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Perfectionism Predicts Disordered Gambling via Financially Focused Self-Concept

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**Perfectionism Predicts Disordered Gambling
via Financially Focused Self-Concept**

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Abstract

Perfectionism has been implicated in several psychiatric disorders, including eating disorders, anxiety disorders, and depression. In the current research, we extended the analysis of perfectionism to understand disordered gambling. Unlike other life domains in which people with perfectionistic tendencies can objectively control outcomes (e.g., dieting to control one's body shape/weight in eating disorders), perfectionism in the gambling context is unique because there is very little to no objective control over gambling outcomes (i.e., winning money). We hypothesized that gamblers with perfectionistic tendencies may set themselves a high standard within the financial success domain, which would manifest in more severe disordered gambling symptoms. We also hypothesized that having a self-concept that is focused on financial success would mediate the relation between perfectionistic tendencies and disordered gambling severity. To test this mediation model, a community sample of gamblers ($n=258$) completed measures that assessed perfectionistic tendencies, financially focused self-concept, and disordered gambling severity. In line with expectations, there was a moderate positive relation between perfectionistic tendencies and disordered gambling severity, which was further mediated by financially focused self-concept. These findings suggest that perfectionistic tendencies among gamblers are associated with disordered gambling because such tendencies result in a self-concept that is focused on financial success. The findings also suggest that targeting gamblers' perfectionistic tendencies in prevention and treatment interventions may be instrumental in alleviating their financial focus, which would help curtail the development and maintenance of disordered gambling.

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Perfectionism Predicts Disordered Gambling via Financially Focused Self-Concept

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Most people tend to pursue achievement in multiple life domains (e.g., health, sports, work, school, appearance, financial success). People with perfectionistic tendencies, however, pursue a self-imposed high standard of achievement across multiple domains (Stoeber & Stoeber, 2009). The reason is that perfectionists have deep-seated feelings of uncertainty and incompetence, and thus focus on life domains that may offer them a sense of control and achievement in their lives (Egan, Wade, Shafran, & Antony, 2014). Problems may arise when people with perfectionistic tendencies base their self-worth on their (perceived) ability to achieve a high standard in a focused domain (Egan et al., 2014; Shafran, Cooper, & Fairburn, 2002). For example, people with perfectionistic tendencies who focus on their appearance are at heightened risk for disordered eating (Fairburn, Cooper, & Shafran, 2003). The reason is that perfectionistic tendencies in the domain of appearance is a risk factor for the development of an appearance focused self-concept—the core psychopathology that maintains disordered eating. While in many cases perfectionists seek to attain objective, controllable outcomes (e.g., one's body shape/weight), what happens when this is not possible? In the context of gambling, outcomes are typically not objectively controllable. Thus, will a person in this context still attempt to control events related to financial success, even though outcomes are based on chance?

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In the current study, we examined the role perfectionism may play in disordered gambling. We hypothesized that some gamblers with perfectionistic tendencies are more likely to have gambling problems. The rationale is that gamblers with perfectionistic

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5 tendencies who set themselves a high standard within the financial success domain may
6
7 be more likely to gamble for financial gain and to cope with stress—two well-known
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9 gambling motives implicated in the development and maintenance of disordered
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11 gambling. We also examined a possible mechanism by which perfectionistic tendencies
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13 amongst gamblers may be associated with disordered gambling. We reasoned that the
14
15 perfectionistic tendencies of some gamblers shape their self-concept to be focused on
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17 financial success, and therefore lead these gamblers to derive their self-worth from the
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19 amount of money they have in their possession. In other words, having more severe
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21 perfectionistic tendencies may focus the self-concept of those who gamble on their
22
23 financial success. A consequence of a financially focused self-concept among gamblers is
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25 increased motivation to gamble for financial gain, as well as gambling to cope with
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27 stress, which increase the risk of disordered gambling (Tabri, Wohl, Eddy, & Thomas,
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29 2017). We tested these ideas in a sample of community-based gamblers.
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35 **Perfectionism and disordered gambling**

