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Patients' and professionals' beliefs about the impact of social stigmatization on treatment of gambling-related disorders

Katarzyna Dąbrowska, Łukasz Wieczorek

Institute of Psychiatry and Neurology, Department of Studies on Alcoholism and Drug Dependence, Warsaw

Summary

Objectives. Studies carried out so far have shown that negative stereotypes concerning people with gambling disorders and, in particular, the belief that these people bear personal responsibility for their illness, can significantly contribute to the stigmatization of these people. Shame and fear of stigmatization significantly hinder the decision to start treatment. This study investigates the beliefs of respondents about the impact of stigmatization of people with gambling disorders on the social perception of treatment of gambling disorders and the beliefs of respondents about the impact of stigmatization on undertaking treatment or seeking help. Furthermore, the study investigates whether treatment can help reduce stigma and whether professionals, in some way, take this problem into account in their practice.

Material and methods. In the first half of 2015, 90 semi-structured individual interviews were conducted with people with gambling disorders, social workers, therapists employed in addiction treatment facilities, general practitioners and psychiatrists.

Results. The public reaction to the fact of starting treatment depends on how gambling disorder is perceived: in terms of a medical problem or rather in moral terms. Positive reviews were mainly manifested by significant others who, according to Goffman's terminology, are 'wise'. Very often, treatment means having to reveal your problem and face stigmatization. Women in particular are stigmatized because of gambling disorders. This study showed that treatment allows to get rid of guilt by acquiring knowledge on the subject of gambling disorders.

Conclusions. Addressing stigma during early stages of treatment may contribute to the continuity of treatment. Professionals should be aware of their prejudices, as their stigmatizing attitudes can influence treatment outcomes.

Key words: stigmatization, gambling disorders, treatment

Introduction

Stigmatization

People diagnosed with a gambling disorder, similarly to other people with mental health problems, are very often exposed to negative social perception [1, 2]. One of possible responses of society is stigmatization of people with gambling disorders [3]. The process of stigmatization can be defined as the process of cognitive marking of an individual as the bearer of a certain negative trait that is so discrediting that it determines the way others treat this person. Social stigmatization is a social mechanism; it is a response to an individual (or specific to a wider group or social category) stigma [4]. Stigmatization manifests itself in such social reactions as devaluation and discrediting of individuals due to some of their characteristics, behaviors and social affiliations, and results in the resistance of society to fully accept such a person [5, 6].

Link and Phelan [7] examined the process and outcomes associated with stigma, including labeling, stereotyping, separation, status loss and discrimination. All these key elements of the stigmatization process were reflected in the studies related to people with gambling disorders. These studies demonstrated that people with gambling problems experience substantial negative stereotypes, social distancing, negative emotional reactions, status loss and discrimination [1, 8-11]. "Problem gamblers" have been perceived as compulsive, impulsive, desperate, irresponsible, prone to risk-taking, irrational, antisocial and aggressive [10]. Hing et al. [12] showed that people with gambling disorder had concerns about being negatively perceived by others, fearing rejection, hostility and devaluation.

In response to stigmatization, self-stigmatization occurs, defined as the psychological process in which a person with a discrediting trait becomes aware of the public stigma, agrees with those stereotypes and internalizes them by applying them to the self [13]. Self-stigmatizing beliefs diminish self-esteem, self-efficacy and self-perception of social worth, regardless if such stigma is experienced or perceived [14, 15].

Stigmatization and perception of treatment by other people

Having a gambling problem is commonly perceived as shameful and largely an individual's own fault, with blame mainly attributed to the person's characterological shortcomings, including bad character, having an addictive personality and lack of self–control [1, 16]. Therefore, gambling disorder is not perceived in medical terms but described as a moral issue. Previous research has identified that key negative stereotypes, particularly a belief that addictive disorders are an issue of personal responsibility, may significantly contribute to the stigma experienced by individuals [9, 17].

A representative survey conducted among Poles showed that about 40% of them are not sure whether gambling has addictive potential or negate the possibility of becoming addicted to gambling. While there is widespread acceptance that treatment of people addicted to psychoactive substances is free, there is no support for free treatment of gambling disorders. People with gambling disorders are blamed for their

addiction [18]. A population study conducted in Canada confirms that the general public judges people with behavioral addictions more severely in comparison to people with substance-related addictions. This is linked to the belief that people with behavioral addictions bear personal responsibility to give up these behaviors [19].

