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Abstract

The way society perceives problem gambling, and its effects on how problem gamblers perceive themselves have significant consequences on the wellbeing of people experiencing gambling disorder. Associated with social perception, stigma and other social perception-related features have an impact on the way problem gamblers identify themselves, seek for help, and recover. However, not all gambling types are identically perceived by the society. The present paper examines the case of the social perception of sports betting in the context of Spain. A total of 43 male sports bettors undergoing treatment for gambling disorder were interviewed within seven focus group discussions. Using a qualitative thematic analysis technique, participants reported two fundamental characteristics of sports betting social perception: (i) the absence of negative connotations associated with sports betting comparative to other gambling forms; and (ii) the presence of positive connotations that sanitised sports betting as a harmless practice. The study reports aspects such as the lack of stereotypes, the low-involvement of betting as a product, the novelty of online sports betting, the social construction of the *normal* bettor, and the workplace gambling normalisation as elements that could lead to an increase in gambling-related harm. This is the first study to explore the social perception of sports betting in a subgroup of problem sports bettors and suggests that policymakers should be cognizant of these perceptions in order to inform responsible gambling regulation.

Keywords

Gambling, sports betting, social perception, stigma, workplace gambling

Introduction

Gambling disorder has severe consequences for gamblers and those around them (Petry, 2016). A proportion of the harm caused by gambling derives from individual determinants unique to each gambler. However, other causes are believed to be related

to the social environment in which the gambler dwells (Griffiths, 2005). Among such factors, the social consideration of gambling within the gambler's community and significant others might have a lasting impact on the gambler's attitudes and behaviours.

Social perception is a socially defined and shared construct that influences how people behave and interact (Jussim, 1991). For some authors, social perception – as part of the social cognition process – not only reflects but creates social reality (Fiske & Taylor, 1984; Jussim, 2012). Viewed from this perspective, gambling-related harms are likely to be determined by gambling-related social perceptions. For instance, stigma – which is a socially-constructed by-product of a negative social perception based on stereotyping – affects gamblers' self-esteem, and could act as a fundamental barrier in early detection and help-seeking of problematic gambling (Hing, Nuske, Gainsbury, & Russell, 2016). Stigma has a second component (i.e., self-stigma) which is the internalisation of the public stigma, the perception in one's self of the attributes that one perceives to be a cause for stigmatization in a given community. Females typically score higher than males on problem gambling self-stigma (Horch & Hodgins, 2015). Social perception also varies among addictions. Substance-related addictions generally score higher in terms of their perceived *addictiveness* (e.g., heroin ranking the highest) in comparison to behavioural addictions (e.g., Gavriel-Fried & Rabayov, 2017; Lang & Rosenberg, 2017).

Some researchers have argued that the hegemonic framing of responsible gambling campaigns – which emphasize the individuals' responsibility in the problematic development of their gambling as opposed to the industry's role in gambling product design and provision (Miller & Thomas, 2017, 2018) – deteriorates the social perception of gamblers. Researchers in Australia found that participants from the general population stigmatised problem gamblers, ascribing to them the attributes of impulsive, irrational, foolish, untrustworthy, unproductive, greedy, and anti-social (Hing & Russell, 2017a). In addition, similar studies have demonstrated that problem gamblers are less likely to be seen as suffering a genetic/inherited problem, or chemical imbalance in the brain (i.e., factors uncontrollable by gamblers), and are more likely to be perceived as non-recoverable, perilous, disruptive, and with bad character, factors thought to be a result of their own mistakes (e.g., Hing, Russell, Gainsbury, & Nuske, 2016).

Among all gambling forms, horserace bettors have been found to show some of the lowest scores on stigma and self-stigma, with sports bettors showing no correlation at all with self-stigma (Hing & Russell, 2017b). Recent research from Turkey has shown that sports betting was only perceived by 33% of university students as a bad habit, whereas 65% thought gambling as a whole was condemnable (Yüce, Yüce, & Katirci, 2017). On first sight, these results could be interpreted as protective factors for sports bettors. However, the lack of awareness about the potential sports betting-related harm could lead to a lower probability of help-seeking or identifying their problematic conduct because bettors feel less inclined to identify themselves with the gambler's stigmatized figure (Miller & Thomas, 2017).

