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2 impulsivity traits influence problem gambling through gambling motives? The role of perceived gambling
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5

6 **Abstract**

7

8 Although substantial research suggests that motivations have been found to mediate the
9 relationships between impulsivity traits and various forms of substance use, no studies have
10 examined how gambling motives may mediate the relationships between impulsivity traits
11 and problem gambling. The primary purpose of this study was to test an integrative model
12 linking impulsivity traits and gambling problems, evaluating the mediating effects of
13 gambling motives. Participants were 594 students (73% male; mean age =19.92; SD=2.91)
14 enrolled in public high schools or universities. Young people who tend to act rashly in
15 response to extremely positive moods, showed higher enhancement and coping motives,
16 which in turn were positively related to gambling problems. Individuals with higher levels of
17 sensation seeking were more likely to have higher levels of enhancement motives, which in
18 turn were also positively related to gambling problems. The model was examined in several
19 groups, separately for the level of perceived gambling risk/benefits (lower perceived
20 gambling risk, higher perceived gambling risk, lower perceived gambling benefits, and
21 higher perceived gambling benefits). There were significant differences between these
22 groups for this division. These findings suggest that prevention and/or treatment strategies
23 might want to consider the model's variables, including impulsivity traits and gambling
24 motives, in accordance with individual levels of perceived gambling risk/benefits.

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27 **Keywords:** gambling; impulsivity; gambling motives; gambling risk; gambling benefits,
28 problem gambling.

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35 **1. Introduction**

36 Problem gambling among youth is an emerging public health issue in many countries
37 (Molinaro et al., 2014) although in some countries such as the UK has been an area of
38 concern for over 25 years (Griffiths, 1989). It has been associated with significant
39 psychosocial and health problems (Blinn-Pike, Worthy, & Jonkman, 2010), and a recent
40 Italian study (Bastiani et al., 2013), estimated past-year prevalence rate of 2.3% problem
41 gambling among young adults (15-24 years) compared to 2.2% among older adults. In the
42 fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American
43 Psychiatric Association, 2013), ‘gambling disorder¹’ was re-classified as an addictive
44 disorder, representing a new official category of behavioral addictions (Hasin et al., 2013).
45 As a consequence of this reclassification, there may be a substantial increase in the study of
46 gambling disorder from a variety of perspectives, including an examination of gambling
47 disorder’s personality correlates (Miller et al., 2013).

48 Among the diverse etiological contributions of the personality correlates, impulsivity is one
49 of the most robust characteristics associated with addictions (including gambling disorder). A
50 broad and growing body of literature suggests that: (i) impulsivity is not a unitary construct,
51 but reflects multiple facets of personality that each contribute to rash and potentially
52 dangerous behavior, such as problem gambling (Cyders & Smith, 2008); (ii) proximal
53 mechanisms, for example motivations, have been found to mediate the relationships between
54 impulsivity traits and various forms of substance use (e.g. Adams, Kaiser, Lynam, Charnigo,
55 & Milich, 2012); (iii) perceptions about the benefits of alcohol could be a viable factor in
56 explaining the different associations between impulsivity, motives and behaviors
57 (Coskunpinar & Cyders, 2012). To date, no studies have examined how gambling motives
58 may mediate the relationship between impulsivity traits and problem gambling, and how
59 these relationships may differ in subgroups of young people in accordance with their levels of
60 perceived gambling risk and benefits. The current study aimed to address this gap in the
61 literature. Understanding the links between impulsivity traits, gambling motives, and

62 gambling-related outcomes related to individual levels of perceived gambling risk/benefits
63 may help in developing appropriate evidence-based treatment and prevention strategies.

64 *1.1. Multiple personality pathways to impulsive, risky behavior*

65 Impulsivity (i.e., the tendency to act rashly or without adequate forethought) has been
66 consistently associated with pathological gambling (see MacLaren and colleagues 2011, for a
67 recent review). Early conceptualizations of impulsivity focused on unidimensional definitions
68 (e.g., Eysenck & Eysenck, 1978), but successive refinement of these aspects of personality
69 has revealed several related but nonetheless putatively distinct dimensions (Patton, Stanford,
70 & Barratt, 1995; Whiteside & Lynam, 2001). For example, the UPPS-P Impulsive Behavior
71 Scale (Cyders et al., 2007; Whiteside & Lynam, 2001) is one of the most widely used
72 measures of the impulsivity construct. The five UPPS-P impulsivity-related constructs have
73 been identified (Cyders & Smith, 2007) as: negative Urgency, lack of Persistence, lack of
74 Planning, Sensation-seeking, and Positive urgency. Negative urgency is associated with
75 impulsive behavior under conditions of negative affect (e.g., anger, anxiety); lack of
76 persistence is the inability to remain focused on a task while distracted; lack of planning is
77 the tendency to act without thinking ahead, sensation-seeking is the tendency to seek out
78 novel and thrilling experiences; and positive urgency is expressed under conditions of
79 positive affect (e.g., joy, elation). Among the dimensions of trait impulsivity, negative
80 urgency is related to pathological gambling clinical samples (Torres et al., 2013). Sensation-
81 seeking and positive urgency are related to frequency of gambling among college students
82 (Cyders & Smith, 2008; Fischer & Smith, 2008). Therefore, the model in the present study
83 predicted a direct connection between impulsivity facets and gambling problems.

