THE PUBLIC STIGMA, PERCEIVED STIGMA AND SELF-STIGMA OF PROBLEM GAMBLING

Researchers: Nerilee Hing, Alex Russell, Elaine Nuske, Sally Gainsbury, Helen Breen

Presented by: Professor Nerilee Hing

Alberta Gambling Research Institute Conference 7-9 April 2016

Disclosure of Potential Conflict of Interest

Presenter Disclosure:

- Grants/research support: from Australian state governments which are beneficiaries of gambling.

- Speakers bureau/honoraria: from Singapore Pools as RG Advisor.

- Consulting fees: from Star Entertainment Group (annual staff surveys on PG); Sportsbet (evaluation of RG measures).

Background

Recreational gambling is a popular, socially accepted and normalised activity.

But *problem* gambling appears to be highly stigmatised.

People experiencing PG report that stigma deters or delays:

> » problem acknowledgement
> » disclosure to others
> » help-seeking
> » treatment adherence
> » self-esteem & self-efficacy

Thus, stigma is a *harm multiplier*.

But, very little previous research into PG stigma.

What is stigma?

A **social process** which occurs when individuals are **devalued or discredited** in a particular **social context** because of a **perceived negative attribute** which **disqualifies them from full social acceptance**.

(Goffman, 1963; Crocker, Major, & Steele, 1998)

The process of stigma creation (Link et al. 2004)

Labelling

- E.g. "mental illness", "problem gambler" emphasises difference, defines person by their condition, triggers stereotypes.

Stereotyping

- Apply beliefs about a particular social group to someone perceived to be a member of that group.

Separating

- Stigmatised social groups categorised as "them", resulting in social distancing from "us".

Emotional reactions

- Pity/helping when external cause. Irritation/anger when internal cause. Fear/apprehension when perceived as perilous.

Status loss & discrimination

- Stigma provides rationale for powerful actors to devalue (attitudes) and discriminate (behaviours) e.g. interpersonal, employment, housing, etc.

Types of stigma

Public stigma: the negative reaction of society to those with a stigmatising condition.

(The public thinks that) problem gamblers are stupid and irresponsible.

Perceived stigma: the belief that others have a negative reaction to those with a stigmatising condition.

(I believe that) most people think that problem gamblers are stupid and irresponsible.

Self-stigma: when individuals with a stigmatised condition internalise and apply negative societal conceptions to themselves (Corrigan 2004). Can occur whether stigma is directly experienced or only perceived.

I think I am stupid and irresponsible because I am a problem gambler.

Project aim

To examine the characteristics, causes, and consequences of PG stigma to:

• deepen understanding of how and why problem gambling is stigmatised, and

• how this stigmatisation impacts on people with gambling problems.

Research approach

1. Literature review – not much! We drew on literature, research designs and measures for mental health stigma

2. Victorian adult survey ($N = 2,000$)

3. Survey of people with gambling problems ($N = 203$)

4. In-depth interviews with 44 people with problem gambling

5. In-depth interviews with 9 gambling counsellors
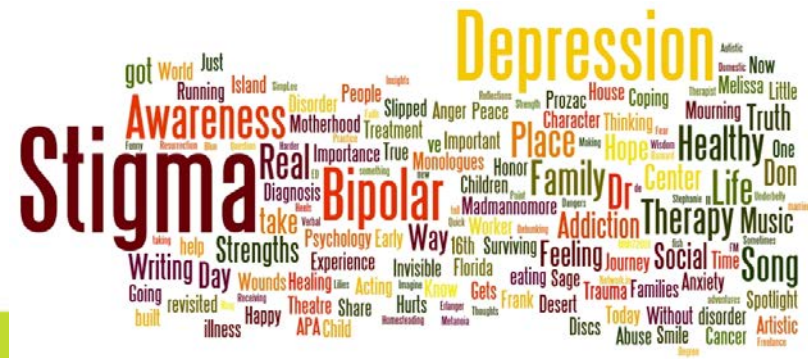
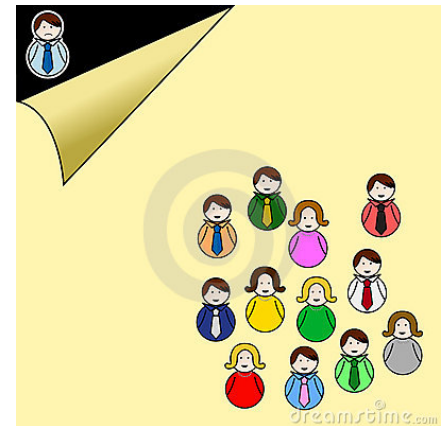# **Stage 2: Victorian adult survey**

Methods

Sample:

- – 2,000 adult residents of Victoria
- – Recruited thru online panel provider
- – Weighted to 2011 Census by age, gender, location

Measures:

- – based on responses to vignettes of PG
- – and vignettes of other health conditions
- – perceived dimensions of PG
- – the process of stigma creation
- – individual difference variables – demographics, gambling involvement, PGSI, level of contact with PG

Vignettes

Whole sample saw vignettes 1 and 4, and were randomly allocated to 2, 3 or 5.

Order of vignettes randomised.

Conditions:

1. Problem gambling
2. Alcohol use disorder
3. Schizophrenia

Controls:

4. Sub-clinical distress
5. Recreational gambling

I THINK YOU'VE GOT A GAMBLING PROBLEM

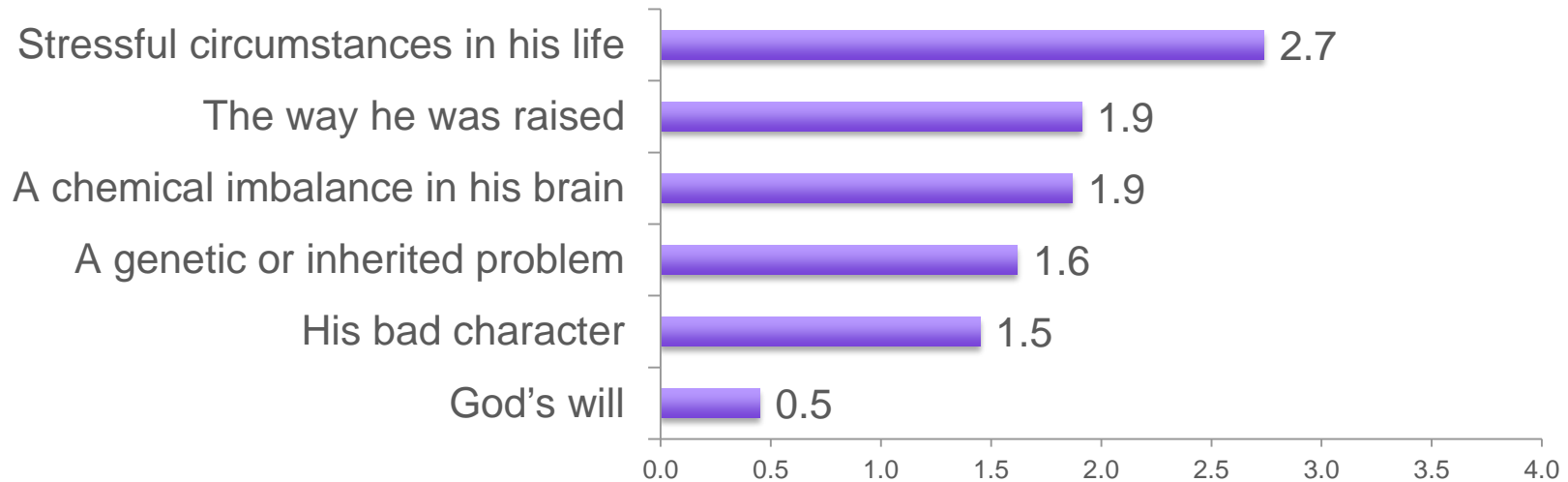WANNA BET?!