Stigmatization and willingness of people with gambling disorders to undergo treatment

Shame and fear of stigma are very often barriers to treatment [20-25]. Self-stigma, which is a consequence of stigma, most noticeably is reflected in reluctance to seek professional help [25]. A review of Australasian research concluded that the shame and embarrassment associated with seeking help means that those with gambling disorder do not seek treatment until they experience a crisis [26]. The decision to undergo treatment requires admission that help is needed, which may be perceived as a sign of weakness and acknowledgement of defeat [27].

Gambling behaviors are relatively easy to hide from others, because there are rather no physical signs that indicate a problem. Keeping the gambling problem a secret and hidden from others is a common strategy for dealing with the stigma [22, 28]. These individuals, by concealing shameful traits, try to counteract stigma and rejection by others [12, 16]. The situation changes when a person with gambling disorder decides to begin treatment, because it often requires the problem to be disclosed. Goffman [5] differentiates between those who are *discredited*—whose stigma is known or visible—and those who are *discreditable*—whose stigma is unknown and can be hidden. In this perspective, people with gambling disorders, as long as they do not undertake treatment, belong to the second category; their stigmatizing characteristic is not commonly known.

Dealing with the problem of stigma during treatment

Reith and Dobbie [29], examining how individuals recover from problem gambling, found that shifting concepts of self-identity and reshaping of self were crucial to the recovery process. Strategies aimed at reducing self-stigma for mental illness include efforts to alter individuals' self-stigmatizing beliefs or, more commonly, to enhance skills for coping with self-stigma through improving self-esteem [30].

Minimal research has investigated how therapists address stigma during treatment. Anderson [31] interviewed six clinical counsellors and six problem gamblers, and on this basis, pointed out that effective treatment requires that clients engage in open and frank discussions with therapists, and that therapists convey accepting, non-judgmental and non-stigmatizing attitudes. However, his research has shown that some professionals perceive people with gambling disorders in a stereotypical way. This results in stigmatizing attitudes and behaviors that are also present in institutions directing their offer to people with mental disorders [32, 33]. As part of another qualitative study, nine interviews with counsellors from various institutions helping people with gambling disorders were conducted [11]. In the reports of professionals, one of the first goals

of treatment is to work on the reduction self-stigma, which allows understanding the problem, forgiving oneself and healing.

Research questions and their justification

This study investigates whether, in the eyes of people with gambling disorder and professionals, stigmatization affects the social perception of treatment of gambling disorders.

The second research issue concerns whether, in the respondents' opinions, stigmatization has consequences for taking up treatment by people with gambling disorders. While it is known that people with gambling disorders are apprehensive of treatment because of stigmatization [20-25], less is known about whether all forms of treatment stigmatize in a similar way. This study will fill this knowledge gap.

Thirdly, the study investigates whether treatment can help reduce stigma and whether professionals, in some way, take this problem into account in their practice.

So far, no research on this subject has been carried out in Poland. Most studies on the issue of stigmatization and its impact on starting treatment by people with gambling disorders come from Australia; however, such aspects of stigmatization as meaning, expression and outcome are largely conditioned by the culture [34].

Material and Method

The Sample

In the first half of 2015, 90 semi-structured individual interviews with people with gambling disorders (n = 30), social workers and therapists employed in addiction treatment facilities, general practitioners and psychiatrists (15 interviews within each group) were conducted in Warsaw.

A purposive sampling procedure was used for this study in the recruitment of respondents, allowing to gain comprehensive information from the perspective of research questions. Professionals were recruited in their place of employment. Their status of employment and their profession were inclusion criteria for the study.

Patients were recruited for the study in alcohol and drug outpatient treatment facilities and during meetings of Gamblers Anonymous (GA). In the outpatient units, people with gambling disorders were recruited by therapists. At the meetings of GA, information about the study was delivered by the leader of the group. In both cases, after obtaining preliminary agreement, the researcher contacted the potential respondents. Inclusion criteria was a diagnosis of gambling disorder confirmed by a psychiatrist.

The study was anonymous and no identifying information was gathered; interviews with the respondents were denoted only by a code. All respondents were informed about the aim of the study and the consent for participation was signed by those who agreed to participate. All interviews were recorded and then transcribed.