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38 There has been considerable debate in the literature about the nature of
39
40 perfectionism, specifically regarding the extent to which perfectionism is a uni- versus
41
42 multi-dimensional construct (there is also a debate about the specific dimensions, but that
43
44 is beyond the scope of the current research). In the multi-dimensional camp, Hewitt and
45
46 Flett (1991) conceptualize perfectionism as having three dimensions: self-oriented
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48 (demanding perfection of oneself), socially prescribed (perceiving others as demanding
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50 perfection of oneself), and other-oriented (demanding perfection from others)
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55 perfectionism. Similarly, Frost and colleagues (1990) conceptualize perfectionism as
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5 including personal standards, concern over mistakes, doubts about actions, parental
6 expectations, parental criticism, and organization dimensions. Factor analytic studies,
7 however, have shown the existence of two inter-related higher-order dimensions of
8 perfectionism: personal standards and evaluative concerns (for a review, see Dunkley,
9 Blankstein, Masheb, & Grilo, 2006). More recently though, evidence has emerged in
10 favour of the uni-dimensional camp. Specifically, Smith and Saklofske (2017) showed
11 that these higher-order dimensions reflect a single general perfectionism factor. In the
12 current paper, for parsimony, we adhere to Smith and Saklofske's understanding of
13 perfectionism as a single, general factor.
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26 Nonetheless, a considerable body of research has shown that the lower-order
27 dimensions of perfectionism (i.e., self-oriented, socially prescribed, personal standards,
28 and concern over mistakes) are related to various unique forms of psychopathology,
29 including eating disorders, anxiety disorders, and depression (for a review, see Egan,
30 Wade, & Shafran, 2011). In response to such associations, Shafran and colleagues (2002)
31 proposed a cognitive-behavioural theory of "clinical perfectionism," which they defined
32 as overvaluing the importance of striving to meet standards and reacting to perceived
33 failure to meet standards with self-criticism. Although the two aspects of clinical
34 perfectionism conceptually correspond to the two higher-order perfectionism constructs
35 of personal standards and evaluative concerns, respectively (e.g., Dunkley et al., 2006;
36 Stoeber & Damian, 2014), Shafran and colleagues (2002) conceptualized clinical
37 perfectionism as a unidimensional construct. Akin to the notion that perfectionism is a
38 single, general factor (e.g., Egan et al., 2016; Smith & Saklofske, 2017), we contend that
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5 clinical perfectionism is best understood as a single factor that reflects an overreaching
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7 desire to meet high standards and self-criticism in response to failing to meet those
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9 standards.
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12 According to the cognitive-behavioural theory of clinical perfectionism (Egan et
13
14 al., 2014; Shafran et al., 2002), people with perfectionistic tendencies set and pursue a
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16 high standard of achievement in domains that they believe provide them with a sense of
17
18 control and achievement in their lives. They also base their self-worth on their ability to
19
20 achieve a high standard in their focused domains. When a high standard is not met,
21
22 people with perfectionistic tendencies react to their failure with self-criticism and
23
24 evaluate their self-worth negatively. Failure also reinforces people with perfectionistic
25
26 tendencies to base their self-worth on their ability to meet the high standard. Moreover,
27
28 according to the cognitive-behavioural theory of perfectionism, people with
29
30 perfectionistic tendencies quickly discount their achievements when their high standard is
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32 met temporarily or permanently. They also set even higher standards and base self-worth
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34 on their ability to achieve these higher standards. In this way, basing self-worth on the
35
36 ability to achieve a high standard in a domain is the core problem that drives and
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38 maintains the vicious cycle of perfectionism.
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46 Critically, in their pursuit of their high standards, people with perfectionistic
47
48 tendencies engage in behaviours that harm their mental and physical health (Egan et al.,
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50 2014; Shafran et al., 2002). Indeed, perfectionism motivates extreme maladaptive
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52 behaviours aimed at attaining a high standard in a given domain. Perfectionism, for
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54 instance, is a well-known risk factor of eating disorders (Fairburn et al., 2003). In
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5 Western societies, there is a standard for women to have a thin body (Thompson & Stice,
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7 2001). Women with more severe perfectionistic tendencies are more likely to internalize
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9 this standard, which places them at risk for eating disorders (Boone, Soenens, & Braet,
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11 2011). Specifically, some people with perfectionistic tendencies attempt to achieve the
12
13 thin body standard via controlled eating (e.g., extreme dieting). The outcome is typically
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15 an array of adverse health consequences (e.g., being significantly underweight). Research
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17 supports this view in that there is a moderate and positive association between
18
19 perfectionistic tendencies and disordered eating (e.g., Joyce, Watson, Egan, & Kane,
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21 2012) and that having more severe perfectionistic tendencies prospectively predict the
22
23 development of disordered eating (e.g., Smith et al., 2017).
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29 People with perfectionistic tendencies may also have poor mental and physical
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31 health because of their engagement in self-defeating, harmful behaviours used to help
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33 them to cope with stress. For example, college students with perfectionistic tendencies
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35 are more likely to have alcohol-related problems because of their drinking to cope with
36
37 stress (e.g., Rice & Van Arsdale, 2010). Similarly, people with perfectionistic tendencies
38
39 are more likely to binge eat to cope with distress related to their appearance (compared to
40
41 those without perfectionistic tendencies; e.g., Heatherton & Baumeister, 1991). Such
42
43 coping behaviours are antithetical to the goals of those with perfectionistic tendencies and
44
45 thus help to maintain perfectionism and its negative consequences (Mushquash & Sherry,
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47 2012). Lastly, having perfectionistic tendencies may have lethal consequences—people
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49 with perfectionistic tendencies have a heightened risk of suicide (for a review, see Flett,
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Hewitt, & Heisel, 2014).

