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Perceptions of Gambling in Tamil and Chinese Communities in Australia: The Role of Saving Face in Perpetuating Gambling Stigma and Hindering Help

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Abstract

Despite Australia being a multicultural country, there is limited evidence regarding ethnic perspectives about gambling, problem gambling, and associated help seeking. The aim of this paper is to examine the role and nature of stigma in relation to gambling, in particular its association with the concept of saving face. Interview data were thematically analysed from a study investigating the attitudes and experiences of gambling among ethnic minority communities (Tamil and Chinese) in Melbourne, Victoria. By using two well-established frameworks for understanding stigma, we examine the extent to which gambling is stigmatized within these two communities. The desire to save face (a form of stigma management) significantly influences what is said about gambling and the reluctance of individuals to seek help should it become problematic. Thresholds for stigmatized behaviour appear to differ between the communities studied, as well as from what is known about the Anglo-Celtic majority. Understanding this heterogeneity may be important for informing more effective, tailored interventions.

Keywords: stigma, saving face, culture, ethnicity, qualitative, migration

Résumé

Bien que l'Australie soit un pays multiculturel, il existe peu de données probantes sur les perspectives ethniques du jeu, le jeu problématique et la demande d'aide connexe. L'objectif du présent article est d'examiner le rôle et la nature du stigmate associé au jeu, en particulier son lien avec le concept de sauver la face. Les données d'entrevues réalisées dans le cadre d'une étude sur les attitudes et les expériences de jeu de membres de communautés ethniques minoritaires (tamiles et chinoises) à Melbourne, en Australie, ont été analysées par thème. À l'aide de deux cadres de travail reconnus

pour la compréhension du stigmate, nous avons examiné la mesure dans laquelle le jeu est stigmatisé dans ces deux communautés. Le désir de sauver la face (qui est une forme de gestion du stigmate) a une grande incidence sur ce qui est dit sur le jeu et sur la réticence à demander de l'aide lorsque le jeu devient problématique. Le seuil de stigmatisation du comportement semble être différent dans les deux communautés étudiées, ainsi que de ce que l'on sait du stigmate dans la communauté majoritaire anglo-celte. Comprendre cette hétérogénéité pourrait aider à élaborer des interventions personnalisées plus efficaces.

Introduction

Gambling and Problem Gambling in the Community

Gambling is a common pastime enjoyed in Australia, involving the placing of a wager or bet in the form of money or something of value on the outcome of an uncertain event. The outcome may be based on elements of skill or chance, or a mixture of the two. Approximately 70% of Australians engage in some kind of gambling activity at least once a year (Productivity Commission, 2010). Problem gambling is defined as gambling that is characterized by difficulties in limiting money and/or time spent on gambling, which leads to adverse consequences for the gambler, for others, or for the community (Problem Gambling Research and Treatment Centre, 2011). Although rates of problem gambling vary across geographical locations, in Australia the prevalence is approximately 1.4% to 2.1% of the overall population (Productivity Commission, 2010). Internationally, problem gambling prevalence ranges from approximately 0.15% to 0.2% in Norway (Gotestam & Johansson, 2003; Lund & Nordlund, 2003) to 0.9% in Britain (Wardle et al., 2011) to 5.3% in Hong Kong (Hong Kong Polytechnic University, 2005).

Although many countries have invested in quantitative studies that examine the prevalence of gambling and problem gambling, there is little focus on ethnic minority communities in these studies. A number of smaller studies, however, have attempted to examine the prevalence within specific ethnic minority communities. These studies indicate that overall, the prevalence of gambling is lower; however, it fluctuates depending on the specific community and the type of gambling (Tse, Wong, & Kim, 2004; Tse, Yu, Rossen, & Wang, 2010; Victorian Casino and Gaming Authority, 2000).

The Chinese-speaking community in particular has been the focus of some studies within countries such as Australia and New Zealand (Blaszczynski, Huynh, Dumlao, & Farrell, 1998; Oei & Raylu, 2007; Tse et al., 2004; Victorian Casino and Gaming Authority, 2000). These studies have indicated that Chinese-speaking individuals exhibit an elevated prevalence of problem gambling, ranging from 2.1% (Raylu & Oei, 2004) to 10.7% (Victorian Casino and Gaming Authority, 2000).

Furthermore, Blaszczynski and colleagues (1998) found that approximately 20% of their participants indicated that they had a family member who, they believed, had a problem with gambling, suggesting that these estimates may be conservative.

Two studies have indicated that Australian Chinese are less likely to disclose gambling behaviour than their Anglo-Australian counterparts (Blaszczynski et al., 1998; Oei & Raylu, 2010). Overall, these findings suggest that Chinese individuals are not only more likely to gamble, but they are less likely to admit to gambling behaviour (leading to under-reporting of gambling). They may also be more likely to develop a gambling problem than others in the general population.

It has been suggested that a number of circumstances and pre-existing vulnerabilities place migrants from ethnic minority backgrounds, compared with the majority ethnic population (in this case Anglo-Celtic), at increased risk of problems such as gambling-related harm. The harms that can be experienced by problematic gambling behaviour are varied and diverse, and include psychological, financial, and relational harms. Factors such as migration adjustment stress, low socio-economic status, different cultural beliefs and attitudes, low education, and lack of alternative leisure options may put migrants from ethnic minority backgrounds at greater risk of developing a problem with gambling (Ohtsuka & Duong, 2010). It is the different cultural beliefs and attitudes that people from ethnic minority communities hold about gambling that is the focus of this article, in particular the nature of the stigma and its impact on talking about gambling and help seeking.

