

Discourses of stigmatisation of gambling harms: a critical discourse analysis of people who experience gambling harms in Great Britain

Authors: Dr Joanne Lloyd, Dr Katy Penfold and Dr Laura Nicklin (University of Wolverhampton); Dr Darren Chadwick (Liverpool John Moores University); Dr Joanne Meredith (Magenta Research).

Reviewed by: Imogen Martin, Phoebe Weston-Stanley and Alexander Martin (National Centre for Social Research).

Funded by: GambleAware

Acknowledgments

We would like to thank everyone on our panel of individuals with lived experience of gambling harm for their input into this work package and the wider study.

Funding and disclaimer

This analysis has been funded by GambleAware as part of the programme of research 'Researching Stigmatisation and Discrimination of People who Experience Gambling Harms in Great Britain'.

GambleAware is a wholly independent charity and has a framework agreement with the Gambling Commission to deliver the National Strategy to Reduce Gambling Harms within the context of arrangements based on voluntary donations from the gambling industry. GambleAware commissions research and evaluation to build knowledge of what works in prevention and reduction of gambling harms that is independent of industry, government and the regulator. The authors alone are responsible for the views expressed in this article, which do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

Content warning: this report includes examples of, and discussion about, derogatory and stigmatising portrayals of people who experience gambling harms. The aim of this research is to better understand stigma in order to challenge and reduce it. However, the content presented here may cause distress for some readers (including those who have experienced gambling-related harm or are close to someone who has). With this in mind, please take a moment to decide whether you wish to proceed with reading this report.

Executive summary

Overview

As part of a wider programme of work to understand the stigmatisation and discrimination of gambling harms in Great Britain, we conducted a critical discourse analysis in order to better understand how people who experience gambling harms are ‘constructed’ within contemporary society.

Approach

We collated a large body of data from several key sources that are of importance in the popular imagination and discussion, including news reports, television programmes, political documents and speeches, and online discussions. We focused our analysis around three prominent gambling-related events: a widely-viewed (and discussed) BBC documentary based on a professional footballer and his experiences of gambling harms; the publication of the government white paper relating to the gambling act review; and the storyline of a character experiencing gambling harms within popular BBC soap opera, *Eastenders*. We purposively selected data to encompass materials from the gambling industry, popular media, political discourse, service and healthcare providers, civil society and the third sector, and community (the general population) and families. A systematic approach was taken to data collation and choice of focus.

We analysed these data line by line, seeking to identify patterns in the ways in which people who experience gambling harms were spoken about that may contribute to (or guard against) stigma. We focused on both the language being used and the underlying messages or discourses being conveyed or perpetuated.

Key findings

Within a broader dominant discourse which, consistent with previous literature, identified gambling as a matter of personal choice and gambling harms as a matter of individual responsibility, we identified 3 main ways in which people who experience gambling harms were constructed:

- As ‘disordered’ – i.e. characterised by a psychological condition/disorder.
- As ‘flawed’ in character – either through being generally ‘deviant’ (morally or legally, or simply not adhering to expected ways of behaving); lacking self-control; or being a poor decision-maker.
- As passive ‘victims’ – either of their own ‘disorder’; of the gambling industry/gambling operators; or of a vague, unspecified perpetrator.

We identified several characteristic words, phrases, and linguistic devices which occurred throughout the data, which served to exacerbate stigma either directly or indirectly (through implicitly perpetuating stigmatising discourses). These included language presenting gambling harms as an intrinsic part of the individual (e.g. reducing people to their stigmatised activity; use of possessive pronouns– e.g. ‘her addiction’); use of dramatic, emotive language which could serve to increase the perception that people experiencing harms are at risk of harming themselves or others; and use of minimising and/or empowering/complimentary language (such as ‘responsible’ and ‘harmless’) when referencing those who gamble without experiencing harms, which serves to imply, by extension, that people experiencing harms are the converse, i.e. irresponsible or harmful.

Implications

These findings can be used to inform stigma-reduction interventions focused on challenging existing stigmatising discourses. Further empirical research will be important to measure the effectiveness of such initiatives.

Contents

Acknowledgments	2
Executive summary	3
1. Introduction	6
1.1 Background	6
1.2 Research aims	9
2. Methodology	10
2.1 Data identification and collation	10
2.2 Data analysis	13
2.3 Limitations	14
3. Findings	15
3.1 Wider context	15
The majority vs. the minority	15
Personal choice and individual responsibility	17
3.2 Constructions of people who experience gambling harms	18
People who experience gambling harms as 'disordered'/the medical model	19
People who experience gambling harms as flawed in character	21
People who experience gambling harms as 'passive victims'	25
People who seek to recover from harms as heroic/brave	27
3.3 Stigmatising language: general insights	28
4. Discussion and conclusion	29
4.1 Recommendations	31

1. Introduction

1.1 Background

Gambling in Great Britain is a legitimised activity,¹ which has become increasingly normalised,² and in which almost half the adult population participates.^{3,4} While some people report experiencing no harms related to gambling, others experience symptoms of 'problem gambling'⁵ and/or various levels and types of harm,^{6,7} and the importance of gambling harm as a public health priority has been emphasized.^{8,9}

While interventions can be effective in reducing harm and helping people recover from gambling harms,¹⁰ many people do not seek treatment;¹¹ only seek support after years of harms;¹² or do not seek help until they are at a point of crisis.^{13,14} Amongst several potential barriers to support-seeking,¹⁵ stigma (or 'labelling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised')¹⁶ has frequently been identified as a major factor.^{17,18,19,20} Furthermore, stigma is associated with psychological distress – i.e. is a form

¹ Orford, J. (2018). The Regulation of Gambling in Early Twenty-First Century Britain: Liberalisation and Its Consequences. In *Gambling Policies in European Welfare States*. Springer International Publishing, 241–257.

² McGee, D. (2020). On the normalisation of online sports gambling among young adult men in the UK: a public health perspective. *Public Health*, 184, 89–94.

³ Gambling Commission. (2023). *Statistics on participation and problem gambling for the year to March 2023*.

⁴ Muggleton, N., Parpart, P., Newall, P., Leake, D., Gathergood, J., & Stewart, N. (2021). The association between gambling and financial, social and health outcomes in big financial data. *Nature Human Behaviour*, 5(3), 319–326.

⁵ We avoid the term 'problem gambler', as the 'identity first' nature of the term is stigmatising. While the term 'problem gambling' could also be considered stigmatising, by extension, the term is used frequently within the literature to refer to meeting diagnostic criteria for 'gambling disorder', typically based on reporting 3 or more 'symptoms' in responses to the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). Therefore, where necessary, we have used this term (within quotation marks), in order to be consistent with the terminology from the original studies.

⁶ Gabellini, E., Lucchini, F., & Gattoni, M. E. (2022). Prevalence of Problem Gambling: A Meta-analysis of Recent Empirical Research (2016–2022). *Journal of Gambling Studies*, 39(3), 1027–1057.

⁷ Not in references, find (Rockloff et al., 2022)

⁸ Bowden-Jones, H., Hook, R. W., Grant, J. E., Ioannidis, K., Corazza, O., Fineberg, N. A., Singer, B. F., Roberts, A., Bethlehem, R., Dymond, S., Romero-Garcia, R., Robbins, T. W., Cortese, S., Thomas, S. A., Sahakian, B. J., Dowling, N. A., & Chamberlain, S. R. (2022). Gambling disorder in the UK: key research priorities and the urgent need for independent research funding. *The Lancet Psychiatry*, 9(4), 321–329.

⁹ Johnstone, P., & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health*, 184, 63–66.

¹⁰ Eriksen, J. W., Fiskaali, A., Zachariae, R., Wellnitz, K. B., Oernboel, E., Stenbro, A. W., Marcussen, T., & Petersen, M. W. (2023). Psychological intervention for gambling disorder: A systematic review and meta-analysis. *Journal of Behavioral Addictions*, 12(3), 613–630.

¹¹ Bijker, R., Booth, N., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2022). Global prevalence of help-seeking for problem gambling: A systematic review and meta-analysis. *Addiction*, 117(12), 2972–2985.

¹² Grant, J. E., & Chamberlain, S. R. (2024). Duration of untreated illness in gambling disorder. *CNS Spectrums*, 29(1), 54–59.

¹³ Bijker, R., Booth, N., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2022). Global prevalence of help-seeking for problem gambling: A systematic review and meta-analysis. *Addiction*, 117(12), 2972–2985.

¹⁴ Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, 21(2), 133–155.

¹⁵ De Vos, S., Ilicic, J., Quester, P. G., & Crouch, R. C. (2021). "Set yourself free!" Exploring help-seeking motives in at-risk gamblers. *European Journal of Marketing*, 55(4), 1203–1226.

¹⁶ Donaldson, P., Langham, E., Best, T., & Browne, M. (2015). Validation of the Gambling Perceived Stigma Scale (GPSS) and the Gambling Experienced Stigma Scale (GESS). *Journal of Gambling Issues*, 31, 163 (p.165)

¹⁷ Evans, L., & Delfabbro, P. H. (2005). Motivators for Change and Barriers to Help-Seeking in Australian Problem Gamblers. *Journal of Gambling Studies*, 21(2), 133–155.

¹⁸ Gainsbury, S., Hing, N., & Suhonen, N. (2014). Professional Help-Seeking for Gambling Problems: Awareness, Barriers and Motivators for Treatment. *Journal of Gambling Studies*, 30(2), 503–519.

¹⁹ Leslie, R. D., & McGrath, D. S. (2024). Stigma-related predictors of help-seeking for problem gambling. *Addiction Research & Theory*, 32(1), 38–45.

²⁰ Suurvali, H., Cordingley, J., Hodgins, D. C., & Cunningham, J. (2009). Barriers to Seeking Help for Gambling Problems: A Review of the Empirical Literature. *Journal of Gambling Studies*, 25(3), 407–424. <https://doi.org/10.1007/s10899-009-9129-9>

of gambling harm in and of itself.²¹ Thus, improved understanding of stigma, and how this might be mitigated, is a priority for gambling researchers, service providers, and the broader community and civil society at large.