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5 Applied to the context of gambling, some players with perfectionistic tendencies
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7 may develop gambling problems when financial success—a societal ideal, especially in
8
9 Western societies (e.g., Grouzet et al., 2005)—becomes a primary goal of play. The
10
11 reason is that gambling for financial gain is a known risk factor of disordered gambling
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13 (see Lister, Nower, & Wohl, 2016; Tabri, Dupuis, Kim, & Wohl, 2015). Other players
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15 with perfectionistic tendencies may develop gambling problems when they gamble as a
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17 means to cope with stress in their lives—another well-established risk factor of
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19 disordered gambling (for a review, see Milosevic & Ledgerwood, 2010). Accordingly,
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21 we posit that gamblers with perfectionistic tendencies (relative to those who do not)
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23 should also have more severe gambling problems.
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28 **The mediating role of financially focused self-concept**

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31 Thus far, we proposed that perfectionism may be associated with disordered
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33 gambling because of financial and coping gambling motives. However, a more
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35 fundamental factor that engenders both of these gambling motives is the extent to which
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37 people view the amount of money they have in their possession as a core aspect of their
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39 self-concept and thus a major source of self-worth (Tabri et al., 2017). Gamblers with
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41 perfectionistic tendencies may be more likely to have a financially focused self-concept.
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43 The reason is that gamblers with perfectionistic tendencies likely set themselves a high
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45 standard of financial success, which manifests as trying to win money frequently (if not
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47 constantly). However, because the odds of winning are not in the gambler's favour,
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49 gamblers with perfectionistic tendencies may invest more of their money (and time) into
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51 gambling, to the point that financial success becomes a core part of their self-concept.
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5 This is consistent with theory and research on other life domains. For example, according
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7 to the transdiagnostic cognitive-behavioural theory of eating disorders (Fairburn et al.,
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9 2003), having perfectionistic tendencies is a risk factor for developing an appearance
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11 focused self-concept. Thus, perfectionistic tendencies may cultivate a domain-focused
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13 self-concept.
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17 Importantly, players high in financial focus (relative to those low in financial
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19 focus) are likely to have gambling problems because they tend to gamble for financial
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21 gain and to cope with stress (Tabri et al., 2017)—two well-known gambling motives
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23 implicated in the development of disordered gambling. The negative consequences of
24
25 having a financially focused self-concept are also consistent with theory and research in
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27 other life domains (Veal, 2002). For example, having a self-concept that is focused on
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29 appearance is the core psychopathology that maintains disordered eating (Fairburn et al.,
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31 2003; Tabri, Murray et al., 2015). Accordingly, having a self-concept that is focused on a
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33 specific domain— in our case, financial success—may lead to disordered behaviours.
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35 Thus, we contend that the relation between perfectionism and disordered gambling is
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37 indirect. People who gamble and have perfectionistic tendencies are likely at heightened
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39 risk of disordered gambling because they are apt to define their self-concept by financial
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41 success (i.e., winning).
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47 **Overview of the current research**