84 *1.2. Motives as mediators of the personality-behavior relationship*

85 According to the Acquired Preparedness model of alcoholism risk, a possible mechanism
86 through which personality traits may nurture drinking behavior is through drinking motives
87 (Smith & Anderson, 2001; Settles, Cyders, & Smith, 2010). Considering individual motives
88 for engaging in substance use (e.g., alcohol use) may allow for a better understanding of how
89 certain personality traits put individuals at risk for problematic drinking (Cooper, 1994).
90 Research supports the possibility that multiple facets of impulsivity (i.e., positive and
91 negative urgency, sensation-seeking) contribute to rash and potentially dangerous behavior,
92 such as problematic drinking (e.g., King, Karyadi, Luk, & Patock-Peckham, 2011), through,
93 in part, drinking motives (e.g., Adams et al., 2012).

94 With respect to gambling, previous findings indicate that probable pathological gamblers
95 score higher on some gambling motives (i.e., coping, enhancement, and social) than the non-
96 pathological gamblers (e.g. Stewart & Zack, 2008). While all three motives are positively
97 correlated with problem gambling in non-clinical populations (e.g., college students), only
98 high enhancement motives for gambling were particularly predictive of problem gambling
99 (Lambe, Mackinnon & Stewart, 2014). Although previous research supports the direct effects
100 of gambling motives on gambling behavior, to date, no studies have investigated the
101 possibility that motives mediate the relations between personality traits and gambling
102 behavior.

103 *1.3. Risk/Benefit perception as moderators of the personality-motives-behavior relationship*

104 One important mechanism that may explain the association between drinking motives and
105 alcohol outcomes involves individuals' perception of how beneficial or risky alcohol use is. A
106 recent study (Coskunpinar & Cyders, 2012) suggested that perceptions relating to the benefits
107 of alcohol could be a viable factor in explaining the different associations between
108 impulsivity, motives and behaviors. In addition, a recent review on risk perception of
109 gambling echoes this direction, and suggested that future research could examine the
110 influence of individual differences on risk perception of gambling (Spurrier & Blaszczynski,
111 2014). Interestingly, previous studies have suggested that attitudes and perceptions towards
112 gambling may influence gambling behavior (e.g., Orford, Griffiths, Wardle, Sproston, &
113 Erenset, 2009; Wood & Griffiths, 2004), but no studies have investigated how gambling-
114 oriented perceptions influence the effects of impulsivity traits and gambling motives on
115 gambling behaviors.

116 *1.4. The present study*

117 Consistent with the theoretical backgrounds reviewed, the current study considers the
118 potential mediating role of gambling motives in the association between impulsivity traits and
119 gambling problems in a sample of young Italian people. It is hypothesized that two traits –
120 sensation-seeking and positive urgency – will relate to problem gambling through unique
121 mediation pathways. More specifically, consistent with the previous studies on problematic
122 alcohol use, it is hypothesized that (i) the relationship between positive urgency and gambling
123 problems is mediated by enhancement motives (Coskunpinar & Cyders, 2012), and (ii) the
124 relationship between sensation-seeking and gambling problems is mediated by enhancement
125 motives (Adams et al., 2012). These relationships are tested in different subgroups of young

126 people in accordance with their levels of perceived gambling risk and benefits. Therefore, the
127 present study examines the potential differences and similarities between four groups of
128 young people with (i) lower perceived gambling risk, (ii) higher perceived gambling risk, (iii)
129 lower perceived gambling benefits, and (iv) higher perceived gambling benefits.