Most academic studies of the stigmatisation of gambling harms have focused at the level of individual participants, utilising surveys and interviews to explore perceived, experienced, and internalised stigma from the perspective of those who experience it;²² and constructs such as desire for social distance from people experiencing gambling harms amongst the general public.²³ This research has provided valuable insights into which demographic groups are disproportionately at risk of stigmatisation (which includes people from minority ethnic and religious backgrounds;²⁴ relationships between different types of stigma (including links between perceived, experienced, and internalised stigma;²⁵ and how factors such as beliefs about the nature and origin of gambling harms (including perceptions of dangerousness, permanence, and bad character) can influence individuals' tendency to stigmatise those who experience them.²⁶

However, gambling in Great Britain is 'embedded in specific environmental and cultural settings',²⁷ and as such, in order to fully understand how stigma is created and how it persists (or might be challenged), it is also important to explore how gambling and gambling harms (along with those who experience them) are constructed within broader societal 'discourses'.²⁸ Discourse is a 'nebulous and multi-faceted' construct, but broadly speaking, it concerns how things (including people) are 'constructed' (i.e. thought and spoken about) by examining how language is used, and to what ends - for example, within the media.²⁹ While they are constructed over time, 'dominant' (widely held and accepted) discourses are not typically subscribed to through a process of conscious decision making. In other words, discourses come to be perceived as being immutable truths, rather than being recognised as one of multiple possible ways of seeing things. Where dominant discourses serve to stigmatise a population, therefore, a first step in challenging these is to identify their existence.

Discourse analysis can capture the variability and complexity that are inherent in how we speak about and perceive things/people in a way that is not possible with quantitative measures such as attitude scales,³⁰ and can focus at a micro-level (with a close focus on personal interactions); a macro-level (focusing on social/institutional narratives), or can explore both of these, and how they interact, in tandem.³¹

A small number of empirical studies have used discourse analysis and/or related methodologies to explore how gambling, people who gamble, and people who experience gambling harms, are 'constructed' within

²¹ Langham, E., Thorne, H., Browne, M., Donaldson, P., Rose, J., & Rockloff, M. (2015). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16(1), 80.

²² Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. *Current Addiction Reports*, 9(4), 410–419.

²³ Wöhr, A., & Wuketich, M. (2021). Perception of Gamblers: A Systematic Review. *Journal of Gambling Studies*, 37(3), 795–816. <https://doi.org/10.1007/s10899-020-09997-4>

²⁴ Moss, N. J., Wheeler, J., Sarkany, A., Selvaramanickam, K., & Kapadia, D. (2023). *Minority Communities & Gambling Harms: Qualitative and Synthesis Report. Lived, Experience, Racism, Discrimination & Stigma*.

²⁵ Hing, N., & Russell, A. M. T. (2017). How Anticipated and Experienced Stigma Can Contribute to Self-Stigma: The Case of Problem Gambling. *Frontiers in Psychology*, 08.

²⁶ Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448–456.

²⁷ Reith, G., & Dobbie, F. (2011). Beginning gambling: The role of social networks and environment. *Addiction Research & Theory*, 19(6), 483–493.

²⁸ Gordon, R., & Reith, G. (2019). Gambling as social practice: a complementary approach for reducing harm? *Harm Reduction Journal*, 16(1), 64.

²⁹ Zayts-Spence, O., Edmonds, D., & Fortune, Z. (2023). Mental Health, Discourse and Stigma. *BMC Psychology*, 11(1), 180. <https://doi.org/10.1186/s40359-023-01210-6> (p.2)

³⁰ Potter, J., & Wetherell, M. (2004). Unfolding discourse analysis. Social research methods: A reader., In C. Seale (Ed.), *Social research methods: A reader*. Psychology Press, 350–356.

³¹ Souto-Manning, M. (2014). Critical narrative analysis: the interplay of critical discourse and narrative analyses. *International Journal of Qualitative Studies in Education*, 27(2), 159–180. <https://doi.org/10.1080/09518398.2012.737046>

contemporary society. Miller et al.³² analysed content from a variety of media in Australia and identified a prominent discourse contrasting ‘problem gambling’ and ‘responsible gambling’, with the latter constructed as a societally-beneficial leisure activity with cultural standing, and the former as a rare, harmful, mental health condition requiring intervention. A broader discourse around ‘responsible gambling’ constructed gambling harms as a matter of individual responsibility, but also as something requiring external intervention, with people experiencing gambling harms sometimes conceptualised as a ‘deviant’ group requiring monitoring/surveillance.

Another Australian study using qualitative interview data identified discourses constructing gambling as a legitimised, government-approved commercial recreational activity, positioned within a ‘neoliberal economic orthodoxy’ that emphasises personal choice to gamble alongside individual responsibility for gambling harms.³³ The authors propose that these discourses serve industry and government interests, and conflict with public health priorities emphasising the importance of challenging these dominant discourses to reduce gambling-related harm.

A recent UK-based study evaluating the content and language of training materials for healthcare professionals (aimed at British audiences) also identified discourses with the potential to stigmatise people experiencing gambling harms.³⁴ These also included narratives emphasising ‘individual responsibility’ (whilst minimising/omitting information about the role of harmful products) and portrayal of people experiencing harms as a ‘disordered’ minority – and prompted an editorial in the British Medical Journal calling for less stigmatising educational materials.³⁵ Similarly, a recent evaluation of discourses within gambling education materials for young people in the UK identified the underlying construction of gambling harm as a matter for individual responsibility. The authors concluded that this pervasive discourse ‘serves to reinforce the problematisation of people and their ‘poor’ choices and lack of responsibility while downplaying the role of products and policies as determinants of harm’.³⁶

The current research utilised a similar approach to these studies^{37,38,39} to explore contemporary dominant discourses around gambling and gambling harm, and how these interact with, and contribute to, stigmatisation of people who experience gambling harms. Rather than focusing on gambling-specific training or educational materials, we chose to explore data collated from a broader array of spaces (including mainstream media and public discussion spaces) – with a contemporary focus on the past 3 years (2021-2024).

³² Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about “problem” and “responsible” gambling. *Addiction Research & Theory*, 24(2), 163–176.

³³ Francis, L., & Livingstone, C. (2021). Discourses of responsible gambling and gambling harm: observations from Victoria, Australia. *Addiction Research & Theory*, 29(3), 212–222.

³⁴ Wyllie, C., Killick, E., & Kallman, A. (2023). *A review of gambling harm training materials for healthcare professionals*.

³⁵ Limb, M. (2023). Gambling: call to end industry funded education materials that “stigmatise” people with addictions. *BMJ*.

³⁶ van Schalkwyk, M. C. I., Hawkins, B., & Petticrew, M. (2022). The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health*, 18, 101122. <https://doi.org/10.1016/j.ssmph.2022.101122> (p.14)

³⁷ Francis, L., & Livingstone, C. (2021). Discourses of responsible gambling and gambling harm: observations from Victoria, Australia. *Addiction Research & Theory*, 29(3), 212–222.

³⁸ van Schalkwyk, M. C. I., Hawkins, B., & Petticrew, M. (2022). The politics and fantasy of the gambling education discourse: An analysis of gambling industry-funded youth education programmes in the United Kingdom. *SSM - Population Health*, 18, 101122. <https://doi.org/10.1016/j.ssmph.2022.101122> (p.14)

³⁹ Wyllie, C., Killick, E., & Kallman, A. (2023). *A review of gambling harm training materials for healthcare professionals*.

1.2 Research aims

This research programme and paper aim to:

- Establish how people who experience gambling harms are constructed in society in Great Britain across various sectors, including the gambling industry; popular media; political discourse; service and healthcare providers; civil society and the third sector; and community and families – with a particular focus on identifying potentially stigmatising constructions.
- Identify language and linguistic devices that contribute to stigmatising discourses.

2. Methodology

2.1 Data identification and collation

'Events' of a certain type, reach, and scale stimulate discussion within media and wider, popular society, and in so doing they offer a window into dominant discourses – i.e. discourses that have come to be widely accepted in the mainstream / public consciousness as true. As such, they can provide a useful focal point around which to organise data selection. Therefore, we chose three events within the last three years especially pertinent to gambling and/or gambling harms, around which to organise our data collection. These events were selected after discussion within the research team and with the lived experience panel, who were asked to nominate specific events and/or general 'kinds of events' that they were aware of where people experiencing gambling harms are prominently represented and discussed in the media.

Lived experience panel members highlighted the impact, on societal perceptions, of representations of people who experience gambling harm within the media – particularly when focusing on celebrities, and within film and television. While several celebrities' experiences of gambling harm have been documented and discussed in the media, professional footballer Paul Merson has featured in the news on several occasions and featured in a BBC documentary aired relatively recently. This airing of this documentary on a mainstream television channel can be considered a prominent 'event', which stimulated discussion amongst people from several sectors of society, providing a rich body of available 'data'. There have been many fictional characters experiencing gambling harms featured in film and on television, but we identified a storyline within popular BBC soap opera 'Eastenders' as being particularly relevant for our analyses. This was because (a) it was contemporary to our analysis (occurring whilst we were carrying out this study), (b) it is set within Great Britain (matching the geographical context upon which this research was focused), and (c) preliminary scoping of the Internet identified that this storyline was discussed across media articles as well as in social media discussions – again, providing a rich array of available data. The third event was chosen in order to allow us to explore discourse occurring within sectors that were of interest to the research question but were not generally involved in commenting on popular media or television content. In particular, political discourse, and discourse within the third sector, the gambling industry, and service and healthcare providers. The research team unanimously identified the recent government white paper relating to the gambling act review as the optimal 'event' for this, and the lived experience panel were in agreement that this was a salient event. This was a significant event within the remit of gambling legislation within Great Britain and spurred widespread debate and discussion across all sectors that we were interested in including in our analysis. The three events chosen for analysis, therefore, were:

- 1) The BBC broadcast of the documentary, 'Football, Gambling and Me' (featuring celebrity/former professional footballer Paul Merson speaking about his lived experience of gambling harms, along with footage of interviews with researchers and 'affected others'), broadcast on 11th October 2021 (BBC1) and 3rd November 2021 (BBC2).
- 2) The publication of the government white paper relating to the gambling act review, in April 2023 ([High stakes: gambling reform for the digital age - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/high-stakes-gambling-reform-for-the-digital-age)).
- 3) The representation of gambling harms in a storyline in the popular BBC soap opera 'Eastenders', broadcast from October 2023 to January 2024 – featuring a man who experienced gambling harms (particularly sports betting in a bookmakers), which he concealed from his family, and which led to debts and a criminal conviction due to arson and insurance fraud.

This diversity of discursive source material allow us to explore how people respond to a variety of different representations of / discussions about people who experience gambling harms, i.e. when a specific (in this case, famous) individual's real-life experiences are reported on; when gambling and gambling harms are discussed within the political arena; and when someone experiencing gambling harms is represented within popular (fictional) media. Reactions to, and discussions around, these scenarios afford us with diverse insights into how the general public perceive and construct people who experience gambling harms.

We identified a selection of relevant sources/spaces from which to gather our data, drawing on existing knowledge of the research team, online searches, and discussions with our panel of people with lived experience of gambling harms. Our aim was to gather data from a wide range of spaces frequented by, and sources read/viewed/created by, people within the general population in Great Britain. Sampling of data was purposive, to ensure we captured material from all the sectors of interest (i.e. the gambling industry; popular media; political discourse; service and healthcare providers; civil society and the third sector; and community and families). While data from each of these sectors was included in the final corpus, it was not possible to collect data from every sector for every event, e.g. the Eastenders storyline was not covered in any communications by service and healthcare providers, nor in political discourse.

