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## ORIGINAL RESEARCH ARTICLE

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## Reframing Gambling Harms as the Product of a Predatory Industry: A Habermasian Interpretation of a Lived Experience-Led 'Counterpublic'

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**Abstract:** The framing of public health challenges influences how societies and governments respond to them. This paper argues that public health professionals can counter the narrative influence of harmful commodity industries by amplifying the reframing efforts of progressive social movements. We utilise Jürgen Habermas's ideas to theorise a practical example of a network which shifted narratives to focus on the commercial determinants of gambling harms, offering an original contribution by bridging critical social theory with real-world public health advocacy. Habermasian constructs inform a systematic and theoretically grounded analysis of 33 semi-structured interviews, including people with Lived Experience (LE) of gambling harms. Habermas's ideas, notably his diagnosis of modern social problems as antagonism between the System and the Lifeworld, provide political-economic context to the emergence of a LE social movement. We show that Habermas's notion of communicative rationality underpins both the internal dynamics of this movement and public health professionals' attempt to nurture a 'counterpublic' around it: i.e., a space for new ways of thinking and talking about social issues. Paradoxically, the findings reveal the importance and limitations of local collaborations with people affected by harmful industries in the face of those industries' power, products and advertisements. The findings offer theoretical and practical contributions to commercial determinants research, helping to establish normative foundations and ground it in participatory public health practice.

**Keywords:** gambling harms, community-centred gambling harms reduction, community mobilisation, policy advocacy, critical theory, commercial determinants of health

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### Background

The advancing field of the Commercial Determinants of Health (CDoH) is focusing public health research and practice on harmful commodity industries, including the tobacco, gambling, fossil fuel and alcohol industries, to name some examples (Friel et al., 2023; Maani et al., 2023; Special Initiative on NCDs and Innovation [SNI], 2024). CDoH research includes the analysis of harmful industries' products, production processes, marketing and corporate political strategies, as well as the adverse health

impacts that may be attributable to their actions (Knai & Sovana, 2023). Adverse health impacts include those directly resulting from the consumption of harmful commodities, such as cancers linked to alcohol use (Jun et al., 2023) or gambling-related suicides (Marionneau & Nikkinen, 2022). There is also increasing recognition of the harms generated by more indirect industry efforts to shape social norms and influence how products are discussed in the public sphere via marketing and industry-funded educational campaigns. An established tactic is to

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frame product harms as an individual matter, either via emphasis on 'personal responsibility' or a distinct 'problem' minority (van Schalkwyk & Cassidy, 2023). This may generate stigma (Marko et al, 2023b; Miller & Thomas, 2018; Mills et al., 2023) and undermines effective population level public health policy (Maani et al., 2023).

Community mobilisation is increasingly recognised as vital if the adverse health impacts of CDoH are to be effectively addressed (Freudenberg, 2021; Friel et al, 2021; Hawkins and McCambridge, 2020; SNI, 2024). The World Health Organisation's (WHO) report on CDoH across Europe strongly emphasises this (SNI, 2024), echoing established literature on social movements which highlights their role in creating new possibilities for policy action by reframing social issues (Benford & Snow, 2000). While harmful commodity industries may themselves seek to engineer the appearance of public support, there may still be potential for public health actors to utilise progressive movements' 'persuasive framing' to counter their structural power (Friel et al, 2021) and generate more effective, sustainable and equitable public policy (SNI, 2024). However, while there is a longstanding tradition in community mobilisation in public health (Carlisle, 2000), there are few illustrative examples of how public health professionals can amplify the reframing efforts of social movements that share public health

objectives (Kapilashrami et al., 2016; Laverack, 2013; Scambler and Goraya, 1994).

Here, we deepen calls for a social movement-oriented public health through a consideration of Jürgen Habermas' critical social theory and a practical example of a public health network which amplified the voices of people with Lived Experience (LE), called "Communities Addressing Gambling Harms" (CAGH). We make a case for public sphere interventions that engage and educate the public via the amplification of LE campaigns as a strategy for addressing the narrative influence of harmful commodity industries.

