

The Humble Continuum Revalued

Rosemary Nourse

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The continuum is a potent action intervention which is applicable in a range of settings with individuals and groups.

The focus of this article is on the application of the continuum in my clinical practice. It includes individual sessions with problem gamblers, couples where one partner gambles, relationship counseling, and work with an education group for women in a prison alcohol and drug treatment unit. I present descriptions of sessions, make general clinical observations and discuss some of the impacts of its use. I trust it will refresh the reader's appreciation of this 'humble' psychodramatic technique.

Goal Setting with a Problem Gambler

In the first hour long session with a problem gambler, I assess the client's gambling and suicidality, give them feedback on this assessment, provide some education about gambling and addiction, attend to crisis management, complete the necessary agency administration and create some safeguards to

help control the gambling. Furthermore, I aim to agree on treatment goals so that safeguards are consistent with the client's aims. In all of this, I am conscious of the importance of establishing a working relationship with the client.

Typically I push our chairs back, map a line on the floor and, standing on different points of the gambling continuum (see below), I state what each point represents.

Current: Gambling the way I am at present.

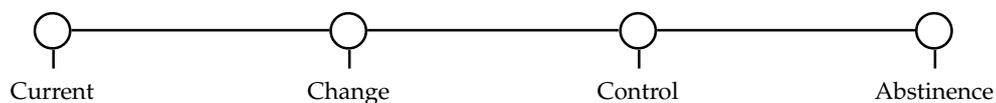
Change: I know I need to change my gambling but I don't know what I want.

Control: I set myself a limit and stop when I reach it.

Abstinence: I stop gambling altogether .

I then ask the client to stand in at least those four places and express what happens for them. When they have done this, I ask them to move to where they want to be. The person's relationship with gambling comes alive for

Gambling Continuum.



both of us, sometimes surprising the gambler.

John¹

John stands at the 'current' end of the continuum looking bemused and says "I don't know why I'm here". He is frowning, his arms are folded and he's hunched forward. He looks increasingly puzzled and edges towards the middle of the continuum. I mirror his body posture and encourage him to put words to his gesture. He smiles, stands taller in the 'control' position and says "I'd like to do this, I'd feel good". His smile fades, his frown returns and he slumps, "But I know I can't, that's why I've come to counselling. He moves into the 'abstinence' position and leans into the corner of the room, then turns, his back still propped up by the walls. "I'd feel safe here". He stands, his arms at his side, his body softer, with a slight frown, "But I'm not sure I can do this either". He moves between these two positions several times, looking thoughtful, his steps becoming firmer and then he faces me and says quietly, "This (abstinence) is where I want to be. I don't know how." In these few minutes he has shifted from being a dependent casualty to a diffident asylum seeker.

Action in the first session helps establish a norm that movement can be part of counselling. I think this can be particularly useful for three sub-groups of clients:

a, 'Action gamblers' hooked on the adrenalin rush from gambling. Being active is often an important aspect of their functioning and as one client said to me, "I was expecting mumbo jumbo counselling but we're doing something"! 'Action gamblers' are seldom aware of their feelings and in my experience, movement facilitates their awareness of their bodies and to a lesser extent their feelings.

b, Kinaesthetic learners.

c, Depressed clients for whom movement can facilitate a shift in energy. Briefly experiencing a different relationship with gambling may also offer a glimpse of hope that things can be different.

Murray

Describing himself as a caged lion when he's at home on a wet weekend, Murray prowls at the 'current' end of the gambling continuum. He says his urge to gamble is sky high. He moves briefly to 'change' before declaring "Not for me" and subsequently places himself at the 'control' position saying "I'm good here. This is where I'm staying". His feet are planted squarely on the floor, he looks directly at me, his upper chest is tight and his jaw thrust slightly forward. He is defiantly resolute. I encourage him to move to the 'abstinence' position before he decides on his goal. He stands there briefly and it's as though his feet get burnt. Within a second he's back to his previous position, unaware of, but clearly expressing his anxiety.

Often when clients subsequently talk about their goal, they move to or look at 'their spot' in the room and may recall their feeling in that position to strengthen their resolve. Matt, for instance, spoke of being in a pub with friends for a celebration, hearing the pokies, feeling pulled to gamble and losing his power. He turned his back on the pokie room and imagined himself at the 'abstinence' position. He told me, "I breathed easy and knew I could do it."

The continuum can also lead naturally into further action.

