



Avoiding use of stigmatising descriptors in gambling studies

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The use of language in reference to individuals experiencing a mental health condition or physical disability can act, potentially inadvertently, to increase stigma and cause personal distress. Although often used as short-hand in referring to someone diagnosed with a disorder or disability, labeling someone (for example, as a ‘schizophrenic’, a ‘paraplegic’, a ‘drug abuser’, or a ‘disordered gambler’) conflates the individual with the condition. This creates the impression that a mental health disorder is a defining feature, characteristic, or stable trait of the individual. In many contexts, this is disrespectful and demeaning, and perpetuates personal and social marginalization. As a field, we must recognize the power of language and the potential for collective nouns that personify disorders to have negative impacts on the people to whom we are referring.

Gambling, pathological gambling, and gambling disorder are behaviors and/or conditions that typically attract social stigma and negative appraisal. Character or moral weakness, self-centeredness, and a lack of self-control are commonly perceived as core traits and are often applied prejudicially. The end result of such stigma is to create a pervasive sense of lowered self-esteem, self-efficacy, and self-identity. In turn, this often affects the readiness of a sufferer to acknowledge and/or disclose the existence of a problem, to seek treatment, or it may decrease their confidence that recovery is possible.

The use of the term ‘pathological gambler’ has garnered criticism for medicalizing the condition, but it also acts to objectify and disrespect the person suffering from the condition. Following the shift in classification from pathological gambling to gambling disorder in *DSM-5* (American Psychiatric Association [APA], 2013), there is now a tendency to use ‘disordered gambler’ when referring to someone meeting diagnostic criteria.

Many of us in the field have published work using labels such as these. At the time, this may not have been perceived as inappropriate. As Editors of *International Gambling Studies*, we are well aware of terms such as ‘problem gambler’ being used frequently in our journal, our published articles, and even in government policy. Short-hand terms and even acronyms are often used to refer to the individuals being studied or reported on, such as ‘AR/PG’ to refer to ‘at-risk/problem gamblers’ or ‘IGs’ to refer to ‘Internet gamblers’.

It is not our intention to point the finger or criticize others as we ourselves have also used such terms. We are in sympathy with Broyles et al. (2014), who state in respect to their journal *Substance Abuse*, ‘As the journal’s Editorial Team, we must be fully transparent regarding several points. First, many of us have previously used language in our clinical, research, or advocacy work that we might now question or consider inappropriate. We suspect that our authors may have similar experiences.’ (p. 219).

As a consequence, *International Gambling Studies* encourages authors to reflect carefully on their use of language and its power to impact the lives of people experiencing

gambling-related harms. We request that authors adopt a 'people-first' mode of language when referring to individuals experiencing gambling problems (Broyles et al., 2014). The primary objective is to employ language that promotes respect, dignity, and self-worth for the target population being studied or reported on. As Broyles et al. emphasize, the illness, condition, disorder, behavior, or disability experienced reflect only one component of a person and is not their defining character.

To assist authors, it is recommended that terms such as the following should be avoided given their potential to be pejorative and stigmatizing: 'problem gambler', 'disordered gambler', 'disordered gambling', 'pathological gambler', 'pathological gambling', 'addicted gambler', 'impaired gambler', 'compulsive gambler', or 'self-excluded gambler'. We recognize that some of these terms are used in the historic literature and that it may be appropriate to use the exact terms of a previous paper for clarity. In such cases, we recommend that this be done using quotation marks with a note that the term was used by the authors of the previous paper.

In the gambling field, the term 'problem gambler' is broadly used and has some specific definitions. Notably, an individual's score on the Problem Gambling Severity Index (Ferris & Wynne, 2001) places them into a discrete scoring category with a personifying label. We encourage authors to consider how to report scores and categories using more sensitive language which focuses on the behavior being problematic, as opposed to the individual (e.g., problem gambling vs. problem gambler). Another option to acknowledge the potential issues with the category labels (e.g., 'moderate risk gamblers') may be to describe groups in the following format, 'individuals classified as being at moderate risk for gambling problems'. These are only some examples of the issues requiring consideration, so we encourage authors to reflect on the issues and to find a solution that works best with their manuscript.

We echo Broyles et al. (2014, p. 218) in encouraging authors to adopt language that 'literally puts the words referring to the individual before words describing his/her behaviors or conditions'. For example, an individual experiencing gambling problems, an individual meeting criteria for pathological gambling or gambling disorder, an individual experiencing impaired control over gambling behaviors, an individual self-excluding from land-based/online gambling.

These suggestions are not exhaustive, nor are they intended to be prescriptive. Rather, our intention is to encourage members of the field of gambling studies to engage in genuine reflection on their use of language and its potential impacts on its readers and the broader community. Careful consideration in the use of language can contribute to a shift in perspective from one that impersonalizes, marginalizes, and stigmatizes individuals experiencing a disorder or disability to one that fosters respect, dignity, and self-worth and promotes recovery.