Characteristics of the sample

The study included only three females in the group of patients with gambling disorder. The average age of the respondents was 38 years. In the study, there were no people with primary and lower secondary education; only 10% (n=3) had vocational education. More than half of the respondents (n = 18) had a university degree (bachelor's or master's degree). Only one person was unemployed; the rest of the respondents were employed on tenure, had their own business or were retired. The group of respondents was dominated by players of slot machines and casinos. About 30% of the respondents (n = 13) played using the Internet for gambling and a similar percentage played cards outside the casino without using the Internet.

Among the professionals, there was a predominance of females (70%, n = 42). The average age in this group was 43 years. The youngest group of respondents was the therapists, and the oldest – psychiatrists.

Guidelines for the qualitative interviews

Three different types of guidelines for individual interviews were designed: for people with gambling disorders, for social workers and for other professionals. The following issues were covered by the guideline for people with gambling disorders: experiences with treatment and recommendations for its improvement, and social perception of persons with gambling disorders and undertaking treatment on the basis of their own experiences. Interview guidelines regarding the issues discussed in the article and instructions for the examiner were formulated as follows:

How are gamblers perceived by others?
Have you directly encountered aversion, rejection, or inferior treatment because of problem gambling?

If the respondent felt that he was treated in this way in connection with his gambling, please ask:

By whom was he treated like that?
In what situations was this manifested?

If the respondent has not personally encountered such situations, please ask if they have heard of this type of treatment among friends.

How does society perceive people who undergo treatment for gambling disorders?

Guidelines for interviews with professionals referred to the motives of treatment, availability of treatment, improvement of the existing offer and social perception of persons with gambling disorders and their treatment. Instructions for social workers took into account the same issues, but they were adapted to the reality of their work. Guidelines for interviews with professionals related to the topics covered in the article are presented below:

How are gamblers perceived by others?
Have you encountered cases of aversion toward people with gambling disorders, rejection or inferior treatment of these people?

If the respondent encountered situations in which people with a gambling problem were treated in this way, please ask:

By whom were they treated like that?
In what situations was this manifested?
How does society perceive people who undergo treatment for gambling disorders?

Data analysis

A thematic analysis approach was employed [35] to analyze data. The analysis was initiated by thoroughly reading all transcriptions and making notes on ideas for codes emerging from the research material. In the next step, the codes and data were re-examined to identify broader thematic categories.

The analysis was conducted by two independent researchers; such a procedure was to help ensure that all of the thematic categories would be taken into account and that data would be similarly interpreted. A joint code matrix was created by discussing doubts and problems with classifying data. The last phase involved a detailed analysis of transcriptions for each category and verification of their scope.

Ethical approval

Ethical approval to conduct the study was obtained from the Bioethics Committee of the Institute of Psychiatry and Neurology in Warsaw (ref. 24/2015).

Results

Stigmatization and social perception of treatment of gambling disorders

Attribution of responsibility

Reactions to information that a person with a gambling disorder undertakes treatment can be different: supportive or ambivalent. Society, in the opinion of respondents, may blame people with gambling disorders for their life situation, and may perceive gambling disorders as a consequence of lifestyle and personal choice of the individual. According to this point of view, the problems experienced by people with gambling disorders result from the imperfections of their personality and should not be defined in medical terms, as alcohol or drug addiction is defined.

Gambling disorder is perceived as drug addiction was perceived in the past – that the individual deserves such a fate. Or similar as in the case of people with AIDS – if they would not have led such a life, then

> *they would not have gotten sick. It is a disease at your own request. (OPS1002K1)*
> *Alcoholism is better recognized in society. Increasingly, people look at it as a disease and not as a lack of willpower or a lack of motivation. Gamblers are obviously treated as people who want to earn some extra money quickly and do not want to work. It seems to me that there is less social acceptance for the treatment of these people. (T0705K2)*
> *Well, people are different – some look at starting treatment from a positive point of view, others think that this is not a disease. It is a whim and a person should deal with it himself. Taxpayers should not pay for it. (PG2703M1)*

People with gambling disorders may experience a lack of compassion and understanding, because their problems are seen as a punishment for a lack of moderation. According to this point of view, they are solely responsible for the problems they are experiencing.

> *It seems to me that there is a belief that the gambler deserved his own fate, because he did not have to play. I think that defining gambling as a disease is not common. (POZ1802M1)*
> *I am ashamed of my illness; I do not talk about my problems. I think that if someone has not coped with his life, in some way he is worse. Society thinks that if someone is sick, that they are a worse person. And I do not want to be worse, I want to be normal. And treated normally. (PG3103M1)*

According to the respondents, even professionals can share the point of view described above. Placing a burden of responsibility on gamblers may lead to reluctance of treatment. Some of the professionals may be convinced that individuals with gambling disorders are able to resolve their problems on their own, as soon as they deal with the imperfections of their personality.