Mere

Mere stood uncertainly at the 'abstinence' position. "For definite. This is where I need to be." Pause. "But there are so many things that make it hard." I ask her to choose items to be these things and soon she is addressing each one in turn.

Additional doubling of clients on a continuum can assist them in developing greater self expression and self acceptance. Problem gamblers are often very *whakama* or ashamed and doubling provides acceptance of them and their experience, often for the first time.

This particular continuum can be used for other kinds of problematic behaviour. I have for instance used it in working with men who have been compulsively viewing pornography or using prostitutes.

Couples Where One Partner Gambles

I encourage partners of gamblers to attend the first or another early counselling session. Gambling affects family members financially and emotionally and partners often value the opportunity to have counselling themselves. These impacts have often been minimised by the gambler who may consequently be unrealistic about the damage to the relationship and the support s/he will receive in recovery. Counselling provides a safe framework to address these issues directly, especially the breakdown of trust, and for the partner to learn about and understand gambling as an addiction. At a purely practical level, the couple's financial position starts to become transparent and the partner can make an informed decision about protecting his/her assets, managing couple finances and assisting with safeguards. Any buy-in by the partner decreases the gambler's - and the partner's - isolation.

Directing the gambler on a continuum with their partner present, often reveals aspects of the gambling that surprise the partner. The couple has frequently been stuck in a narrowed down role relationship. So when the gambler expresses other roles, both parties are freer to respond to each other about the gambling (and other things) in new ways. Their discussions about the impact of the gambling and "where to from here" can then begin to include acknowledgement of the complexities of addressing the feelings, behaviours and impacts associated with it.

Peter & Sue

Pete's answers to me about his gambling have been evasive and I feel he's not ready to 'come clean' with

Sue, his partner. She is an angry accuser, exasperated that he has gambled again and reluctant to 'give him another go'. As he stands up, his wiry body is tense, his jaw clenched, knuckles white and breathing shallow. Standing at the 'current' position, his body slowly crumples and tears stream silently down his face. He talks of being powerless, of his profound sense of failure and shame, "I hate being here, I hate myself". Sue has known only the belligerent battler. Her face softens. Later Pete hesitantly chooses abstinence as his goal, saying this is what he wants but that he's never lasted more than a week so he has no idea how he could do it. In the past Sue has responded to talk of abstinence as a critical doubter. Now she functions as a sympathetic supporter and they both warm up to a wider range of roles as they start to address some practical first steps for Pete.

Ann & Dave

Ann confessed to Dave six weeks ago that she had gambled their savings, that several bills were in arrears and they were seriously in debt. I have seen her once. They are members of a fundamentalist church that considers gambling a sin and he had no idea that she has been gambling for nearly three years. She has been a cringing confessor for six weeks, fearful of a wrathful judge. When she moves to abstinence, she expresses her relief that she has told Dave, that the deceit is over. For the first time she looks directly at him and speaks clearly. He is not ready for her apology or her resolve, but the sincerity of both are palpable and he starts to express his feelings of betrayal and hurt. Later in the session there is further progressive development in the role relationship as Dave expresses his admiration for the way in which Ann cared for her dying mother. He is warm, positive and respectful.

Using continuums with a partner present needs to be done with some care and I almost never do so when the partner has only recently become aware of the gambling and is still in shock.

I may also ask a partner to use the same

continuum and invite them to relate to the positions from their perspective. I do so mainly when the gambler has a limited understanding of the effects of the gambling on his/her family or when the partner appears to disagree with the goal set by the gambler. After expressing themselves at different points on the continuum, the partner chooses the goal they want the gambler to adopt. This allows the impact of the gambling to be fully expressed without blame (and without assertiveness coaching for the partner who is frequently co-dependent).

Mary & Alan

From the 'current' position, Mary expresses her sadness that Alan has lost the respect of their adult children and her sense that their 35 year marriage is a hollow husk due to her loss of trust. Later, when she moves to abstinence, she recalls his playfulness with the children when they were younger and his rock solid support for her and their youngest son, John, as he died of cancer. She shares her dream of "growing old disgracefully together" and her determination to be rock solid for him if he is willing to commit to gambling abstinence. Alan cries for the second time in their marriage. He begins to talk of his distress as John "shrank and hollowed out", feelings he has held at bay (with the help of gambling) for twelve years.

I am awed by their grief and tenderness. Mary has identified some of Alan's progressive roles and helped him warm up to them; touched on the key function of the gambling and given him a motive to move into recovery.

Increasingly I appreciate the value of partners having this structured opportunity to express how the gambling affects them, regardless of the gambler's level of awareness.