Stigma

The examination of stigma and discrimination has received much research attention since Goffman's (1963) ground-breaking work, *Stigma: Notes on the Management of a Spoiled Identity*, in which he first defined the term. Goffman defined stigma as "an attribute that is deeply discrediting" that reduces an individual "from a whole and usual person, to a tainted discounted one" (Goffman, 1963, p. 3). On the basis of these blemishes, it is believed that the person in question is "not quite human," and an ideology is constructed that explains the attribute and attaches a range of deficiencies to the stigma that has been presented (Goffman, 1963, p. 6). However, a number of other theorists have built upon the foundation that Goffman created. The definition put forth by Link and Phelan, for example, is that "stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination occur together in a power situation which allows them" (Link & Phelan, 2001, p. 377). This definition of stigma builds on the definition provided by Goffman in that it acknowledges the role of power and status within the process of stigmatization and discrimination.

Jones and colleagues (1984) delineated six dimensions of stigma that are important in its development and execution. By defining those characteristics that affect whether an individual trait is destined to become a stigma, they expanded on the categorizations made by Goffman. Those six dimensions included concealability (the extent

to which the condition is visible and the control over disclosure), course (the pattern of change over time and most likely ultimate outcome), disruptiveness (the extent to which it affects day-to-day interaction, interpersonal relationships, and communication), aesthetic qualities (how it affects outward appearance), origin (the circumstances under which the condition originates and who is deemed responsible), and peril (the danger that the condition poses to others).

Being identified as a problem gambler brings with it a stigmatized identity (Horch & Hodgins, 2008). The bestowment of this identity taints and discredits individuals and places them in an inferior position of power in comparison to those around them. Individuals with a gambling problem often conceal their situation from family and community. Often this concealment results in individuals having to deal with difficult financial situations on their own, but it also threatens the quality of their relationships with others. Problem gambling can disrupt day-to-day interactions in a significant manner, but it does not necessarily affect outward appearances. Additionally, individuals tend to be blamed for their gambling problems (because of lack of control). Problem gamblers therefore have the potential to profoundly affect the quality of life of others in a negative manner in both emotional and monetary matters. It must also be noted that in some cultures, it may not just be problem gamblers who experience stigma: Any participation in gambling may taint and discredit an identity.

Cultural Factors and Stigma

Stigma is a phenomenon that occurs across cultures and is a shared experience of all societies (Link, Yang, Phelan, & Collins, 2004). However, even when the stigmatized identity is similar (e.g., illness, disability), different cultures differ in their meanings, practices, and outcomes of stigma (Yang et al., 2007). Therefore, the study of socio-cultural context is important in understanding the origins, meanings, and consequences of stigma (Ng, 1997). Perception, experience, recognition, labelling, classification, and amelioration of stigma must be understood in relation to the influence of culture (Ng, 1997).

This is especially true when examining and comparing patterns of help seeking for problem gambling in specific cultural communities living in countries such as Australia, China, Sri Lanka, and India. Although stigmatization of a problem gambler in Australia may affect family and close friends in a negative way, in collectivistic cultures (i.e., where interdependence of humans, not individualism, underpins a societal system) such as those found in Asia, association with one who has found him- or herself to inhabit a stigmatized identity threatens to break social connections, taints an entire network, and threatens not only the social opportunities of the network, but material opportunities as well (Yang et al., 2007).

Face is an important concept referred to in Asian societies. Simply put, it represents one's moral status within the community. As Yang and colleagues (2007) state:

> One "has" face, "receives" face, and "gives" face to respected others. When Chinese experience loss of face, they quite literally report the experience of

> humiliation and an inability to face others, as a physical crumbling of facial expression, a way of being faceless. Here, stigma is not just a discursive or interpretive process but a fully embodied, physical, and affective process that takes place in the posture, positioning, and sociality of the sufferer. (p. 1530)

Face is an important concept in understanding stigma within Asian cultures and is also a key component in understanding help-seeking behaviours related to problem gambling within these communities. Face is generally considered to be the cultivation of a positive sense of self-worth in the context of social networks and personal relationships (Juan Li & Chenting, 2007). Within the context of ethnic minority communities, keeping face (or maintaining a positive sense of perceived self-worth) affects the family as a whole and significantly influences social, financial, and other opportunities for success—for both the individual and the family (Tan-Quigley, McMillen, & Woolley, 1998; Tse et al., 2004; Yang & Kleinman, 2008). As an example of the ramifications of maintaining or keeping face, the literature suggests that the under-reporting of problematic gambling within Chinese communities may be attributed to individual and family fears of "losing face" and thus being stigmatized or discriminated against (Loo, Raylu, & Oei, 2008; Tse et al., 2010).

Stigma as a Barrier to Help Seeking

A number of barriers have been identified in relation to help seeking for individuals who have gambling problems. A recent review of 19 studies from primarily Western countries (e.g., Australia, Canada, Germany) conducted by Suurvali, Cordingley, Hodgins, and Cunningham (2009) found that the most commonly identified barriers to help seeking for these populations included a desire and/or belief in their ability to deal with the problem on their own; an unwillingness to admit their gambling problem or minimization of it; and the stigma, shame, secrecy, pride, and embarrassment associated with problem gambling and help seeking in general. The authors do not state how they categorized the barriers, which appear to be intricately interconnected and with a considerable degree of overlap. In this instance, we argue that it is the issue of stigma that underpins all of these commonly identified barriers for seeking help.