### Communities Addressing Gambling Harms

The CAGH network was administered by a public health team based at a city-region government in England. CAGH aimed to raise awareness of gambling harms across the region while facilitating community-centred gambling harms reduction via twelve locally based community projects. A complex intervention (Skivington et al., 2021), CAGH included a LE Advisory Panel, various Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations (some of which were LE-led) and a Community of Practice (CoP), the latter attended by VCFSE project staff to discuss ideas and implementation challenges. The term 'CAGH network' refers to the combination of these intervention components.

**Table 1.** CAGH Learning Points. Adapted from Mills et al. (2024)

Intervention type	Learning point
Community engagement	LE-led platforms can connect with diverse ethnic and faith-based communities to raise awareness of gambling harms
Education	Education on harmful products and manipulative marketing strategies can be engaging while avoiding both moralising and stigmatising language
Training	Training in gambling harms assessment, signposting and support is relevant across the community, health and education sectors
Support	LE-led community support organisations can provide accessible and person-centred support that complements NHS gambling addiction clinics
Social campaigns	Campaigns to end gambling sponsorship in sports can mobilise the charitable arms of professional clubs despite a challenging commercial environment

The public health team acquired evaluation assistance from the National Institute for Health and Social Care (NIHR)-funded research centre, PHIRST (Public Health Intervention Responsive Studies Teams) South Bank. The PHIRST South Bank research team has published various research papers based on this evaluation. Mills et al (2024) explore how the CAGH CoP enabled the development of diverse social innovations in community engagement, education, training, social support and social campaigns; the key learning points of the CoP are presented in Table 1. In an additional paper, Jenkins et al (2024) push out beyond CAGH to explore the contributions of people with LE to gambling harms reduction across the sector, as educators, trainers, counsellors, peer supporters, research advisors and social campaigners.

This paper focuses on how the CAGH network raised awareness of the commercial determinants of gambling harms across the city-region area. The analysis is an in-depth secondary analysis (Heaton, 2008) of qualitative evaluation data focusing on the public sphere orientation of CAGH, which is not explored in Mills et al (2024) or Jenkins et al (2024). Specifically, we explore how CAGH amplified the efforts of LE campaigners to reframe gambling harms as an issue of harmful products rather than

‘irresponsible’ individuals. Habermas’s ideas are utilised to enrich understanding of these reframing efforts through a focus on the LE social movement that underpinned CAGH and those intervention types (i.e., community engagement, education and social campaigns) that sought impact in the public sphere.

### **Jürgen Habermas’s critical social theory**

Habermas’s work, which extends from the 1960s to the present decade, can be principally understood as seeking a robust foundation for Critical Theory, a form of empirical inquiry oriented to emancipation and social justice (Jay, 1996). His most advanced text in this regard, the two-volume *‘The Theory of Communicative*

*Action’* (Habermas, 1984; Habermas, 1987), presents various complementary theories operating across two levels. On the first level, there is a theory of ‘communicative rationality’ that proposes how individuals reach understanding with one another. In Habermas’s view, when acquiring language, speakers acquire intuitive knowledge of the communicative practices and conditions that facilitate mutual understanding and agreement (Habermas, 1984). Habermas undergoes a ‘rational reconstruction’ of these conditions. He claims that, while only realised imperfectly in the real-world, any sincere communicative act anticipates an ideal of the perfect communicative encounter, or ‘ideal speech situation’. Real-world communication can be reflected upon to uncover distortions considering this ideal, while the ideal may also serve as a guide for democratic institutional reforms (Blaug, 1997).