Authors KP and JL began by selecting, via online searches, existing knowledge, and forward and backward ('chain') searching within identified material, a wide array of potential sources encompassing data pertinent to each of the sectors. We used search terms relating to each event (e.g. 'Eastenders + gambling'; 'Merson + gambling'; 'white paper + gambling') and searched for materials that we knew or expected to have had a high level of engagement – e.g. articles posted by well-known media companies/titles (such as 'The Sun'; 'Sky News') and discussions where engagement metrics indicated high involvement (e.g. large numbers of 'likes', 'shares' or comments). We also searched purposively for content from across each sector of interest, e.g. by using our event-based search terms within locations such as government (e.g. www.gov.uk), third sector (e.g. [Citizens Advice](http://CitizensAdvice.org)) and service and healthcare provider (e.g. www.nhs.uk) websites. We also ran searches where we combined event search terms with sector search terms (e.g. 'white paper + gambling + government'). Inclusion criteria for selecting a source for 'longlisting' were that it referred to one of the specified events; that it occurred within 12 months of the event; and that it referred to people who experience gambling harms (though it did not need to use that terminology – any synonym or description indicating that people who experience d gambling harms was included). For combinations of events and sectors where 'hits' were sparse (e.g. discussion of BBC documentary within political/government sector), all potential sources that were found were placed into a longlist. Where hits were numerous (e.g. news media articles about the white paper) up to 20 possible sources that met the criteria of relevance and recency were placed into a spreadsheet for further review. We searched purposively to include a selection of articles from outlets with a variety of political 'leanings' (e.g. to ensure the selection included material from right-leaning, left-leaning, centralist and populist titles). Some sources contained data from multiple sectors (e.g. popular media articles containing quotes from political figures).

Authors KP, JL, LLN, DDC and JM then previewed all longlisted sources and rated their usefulness and relevance to the discourse analysis in a spreadsheet numerically, in addition to adding qualitative comments noting the rationale for ratings. JL and KP then shortlisted sources for each sector for each event, based on the highest mean ratings, and taking into account the importance of including data from a variety of different types of sources. Table 1 summarises the sources included in the final data corpus, broken down by sector and event. In line with the protocol approved by our ethics panel, we have redacted information about the exact forum threads in order to preserve the anonymity of the posters. This is because although (when not password protected) they are technically in the public domain, forums can be perceived by some users as more of a 'private' space (see

British Psychological Society Guidelines for Internet Mediated Research),⁴⁰ so care is needed to avoid advertising forum users' identities in arenas where they did not intend to be perceived by a large audience.

We collated predominantly text-based data, as this is well-suited to discourse analysis, and a recent piece of semiotics research by Sign Salad has already explored how non-verbal information contributes to the construction (specifically stigmatisation) of people who experience gambling harms.⁴¹ Some of our sources included audio-visual content (e.g. YouTube videos, clips of television shows and a documentary), but these were transcribed to text-based records and our analysis focused on the information conveyed verbally. However, we did, where pertinent, consider 'actions' occurring within the footage included, e.g. within the documentary, where a segment shows Paul Merson undergoing a brain scan, and researchers interpreting his scan results, we coded this as an example of the medical model of gambling harms.

Table 1: Summary of materials included in the analysis:

Event	Sector	Types of sources	No. of sources
Publication of gambling Act White Paper	Gambling industry	1 text-only news article, 2 video transcripts + associated public comments	6
	Popular media	4 text-only news articles + associated public comments, 3 text-only news articles, 6 videos + associated public comments	13
	Political discourse	2 text-only formal articles, 1 text-only transcript of Gov. discussion, 2 text-only formal article press statements, 1 video + associated public comments	6
	Service & healthcare providers	3 text-only formal articles, 2 video transcripts	5
	Civil society and the third sector	3 press statements, 1 video transcript + associated public comments	4
	Community and families	1 text-only news article, 2 text-only news articles + associated public comments, 1 text-only online forum thread, 7 videos + associated public comments	11
Airing of BBC documentary "Football, gambling and me"	Popular media	5 text-only media articles	5
	Service & healthcare providers	4 text-only formal articles	4
	Civil society and the third sector	1 text-only media article	1
	Community and families	6 text-only forum threads, 1 video transcript	7
"Eastenders" gambling harms storyline	Popular media	6 text-only media articles	6
	Community and families	1 video, 1 video + associated public comments, 3 tweet complications (90 tweets in total), 1 text only forum thread, 1 blog post	6

⁴⁰ Ethics guidelines for internet-mediated research | BPS

⁴¹ Summary of background research and data insights for stigma reduction campaign.pdf (gambleaware.org)

2.2 Data analysis

Data were imported into NVIVO (specialist software that facilitates analysis of textual data) and after a process of reading and re-reading each source to familiarise themselves with the data, JL and KP carried out line-by-line coding of each source. Given recent research (Pliakas et al., 2022; Wyllie et al., 2023) has identified the frequent presence of stigmatising language in written materials covering gambling and gambling harms in addition to exploring the overarching constructions of people experiencing gambling harms, we also aimed to identify linguistic devices or specific language that may particularly contribute to stigmatising constructions. This pragmatic approach aligned with the applied nature of the research, which sought to feed into a set of recommendations for how to reduce stigmatisation of gambling harms – including through guiding use of language.

During coding, therefore, we labelled chunks of data at word, sentence and/or paragraph level, as required, to inductively identify ways of speaking about or constructing people who experience gambling harms within the dataset. As the greatest volume of data across the widest spread of sectors was available for the white paper, this event was analysed first. During coding, the wider team (KP, JL, DC, LN and JM) met to discuss preliminary codes – evaluating the appropriateness of the fit between the codes and the data, and their relevance for addressing the research questions, and to agree potential groupings of codes into distinct ‘constructions’. After reaching a consensus on how the codes could be condensed into a smaller number of core ‘constructions’ of people who experience gambling harms, JL and KP coded the other two events according to this condensed framework, while remaining vigilant for any data that did not fit within the identified constructions. This iterative approach to discourse analysis, incorporating inductive and deductive coding⁴² has also been utilised by other researchers working with this kind of material.⁴³ One additional construction was identified in this way, within the data related to the Paul Merson documentary, and added to the framework.

The lived experience panel met six times over the course of the wider project, for approximately 2 hours per session. Two of these meetings included discussion about the discourse analysis. The first focused on the identification of appropriate events and sources for the data collation. The second focused on gathering feedback from the panel on the preliminary ‘constructions’ that had been identified by the research team. We invited the panel to highlight any conclusions or interpretations they disagreed with or had different perspectives on. While we recognise that power dynamics can contribute to lived experience members feeling obliged to agree with the research team, an informal, non-judgmental space and rapport with the panel developed over several sessions and contributed to an environment where we believe members were comfortable voicing their genuine opinions. There was a consensus amongst panel members that the constructions were all illustrative of ways in which they had seen people experiencing gambling harms constructed in their own encounters with the sectors we focused on.

While samples of data were examined by several members of the research team, and coding was discussed both within the research team and with the lived experience panel, we did not attempt to quantify coding agreement (e.g. by calculating inter-rater reliability metrics). Within discourse analysis, the complexity of the data and of the analysis mean that “subsuming [data] under simple (and mutually exclusive) categories is difficult. Too

⁴² Willey-Sthapit, C., Jen, S., Storer, H. L., & Benson, O. G. (2022). Discursive decisions: Signposts to guide the use of critical discourse analysis in social work. *Qualitative Social Work*, 21(1), 129-146.

⁴³ Mosurska, A., Clark-Ginsberg, A., Sallu, S., & Ford, J. D. (2023). Disasters and indigenous peoples: A critical discourse analysis of the expert news media. *Environment and Planning E: Nature and Space*, 6(1), 178-201.

much relevant insight may be lost, and achieving satisfactory inter-rater reliability may become virtually impossible".⁴⁴

2.3 Limitations

This analysis is inevitably interpretative, and the authors' judgements about the discourses that are dominant within the data analysed are likely to have been influenced by pre-existing perceptions about gambling harms and the importance of reducing stigmatisation of those who experience them. While it is impossible to mitigate against this entirely, several meetings of the research team and the lived experience panel functioned as a means of drawing on a variety of perspectives. In addition, with the exception of forum data (for reasons of preserving forum users' anonymity) we have provided information about the sources included within the analysis, to allow readers to scrutinise the data independently.

In addition, while we selected our data corpus to cover a wide range of contemporary sources and a diverse selection of events, the breadth of coverage is inevitably limited. Gambling harms and those who experience them are discussed widely and frequently in a vast array of spaces, and our analysis cannot capture all current discourses or all of the nuances of those discourses. Discourse analysis typically focuses on a relatively small, restricted data corpus and quantification of the frequency of particular constructions is challenging. However, a complementary method such as 'corpus linguistics' could be applied in future research to expand on the findings from this analysis, to explore the prevalence of different constructions in a more quantitative way.⁴⁵

We did not screen for suspected automated posts in our data curation process. Therefore, it is possible that some of the posts were made by artificial intelligence ('bots'). There is debate around whether such posts should be included in discourse analysis, as they do not represent genuine human interactions. However, they do form part of the public discourse and contribute to humans' perceptions, with the potential to 'amplify particular narratives'.⁴⁶ Future work utilising digital data for this kind of analysis should consider the implications of including data generated by 'bots', and if determined to be undesirable, consider screening out such content.

⁴⁴ Peräkylä, A. (2021), Validity in Qualitative Research. In Silverman, D. (Ed.) *Qualitative Research*. Sage. (p.47)

⁴⁵ For example, see Altamimi, S. (2023). Navigating the financial frontier: a serendipitous journey between corpus linguistics and discourse analysis of economy in parliamentary speeches. *Humanities and Social Sciences Communications*, 10(1), 1-10.

⁴⁶ Uyheng, J., Bellutta, D., & Carley, K. M. (2022). Bots amplify and redirect hate speech in online discourse about racism during the COVID-19 pandemic. *Social Media+ Society*, 8(3), 20563051221104749

3. Findings

3.1 Wider context

The majority vs. the minority

Constructions of people who experience gambling harms are set within wider discourses about gambling as a leisure activity, and as an industry. A dominant discourse (particularly within coverage related to the white paper, where it was seen very frequently), was of gambling as a legitimate pastime that is portrayed as harmless for the normative majority. People who experience gambling harms are frequently referred to as a 'tiny minority' or 'absolutely minute percentage' contrasted against the 'vast majority'⁴⁷ who do not experience harms. This 'invisibilisation'⁴⁸ of those experiencing harm - whereby their prevalence and significance as a group is minimized - occurred within media reports, public commentary, and government speeches and documents - sometimes alongside statistics presented in such a way as to emphasise the distinction:

"22.5 million people who enjoy a bet each month... [compared with]... the 0.2 per cent of adults who are problem gamblers"

- Statement on Betting and Gaming Council website⁴⁹

Here, we see those who do not experience harms constructed positively and referred to with 'person-first' language, in contrast with people who experience harms who are constructed as the minority, with reductive language defining them in relation to gambling ('problem gamblers'). Similarly, 'us and them' language also serves to 'other' people experiencing gambling harms. 'Othering' has been conceptualised in a variety of ways across disciplines⁵⁰ but involves drawing a distinction between oneself and one's own dominant 'group', and someone from a (perceived) different, lesser or deviant group, who is marginalised, alienated or stigmatised. This is enmeshed with the idea of a majority 'in-group' and minority 'out-group':

"Only the weak minded get themselves into debt, the rest of us don't gamble that much."

