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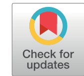
Depression symptoms and reasons for gambling sequentially mediate the associations between insecure attachment styles and problem gambling



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HIGHLIGHTS

- We test the associations between insecure attachment styles and gambling problems.
- A clinical sample with mood disorders was used.
- Depression and coping motives mediated attachment-gambling associations.
- Insecure attachment increases problem gambling risk in adults with mood disorders.

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ABSTRACT

One of the central pathways to problem gambling (PG) is gambling to cope with negative moods, which is a cardinal feature of depression. *Insecure attachment styles* are also etiologically related to depression; and, therefore, by extension, those who are insecurely attached may engage in excessive gambling behaviors to cope with depression. In this study, we aimed to evaluate this and to this end predicted that depression severity and coping motives for gambling would conjointly mediate the relations between insecure attachment styles and PG. Data came from a larger investigation of PG within mood disorders. Participants exhibited a lifetime depressive or bipolar disorder and endorsed a mood episode within the past ten years. Participants (N = 275) completed self-report measures during a two-day assessment. Path analysis supported two main indirect effects. First, anxious attachment predicted elevated depression, which in turn predicted increased coping motives for gambling, which subsequently predicted greater PG severity. Second, this double mediational pathway was also observed for avoidant attachment. Results suggest that insecure attachment relates to PG via depressive symptoms and coping-related gambling motives. Mood symptoms and associated gambling motives are malleable and are promising targets of gambling interventions for insecurely attached individuals.

1. Introduction

About 2–3% of North Americans gamble at harmful levels (Kessler et al., 2008; Williams, Volberg, & Stevens, 2012). This rate more than triples in psychiatric populations (e.g., people with mood disorders) (Getty, Watson, & Frisch, 2000; Nehlin, Grönbladh, Fredriksson, & Jansson, 2013). Problem gambling (PG) is associated with many negative outcomes, like financial distress, high rates of addiction, poor mental and physical health (Afifi, Cox, Martens, Sareen, & Enns, 2010; Dowling et al., 2014; Maniaci et al., 2015; Nehlin et al., 2013; Odlaug, Schreiber, & Grant, 2013), and high suicidality (Petry, Stinson, & Grant, 2005; Suissa, 2011). Clinical interventions would benefit from a better understanding of the risk factors that contribute to PG.

Blaszczynski and Nower (2002) identified three distinct pathways to PG, including (1) *behaviorally conditioned* problem gamblers, (2) *emotionally vulnerable* problem gamblers, and (3) *impulsivist/antisocial* problem gamblers. Each pathway is believed to unfold over the course of development and each is thought to carry diverse but unique risk

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factors for PG (Gupta et al., 2013), although these various risk factors have yet to be fully explored and it has been argued that more research is needed to investigate these complex pathways (see e.g., Milosevic & Ledgerwood, 2010). In this study, our specific goal was to explore insecure attachment as one of the possible risk factors in the emotionally vulnerable pathway to PG.

1.1. The emotionally vulnerable gambler

Emotionally vulnerable gamblers are people who struggle with elevated levels of negative affect and emotional lability. Consequently, they have ample opportunities to learn that gambling has negatively reinforcing effects on mood (Blaszczynski & Nower, 2002; Keough, Wardell, Hendershot, Bagby, & Quilty, 2017). Through repeated experience, the association between dysregulated mood and gambling (as a coping strategy) becomes strengthened, resulting in the development of PG. In the current study, we used a complementary theoretical framework – attachment theory (Ainsworth & Bowlby, 1991) – to provide new insight on the individual differences and mechanisms of the emotionally vulnerable pathway to PG among people with mood disorders.

1.2. Adult attachment, emotional dysregulation, and problem gambling

Attachment is the tendency for us to form emotional bonds with other humans. It is believed to be biologically rooted and begins with infant-caregiver interactions during the initial years of life. Attachment theory (Ainsworth & Bowlby, 1991) states that early bonding with a caregiver is important for the formation of internal working models of communication, emotion regulation and coping, and interpersonal functioning that are carried through to adulthood. These internal models are believed to be stable across development and the same theories explaining parent-child bonds can also be applied to understand adult interpersonal relationships and associated developmental outcomes (Ainsworth & Bowlby, 1991; Hazan & Shaver, 1987).

There are three general attachment styles categorized into secure and insecure (anxious and avoidant) styles; (1) secure attachment is characterized by positive relationship development, effective regulation of positive and negative emotions, and capability in seeking social support when needed, (2) anxious attachment is expressed by excessive need for closeness, worry about relationships, and fear of rejection, and (3) avoidant attachment is defined by emotional distance from others and compulsive self-reliance (Brennan & Shaver, 2005). Securely attached individuals typically have higher self-esteem and self-efficacy compared to insecure individuals (Ainsworth & Bowlby, 1991), and are also better at coping with challenging situations by seeking support from others (Caspers, Cadoret, Langbehn, Yucuis, & Troutman, 2005). Insecurely attached adults, in contrast, report having lower self-esteem, higher levels of emotional dysregulation, are less likely to seek support, and are more likely to engage in non-affiliative maladaptive coping strategies (Pietromonaco & Barrett, 2000).