> *I think that even professionals such as psychiatrists or psychologists perceive behavioral disorders in such a way [from a moral perspective – authors]. Gambling disorders are typically seen as culpable and, therefore, are not seen as a medical condition. These people are seen, it seems to me, as flawed. Medical personnel may be reluctant to help a person whose problem results from weakness of character. (PS1002M1)*

As a consequence, treatment may be perceived as unnecessary, because there is a conviction that strong will is enough to deal with the problem. Some people do not believe that therapy can yield positive results, because if people with gambling disorders really wanted to, they would have dealt with the problem on their own.

> *First of all, other people do not understand that this is a disease and they do not believe in the success of therapy. I also encountered*

opinions that it's a waste of money, that the treatment does not work, and that strong will is enough. (H2204M1)

Perception by the "wise" and the "normal"

One of the respondents stressed that the perception of people with gambling disorders and undertaking treatment depends on whether the people making the evaluation are familiar with the addiction concept or have personally encountered this problem. Such persons, in the opinion of the respondent, are more benevolent toward people undertaking treatment and remain in opposition to people who are characterized by a stereotypical perception of people with gambling disorders. The latter may have negative feelings toward people with gambling disorders.

People with gambling disorders will be perceived differently by people who are familiar with the problem. These people may have someone addicted in the family or a friend and have knowledge about this topic. It is different in the case of people who have no idea about the topic at all. I think that these people rather feel aversion. Such people are rather hostile toward a person with gambling disorder. People who know the problem at least a little, rather keep their fingers crossed for the success of treatment and sometimes ask how it goes. (H2204MI)

The above-mentioned findings are confirmed by statements showing that undergoing treatment is perceived positively mainly by family and friends. A person with a gambling disorder who has started treatment can count on words of support from loved ones. Family and friends, but also the employer, can be sources of assistance for such a person.

My boss knows about my problem, because I told him when I started going to the meetings for treatment. He accepted it with such equanimity that I was surprised by his reaction. I thought he would fire me from the workplace. But no, he even offered me his help; it made me pleasantly surprised. (H1805M1)

Stigmatization and the decision to start treatment

Fear of stigmatization. Negative feelings associated with taking treatment

Stigmatization can be the reason why people with gambling disorders do not begin treatment. Signing up for treatment confirms the possession of a characteristic that discredits the carrier in the eyes of others, and requires acceptance of the label of an addicted person.

When I was a gambler, but without a diagnosis, I was treated as such a nice man who could talk about something in the company of others, who knew all about cards and the casino, and that was a curiosity. Well, there's a guy who likes to play. And then when I started treatment,

I became a man with a problem, but I got used to it, I only laugh. I know that people treat it that way. (H1004M1)

Stigmatization involves negative social reactions. People with gambling disorder, in the opinion of respondents, do not take treatment because of fear of others' reactions. Another feeling that they have regarding undergoing treatment is shame.

Stigma can cause that someone who starts treatment feels fear. (PS2004M1)
I know addicts who are ashamed of not the addiction itself, but treatment. This is because during treatment they receive the label of an alcoholic. I suspect that the same mechanism might work in the case of gambling addiction. (PS1002M1)

It should be emphasized, however, that not all patients have experienced stigmatizing reactions from others. Some of the respondents did not directly meet with negative social reactions and have no knowledge about such cases.

Gender

Women in particular may have concerns about revealing the problem and undergoing treatment. Women usually face greater condemnation of addiction than is the case for men.

Women are more ashamed of starting treatment than men. For women, there is an even greater fear of social stigma; it is similar as in the case of alcohol. When a man is drunk, it evokes at most a smile, but when a woman is drunk, it is not so liberally treated. (T2703M2)

Type of help/treatment

Social workers noted that use of social assistance may be particularly stigmatizing, as according to the common perception, social welfare programs are directed toward people with low social status, affected by many problems. In addition, in small communities it is difficult to maintain the use of social assistance in secrecy.

People may think that social assistance provides help to people with severe dysfunctions. They are afraid that if they start to use the social assistance, they will be perceived worse in their communities. It may be easier for people with gambling disorders to actually go to a specialized center, where the client is more anonymous. In small communities it is difficult to hide the use of social services. (PS1201F1)

Similarly, the use of psychiatric care may be associated with a greater sense of stigma in comparison to the other forms of treatment. People with gambling disorders are afraid that they will be perceived as people with mental disorders and will be even more stigmatized than it is in the case of addiction.