Research indicates that most individuals from ethnic minority communities who seek treatment for problem gambling report shame and guilt, which in turn acts as a barrier to seeking out either informal or formal help (Hing, Nuske, & Gainsbury, 2011; Raylu & Oei, 2004; Tan-Quigley et al., 1998). Generally, only 1 in 10 people with gambling problems seek treatment (Cunningham, 2005). This statistic remains stable despite the demonstrated efficacy of treatment for people with gambling problems (Problem Gambling Research and Treatment Centre, 2011). Although problem gamblers face many barriers when seeking help and treatment, stigma is consistently reported as one of the most important barriers in precluding individuals from seeking help (Cooper, 2001; Horch & Hodgins, 2008), and this fact is no less true for individuals from ethnic minority backgrounds (Fong & Tsuang, 2007; Multicultural Gambler's Help Program, 2011). Moreover, given the evidence to

indicate higher rates of gambling participation and problematic gambling in some ethnic minority communities, as well as anecdotally reported low representation in gambling support services, it appears that the nature and negative consequences of gambling stigma may be somewhat more profound. Further, although there is limited research about gambling in ethnic minority communities, certain communities are more likely to be the focus of this research than others (e.g., Chinese and Vietnamese).

The aim of this paper is to examine the role and nature of stigma in relation to gambling and its association with the concept of saving face within a multicultural context. Data are drawn from a study investigating the attitudes and experiences of gambling among two ethnic minority communities in Melbourne, Victoria. By better understanding gambling stigma and the associated barriers to seeking help, this study has the potential to inform more effective strategies to minimize the risk of gambling-related harm within Australia's culturally diverse society.

Method

Design and Procedure

This community-based exploratory study comprised a two-stage qualitative research design using semi-structured interviews. An expert advisory panel was established consisting of key stakeholders who provided ongoing advice and assistance to the research team with regard to identifying the specific cultural groups to be included in the investigation; identification and recruitment of participants; and assistance with the development of research questions, interpretation, and dissemination of the study findings. The panel met approximately every 3 months over the course of the study. Panel members were also available for informal discussions as necessary.

The Tamil-speaking and Chinese-speaking communities (herein referred to as Tamil and Chinese, respectively) were chosen as the focus for this study. The Chinese community was deemed appropriate because of the strong anecdotal and emerging evidence that members of the Chinese community regularly engage in gambling. A range of Chinese-specific gambling support services are available in Metropolitan Melbourne. In addition, the Chinese community was selected because it is a well-established community, with a Chinese presence in Australia since the 1800s. The Tamil community was included in this study for precisely the opposite reason, as there was neither anecdotal nor research evidence about the prevalence of gambling or problem gambling in this relatively recently arrived community.

The aim of this study was to explore community beliefs about gambling, but not gambling behaviour itself. For this reason, we did not seek to explicitly recruit gamblers, although we expected there to be a few gamblers in our sample. Furthermore, our expert panel cautioned against explicit recruitment of gamblers, as this may serve to deter participation.

Stage 1. The first stage of the research involved interviews with 18 key informants, including service providers and community leaders from the selected communities (Chinese and Tamil). The data collected within Stage 1 informed the Stage 2 interviews through appropriate refinement of the interview schedule and potential recruitment strategies within the two communities.

Stage 2. The second stage involved individual interviews and a focus group with 36 individuals from the Chinese (n = 25) and Tamil (n = 11) communities. The majority of interviews were conducted in English. An accredited interpreter was available to all participants, but only used in two individual interviews and the focus group. The focus group comprised nine men and women from a Chinese background.

The interview schedules for both stages comprised the same general structure, covering the following topic areas: cultural meanings, norms, and practices related to gambling; impact of migration; and factors influencing access to services.

Purposeful sampling was used within this study; that is, information-rich participants were intentionally selected on the basis of the needs of the study (Patton, 1990). Key informants previously known to the research team, along with the advisory panel members, were identified and invited to take part in the research. From there, a snowball recruitment strategy was used to identify further potential participants (both key informants and community members), whereby participants were asked if they knew others who may be interested in sharing their opinion or experience about gambling in their community. In addition, community members were recruited by using online advertising websites (i.e., Gumtree). Summaries were written after each interview and regular discussions took place among the research team as the recruitment process continued. This research strategy highlighted any gaps or omissions of relevant participants, and the recruitment process was adjusted accordingly. An effort was made to ensure that participants, particularly community members, ranged on a variety of key characteristics, (e.g., age, sex, geographical location). This was done by regularly reviewing our participant profile and actively recruiting participants with characteristics that were not yet represented.

Explanatory statements and consent forms were provided to participants and written consent received before interviews took place. Community members were offered the option to receive their explanatory statement and consent form in English, Chinese (Mandarin), or Tamil. Chinese (Cantonese) speakers were provided with the opportunity to have the consent explained in their language if required. All individual interviews and the focus group were audio-recorded, the majority of which was fully transcribed by a professional transcription service. Transcription ceased when it was ascertained by the research team that conceptual saturation had been reached in the transcribed interviews. All recorded interviews were available for reference during the process of data analysis. If the interview was conducted in Chinese, it was first transcribed in that language and then translated into English by using an accredited translation service.

