

# COPING STRATEGIES AND DYSFUNCTIONAL SYMPTOMATOLOGY IN PATHOLOGICAL GAMBLERS



**LISBON  
ADDICTIONS  
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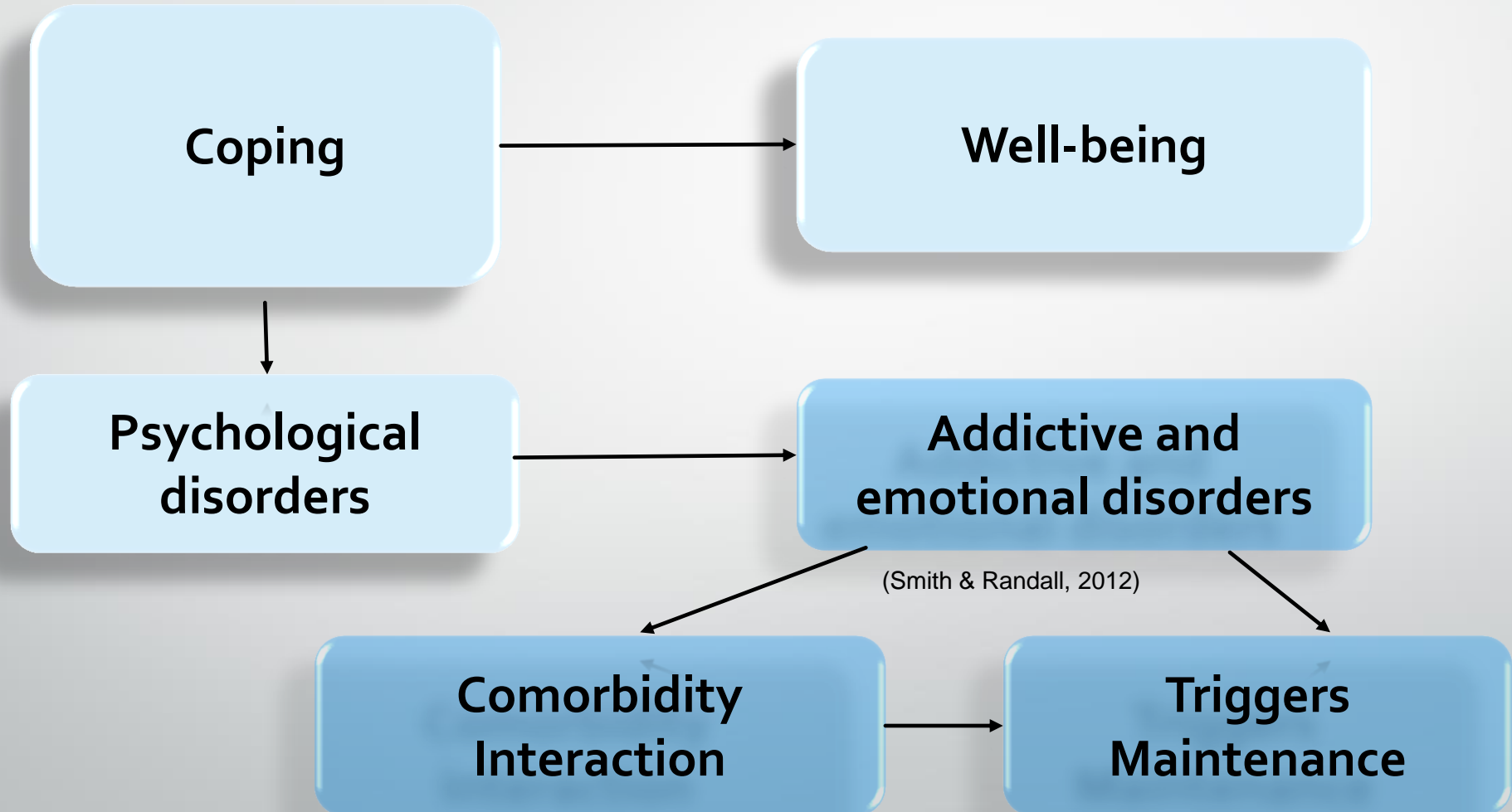
