



Maladaptive personality traits and thinking styles among adolescent regular gamblers: A moderator mediation model

Ugo Pace*, Alessia Passanisi

Kore University of Enna, Italy

ARTICLE INFO

Keywords:

Maladaptive personality traits
Thinking style
Adolescents regular gamblers

ABSTRACT

The present study sought to explore, in a group of adolescent regular gamblers, a risk model in which the predictive function of maladaptive personality-trait domains can be mediated by maladaptive thinking styles and moderated by adaptive thinking styles on problem gambling.

We assessed 325 adolescent regular gamblers ranging in age from 15 to 17 years who were recruited in betting or bingo halls. Using the PID-5-Brief Form-Children, the South Oaks Gambling Screen, and the Thinking Style Inventory. Results confirmed the validity of a theoretical framework of joint maladaptive personality-trait domains and executive thinking style, with this latter contributing to the prediction of problem gambling beyond maladaptive personality traits, and an adaptive thinking style moderating the relationship between the two variables.

1. Introduction

Gambling is “an attempt to win money by staking money on an uncertain event” (Korman, Toneatto, & Skinner, 2006, p. 291), linked to lots of negative consequences such as psychological and physical health problems, financial difficulties, and social dysfunction (Productivity Commission, 1999). To be diagnosed with gambling disorder (previously called “pathological gambling”), people must meet four out of nine criteria described in the fifth edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-5; American Psychiatric Association, 2013). Conversely, the expression “problem gambling” is frequently used to describe the behavior of individuals who experience any harm as a result of their gambling (Guzzo, Lo Cascio, & Pace, 2013; Neale, Delfabbro, & O’Neil, 2005). Problem gambling has a prevalence of 1–4% in Western populations. In the more stringent DSM-V, the diagnosis of “gambling disorder” has a prevalence of 0.5–1.5% (American Psychiatric Association, 2013). During the last decades, as legal gambling venues have proliferated (Martin, Lichtenberg, & Templin, 2010), the risk for individuals, including adolescents, to develop gambling problems has been intensified (Pace, Schimmenti, Zappulla, & Maggio, 2013). This issue is deeply felt in Italy, where gambling has spread widely over the past decades and which is now the largest gambling market in all of Europe (Povoledo, 2013).

1.1. Pathological gambling and cognitive distortions

One of the most influential frameworks of the “gambling phenomenon” is the pathways model of problem and pathological gambling (Blaszczynski & Nower, 2002). This model outlines a complex set of cognitive mechanisms that encourage persistent gambling despite repeated losses. This is due to poor decision making that leads to desperate “chasing” of lost money; as the frequency of gambling increases, strongly biased and faulty cognitive schemas emerge. These schemas shape beliefs on attribution, personal abilities, and control over outcome, distorted perceptions, superstitious, or magical thinking (Passanisi, Pace, & Craparo, 2017). The power and occurrence of irrational cognitive beliefs get stronger with increasing levels of gambling involvement. Thus, the Pathways Model suggests a dominant role for poor critical thinking in the development and maintenance of problem and, above all, pathological gambling behaviors. The role played by cognitive styles in pathological gambling has been directly explored further in two studies. Emond and Marmurek (2010) found that pathological gamblers scored higher on a measure of erroneous gambling cognitions and lower on the rational scale of the Rational Experiential Inventory than non-problem gamblers. Toplak, Liu, MacPherson, Toneatto, and Stanovich (2007) found lower scores among pathological gamblers than non-problem gamblers on a subset of 8 items from the same measure (REI Rational Scale); moreover, they reported higher scores on the Eysenck Impulsivity Scale (Eysenck, Pearson, Easting, & Allsopp, 1985). Thus, distorted cognitions are common among

* Correspondent author at: Ugo Pace, University Kore of Enna – Cittadella Universitaria, 94100 Enna, Italy
E-mail address: ugopax@gmail.com (U. Pace).

gamblers (Joukhador, Maccallum, & Blaszczynski, 2003). They may straightforwardly recall wins because of an availability heuristic (Tversky & Kahneman, 1974), they may misrepresent the weight of the probability of winning against the risk of losing (Fletcher, Marks, & Hine, 2011), and they may wrongly attribute winning to personal skill, as they have an illusion of control (Langer, 1975); as a result, they elevate vulnerability to clinical pathological gambling symptoms among individuals who gamble regularly.