The quality of one's attachments has been shown to predict a myriad of outcomes during the lifespan. Insecure attachment style is, for example, associated with poor interpersonal and intellectual functioning (Marks, Horrocks, & Schutte, 2016; Thorberg & Lyvers, 2010), dysfunctional personality traits (Reiner & Spangler, 2013), and increased risk for mental disorders (Thorberg & Lyvers, 2010). Individuals with insecure attachment styles are particularly susceptible to developing mood disorders, and this association has been observed consistently in children (Abela et al., 2005, 2009), adolescents (Lee & Hankin, 2009) and adults (Hankin, Kassel, & Abela, 2005; Shaver, Schachner, & Mikulincer, 2005; Wei, Mallinckrodt, Larson, & Zakalik, 2005). Significant mood problems among insecurely attached people are thought to arise from poor working models that incorporate dysfunctional attitudes about oneself and others (Hankin et al., 2005; Shaver et al., 2005; Wei, Mallinckrodt, Larson & Zakalik, 2005).

The insecurely attached person is thought to engage in maladaptive coping strategies, such as addictive behaviors, to reduce high levels of distress. Insecure attachment styles have been positively linked with alcohol (McNally, Palfai, Levine, & Moore, 2003) and substance use (Kassel, Wardle, & Roberts, 2007; Thorberg & Lyvers, 2010); surprisingly few studies have examined the risk impact of insecure attachment styles for dysfunctional gambling behavior. Recent work suggests that insecure attachment positively correlates with problem gambling (Di Trani, Renzi, Vari, Zavattini, & Solano, 2017; Testa et al., 2017a, 2017b). Moreover, some studies have examined the link between poor parental bonding (a correlate or sequelae of attachment) and PG, supporting the notion that poor parental attachment predicts increased adolescent engagement in gambling behaviors (Magoon & Ingersoll, 2006). Poor parental attachment is also related to the development of depressive symptoms (Demidenko, Manion, & Lee, 2015; Otowa, York, Gardner, Kendler, & Hettema, 2014); it is also possible then that depressed mood somehow plays a role in the association between insecure attachment and risk for problem gambling. Despite the potential causal relations between depressed mood, insecure attachment and PG, the interrelations of these factors has yet to be examined explicitly in pathway modeling.

1.3. Role of gambling motives

Like any other addiction, PG is a learned, goal-directed behavior. Through repeated experience, individuals form certain reasons to gamble. In turn, these motives drive future gambling behavior and increase risk for associated harms. Similar to research examining substance use motivations (Cooper, 1994; Cooper, Frone, Russel, & Mudar, 1995), three central motivations have been identified for gambling: coping motives (e.g., gambling to reduce negative emotion), enhancement motives (i.e., gambling to increase positive affect), and social motives (i.e., gambling to increase social affiliation) (Stewart & Zack, 2008). Mirroring work on substance use motives, research demonstrates that each motive type relates to different aspects of PG behavior (Francis, Dowling, Jackson, Christensen, & Wardle, 2015; Wardell, Quilty, Hendershot, & Bagby, 2015). Notably, coping motives have been shown to predict gambling problems or harms, whereas enhancement motives predict gambling involvement and frequency, as well as related harms (Stewart & Zack, 2008; Wardell et al., 2015). Social motives are not typically associated with gambling harms or problems and only predict low gambling frequency (Canale, Santinello, & Griffiths, 2015; Stewart & Zack, 2008). We speculate that coping motives may be imperative to increasing risk for gambling harms among insecurely attached individuals.

1.4. The current study

Our main goal was to provide novel evidence for the role of insecure attachment in PG among individuals with mood disorders (Quilty, Mackew, & Bagby, 2014). Informed by attachment theory (Ainsworth & Bowlby, 1991), we expected that individuals with insecure attachment styles (anxious and avoidant) would have increased PG severity *because* of their elevated depressive symptoms and subsequently elevated coping motives for gambling.

2. Materials and methods

2.1. Participants and procedure

Participants were 275 adults (63.6% female; M_{age} = 43.02, SD_{age} = 11.58) with a lifetime diagnosis of a depressive disorder (n = 138, including major depressive disorder [n = 119], dysthymic disorder [n = 18], and depressive disorder not otherwise specified [n = 1]) or a bipolar disorder (n = 137, including bipolar I disorder [n = 110], bipolar II disorder [n = 21], bipolar disorder not otherwise

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