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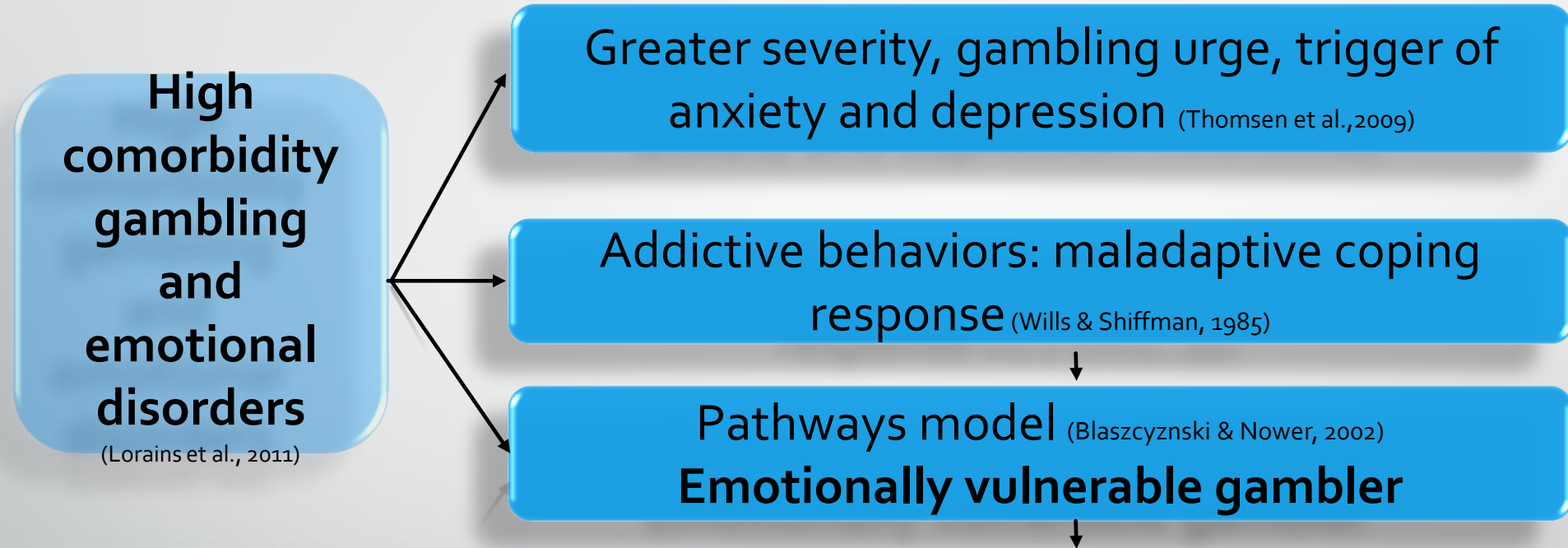
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# COPING, ADDICTIVE BEHAVIORS AND ANXIETY-DEPRESSION