1.2. Pathological gambling and maladaptive personality traits

According to copious literature, maladaptive thinking styles, together with maladaptive personality traits, may increase the risk for clinical gambling disorder among people who gamble frequently. In particular, where personality is concerned, pathological gamblers are characterized by negative affective and disinhibitory traits, including facets of impulsivity (MacLaren, Fugelsang, Harrigan, & Dixon, 2011; Passanisi & Pace, 2017). These factors can lead to an externalizing dimension of psychopathology (Markon, Krueger, & Watson, 2005; Widiger, 2011) that may be expressed as gambling disorder, substance use disorders (Kotov, Gamez, Schmidt, & Wilson, 2010), and behaviors reflecting antisocial or borderline features (Samuel & Widiger, 2008). Lots of studies have found a link between pathological gambling and dysfunctional personality traits by means of the Big Five Model (BFM; Goldberg, 1993) and the Five Factor Model (FFM; McCrae & John, 1992). In particular, many authors (e.g., Bagby et al., 2007; MacLaren, Fugelsang, et al., 2011; Pace et al., 2014) found higher neuroticism and lower conscientiousness, agreeableness, and openness scores among high-risk gamblers. According to Myrseth, Fishbach, and Trope (2009), low scores on openness might reflect problems in accessing other kinds of “mental escape,” since gambling frequently represents an instrument to escape from negative feelings. Further, conscientiousness is believed to be the FFM domain that better captures the skill to manage desires and resist impulses (Costa & McCrae, 1992), and, indeed, low levels of this personality domain have been linked to impulse-control issues in pathological gamblers (Kaare, Mõttus, & Konstabel, 2009). A few studies used the Personality Inventory for DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012), instead of the BFM and FFM, in order to explore the connection between maladaptive personality traits and problem or pathological gambling (Carlotta et al., 2015). This alternative model of personality pathology focuses on the following maladaptive personality-trait domains: negative affectivity (i.e., the proneness to experience a range of negative emotions together with related behaviors), detachment (i.e., described by social isolation, avoidance and anhedonia), antagonism (i.e., aggressive behaviors accompanied by claims of dominance, grandiosity, and callousness toward others), disinhibition (i.e., impulsivity and sensation seeking), and psychoticism (i.e., a disconnection from reality and a tendency to structure irrational thought schemas and behaviors; Krueger et al., 2012). It is important to say that the pathological personality-trait domains captured by this model are maladaptive variants of the Big Five personality dimensions of emotional stability (negative affectivity), extraversion (detachment), agreeableness (antagonism), conscientiousness (disinhibition), and openness (psychoticism; Thomas et al., 2013). Moreover, according to Harkness, Reynolds, and Lilienfeld (2014), negative affectivity is believed to be associated with short-term danger detection; detachment is thought to correspond with an introverted/low positive emotionality form of resource acquisition according to which joy cannot be experienced from the consumption of resources and, as such, resource opportunities are met with certain cognitive pitfalls together with self-pity, resulting in difficulty maintaining positive relationships with others (e.g., Ackerman & Corretti, 2015; Wright et al., 2012). Antagonism is linked with the adaptive system of agenda protection, which is described as a focus on balancing the drives and desires of the self with the drives and desires of others in the social context. For example, individuals with high levels of

antagonism are rather unconcerned with how their choices could potentially damage others (Noser et al., 2015). Disinhibition reflects impairments in hiring the adaptive strategy of long-term cost–benefit analysis (i.e., the capacity to evaluate future rewards and costs by mentally projecting into the future), while psychoticism is believed to reflect problems in structuring reality that may be associated with thinking biases as strong reliance on cognitive shortcuts.

1.3. The present study

Lots of studies have explored the association between maladaptive personality traits and thinking styles (e.g., Zeigler-Hill, Mandracchia, Dahlen, Shango, & Vrabel, 2017), and the relationship between cognitive styles, or maladaptive personality traits and pathological gambling (e.g., MacLaren, Best, Dixon, & Harrigan, 2011; Parke, Griffiths, & Parke, 2007; Emond & Marmurek, 2010). In the present study, on the basis of the aforementioned considerations, we predicted that pathological personality traits would be mediated by dysfunctional thinking, and would be moderated by adaptive thinking styles, in their relationship with problem gambling. On the basis of McAdams' (1995) theoretical position, the present research considers personality as intimately connected with how individuals process information about their social surrounding with a strong impact on their values, motives, and goals.

For the assessment of thinking styles, we employed Sternberg's Theory of Mental Self-Government, already widely related in literature to other psychological dimensions: academic achievement, personality traits, resilience, sense of purposefulness (Ahangar, 2010; Cano-Garcia & Hughes, 2000; Fjell & Walhovd, 2004; Zhang, 2002). Using the word “government” as a metaphor, Sternberg speculated that as there are many ways of governing a society; there are many ways of managing activities. These ways of managing activities are called by Sternberg “thinking styles.” Sternberg (1988, 1997) individuated 13 thinking styles that fall along five dimensions. These are functions (i.e., legislative, executive, and judicial styles), forms (i.e., hierarchical, oligarchic, monarchic, and anarchic styles), levels (i.e., the global and local styles), scopes (i.e., the internal and external styles), and leanings (i.e., the liberal and conservative styles). Zhang and colleagues, based on their research evidence (e.g., Zhang & Sternberg, 2000), claimed that the majority of the thinking styles in Sternberg's theory can be used to describe two types. Type I, including the legislative, judicial, hierarchical, global, and liberal thinking styles, consists of greater cognitive complexity and creativity-generating thinking styles. Type II, including the executive, local, monarchic, and conservative thinking styles, describes norm-favoring thinking styles and less cognitive complexity. Type I thinking styles are thought to be more adaptive than Type II thinking styles, despite some contrasting findings in literature (e.g., Chen & Zhang, 2010). The current study represents an attempt to explore the eventual moderating role of adaptive thinking styles (i.e., legislative and/or judicial styles), and the potential mediating function of maladaptive thinking styles (i.e., executive style) on the relationship between problem gambling and pathological personality traits, where the latter would predict the former. Previous studies have simply shown the presence, in adult or late adolescent problem gamblers, of either poor thinking styles or maladaptive personality traits. In this study, conversely, we sought to explore, in a group of adolescent regular gamblers aged from 15 to 17 years old, a risk model in which the predictive function of maladaptive personality-trait domains can be mediated by maladaptive thinking styles and moderated by adaptive thinking styles on problem gambling.

2. Method

2.1. Procedures and participants

The participants of the study were recruited in Betting or Bingo halls

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