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When the House Always Wins: The Hidden Psychological Burden on Families of People with Gambling Disorder

FAHU Research Desk

November 2026

facingaddictionwithhope.com

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There is a particular kind of exhaustion that settles into the bones of families living alongside addiction — not the exhaustion of physical labor, but something subtler and more corrosive: the exhaustion of perpetual uncertainty, of watching someone you love disappear into a compulsion you cannot reason with, bargain away, or love out of existence. For families of people with gambling disorder, this exhaustion is compounded by a disorder that remains poorly understood, chronically underestimated, and socially minimized. After all, gambling looks like a choice. It looks like fun. The harm it produces — financial ruin, fractured relationships, cascading mental health crises — often remains invisible until it is catastrophic.

A landmark 2026 study published in *Frontiers in Psychology* by Guillén-Guzmán and colleagues offers the field something it has long needed: rigorous, systematic attention to the people standing in the shadow of gambling disorder. The research examines the psychological characteristics and coping strategies of what the authors call "Affected Others" (AOs) — the relatives and partners who support people receiving treatment for gambling disorder. What emerges from this work is not only a portrait of suffering, but a map of how families survive, where they break down, and what kinds of support might actually help.

The Invisible Casualties of Gambling Disorder

Guillén-Guzmán and colleagues are unambiguous about the scope of the problem from the outset: "Gambling disorder generates substantial psychological, social, and economic harm not only for affected individuals

but also for the relatives who support them" (Guillén-Guzmán 2026). Yet the study also acknowledges that "evidence regarding the psychological burden and coping strategies of these Affected Others (AOs) remains limited" (Guillén-Guzmán 2026). This gap in the literature is itself a form of harm. When we fail to study the family members of people struggling with addiction, we effectively render them invisible — unworthy of dedicated research, undeserving of tailored intervention.

This invisibility is not unique to gambling. Across the spectrum of behavioral and substance addictions, the family is too often treated as a backdrop to the "real" patient — a resource to be mobilized in service of the identified individual's recovery, rather than a population with its own clinical needs, its own trauma, and its own journey toward healing. The Guillén-Guzmán study represents a meaningful departure from this framing. By centering AOs as the subjects of inquiry — examining their sociodemographic and clinical characteristics, comparing differences by family relationship type and gender, analyzing associations between coping strategies and psychological distress — the researchers insist that the family is not peripheral to the story of addiction. It is central to it.

Coping Strategies Matter — and They Are Not All Equal

One of the most practically significant aspects of the Guillén-Guzmán study is its attention to coping strategies and their relationship to psychological distress among AOs. Not all coping strategies are equally effective, and the research explores which predictors of global psychological distress emerge in this population. This matters enormously for clinical practice and family support programming.

In the broader literature on family caregiving and chronic illness, it has been well established that the strategies families use to manage stress are themselves shaped by gender, relationship type, and the nature of the stressor. A 2026 qualitative study in *Disability and Rehabilitation* examining stroke survivors and their caregivers offers a useful parallel.

That study found that "family caregivers" occupy a distinctive position in navigating both the technical challenges of caregiving — those addressable through professional expertise — and the adaptive challenges that "require changes in beliefs, roles, emotions, and routines" (Wang et al. 2026). The distinction is instructive. Families of people with gambling disorder face both kinds of challenges simultaneously: the technical (finding treatment, managing finances, understanding the disorder) and the profoundly adaptive (rethinking their assumptions about control, responsibility, love, and limits).

The adaptive challenges are often the hardest, precisely because they ask family members to change not just what they do, but who they believe themselves to be. A spouse who has organized their identity around keeping the family stable suddenly confronts the terrifying possibility that their efforts to control the uncontrollable may be making things worse. A parent who has always believed that love is sufficient suddenly faces evidence that love, however fierce, cannot rewire a brain caught in the grip of compulsive gambling. These are not technical problems. They are existential ones.

Understanding as a Practice, Not a Destination

This is where the philosophical dimensions of family recovery become not merely interesting but essential. A 2026 paper in *Nursing Philosophy* draws on Gadamerian hermeneutic philosophy to argue that genuine understanding in caregiving contexts — between nurse and patient, between helper and helped — is not a static achievement but an ongoing, dialogic process. The paper explores "key Gadamerian concepts, including prejudice, language, dialog, and the fusion of horizons," arguing that caring is fundamentally "a relational process of coming to understanding within historically and culturally situated" encounters (Granderson 2026).