130 **2. Method**

131 *2.1. Participants and data collection*

132 A total of 1,070 young people participated in the study. Since gambling motives were not
133 applicable among abstainers, only individuals who endorsed gambling activity in year prior
134 to the study were included in the analysis (53.4%). There were no differences in terms of age
135 between non past-year gamblers ($M=19.76$, $SD=2.97$) and past-year gamblers ($M=19.90$,
136 $SD=2.92$), $F(1,1069) = .604$, $p=.43$, although there was a difference in term of gender, $\chi^2(1$,
137 $N=1070) = 46.33$, $p<.001$, with more past-year gamblers being male (73.4%) than non past-
138 year gamblers (53.4%). The model was tested on a final sample of 594 students (73% male;
139 mean age =19.92 years; $SD=2.91$) attending 4th and 5th grade of secondary school ($n=385$)
140 or those in the first years of college ($n=209$). The institutional review committee at University
141 of Padova gave ethical approval for the study. The data were collected using standard
142 questionnaires, completed on a voluntary basis in the school or college classroom. Parental
143 permission to participate for minor students and informed consent for everyone was obtained.

144 *2.2. Measures*

145 *2.2.1. Impulsivity*

146 Two of the most widely used impulsivity scales are the *UPPS-P Impulsive Behavior Scale*
147 (Whiteside and Lynam, 2001) and the *Barratt Impulsiveness Scale* (BIS-11, Patton et al.,
148 1995). Both scales are highly correlated with each other ($r = 0.67$), but correlations between
149 their subscales are weak and inconsistent, supporting the notion that the measures cover
150 different aspects of impulsivity (Meule et al., 2011). In the present study, impulsivity was
151 assessed using the short UPPS-P (Billieux et al., 2012; Italian version: Aiello, D'Orta,
152 Timpanaro, & Khazaal, 2014). The UPPS-P is a 20-item scale that evaluates five different
153 impulsivity facets (four items per dimensions) labeled as negative urgency (tendency to
154 experience strong impulses under conditions of negative affect), positive urgency (tendency
155 toward rash action in response to very positive mood), lack of premeditation (tendency to fail
156 to think and reflect on the consequences of an act before engaging in that act), perseverance

157 (difficulties remaining focused on a task that may be long, boring, or difficult), and sensation-
158 seeking (the tendency to enjoy and pursue exciting activities and an openness to trying new
159 experiences that may or may not be dangerous. All items are scored on a Likert scale from 1
160 (“I agree strongly”) to 4 (“I disagree strongly”). Average scores were calculated for each
161 scale. All scales demonstrated adequate internal consistency in the present sample: negative
162 urgency ($\alpha=.77$, $CI=.73/.79$); positive urgency ($\alpha=.74$, $CI=.70/.77$); premeditation ($\alpha=.82$,
163 $CI=.79/.84$); perseverance ($\alpha=.85$, $CI=.83/.87$); sensation seeking ($\alpha=.82$, $CI=.79/.84$).

164 2.2.2. *Gambling motives*

165 The Gambling Motives Questionnaire (GMQ; Stewart & Zack, 2008) was translated into
166 Italian by the authors following procedures recommended by Geisinger (1994). This 15-item
167 scale is specifically designed to assess individuals’ reasons for engaging in gambling. There
168 are five items in each of three subscales: Social (e.g., “because it’s what most of your friends
169 do when you get together”), Coping (e.g., “to forget your worried”) and Enhancement (e.g.,
170 “because it’s exciting”). Relatively frequency of gambling was rated from 1 to 4 (1= “almost
171 never/never”; 2= “sometimes”; 3= “often”; 4= “almost always”). Average scores were
172 calculated for each scale. Internal consistency for each scale was adequate in the present
173 sample: enhancement ($\alpha=.83$, $CI=.81/.85$); coping ($\alpha=.83$, $CI=.81/.85$); social ($\alpha=.70$,
174 $CI=.65/.74$).

175 2.2.3. *Modified perception of risk and benefit questionnaire*

176 This questionnaire on perceived risk and benefit was based on a scale by Siegel et al. (1994,
177 19 items) and a subscale of the Domain-Specific Risk-Taking [DOSPERT] (gambling, 3
178 items) scale (Weber, Blais & Betz, 2002). The items depict risk behaviors in the areas of
179 driving, health, drugs, law-breaking and gambling. Two assessments are obtained: perception
180 of extent of risk for each behavior; and perception of extent of benefit from each risk
181 behavior. Internal reliabilities were 0.86 ($CI=.84/.88$) and 0.89 ($CI=.88/.90$), respectively.
182 The original items were translated into Italian by the authors following procedures
183 recommended by Geisinger (1994). The final list included 22 items – 19 from the Siegel et al.
184 (1994) inventory and three from the DOSPERT gambling subscale (Weber, Blais & Betz,
185 2002). Items are answered using a 5-point Likert Scale from 1 (“Not at all”) to 5
186 (“Extremely”). To test the hypothesis, only the three items from the DOSPERT scale
187 measuring perceived risk/benefits of gambling were considered for the analysis. The three-
188 item gambling-risk-perception scale resulted in a Cronbach’s alpha of .76 ($CI=.72/.79$). The

189 three-item gambling-benefits-perception scale resulted in a Cronbach's alpha of .71
190 (CI=.67/.75).