Relationship Counselling

When I work with couples who have come for relationship counselling, I seldom do formal assessments. The partners talk about the issues

that have prompted them to seek help and set goals for the counselling. As they talk to each other and me, one of the things I notice is personality differences which are regularly contributing to misunderstandings. Following are the continuums I work with in such situations. They are based on the Myers-Briggs Type Indicator (MBTI)² which enables us to expect specific personality differences in particular people and to cope with the people and the differences constructively." (Myers Briggs 1980)

Introversion (I) — — — Extraversion (E)

Intuition (N) — — — Sensing (S)

Thinking (T) — — — Feeling (F)

Perceiving (P) — — — Judging (J)

Michelle & Simon

Michelle and Simon come to counselling to improve their communication which they both consider a problem in a marriage to which they are both committed and which works well in many ways. Michelle frequently feels criticised by Simon. They reached a crisis when Simon returned home alone early from a family holiday with members of Michelle's family. As they discuss this in the counselling session they listen to each other but nevertheless 'talk past' each other. I set out aspects of introversion and extraversion on a continuum and ask them to place themselves on it. Michelle identifies strongly as an extravert. Simon stands a little short of half way on the introvert side. We then discuss each of their needs for connection, space and time and subsequently they readily develop several strategies. When we set out a feeling-thinking continuum, they are well apart. Michelle is on the feeling and Simon on the thinking side. In a brief exploration of their needs, Simon becomes enthusiastic, engaging his thinking to strategise for the relationship. He asks

for reading material on MBTI and subsequently actively develops ways he can comfortably participate in a week-long extended family event which he's been dreading and on which Michelle places high value. Michelle had taken his disquiet as lack of care for her but as Simon beavers away, his commitment is obvious and she now suggests that he comes for part of the time only.

When relationships are considerably more strained than this, a continuum can still provide a useful starting point and sometimes much needed light relief.

Hector & Annika

Crisis management was the focus of Hector and Annika's first appointment. Both were actively suicidal (though neither had previously disclosed this to the other) and lethargic from extremely limited food intake for three weeks. There was no food in the house. Their rent and power were several weeks in arrears, their savings gambled away by Hector. Yet they found the energy to disagree doggedly, and without looking at each other, about whether they would accept a food parcel! They return the following morning having eaten and feeling more "human". Early in this session I start setting out a perception-judging continuum. They place themselves at opposite ends of the large room. As Annika starts to talk about how she feels here, Hector catches her eye, they smile and then start laughing and are soon convulsed. Hector says "I knew that we're different but this is ridiculous!" They laugh at how absurd they are wanting their relationship to work. They move towards each other, gazes locked, and then hold each other for several seconds before sitting down. They discuss how it is to live with such difference. We start to address the gambling and they now listen to each other.

Groups

I run an education session on problem gambling in the alcohol and drug treatment unit of a women's prison. During the first session, which

is attended by all the women in the unit, I present information about problem gambling and cross addiction. Participants complete the 8-screen which is a gambling screen designed for use in community settings. Eight gambling behaviours are listed and people who identify with 4 or more may have a gambling problem and a full gambling assessment is recommended. At the end of this session women choose whether to join an ongoing group for both problem gamblers and their 'significant others' In order to assist them in making their decision, I direct four continuums, (see overleaf).

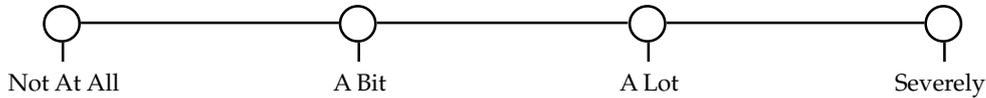
There is invariably quite a bit of chatting and exclaiming as women move quickly to positions on the first continuum. Despite some knowing each other well, those who stand together at 'severely affected by a family member's gambling' have often not known this about each other and there is nearly always spontaneous discussion. Those most affected tend to identify who in their families gamble and comments such as "I always know where to look for her" and "He never has money" are common. Their warm up to the work of the ongoing group increases. Those unaffected by gambling frequently make comments about not knowing any gamblers and start to talk about not needing to be in a group.

As I ask people to stand on the second continuum, based on their self score on the gambling 8-screen, there is usually some light hearted banter. Because gambling is often part of prison culture, women already have a fair idea of who gambles frequently. Invariably many of the same people who have problem gamblers in their families have scored 6 - 8 on the screen and the energy rises in the group at this end of the continuum.