- Member of the public commenting on an online Daily Mail article⁵¹

The framing of people who experience gambling harms as a 'minority' seems to have become such a dominant discourse that it is frequently used as a preface to any call to action regarding gambling harm:

"[gambling is] enjoyed by millions and millions in the UK... there is harm that can be caused, but it's at very low rates".

- Representative from a gambling operator speaking in a TV (Sky News) interview⁵²

⁴⁷ Frequently-used terms across media articles and online discussions.

⁴⁸ Herzog, B. (2018). Invisibilization and silencing as an ethical and sociological challenge. *Social Epistemology*, 32(1), 13-23.

⁴⁹ Betting and Gaming Council; BGC welcome Government Gambling White Paper | Betting & Gaming Council (bettingandgamingcouncil.com)

⁵⁰ Akbulut, N., & Razum, O. (2022). Why Othering should be considered in research on health inequalities: Theoretical perspectives and research needs. *SSM-population health*, 20, 101286.

⁵¹ Online comment from member of the public, in response to Daily Mail article: New gambling legislation will clamp down on under-25s betting in 'virtual mobile casinos' | Daily Mail Online

⁵² Representative from a gambling operator speaking in a TV (Sky News) interview The gambling white paper launched in the UK (kindredgroup.com).

While this kind of framing was particularly prevalent within discourse of representatives from the gambling industry, as well as in the narratives of members of the general public who were advocates for the industry, it was seen across sources representing all sectors. It even penetrated the discourse of those advocating for people who experience gambling harms, with an internalisation of this discourse (*“for the minority, like my son... It's an addiction. They need protection”*)⁵³. Furthermore, those who advocate for people who experience gambling harms were sometimes constructed as a problematic minority in conflict with the wider population – particularly within the white paper coverage.

“A very small group of people which are often very noisy... are the gambling harm groups.”
- Professional sports trader speaking in an online video⁵⁴

While this minority discourse was prevalent, a contrasting discourse was evident in some spaces, particularly within data related to the Paul Merson documentary, where people who experience gambling harms were constructed as a substantial group of individuals, meriting serious consideration. Here gambling harms are constructed as being experienced by many, to the extent that anyone can experience harms, with everyone potentially at risk:

“Paul wonders if an entire generation of young Brits is at risk of following the same dangerous path”
- Quote from BBC media centre blurb about documentary⁵⁵

Within the documentary itself, Paul Merson used language positioning people who experience gambling harms as part of an ‘in-group’ – in contrast to the ‘outgroup’ construction common within the minority discourse:

“60% of the profits are coming from people like us, people who are addicted”
- Paul Merson speaking in BBC documentary⁵⁶

Speaking about gambling operators’ marketing of products to people who experience gambling harms, the wife of someone who died by suicide in the context of gambling harm also emphasised the scale of the issue with language positioning the gambling industry as an indiscriminate machine:

“It's a conveyor belt. They just move on to the next one... move on to the next one, move on to the next one”
- ‘Affected other’, speaking in BBC documentary⁵⁷

In community discussions online responding to the documentary, people frequently disclosed lived experience of gambling and/or mentioned people they knew who had lived experience of gambling harms – further contributing to the construction of people who experience gambling harms as a significant group, in contrast to the minority discourse seen elsewhere.

⁵³ Quote from a family member of someone who has experienced gambling harms, from online BBC news article: Gambling white paper: Young gamblers could face £2 slot machine limit - BBC News

⁵⁴ Quotation from YouTube video by professional sports trader, reacting to white paper publication:
<https://youtu.be/cUckq9agP7g?si=sYI3UdVK1fp8zdEq>

⁵⁵ Quote from BBC media centre ‘blurb’ about documentary: Paul Merson: Football, Gambling And Me (working title) - Media Centre (bbc.co.uk)

⁵⁶ Paul Merson speaking about lived experience of gambling harms in documentary: BBC One - Paul Merson: Football, Gambling and Me

⁵⁷ ‘Affected other’, interviewed in documentary: BBC One - Paul Merson: Football, Gambling and Me

Personal choice and individual responsibility

There was a prevalent individualising focus on people's apparent right to a freedom to gamble and the importance of personal choice, seemingly informed by a 'neoliberal' or libertarian discourse centring individual autonomy and agency, and eclipsing a focus on society at large and social responsibility. This kind of dominant discourse has been identified and discussed in the wider literature in relation to health and social care⁵⁸ as well as in relation to gambling harm.⁵⁹ This was tied in with the idea that avoiding gambling harm should be a matter of individual responsibility, and is particularly relevant for contextualising the later constructions of people who experience gambling harms as 'deviant' or 'bad decision makers'. This was most salient where increased protections or stronger regulations were discussed (i.e. in relation to the white paper), which were frequently criticised as a threat to the freedom of the majority. This feeds into the stigmatisation of people who experience gambling harm, who are thus perceived as causing the imposition of 'undesirable' restrictions:

"Problem gamblers make up less than one percent, why should I suffer because of them?"

- Comment from a member of the public on Twitter/X⁶⁰

This conflict is emphasised by emotive language and use of battle metaphors (e.g. *"it's an attack on our freedoms and democracy"*),⁶¹ and rhetorical questions emphasising the right to personal choice over spending decisions (e.g. *"Do the punters themselves get any say at all over how they can afford to spend their own hard-earned money?"*).⁶² We also saw references to hypothetical dystopian future scenarios, implying that restrictions on gambling, if unchecked, could extend to restrictions on alcohol consumption, shopping expenditure, and taking holidays. This constructs gambling as comparable to other popular leisure activities, minimising the impacts of gambling harms by implication, and uses this to position gambling harm reduction measures as a government imposition on individuals' private lives, which must be resisted in order to protect other cherished freedoms.

Discourses around the importance of freedom of the choice/opportunity to gamble also tended to co-occur with the construction of gambling as a societally beneficial industry within Great Britain:

"A genuine British business success story, ploughing billions into the economy."

- Betting and Gaming Council response to white paper⁶³

Similarly, this discourse positioned gambling as inextricably linked with culture, sport and history:

"Sport and betting have been indivisible for centuries; kings and queens have always enjoyed trips to the races"

- Daily Mail article⁶⁴

⁵⁸ Vera, L. F. (2020). The (mis) shaping of health: Problematizing neoliberal discourses of individualism and responsibility. In *The Routledge handbook of transformative global studies* (pp. 218-230). Routledge.

⁵⁹ Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about "problem" and "responsible" gambling. *Addiction Research & Theory*, 24(2), 163–176.

⁶⁰ Comment by a member of the public on Twitter/X, responding to a clip related to the white paper from Sky News featuring someone with lived experience of harms who is an advocate for increased protection against gambling harms:

<https://twitter.com/cleanupgambling/status/1651551078926753793>

⁶¹ Comment by a member of the public on Twitter/X, commenting on ITV Racing video about the white paper:

<https://twitter.com/itvracing/status/1651937200446091266>

⁶² Conservative MP quoted as critiquing white paper in BBC News article: Gambling white paper: Young gamblers could face £2 slot machine limit - BBC News

⁶³ Betting and Gaming Council online response to white paper BGC welcome Government Gambling White Paper | Betting & Gaming Council (bettingandgamingcouncil.com)

⁶⁴ Daily Mail news article about the white paper: New gambling legislation will clamp down on under-25s betting in 'virtual mobile casinos' | Daily Mail Online

People who experience gambling harms are, by extension, positioned as being as a minority group within a broader discourse of individual choice and responsibility. The dominant discourse around gambling is bound up with notions of Britishness, leisure time, freedom, and responsibility.

However, there was also a conflicting discourse where gambling (particularly when referring to the industry and/or operators, more so than to individual activities or the concept of gambling as a pastime) was constructed as predatory, exploitative and amoral; a *“sugar-coated poison”*.⁶⁵ This is often underpinned by emotive language with regard to operators, (*“absolute scumbags”*; *“vile”*;⁶⁶ *“pure cancer”*⁶⁷) presenting operators as dangerous predators (*“lures”*; *“sharks”*; *“vultures”*⁶⁸) or as parasites (*“greedy leeches”*⁶⁹). There are also frequent references to the industry as a homogeneous, wealthy and powerful collective, which gathers data on its customers and uses it irresponsibly to profit from vulnerable people (e.g. *“shite industry that profits off people’s misfortune”*⁷⁰). Central to this construction is the idea that operators act invariably in service of their own profits and in opposition to the wellbeing of the population (*“it’s not in their interest to reduce addiction”*⁷¹) and that they are aware of, but unbothered by, the harms they cause (*“they take the money and laugh”*⁷²).

It is within these broad contextual discourses of people who experience gambling harms as a minority and gambling as a personal choice, that we now outline several of ‘constructions’ of people who experience gambling harms that we identified within the data. While we have organised these into separate constructions, they are not mutually exclusive, and discourses around gambling harms (and those who experience them) were often complex, co-occurring, and sometimes conflicting.

3.2 Constructions of people who experience gambling harms

Figure 1 provides a simple visualisation of the four constructions identified within the data, which are explained in more detail in the section below.

⁶⁵ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁶⁶ Post by a member of the public in a football-related general online discussion forum (forum B), in response to the airing of the Paul Merson documentary.

⁶⁷ Comment on general discussion forum about the white paper

⁶⁸ Post by a member of the public in a football-related general online discussion forum (forum B), in response to the airing of the Paul Merson documentary.

⁶⁹ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁷⁰ Comment on general discussion forum about the white paper

⁷¹ Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

⁷² Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

Figure 1: Main constructions identified of people who experience gambling harms



People who experience gambling harms as 'disordered'/the medical model

This construction involved discourse based around the 'medical model', where gambling harms are viewed as a 'disease', 'disorder', or more commonly, an 'addiction', and people who experience gambling harms are viewed as being afflicted by or suffering from a diagnosed/diagnosable psychological condition. This construction often positioned addiction as an intrinsic and permanent part of the individual. However, addiction was also sometimes presented as a 'spoiled' state into which a person might fall/devolve (*"when a punter becomes an addict"*⁷³), and/or as something from which people can and do recover (*"we still have much to learn about gambling addiction; there are still many innovative treatments"*⁷⁴). This illustrates the nuanced constructions of addiction as a concept, which are echoed in nuances in the construction of people who experience gambling harms as 'disordered' or 'addicted', and the degree of permanence attributed to this.