The topic of gambling can be a sensitive one, and recruitment was designed to ensure that each participant felt comfortable engaging in the research. This meant giving participants the option of taking part in an individual interview or a focus group. There was only one instance in which a group of Chinese people chose to take part together, and this group was facilitated by an experienced member of the research team in the presence of an interpreter. Particular attention was given to ensuring that participants felt safe to talk, and detailed field notes were made to inform the analysis, specifically about the potential influence of the group context on the discussion.

Prior to the interview, each participant also completed a short demographic information questionnaire to facilitate basic profiling of participants. Community members were also asked whether they "engaged in gaming or gambling activities."

Ethics approval was received by the Department of Justice Human Research Ethics Committee (CF/12/5528) and the Monash University Human Research Ethics Committee (CF12/1464 – 2012000782).

Thematic analysis, as informed by Braun and Clarke (2006), was used as the analytic tool for this study. Thematic analysis is a "method for identifying, analysing and reporting patterns (themes) within data" in order to find "repeated patterns of meaning" (Braun & Clarke, 2006, pp. 79, 86). The six phases of thematic analysis used within this project were those presented by Braun and Clarke (2006): (1) familiarization, (2) generation of initial codes, (3) searching, (4) review, and (5) definition/naming of themes, followed by (6) report production. These phases were undertaken in a reciprocal manner, and the research team moved back and forth between the first six phases as necessary.

As the first stage of data analysis, the research team familiarized themselves with the interview transcripts, followed by the process of generating preliminary codes and themes. Following completion of this first analytical stage, further reading and re-reading of the data was undertaken to review the initial codes, which were then collapsed into key themes with distinctive labels or definitions assigned to each. This process of data analysis was not a linear process and involved ongoing discussion between members of the research team and with the advisory panel when appropriate. The transcript of the focus group was analysed separately, with the findings compared and contrasted with the themes emerging from the individual interviews.

A key theme to emerge from the thematic data analysis was help seeking, specifically, the factors that hinder people from ethnic minority backgrounds from seeking help for a problem. The stigma associated with gambling, and the pervasive desire to save face, appeared to underlie a reluctance to seek help. It was this theme that provided the focus for this paper.

All participant information was analysed with SPSS (Version 20), and all qualitative interview data were managed and analysed with NVivo (2011). In the presentation of the findings, participants are identifiable to the extent that enough information is provided to contextualize their comments without revealing the identity of participants. Thus, comments

are attributed to either a key informant (KI) or a community member (CM), and their gender, ethnicity, and role are identified as appropriate.

Participant Profile

Eighteen key informants took part in the first stage of the study. Key informants were between 24 and 72 years of age (M = 46.5, SD = 16.37), and almost two thirds were female. Collectively, 11 languages other than English were spoken by key informants, the most common being the Cantonese and Mandarin dialects of Chinese. This was followed by key informants who spoke Tamil. Three quarters of key informants were born outside Australia, with over half originating from East and South-East Asian countries (China, Hong Kong, and Malaysia). The remaining participants were from Southern Asia (Sri Lanka and India) and Northern and Southern Europe (Ireland and Croatia). Key informants had been in Australia for 22.5 years on average (SD = 12.09, range: 4–43).

Key informants worked professionally with ethnic and multicultural communities in general, or specifically with the Chinese or Tamil communities. The most common core activities of the key informants' organizations included service delivery (47.8%), advocacy (21.7%), education (13.0%), and policy development (4.3%). Almost half of the participants considered themselves to have multicultural expertise (and worked with a range of ethnic minority communities, 44.4%), followed by a third who had expertise predominantly with the Chinese community (33.3%) and a fifth who had expertise with the Tamil community (22.2%). Key informants had worked or had been involved in the ethnic and multicultural sector for an average of 11.4 years (SD = 10.26, range: 0.3–38), with almost four fifths working in the sector for less than 20 years.

Thirty-six community members (25 Chinese, 11 Tamil) took part in the second stage of the study. Community members were primarily between 18 and 85 years of age (M = 44.8, SD = 20.8), with just over half of the participants being male. Almost half of community members had achieved tertiary education. Nearly half of the participants were married, a third were single or had never married, and about half had children. In general, when compared with the Chinese sample, the Tamil community members were more likely to be male, tertiary educated, and living in a more socio-economically advantaged urban area.

On average, participants had been living in Australia for just under 20 years (M = 18.7, SD = 15.29), with just over a third of the participants living in Australia for less than a decade (n = 21, 38.9%) and almost a quarter for 20 to 30 years (n = 13, 24.1%). Almost half of the participants were born in Eastern Asia (comprising China and Hong Kong, n = 26, 48.1%), followed by those born in Southern Asia (comprising Sri Lanka and India, n = 14, 25.9%).[1]

[1]Geographical classifications were drawn from those presented by the United Nations (United Nations, 2011).

Unsurprisingly, the most common languages spoken were Chinese (primarily Cantonese, $n = 25$, 19.1%, and Mandarin, $n = 23$, 17.5%), followed by Tamil ($n = 15$, 11.5%). However, key informants and community members spoke 11 other languages and dialects, highlighting the diversity in our sample.