# GAMBLING, ANXIETY AND DEPRESSION

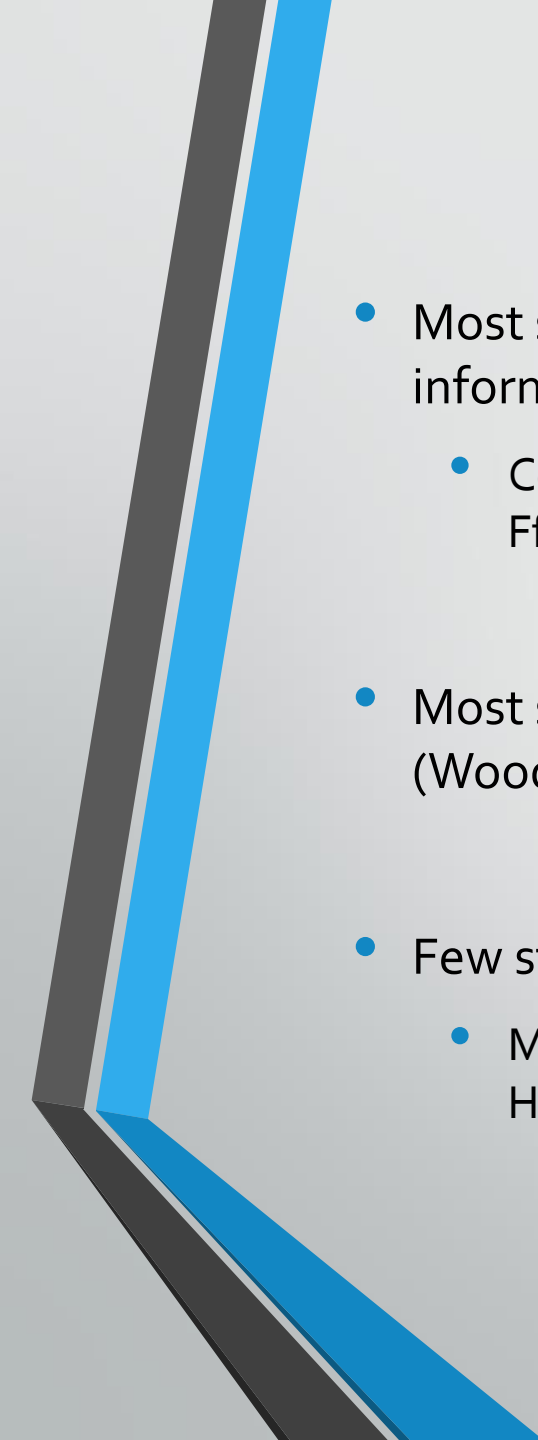


Comorbid anxiety and depression

Treatment oriented towards gambling and underlying emotional vulnerabilities

Lack of coping skills

Resistance to change

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- Most studies -> Differentiate among problem and emotion focused strategies, with no information on concrete strategies (Matheson et al., 2009)
    - Centered on avoidant strategies, no consideration on adaptive/maladaptive styles (Farrelly, Ffrench, Ogeil, y Phillips, 2007)
  - Most studies conducted in general population samples, adolescents and university students (Wood & Griffiths, 2007)
  - Few studies examine mediation effect of coping among gambling and anxiety/depression
    - Most studies propose mechanisms such as impulsivity or cognitive beliefs (Clarke, 2006; Estévez, Herrero-Fernández, Sarabia, y Jáuregui, 2015; Tang y Oei, 2011)

# AIMS OF THE STUDY

**1)** To measure coping strategies and styles in adult pathological gamblers

**2)** To examine mediating role of coping among gambling and anxious-depressive symptomatology

# San



- N=272 participants between 18 and 69 years
- Sample with pathological gambling (n=167):
  - Age: M= 39.67, SD= 12.3
  - 100% males
  - Coming from centers of treatment of pathological gambling ( Treatment mean time = 3.36 months)
  - Scored as gamblers in SOGS (Lesieur & Blume, 1987)
  - Workers (51%), unemployed (26.8%), retired (9.2%), students (9.8%), and students and workers (2.6%)
  - Professional training (32,7%), secondary studies (26,5%), primary studies (17,3%), university studies (12,3%), and no studies (11,1%).

# Sample



- Sample without pathological gambling (n=110):
  - Age: M=33.43 SD= 11.8
  - 100% males
  - Coming from university centers and convenience sample
  - Scored as non gamblers in SOGS (Lesieur & Blume, 1987)
  - Students (22,9%), workers (48,6%), students and workers (12,8%), unemployed (11.9%), unemployed student (3,7%), and retired (0%).
  - University studies (59,1%), professional training (34,5%), secondary studies (4,5%), primary studies (1,8%).

# Instruments

- **Pathological gambling.** SOGS – South Oaks Gambling Screen (Lesieur & Blume, 1987 / Echeburua, Baez, Fernández-Montalvo, & Paez, 1994). Pathological gambling screening tool
- **Coping strategies. Coping Strategies Inventory (CSI; Tobin et al., 1984):** hierarchical structure. Coping strategies (8 factors); adaptive and maladaptive emotion and problem-focused coping (4 factors); adaptive and maladaptive coping (2 factors).
- **Anxiety and depression.** SA-45 – Symptom Assessment-45. (Davison et al., 1997 / Sandín, Valiente, Chorot, Santed, y Lostao, 2008). Short version of SCL-90-R (Derogatis, 1997). Screening of symptomatology. Anxiety and depression subscales.