This construction was seen across all three 'events' to some extent, but particularly striking in the Paul Merson documentary. The documentary itself included footage of Paul Merson undergoing brain imaging and being presented with the results which apparently showed 'abnormal' patterns of responses to gambling stimuli - concluding *"this disease has literally rewired my brain"*.⁷⁵ This construction of gambling harms as being the result of a disordered brain, objectively different from someone who does not experience harms, was also echoed

⁷³ Oral statement regarding the white paper, by the Culture Secretary: Gambling reform for the digital age - GOV.UK (www.gov.uk)

⁷⁴ YouTube video from Gordon Moody (support service provider) discussing the white paper: Gordon Moody: An RET deep dive into the Gambling Act review's implications ([youtube.com](https://www.youtube.com))

⁷⁵ Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

throughout many of the discussions about the documentary, e.g. *“If you’re not wired that way, I guess you’ll never understand, I know I don’t.”*⁷⁶ This comment frames the distinction as so powerful as to render the behaviour of people who experience gambling harms incomprehensible to those who do not. This echoes the ‘us and them’ distinction described in the wider contextual background.

Comments on the Eastenders storyline also frequently aligned with the construction of people who experience gambling harms as experiencing addiction (or being ‘addicts’ or ‘addicted’). This commonly included the idea that gambling harms are comparable to ‘drug addiction’ or ‘alcohol addiction’ (*“it’s an addiction, just like drink or drugs”*⁷⁷); i.e. people drew on references to more ‘established’ addictions to legitimise gambling harms as a form of addiction. There were also instances where genetic explanations of gambling harms explicitly fed into this – e.g. a member of the public commenting on an episode excerpt on YouTube drew on the character’s family history (of having a brother who *“had a heroin addiction in the 90s”*⁷⁸) as an explanation for their gambling. While this was sometimes used to emphasise the legitimacy of gambling harms as an objective, severe condition, in other scenarios it served to generalise the stigma associated with people who use drugs (an identity which is heavily stigmatised) to those experiencing gambling harms (*“I put it [gambling] up there with drug use”*⁷⁹).

In forum posts responding to the white paper, some members of the public drew on the medical model of gambling harms to call for greater understanding and empathy from other users (*“gambling addiction is considered a disorder... would be great if you looked it up”*⁸⁰), and again emphasised parallels between drug/alcohol dependencies and gambling addiction - indicating that for some, ‘gambling addiction’ as a diagnosable condition carries the implication that those experiencing harms should be afforded understanding and offered treatment, rather than judgement. There was active resistance to this from other online community members, with references to *“playing the addiction card”*⁸¹ and counter-arguments that people experiencing harms are *“not victims... just foolish and weak”*⁸² positioning addiction/disorder as a non-credible explanation for harms. Here, the addiction/medical model discourse is resisted by some because of the competing construction of people who experience gambling harms as deviant or flawed (as discussed in the following sections), and the perception that people who experience gambling harms are undeserving of empathy that might be associated with acceptance of gambling harms as a psychological disorder.

While the construction of gambling harms as part of a psychological disorder was, on the surface, less overtly stigmatising than some other constructions, it is important to note that it frequently situates gambling harms (or the ‘addiction’) firmly at the level of the individual – as being part of, or belonging to, them (with possessive pronouns frequently used, e.g. *“people have committed suicide because of their addiction to gambling”*⁸³). Often, reductive language (particularly the term ‘addict’) reduced the identities of people who experience gambling

⁷⁶ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁷⁷ Comment by member of the public on a YouTube excerpt from Eastenders featuring character experiencing gambling harms Rocky LOSES It All! 🍷📺 | Walford REEvisited | EastEnders (youtube.com).

⁷⁸ Comment by member of the public on a YouTube excerpt from Eastenders featuring character experiencing gambling harms Rocky LOSES It All! 🍷📺 | Walford REEvisited | EastEnders (youtube.com)

⁷⁹ Comment from member of the public on a Telegraph news article about the white paper.

⁸⁰ Member of the public, comment left on Daily Mail online article about the white paper: New gambling legislation will clamp down on under-25s betting in ‘virtual mobile casinos’ | Daily Mail Online

⁸¹ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁸² Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁸³ Quote from SNP member in Hansard of parliamentary debate following white paper publication: Gambling Act Review White Paper - Hansard - UK Parliament.

harms to the harms they experienced (e.g. *"interview with a gambling addict summed up the issue"*⁸⁴). Here the person being interviewed is only described as a gambling addict. We could imagine other ways they could be described even within the context of gambling e.g., 'a person who had been affected by gambling'; 'a man/woman experiencing gambling addiction' but instead any other aspects of their identity are removed, and they are simply referenced as an addict.

In other cases, rather than being described as being a part of the individual, the addiction is personified and becomes the focus of blame (*"the 12-year addiction [was] the thing that was destroying my life"*;⁸⁵ *"when gambling becomes addiction, it can wreck lives"*⁸⁶). While there is an interesting distinction here, this still constructs the person experiencing harms as consumed by, or as a victim of, the addiction, emphasising the close link between the individual and the addiction, in a predator-prey dynamic. Alongside the construction of addiction as something to be feared, often spoken about with emotive negative language (*"ruinous addiction"*;⁸⁷ *"spiralised into addiction"*⁸⁸), this can serve to construct the people who experience gambling harms as having a 'spoiled' identity, characterised by the presence of a dangerous and unpredictable illness – either within themselves or as something that has targeted them. Stereotypes that people from a particular group or with a particular characteristic are dangerous and/or unpredictable contribute to fear and desire for social distance.⁸⁹ As such, this construction has the potential to exacerbate stigma.

Language referencing addiction ('addict'; 'addiction'; 'disease'; and 'illness') was extremely prevalent throughout the data around all three events. Frequently, as with the examples above, this fed into the medical model construction and the idea of people who experience gambling harms as disordered, but this was not always the case. Particularly when paired with derogatory adjectives (e.g. *"thousands of pathetic addicts"*⁹⁰), addiction-focused language characterised constructions of people who experience gambling harms as flawed or deviant – either in addition to, or rather than, experiencing a psychological disorder – as will be discussed within the following sections.

People who experience gambling harms as flawed in character

This broad construction encompassed the idea that gambling harms are attributable to some kind of flaw in an individual's character. Within this construction, there are three subsidiary constructions which share the notion of the individual experiencing harms as having a character that is flawed, but which have important distinctions. These are (i) people who experience gambling harms as lacking judgement or being poor decision makers; (ii) people who experience gambling harms as lacking self-control; and (iii) people who experience gambling harms as being 'deviant' and not adhering to societal rules or expectations.

⁸⁴ Comment by a member of the public on a Telegraph article about the white paper: Gambling white paper - An open letter to Lucy Frazer, the Secretary of State for Culture, Media and Sport (telegraph.co.uk).

⁸⁵ Quote from person with lived experience of gambling harms within a Channel 4 News report about the white paper made available on YouTube.

⁸⁶ Oral statement regarding the white paper, by the Culture Secretary: Gambling reform for the digital age - GOV.UK (www.gov.uk)

⁸⁷ Daily Mail article on white paper: New gambling legislation will clamp down on under-25s betting in 'virtual mobile casinos' | Daily Mail Online

⁸⁸ BBC news article: Gambling white paper: Young gamblers could face £2 slot machine limit - BBC News

⁸⁹ Chamorro Coneo, A., Aristizabal Diazgranados, E., Hoyos de los Rios, O., & Aguilar Santander, D. (2022). Danger appraisal and pathogen-avoidance mechanisms in stigma towards severe mental illness: the mediating role of affective responses. *BMC Psychiatry*, 22(1), 330.

⁹⁰ Online comment from member of the public, in response to Daily Mail article: New gambling legislation will clamp down on under-25s betting in 'virtual mobile casinos' | Daily Mail Online

People who experience gambling harms as poor decision makers

Within this construction, people who experience gambling harms are viewed as making several ‘types’ of bad choices in relation to gambling, including not using available information (e.g. about odds) to make optimal decisions about bets (“*must have been a **** punter*”⁹¹ [language self-censored within forum]; not setting limits according to their means (“*only the weak minded get themselves into debt, the rest of us don’t gamble that much*”⁹²); and making irresponsible decisions). It sometimes implies a lack of capacity to make adaptive decisions, and sometimes a lack of effort or application.

Frequently, this construction encompasses the idea that it is irresponsible and/or foolish to spend money on gambling, particularly when one is not financially secure; e.g. in relation to the Eastenders storyline, comments such as “*gambling with money he doesn’t have yet again*”; and “*he’s practically skint but he’s still doing it*”⁹³ were commonplace. As discussed earlier, this narrative exists within a wider context where gambling is constructed as a legitimate leisure activity that people should be allowed to spend their “*hard earned money*”⁹⁴ on. The implicit caveat seems to be that the ‘hard earned’ money should be strictly disposable income, that expenditure should be carefully monitored by the individual, and that the individual is culpable for failure to adhere to this. I.e., this construction aligns with notions of individual responsibility.

This construction was also characterised by judgements about how people who experience gambling harms deal with harms once they occur, including decisions about disclosure and help seeking. This is particularly evident in comments around the Eastenders storyline and Paul Merson where auxiliary verbs (‘could’, ‘should’, ‘would’) are frequently used to convey the perception that there were better, alternative courses of action. Comments such as “*it couldn’t have been difficult to tell Kathy*”⁹⁵ and “*I’m sure she would have helped him... if only he’d opened up*”⁹⁶ position the person experiencing gambling harms as having acted differently than the commenter (and by extension ‘most people’) would have, or having made the ‘wrong’ decision – tying in with earlier observations of the othering of people who experience gambling harms and construction of them as behaving differently than the ‘responsible’ majority.

Frequently, this construction involves the idea that the individual is wilfully throwing caution to the wind – i.e. there is a perception that they could control or inform themselves better if they tried to, but they are falling short of doing what’s required to manage the risks and consequences. The use of active language when speaking about gambling harms often feeds into this construction (e.g. “*problem gamblers that ruin themselves, that bankrupt themselves*”⁹⁷; “*this will hopefully help that small X% who are getting themselves into serious trouble*”⁹⁸). Again, this construction is characterised by frequent comparisons between people who experience gambling harms and those who don’t experience harms, with examples of ‘good’ decision making presented to

⁹¹ Comment by a member of the public on Twitter/X, responding to a clip related to the white paper from Sky News featuring someone with lived experience of harms: <https://twitter.com/cleanupgambling/status/1651551078926753793>

⁹² Online comment from member of the public, in response to Daily Mail article: [New gambling legislation will clamp down on under-25s betting in ‘virtual mobile casinos’ | Daily Mail Online](#)

⁹³ Comment by member of the public on X/Twitter, within ‘20 latest tweets’ about Eastenders storyline, from 30th October – 29th December 2023.