In Spain (where the present study was carried out), gambling on sports has been mostly confined to the *Quiniela*, a state-sponsored weekly pool based on the results of the Spanish professional football league. Horse and dog racing are not popular leisure activities in the country. Such confinement of sports betting rapidly eroded with the penetration of online sports betting in European markets, and intensified with the passing of a 2011 law in the Spanish Parliament that regulated online gambling. According to the latest governmental data, the prevalence of problem gambling in Spain in 2015 was 0.3% (past year) and 0.9% (lifetime) (Dirección General de Ordenación del Juego [Directorate General for the Regulation of Gambling], 2016). The historical data series is presently too short to speculate about a rise in gambling-related harm (this being the first problem gambling prevalence study in over a decade).

Betting websites proliferated, and with them the magnitude of marketing and advertising enticements sports fans were subject to (Lopez-Gonzalez, Guerrero-Solé, & Griffiths, 2018). Consequently, online betting stimulated the land-based side of the business, and betting shops began to populate the high streets of most Spanish cities in a similar fashion as they did in the UK many decades ago. This change has been largely perceived as sudden and worrying by many Spaniards, and has attracted much media attention and informed the public conversation in regard to its detrimental effects on the population, especially the minors and young adults (Lopez-Gonzalez, Estévez, & Griffiths, 2017).

The rapid development of online sports betting in many jurisdictions worldwide is likely to have altered its social perception as a leisure activity that in some cases could cause harm, as opposed to more benign views of sports betting as a lenient form of gambling (Deans, Thomas, Daube, Derevensky, & Gordon, 2016; Deans, Thomas, Derevensky, & Daube, 2017). The changes in the way the public perceives sports betting could have many consequences, not least the barriers for problem identification and help-seeking. In turn, such public perception influences the way those suffering sports betting-related problems see themselves and their behaviour, and the extent to which they adhere to, or contradict, the stereotypes of such socially constructed perception. However, published literature on social perception of problem gambling, particularly in connection to stigma, has not explored sports betting as a distinctive gambling subgroup subject to distinctive perception effects (Hing, Nuske, et al., 2016; Hing & Russell, 2017a, 2017b; Hing, Russell, et al., 2016). To remedy that, the present qualitative study addresses these issues by studying how sports bettors in recovery from gambling disorder experience the social perception of sports betting, and the manner in which this affected their ability to ask for help and recover. This study is relevant and novel, and departs from previous research, by presenting evidence from (i) a clinical sample of gamblers in treatment, and (ii) a very specific subset of gamblers (i.e., those primarily engaging in sports betting).

Methods

Participants and procedure

For the purpose of this study, a convenience sample of Spanish sports bettors experiencing gambling problems was recruited. All the participants had been diagnosed with gambling disorder prior to the study, and were undergoing treatment. The diagnosis was based on either the NODS (National Opinion Research Center, 1999) or a Spanish adaptation of the DSM-IV criteria (Jiménez-Murcia et al., 2009), as well as in individual interviews with psychologist trained in behavioural addictions who confirmed the diagnosis.

Most of the participants were recruited via regional or provincial associations under the umbrella of the Federación Española de Jugadores de Azar Rehabilitados (FEJAR; Spanish Federation of Rehabilitated Gamblers), who coordinated the recruitment process. FEJAR sent out emails to their federated associations (a total of 20 all over

Spain, reporting around 5,000 gamblers assisted in 2017 [FEJAR, 2018]) asking for individuals undergoing treatment for gambling disorder whose primary type of gambling was sports betting. The total number of sports bettors in Spain is unknown, as it is the number of sports bettors diagnosed with gambling disorder as a percentage of the total number of people who experience gambling disorder.