# Procedure

- Both on-line and offline questionnaires
- Questionnaire contained a cover letter that included an explanation of the study, its aims, the voluntary nature of participation, informed consent, and the confidentiality and anonymity of the obtained data. Contact details for the researchers were also provided.
- **Ethical approval of the Ethics Committee of the University of Deusto**

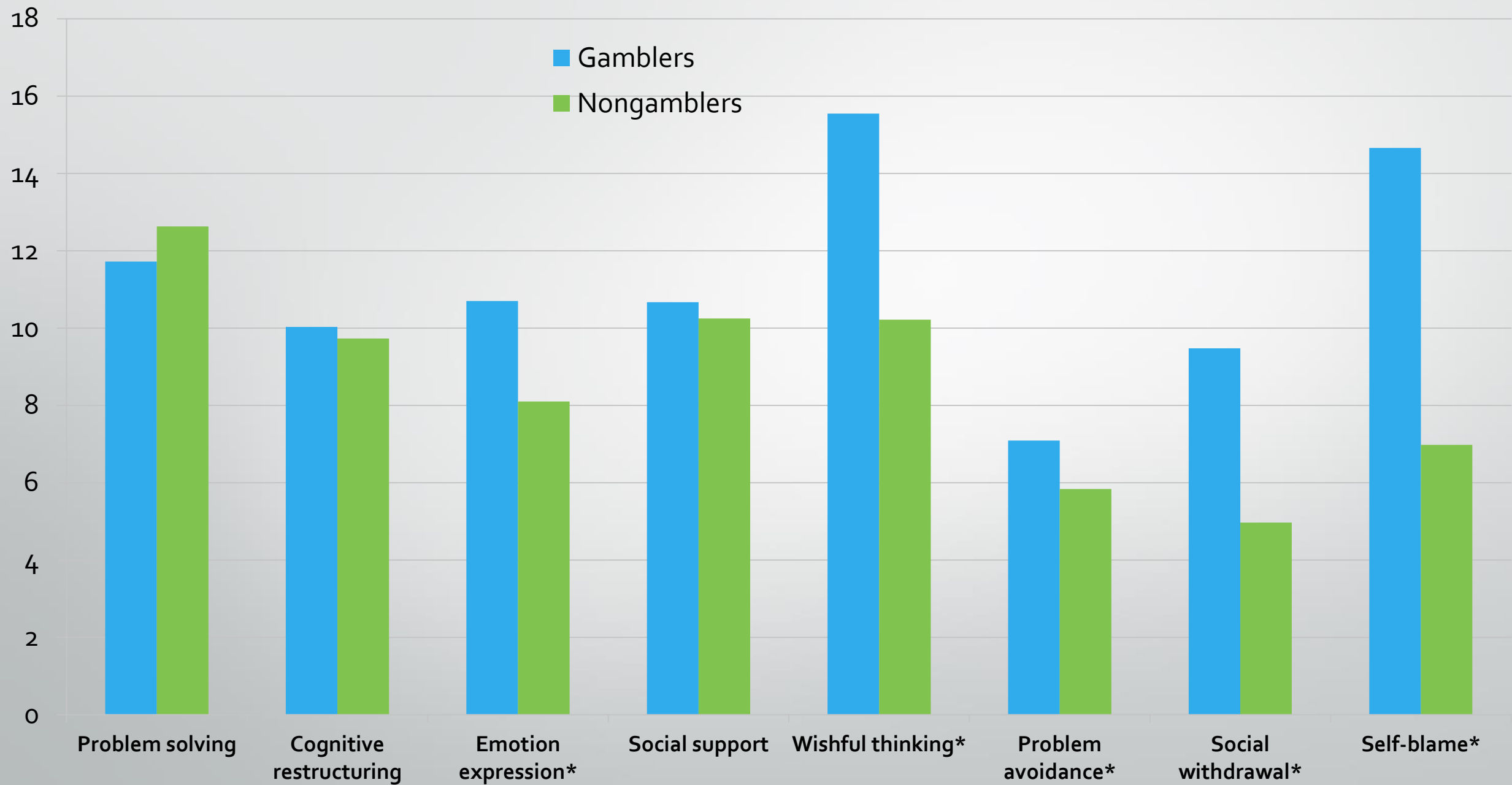
# RESULTS



# Mean differences

	Pathological gamblers (n = 167)		Non gamblers (n = 107)	
	M	DT	M	DT
<b>Gambling severity*</b>	10.77	3.36	.47	.76
<b>Anxiety**</b>	5.25	4.32	3.60	3.70
<b>Depression*</b>	6.65	5.11	3.94	3.33