191 2.2.4. *Gambling Behavior*

192 Gambling behavior was assessed using the South Oaks Gambling Screen-Revised for
193 Adolescents (SOGS-RA; Winters, Stinchfield, & Fulkerson, 1993; Italian version: Chiesi,
194 Donati, Galli & Primi, 2013). Participants were initially asked to indicate the frequency of
195 gambling in a list of gambling activities (e.g., cards for money, bets on sports teams).
196 Following this they were presented with twelve “yes-no” items assess negative feelings and
197 behaviors associated with gambling and are score 1 or 0, respectively. The sum of these items
198 is the total SOGS-RA score, referred to as the “narrow” criteria (Winters, Stinchfield, & Kim
199 1995). There is a lack of consensus regarding appropriate cutoff scores for determining the
200 problem gambling status of adolescents (e.g., Derevensky, Gupta, & Winters, 2003;
201 Ladouceur, Ferland, Poulin, Vitaro, & Wiebe, 2005). Hence, total SOGS-RA score
202 (gambling problems) served as the primary dependent variable. To counteract skewness, the
203 data were log-transformed according to procedures recommended by Tabachnick and Fidell
204 (2001). Nonetheless, categorical definitions of adolescent problem gambling facilitate
205 comparison across studies. In reporting past-year prevalence rates, Winters et al.'s (1993)
206 original scoring system was used. A SOGS-RA score of 0-1 is labeled “no problem,” 2-3
207 merits an “at-risk” label, and 4 or more indicates “problem” gambling. The internal
208 consistency of the SOGS-RA was .72 (CI=.69/.75). Following the standardized
209 questionnaires of the European School Survey Project on Alcohol and Other Drugs project
210 (Hibell et al. 2012), questions regarding gambling occasions (“On how many occasions (if
211 any) have you bet money? – In your life and in the last 12 months”) were also included.

212 2.3. *Statistical Analyses*

213 Structural equation modeling (SEM) was used to test the primary hypotheses. SEM analyses
214 were conducted using R (R Development Core Team, 2012) Package lavaan (Rosseel, 2012)
215 and utilized a single observed score for each construct examined in the model. The final
216 structural model was constructed in a stepwise fashion. At the first step, direct associations
217 were considered from each personality trait to the gambling problems outcome variable to
218 determine which traits were related to gambling problems and therefore candidates for
219 mediation. The second step examined relations between personality traits identified at the
220 first step and gambling motives. The third step tested for significant effects of gambling

221 motives on gambling problems, controlling for impulsivity. Thus, standardized parameters
222 were estimated using the maximum likelihood method (Satorra & Bentler, 1988). To evaluate
223 the adequacy of the model the R² of each endogenous variable and the total coefficient of
224 determination (CD², Bollen, 1989; Jöreskog & Sörbom, 1996) were considered.

225 There are multiple ways to assess for mediation (Beaujean, 2008). The present study used a
226 SEM approach because it allows for simultaneous equation (relationship) estimation
227 (MacKinnon, 2008). For the mediation effect, laavan uses the normal approximation method,
228 and is based on the delta method (Casella & Berger, 2002). The stepwise fashion of the
229 model (described above) pays respect to Baron and Kenny's (1986) three prerequisite
230 conditions for testing mediation effects: (a) the predictor variable must be linked to the
231 mediating variable, (b) the mediating variable must be linked to the outcome variable, and (c)
232 the predictor variable must be linked to the outcome variable.

233 Finally, to test the model on the different groups the multi-group approach was used
234 (Jöreskog & Sörbom, 1996; see, e.g., Byrne, 1989). The analyses were performed on four
235 samples, using a median split into low and high subgroups on values of perceived gambling
236 risk/benefits. This approach allows one to estimate the parameters simultaneously on
237 different sub-groups. To more adequately evaluate multigroup comparisons, a series of more
238 restrictive models to compare the final model with other alternative models was conducted
239 within a nested model comparison framework (Widaman & Reise, 1997). Each model
240 represents a different hypothesis of invariance to be tested³. The following hypotheses were
241 compared: configural invariance (the same model is fitted in all groups without any equality
242 constraints on the model parameters); invariance of the regressions (constraining regression
243 parameters to be equal across groups); partial invariance of regression parameters
244 (constraining regression parameters to be equal with the exception of the parameters that are
245 more different between lower and higher perceived gambling risk/benefits).