Being a sports bettor undergoing treatment for gambling disorder were the only inclusion criteria for the present study. Those associations that replied were selected to organise focus groups. Additionally, another focus group was set up by the pathological gambling unit of a hospital in the greater area of Barcelona, following a similar procedure and criteria for recruitment. The recruitment process resulted in the formation of seven focus groups in six different cities of Spain, with 43 male sports bettors in recovery from gambling disorder participating in the study (see Table 1). The focus group interviews were held between April and June 2017 in the premises of each association, facilitated by the first author. Sessions had an approximate duration of 90 minutes each.

Table 1. Focus groups composition

City	Region	Participants	Participant ID	Age: M (SD)
Barakaldo	Basque Country	7	P1-P7	29.1 (8.13)
Vigo	Galicia	5	P8-P12	31 (13.1)
A Coruña	Galicia	12	P13-P24	34 (10.9)
Madrid	Madrid	6	P25-P30	36.5 (9.1)
Madrid	Madrid	3	P31-P33	31.6 (9.5)
Barcelona	Catalonia	4	P34-P37	36.7 (4.3)
Pamplona	Navarre	6	P38-P43	33.6 (8.6)
Total		43		33.2 (9.3)

M = Mean; SD = Standard deviation.

The present study is part of a larger research project concerning advertising and marketing strategies in sports betting. For each focus group, the first author introduced the general topics of discussion in the form of a semi-structured interview, and allowed the participants to interact between questions. The discussion was flexibly structured following these themes: (i) personal involvement with sports, (ii) first experiences with

gambling and sports betting, (iii) betting behaviour (e.g., odds selection, statistical analysis), (iv) sports media consumption (e.g., television, online newspapers), and (v) sports betting advertising: exposure, avoidance, perceived impact, recommendations for regulation or prohibition.

Ethics

The study obtained the ethical approval of the first author's university research ethics committee in accordance with the Declaration of Helsinki. The participants signed a consent form, in which they were reassured that participation in the focus group was voluntary along with their rights to withdraw from the study at any time, the confidentiality of their data management, and their anonymity. Furthermore, participants agreed to be audiotaped (no video) for research purposes. All of the participants who agreed to take part in the study received a small gift at the end of the session (i.e., a USB flash drive or earphones with an approximate value of €10).

Data analysis and theoretical approach

A company was hired to transcribe the conversation audios. The transcription was then imported into QSR NVivo 10 to facilitate its analysis. The data analysis had the following *modus operandi*: (i) the first author codified all the conversations after repeated reads, creating preliminary thematic categories; (ii) the codification was shared with the rest of the authors and those preliminary categories were condensed into more refined ones. In this process, a category of 'social perception of sports betting' *emerged* from the data, which had not been presumed in the initial design of the interviews; (iii) the first author re-coded the data again to dig deeper into the understanding of this emerging category; (iv) once the codification process was finished, the first author went back to the original audio recordings to certify the accuracy of the implications derived from the analysis, and to confirm the verbatim transcription of the excerpts selected as particularly illustrative.

A thematic analysis approach was favoured to understand the results of the study. This is a regular procedure in psychology to make sense of the qualitative data gathered from interviews (Braun & Clarke, 2006). Coding was performed without any aprioristic thematic specification, and themes emerged spontaneously during the analytical process. Once a distinctive theme (social perception) began to take form, the authors re-

analysed adopting a more guided theoretical perspective, very similar to the *focused coding* phase in grounded theory (Saldaña, 2009). Given the qualitative nature of the analysis, exact quantification of the number of participants endorsing each theme or idea is not reported. In turn, some expressions are used to indicate approximate endorsement: ‘most’ (80% of the participants or higher); ‘many’ (50-79%); ‘some’ (20-49%), and ‘a few’ (19% or below).

Results

Overview

Participants of the study were not directly asked about their opinion with respect to the social perception of sports betting. However, such opinions emerged during the conversation about unrelated topics. The research team put these opinions together and reconstructed the underlying perception of sports betting that was implicitly captured in them. All of the participants agreed that sports betting as a social activity enjoyed a privileged status in Spain, and constituted a much more socially accepted form of gambling as compared to almost any other gambling type (except the national lottery), especially casino, poker, and slot machines. These positive connotations related to sports betting were coded into two categories: (i) the positive connotations that were actually present in the social perception of betting; and (ii) the negative connotations that typically other gambling products possess but were perceived to be absent in the public discourse about sports betting. Figure 1 summarises the categorization of the main attributes of the social perception of sports betting.