Problem gambling vignette

Dan is a man who lives in your community. During the last 12 months, he has started to gamble more than his usual amount of money. He has even noticed that he needs to gamble much more than he used to in order to get the same feeling of excitement. Several times, he has tried to cut down, or stop gambling, but he can't. Each time he has tried to cut down, he became agitated and couldn't sleep, so he gambled again. He is often preoccupied by thoughts of gambling and gambles more to try to recover his losses. Dan has also lied to his family and friends about the extent of his gambling.

Perceived dimensions of PG expected to affect its public stigma

Perceived origin of PG

How likely do you think it is that Dan's situation is caused by …

Origin	Value
Stressful circumstances in his life	2.7
The way he was raised	1.9
A chemical imbalance in his brain	1.9
A genetic or inherited problem	1.6
His bad character	1.5
God's will	0.5

0 = extremely unlikely

4 = extremely likely

Main perceived origin for:
- Recreational gambling: The way he was raised
- Alcohol use disorder: Stressful circumstances in his life
- Sub-clinical distress: Stressful circumstances in his life
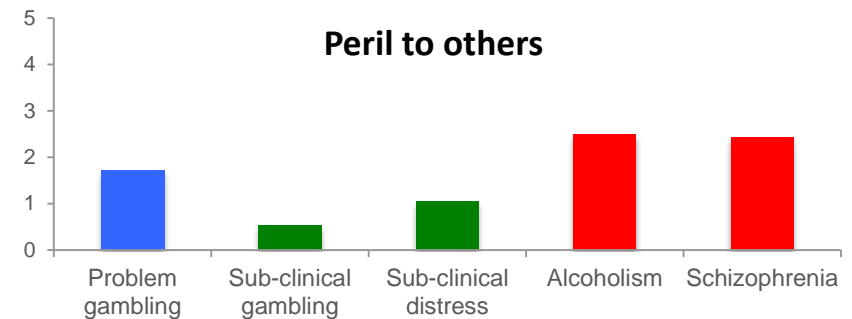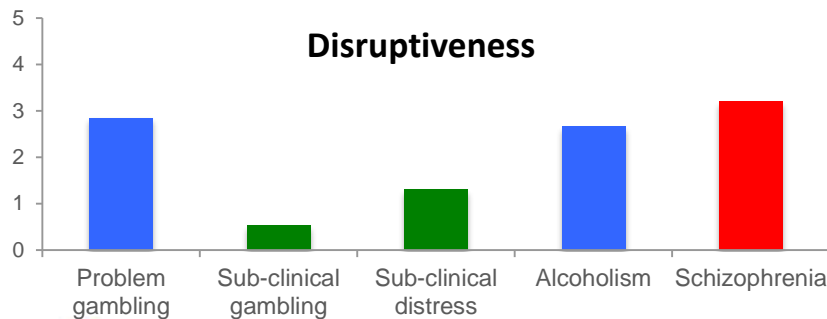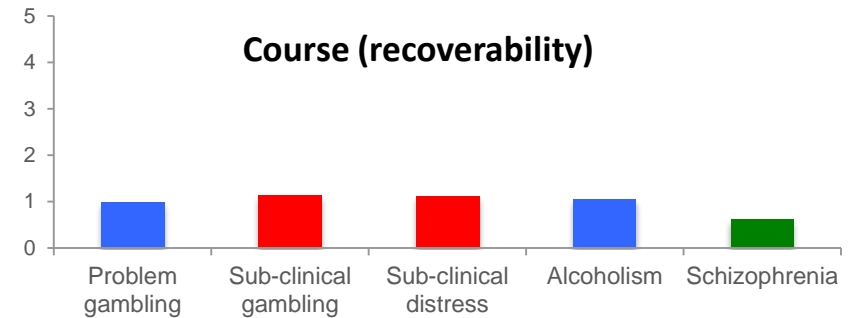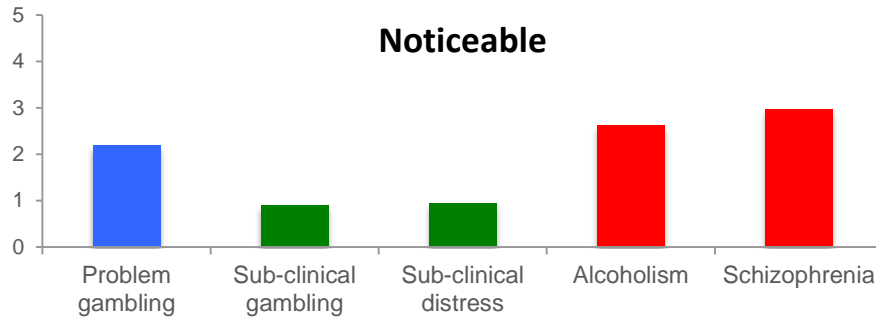- Schizophrenia: A chemical imbalance in the brain