The majority of community members migrated from Eastern (China or Hong Kong; $n = 16$, 44.4%), South-Eastern (Malaysia, Singapore, or Vietnam, $n = 7$, 19.4%), or Southern Asia (Sri Lanka or India, $n = 4$, 11.1%). Similarly, the majority of community members were born in Eastern (China or Hong Kong, $n = 20$, 55.6%), Southern (India or Sri Lanka, $n = 10$, 27.8%), or South-Eastern (Malaysia, $n = 4$, 11.0%) Asia. It must be noted, however, that individuals who originated from countries such as Hong Kong, Malaysia, and Singapore were from both the Chinese and Tamil communities, as reflected in the different distributions between migration and birth countries. Over half of the community members had spent less than 10 years in Australia; however, a significant portion (38.9%) had spent 20 years or more in this country. A third of participants arrived alone, closely followed by those who arrived with their family. Two fifths of participants came to study, followed by one fifth who came for employment.

Of the 36 community members, one Tamil and eight Chinese participants reported engaging in gaming or gambling activities prior to their interview. Following the interviews, a further six participants (three Tamil and three Chinese) spoke about engaging in various gambling activities. It was not clear why these participants did not disclose their gambling activity in the survey. It could have been because of a sense of denial or shame, because of a different understanding of the term "gambling," or because that they had misunderstood the question.

Results/Findings

To provide context for discussing the concept of saving face in relation to gambling and help seeking, we must first describe the general attitudes towards gambling in the two communities studied. For the Chinese, gambling was perceived to be part of the culture; "gambling culture is in the blood" (KI, male, Chinese). Thus, gambling was on the whole perceived to be acceptable in the Chinese community. However, problematic gambling was not acceptable: "It's okay to gamble but if you have a problem in gambling, it's a taboo" (KI, female, Chinese, consultant). For the Tamil community, gambling of any sort was perceived to be "bad" and not acceptable: "If you bet money then you're gambling … gambling is a sin … you're not expected to gamble" (CM, male, Tamil). Although the researchers acknowledge that individual participant perspectives were diverse, the views described above were the commonly held cultural perspectives about gambling in the two communities studied, and it was these perspectives that determined the point at which an individual was likely to be discredited by their community in relation to their gambling behaviour.

Saving Face

The concept of "saving face" was a term commonly used in participants' narratives when talking about the Tamil and Chinese communities. Saving face was described as being about maintaining respect from others. Those individuals who wished to save face tended to keep information hidden and private that may be perceived as negative or that may reflect poorly on the individual or family.

> There's a lot of looking good amongst [Tamil] community members and not showing up the fact that there might be problem sons or family problems, so there's a lot of saving face and keeping up good appearances in their community. (KI, female, general, community peak body[2])

> Because of the ego there, he [problem gambler] doesn't really want anyone to know that he's going down…. That's right [saving face is] a very strong thing in Chinese communities, and he was the eldest brother in the family as well—the eldest son. So that's where the "I have to save my face" concept come from … in Chinese it's not really good to talk about this thing in the open so maybe that's why it's all pent up. (CM, female, Chinese)

For the Chinese and Tamil communities, in relation to gambling, loss of face was described as occurring at different levels of gambling engagement. For Tamil individuals, the majority of participants indicated that to engage in any gambling practice would result in a loss of face. For the Chinese participants, it was the engagement in problematic gambling behaviours that was perceived as being shameful and discreditable.

> A stigma, yes. So if you're gambling, smoking and drinking in our culture, it's bad things. (KI, male, Tamil, community leader)

> If they lost a lot of money, that's right, that means they're a failure [they've lost face]. They're a failure. Yes. As I said, we have seen a couple of suicides and a lot have split up and a number of domestic violence with that. (KI, female, Chinese, peak body and service provider)

Furthermore, participants described how for individuals within collectivist societies, such as the Tamil and Chinese communities, if one family member loses face it was considered to reflect poorly on the entire family. It was the strong belief of both key informants and community members that the discovery of gambling engagement (for those from Tamil backgrounds) and problem gambling (for those from Chinese backgrounds) would result in a loss of face for the whole family.

> It certainly impact the reputation of the whole family, that is the case. It is—it is somehow a reflection of the way how you how the parents educate him. People not just blame him, sometimes also blame the parents. (CM, male, Chinese)

[2]A peak body is an organization that represents the interests of an entire industrial sector or community, often incorporating other organizations in that area.

> They probably don't even want to tell their family because it's kind of a shame on the family as well. (KI, female, Chinese, consultant)

> Confidentiality is a very important thing. And it's quite humorous when I think about the reasons because, you know, for example if let's say I know this—this family that's, you know, the father is a gambler so there wouldn't be much of a connection because let's say if I know the father, I wouldn't go and ask for his daughter for marriage … a lot of places there are still arranged marriage. (CM, male Tamil)

This last comment illustrates one of the strong motivators for saving face. If the community finds out about the disreputable behaviour of a person, it can impact on the reputation and prospects of every family member. The Tamil participant's comment above also highlights how certain cultural practices and traditions (e.g., arranged marriages) can compound the desire to keep quiet about negative behaviours on the part of individuals. Consequently, in order to save face, people do not talk openly about issues, and there is a silence or a filtered account of the truth, as described in the following reflection about Tamil international students:

> I think keeping face and reputation and being obedient or not wasting their parents money is another thing that motivates them to be really quiet about it [problems], so they may tell some friends but even then lots of things would be left out. (KI, female, general, counsellor)

There was also an instance recounted by the same counsellor whereby students who are not familiar with gambling get involved with student poker groups and use their credit cards. Having lost, they "sort of lose face and want to go back again and try and win their money back" (KI, female, general, counsellor). Hence, they may end up gambling and spending more in an attempt to regain their perceived worth, and essentially their "face." It was clear from participants' accounts that losing face was not related to losing or failing at the gambling activity per se, but rather about losing control. Furthermore, for the Chinese community, winning was perceived as "lucky," which is a good thing in Chinese society; hence, there was no stigma attached to non-problematic gambling.