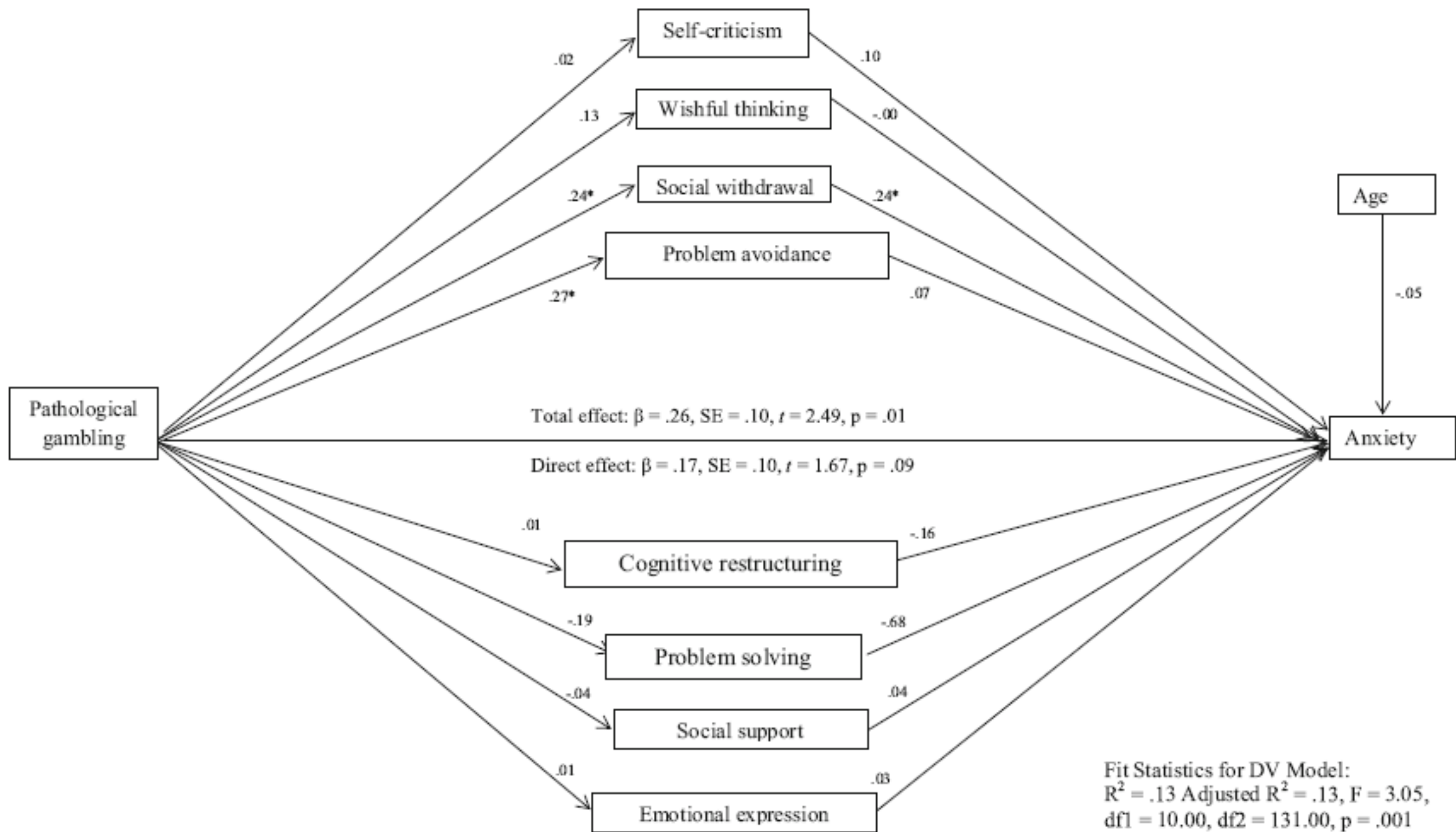
\*p < .001, \*\* p<.01



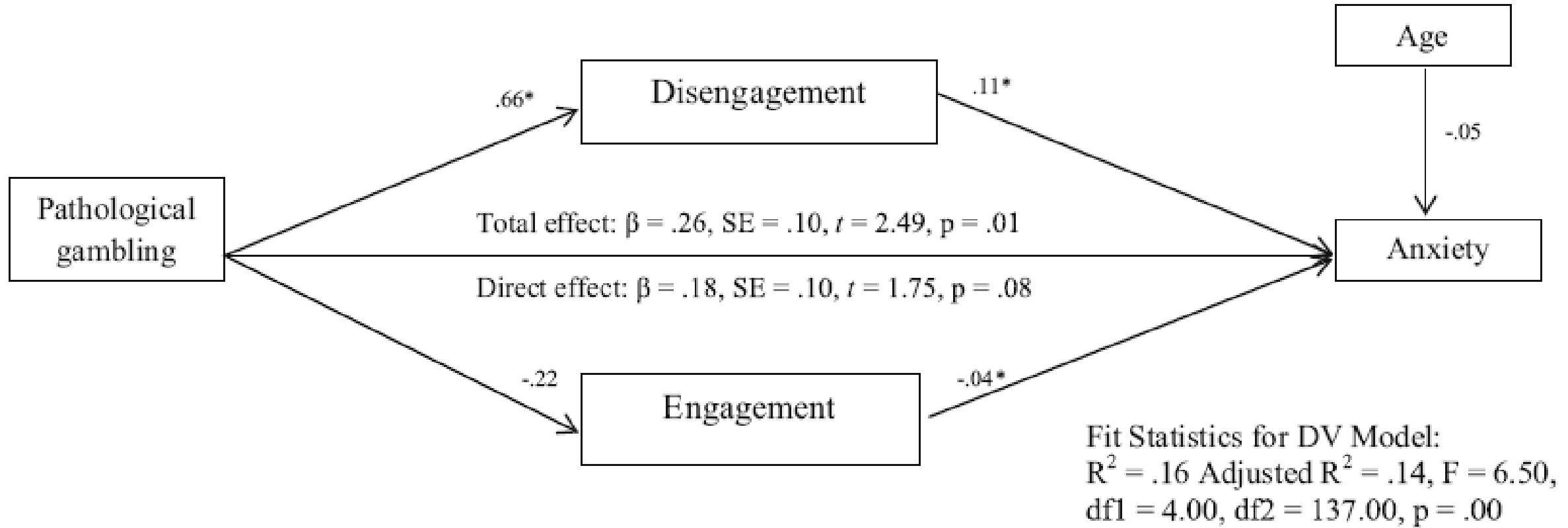
\*= p<.05

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Gambling severity	-															
2. Depression	.27**	-														
3. Anxiety	.24**	.70**	-													
4. Disengagement	.52**	.47**	.38**	-												
5. Engagement	.09	-.07	-.01	.20**	-											
6. Problem-engagement	-.04	-.14*	-.10	.10	.89**	-										
7. Problem-disengagement	.40**	.38**	.30**	.90**	.25**	.15*	-									
8. Emotion-engagement	.18**	-.00	.06	.24**	.92**	.64**	.28**	-								
9. Emotion-disengagement	.54**	.48**	.38**	.94**	.14*	.05	.68**	.18**	-							
10. Problem-solving	-.12	-.15*	-.12	-.01	.76**	.89**	.01	.53**	-.02	-						
11. Self-criticism	.51**	.33**	.31**	.84**	.31**	.18**	.62**	.35**	.89**	.11	-					
12. Emotion-expression	.25**	.02	.11	.29**	.83**	.56**	.31**	.90**	.23**	.47**	.40**	-				
13. Wishful thinking	.41**	.30**	.25**	.81**	.29**	.15*	.84**	.35**	.67**	.10	.70**	.38**	-			
14. Social support	.06	-.02	.00	.15*	.84**	.59**	.21**	.90**	.088	.49**	.24**	.62**	.25**	-		
15. Cognitive restructuring	.06	-.07	-.04	.20**	.77**	.85**	.27**	.58**	.12	.50**	.21**	.52**	.17**	.53**	-	
16. Problem solving	.17**	.28**	.22**	.55**	.07	.08	.71**	.05	.35**	-.12	.21**	.06	.21**	.06	.26**	-
17. Social withdrawal	.40**	.51**	.36**	.77**	-.12	-.13*	.55**	-.10	.82**	-.18**	.47**	-.05	.43**	-.13*	-.03	.42*

