroup of participants whose use of adaptation strategies was greater in number, diversity, and frequency. This subgroup was comprised of the partners of PGs whose problems seemed to be more chronic. Orford and Dalton (2005) also observed this feature in the alcoholics' close family and friends, namely the association between the frequency and diversity with which adaptation strategies were used as a function of the seriousness of the person's alcohol consumption. Accordingly, the higher is the alcohol consumption of the alcoholic, the more diverse are the adaptation strategies

implemented by CFFs. In keeping with this observation, research in the health field likewise suggests that the adaptation strategies differ according to the seriousness of the disease (Chabrol & Callahan, 2013). In short, it seems normal that the adaptation strategies implemented in the present study were not identical when the stressors were more chronic and severe than when they were irregular and less of a burden.

One limitation in the study was that the sample only comprised PGs in treatment and their partners. The sample did not include partners who had decided to leave the gamblers, which would have allowed us to document certain strategies further (e.g., distancing oneself, threatening separation, temporary or definitive separation). Likewise, the inclusion of problem gamblers (but not pathological ones) and couples who were not in treatment would enrich the study of this phenomenon. Another limitation concerns the representativeness of male partners. In this study, only one male partner was recruited. Hence, these results may not be generalizable to male partners of PG.

Conclusion

The problematic habits of PGs represented a considerable stress for their partners. This led the latter to use a combination of adaptive strategies to cope with this stress by attempting to reduce or stop the PGs' gambling, but also by trying to improve their personal, couple, and familial well-being. The specific objectives reported by the participants of this study, for each of the two main goals, could eventually serve to develop an intervention program intended for the PGs' partners. The present study allowed us to identify new adaptation strategies that had not been detected in earlier studies on this topic. Moreover, an analysis of the usage contexts showed the importance of taking them into consideration, since they had much to tell us about the possible range of events that led partners to use a given adaptation strategy. It is worth noting that the initiating elements were sometimes positively perceived by the partners and that adaptation strategies were intended to prevent the return of stressors, that is the PGs' gambling behaviour. Furthermore, the PGs were generally aware of the effort invested by their partners to cope with the PGs' gambling habits. Nonetheless, they did not seem to realize completely the extent of the effort made by their partners at the couple and familial level. Likewise, strategies employed by the PGs' partners evolved over time, and this primarily because of the perceived lack of control over the PGs' behaviour and the beginning of treatment by the PGs. When the PGs' habits proved to be more chronic and severe, their partners employed a greater number, diversity, and frequency of strategies.

Furthermore, even though therapists agree with the idea that partners must use good adaptation strategies to cope with the PGs' gambling behaviours, few studies have examined the effectiveness of these strategies. Certain strategies might even be counterproductive by supporting undesirable gambling behaviour (Meyers et al., 1996). It would be worthwhile evaluating the impact of these strategies on both the spouses' gambling behaviour and the well-being of the partners, certain studies

having already been conducted on this subject (Hodgins et al., 2007; Makarchuk, Hodgins, & Peden, 2002; Rychtarik & McGillicuddy, 2006). These results could provide inspiration for the implementation or improvement of intervention programs involving the partners of PGs (see Hodgins et al., 2007; Rychtarik & McGillicuddy, 2006). It is important that therapists working with the partners of PGs know and understand which strategies are thought to be effective or, conversely, ineffective. By making partners aware of the potential effectiveness or ineffectiveness of their strategies, the impact of treatments for their spouses' gambling behaviour and their own well-being will be improved. Finally, in literature on coping, there is a gender difference concerning how individuals tend to cope (Matud, 2004; Tamres, Janicki, & Helgeson, 2002). Hence, in a future study, it would be relevant to recruit as many male and female partners as possible to determine whether these findings apply to both genders.

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For correspondence: Mélissa Côté, ps.éd., Ph.D. candidate in Psychoeducation, Université du Québec à Trois-Rivières, centre universitaire de Québec, 850 avenue de Vimy, P.B. 32, Québec City, Québec, G1S 0B7.
E-mail: Melissa.Cote@uqtr.ca

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