There was also evidence to indicate that once an individual becomes desperate, the desire to save face is overthrown by the need to survive. A key informant spoke of a known problem gambler going around asking for money: "They don't mind to lose their face…. They don't mind because they need the money" (KI, female, community organization). This illustrates that there may be a point at which an individual has resigned themselves to having lost face and perhaps feels that there is nothing more to lose.

Saving Face as a Barrier to Seeking Help

The strong desire to save face was intricately connected to the reluctance to seek help, both informally and via formal services. The difficulty of encouraging individuals in

tight-knit communities to seek assistance was clearly an issue of concern, as described by the following participants from both the Tamil and Chinese communities:

> … even though you know there are these people who have … gambling problems, you still can't get the first-hand information and it's so hard to get other people to tell that person to seek help … it's actually really annoying because you know—you know they're there, you want to do something about it but you can't…. Because if you do, they'll probably run. (KI, female, Chinese, consultant)

> … we had a man and the wife he [sic] was assaulted—it's a typical example how gambling—but no-one knows about this. No-one will tell you. Even if you go and tell them the wife will not tell what the husband is doing. That is our culture…. Now suppose if my wife goes against me, she would not be respected by the—by our relations. It's like more or less she'll be excommunicated from our society. (KI, male, Tamil, community leader)

Participants also confirmed that it was common for individuals to deal with a problem as a family or within the community, as opposed to seeking formal professional help. One reason for this was the desire of individuals to save their loss of face by not allowing their problem to become common knowledge in the wider community, as illustrated by the following service provider:

> I think [ethnic minority communities] also tried to deal with it…within the family, because of that shame factor, so it'd be kept within the family, and then it might go in to a trusted person in the community, so we hear that often, there might be a community leader who is the person who approaches, so sometimes, it tends to stay within the family, or within the community. (KI, female, general, service provider)

Lack of trust and a lack of awareness and understanding about services and the service system were critical factors in understanding why people were reluctant to seek assistance for problems. This was particularly the case for new arrivals who were likely to only trust family members:

> Because of that shame and stigma, problems [within ethnic minority communities] do tend to be kept within the family or within the community, and often, the community is the one that's trusted, especially with the newly arrived communities. That's their traditional way of working through problems. That's the model in a sense, and they're not familiar with the concept of counselling, they're not familiar with service systems, how to navigate them, and how to access help. (KI, female, general, service provider)

Furthermore, depending on the country of origin, the concept of "confidentiality" may not be well understood, and therefore formal help seeking may not be undertaken because of the fear of losing face in the community through lack of confidentiality from health care professionals. Specifically, if people do not understand that what they say will remain confidential, then it may hinder them from seeking help.

> It could be that they bring that culture [home country culture that does not practise confidentiality] with them here and they think, "What I do is not going to be confidential and so I'll just keep quiet." (CM, female, Tamil, service provider)

In some instances, it was suggested that migrants may be more comfortable seeking informal help from those within their own community (e.g., community leaders), rather than seeking assistance beyond their community to use the services of other professionals. The reverse was true in other cases. For example, some participants described individuals preferring to go outside their communities in order to protect their privacy.

> First of all, some of them would like to come and see the person who speaks their language…. Some of them they want—they get away from their own community people. (KI, male, Tamil, service provider)

> They will go to Gambling Anonymous or somebody external but, that is if they recognize that there is a problem but I don't think they will go within the community to discuss, yeah…. I think it's a confidentiality issue…. Look I can't say for sure that that would happen in a, you know, medical—in the medical field, but in another field if it could be, you know—because it's a small community, there is a chance that it could get out. Exactly, just to eliminate the risk. (CM, male, Tamil)

In summary, the importance of trust was vital in order to minimize the potential to lose face within the community. Who people believed they could trust determined who they did and did not approach for assistance—and often it was family and close community members, more so than formal service providers.

Not Seeking Formal Assistance Until There Is a Crisis

Problem gambling and other mental health issues were perceived by people from both Chinese and Tamil communities as bringing shame, not only on the individual, but also on the family. It was this sense of shame that appeared to be a driving force behind the reluctance to seek formal assistance until a crisis had occurred. This view about not seeking help until the last critical moment was related not only to the reluctance of individuals to seek professional help in general, but also as a response to the shame and stigma associated with problem gambling specifically.

> So when it reaches a crisis point, that's when we [multicultural service provider] generally tend to get involved, so they're in severe financial difficulties, or there might be mental health issues, or they're suicidal, or something like that, so really at that crisis point. (KI, female, general, service provider)

> I'm not quite sure about that because, because I have not had any personal interaction with such people. But what I would like to say is that they might seek help at the eleventh hour. Or even when things have gone so bad that they might want to seek help. (CM, male, Tamil)

Moreover, it was often not the individual in crisis who sought support from formal services, but rather friends or family members who sought professional assistance on behalf of their loved ones.