INSERT FIGURE 1 ABOUT HERE

Lack of stereotypes

Regarding the absence of negative connotations around sports betting, participants perceived that sports betting had no stigma attached. Ironically, the lack of stigma was considered a detrimental attribute, interpreting such absence in terms of a risk factor rather than a protective one. Closely related to the absence of stigma was the lack of stereotypes concerning sports bettors, particularly when it came to those that bet online. One bettor summarised his opinion about gambler stereotyping: “*bingo gambler, a woman, casino gambler, a Chinese guy, sports bettor?* [Silent pause]” (P26, 40 years). This lack of stereotypes also transpires in the difficulties that those close to bettors find

to identify early symptoms of problem gambling. One participant illustrated this by recounting how his mother could not detect his gambling problems because she could not conceive the idea of her son doing anything wrong while betting on sports: “[Impersonating his mother] *My son is at home, not in a bar drinking, there can't be anything wrong*” (P25, 51 years). Many bettors struggled during the focus group sessions to understand why they were better considered than other gamblers. As many bettors engaged primarily in online gambling (i.e., mostly at home), this was one of the reasons used to make sense of the lack of (negative) social characterisations of sports bettors. However, those who were land-based bettors also found it hard to identify themselves with the rest of the gamblers in the betting shops, such as those who gambled on roulette, slots, or casino products.

The lack of stigma currently associated with sports betting in Spain prompted some bettors to characterize harm related to betting as “a silent epidemic”. Other verbs and expressions used by some of the participants also exposed the hidden or underrated nature of the problem. According to many participants, the silence around sports betting-related harm had an impact in the public acknowledgement of their gambling disorder. Participants listed two main aspects in which the silent and hidden nature of gambling disorder, combined with the scarcity of reliable information about it, negatively influenced problem identification, help-seeking, and treatment.

First, participants mentioned they found it extra hard to come out as gambling addicts, not only because of the stigma attached to any addict, but because “*people will think you're stupid. But they don't think that way about people addicted to cocaine*” (P43, 45 years). In this respect, these participants found solace in the fact that gambling addiction is now also viewed as a ‘brain thing’. Second, a few bettors reported feeling weird and questioning themselves about their own perception as problem gamblers. They thought that if their gambling behaviour was similar to other people’s behaviour around them, and these people did not feel they had a gambling problem, perhaps they did not either and were just blowing their gambling habits out of proportion.

Second, the lack of awareness of the potentially detrimental consequences of sports betting not only affected those not familiarised with gambling, but also problem gamblers themselves, who by definition were supposedly very much aware of the

consequences of problem gambling. One bettor recalled the first time he gambled on sports:

“I had been seven years without gambling. I used to be a pathological gambler and underwent treatment seven years before. I moved from Valencia, and on my first weekend here [in Madrid] we went to a friend’s house for lunch. He was watching sport on television and put five euros on a game. I gave him five euros to bet on my behalf, and the evening was... enjoyable, very entertaining. We were watching our team, made some crazy [accumulator] bets” (P26, 40 years).

The bettor acknowledged that he knew betting on sports was also gambling for money, and indicated that he was certainly aware that sports betting could lead to some gambling-related problems, but he did not imagine that it could cause a full-blown addiction. This episode illustrates how a recovering problem gambler may fail to identify betting on sports as a potential gateway for relapse.

Novelty

The relative novelty of sports betting (particularly online) as a gambling product was considered by many as a probable cause for the lack of stigma of betting. Most of the participants stated that (over time) betting would become as poorly considered as any other form of gambling. One bettor (P39, 23 years) predicted this would happen by 2020, while another (P38, 24 years) said it would become a publicly acknowledged reality even sooner.