> *Psychiatric treatment certainly stigmatizes. This is related to the fact that the patient has to go to the clinic, and someone can see him go there. This observer, on the other hand, does not know if the patient is going there because of schizophrenia, or because of alcohol or drugs. (POZ1604K1)*

Acceptance of sick leave from a psychiatrist means the disclosure of the use of psychiatric care. Meanwhile, people with gambling disorder want to keep it a secret. They especially care that nobody will find out at their place of work.

> *There is something in our society that people do not want to be placed on sick leave by a psychiatrist. I have such patients, who bring me confirmation of the diagnosis of gambling disorder from the psychiatrist, asking me for sick leave. They do not want a stamp of a psychiatrist on the form, because they are afraid of association of their problems with psychiatric problems. They do not want anyone at work to find out about it. (POZ0403F1)*

The role of treatment in dealing with stigmatization

Some professionals recognize the importance of weakening the self-stigma of patients, and at the outset of therapy try to support and help people with gambling disorders to better deal with the sense of guilt and shame. They are convinced that redefining the patient's own problems and changing the perception of gambling from a moral perspective toward a medical one by the patient contributes to maintaining the treatment process.

> *At the outset of treatment, we must somehow deal with the patient's sense of guilt. When the patient will understand that he is not a bad person and that his behavior is due to the illness, and when he will realize that the therapy is his chance for a better life, then he will remain in treatment. (PS2004M1)*

This is confirmed by one of the respondents who learned more about gambling disorders during therapy and this allowed him to at least partially get rid of the sense of guilt. He stopped thinking about himself negatively and his self-esteem increased.

> *The treatment helped me to accept that addiction is an illness. It helped me to look at the problem not in moral terms, that it was something bad, because this was the way people were judging it. I was seen as an idiot, a moron who loses money or as a bad guy who cheats and extorts money. But these are unfortunately the consequences of this illness. And I had a big problem to accept myself as someone who is sick. Therapy helped me. (H3003M1)*

Discussion of results

This study demonstrated that, in the opinion of respondents, undergoing treatment is perceived negatively by people who treat gambling problems as a consequence of characterological shortcomings. According to the respondents, society may place responsibility on people with gambling disorders for their problems; society may also think that these problems are a consequence of lifestyle and individual choice. Studies carried out so far have shown that negative stereotypes about people with gambling disorders, and especially the belief that these people bear personal responsibility for their disorders, can significantly contribute to the stigmatization of these people (9, 17]. This conviction may translate into denying people with gambling disorders the right to treatment [18, 19]. The current study shows that, in the opinion of respondents, not only society but also professionals can blame people with gambling disorders for their life situation. Meanwhile, stigmatizing attitudes of mental health practitioners can influence treatment outcomes [32, 33, 36, 37].

However, reactions to the fact that an individual started treatment can also be positive, and the person with gambling disorder can receive support from family or the employer. The decision to undertake treatment can cause that the person with gambling disorder will be better perceived by others – as someone who is taking steps to deal with the problem. Positive reviews are mainly manifested by significant others who, according to Goffman's terminology, are *wise* [5]. According to Goffman, people who had direct contact with stigmatized people usually have a friendlier attitude toward them than the rest of the *normals*. The *wise* are familiar with the details of the life of individuals with stigma and are kindly disposed toward them. The *wise,* by keeping in touch with the stigmatized persons, partially share their fate. This result is consistent with the results of other studies documenting that friends and family members of individuals with a mental illness have fewer stigmatizing attitudes [17, 38].

Often, taking treatment means having to face stigma. It is possible to hide a gambling disorder before starting treatment, which is what many people do, fearing stigmatization [22, 28]. After undertaking treatment, the transition from a *discreditable person* to *discredited* seems to be inevitable. The label-avoidance is the most significant way in which stigma impedes treatment [14]. According to the respondents, a person with gambling disorder can meet with condemnation and lack of trust, which is difficult to retrieve in spite of undertaking treatment. People remain stigmatized while undergoing treatment and even after completing effective treatment [39]. Such reports have come from substance abuse populations such as methamphetamine users [40], intravenous drug users, and antidepressant users [41].