246 **3. Results**

247 In the past-year gamblers sample, 443 (74.6%) had no gambling problem; 99 (16.7%) were
248 at-risk gamblers, and 52 (8.8%) were problem gamblers. The mean score on the gambling
249 problems was .50 (SD=.62). Descriptive statistics of all the variables considered for inclusion
250 in the model are outlined in Table 1.

251 *3.1. Step 1: Personality to gambling problems*

252 Throughout the results, β is used to represent the estimated standardized direct effect. In the
253 first step, positive urgency ($\beta=.15$, $p=.003$) and sensation-seeking ($\beta=.15$, $p<.001$) were
254 significantly and positive associated with gambling problems. Negative urgency,
255 perseverance, and premeditation were not significantly related to gambling problems. Given
256 these results, positive urgency and sensation seeking were identified as candidates for
257 mediation effects in subsequent analyses.

258 [INSERT ABOVE HERE TABLE 1]

259 3.2. Step 2: Personality to gambling motives

260 In the second step, associations were investigated simultaneously from the two personality
261 traits identified in the first step to gambling motives. Positive urgency was significantly
262 related to enhancement motives ($\beta=.19$, $p<.001$) and social motives ($\beta=.20$, $p<.001$).
263 Additionally, positive urgency was also significantly related to coping motives ($\beta=.13$,
264 $p=.004$). Sensation seeking was also significantly related to enhancement motives ($\beta=.10$,
265 $p=.020$). Significant relationships were retained for the next step.

266 3.3. Step 3: Personality, gambling motives, and gambling problems

267 In the third step, the direct relationships from personality to gambling problems that were
268 found to be significant in Step 1 were reintroduced into the model along with significant
269 associations from personality to motives and from motives to gambling problems. The direct
270 relationships for both positive urgency and sensation seeking remained statistically
271 significant. Figure 1 shows the estimated standardized parameters. The squared multiple
272 correlations indicate that the model accounts for a modest portion of the variance in study
273 variables, more specifically: 6% of the variance in enhancement motives, 4% in coping
274 motives, 3% in social motives, and 23% in gambling problems. Moreover, the total
275 coefficient of determination (CD) was .16.

276 [INSERT ABOVE HERE FIGURE 1]

277 Table 2 shows the decomposition of effects of impulsivity traits on gambling problems. The
278 direct effect of positive urgency on gambling problems was significant and positive (.14).
279 Along with the direct effects, positive urgency also has an indirect relationship with gambling
280 problems (.10) through its effect on coping motives (.05) and enhancement motives (.05).
281 Higher levels of positive urgency were associated with stronger endorsement of both coping
282 motives and enhancement motives, which, in turn, were associated with higher gambling

283 problems scores. The direct effect of sensation-seeking on problem gambling was significant
284 and positive (.13). Along with the direct effects, sensation-seeking also has an indirect
285 relationship with problem gambling through its effect on enhancement motives (.03). Higher
286 levels of sensation-seeking were associated with stronger endorsement of enhancement
287 motives, which was associated with higher gambling problems scores.

288 [INSERT ABOVE HERE TABLE2]

289 After evaluating the model in the total sample, the model was tested separately in the
290 different sub-groups: perceived gambling risk/benefits (higher and lower). The results of the
291 comparisons across these models are presented in Table 3. In relation to the differences in
292 perceived gambling risk, the values across configural invariance and invariance of the
293 regressions significantly changed ($\Delta\chi^2_{[9]} = 18, p=.03$). It is therefore important to analyze and
294 compare the parameters of the model in the different subgroups. Table 4 presents all the
295 parameters included in the model, the R^2 , and the CD for each of the variables. Following this
296 phase, further analysis allowed for partial invariance of regression parameters (freeing
297 regression parameters that strongly indicated noninvariance across groups). The values across
298 the configural invariance and the partial invariance of regression parameters did not
299 significantly change ($\Delta\chi^2_{[6]} = 8, p=.19$) suggesting that the model described by partial
300 invariance fits the data better than the other model (same model in all groups). Therefore,
301 some of the findings from the comparison of parameters across subgroups are of particular
302 interest. More specifically, positive urgency is more related to social motive, sensation-
303 seeking is more related to gambling problems and enhancement motive in young people who
304 perceive fewer risks of gambling than young people who perceived higher risks of gambling
305 for whom these relationships are not significant.