A more experienced bettor (P25, 51 years) thought that the stereotyping and the stigma attached to sports betting would arise eventually. He compared the situation with that lived back in the 1980s when heroin was first introduced into the Spanish market. The claim was that in both cases, a new product about which little information is known, provoked an epidemic of unexpected consequences (AIDS and gambling addiction, respectively). This bettor acknowledged that the difficulties of identifying problem bettors today was because these bettors do not match the stereotypical descriptions of drug addicts, the same as heroin users who did not match the previous generations’ socially constructed ideas of risky behaviour.

Low-involvement product

One particular attribute of sports betting products that appears to be an underlying cause for betting naturalization is the low betting stakes. Spanish consumers can start betting on sports from as little as 20 cents (€0.20). Many bettors reported having started gambling with small stakes, sometimes below €1. The new structural characteristics of betting products, which include the possibility of combining multiple events in one single bet (known as *accumulators*), make staking small amounts of money more attractive to gamblers.

The low stakes element of sports betting appears to be essential in facilitating the initiation of sports bettors into the gambling habit at an early age. One bettor reported during the group interview having placed a €1 bet for the first time “*as a joke, as something stupid to fool around*” (P23, 24 years). This low stake betting was perceived as having no negative consequences because the money staked was affordable for most bettors no matter how young they were or how little their disposable income was. Being able to have fun with as little as 20 cents made betting accessible within the peer group of teenagers. One recalled his first bet: “*betting 50 cents with my brother on a football match from Latin America*” (P32, 32 years). Other bettors also remembered stakes as small as €1 in their first betting experiences, usually in the company of (i) teammates in a sports team; (ii) relatives (typically, older cousins or brothers); or (iii) older friends. In general, their first time betting appeared to be connected in their minds to the combination of small stake/big reward. A few bettors reported remembering stories by the time they made their first sports bet about people who bet €1 and won many times as much. These stories appeared to have made a big impression on young sports bettors.

Some bettors in different focus groups emphasized the low stakes, using expressions such as “*one or two euros*” (P30, 39 years), “*a couple of euros*” (P21, 25 years), “*a few euros*” (P4, 43 years). They sometimes used alternative names for euro currency (typically slang terms nearly equivalent to *quid*, *buck* or *dime* in English), and a *lazy* voice tone to accentuate the idea of ‘*no big deal*’. This appeared to be a strategy to lower the psychological value of money and differentiate leisure gambling from problematic gambling. In fact, when asking one bettor how he would describe what defines a prototypical non-problem gambler, he described the person as “*somebody who has the ability to bet one or two euros*” (P4, 43 years). A similar construction came up

when – in an unrelated phase of another focus group conversation talking about minors who gamble – three bettors concurred that seeing an adolescent betting on a fixed-odds betting terminal was not perceived as something genuinely malignant, “*since they usually bet one or two euros*” (P4, 43 years; P3, 24 years, P1, 27 years).

The construction of the ‘normal’ bettor

In their accounts of gambling behaviour, participants tended to indirectly describe what constituted in their opinion a ‘normal’ sports bettor, as opposed to their self-image of excessive gambler. None of the participants perceived themselves as representative of the average bettor. However, most of them appeared to know someone in their lives who they viewed as a baseline bettor. This baseline bettor was an ideal bettor who managed to control his impulses and urges, and personified the exact opposite of themselves as gamblers. Relatives, friends, or co-workers typically represented such baseline bettor figures. For instance, one participant used his cousin (21 years), who introduced him into sports betting, as a role model: “*My cousin, he really makes lots of money. But, I mean, he’s not like us. He doesn’t have an obsession*” (P10, 28 years). A few of other participants used expressions such as “*we don’t react like normal people*” (P3, 24 years), or “*there’s a moment where we cross that line that separates us from normal people*” (P34, 31 years), to characterize the differences between normal and problematic gambling behaviours.