E·G·R·L·
EXPERIMENTAL GAMBLING
RESEARCH LABORATORY

BE WHAT YOU WANT TO BE
cqu.edu.au

CQUniversity
AUSTRALIA

Other dimensions

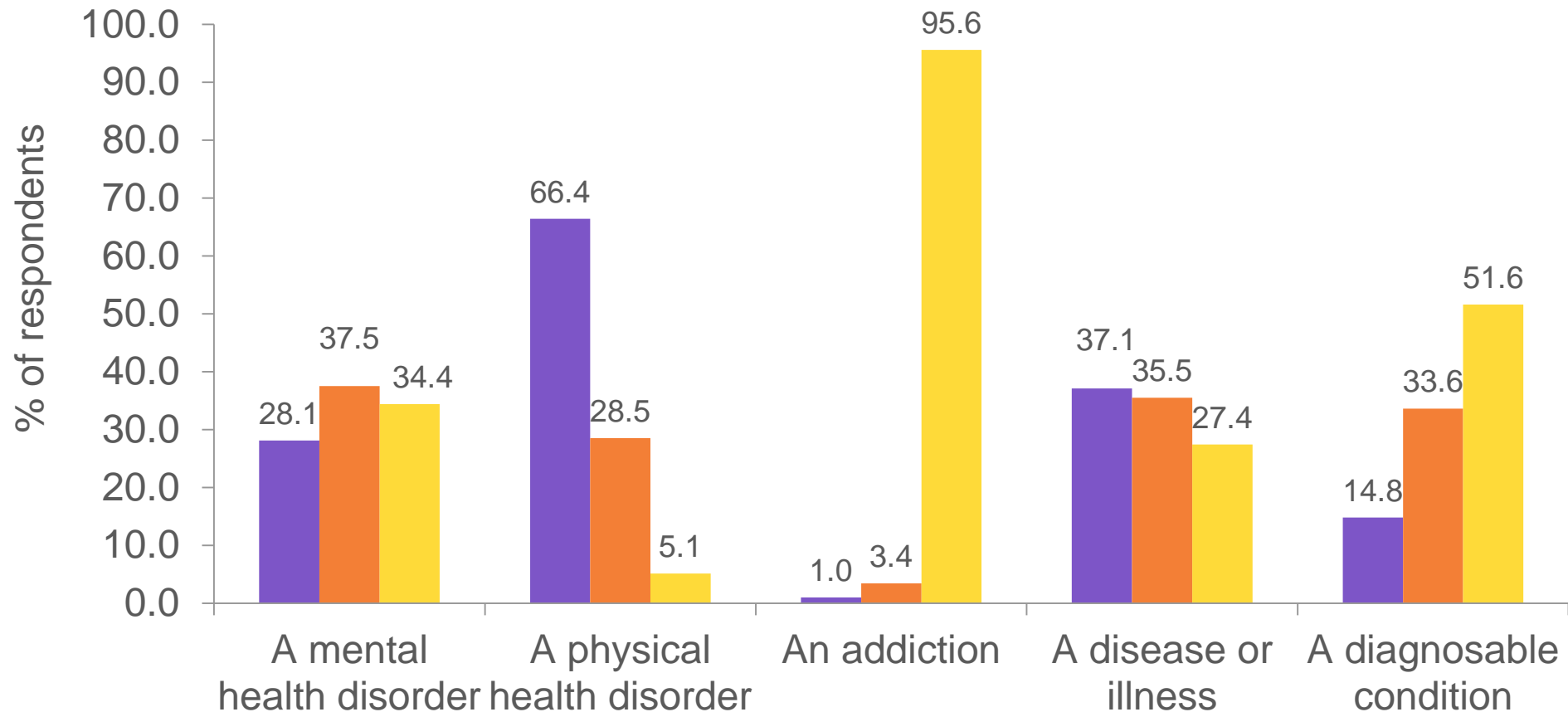Problem gambling was perceived as highly disruptive to self, moderately noticeable and recoverable, but not particularly perilous to others.

Green bars sig lower than PG
Red bars sig higher than PG
Blue bars not sig diff to PG

Noticeable

Problem gambling | Sub-clinical gambling | Sub-clinical distress | Alcoholism | Schizophrenia

Course (recoverability)

Problem gambling | Sub-clinical gambling | Sub-clinical distress | Alcoholism | Schizophrenia

Disruptiveness

Problem gambling | Sub-clinical gambling | Sub-clinical distress | Alcoholism | Schizophrenia

Peril to others

Problem gambling | Sub-clinical gambling | Sub-clinical distress | Alcoholism | Schizophrenia