306 In relation to the differences in perceived gambling benefits, the values across configural
307 invariance and invariance of the regressions significantly changed ($\Delta\chi^2_{[9]} = 22, p=.005$). It is
308 therefore important to analyze and compare the parameters of the model in the different
309 subgroups (see Table 4). Following this phase, further analysis allowed for partial invariance
310 of regression parameters (freeing regression parameters that strongly indicated noninvariance
311 across groups). The values across the configural invariance and the partial invariance of
312 regression parameters did not significantly change ($\Delta\chi^2_{[4]} = 8, p=.10$) suggesting that the
313 model described by partial invariance fits the data better than the other model (same model in
314 all groups). Therefore, positive urgency is more related to gambling problems and social

315 motive, sensation-seeking is more related to gambling problems, and social motive is more
316 related to gambling problems in young people who perceive greater benefits than young
317 people who perceive fewer benefits of gambling for whom these relationships are not
318 significant. Finally, the relationship between positive urgency and enhancement motive was
319 significantly stronger at higher levels of benefit perception.

320 [INSERT ABOVE HERE TABLES 3 and 4]

321 **4. Discussion**

322 The aim of the present study was to extend gambling research by differentiating the
323 mechanisms of risk for gambling problems associated with impulsivity traits. In doing so, the
324 study also served as a partial replication of some previous research on substance use (e.g.,
325 Adams et al., 2012; Conskunpinar & Cyders, 2012) by demonstrating the links between
326 impulsivity traits, gambling motives, and gambling-related outcomes. The results showed that
327 in a sample of young Italian people, sensation seeking and positive urgency worked through
328 different pathways to increase gambling-oriented problems, indicating that relationships
329 between different aspects of impulsivity and gambling problems. A discussion of the more
330 specific findings now follows.

331 *4.1. Impulsivity and gambling-related problems*

332 The finding that sensation seeking predicts greater numbers of gambling problems supports
333 existing theories of sensation seeking, which suggest that individuals with high levels of
334 sensation seeking are motivated by behaviors that provide stimulation and reward (Brunelle
335 et al., 2004; Zuckerman, 1994). The finding that positive urgency is a significant predictor of
336 gambling-related problems supports the findings of previous research (Cyders & Smith, 2008;
337 Fischer & Smith, 2008). This finding suggests that individual differences in the number of
338 gambling problems are directly associated with positive affect. Variability in young people
339 gambling seems to follow individual differences in rash acts during very positive emotional
340 states, as opposed to rash acts during negative emotional states. Indeed, negative urgency did
341 not significantly predict gambling-related problems in our sample. This result could be
342 considered with the results of a recent study where negative urgency was unique in
343 independently covarying with gambling severity in a sample of pathological gamblers (Torres
344 et al., 2013). This is also consistent with previous reports that negative urgency is a sign of
345 overpathologization in addictive processes (e.g., Michalczuk et al., 2011) rather than a
346 characteristic of non-pathological behavior (e.g. at-risk, problem gambling).

347 Finally, lack of premeditation and perseverance did not significantly predict gambling-related
348 problems and suggests that the emotional components of impulsivity (e.g., positive urgency
349 and sensation seeking) may have greater influence on the gambling problems than the non-
350 emotional components of impulsivity (lack of perseverance/premeditation). In this direction,
351 previous studies have shown that automatic affective responses to substance-related stimuli
352 may influence substance use behavior more strongly than reflective or ‘explicit’ cognition
353 (Stautz & Cooper, 2014; Wiers & Stacy, 2006).

354 *4.2. Gambling motives and their mediating effects*

355 The finding that the relationship between sensation seeking and gambling problems was
356 partially mediated by enhancement motives is consistent with previous studies, where
357 gamblers with high levels of enhancement motives for gambling, were also characterized by
358 high levels of sensation-seeking and gambled for the ‘high’ and feelings of excitement that
359 gambling can create (Bonnaire et al., 2009; Stewart et al. 2008; Vachon & Bagby, 2009). In
360 addition, this finding supports the theory that sensation seekers are likely to endorse
361 enhancement motives in an attempt to experience greater thrill and stimulation from their
362 environment (Cooper et al., 2000; Gullo, Dawe, Kambouropoulos, Staiger, & Jackson, 2010).
363 Consequently, high levels of sensation seeking were associated with high levels of
364 enhancement motives, which in turn were associated with high levels of gambling problems.

365 The finding that the relationship between positive urgency and gambling problems was
366 partially mediated by enhancement motives, supports Settles and colleagues (2010) research
367 that found positive urgency led to increased alcohol use through expectations that alcohol
368 enhances positive affect. Thus, young people who tend to act rashly in response to extremely
369 positive moods are more likely to form strong reasons that gambling brings positive and
370 arousing effects, which in turn lead to increased gambling problems.