A series of characteristics of what a normal bettor looks like arose along the interviews. Although using different ways of wording them, participants repeatedly focused on what they considered the two fundamental attributes of the normal bettor: (i) betting with small stakes; and (ii) showing disregard for the outcome of the wagers. As cited previously in the section on low staking, sports bettors systematically ascribed to one or two euros bets the category of non-problem gambling, irrespective of the frequency of those bets, which could on aggregate amount to more losses than a large single bet. Correspondingly, in their view, small stakes correlated with small winnings, which was also a sign of commensurate betting. This transpired in expressions such as: “*like normal people, who bet 10 times and make 10 euros*” (P43, 45 years). Similarly, normal bettors supposedly show indifference to the result of their bets, or rapidly forget their lost bets. One participant summarized the behaviour of such normal bettors as: “*they bet*

two euros: if they get lucky, they get lucky, if they don't, they don't. That's it" (P4, 43 years). The disregard for the outcome implied the ability of these normal bettors to discontinue their gambling at will, as one participant put it referring to his cousin: *"He loses and stops. But we don't"* (P10, 28 years).

Social normalisation

In different parts of the group interviews, the participants hinted the possible origins of their perceptions about how the image of a normal bettor was socially constructed. Two paths for sports betting normalisation and social legitimation emerged from the data: (i) the proliferation of social representations of sports betting, particularly through media communication, and with special focus on advertising messages; and (ii) peer normalisation of betting, especially in the workplace environment.

In general, all participants thought they were witnessing a proliferation of media representations of sports betting. The multiplicity of platforms and formats through which sports betting was represented (and hence, normalised) was generally considered excessive and detrimental, especially for minors and individuals in recovery like themselves. The participants drew conclusions from such abundance of media representations, and inferred that rates of people experiencing sports betting-related harm must have grown as a consequence of the availability, accessibility, and normalisation of betting. Despite the commonly accepted idea of sports betting popularisation in Spain concurring with the emergence of online gambling, the researchers wanted to confront the participants concerning specific examples by which they perceived such popularisation. One bettor noticed the effects in the use of betting terminals located inside bars:

"You used to go and the machine was available. Now you go and there's a queue. I mean one-hour queues. I worked in a bar and people were sitting, waiting for an hour, and complaining to the person gambling. [...] And in some bars there was just one terminal a few months ago, and now there's three or four" (P38, 24 years).

The growth of gambling advertising before, during, and after sport events irritated some of the participants, who found it impossible to avoid. Participants mentioned adverts on

television and radio as highly indicative of betting engagement at a population level. Participants were well aware of the positive connotations implied in the media representations of betting products. Many participants thought adverts conveyed the idea of something harmless, entertaining, and amusing, with no real negative consequences. The researchers had a preconceived idea that participants would cite the positive values inherent to sports (e.g., fairness, merit, hard work, equal opportunity) as those emphasized by bookmakers in their commercial communications, but they did not respond to cues offered by the interviewer about such values.

Principally, bettors found that what contributed most to the normalisation of betting was the use of celebrity sportspeople to promote gambling products. This was particularly annoying to them due to their perception that it was having a big impact on minors. One bettor explained how he thought celebrity endorsement worked in the minors' cognition:

“A [mature] person sees [Cristiano] Ronaldo wearing Bwin in his jersey and won't do anything. But a 14-year-old kid sees that, then goes to the bar, sees the terminal with Bwin written on it, and will think: how is this going to be harmful if Ronaldo is carrying it in his chest?” (P15, 23 years)

Another bettor elaborated on the influence that positive connotations via cumulative media representations had on minors and criticised what he considered to be insufficiently developed legal barriers to dissociate gambling from appropriate adolescent behaviour:

“When I go in a casino I see 18-year-olds, tons of them, as if it was a social activity. This for me it's like botellón [massive street drinking in public places] 20 years ago. It's not negatively perceived because they spend just one euro, so there is no harm involved” (P25, 51 years).

Those interviewed were clear that their peers were essential in normalising gambling behaviour. Close friends and family members played an important role for a few bettors that learnt through them that gambling on sports was socially acceptable. However, the workplace environment was the most reported peer influence in terms of its capacity to

socially construct the normality of sports betting. A few participants in separate focus groups recalled how witnessing co-workers bet on sports during work hours had normalised the betting behaviour for them. One participant reflected on how usual betting in the workplace had become. He explained:

“I work in a big corporation, and we [the employees] have the access to betting websites restricted. These were the first websites that IT guys blocked. [Researcher asks: Do you know whether many others in your company also gamble?] I first heard of sports betting in the company, indeed! [...] I began to bet in the company, and many continue betting, I’d say around 60% of my plant” (P28, 34 years).