As this study revealed, women in particular can be afraid of disclosure of the problem and seeking treatment, as they are usually met with greater social condemnation of addiction. It is speculated that women are more likely to be and feel more stigmatized for problem gambling due to perceived failure in fulfilling traditional social roles [12]. Although women in Australia gamble just as frequently as men, women are thought to be more vulnerable to stigmatization for engaging in gambling, because gambling is more commonly accepted as being part of male culture [26]. This prejudice appears

to be heightened for problem gambling. Women have been judged as irresponsible and selfish for displaying problem gambling behaviors [42-44].

In the opinion of professionals, use of social welfare and psychiatric services is burdened with greater stigma than use of specialized addiction treatment centers. People with gambling disorders do not want to be associated or identified with clients of these institutions. Even if people with gambling disorders decide to use the services of psychiatric care, there are cases of refusal to accept the sick leave from a psychiatrist, in order to conceal their visit to the center. Other studies confirm that the psychiatric consultation brings with it the risk of stigmatization [45]. Although stigmatizing attitudes are not limited to mental illness, the public seems to disapprove persons with psychiatric disabilities significantly more than persons with other conditions [46].

This study demonstrated that treatment allows to get rid of the sense of guilt by acquiring knowledge that gambling disorders are an illness and not a consequence of weakness of character. One of the respondents had previously attributed gambling disorder to characterological shortcomings. Thus, addressing client embarrassment, shame and fear of stigma during the early stages of treatment may be an important component of problem gambling therapy [47]. Addressing the client's stigma during the early stages of treatment may contribute to the continuity of treatment. Therapists and other professionals should be aware of their prejudices and preserve a non-judgmental attitude toward their clients, as their stigmatizing attitudes may influence treatment outcomes [32, 33, 36, 37]. As this study shows, some professionals are aware of this, and at the beginning of the treatment they make efforts to weaken the sense of guilt of their patients, which can contribute to the continuity of treatment.

Strategies that aim to reduce self-stigma have been developed in the field of mental disorders, but can also be useful in working with people with gambling disorders. They largely rely on strengthening the patient's personal resources so that he can better cope with the stigma [30]. There is definitely a lack of research investigating how therapists and their clients deal with the problem of stigma during the treatment of gambling disorders [48]. The proposed strategies are largely general and refer to the commonly known canons of therapeutic work.

Changing the negative image of people with mental disorders through education about gambling disorder should contribute to less public stigma and self-stigma of people with this disorder, which may facilitate their decision about undertaking treatment [25, 27, 49].

This study has a number of limitations. In the study, only those who were undergoing gambling treatment participated, so the perspectives of people who are outside the care system are not included. Qualitative research provides a better understanding of the problem, but does not ensure the representativeness of the data. Furthermore, data are more easily influenced by the researcher's personal biases. This effect has been addressed in this project by analyzing data independently by two experienced researchers. Any differences in the coding of data were discussed by the researchers each time. This procedure helps to ensure that none of the categories will be skipped and that data are similarly understood.

In the current study, statements of people with gambling disorders and professionals who work with them were taken under consideration. People with gambling disorders may be ashamed of talking about some forms of discrimination, sometimes they may not be aware of these things, or treat them as deserved and minimize them. Professionals by virtue of their education may be more aware of the different aspects of the stigmatization process, and may also have a more objective overview of the situation. On the other hand, these are rather unrealistic expectations that the professionals will frankly talk about their own prejudices or stereotypical perceptions of people with gambling disorders. The use of various types of sources of data (statements made by patients and professionals) to answer research questions may enhance better understanding of the particular phenomenon by delivering various perspectives, as well as improve comprehensiveness of the data [50].

Conclusions

This study showed that in the respondents' opinion, undertaking treatment is negatively perceived by people who attribute the occurrence of a gambling problem to the characterological shortcomings of the affected individual. Society, in the opinion of the respondents, can place the burden of responsibility on people with gambling disorders for their problems, and believe that a person with a gambling disorder can solve the problem without treatment, that strong will and desire to change are enough. This indicates the need to educate the public about what gambling disorders are, which may in turn contribute to reducing stigmatization and make it easier for potential patients to undergo treatment.

People with gambling disorders can count on the support of their families and employers. However, there is no research so far on what exactly such support entails and what role it plays in the healing process.

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Address: Katarzyna Dąbrowska
Institute of Psychiatry and Neurology
Department of Studies on Alcoholism and Drug Dependence
02-957 Warszawa, Sobieskiego Street 9
e-mail: dabrow@ipin.edu.pl