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49 The aim of the present research was to examine the relation between
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51 perfectionistic tendencies and disordered gambling. We hypothesized that having a
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53 financially focused self-concept is a mechanism by which having perfectionistic
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5 tendencies may lead to gambling problems. To examine this hypothesis, we tested a
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7 mediation model (see Figure 1). In this model, greater perfectionistic tendencies predict
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9 disordered gambling severity via financially focused self-concept.
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14 Figure 1 about here
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19 Statistical power considerations for the current research were based on Fritz and
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21 MacKinnon's (2007) power table for a simple mediation model. According to this table, a
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23 minimum of 71 participants would be needed to detect a moderate indirect effect with
24
25 80% power using the bias-corrected bootstrap confidence interval method with 2000
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27 resamples. Thus, the current research was adequately powered.
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31 All materials and data from the presented research (including items and scales not
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33 considered in the present research) as well as supplemental analyses (see footnotes) are
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35 publically available via Open Science Framework (OSF):
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38 https://osf.io/b8mt6/?view_only=822a64cc3653489b90bb06778a10c4ab
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40 Method

41 Participants

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43 A total of 296 community gamblers residing in the US participated in the current
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45 research via Amazon.com's Mechanical Turk (MTurk)—a crowdsourcing Internet-based
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47 marketplace increasingly used by social scientists as a place to recruit people to complete
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49 short online surveys or experiments. Importantly, research indicates that MTurk is a good
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51 source of data that is both reliable and valid for conducting clinical research (Chandler &
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5 Shapiro, 2016), as well as research on various addictive behaviours, including gambling
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7 (Kim & Hodgins, 2017).
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10 The data of 38 participants were excluded because they either failed one or more
11 attention checks ($n=23$), did not complete one or more questionnaires examined in the
12 present research ($n=14$), or withdrew from the study ($n=1$). Thus, 258 participants (132
13 men and 126 women) were included in the analyses. Participants ranged in age from 18
14 to 71 years ($M=37.23$, $SD=11.76$).
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21 The research protocol was reviewed and cleared by the lead author's institutional
22 research ethics board. As such, all participants provided informed consent prior to
23 completing the survey.
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28 **Procedure and measures**

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30 As in Tabri and colleagues (2017), participants responded to a recruitment notice
31 that indicated we were seeking participants who engaged in at least one form of gambling
32 and who had spent at least \$100 on their gambling activities in the last 12 months.
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34 Participants were compensated \$0.50 USD for their time. After providing informed
35 consent, participants completed the following questionnaires. Responses for each
36 questionnaire were combined such that higher scores reflect more of each construct.
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45 **Perfectionism.** The clinical perfectionism questionnaire (Egan et al., 2016) was
46 used to assess perfectionism ($\alpha=.77$). This questionnaire includes 12 items that assess the
47 extent to which participants overvalue the importance of striving to meet standards (e.g.,
48 "Have you judged yourself on the basis of your ability to achieve high standards?") and
49 react to perceived failure to meet standards with self-criticism (e.g., "Have you felt a
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5 failure as a person because you have not succeeded at meeting your goals?”). Participants
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7 rated each item over the past 28 days and responses were anchored at 1 (*not at all*) and 4
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9 (*always*). Akin to previous research (Egan et al., 2016), the 12 items were averaged to
10
11 form a single index of perfectionism.¹
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14 **Financially focused self-concept.** The financially focused self-concept scale
15
16 (Tabri et al., 2017) was used to measure the extent to which participants’ self-concept is
17
18 focused on financial success ($\alpha=.95$). This questionnaire consists of 20 items that
19
20 measure the perceived importance of money for self-views (e.g., “Money is a large part
21
22 of who I am”), feelings (e.g., “My ability to feel happy depends on the amount of money
23
24 I have”), interpersonal relationships (e.g., “The opinion others have of me is based on
25
26 the amount of money I have”), and achievements (e.g., “The amount of success I have in
27
28 my (future) job or career depends largely upon the amount of money I have”). Responses
29
30 were anchored at 0 (*not at all*) and 4 (*extremely*). Like Tabri et al. (2017), we found that
31
32 averaging all 20 items into a single score best represented the financially focused self-
33
34 concept construct.²
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40 **Disordered gambling severity.** The Problem Gambling Severity Index (PGSI;
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42 Ferris & Wynne 2001) was used to measure disordered gambling severity ($\alpha=.92$). The
43
44 PGSI includes nine items that measure the extent of problem gambling behaviours (e.g.,
45
46 “Have you gone back another day to try and win back the money you lost?”) and the
47
48 consequences of engaging in problem gambling behaviours (e.g., “Has your gambling
49
50 caused any financial problems for you or your household?”). Participants responded by
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55 ¹See OSF for a summary of the exploratory factor analysis and parallel analysis.