> They call us or ask for Gambler's Help to help them. But not every one of them, not everyone because they feel that is loss of face unless they think I have nowhere to go. I think the carers or the family ask for help more than the gamblers themselves. (KI, female, Chinese, service provider)

The tendency to not seek help until a crisis was noted as problematic, making it difficult for service providers to effectively address problems in a timely manner.

> [Gambling problems are] kept very secret, and there's a lot of shame around it, so the disclosure becomes very problematic, and it's very difficult for services to pick up on it, and to address it. (KI, female, general, service provider)

Because saving face is such an important factor in the process of seeking help, participants acknowledged that it is a key factor for consideration in the delivery of support services.

> There's a lot of sort of face saving in terms of seeking help, people getting help and then, yeah, the strategy, the helping strategy was all about saving face so that the person who you were helping, you know, maintained their dignity. (KI, female, general, peak body)

The importance of maintaining dignity was emphasized by another key informant when she described the worry people feel if they do not respond to treatment. She said that people worry that if they cannot change their gambling behaviour, they will lose face. Thus, in addition to the problematic gambling that is shameful, if they have failed to respond to treatment, it also reflects badly on them: "They are a failure, they're not able to control themselves" (KI, female, Chinese, community leader).

When individuals did seek professional advice and assistance, often they would present initially with (in their view) a more acceptable, less stigmatizing issue (e.g., financial difficulties). In this service environment, gambling issues often surfaced, providing the opportunity for the individual to be referred to an appropriate service provider.

> Experience shows that sometimes that the students will self-disclose to counsellors or otherwise students may come and seek financial assistance from [Student Services] and through discussions about what we can do in terms of loans and grants and things some students might disclose about gambling behaviour. But often the sense is that we don't have a real understanding of the extent of the problem, if it is a problem. (KI, female, general, service provider)

The role of self-exclusion as a way to address gambling problems for people from ethnic minority backgrounds was also raised by a counsellor. Self-exclusion in

Australian venues involves photographs being taken of gamblers who wish to remove themselves from the venue, which are then displayed in staff areas to ensure that all staff are aware that these individuals wish to not gamble any more. For ethnic minority individuals, the fact that their faces would be photographed and kept at venues was noted to be a huge obstacle for clients, despite explaining the confidential nature of the process to them. Thus, in this instance, the barrier was that their faces would be revealed.

Discussion

This study found that, for both Tamil and Chinese individuals, the threat of losing face (and the associated sense of self-worth, respect, and status) was a significant issue. Losing face had serious implications not only for the individual, but also for the broader family and community, which made the prospect appear more threatening. The threat of losing face underpinned the numerous strategies used to avoid being identified as a (problem) gambler. Although we acknowledge that there was heterogeneity within the sample, the findings are indicative of deeply established community and cultural beliefs.

When considering the findings in light of Link and Phelan's (2001) conceptualization of the process of stigma, we can further understand the stigma of gambling in relation to Tamil and Chinese immigrants, as well as how it relates to the broader Australian community. As previously stated, Link and Phelan's (2001) four stages of the process of stigma are (1) stereotyping, (2) labelling, (3) separation, and (4) the experience of status loss and discrimination (Figure 1).

For Chinese individuals, the point of difference is that an individual has lost control of their gambling behaviour, while for those from the Tamil community, it is the engagement in gambling itself that will most likely set them apart. The labelling that takes place is also different, as those from Chinese communities label only those who have a problem with gambling as gamblers. In contrast, the Tamil community labels any individual who engages in gambling behaviour as a gambler and those who have lost control as a problem gambler. It is this threshold of "too much" or "out of control," that distinguishes the difference between communities. In relation to the separation of "us" and "them," for those from Chinese and Tamil communities, this separation involves entire families, as opposed to the individualistic separation that occurs within the broader Australian community. Furthermore, the experience of status loss and discrimination experienced by Chinese and Tamil communities is potentially more acute, as it affects the family as a whole.

In the interpretation of our data, Jones and colleagues (1984) provide a useful framework for understanding aspects of stigma and the stigmatized. As outlined previously, Jones and colleagues identified six dimensions of stigma (concealability, course, disruptiveness, aesthetic qualities, origin, and peril). In relation to our data, these six dimensions can be interpreted as follows. The stigmatized identity of a (problem) gambler is one that is highly concealable. In order to maintain this

	Tamils	Chinese
Status Loss & Descrimination	Status loss and discrimination affects the whole family, as well as the individual	
Separation	Entire families can be separated, not just an individual	
Labelling	People are labelled as gamblers if they place a bet or a wager with money	People are labelled as gamblers if they have a problem with gambling
Stereotyping	Anyone who engages in problematic gambling is different	Anyone who engages in gambling is different

Figure 1. The process of stigma (Link & Phelan, 2001) in Tamil and Chinese communities.

concealed identity, individuals engage in many strategies to manage the stigma that they experience and to save face. Examples of these management strategies within the current study include attempting to deal with the issue within the family and not telling anyone until a crisis occurs. Furthermore, preoccupation with confidentiality and discretion are strategies to ensure that the individual and the family do not lose face. The course of (problem) gambling over time was not explicitly described, and there was no indication that participants believed, for example, that problem gamblers could not recover or that gamblers always turned into problematic gamblers. In relation to disruptiveness, there is some evidence within our data set that (problem) gambling disrupts interpersonal relationships and results in negative ramifications such as domestic violence, alcohol and drug abuse, and financial issues. Although the dimension of aesthetic qualities is not relevant when discussing gambling in this context, the origin of (problem) gambling is more often than not attributed to individual (as opposed to medical or societal) factors within the two communities examined here. This is in contrast to the medical model that has been fostered within the Australian context. Finally, the dimension of peril is highly pertinent within the communities examined within this study, as issues such as loss of money and social standing are experienced throughout the entire family network, as opposed to the more individualistic ramifications that are experienced within the context of Australian society. Moreover, a greater sense of peril may have further ramifications, such as the negative mental health associated with the shame of losing face for the entire family.

