Labelling and public stigma of gambling disorder

What this research is about

Gambling is a popular leisure activity. However, some people develop gambling disorder and face serious negative consequences. Few people with gambling disorder seek treatment. One of the most common reasons for not seeking treatment is fear of stigma.

Public stigma refers to the negative reactions and attitudes that the public holds toward people with a condition. Past research shows that a health condition can attract stigma if it is considered to be caused by actions that are under one’s control. Stigma also occurs when the condition is thought to be dangerous and elicits fear.

Public stigma can be influenced by labelling. In the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the term ‘pathological gambling’ was changed to ‘gambling disorder’. It is unknown whether the change influences public stigma. This study tested the effects of different gambling labels on public stigma. It also compared stigma of gambling to other mental disorders (e.g., depression) and asthma (a condition considered to be neutral).

What the researchers did

The researchers did two studies. Study 1 involved 333 undergraduate students. Study 2 involved 395 adults from the general population. The procedures for both studies were similar. In study 1, participants were assigned to one of eight label conditions. Four were gambling labels: problem gambling, pathological gambling, gambling disorder, and gambling addiction. The other four were comparison conditions: depression, obsessive-compulsive disorder (OCD), alcohol use disorder, and asthma. In study 2, compulsive buying disorder was added for a total of nine label conditions.

What you need to know

This study showed that different labels (problem gambling, pathological gambling, gambling disorder, and gambling addiction) did not affect attitudes and stigma toward the condition. In general, gambling disorder attracted more stigma than depression, obsessive-compulsive disorder, and asthma. For example, participants reported more negative stereotypes and desired greater social distance from people with gambling problems. Gambling disorder was equally as stigmatized as alcohol use disorder. It was slightly more stigmatized than compulsive buying disorder.

Participants completed the survey online, but each responded to the label condition they had been assigned. For stereotypes, participants rated people with the label condition on 28 adjectives. For perceived dangerousness, participants rated how dangerous, hostile, unpleasant, and nasty people with the label condition were. Participants also indicated what they believed the causes of the label condition were. They stated how willing they were to interact with people with the label condition. Participants rated the extent to which people with the label condition would be discriminated and devalued by others. They also rated the label condition on seven aspects of stigma (e.g., relationships, hygiene, visibility of condition).

Participants were also asked to allocate hypothetical government funds to support prevention and
treatment for one of the gambling labels and the other comparison conditions.

What the researchers found

Comparing the four gambling labels

In both studies, few differences were found for the four gambling label conditions. In study 1, a lack of achievement was more likely to be rated as the cause if the condition was labelled as ‘gambling disorder’ compared to ‘pathological gambling’ and ‘gambling addiction’. No differences on other aspects of stigma were observed. In Study 2, participants reported higher discrimination and devaluation for ‘pathological gambling’ than for ‘problem gambling’. No other differences were observed.

Comparing gambling with other conditions

Gambling was more stigmatized than depression, OCD, and asthma. In both studies, participants reported more negative stereotypes and desired greater social distance from people with gambling problems. They rated gambling disorder as more dangerous than OCD and asthma. They believed that gambling disorder was more devalued and discriminated, than depression and asthma.

Gambling and alcohol use disorders were equally stigmatized. A few differences emerged for causes. Participants were more likely to say relationship problems, lack of intimacy, and an adverse childhood as the causes of alcohol use disorder. They also rated alcohol use disorder as being more visible.

Gambling disorder was slightly more stigmatized than compulsive buying disorder. Participants thought that people with gambling problems were more dangerous and hostile, more devalued and discriminated, and more difficult to have a relationship with.

How you can use this research

This study could be used to inform public health efforts to reduce stigma related to gambling disorder. It could also inform future research. For example, research could examine why gambling disorder attracts more stigma than some other mental disorders. Research could also explore if contact and familiarity reduce stigma for gambling disorder.

About the researchers

Leanne Quigley and Jonathan T. Warren are affiliated with the Ferkauf Graduate School of Psychology at Yeshiva University in USA. Jennifer Prentice, Keith S. Dobson, and David C. Hodgins are with the Department of Psychology at the University of Calgary in Canada. Lena C. Quilty is with the Campbell Family Mental Health Research Institute at the Centre for Addiction and Mental Health and the Department of Psychiatry at the University of Toronto in Canada. For more information about this study, please contact Leanne Quigley at leanne.quigley@yu.edu.

Citation


Study funding

This study was funded by the Alberta Gambling Research Institute.

About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.