56 ²See OSF for a summary of the principal components analysis and parallel analysis.
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5 indicating how frequently they engaged in problem gambling behaviours and experienced
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7 consequences due to their gambling behaviour over the last 12 months. Responses were
8
9 anchored at 0 (*never*) and 3 (*almost always*), and summed into a total score.³
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12 Results

14 Descriptive and bivariate analyses

16 Descriptive statistics and correlations between perfectionism, financially focused
17 self-concept, and PGSI are reported in Table 1. In line with expectations, participants
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Table 1 about here

with greater perfectionistic tendencies were also more focused on financial success,
 $r=.461, p<.001$, and had more severe gambling problems, $r=.292, p<.001$. As well,
greater financial focus was associated with having more severe gambling problems,
 $r=.386, p < .001$. The magnitude of these associations were moderate.

37 Mediation analysis

We conducted a mediation analysis to examine our hypothesis that perfectionism
indirectly fosters gambling problems via having a financially focused self-concept. We
used Model 4 in the PROCESS macro (Hayes, 2013) for SPSS to test our mediation
hypothesis. The statistical significance of the indirect effect was assessed using the 95%
bias-corrected bootstrapped confidence interval (BC-CI) based on 5000 resamples.

³Virtually the same results were observed when we excluded participants who were non-
problem gamblers. See OSF for a summary of the results.

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5 Unstandardized regression coefficients from the mediation analysis are reported
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7 in Table 2. As expected, having greater perfectionistic tendencies predicted greater
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11 Table 2 about here
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15 financial focus and greater disordered gambling severity. Greater financial focus in turn
16 predicted having more severe disordered gambling. Importantly, there was a statistically
17 significant indirect effect of perfectionistic tendencies on disordered gambling severity
18 via financially focused self-concept, *indirect effect* = 1.650, 95% BC-CI [0.954, 2.555].
19 The standardized regression coefficient for the indirect effect was 0.147, 95% BC-CI
20 [0.088, 0.224]. Thus, in line with our hypothesis, gamblers with greater perfectionistic
21 tendencies reported more severe gambling problems via having a financially focused self-
22 concept. The indirect effect accounted for approximately 7% of the total variance in
23 disordered gambling severity, $R^2=0.069$. In sum, the mediation model explained
24 moderate-to-large portions of the total variance in financially focused self-concept
25 ($R^2=0.213$) and disordered gambling severity ($R^2=0.166$).
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42 Discussion