The second level to *The Theory of Communicative Action* presents a theory of the evolution of modern society that aims to elucidate constraints on real-world communication. Here, Habermas invites us to view late capitalist society as a shifting conflict of two overlapping social spaces: the System and the Lifeworld. The System is the space of material reproduction consisting of state and market institutions. Coordination is facilitated here via steering media, such as money and power. By contrast, the Lifeworld is the symbolic space in which personalities, culture and social relationships are nurtured (Power et al., 2020); it includes the public sphere, in which public opinion is formed (with potential to steer the System), as well as the private sphere of family, friendships and civic associations. Actors are oriented to reaching agreement in the Lifeworld, with communicative rationality the guiding force, whereas, in the System, actors are strategic in their interactions with others, making decisions on the basis of instrumental means-ends rationality (Habermas, 1984; Habermas, 1987).

Capitalist modernisation entails a gradual decoupling of the System; the System's subsequent domination or 'colonisation' of the Lifeworld is not inevitable but reflects the trajectory of modern societies. Though the optimal inter-relationship between the System and Lifeworld changes over time (and can only be evaluated qualitatively according to social actors' 'internal perspectives'), Habermas believes that core aspects of culture, social relations and personality require nurturing through consensus-oriented communication. Thus, when System processes intrude into these domains, Habermas speaks of colonisation:

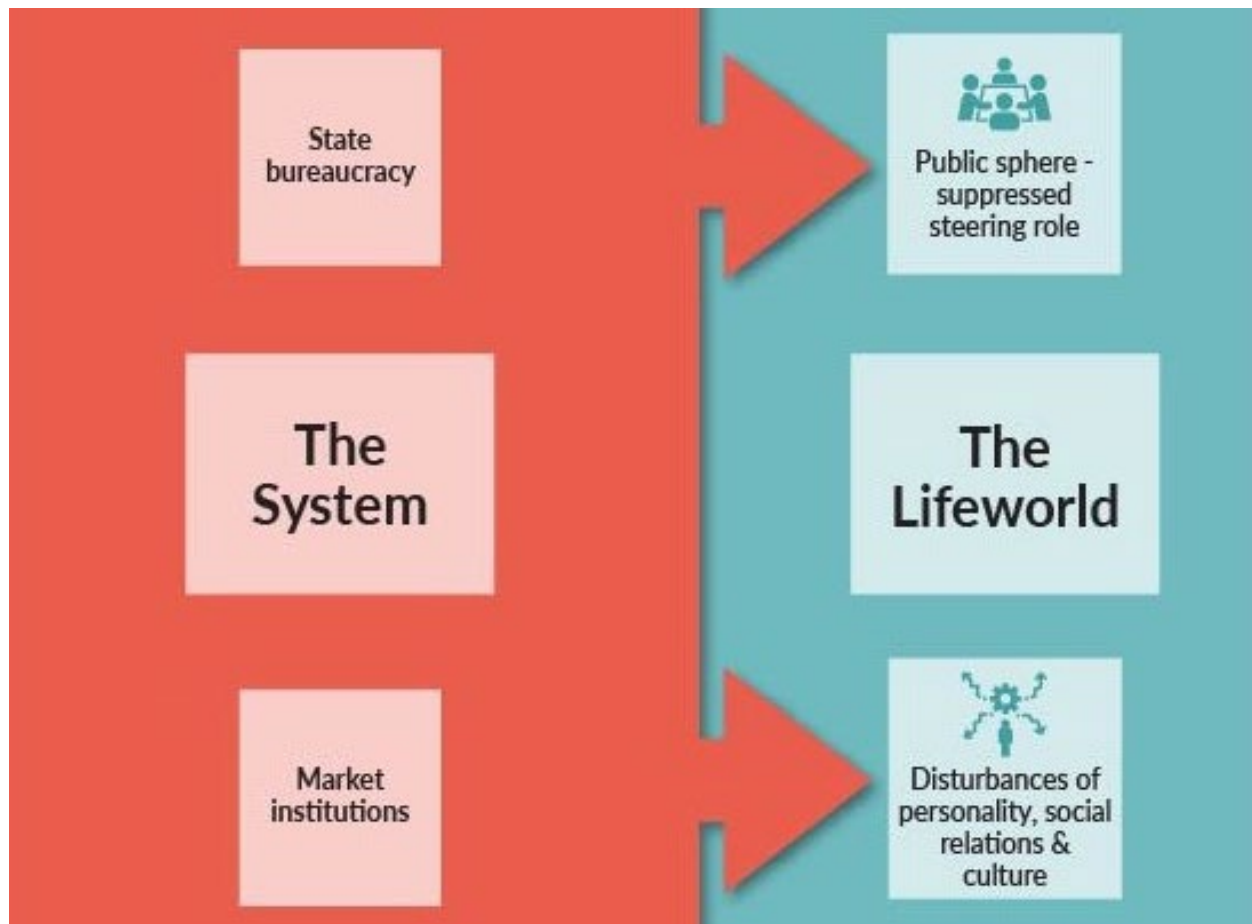
In the end, systemic mechanisms suppress forms of social integration even in those areas where a consensus dependent co-ordination of action cannot be replaced, that is, where the