⁹⁴ Comment on social media by a member of the public, on a Sky News report featuring Culture Secretary discussing the white paper: [Video | Facebook](#)

⁹⁵ Comment by member of the public on X/Twitter, within ‘20 latest tweets’ about Eastenders storyline, from 30th October – 29th December 2023.

⁹⁶ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

⁹⁷ Quote from former UKIP leader, within YouTube ‘GB News’ video discussing the white paper: [KD900x LD - 15s \(youtube.com\)](#).

⁹⁸ Comment from member of the public reacting to BBC news report about the white paper: [Gambling white paper: Government to unveil shake-up of laws : r/unitedkingdom \(reddit.com\)](#)

draw attention to the comparative errors of those experiencing harms (e.g. *“both he [Paul Merson] and I knew [when] to walk away, but he refused”*⁹⁹).

People who experience gambling harms as lacking self-control

Here, while harms are still attributed to character flaws, people who experience gambling harms are constructed as lacking self-control, i.e. gambling harms are seen as arising from impulsive actions, with a lack of forethought. People who experience gambling harms are constructed as lacking the motivation and/or ability to resist the compulsion to gamble (rather than lacking the intelligence or awareness to make responsible decisions). For example, an industry web article on the Paul Merson documentary describes him as *“unable to set boundaries... [or to] stop and control his spending”*,¹⁰⁰ and forum commenters used phrases such as *“people who can’t help themselves”*¹⁰¹ and lacking *“all rational thought and feeling”*¹⁰² to describe people who experience gambling harms. There are some parallels here with constructions based around the medical model, in viewing gambling harm as something some people are pre-disposed to experience, but here, this is attributed to a character flaw rather than a diagnosable ‘condition’.

In contrast to the medical model where treatment is often viewed as a viable option, this construction incorporates implications that people who experience gambling harms are difficult to control/support, and sometimes even feeds into the perception that interventions are pointless (*“these people will never ever stop”*¹⁰³). This construction tends to be associated with a lack of empathy for the people who experience gambling harms. While there are some overlaps with the ‘passive victim’ construction, here people who experience gambling harms are portrayed as being vulnerable due to their own shortcomings (*“those people who have issues”*¹⁰⁴), rather than due to the nature of the industry or lack of sufficient regulation (*“look all around the world; there are people who are problem gamblers. It’s not related to the amount of regulation”*¹⁰⁵).

In the context of discussing gambling regulation, this construction is sometimes used to make the case for stringent controls or monitoring for a specific subsample of people (who are portrayed as forfeiting the right to the personal freedoms that are described as being important to protect for those in the ‘responsible majority’). This construction is also, however, sometimes drawn from when arguing that regulation is doomed to failure; people who experience gambling harms are sometimes constructed as ‘lost causes’ who will always find a way to gamble (*“problem gamblers will find other places less well-regulated to gamble”*¹⁰⁶).

People who experience gambling harms as deviant

The idea of people who experience gambling harms as separate from the ‘norm’ or ‘majority’, and in this broad sense of the word, as deviant, is common to many constructions, and has been touched upon in the idea of

⁹⁹ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

¹⁰⁰ Article about Paul Merson documentary on industry-related website [Paul Merson Gambling - Gambling Addiction, Losses, and Documentary](https://www.bestcasinosites.net/paul-merson-gambling-addiction-losses-and-documentary) ([bestcasinosites.net](https://www.bestcasinosites.net))

¹⁰¹ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

¹⁰² Comment by member of the public on X/Twitter, within ‘20 latest tweets’ about Eastenders storyline, from 30th October – 29th December 2023.

¹⁰³ Quotation from YouTube video by professional sports trader, reacting to white paper publication: <https://youtu.be/cUckq9agP7g?si=sYI3UdVK1fp8zdEg>

¹⁰⁴ Sports commentator in ITV Racing video, reflecting on the publication of the white paper: <https://twitter.com/itvracing/status/1651937200446091266>

¹⁰⁵ Quote from head of lifestyle economics at the Institute of Economic Affairs, interviewed in Channel 4 News report on the white paper: (34) [New curbs on online slot machines for young gamblers in the government’s gambling white paper](https://www.youtube.com/watch?v=34) - YouTube

¹⁰⁶ Comment by a member of the public on Twitter/X, responding to a clip related to the white paper from Sky News featuring someone with lived experience of harms: <https://twitter.com/cleanupgambling/status/1651551078926753793>

people who experience gambling harms as a minority outgroup. There is also a more specific construction of people who experience gambling harms as deviant in terms of deliberately not following societal rules and expectations. This includes the idea of people who experience gambling harms being prone to crime and prepared to 'go underground' if needed, to circumvent gambling regulations. The prospect that *"limits could see people instead betting on black markets"*¹⁰⁷ was frequently raised in coverage of the white paper and contributes to the construction of people who experience gambling harms as resistant to attempts to help them cut down on gambling spending, and likely to engage in behaviour outside of the regulated and societally-sanctioned environment.

The Eastenders storyline involved criminal activity (arson and insurance fraud) by the character experiencing harms, aligning with the construction of people who experience gambling harms as deviant. Consequences of criminal activity for those close to the character were often referenced in discussions about this among the general public (*"[he] would have destroyed his wife's business [and] his marriage and [could have] killed someone"*¹⁰⁸), constructing people who experience gambling harms as deviant and, consequently, dangerous. Sometimes there was ambiguity around the attribution of blame for criminality associated with gambling, e.g. the APCC report that they were:

"Shocked to hear of the many cases where online gambling has drawn people into serious criminality; stealing or defrauding in order to fund their addictive betting"

- Statement from the Association of Police and Crime Commissioners¹⁰⁹

The reference to gambling 'drawing people in' implies an external cause, whilst the agency and self-determination of the individual are in turn undermined, but the paradoxical mention of *"their addictive betting"* places the onus upon the person and implies personal ownership of the addiction (and thus the behaviour).

In addition to references to crime, this construction also involved the idea that people who experience gambling harms are likely to engage in other forms of behaviour constructed and portrayed as being deviant – particularly drug use. For example, a member of the public, speaking of individuals they had seen entering a bookmakers, predicted they were on their way *"to gamble away their cash or shoot up in the toilets"*.¹¹⁰

In contrast to some of the other constructions, forethought and intention is often attributed to deviant/harmful behaviour, i.e. this construction attributes malice/'badness' to the people who experience gambling harms, and there is use of derogatory language – e.g. frequent use of the term 'degenerate' seen in discussion of people who experience gambling harms in comments from the general public in particular. Sometimes the use of morally idealistic language when discussing 'recreational gambling' (e.g. *"no one should be denied an innocent flutter"*¹¹¹) serves to indirectly portray gambling harms and people who experience gambling harms as the opposite to this, i.e. as morally deviant. In some cases, there are religious connotations to this moral judgement

¹⁰⁷ BBC Wales news article: [Gambling white paper: Limits push gambling underground says ex-addict](#) - BBC News.

¹⁰⁸ Comment by member of the public on a YouTube excerpt from Eastenders featuring character experiencing gambling harms [Rocky LOSES It All! \(3\) | Walford REvisited | EastEnders \(youtube.com\)](#)

¹⁰⁹ Statement from the Association of Police and Crime Commissioners, in response to the white paper publication: [Response to gambling white paper \(apccs.police.uk\)](#)

¹¹⁰ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

¹¹¹ Hansard of parliamentary debate following white paper publication: [Gambling Act Review White Paper - Hansard - UK Parliament](#).

of people who experience gambling harms (*"gambling is a godless and degenerate behaviour"*; *"gambling is a sin"*¹¹²).

Interestingly, in the Paul Merson documentary data, while some reactions aligned with this discourse of deviance, referencing gambling alongside drug and alcohol use being engaged in as a form of hedonism (*"he did whatever he wanted because it made him feel good"*¹¹³), there was also a counter-discourse, with Merson explicitly constructing himself (and by association, other people who experience gambling harms) as *"an ill person trying to get well... [rather than]... a bad person trying to get good"*.¹¹⁴ This example also reiterates how some of the constructions are in opposition with one another, with a construction of people as deviant contrasting with one of their being unwell and disordered, and as victims.

Constructions of people who experience gambling harms as flawed in character are predominantly associated with negative attitudes towards people who experience gambling harms, including the belief that harms are self-inflicted and support is unnecessary or undeserved (e.g. *"If they can't control themselves, it's their own fault & their problem. It's nobody else's"*¹¹⁵). As mentioned in the previous construction, active opposition to the idea of people who experience gambling harms being supported was often underpinned by a belief that gambling harms are attributable to individual flaws, and in some cases by the belief that offering empathy or support serves to endorse 'irresponsible' gambling behaviour:

"These people [people who experience gambling harms] are put on a pedestal in front of everybody and celebrated the fact that they made poor decisions and ended up in a bad situation with weak judgment. Maybe next we'll be celebrating drink-drivers"

- Online comment from member of the public¹¹⁶

In this example, all people who experience gambling harms are defined as being poor decision makers and having weak judgement. There is little suggestion that individuals may differ in their situation, nor that there are any other influencing factors. Making the comparison with drink-drivers draws on another group in society who are viewed generally very negatively, and, as such, stigmatises people who experience gambling harms.

People who experience gambling harms as 'passive victims'

This is a disempowering construction of people who experience gambling harms as passive victims and involves the idea that those who experience gambling harms are vulnerable or weak, sometimes childlike, and, by association, in need of protection. Language labelling people by these disempowering and infantilising characteristics is commonplace (e.g. *"the most vulnerable"*; and *"those people who need protection"*¹¹⁷). There is some overlap with the medical model construction described earlier (i.e. the construction of people who experience gambling harms as having a diagnosable psychological disorder), but without reference to the idea of illness or disorder per se. Whereas the stigma that can be attached to disease or illness is, therefore, less prominent in this construction, it tends to be replaced by the implication that the weakness or 'victimhood' is intrinsic to the person. While this can be viewed in some sense as a flaw, it contrasts with the previous

¹¹² Comments from members of the public commenting on YouTube video by professional sports trader, reacting to white paper publication: <https://youtu.be/cUckq9agP7g?si=sYI3UdVK1fp8zdEq>

¹¹³ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary.

¹¹⁴ Paul Merson, speaking within the documentary: [BBC One - Paul Merson: Football, Gambling and Me](#)

¹¹⁵ Online comment from member of the public, in response to Daily Mail article: [New gambling legislation will clamp down on under-25s betting in 'virtual mobile casinos' | Daily Mail Online](#)

¹¹⁶ YouTube video by professional sports trader, reacting to white paper publication: <https://youtu.be/cUckq9agP7g?si=sYI3UdVK1fp8zdEq>

¹¹⁷ Hansard of parliamentary debate following white paper publication: [Gambling Act Review White Paper - Hansard - UK Parliament](#).

constructions in that it lacks the element of culpability and is generally more likely to invoke empathy/sympathy, or calls for protection, than judgement.