43
44 Perfectionism is implicated in the etiology, maintenance, and course of various
45 psychiatric disorders, including eating disorders, anxiety disorders, and depression (Egan
46 et al., 2011). Herein, we extended the transdiagnostic utility of perfectionism to
47 understand disordered gambling. We hypothesized and found that gamblers high in
48 perfectionistic tendencies report more symptoms of disordered gambling than those low
49 in perfectionistic tendencies. Consistent with our hypothesis, we also found an indirect
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5 link between perfectionistic tendencies and disordered gambling. These findings suggest
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7 that having perfectionistic tendencies among players focuses their self-concept on
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9 financial success, which in turn predicts disordered gambling symptomatology.
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12 The findings observed in the present research are consistent with theory and
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14 research on eating disorders that has demonstrated that having perfectionistic tendencies
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16 is a risk factor for developing an appearance focused self-concept, which leads to
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18 disordered eating (e.g., Joyce et al., 2012). Although there appears to be symmetry in the
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20 negative implications of perfectionistic tendencies and having a focused self-concept on
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22 both disordered gambling and eating, what makes the observed association in the current
23
24 study unique is that the outcome of a bet is objectively uncontrollable (at least legally).
25
26 Being a perfectionist about one's appearance can lead to eating disorders because of the
27
28 desire to control one's eating (to manipulate one's appearance). No degree of control can
29
30 be exerted on the outcome of games of pure chance (e.g., slot machines). Of course,
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32 many gamblers maintain the belief that they have the skill or ability to maximize
33
34 outcomes in such games (see Langer, 1975; Wohl & Enzle, 2002). It is possible that
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36 illusory perceptions of control interact with perfectionistic tendencies to heighten the risk
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38 of developing disordered gambling. It would behoove researchers to replicate and extend
39
40 the current research by investigating the moderating role played by the illusion of control.
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48 Critically, we showed that perfectionistic tendencies among gamblers was
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50 moderately associated with having a financially focused self-concept. This is important
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52 because an emerging body of research suggests that having a financially focused self-
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54 concept may be a risk factor for developing disordered gambling. More specifically,
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5 gamblers with higher financial focus are less likely to pre-commit in terms of the amount
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7 of time and money they spend gambling, to be honest with family or friends about their
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9 gambling activities, to take responsibility for their gambling, and to be knowledgeable
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11 about the odds of winning, which are key elements of responsible gambling (see Wood,
12
13 Wohl, Tabri, & Philander, 2017). Gamblers with a higher financial focus are also more
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15 likely to develop gambling problems because of their gambling for financial gain and
16
17 gambling to cope with stress (Tabri et al., 2017). In addition, they may be more
18
19 vulnerable to develop disordered gambling because of their greater tendency to delay-
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21 discount monetary rewards (have a greater preference for smaller immediate rewards
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23 relative to larger delayed rewards) in response to feeling financially deprived (Tabri,
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25 Shead, & Wohl, in press). Accordingly, reducing perfectionistic tendencies may help to
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27 alleviate a financially focused self-concept and thus disordered gambling.
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33 We also contend that the results of this research may shed some light on the
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35 process by which gamblers become trapped in a vicious cycle of chasing—a cardinal
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37 feature of disordered gambling. Gamblers with perfectionistic tendencies may base their
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39 self-worth on financial success and pursue financial success via gambling. Thus, because
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41 the odds of winning money are not in the gambler's favor, the self-worth of gamblers
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43 with perfectionistic tendencies will be harmed due to mounting losses. To protect their
44
45 self-worth, gamblers with perfectionistic tendencies may invest even more money into
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47 their gambling to try to recoup their mounting losses. This cycle of chasing that likely
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49 stems from perfectionistic tendencies may then cultivate a self-concept that is focused on
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5 financial success, which may also be mechanism of action that maintains chasing
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7 behaviour (see Tabri et al., 2017).
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10 Lastly, the results may have significant implications for the treatment of
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12 disordered gambling. This is because having a self-concept that is focused on a life
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14 domain has been shown to be difficult to address in treatment. For example, in the field
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16 of eating disorders, having an appearance focused self-concept is a known predictor of
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18 relapse amongst people with an eating disorder (e.g., Grilo, White, Guerguiva, Wilson, &
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20 Masheb, 2013). Although there is no treatment-outcome research in which financially
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22 focused self-concept amongst disordered gamblers is targeted, treatment-seeking
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24 disordered gamblers view winning money at gambling as enhancing their sense of self-
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26 worth (Morasco, Weinstock, Ledgerwood, & Petry, 2007). They also indicate optimism
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28 about winning money and the need to make money as major reasons for their gambling
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30 relapses (Hodgins & El-Guebaly, 2004). Thus, we suspect that a financially focused self-
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32 concept may also be difficult to alleviate with treatment and contribute to relapse.
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38 Importantly, however, the findings of the present research suggest that targeting
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40 perfectionistic tendencies in prevention and treatment interventions may be instrumental
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42 in helping to alleviate a financially focused self-concept and thus disordered gambling.
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44 This is consistent with the transdiagnostic cognitive-behavioural theory of eating
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46 disorders (Fairburn et al., 2003) in which perfectionism is a proximal risk factor for the
47
48 development of an appearance focused self-concept that maintains disordered eating.
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50 Accordingly, health care providers can use techniques from the cognitive-behavioural
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52 therapy of perfectionism (Egan et al., 2014) to address their clients' perfectionistic
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5 tendencies. Specifically, health care providers can provide clients with psychoeducation
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7 and treatment for the maladaptive thinking styles (e.g., excessive self-criticism in
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9 response to losing at gambling) and self-evaluation (e.g., “losing money at gambling
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11 makes me feel like a failure”) underlying perfectionism. Doing so may help clients with
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13 gambling problems to modify their financial focus in a way that reduces the importance
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15 they attach to financial success as a core aspect of their self-concept and thus self-worth,
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17 which would help reduce disordered gambling.
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20 21 **Limitations** 22