Conceptualisations of PG

The process of stigma creation

After labelling comes stereotyping …
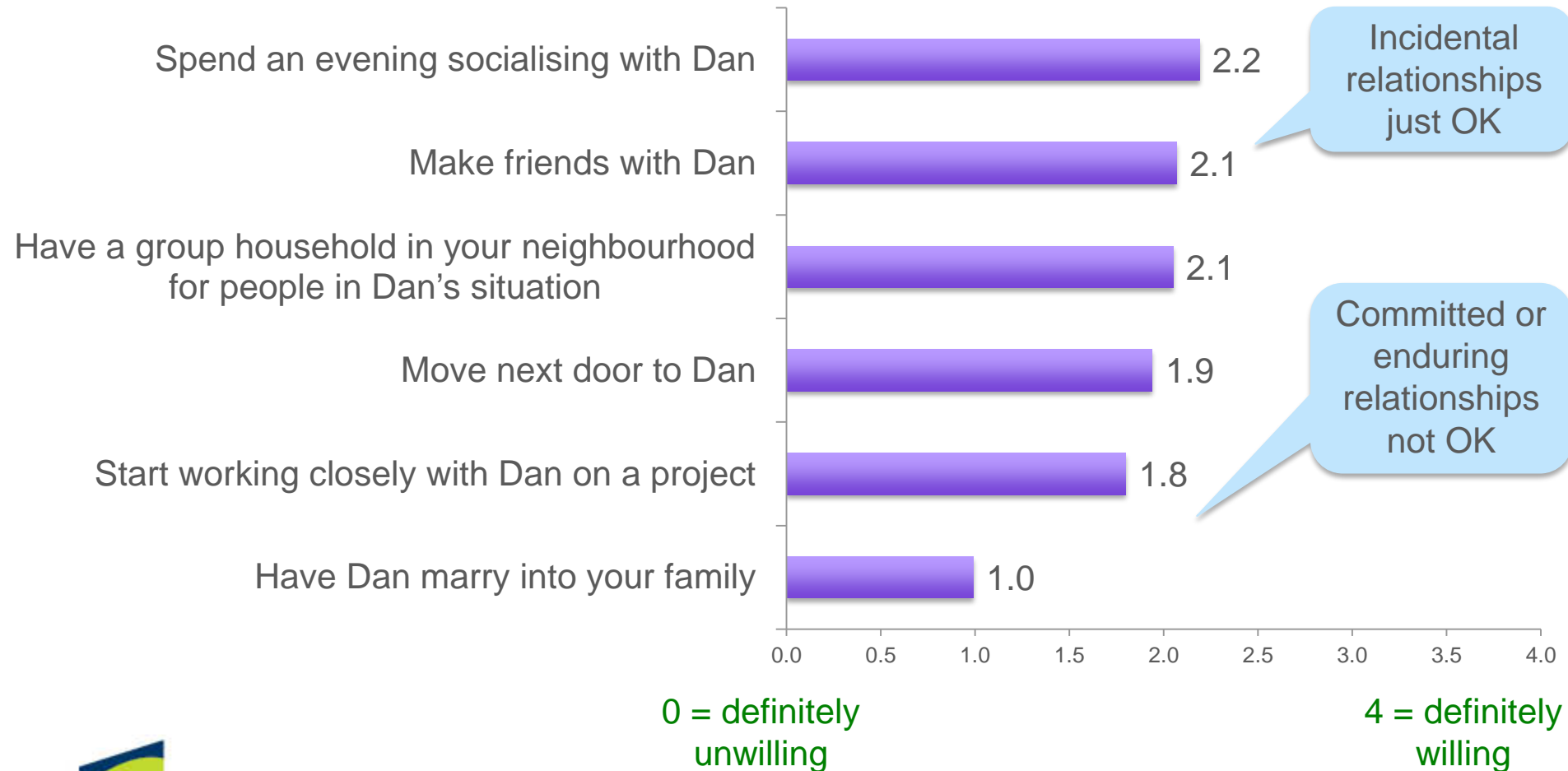

label jars ...not people

Dan tended to be stereotyped as:
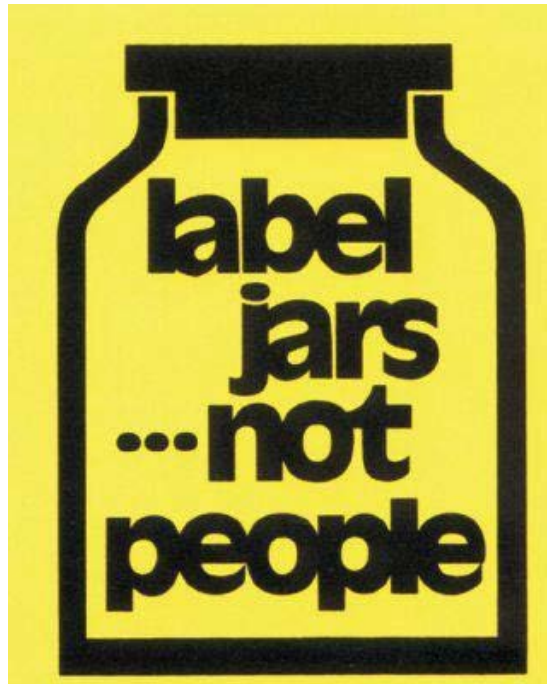
impulsive

irresponsible

greedy

irrational

anti-social

untrustworthy

unproductive

foolish

Separating

If you were aware of Dan's situation, how willing would you be to …
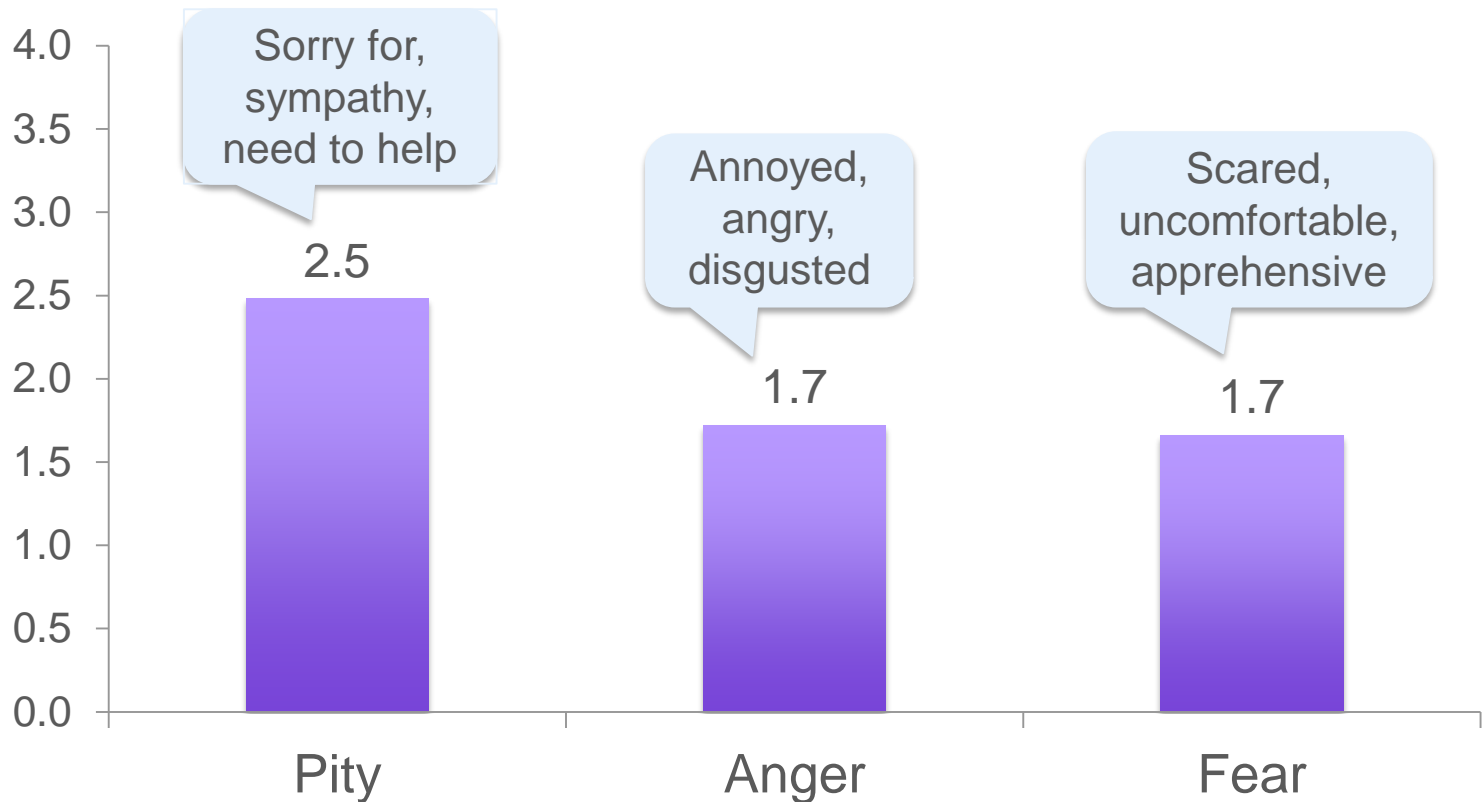
Emotional reactions

9-item scale to measure emotional reactions to the vignette character if they met him in real life
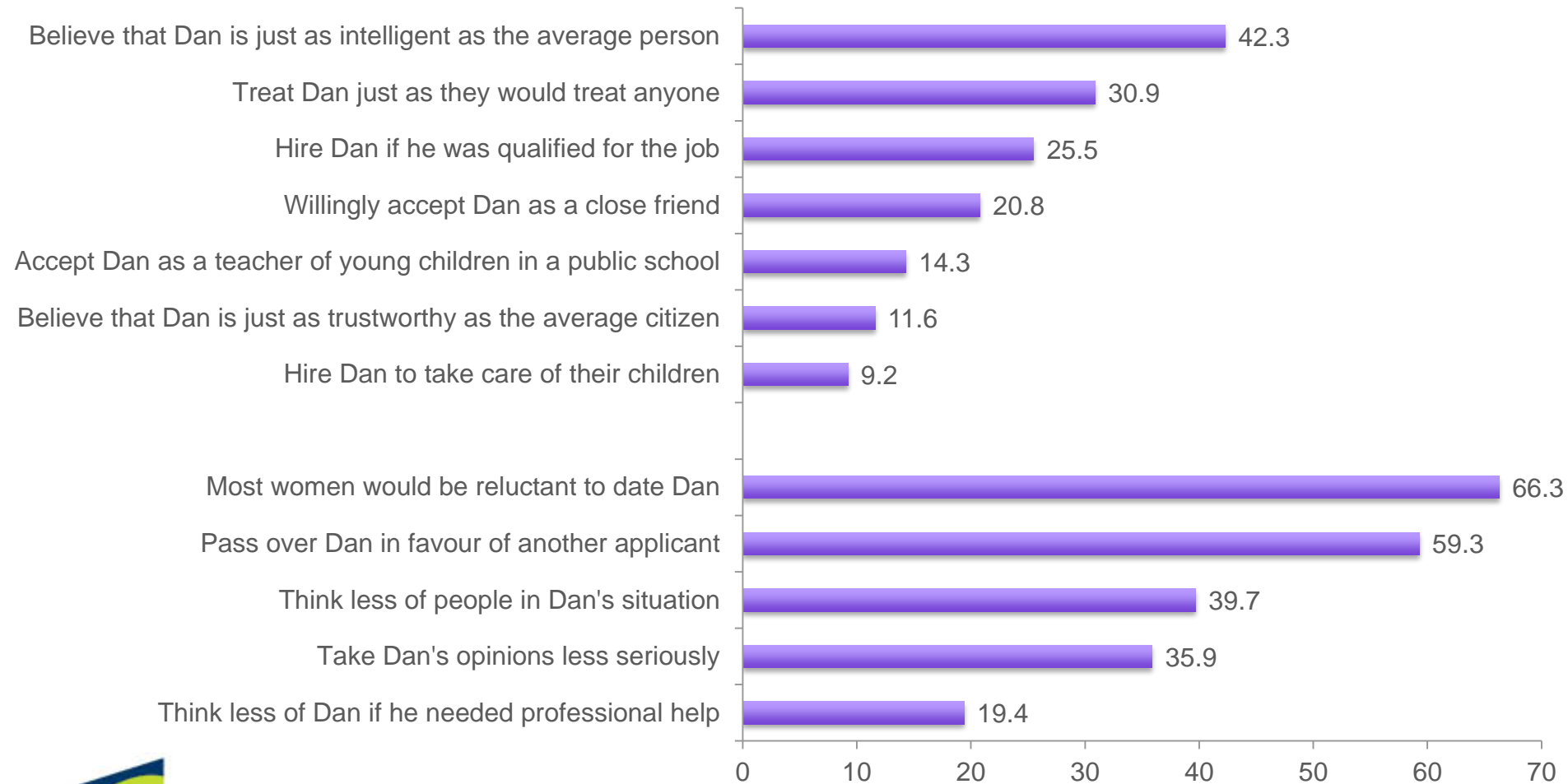
Status loss & discrimination