Within this construction, people who experience gambling harms are frequently described using terms such as “sucked in”,¹¹⁸ and “hooked”¹¹⁹ – which are derogatory in implying that they have fallen for something that others would not have. In fact, several forum commenters explicitly voice this view (e.g. “[people who experience gambling harms have] dispositions you and I don’t have”¹²⁰). Often these terms focus on the vulnerabilities of the ‘victim’, without specifying a concrete perpetrator (“I had a friend whose life it destroyed”¹²¹); or refer to people as victims of their own addiction, or of ‘gambling harms’ generically (“victims of gambling related harms”¹²²). Sometimes, however, people who experience gambling harms are constructed as the victims of an explicit perpetrator, in the form of the ‘the gambling industry’; ‘operators’; or ‘bookies’:

“Each time they break free... they are drawn back into the orbit of online companies with the offer of a free bet or some free spins”

- Hansard of parliamentary debate¹²³

In this example, the inevitability of succumbing to the power of the industry is emphasised, where the person experiencing harms is positioned as being repeatedly foiled in their efforts to escape. As mentioned within the wider context, metaphors that portray people who experience gambling harms as prey and the gambling industry predatory are abundant, and feed into the construction of people who experience gambling harms as victims. In response to the Paul Merson documentary, one forum user commented that it was “terrifying” to see how “betting companies are preying on... addicts”.¹²⁴ While the victim construction often positions people who experience gambling harms as separate from the majority, unique in their vulnerability, here we see that in some instances this victimisation is constructed as threatening to the wider population. This echoes the fear voiced in the Paul Merson documentary that “a whole generation of young Brits is at risk”¹²⁵ of experiencing gambling harms.

A particularly emotive topic relevant to the construction of people who experience gambling harms as victims is the discussion of gambling-related suicide, where instances of individuals literally losing their lives due to harms are referenced, and where gambling operators are more explicitly positioned as the perpetrators of harm:

“The only people that knew that he had the problem was Luke and the company he was gambling with. And they knew. They definitely knew.”

- ‘Affected other’, interviewed in BBC documentary¹²⁶

¹¹⁸ Comment from member of the public commenting on YouTube video by professional sports trader, reacting to white paper publication: <https://youtu.be/cUckq9agP7g?si=sYI3UdVK1fp8zdEq>

¹¹⁹ Comment by a member of the public on Channel 4 News report about the white paper made available on YouTube, (40) New curbs on online slot machines for young gamblers in the government’s gambling white paper - YouTube.

¹²⁰ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary

¹²¹ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary

¹²² Statement from the Association of Police and Crime Commissioners, in response to the white paper publication: Response to gambling white paper (apccs.police.uk)

¹²³ Hansard of parliamentary debate following white paper publication: Gambling Act Review White Paper - Hansard - UK Parliament.

¹²⁴ Post by a member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary

¹²⁵ Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

¹²⁶ Quote from someone whose spouse died by suicide related to gambling harms, interviewed within Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

In this example, there is emphasis on the role of the operator in perpetrating harm, and the documentary explicitly challenges the idea of positioning the victim as the source of the issue:

“The Government, the Gambling Commission, and the industry are jointly responsible to harm for hundreds of thousands, and the deaths of many. We challenge this responsible gambling model that puts all the blame on an individual. It’s what abusers do the world over. They blame the victim.”

– ‘Affected other’, interviewed in BBC documentary¹²⁷

As with the other constructions, this discourse of people who experience gambling harms as victims is nuanced, and the degree of stigmatisation is variable – sometimes positioning those who experience harms as flawed in their weakness but also involving the construction of the industry as predatory and powerful, and emphasising the need for reform.

People who seek to recover from harms as heroic/brave

We also identified an additional, less dominant, portrayal of people who experience gambling harms as brave or heroic. This was unique, within our data, to the coverage of the documentary, where Paul Merson (and others who have spoken publicly about harms) were, in some cases, positioned as being heroic or aspirational. (“very brave of him”; “all credit to him”; “well done PM”¹²⁸). This tended to be directed towards specific people (again, Paul Merson and other well-known individuals) who had either recovered from harms, or had disclosed their harms and sought support, and was not prevalent in the wider discourses about people experiencing harms. This may have been related to the fact that his celebrity status (and the level of detail about his life experiences included in the documentary) enabled people to form a more nuanced perception of him as a multi-dimensional person, meaning they were less likely to apply stereotypes than when making judgements about ‘strangers’. However, these kinds of positive perceptions were tempered by competing discourses constructing even those such as Paul Merson who have sought help as deviant or flawed (“I felt no sympathy at all... he’s a ****”¹²⁹ [language self-censored within original post]).

Within the positioning of people who have sought help as strong or brave, there was an implication that disclosing harms is difficult, and that many would not be able to do it:

“There are people who would love to have the strength that you have... many people would have collapsed”

- Paul Merson, BBC documentary¹³⁰

While praising those who seek help is, overtly, a positive way to encourage others to seek support, the idea that one needs to be heroic to disclose gambling harms also risks implicitly perpetuating the idea that gambling harms are inherently shameful or stigmatising – such that overcoming them can only be achieved by people who are extremely powerful and strong.

¹²⁷ Quote from parent of a child who died by suicide related to gambling harms, interviewed within Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

¹²⁸ Posts by members of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary

¹²⁹ Post by member of the public in a football-related general online discussion forum, in response to the airing of the Paul Merson documentary

¹³⁰ Paul Merson documentary: BBC One - Paul Merson: Football, Gambling and Me

3.3 Stigmatising language: general insights

As discussed in depth within the individual constructions described above, there were a number of specific words and linguistic devices that appeared throughout the dataset, which tended to feed into stigmatising discourses. Table 2, below, summarises the most prevalent and salient of these. Potential implications of this for informing less stigmatising ways of speaking about people who experience gambling harms are considered in the *Discussion and Conclusions* section that follows.

Table 2: Summary of types of stigmatising language identified within the data:

Word(s) / linguistic devices	Example(s)	Implications for stigma
Identify-first language	'Addict'; 'problem gambler'; 'compulsive gambler'.	Reductive/dehumanising; tends to be used to place blame on the individual.
Possessive pronouns	'His/her/their addiction'; 'his/her/their addictive personality'.	Positions harms as intrinsic to the individual (may reduce perceived recoverability); may place blame on the individual.
Dramatic/emotive language	'Ruinous addiction'; 'shattered families'; 'spiralling'; 'scourge'.	Positions the people who experience gambling harms as likely to cause harm to themselves or others; potential to generate fear.
Derogatory terms	'Pathetic addicts'; 'desperate chancers'.	Overtly stigmatising; explicitly constructs all people experiencing gambling harms as having shared negative characteristics.
'Us and them' language	'The rest of us don't gamble that much'.	Contributes to a minority discourse and to the 'othering' of people who experience gambling harms.
Use of auxiliary verbs	'Should have just...'	Emphasises errors in judgement, feeds into the idea of people who experience gambling harms as flawed or unable to follow simple steps to avoid harm.
Imperative statements	'Can't afford it, don't gamble'.	Simplification of gambling harms and placing of blame on the individual.
Minimising language referring to 'recreational' gambling	'An innocent flutter'; 'punter'.	Emphasising contrasts between people who experience gambling harms and those who do not experience harms, contributing to othering of people who experience gambling harms and to the idea of people who experience gambling harms as guilty / irresponsible.
Complimentary language emphasising qualities of people who don't experience harms	'Many gamble unproblematically'; 'responsible gamblers'.	Implies, by extension, that people who experience gambling harms are problematic and irresponsible.

4. Discussion and conclusion

Within this analysis of contemporary public-facing material from a variety of sectors, covering three key events (the publication of the gambling act review white paper; the airing of a BBC documentary about a sports personality's experiences of gambling harms; and the inclusion of a gambling harms storyline within popular TV series 'Eastenders') we identified three primary constructions of people who experience gambling harms.

- **People who experience gambling harms as 'disordered'** (within a broader 'medical model');
- **People who experience gambling harms as flawed in character** in one of three ways (poor decision making; lack of self-control; or deviance);
- **People who experience gambling harms as passive victims.**

There was also a less dominant construction of **people who experience gambling harms as heroic**, which was specific to a subset of people who experience gambling harms – specifically those who spoke out about harms and/or sought treatment; and primarily those in the public eye, or who embody other characteristics held in high regard in British society.

We also explored the wider context within which people who experience gambling harms were constructed, i.e. the discourses around gambling and gambling harms more broadly, and found, consistent with other studies^{131,132} a dominant discourse of gambling as a matter of personal choice, and of gambling harms as a matter for individual responsibility, where those who experience harms are constructed very differently from 'recreational' or 'responsible gamblers'.¹³³ While there was a counter-discourse to this, where gambling operators were constructed as predatory, and responsibility for harm reduction was positioned as lying (at least partially) with government and industry, this was less prevalent, and several of the constructions of individuals experiencing harm tended to involve an implication of individual responsibility for and/or vulnerability to harm. This poses a challenge, as empirical evidence does not support the effectiveness of responsible gambling approaches to minimising gambling harm,¹³⁴ and the constructions of people who experience gambling harms within this context also tend to stigmatise the individual – as discussed in relation to each construction below.

Perhaps most obviously, the construction of people who experience gambling harms as flawed in one or more ways has the potential to exacerbate stigma, as the belief that gambling harms are due to character flaws is associated with increased stigmatisation.¹³⁵ Therefore, challenging dominant discourses that construct people who experience gambling harms in this way is a priority in order to reduce stigmatisation. Based on the findings from this study, this could involve challenging perceptions about the three ways in which people who experience gambling harms can be constructed as 'flawed'. For example, the idea that gambling harms are a consequence of poor decision making might be counteracted by public education about how gambling products have been

¹³¹ Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about "problem" and "responsible" gambling. *Addiction Research & Theory*, 24(2), 163–176.

¹³² Wyllie, C., Killick, E., & Kallman, A. (2023). *A review of gambling harm training materials for healthcare professionals*.

¹³³ Francis, L., & Livingstone, C. (2021). Discourses of responsible gambling and gambling harm: observations from Victoria, Australia. *Addiction Research & Theory*, 29(3), 212–222.

¹³⁴ Livingstone, C., & Rintoul, A. (2020). Moving on from responsible gambling: a new discourse is needed to prevent and minimise harm from gambling. *Public Health*, 184, 107–112.