In planning for these groups I designed the first two continuums to concretise the key factors naturally leading to a decision to join the group.

Group Continuum 1:

Affected by family members' gambling;



Group Continuum 2:

A continuum based on the person's self score on the gambling 8-screen, the scale is 0-8.

Group Continuum 3:

"If you were making the decision now about attending the group, where would you stand?"



Group Continuum 4:

"If your higher power were advising you, where would you stand?"³

(Using the same scale as in 3)

I assumed that women would generally be aware of their gambling issues. In fact, this is not the case, even for those who gamble heavily. For example, of the 7 women who recently elected to join the group, only one had previously thought she had a gambling problem. Yet all subsequently scored 6 or more on the DSM IV for pathological gambling (people who are currently behaving or have behaved in 5 or more of the 10 ways listed in the DSM IV are considered probable pathological gamblers). They had thought of their gambling as harmless fun compared with their drug and/or alcohol addictions and consequently were not considering any behavioural changes.

I work with some of the women who choose not to attend the group in subsequent sessions.

Karla

Karla stands on 'severely affected' and a score of 6, hesitates about joining the group and finally moves to 'definitely not'. As the group ends I tell her that, unless she objects, I will put her name on the list of people to have gambling assessments and assure her this does not commit her to joining the group. She

nods, "That's OK". When we meet she says her mother's gambling is so bad there is nothing she could possibly learn in a group that would help. She believes she can control her own gambling because she hasn't gambled for money in prison, but scores 9 on the DSM IV pathological gambling scale. She decides to join the group and subsequently sets a goal of abstinence and starts to plan how she will achieve this.

Ngairé

Ngairé stands on 'severely affected' and a score of 4 then 'definitely not' for joining the continuing group. After we finish she drifts around at one end the room, glancing at me, so I join her. She is working on several other issues in therapy, feeling overwhelmed and at risk of selfharm. We agree to work together 1:1 when this is appropriate.

In allocating time to give to discussion on the continuums, I aim to balance two things. The first is the desire of those discovering common cause wanting to talk. The second is the overt reluctance of those with no issues around gambling to spend further time on the subject. Because of this I tend to direct the third and fourth continuums very crisply, not usually

asking women to discuss their decision about joining the group with those around them.

The fourth continuum occasionally prompts someone into joining the group.

Chrissy

Chrissy stands in a group of 'definitely not' for the third continuum. When I give directions "If your higher power were advising you, where would you stand?" she looks confused, clarifies what I've said with the person beside her and then runs like a startled rabbit to 'definitely yes' to some amusement in the group.

In using Twelve Step language, with which the women are familiar as part of Alcoholics Anonymous, Narcotics Anonymous and the drug and alcohol treatment programme in the prison, this continuum signals that the group is about gambling recovery.

I initially used these four continuums to facilitate women's decisions about continuing in a problem gambling group. But I now retain them for their added value in

- raising awareness;
- clearly giving control to the women about their decision, an important signal in a prison;
- warming up prospective members to the purpose of the ongoing group;
- developing the sociometry of this group;
- alerting me to those women who might benefit from joining the group but haven't chosen to do so;
- establishing some of the norms of the group - action, personal responsibility, recovery.

Conclusion

The continuum is a versatile, non-threatening and accessible action intervention. I have illustrated how I use it for goal setting, working

with personality differences and to assist in decision making. Used in a group setting it offers a non-judgemental way of bringing out subgroups and can therefore be used to heighten awareness and expression of differences and similarities. When used in conjunction with doubling, the continuum increases the clients' warm-up and a greater degree of spontaneity invariably emerges. This enables conserved patterns to change.

As I use continuums in increasingly mindful ways, they greatly enhance my work.

Footnotes

1. All client names and identifying characteristics have been changed, except the fact that group sessions were held in a women's prison
2. The MBTI identifies 16 different personality types based on four different preferences in how we function:
 - Introversions or extraversion is our relative interest in the inner or outer world and where we derive our energy.
 - How we perceive or become aware of ideas, people, events, using our intuitive or sensing preference;
 - When we judge or decide we use thinking, a logical process, or feeling, based on our values;
 - Whether we are more comfortable perceiving or judging.
3. Thanks to John Faisandier for suggesting this fourth continuum.

References

- Briggs Myers I with Myers P (1980), *Gifts Differing* (page 1), Consulting Psychologists Press Inc., Palo Alto, CA.
- Kroeger O and Thuesen J M (1988), *Type Talk*, Bantam Doubleday, New York.