What does Gadamer have to do with a family member sitting across from a loved one who has gambled away the mortgage? Quite a lot, it turns out. Gadamer's concept of the "fusion of horizons" — the idea that genuine understanding requires us to allow another person's perspective to genuinely challenge and reshape our own — speaks directly to what families must attempt when they try to understand addiction rather than simply judge it. To understand a loved one's gambling disorder is not to excuse it. It is to recognize that their behavior emerges from a context — neurological, psychological, biographical — that is not reducible to moral failure. It is to hold open the possibility that their experience makes a kind of terrible sense, even when it makes no sense to us at all.

The Gadamerian framing also highlights something the Guillén-Guzmán study implicitly reveals: coping strategies that involve genuine engagement and understanding — rather than avoidance, judgment, or frantic control — tend to be more adaptive. Families who can move toward understanding, who can stay in the difficult dialogue without either collapsing into enabling or hardening into punishment, are doing something philosophically and psychologically sophisticated. They deserve support in sustaining that effort.

Gender, Relationship Type, and the Unequal Distribution of Burden

The Guillén-Guzmán study's attention to differences in AO experience "according to family relationship type and gender" (Guillén-Guzmán 2026) opens an important conversation about equity within the family recovery space. It is well documented in the caregiving literature that women carry disproportionate caregiving burdens in chronic illness and addiction contexts. Partners — particularly wives and mothers — often become the de facto case managers, emotional regulators, and financial stabilizers for the entire family system. This is invisible labor of the most taxing kind, and it accumulates damage quietly, over years, before it becomes a crisis.

The implication for family support services is significant. Programming that treats "family members" as an undifferentiated group — that offers a single psychoeducational session or a pamphlet about enabling — will not adequately reach the spouse who has been managing financial catastrophe for three years, or the adult child who grew up in the chaos of a parent's untreated disorder and is now struggling to form healthy relationships of their own. Differentiated, gender-sensitive, relationship-type-specific support is not a luxury. Given the evidence on psychological distress among AOs, it is a clinical imperative.

From Burden to Agency: Predictors of Resilience

Perhaps the most hopeful dimension of the Guillén-Guzmán study is its exploration of "predictors of global psychological distress" in the AO population — because the inverse of those predictors is, implicitly, a map of resilience. Understanding what drives distress is the first step toward understanding what alleviates it. This reframing — from burden to agency, from victimization to active participation in recovery — is at the heart of what organizations like FAHU (Facing Addiction with Hope and Understanding) have long advocated.

Hope, in this context, is not naïveté. It is not the belief that gambling disorder will resolve itself, or that love alone will heal the harm. It is something more demanding: the sustained commitment to remain in relationship with a person who is suffering, to seek understanding rather than defaulting to judgment, and to access the support necessary to do this without destroying oneself in the process. The Adaptive Leadership Framework described in the stroke recovery literature draws a distinction between technical and adaptive challenges precisely because adaptive challenges require this kind of sustained, identity-level engagement — they cannot be solved by expertise alone (Wang et al. 2026). They require what Gadamer might call the willingness to enter genuine dialogue, to risk having one's own horizons changed.

CONCLUSION: The Research Demands More

The Guillén-Guzmán study is a beginning, not an endpoint. The authors themselves note that "evidence regarding the psychological burden and coping strategies of these Affected Others remains limited" (Guillén-Guzmán 2026) — a candid acknowledgment that the field has work to do. But beginnings matter. Naming the gap is the prerequisite for filling it.

For families currently living in the shadow of a loved one's gambling disorder — managing the financial wreckage, absorbing the emotional volatility, quietly eroding under the weight of what no one around them fully understands — this research offers something valuable: the simple, powerful recognition that you are here, that your suffering is real, that your coping strategies matter, and that understanding them is a legitimate scientific endeavor. You are not background noise in someone else's story. You are central to the story of recovery itself.

Facing addiction with hope and understanding is not a soft position. It is the position most consistent with what the evidence actually shows: that judgment produces shame, that shame drives concealment, and that concealment makes recovery impossible. Understanding is not the easy path. It is the harder, braver, and ultimately more effective one — for the person with the disorder, and for every Affected Other standing alongside them.

Works Cited

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