symbolic reproduction of the lifeworld is at stake. In these areas, the mediatization of the lifeworld assumes the form of colonisation (Habermas, 1987, p. 196).

We have represented Habermas' System-Lifeworld schema in Figure 1, identifying varied Lifeworld disturbances that arise when the System is in a colonising state; this figure is elaborated upon throughout the paper.

Habermas's analysis of how bureaucratic and market forces distort social life in late capitalism offers a foundation for both empirical research and political intervention. His focus on the dysfunctions of welfare state-capitalism has, however, prompted debate about possible analytical and political blind spots in relation to, for example, gendered social practices and norms which predate capitalist modernisation (Fraser, 1990). Notwithstanding the salience of some

**Figure 1.** System colonisation of the Lifeworld.



objections, including the charge of Eurocentrism (Allen, 2016), we think Habermas' ideas provide a useful political economy with practical implications for public health practice oriented to addressing CDoH. Our thinking has been shaped by Cosgrave's (2022) Habermas-informed analysis of the twinned evolution of state and corporate gambling strategies during the neoliberal period, which helpfully highlights various colonising impacts arising from the pursuit of increased state revenues and capitalist profits.

Cosgrave describes how a process of cultural rationalisation, from the 1960s onwards, displaced prior religious and social values that urged gambling's proscription in many countries. With gambling now framed as presenting economic opportunity, the risks of market liberalisation are downplayed. Central to this is the dominance of instrumental rationality as System processes expand and intensify. Following Max Weber (a major influence on Habermas), the exercise of instrumental rationality generates contradictions as confident assertions to 'master all things by calculation' (Weber quoted by Cosgrave, 2022), resulting in negative, unintended consequences. Constraints in the public sphere limit moral-practical discussion over gambling's place in society as citizens are 'instrumentalised' as revenue-generators, particularly where the state directly produces and promotes gambling via, for example, national lotteries. The dominance of instrumental rationality in production sees further tensions develop, as technologically constituted gambling products not only incorporate a house edge but manipulate consumer proclivities and affect responses, in an analysis that builds on Natasha Schüll's celebrated account of 'the zone' (Cosgrave, 2022).

Habermas uses the phrase 'systematically distorted communication' (Habermas, 1984) to describe communicative encounters like these that are distorted in ways that may not be apparent to participants. A line of inquiry that