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24 Some limitations of the present research should be noted. First, we employed a
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26 correlational design, which limits our ability to draw causal inferences. As such,
27
28 longitudinal research is needed to support the directionality of the effects. It is likely that
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30 perfectionistic tendencies amongst gamblers fosters a financially focused self-concept,
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32 which leads to disordered gambling. This is consistent with theory research on eating
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34 disorders (e.g., Fairburn et al., 2003; Joyce et al., 2012). Nevertheless, it would behoove
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36 researchers to examine whether having more severe perfectionistic tendencies predicts
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38 having a financially focused self-concept and disordered gambling over time.
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43 Another related limitation concerns the exclusive use of self-report questionnaires
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45 in the current research. We suggest future research assess the influence of perfectionism
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47 and financially focused self-concept on gambling *behaviour*. That is, instead of
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49 measuring self-reported disordered gambling severity, researchers should examine
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51 whether players with greater perfectionism and financial focus are more apt to chase
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53 losses or exceed their financial limit, among other problematic behaviours.
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5 A third limitation relates to our method of recruitment. We recruited a
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7 convenience sample of gamblers using MTurk. Some research has shown that MTurk
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9 samples are not representative of the American general population—MTurk samples tend
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11 to be younger, more educated, and lower on the income scale (for a review, see Keith,
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13 Tay, & Harms, 2017). That said, samples drawn from MTurk are more demographically
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15 diverse and representative of the general population than student-based samples
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17 (Buhrmester, Kwang, & Gosling, 2011). Importantly, MTurk samples have been shown
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19 to yield valid and reliable data for clinical research (for a review see, Chandler & Shapiro
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21 2016) as well as research on disordered gambling (Kim & Hodgins, 2017). Nevertheless,
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23 future research should examine whether the findings of the present research can be
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25 replicated with a probability sample recruited from the general population.
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30 31 **Conclusions**

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33 Perfectionism is a significant predictor of various psychiatric disorders, including
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35 eating disorders, anxiety disorders, and depression. This occurs because people with
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37 perfectionistic tendencies set a high standard for themselves in particular domains (e.g.,
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39 appearance, financial success, sports) that is difficult to achieve. We extended the
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41 transdiagnostic perspective of perfectionism to understand disordered gambling—a
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43 context in which it is difficult to achieve great success. We found a moderate and positive
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45 association between perfectionistic tendencies and disordered gambling tendencies. We
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47 also found that having a self-concept that is focused on financial success mediated this
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49 association. These findings provide a novel perspective on why some people who gamble
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5 may potentially develop gambling disorder, and could help identify those at risk of
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7 developing such a disorder.
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For Peer Review

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Table 1.

Descriptive statistics and correlations between all variables.

Variable	<i>M</i>	<i>SD</i>	1	2	3
1. Perfectionism	2.452	0.493	—		
2. FFS	2.134	0.931	.461**	—	
3. PGSI	5.287	5.519	.292**	.386**	—

Note. FFS = financially focused self-concept; PGSI = problem gambling severity index.

** $p < .01$.

$n = 258$.

Table 2.

Results from the mediation analysis.

Path	<i>B</i>	95% CI
Perfectionism → FFS (path a)	0.871**	[0.665, 1.077]
FFS → PGSI, controlling for perfectionism (path b)	1.893**	[1.141, 2.646]
Perfectionism → PGSI, controlling for FFS (path c')	1.621*	[0.200, 3.042]
Perfectionism → PGSI (path c; total effect)	3.270**	[1.953, 4.588]

Note. CI = confidence interval; FFS = financially focused self-concept; PGSI = problem gambling severity index.

* $p < .05$; ** $p < .01$.

$n = 258$.

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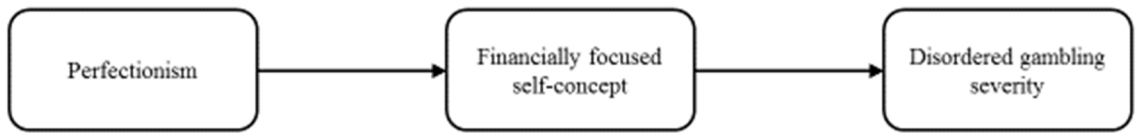


Figure 1. Mediation model with perfectionism as the independent variable, financially focused self-concept as the mediator variable, and disordered gambling severity as the dependent variable.

Review