Another bettor (P30, 39 years) interrupted and added that 30% of the workers in his company bet on their smartphones on UEFA Champions League nights, confirming the erosion of the barriers between free time and work time gambling. This bettor cited the escape from monotony and the repetitive nature of the job as the potential contributing factors to engaging in gambling at work, although he also mentioned that the vast majority of the workers in his company were males. Some bettors reported constant discussions in their jobs about betting opportunities, or missed betting opportunities that other colleagues make them regret. The fact that the participants in the present study were diagnosed with gambling disorder and were receiving professional help made them more capable of identifying such behaviour among their co-workers. While betting during work time was positively sanctioned by the group (especially in male-dominated work environment), bettors undergoing treatment were more inclined to observe in others’ betting behaviour the signs of pathological gambling. A few bettors reported being aware that some co-workers hid in the toilet to bet online without being interrupted.

Discussion

The present study examined the opinions of sports bettors in recovery for gambling disorder concerning how sports betting is socially perceived in Spain. Findings suggest that sports betting enjoys a more benign social perception compared to other types of gambling. This was derived from the fact that sports betting lacks some of the negative

connotations typically attached to gambling, and simultaneously, from the presence of positive connotations that normalise and naturalise betting behaviour.

The perception of an absence of deleterious stereotyping – as prerequisite for stigma formation – was troublesome for many participants in the study. Stigma is a dual component comprising a public construction and its internalisation (i.e., self-stigma), that happens when individuals self-endorse the behaviour/attitudes of public stigma and see themselves as carriers of such stigma (Corrigan, Larson, & Rüsch, 2009). Regarding the public stigma component, participants demonstrated they were aware of the publicly constructed stigma around gambling. However, the psychological process was confusing, since their distress was not derived from sports bettors being object of the detrimental effects of stigmatization, but about missing some of the perceived benefits of being stigmatized. This process also included a specific contemplation of gambling-related stigma as a spectrum, with sports betting being in one end (i.e., no stigma at all) and other gambling forms being at the other. Bettors did not appear to feel represented by that position, but neither by the gamblers' position, as if they were advocating to be considered *more* stigmatized than they currently were, *but less* than other gamblers.

Regarding the self-stigma component, bettors were aware and agreed with their characterisation as problem gamblers, and applied to them some of the attributes socially attributed to problem gamblers. Self-stigma has been found to act as a fundamental barrier in the early detection and help-seeking of people suffering gambling problems (Hing, Nuske, et al., 2016), a mental process also described as a “walk of shame” (Miller & Thomas, 2017). Bettors in the present study showed evidence of shame, and self-blame, as well as difficulties in disclosing gambling problems, which are common to all gambler types. The participants struggled to conflate two, in theory, contradictory ideas: (i) the low or non-existent public stigma about sports betting; and (ii) the similar to other gambling forms (i.e., high) self-stigma as problem gamblers. This was evident in participants who reported having found it hard to disclose their addiction to betting because, inasmuch as gamblers, they faced the negative scrutiny that came with any gambling addiction, but inasmuch as sports bettors, it was stupid to become addicted to something so harmless.

This is not to say that the level of self-stigma experienced by sports bettors might be as high as that experienced by other gamblers, as shown in research from Australia (Hing & Russell, 2017b), and Turkey (Yüce et al., 2017). Sports betting appears to be in a continuum, in which other behavioural addictions also rank lower in the social perception scale of stigma when compared to substance-related addictions (Gavriel-Fried & Rabayov, 2017). The results in the present paper denote that – to some extent – sport bettors in Spain also struggle with self-stigma problems that are (even more) present in other forms of gambling.

