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Stigma and Gaming Disorder: Should we take a 'glass *half full*' or 'glass *half empty*'

perspective?

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The letter by Galanis, et al. [1] discusses an important topic within the Gaming Disorder (GD) field, namely its relationship with possible stigma. Whilst we agree with many views expressed, we argue that they proposed a '*glass half empty*' perspective because the authors offered a relatively narrow focus regarding future research in the field. Here, we offer a '*glass half full*' perspective by expanding the call for research on stigma and GD while drawing upon important lessons from previous research highlighting the potential benefits of recognizing GD.

Firstly, Galanis, et al. [1] alluded to GD, an officially recognized mental health disorder by the World Health Organization [2], as '*problem gaming*'. It is important to clarify that GD and/or problematic use must be associated with functional impairments and potentially addictive nature [3, 4]. Moreover, a dimensional approach to understanding GD symptoms ranging from healthy behavior over problematic behavior leading to disordered gaming is sensible. We argue that the first step towards minimizing stigma in GD research is by adhering to official nomenclature and nosology to prevent adopting blurred and stigmatizing labels that have been used in the past such as '*pathological gamer*' or '*gaming addict*' as shown in substance use disorder research [5].

Secondly, Galanis, et al. [1] considered previous debates in the field suggesting that GD as a diagnosis could stigmatize healthy gamers and proposed additional research as a way forward, which we wholeheartedly agree with. Moreover, we argue that the advantages of recognizing GD are likely to far outweigh disadvantages as it can help the development of improved treatment protocols, provide potential financial benefit for treatment costs covered

by health insurance companies, facilitate awareness campaigns for prevention and harm-minimization, elicit help-seeking behaviors by affected individuals as patients instead of individuals who present weaknesses and flaws in their character [2, 6].

Furthermore, recent evidence suggests that medicalization awareness of GD is positively associated with decreased time spent gaming, professional help-seeking behaviors, and decreased maladaptive cognitions [6]. As for treatment, it is paramount to develop a stepped healthcare system adopting evidence-based practices tailored to affected individuals and implement sound assessment and routine outcome monitoring practices that can maximize the benefits of GD as a nosological entity [7, 8].

Relatedly, we also argue that if mental disorders were not to be officially recognized due to their potential stigmatizing effects, there would be no logical reason to recognize other accepted mental disorders (e.g., Gambling Disorder, Alcohol Use Disorder, Major Depressive Disorder, etc.). We argue that we should not simply criticize GD because it might stigmatize healthy gamers since the majority of gamers play without experiencing functional impairments, and only a minority will engage in excessive behavior leading to negative outcomes.

Therefore, the focus of the debate on stigma and GD should not be entirely centered on its potential and speculative detrimental effects but rather on how researchers can come together to further develop the field by generating robust knowledge forming the basis for evidence-based treatment approaches ultimately benefitting those individuals with GD.

References

1. GALANIS C. R., DELFABBRO P. H., KING D. L. Stigma-related arguments against gaming disorder: a call for research, Addiction 2021.

2. PONTES H. M., GRIFFITHS M. D. A new era for gaming disorder research: Time to shift from consensus to consistency, Addictive Behaviors 2020: 103: 106059.

3. MACUR M., PONTES H. M. Internet Gaming Disorder in adolescence: investigating profiles and associated risk factors, BMC Public Health 2021: 21: 1547.

4. MÄNNIKKÖ N., RUOTSALAINEN H., JOUKO MIETTUNEN J., PONTES H. M., KÄÄRIÄINEN M. Problematic gaming behaviour and health-related outcomes: A systematic review and meta-analysis, Journal of Health Psychology 2020: 25: 67-81.

5. ASHFORD R. D., BROWN A. M., MCDANIEL J., CURTIS B. Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals, Substance Use & Misuse 2019: 54: 1376-1384.

6. YU Y., LI J. B., LAU J. T. F. Awareness and Potential Impacts of the Medicalization of Internet Gaming Disorder: Cross-sectional Survey Among Adolescents in China, Journal of Medical Internet Research 2021: 23: e22393.

7. PARK J. J., WILKINSON-MEYERS L., KING D. L., RODDA S. N. Person-centred interventions for problem gaming: a stepped care approach, BMC Public Health 2021: 21: 872.

8. COSTA S., KUSS D. J. Current diagnostic procedures and interventions for Gaming Disorders: A Systematic Review, Frontiers in Psychology 2019: 10.