% agree/strongly agree that "most people would …

Statement	Value
Believe that Dan is just as intelligent as the average person	42.3
Treat Dan just as they would treat anyone	30.9
Hire Dan if he was qualified for the job	25.5
Willingly accept Dan as a close friend	20.8
Accept Dan as a teacher of young children in a public school	14.3
Believe that Dan is just as trustworthy as the average citizen	11.6
Hire Dan to take care of their children	9.2
Most women would be reluctant to date Dan	66.3
Pass over Dan in favour of another applicant	59.3
Think less of people in Dan's situation	39.7
Take Dan's opinions less seriously	35.9
Think less of Dan if he needed professional help	19.4

CQUniversity AUSTRALIA

RESEARCH LABORATORY

BE WHAT YOU WANT TO BE
cqu.edu.au

Predictors of public stigma

Who stigmatises PG the most?

Hierarchical linear regression model explained 43.8% of the variance

Those with stronger beliefs that:

- Problem gamblers are perilous to others
- PG is a disruptive condition
- People cannot recover from PG
- PG is due to bad character, chemical imbalance in the brain, or stressful life circumstances
- Have negative stereotypical views of PG
- Believe they would lose social status or be discriminated against
- Feel more anger and/or fear, and less pity

Characteristics:

- Do not speak English at home
- With less gambling involvement themselves
- Less contact with PG

Implications for stigma reduction:

- Messages and target groups
- Community contact with PG

CQUniversity
AUSTRALIA

Stage 3: Survey of people with gambling problems

Experiences of and responses to public stigma

Methods

Sample:

- 203 Australian adults
- 66.5% male, mean age = 40.9
- PG in previous 3 years; 87.2% PGSI 8+ in previous 12 months

Recruitment:

- 117 previous research participants
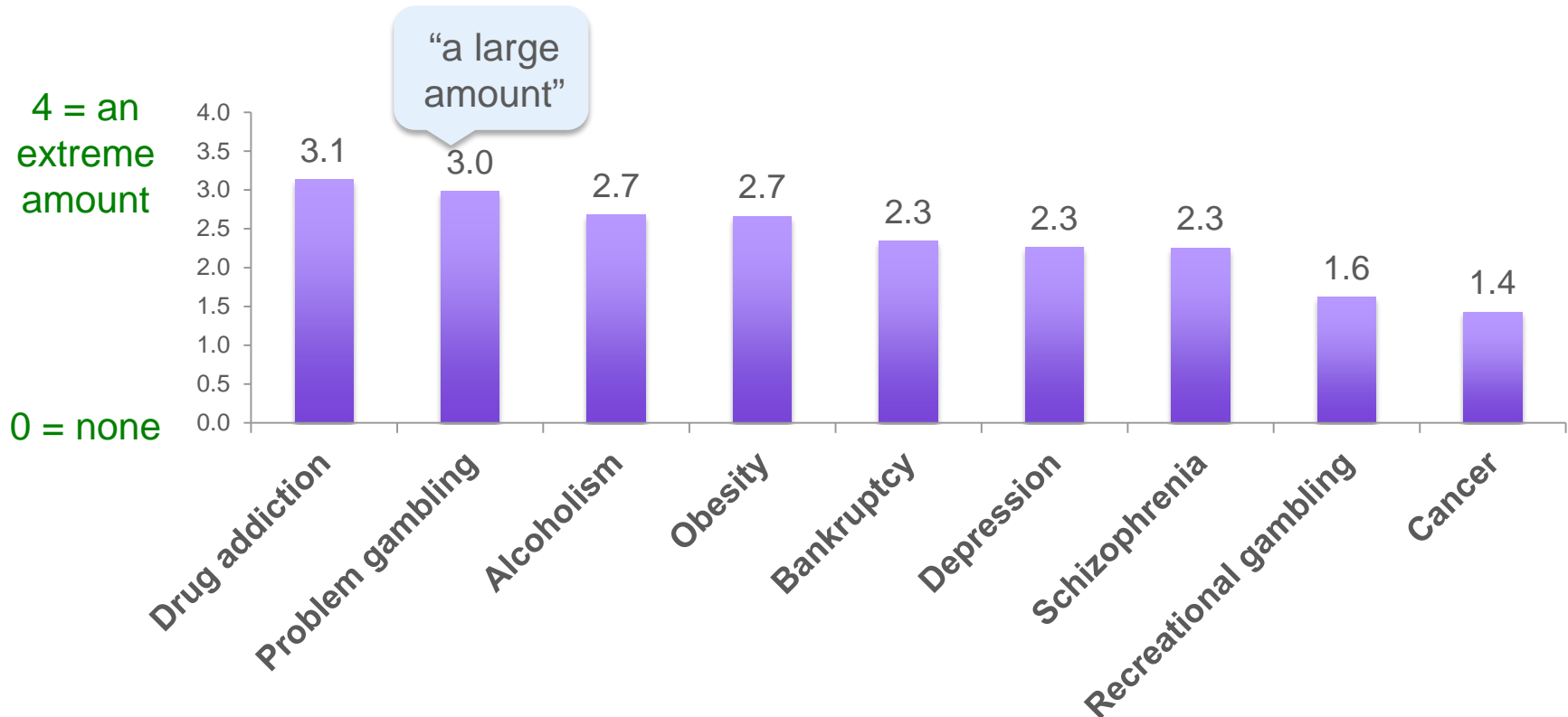- 86 Google advertising

Measures:

- Demographics
- Perceived public stigma associated with PG
- Self-stigma
- Experiences of devaluation & discrimination because of PG
- Coping and disclosure
- Impacts on help-seeking, before & after relapse
- Psychological measures

Perceived relative stigma of PG

How much stigma do you feel society attaches to each of the following?