The arguments of the participants concerning the significance of small stakes provide valuable insights into the social perception of sports betting. Following one of the postulates of the Elaboration Likelihood Model (Petty & Cacioppo, 1986), low-involvement products are more likely to trigger low-involvement processing systems, that is, fast peripheral routes, whereas high-involvement products will demand consumers to devote more cognitive resources to choose (i.e., central processing). Generally speaking, bets are low-involvement products, and as such, are more likely to elicit peripheral routes. In addition, consumers are more receptive to emotional appeals in low-involvement products than in high-involvement products (Akbari, 2015). Overall, advertising strategies focusing on emotional aspects of betting, combined with the emphasis on small stakes as low-involvement, may promote the reduction of rational processing of gambling stimuli, and hence, irresponsible gambling. Regulators must be aware that designs based on small stakes do not necessarily equate to less harmful gambling products. In fact, event frequency, speed of play, and payout interval are more significant structural characteristics to take into consideration when developing responsible gambling policies (Harris & Griffiths, 2018; Parke & Griffiths, 2007; Parke & Parke, 2013).

Odds offered by bookmakers typically involve the possibility of multiplying by only a few times the initial stake. This means that, broadly speaking, sports betting comprises low stake/high probability/low reward purchase decisions (Lopez-Gonzalez, Estévez, et al., 2017; Newall, 2018), as opposed to lottery-like product designs that involve low stake/extremely low probability/extremely high reward schemes. However, novel online betting products such as accumulators incorporate large prizes into the sports betting equation while maintaining low stakes (lowering the probability of winning). A series of

studies have argued that jackpot size and prize magnitude can potentially have an effect on problem gambling (Crewe-Brown, Blaszczynski, & Russell, 2014; KreuSSel et al., 2012; Parke & Parke, 2013). This modification of the structural characteristics of betting products (Lopez-Gonzalez, Estévez, & Griffiths, 2018; Parke & Griffiths, 2007) is an issue for adolescent gambling in particular, who might find it more attractive to bet for large financial rewards while staking small amounts of money. In this regard, jurisdictions facing similar proliferation and penetration of sports betting products (e.g., Australia), have recommended significant restrictions until more is known about the exact mechanism and impact of the structural characteristics of sports betting, particularly in-play betting (Killick & Griffiths, 2018; Podesta & Thomas, 2017).

More interestingly, the results concerning the role of workplace in the construction of the social perception provided a new perspective about sports betting. Workplace gambling has been studied because of its economic impact on employers (Paul & Townsend, 1998), and as a predictor of job loss and unemployment duration for problem gamblers (Nower, 2003). It had been anticipated that the development in the adoption of mobile technologies to gamble would accelerate workplace gambling (Griffiths, 2009). In the present study, participants offered new insight about the mechanisms of peer influence and normality construction in the workplace. Considering specially the male-dominant environment that many of the employed participants worked, betting could be seen as a method of socialisation, which includes rites of passage and bragging rights, similar to the conduct of Australian bettors in public houses (Gordon & Chapman, 2014; Gordon, Gurrieri, & Chapman, 2015).

The present study is not without its limitations. The convenience sampling of the participants, combined with the qualitative nature of the research methods, do not provide grounds for representativeness. Given the specificity of the target group (i.e., people in recovery from gambling disorder with sports betting as their primary form of gambling), 43 participants were deemed to be sufficient to explore the aims of the study, but cannot be considered representative of broader attitudes and behaviours of Spanish sports bettors. Furthermore, the severe effects of gambling on the lives of participants might have skewed their responses towards more radical views about betting, which do not represent the general view of sports betting in Spain or other

countries. The data were also self-report and therefore subject to well-known biases (such as social desirability and memory recall biases).

Conclusion

Notwithstanding these limitations, this study is the first to explore the social perception of a specific gambling type (sports betting) in a subgroup of problem gamblers (sports bettors). In the context of Spain, wherein sports betting is the most rapidly growing type of gambling among those attending treatment centres, the paper examined how sports bettors in treatment perceive that sports betting is socially perceived as a distinctive form of gambling with its own singularities. Bettors reported the presence of positive connotations about betting, and the lack of negative connotations, which affected them in terms of stigma, gambling normalisation, and peer influence. The paper draws attention to the significance of the social perception process, and suggests that policymakers should be cognizant of these perceptions in order to inform responsible gambling regulation.

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