¹³⁵ Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448–456.

designed to exploit rational decision making processes,¹³⁶ and the perception that gambling harms are attributable to a lack of self-control could potentially be challenged by educating people that recovery from addiction is not simply a matter of willpower.¹³⁷ Challenging these discourses is likely to be complicated by the fact that people who have gambled without experiencing harm often draw on their own ability to ‘gamble responsibly’ to support the idea that everyone *should* be able to make ‘sensible’ decisions or ‘control’ their gambling. Here, education about individual differences may be beneficial, but needs to be balanced with the risk of exacerbating the ‘othering’ of people who experience gambling harms that we saw across several of the discourses we identified.

Stigmatisation driven by the notion that people who experience gambling harms are ‘deviant’ in character could potentially be ameliorated by a reduction in sensationalist reporting about gambling harms, where people who experience gambling harms are stereotyped as engaging in an array of ‘deviant’ behaviours, and more balanced representation of people who experience gambling harms in the media. This discourse is likely to be particularly resistant to change, however. Several studies have discussed how the construction of people who experience gambling harms as a non-conforming, deviant group is closely interwoven with persistent, dominant neoliberal discourses around personal freedom and individual responsibility, which serve industry interests.¹³⁸ There was an example of this within our data, where the construction of people who experience gambling harms as deviant involved the notion that they would migrate to unregulated ‘black market’ gambling opportunities if more stringent regulations proposed within the white paper were introduced. Notions that people experiencing gambling harm would ‘just find another way’ to gamble, regardless of improved regulation, contributed to the idea that they are wilfully uncooperative – although not all discussion of regulatory challenges constructed people who experience gambling harms in that way. Wardle et al.¹³⁹ similarly identified frequent references to black markets within media reports about gambling regulation, which they reflected could serve to support industry interests through deterring regulatory reform. This illustrates the importance of considering the wider contextual discourses – including the purpose they serve and how they interact with discourses about people who experience gambling harms – in considering how best to reduce stigmatisation of people who experience gambling harms.

The degree to which the construction of people who experience gambling harms as ‘victims’ perpetuates stigma and/or should be challenged in order to address stigma, is less straightforward. It can be conceptualised as another example of constructing people who experience gambling harms as flawed, emphasising their ‘weaknesses’ and setting them apart from others. However, it also involved the construction of gambling operators as predatory, and, in contrast to most of the other constructions, positioned blame outside of the individual. While gambling products/industry were not specifically included in the ‘perceived origins’ scale used in a study exploring links between perceived causes and stigma, items referring to causes external to the individual did tend to be associated with significantly less stigmatisation than those attributed to the individual.¹⁴⁰ Arguably the least stigmatising version of this discourse was where people who experience gambling harms were presented as being part of a wider group of individuals at risk of harm from predatory practices/products. In other words, the construction of the gambling industry as predatory, rather than of the people who experience

¹³⁶ Stetzka, R. M., & Winter, S. (2023). How rational is gambling? *Journal of Economic Surveys*, 37(4), 1432–1488.

<https://doi.org/10.1111/joes.12473>

¹³⁷ Snoek, A., Levy, N., & Kennett, J. (2016). Strong-willed but not successful: The importance of strategies in recovery from addiction. *Addictive Behaviors Reports*, 4, 102–107. <https://doi.org/10.1016/j.abrep.2016.09.002>

¹³⁸ Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about “problem” and “responsible” gambling. *Addiction Research & Theory*, 24(2), 163–176.

¹³⁹ Wardle, H., Reith, G., Dobbie, F., Rintoul, A., & Shiffman, J. (2021). Regulatory Resistance? Narratives and Uses of Evidence around “Black Market” Provision of Gambling during the British Gambling Act Review. *International Journal of Environmental Research and Public Health*, 18(21), 11566. <https://doi.org/10.3390/ijerph182111566>

¹⁴⁰ Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448–456.

gambling harms as a weak or vulnerable minority, was one of the least stigmatising discourses that appeared within our data. This discourse was most apparent within the Paul Merson documentary and related articles and comments, where the construction of people who experience gambling harms as a minority was also challenged. This highlights the potential value of such documentary-type content, where stories of people with lived experience of harms are shared, for challenging dominant stigmatising discourses. However, it is also important to acknowledge that we did see examples of the stigmatising discourses within this data, too. Furthermore, the effectiveness of interventions that aim to reduce stigma through sharing stories of lived experience varies depending on the way in which those individuals are presented.¹⁴¹

The construction of people who experience gambling harms as ‘disordered’, also referred to as the ‘medical model’ is also nuanced in terms of its capacity to encourage or perpetuate stigma. This construction is not novel; it was discussed by Reith (2007) in detail, as well as by Miller et al.¹⁴² As seen within our data, this construction is generally less stigmatising than the ‘flawed character’ constructions – consistent with quantitative studies (including our own survey findings as part of this wider research programme), where beliefs that gambling harms are the result of a psychological illness are associated with less desire for social distance than beliefs that they are due to character flaws.¹⁴³ Nonetheless, it was associated with the construction of people who experience gambling harms as a minority with distinct differences from the rest of the population, and could serve to ‘other’, and thereby stigmatise, people who experience gambling harms. In addition, it can function to situate harms within the individual rather than recognising the contribution of the product/industry as a key agent in the creation of harms. There is ongoing debate over whether, on the whole, the medical model exacerbates or ameliorates stigma,¹⁴⁴ and it is likely that this will depend on a number of factors. Within our data we noted that ‘addiction’ is sometimes positioned as a permanent characteristic of an individual, and sometimes as something temporary and recoverable. Given that perceived recoverability of a condition has been found to influence stigma,¹⁴⁵ it is likely that wider beliefs about addiction – specifically about recoverability, mediate the impact of discourses based around the medical model on stigmatising attitudes.

While individual ‘constructions’ of people who experience gambling harms vary in how overtly stigmatising they are, with some being more obviously detrimental, and others more nuanced, the least stigmatising explanations of why individuals experience harms are likely to be those that capture the idea that harms result from a combination of complex factors and pathways.^{146,147}

4.1 Recommendations

In terms of the language used when speaking about people who experience gambling harms, we identified a variety of terms and linguistic devices (see Table 2) that were potentially stigmatising, either directly (through overtly promoting a stigmatising discourse) or indirectly (e.g. through contributing subtly or implicitly to a stigmatising discourse). While the relationship between language and stigma is complex and language is

¹⁴¹ Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. *Current Addiction Reports*, 9(4), 410–419.

¹⁴² Miller, H. E., Thomas, S. L., Smith, K. M., & Robinson, P. (2016). Surveillance, responsibility and control: an analysis of government and industry discourses about “problem” and “responsible” gambling. *Addiction Research & Theory*, 24(2), 163–176.

¹⁴³ Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448–456.

¹⁴⁴ Hinshaw, S. P. (2022). Psychological problems, biomedical models, and stigma: A commentary on Lahey et al. (2022). *JCPP Advances*, 2(4).

¹⁴⁵ Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. *Journal of Behavioral Addictions*, 5(3), 448–456.

¹⁴⁶ Hinshaw, S. P. (2022). Psychological problems, biomedical models, and stigma: A commentary on Lahey et al. (2022). *JCPP Advances*, 2(4).

¹⁴⁷ Quigley, L. (2022). Gambling Disorder and Stigma: Opportunities for Treatment and Prevention. *Current Addiction Reports*, 9(4), 410–419.

constantly evolving, challenging or replacing stigmatising terms/constructions within text and speech has the potential to contribute to reducing stigma.¹⁴⁸ Based on the language observed within the current study, we make the following recommendations in order to help reduce stigma:

- Using person-first language (such as ‘person who...’) rather than identity-first language (such as ‘addict’).
- Avoiding language that positions the addiction as part of or belonging to the individual (e.g. ‘their addiction’).
- Using balanced (rather than dramatic, emotive language) when referencing people who experience gambling harms in media reports.
- Minimising phrasing that places people who experience gambling harms within a separate, minority category (e.g. ‘most of us... [vs.] them’ or ‘the small minority who...’).
- Avoiding language that places people who gamble *without* experiencing harms on a pedestal (e.g. as ‘innocent’, ‘responsible’, enjoying a ‘harmless flutter’).

There is already empirical evidence for some of these recommendations – in particular it has been demonstrated that use of person-first language results in less stigmatising attitudes,¹⁴⁹ and guides from GambleAware¹⁵⁰ and other organisations already emphasise the importance of this. The need to avoid dramatic – particularly fear inducing - language has also been emphasised in an exploration of how best to speak about illicit drug use in order to reduce stigma, where avoidance of ‘crisis framing’ has been recommended.¹⁵¹ The other recommendations, while supported by insights from our discourse analyses, would benefit from further investigation (e.g. through experimental studies comparing attitudes after reading text about people who experience gambling harms using each type of language) in order to explore whether, and to what extent they reduce stigma.

The use of overtly derogatory terms expressing negative value judgements (e.g. ‘pathetic’); the use of auxiliary verbs (e.g. ‘he should have just...’); and the use of imperative statements (‘can’t afford it, don’t gamble’) were also identified as stigmatising ways of speaking about people who experience gambling harms. While these do perpetuate stigma, it is unlikely that people use this kind of language inadvertently, and as such, simply recommending people stop using such language is unlikely to be effective without addressing the underlying attitudes driving this way of communicating.

Reducing stigmatisation of people who experience gambling harms through challenging stigmatising discourses, then, will require interventions not just at the surface level of the words that people use to describe people who experience gambling harms, but also interventions to challenge the stigmatising discourses that over-simplify gambling harms and attribute them to morally reprehensible individual flaws. This could involve strengthening existing/emerging discourses where people who experience gambling harms are constructed as being part of the wider community, all of whom are at potential risk of harm from a product that carries inherent risk. We also recommend that stigma reduction initiatives involve experts by experience in order to collaboratively co-produce informative educational materials that may challenge dominant discourses and attitudes.

¹⁴⁸ McKay, K., Wark, S., Mapedzahama, V., Dune, T., Rahman, S., & MacPhail, C. L. (2015). Sticks and stones: How words and language impact upon social inclusion. *Journal of Social Inclusion*, 6(1), 146–162.

¹⁴⁹ Ricciutti, N. M., & Davis, W. (2024). Person-first language and addiction literature: The presence of labeling and emotional language in counseling articles. *Journal of Addictions & Offender Counseling*.

¹⁵⁰ Walsh et al. (2024) How to reduce the stigma of gambling harms through language. A language guide. GambleAware. How to reduce the stigma of gambling harms through language.pdf (gambleaware.org)

¹⁵¹ Salomon, A., Bartlett, M., Chenery, M., Jauncey, M., & Roxburgh, A. (2023). Outrage and algorithms: Shifting drug-related stigma in a digital world. *International Journal of Drug Policy*, 122, 104224.

As mentioned above, recommendations for challenging stigmatising discourses are tentative, and further work empirically evaluating pilot interventions for stigma reduction based on these recommendations would be valuable.