4 = an extreme amount

"a large amount"

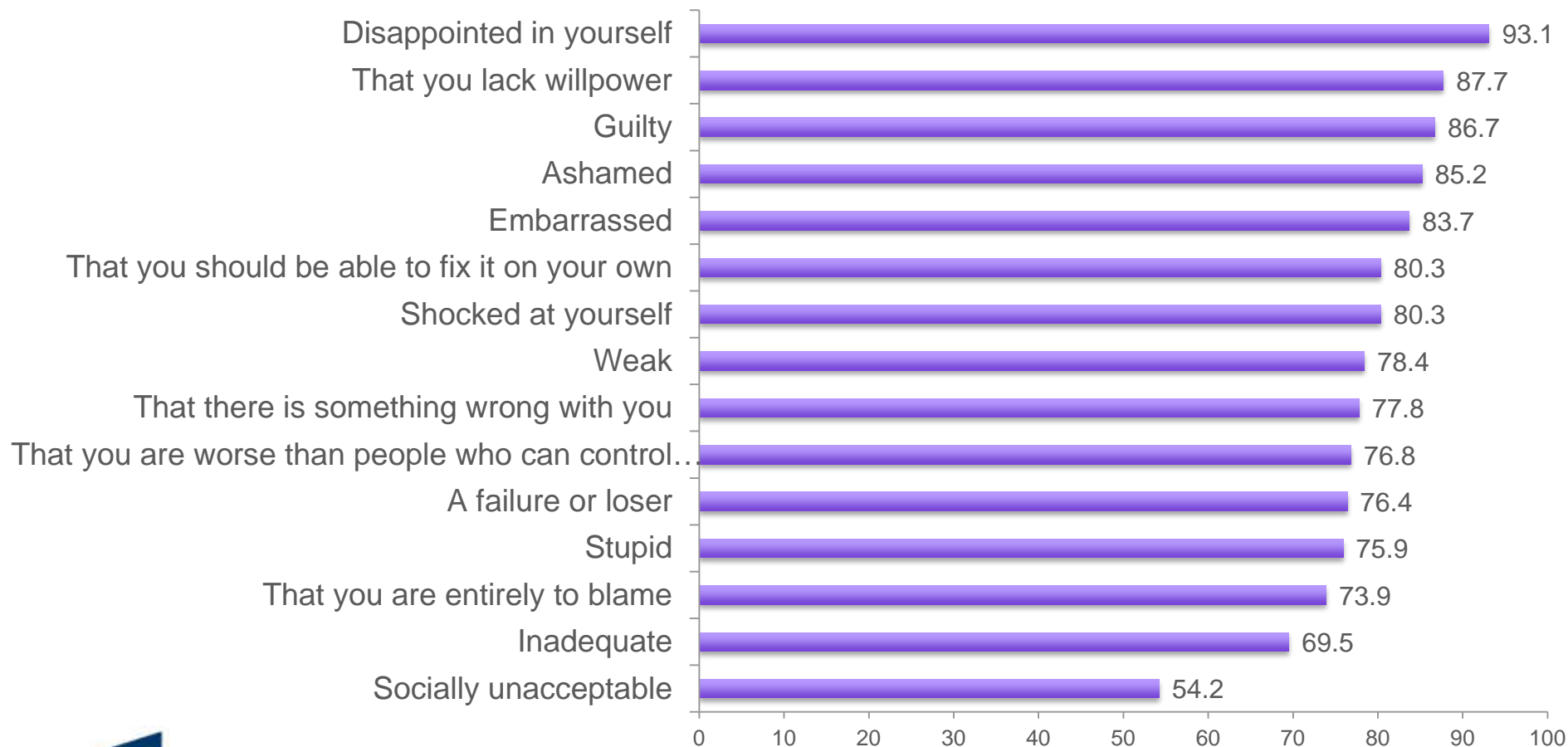| Category	Value
Drug addiction	3.1
Problem gambling	3.0
Alcoholism	2.7
Obesity	2.7
Bankruptcy	2.3
Depression	2.3
Schizophrenia	2.3
Recreational gambling	1.6
Cancer	1.4

0 = none

Perceived public stereotypes: irresponsible, impulsive, foolish, untrustworthy, secretive, weak self-control, addictive personality, bored and lonely, always in debt.

Self-stigmatising beliefs

% agree/strongly agree
How strongly do you agree or disagree that your gambling has made you feel …

Belief	%
Disappointed in yourself	93.1
That you lack willpower	87.7
Guilty	86.7
Ashamed	85.2
Embarrassed	83.7
That you should be able to fix it on your own	80.3
Shocked at yourself	80.3
Weak	78.4
That there is something wrong with you	77.8
That you are worse than people who can control…	76.8
A failure or loser	76.4
Stupid	75.9
That you are entirely to blame	73.9
Inadequate	69.5
Socially unacceptable	54.2

CQUniversity
AUSTRALIA

BE WHAT YOU WANT TO BE
cqu.edu.au

Who feels the most self-stigma due to their gambling?

- Females
- Those whose most problematic form is EGMs
- Higher psychological distress
- Higher public self-consciousness
- Higher social anxiety
- Lower self-esteem
- Higher PGSI scores
- Help-seekers
- Relapsers

Women who play the pokies … it's the lowest form (46, F, 45-54).