371 An additional unpredicted indirect pathway was found through the results relating to coping
372 motives. Generally, negative urgency (not positive urgency) is thought to lead to increased
373 drinking quantity indirectly as well, by leading to increased motives to drink to cope with
374 subjective distress, which in turn lead to increased drinking quantity (Fisher, Anderson, &
375 Smith, 2004; Settles, Cyders, & Smith, 2010). It seems likely that this inconsistency is due to
376 the result that negative urgency did not predict gambling-related problems in the multivariate
377 analysis.

378 *4.3. Differences and similarities in perceived gambling risk\benefits*

379 Inside this integrated perspective, perceived gambling risk/benefit related similarities and
380 differences were also investigated, advancing the paucity of knowledge regarding this issue
381 (Conskunpinar & Cyders, 2012). Results indicated that some regression parameters were
382 significant only in young people who perceive greater benefits and fewer risks of gambling.
383 This reflects previous studies that have found higher participation in risk behaviors were
384 associated with the perception of greater benefits and fewer risks (e.g., Hampson, Severson,
385 Burns, Slovic, & Fisher, 2001). More specifically, as for lower levels of gambling risk and
386 higher levels of gambling benefit similarities, sensation-seeking was positively related to
387 gambling problems in both groups . Previous studies have found that perception of lower risk
388 among gamblers is associated with several factors, such as sensation seeking and self-worth
389 (Derevensky, Sklar, Gupta, & Messerlian, 2010; Orford et al., 2009; Tao et al., 2011).
390 Overall, these findings suggest that particular individual factors (e.g., sensation-seeking)
391 predispose gamblers to develop particular beliefs associated with greater exposure to risk and
392 harm. Positive urgency was positively associated with social motives in young people who
393 perceived lower gambling risk and higher gambling benefits. It is possible that in individuals
394 with more favorable attitudes towards gambling, positive urgency with its emphasis on rash
395 action while experiencing a positive mood, interact with positive and arousing experiences
396 (i.e., drinking makes one more attractive, horny, and social) (Cyders et al., 2007).

397 As for lower levels of gambling risk and higher levels of gambling benefit differences,
398 sensation-seeking was positively related to enhancement motive in individuals with lower
399 gambling perceived risk. This is consistent with previous research which showed young
400 problem gamblers use gambling as a means of generating excitement that they perceive is
401 missing from their lives (Getty, Watson, & Frisch, 2000; Griffiths, 1995; Gupta &
402 Derevensky, 2000; McCormick, 1994). Positive urgency was positively related to gambling
403 problems and enhancement in individuals who perceived higher levels of gambling benefits.
404 The findings may be interpreted in relation to research by Conskunpinar and Cyders (2012)
405 that found as benefit perception levels increased, the indirect effect of positive urgency on
406 problematic alcohol consumption through enhancement motives changed.

407 Finally, an interesting result was the positive relation between social motive and gambling
408 problems in young people who perceived higher levels of gambling benefits. Past researchers
409 have found that social motives do not generally predict problem gambling (Dechant & Ellerly
410 2011; Lambe, Mackinnon & Stewart, 2014; Stewart & Zack, 2008). The results here suggest
411 that gambling for social reasons may be more risky for an individual with higher benefit

412 perception. It is likely that individuals with higher levels of perceived gambling benefits may
413 be considered as extrinsically motivated gamblers who were more likely to do so because of
414 external rewards such as money and social approval (Chantal et al., 1995).

415 *4.4. Clinical Implications*

416 As highlighted by the discussion above, it is useful to consider two specific pathways when
417 addressing impulsivity in problem gambling prevention or intervention. Young people who
418 are high in sensation seeking and positive urgency engage in gambling to increase positive
419 feelings. According to Adams et al. (2012), some potential ways of intervening may involve
420 (i) working with young people on considering not only positive and immediate consequences
421 of gambling, but also on effects that are less salient in the moment (e.g., economic losses and
422 strained relationships with family members and friends), and (ii) providing alternative
423 behaviors to gambling (e.g., sport) to enhancing positive sensation. On the other hand,
424 positive urgency was also associated with coping motives, which in turn related to gambling
425 problems. Individuals who score high on coping motives may, according to Adams et al.
426 (2012), benefit from a type of intervention, aimed at educating them to focus on the negative
427 social and emotional consequences of engaging in gambling to cope, as well as training in
428 adaptive strategies for coping with negative effect (e.g., yoga).