\*\* = p<.01; \* = p <.05



\* $p < .05$

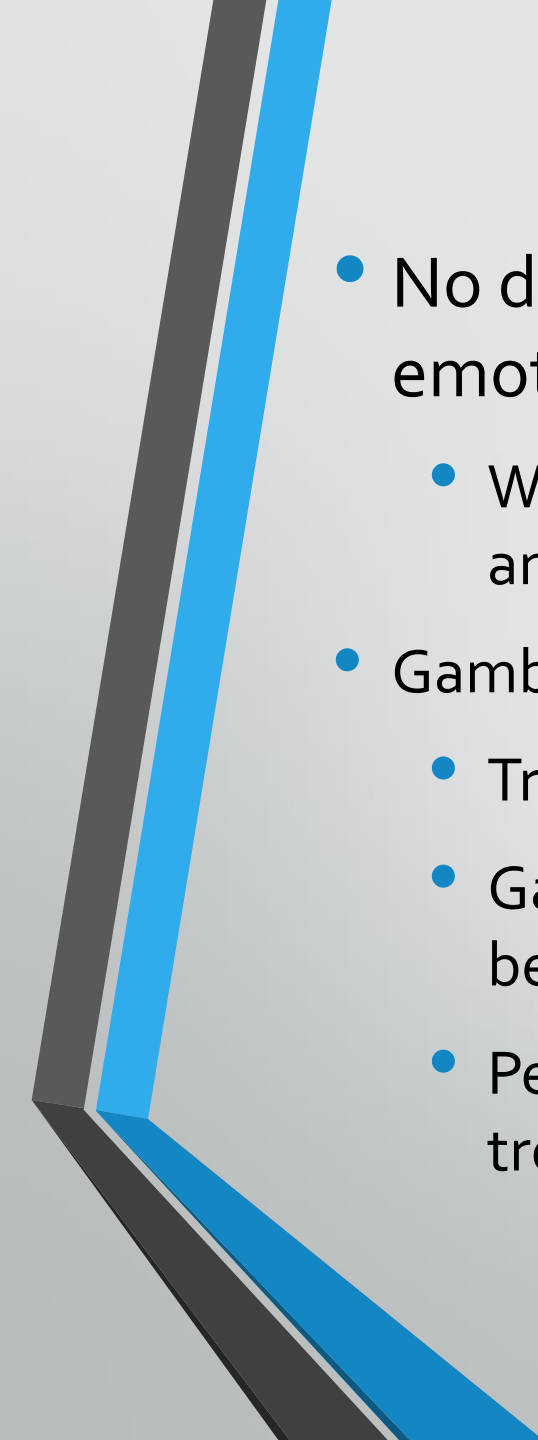


# DISCUSSION



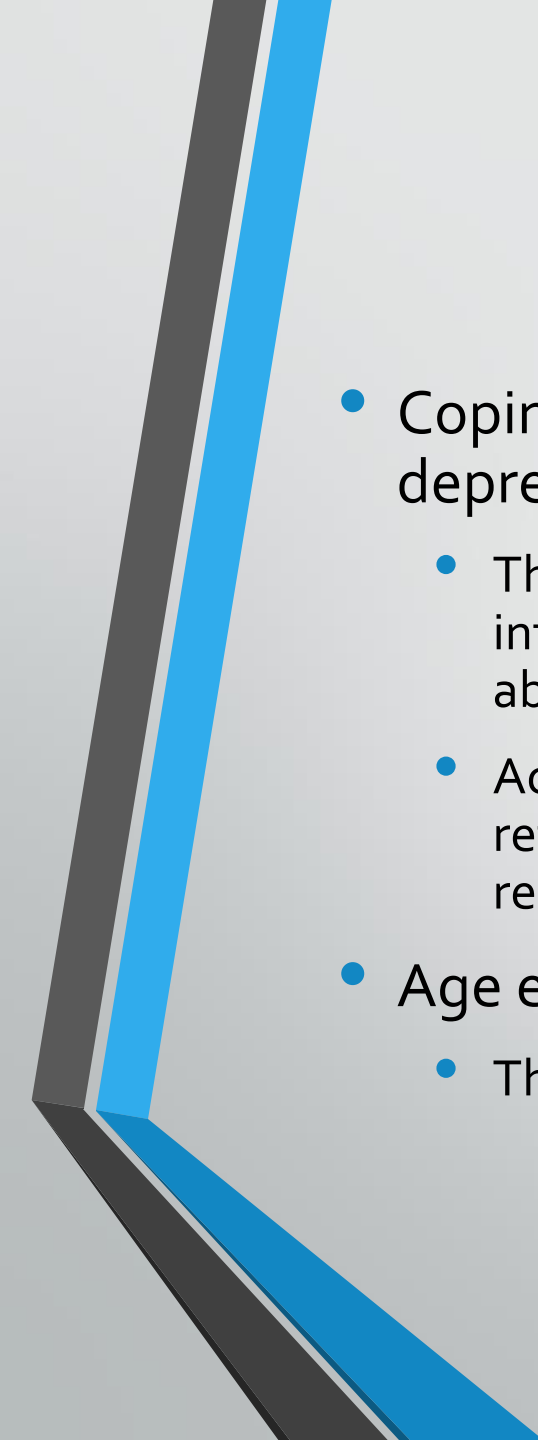


- PG score significantly higher in all the measured maladaptive coping strategies, anxiety, and depression
  - In accordance with other studies (Echeburúa, Salaberria & Cruz-Sáez, 2014; Lorains et al., 2011; Thomas, Allen, Phillips, & Karantzas, 2011).
- High scores in wishful thinking and self-blame: chasing behavior
  - Gambling as a way of obtaining relief from painful circumstances (Jacobs, 1986)
  - Shame and blame associated with monetary losses may increase gambling behavior (Yi & Kanektar, 2011)
  - Cognitive remorse on monetary losses is a maintenance factor of gambling behavior, which may lead to increase the amount of bets for paying the accumulated debts (Wood & Griffiths, 2007)

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- No differences were found in adaptive strategies (except for emotion expression)
    - When gambling severity increases, also do coping strategies (both adaptive and maladaptive; Yi & Kanektar, 2010)
  - Gamblers under treatment
    - Treatment: coping response and a way of expressing emotions
    - Gamblers with more problem solving and social-support seeking strategies, better attitude towards treatment (Matheson et al., 2009)
    - Petry et al. (2007) found an increase in coping strategies of gamblers during treatment

- Maladaptive ways of coping may have a greater impact on the presence of problematic gambling, rather than the absence of adaptive ways of coping