Devaluation and discrimination

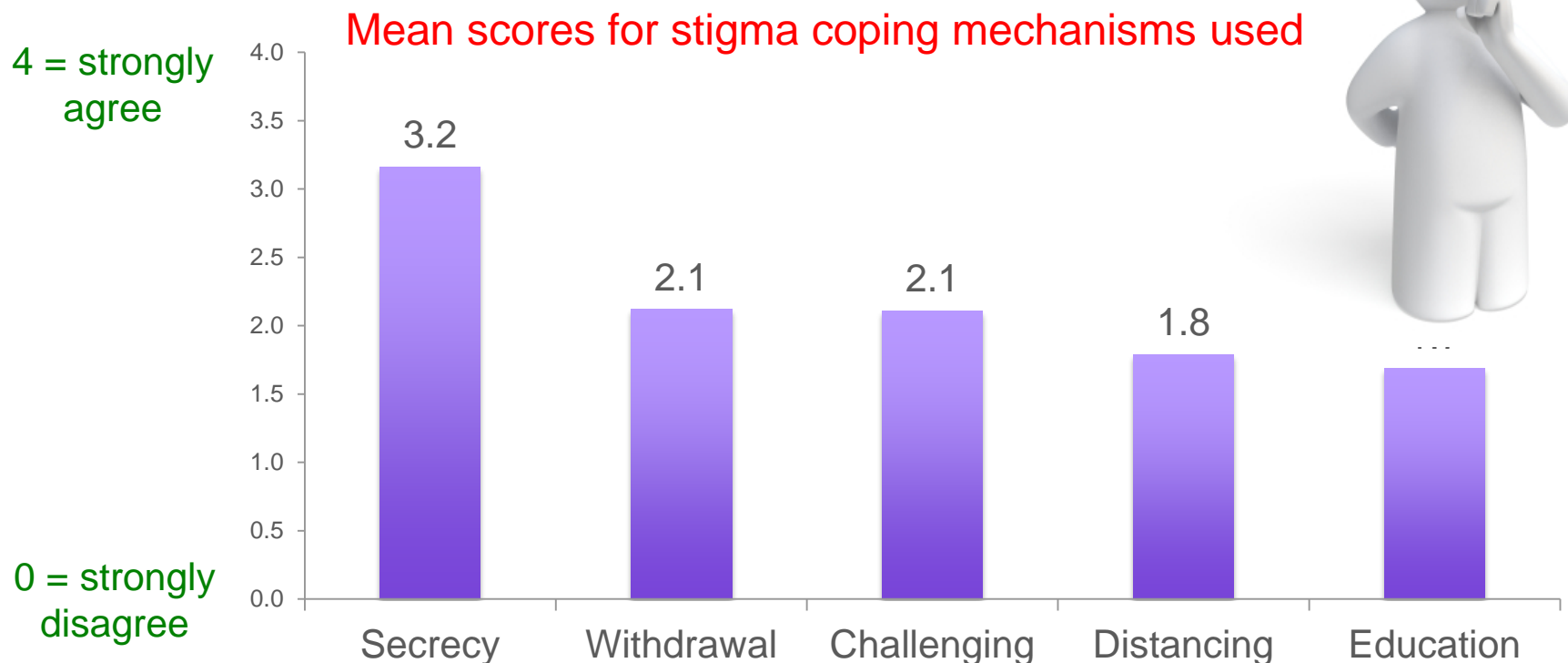➢ 50% respondents reported at least occasionally being devalued because others thought they had a gambling problem.

incapable of being a normal human

they look at you as lower citizens

➢ Minority reported discrimination because of their gambling:
  – denied a bank loan (23.1%)
  – fired from a job (8.9%)
  – prevented from renting somewhere to live (7.9%)

Probably because so few had disclosed their PG

Like being looked down on, almost as if it was criminal

E·G·R·L·
EXPERIMENTAL GAMBLING
RESEARCH LABORATORY

CQUniversity
AUSTRALIA

BE WHAT YOU WANT TO BE
cqu.edu.au

Coping orientation

Mean scores for stigma coping mechanisms used

4 = strongly agree

0 = strongly disagree

Secrecy — 3.2
Withdrawal — 2.1
Challenging — 2.1
Distancing — 1.8
Education — - - -

Fewer than 20% reported that any of their significant others knew the extent of their gambling.

Stigma and help-seeking

- Most respondents had never sought professional help.

- Compared to non-help-seekers, help-seekers had higher scores on the various stigma scales.

- Causal direction?

Counsellors emphasised the fear clients have to overcome to attend counselling

They're there to help you, but everybody is judgmental in some way whether they realise they do it or not

Embarrassment of help-seeking after relapse

Did you find it more or less embarrassing to seek this help after relapsing compared to before relapsing?
(% of respondents who had sought help both before and after relapse)
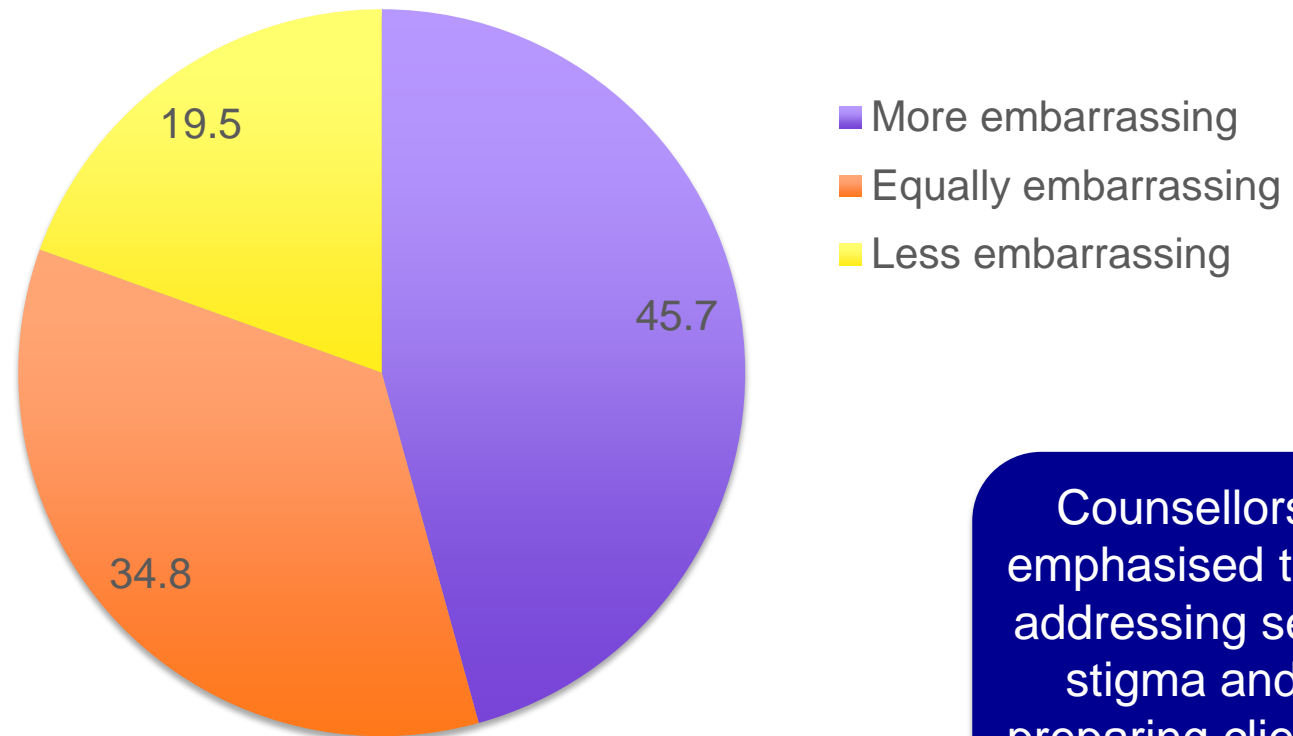
Relapsers also scored more highly on the self-stigma scale, compared to non-relapsers.