On a practical note, International Gambling Studies recognizes that the use of people-first language may increase the manuscript word-count. This will be taken into account by the Editorial Team in reviewing manuscripts. Manuscripts may be unsubmitted in cases where the Editors consider that the language used requires reframing to promote the dignity and respect of individuals experiencing gambling conditions. We welcome any Letters to the Editor in response to our comments.

Disclosure statements

Constraints on publishing

The authors declare that there are no constraints on publishing this paper.

Competing interests

Alexander Blaszczynski has conducted research funded directly by Australian or international government, or government-related funding agencies, and industry operators. These include Gambling Research Exchange Ontario, ClubsNSW, Dooleys Club Lidcombe, Aristocrat Leisure Industries, Australian Communications Media Authority, Gaming Technologies Association, Gambling Research Australia, Responsible Wagering Australia, Commonwealth Bank, NSW Department of Trade and Investment (NSW Office of Liquor, Gaming and Racing), La Loterie Romande (Switzerland), Camelot (United Kingdom), La Française des Jeux (France), Loto-Quebec (Canada), and National Lottery (Belgium), and the National Association for Gambling Studies. He is on the responsible gambling advisory panel for Crown Casino. He has received honorariums from Manitoba Gambling Research Program and GambleAware (formerly UK Responsible Gambling Trust) for grant reviews, and royalties from several publishers for books and book chapters. He has also received travel and accommodation expenses from Leagues Clubs, Gambling Research Exchange Ontario, USA National Council on Problem Gambling, Japan Medical Society for Behavioural Addiction, Le Comité d'organisation Congrès international sur les troubles addictifs, Victorian Responsible Gambling Foundation, North American Association of State and Provincial Lotteries, and New Horizons (British Columbia Lottery Corporation to attend] conferences and meetings.

Thomas Swanton is a PhD candidate and research assistant at the University of Sydney's Gambling Treatment and Research Clinic, which receives some of its funding from government and gambling industry sources. He is Editorial Assistant for International Gambling Studies. Thomas has received a PhD scholarship through the NSW Government's Gambling Research Capacity Grants program, funded by the NSW Responsible Gambling Fund, and supported by the NSW Office of Responsible Gambling. He has received honoraria for research advisory services from GambleAware, an independent UK charity that seeks to minimise gambling harms and which receives voluntary donations from the gambling industry.

Dr. Gainsbury, over the last three years (2017-2020), has worked on projects that have been received funding and in-kind support through her institution from Australian Research Council, NSW Liquor and Gaming, Svenska Spel Research Council, Responsible Wagering Australia, Australian Communication and Media Authority, Commonwealth Bank of Australia, National Association for Gambling Studies, GameCo, ClubsNSW, Crown Resorts, Wymac Gaming. Dr. Gainsbury is currently a member (2019-20) of the National Council on Problem Gambling International Advisory Board (Singapore) and receives an honorarium for this role as well as travel expenses to attend an annual meeting. She is a member of the Steering Committee for Remote Gambling Research and the Independent Research Oversight Panel both run by GambleAware, which provide an honorarium. Dr. Gainsbury has received honorarium directly and indirectly for research, presentations and advisory services from Credit Suisse, Oxford University, ClubsNSW, Clubs4Fun, Centrecare WA, Gambling Research Exchange Ontario, Crown, Department of Social Services, Community Clubs Victoria, Financial and Consumer Rights Council, Australian Communications and Media Authority, Manitoba Gambling Research Program, VGW Holdings, Nova Scotia Provincial Lotteries and Casino Corporation, Ministry of Health, Clayton Utz, Greenslade, Generation Next. Dr. Gainsbury has received travel expenses to attend meetings from Franklin Women, GambleAware, Community Clubs Victoria, Centrecare WA, Financial and Consumer Rights Council, Stiftelsen Nordiska Sällskapet för Upplysning om Spelberoende, Generation Next, Alberta Gambling Research Institute, QLD Treasury, Responsible Gambling Council.

References

- American Psychiatric Association. (2013). Substance-related and addictive disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Author. <https://doi.org/10.1176/appi.books.9780890425596.dsm16>
- Broyles, L. M., Binswanger, I. A., Jenkins, J. A., Finnell, D. S., Faseru, B., Cavaioia, A., & Gordon, A. J. (2014). Confronting inadvertent stigma and pejorative language in addiction scholarship: A recognition and response. *Substance Abuse*, 35(3), 217–221. <https://doi.org/10.1080/08897077.2014.930372>
- Ferris, J., & Wynne, H. (2001). The Canadian problem gambling index: Final report. Ottawa: Canadian Consortium for Gambling Research. <http://www.ccgr.ca/en/projects/resources/CPGI-Final-Report-English.pdf>
- Rosecrance, J. (1985). Compulsive gambling and the medicalization of deviance. *Social Problems*, 32(3), 275–284. <https://doi.org/10.2307/800687>

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