  - Adaptive emotion regulation strategies have weak or no association with psychological disorders in comparison with maladaptive strategies (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Nolen-Hoeksema & Aldao, 2011)
  - Flexibility in the use of coping strategies (Kato, 2012)



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- Coping fully mediated the relationship among gambling and anxious-depressive symptomatology, especially, social withdrawal
    - The increase of gambling behavior generates consequences for gamblers (debts, interpersonal conflicts, etc.), which may increase the need for taking distance and forget about these problems (Wood & Griffiths, 2007).
    - According to Farrelly et al. (2007), the use of avoidant coping strategies in gamblers may reflect the intention of taking distance from stressful situations through denial, which is related with the presence of depressive symptoms.
  - Age effect was non significant in mediational analyses
    - This remarks that the results may be useful for every age range of gamblers

# Limitations and future studies

## Limitations

- Correlational cross-sectional design (no causality, possibly bidirectional relationships)
- Gamblers under treatment (possibly not generalizable to other gamblers)
- Women not included: greater tendency to the use of emotion-focused strategies and seeking for social support (Matheson & Anisman, 2009)

## Future studies

- Comparison among men and women
- Analysis of the impact of gambling modality
- Interaction of coping with other risk factors for gambling (e.g., gambling motives, emotion regulation)

THANKS FOR YOUR ATTENTION



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