- More embarrassing
- Equally embarrassing
- Less embarrassing

45.7

34.8

19.5

Counsellors emphasised that addressing self-stigma and preparing clients for relapse is an early & key part of treatment

CQUniversity
AUSTRALIA

Predictors of self-stigma
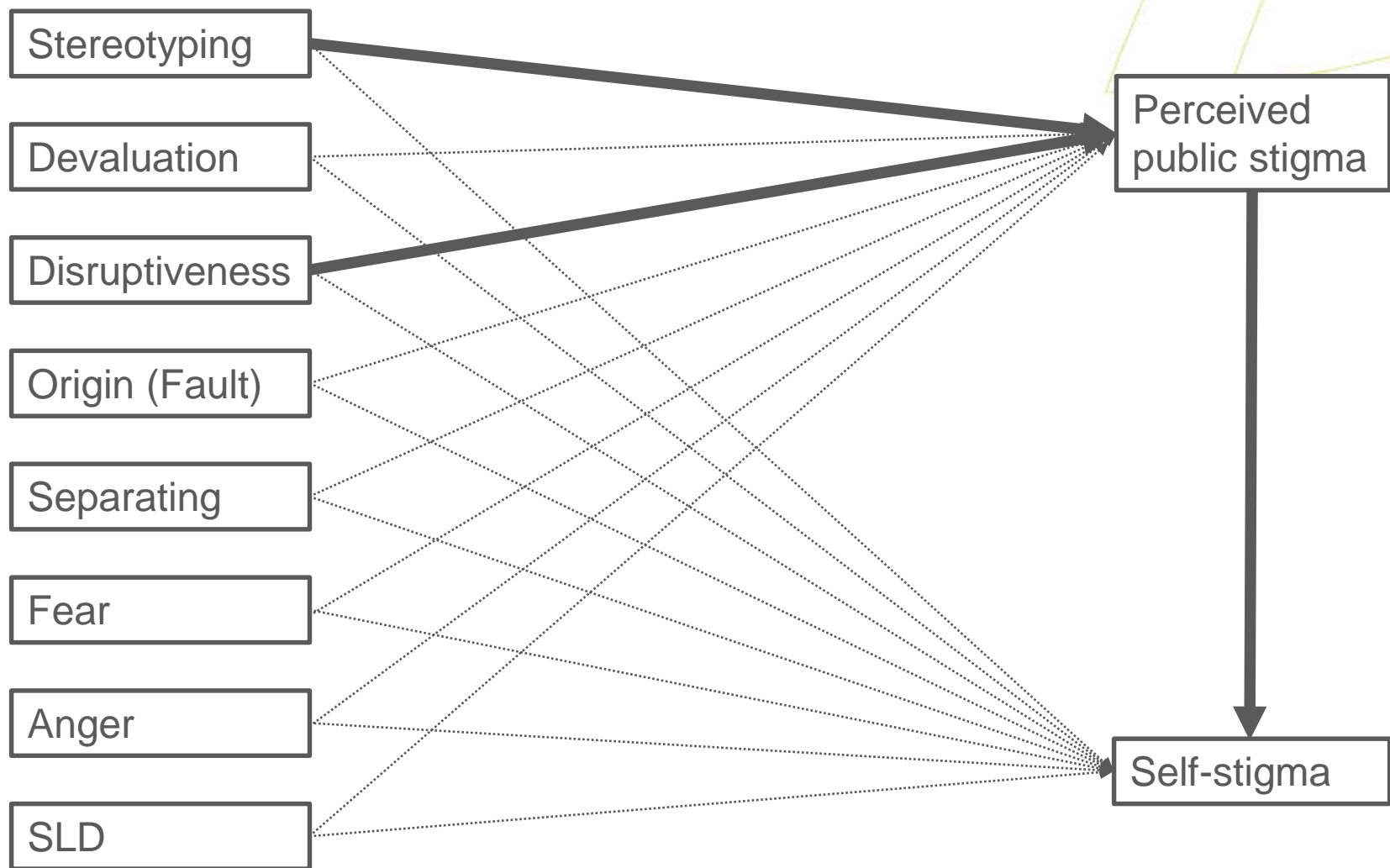
- Controlled for age, gender and PGSI.
- Only variables correlated to self-stigma and/or perceived public stigma were included.
- All considered as potential predictors of perceived public stigma and of self-stigma
- Perceived public stigma is driven by perceived stereotyping and disruptiveness, and perceived public stigma drives self-stigma.
- No predictors have direct effects on self-stigma – it is all through perceived public stigma.

Concluding comments

Summary

- Public stigma of PG is alive and well. Why?
  - PG perceived as mainly due to poor coping with stressful life circumstances (blame?) and as highly disruptive to self and others.
  - Easier to blame and stereotype than to understand how difficult it is to "just stop" when addicted.

- PG not quite as heavily stigmatised as alcoholism and schizophrenia, but people with gambling problems think it is more stigmatised.

- How does this stigma impact on them?
  - Encourages secrecy
  - Delays and deters help-seeking
  - Undermines treatment adherence, esp. after relapse
  - Leads to self-stigmatising beliefs
  - Which diminish self-esteem and self-efficacy
  - Adds a double burden
  - Worse for some groups (female, EGMs, high psych. distress, anxiety, PGSI)

Implications

- Treatment needs to help clients overcome self-stigmatising beliefs:
    - restore self-esteem
    - enhance stigma coping skills
    - foster a belief that recovery is possible
    - prepare clients for relapse

- Addressing public stigma of PG is critically important as it drives self-stigma.

- Lowering public stigma requires improving:
    - knowledge (about PG, its nature, struggling with an addiction rather than weak)
    - language (labels)
    - attitudes (stereotypes, emotional reactions, devaluation)
    - behaviours (social distancing, discrimination)

- Public education strategies needed; careful not to stigmatise further.
- Increasing community contact with PG a promising strategy.
- Research needed into optimal stigma reduction strategies.

References

Carroll, A., Rodgers, B., Davidson, T., & Sims, S. (2013). *Stigma and help-seeking for gambling problems*. Canberra: Australian National University.

Corrigan, P.W. (2004). How stigma interferes with health care. *American Psychologist, 59*(7), 614-625.

Corrigan, P.W., Markowitz, R.E., Watson, A., Rowan, D., & Kubiak, M.A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior, 44*, 162–179.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske & G. Lindzey (Eds.), *The Handbook of Social Psychology: Vol. 2*. (4th ed., pp. 505–553). New York, NY: McGraw–Hill Companies, Inc.

Dhillon, J., Horch, J.D., & Hodgins, D.C. (2011). Cultural influences on stigmatization of problem gambling: East Asian and Caucasian Canadians, *Journal of Gambling Studies*, *27*(4), 633-647.

Feldman, D.B., & Crandall, C.S. (2007). Dimensions of mental illness stigma: What about mental illness causes social rejection? *Journal of Social and Clinical Psychology, 26*, 137–154.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* London: Penguin.

Horch, J. & Hodgins, D. (2008). Public stigma of disordered gambling: Social distance, dangerousness, and familiarity. *Journal of Social and Clinical Psychology, 27*(5), 505-528.

Horch, J., & Hodgins, D. (2013). Stereotypes of problem gambling. *Journal of Gambling Issues*, *28*, 1-19.

Jones, E.E., Farina, A., Hastorf, A.H., Marcus, H., Miller, D.T., & Scott, R.A. (1984). *Social stigma: The psychology of marked relationships*. New York, NY: Freeman and Company.

Link, B.G., Yang, L.H., Phelan, J.C., & Collins, P.Y. (2004). Measuring mental illness stigma. *Schizophrenia Bulletin, 30*(3), 511-541.

Weiner, B. (1986). *An attributional theory of motivation and emotion*. New York, NY: Springer-Verlag.

THANK YOU!