429 It is also possible that different strategies may be required for young people as the present
430 study found that specific relationships between impulsivity traits, gambling motives, and
431 gambling problems, were only significant in young people who perceived lower gambling
432 risk and higher gambling benefits. This may help in developing problem gambling treatment
433 and prevention strategies suggesting that if benefit perception can be minimized, the direct
434 effect (of positive urgency on gambling problems, enhancement motive and social motive,
435 positive urgency on social motive, sensation seeking on gambling) could also be minimized.
436 In addition, if risk perception can be maximized, the direct effect (of sensation seeking on
437 enhancement motive and gambling problems; positive urgency on social motive) could also
438 be reduced.

439 *4.5. Limitations and future directions*

440 The findings of the present study must be understood in the context of the study's limitations.
441 First, a significant limitation of the current study was the cross-sectional design. Examining
442 these relations in a longitudinal study would allow for a clearer understanding of the
443 relationship among impulsivity traits, gambling motives, and gambling outcomes and how

444 these relations change over time. Secondly the majority of the sample participants were males
445 and students. It is important to investigate this risk model with a more diverse sample.
446 Thirdly, although it was demonstrated that gambling motives contributed significantly to
447 mediate the relationship between impulsivity and problem gambling, the fact remains that
448 much of the variance in gambling motives remained unexplained. In explaining the potential
449 effect of motives on addictive behaviors, most studies use numerous causal factors, only one
450 of which is impulsivity. Other unconsidered factors associated with youth (i.e. extroversion,
451 neuroticism and anxiety, Kuntsche, Knibbe, Gmel, & Engels, 2006; mood states, Goldstein,
452 Stewart, Hoaken, & Flett, 2014) or the community (different countries; Molinaro et al., 2014)
453 may also predict motives. Fourthly, all data were self-report and are therefore subject to the
454 standard limitations of this type of data (e.g., social desirability biases, memory recall biases,
455 etc.). Lastly, future research should aim to develop and to examine the effectiveness of
456 treatment approaches tailored to specific impulsive personality traits and gambling motives.

457 Despite these limitations, as our review of the literature suggests, the present study is likely to
458 be the first that has sought to clarify the mediating effects of gambling motives on the
459 relationship between impulsivity traits and gambling problems. In particular, the findings
460 give support to the idea that young people who tend to act rashly in response to extremely
461 positive moods show higher enhancement and coping motives, which are, in turn, positively
462 related to gambling problems. Individuals with higher levels of sensation seeking are more
463 likely to have higher levels of enhancement motives, which, in turn, are also positively
464 related to gambling problems. The model was examined in several groups, separately for the
465 level of perceived gambling risk/benefits. There were significant differences between these
466 groups for this division. Therefore, those interested in promoting responsible gambling (and
467 decreasing gambling problems) might want to consider the model's variables, including
468 impulsivity traits and gambling motives, in accordance with individual levels of perceived
469 gambling risk/benefits.

470 **Footnotes**

471 ¹ Gambling disorder is a recognized mental health condition that is characterized by difficulty limiting gambling
472 expenditure, chasing losses, lying about gambling, and severe negative consequences of excessive gambling
473 (APA, 2013). Two categories of gambling disorders are salient in published work: pathological gambling and
474 problem gambling. Pathological gambling is medically defined, with diagnostic criteria described in both the
475 Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR) and the
476 International Classification of Diseases, 10th revision (ICD-10). Both classification systems summarize
477 pathological gambling from an atheoretical perspective (i.e., they list only objective and behavioral diagnostic

478 criteria), and both classify pathological gambling within an impulse disorder section. Problem gambling is a
479 more general term that incorporates subclinical conditions where an individual experiences significant negative
480 consequences as a result of gambling, and as such this is an appropriate term to use in relation to harm
481 minimization policies (Neal, Delfabbro, & O'Neil, 2005). This term is generally used in research where
482 screening measures are used to identify problem gamblers without confirmation through clinical interviews, and
483 as such typically includes those with gambling disorder.

484 ² The CD is defined as:

$$1 - \frac{|\hat{\psi}|}{|\hat{\Sigma}_{yy}|}$$

485 here, $|\hat{\psi}|$ is the determinant of the covariance matrix among the errors and $|\hat{\Sigma}_{yy}|$ is the
486 determinant of the fitted covariance matrix among endogenous variables. The CD shows the joined effect of the
487 predictor variables on all dependent variables (i.e., the higher the CD the more is the variance explained).

488 ³ Testing for invariance was examined through the traditional perspective (Byrne & Stewart, 2006) that
489 examines the change in chi-square values ($\Delta\chi^2$) across nested models. If the $\Delta\chi^2$ values do not change
490 significantly as the models grow more restrictive, it indicates that the more restrictive model fits the data as well
491 as the less restrictive model.

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