The threshold for stigmatization appeared to be different in each community and determined by community and cultural beliefs. When gambling was perceived to be problematic, the stigmatization and threat to face was responsible for widespread

reluctance to seek help and to instead deal with issues within the family. Furthermore, the acquisition of professional help was often put off because of the threat to individual and family face until a crisis was imminent. Thus, it appears that the issue of stigma and face are highly salient issues to address in order to assist individuals who have developed a gambling problem.

Help seeking was considered taboo in the Tamil and, to a lesser extent, the Chinese communities. This was not limited to psychological help, but to other forms of assistance as well. The issues of stigma and saving face—as previously indicated—were prominent in participants' narratives in relation to gambling problems, but also in relation to help seeking. As a result, participants often indicated that close friends and family members would be the first port of call for help and assistance. Participants often described, however, that this help would often be financial or practical in nature, without acknowledging or addressing problem gambling itself or any underlying issues.

This lack of engagement with psychological services may have many contributing factors, but can be traced to the fact that in some cultures, including Tamil and Chinese cultures, seeking help outside the family is seen as culturally inappropriate. However, it may also be the case that the concept of "counselling" as it operates within the Australian context may be poorly understood and recognized. It is possible that targeting marketing and information dissemination strategies at families within this cultural context may provide additional support for (problem) gamblers. Within this context, these findings can be interpreted as the family being both a problem (trying to deal with the issue on their own) and a solution (instigating help) for those with (problem) gambling issues.

This study has confirmed existing evidence that problem gambling is stigmatized (Horch & Hodgins, 2008), regardless of cultural background. Moreover, because of the weight of this stigma, people with gambling problems are not accessing the help they need in a quest to save face. This study highlighted how problem gambling is seen as a fault of the individual and that problem gamblers are perceived as not having enough willpower or control. Perhaps greater community education about the role of society and the environment in the origin of problem gambling would serve to lessen the stigma and consequently increase the likelihood that people will seek help when they need it.

A number of implications can be drawn from the findings of this study. In the first instance, these findings may inform not only strategies to increase help seeking among these (and other ethnic minority) communities, but may also assist in informing the kinds of information that are passed on to migrants when they arrive in Australia and the kinds of marketing conducted around help services. In addition, more culturally appropriate, responsive, and sensitive services may assist individuals to seek help, not only for gambling, but also for other issues. This would include raising awareness of primary health care workers and mental health professionals about the likelihood of people (particularly from ethnic minority backgrounds) concealing a gambling problem and presenting with other issues.

Available evidence indicates that problematic gambling is more prominent in people from Chinese and Anglo-Celtic backgrounds, as compared with the Tamil community, for example (Raylu & Oei, 2004; Tse et al., 2010; Victorian Casino and Gaming Authority, 2000). This may relate to societal attitudes about the acceptability of gambling (Loo et al., 2008; Raylu & Oei, 2004). The fact that gambling is not generally accepted in the Tamil community may serve as a protective factor against gambling-related harm, specifically by hindering individuals from behaving in ways deemed undesirable by their culture and customs. This suggests that there are potential benefits in gambling being stigmatized by the community. However, it is likely that interventions to decrease the acceptability of gambling would be thwarted in current Australian society, given the vested interests of the gaming industry and the associated power and wealth.

The variability of the sample, which focused on only two cultural groups, limits the generalizability of the findings. Other subsections of these communities, and indeed other ethnic minority groups, may perceive gambling and problem gambling in different ways. There is a fairly large scope for future research to be undertaken, not only in the gambling area in general, but particularly in gambling in ethnic minority communities. Studies examining a wider sample of different ethnic minority communities are needed, as are studies that include a higher proportion of (problem) gamblers. The difficulties in recruiting participants, particularly from the Tamil community, raise concerns about whether the needs of such communities are being overlooked, not only for those with gambling problems, but also for those with other mental health issues.

Conclusion

The concept of face is an important one within both Chinese and Tamil communities, and it affects not only the individual in question, but also the individual's family and community. Depending on the community and the associated social norms, particular behaviours will cause a loss of face in one community and not in others. In the current study, this meant any form of gambling for the Tamil community, but only problematic gambling in the Chinese community. Individuals within Chinese and Tamil communities were found to prefer to keep problems that threatened their loss of face to themselves, or at least within their own family and community. Individuals may be more likely to seek assistance from individuals who speak their primary language and understand their cultural background. A lack of understanding about Western counselling as opposed to other types of help seeking (e.g., for financial assistance) can create barriers for those who need assistance. Awareness about the high priority placed by individuals on issues of maintaining confidentiality within formal services is another important element that must be addressed so that those individuals who seek help can be confident in their professional service providers. Furthermore, it is important that services and practitioners understand that the issue of stigma and face are central to the process of help seeking and the provision of help services for communities such as the Tamil- and Chinese-speaking communities. The development of community education and assistance,

in collaboration with ethnic minority communities, may be pertinent in order to ensure that these services are culturally appropriate.

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