A Realist Review to Elucidate the Mechanisms linking Adverse Childhood Experiences and Couple Distress in Gambling and Addictive Disorders

Summary Report for the Manitoba Gambling Research Program

Investigators:
Bonnie Lee, University of Lethbridge
Sharon Yanicki, University of Lethbridge
Narumi Taniguchi, University of Winnipeg
Gabriela Novotna, University of Regina
Rumi Graham, University of Lethbridge

Funding:
Small Grant ($49,990)

Research Priority:
Examine the relationship between co-occurring disorders and at-risk/problem gambling, and explore the implications for treatment.

Significance

This literature review focused on understanding the interrelationships among adverse childhood experiences (ACE) and adult couple relationships, gambling disorder and addictions. ACE includes child abuse, neglect, loss and abandonment, and witnessing family violence.

Research Questions

1. To elucidate the processes and mechanisms linking individual histories of childhood trauma with adult couple relationship, gambling disorder and its comorbidities.
2. To determine the range of conceptual and clinical models used to address relationship issues as a result of trauma histories of one or both partners.
3. To compare and refine the conceptualization and process of an evidence-based model of couple therapy (congruence couple therapy) with the concepts and mechanisms identified from the literature review.

Methodology

We employed a realist synthesis approach, a qualitative method to uncover mechanisms and contexts linking ACE to adult relationship outcomes. Mechanisms are processes that link ACE to couple dysfunction, problem gambling, and addictions. Context refers to social and development environments that influence social relations. Lastly, to generate theory and future directions for practice, training and research, we compared study findings to Lee's (2009) model of Couple Congruence Therapy (CCT).

Key Findings

Reviewing the literature from 1993 – 2018 on this topic, we identified 74 articles that met the criteria for relevance and rigour for the purpose of our inquiry. These articles consisted of research, review and theory articles based on clinical and non-clinical samples. We found that

ACE affects survivors (32.1% of articles), their partners (9.4% of articles), and the couple relationship (58.5% of articles).

Survivors suffer psychological and interpersonal deficits as a result of ACE that impair their couple relations. Mental health problems, low self-esteem, and poor identity development are found among survivors. Survivors' sense of powerlessness, need for control, emotional clinging or avoidance, poor coping skills, and perceptual distortions put them at greater risk of repeating patterns of trauma and compromise their intimate relationship. Childhood sexual abuse is associated with risky adult sexual behaviours and substance abuse.

Partners of ACE survivors experience vicarious suffering as a result of the survivors' trauma which partners expressed as anger and psychological distress. They have difficulties balancing their own needs with the desire to help their partner who may be unpredictable or withdrawn. Significantly more trauma symptoms and higher levels of stress are found in partners of ACE survivors compared to partners in non-abused couples.

Couple relationships are affected when one or both members of the couple are ACE survivors. Trauma-generated dynamics are associated with the survivor's mistrust of others, feelings of powerlessness, and negative views of the self and others. Survivors' distorted cognitive processes and expectations also impact couple relations. Confusion with poor boundaries, insecure attachment involving suspicions and poor emotion regulation due to ACE prevent intimacy and effective emotional communication. Intimate partner violence may be involved. Negative couple interaction cycles of ACE survivors are more complex and entrenched than couples without ACE history.

Intergenerational repetition of abuse has been cited in many studies. Couple patterns of emotion dysregulation, poor communication, family conflict, risky family environment and poor parenting are passed on from one generation to the next. ACE survivors are more likely to become abusive parents, perpetuating the intergenerational cycle of ACE.

Resilience mechanisms include secure attachment to a non-offending parent, positive coping skills, good peer relationships in adolescence, sense of belonging and safety with a group, and strong couple relationship with a supportive partner that enabled stable couple relations. A meaningful coherence in understanding one's trauma experience supports resilience and healing. ACE experiences can be reframed into survivorship, strength and resilience.

Therapeutic mechanisms to reduce shame, reframe trauma, improve emotional expression acceptance of self and other, strengthen attachment bonds through empathy, and to increase congruence are used by various models of couple therapy with ACE survivors and their partners. However, very few therapy models identified addressed ACE, couple relationships, and addictions at the same time.

In terms of ***contextual influences***, some gender differences are found in the impact of ACE on survivors and couple relations. Because of the different forms of ACE found among the reviewed studies, it is difficult to identify consistent patterns. Gender-based power inequalities in couple relationships are associated with relational dysfunction. Gender socialization can also shape responses to stress and create different patterns of marital strain. Hence gender and sexual orientation are variables to examine in future studies of ACE and couple relationships.

A gap exists in the literature on ***social inequalities*** by race, ethnicity, income and how social and cultural contexts impact ACE and its consequences on couple relationships. Most ACE and couple relationship studies were conducted in high-income countries with 88% of the literature based in North America, Europe and Australia. We need to be cautious not to overlook or overgeneralize factors contributing to harm and resilience that are influenced by only Western perspectives.

Substance abuse and other risky behaviours were mentioned only as a byproduct of ACEs in the literature from the 1990 to early 2000. ***Addiction*** was seldom the main focus of ACE research until more recently. One study by Trute et al. (2001) for substance abuse and a series of empirical studies by Lee and colleagues for disordered gambling were the only two couple therapy models found in this review, pointing to the lack of attention given to ACE, couple relationship and addictive disorders.

The mechanisms identified in this study were compared to the four dimensions of the CCT model (Lee, 2002, 2009). Most of the mechanisms correspond to the intrapsychic, interpersonal, intergenerational and universal-spiritual dimensions of CCT. Mechanisms explaining how ACEs work their way into the ***intrapsychic and interpersonal*** functioning of survivors were most often discussed in the literature. CCT provides an example of how mechanisms of disconnection are addressed in couple therapy, for example, CCT's interactive work on emotion and cognition and on emotion regulation through congruent communication. These interventions help to create the necessary conditions for interpersonal safety, connection and worth in gambling treatment. Mechanisms of the ***intergenerational*** dimension in the literature relied heavily on attachment and psychodynamic theories, while CCT focuses on raising the couple's awareness of family of origin patterns as they are played out in the present communication patterns. The ***universal-spiritual*** dimension was the most under-represented in the literature. This is an important area for CCT's continued development to support the model's existential spirituality as being interactive and continuous with the interpersonal dimension. The human spirit can be opened up under conditions of interpersonal connection, safety and worth. Building on the evidence of CCT's effectiveness in improving emotional regulation, couple adjustment and addictive disorders, the way in which CCT interrupts the repetition of ACE in the family is an important area for future research. Corollary frameworks for resilience should be built for prevention and education.

Conclusions

There is very little literature on ACE, couple relationship and disordered gambling/addictive disorders. The mechanism of how ACE influences adult couple relationship has been largely overlooked in the psychological and epidemiological literature. This review shows that ACE disrupts couple relationship and is repeated into the next generation. Couple dysfunction can precipitate addiction and jeopardize addiction recovery. Couple therapy is an important modality to interrupt ACE impacts on the survivor and couple relations, reduce gambling and addiction symptoms, and prevent the repetition of ACE across generations. The weaving of clinical and non-clinical literature that informed this review encourages the strengthening of collaborations between clinicians and researchers.

Implications

The literature supports the inclusion and availability of couple therapy in problem gambling and addiction treatment and training programs. Attention to ACE and couple relationship should be a part of an overall addiction and mental health strategy for treatment, training and research.

This research was funded by the Manitoba Gambling Research Program of Manitoba Liquor & Lotteries; however, the findings and conclusions of this paper are those solely of the author(s) and do not necessarily represent the views of Manitoba Liquor & Lotteries.