

Stigma and gaming disorder: should we take a 'glass half full' or 'glass half empty' perspective?

The letter by Galanis *et al.* [1] discusses an important topic within the Gaming Disorder (GD) field, namely its relationship with possible stigma. Although 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.

First, 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 behaviour over problematic behaviour 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].

Second, 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 benefits for treatment costs covered by health insurance companies, facilitate awareness campaigns for prevention and harm-minimization, and elicit help-seeking behaviours 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 behaviours 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 to 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 because of their potential stigmatizing effects, there would be no logical reason to recognize other widely 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 because the majority of gamers play without experiencing functional impairments, and only a minority will engage in excessive behaviour leading to negative outcomes.

Therefore, the focus of the debate on stigma and GD should not be entirely centred 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.

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DECLARATIONS OF INTEREST


None.

AUTHOR CONTRIBUTIONS


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