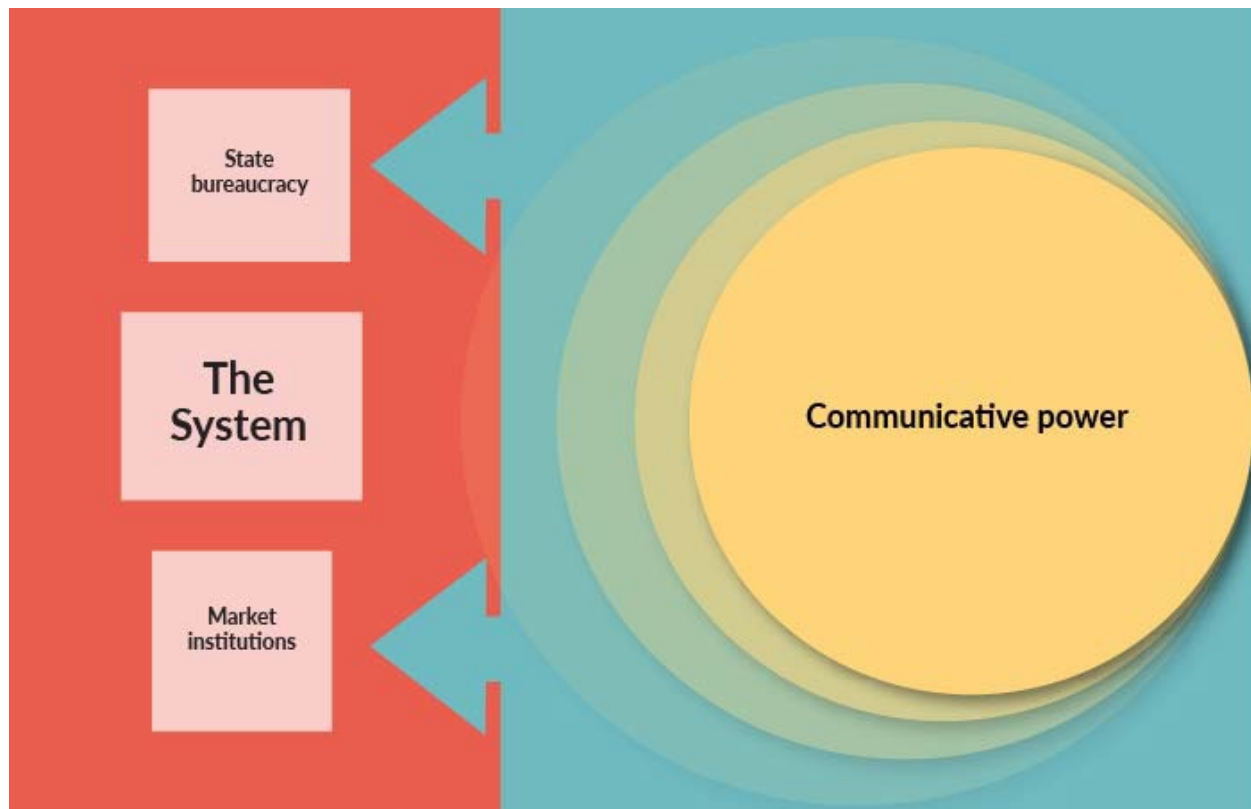
Cosgrave does not consider is the role of public deliberation in bringing collective clarity to situations marked by such systematic distortions; indeed, Cosgrave presents a form of cultural criticism that is less suggestive of courses of action than more practical applications of Habermas' ideas (Blaug, 1997).

It is useful here to consider the social actor that Habermas sees as most exhibiting his conception of communicative rationality in late capitalism: new social movements (Habermas, 1987b; Kelleher, 2001). Habermas interprets these movements, which may include environmental, LGBTQ, peace and alternative health movements, as responses to System colonisation. Such movements are not concerned with questions of distribution (as the politically conscious working class once was) but with the moral-practical questions of '*who we are, how we live and who is accountable*' (Edwards, 2004, p. 115). Below, we interpret LE campaign groups along these terms.

From a Habermasian perspective, new social movements support 'counterpublics' for developing new ways of thinking and talking about social issues that challenge dominant narratives (Fraser, 1990). Some social movements are, of course, highly regressive (Fraser, 1990) and some create a hostile environment for public health, as in the case of groups propagating vaccine conspiracies. What differentiates progressive movements from regressive ones is the former's internal exercise of communicative rationality: social hierarchies are questioned, while democratic deliberation drives a shared understanding of the nature and consequences of social practices and ideologies (Kemmis, 2008). These movements can influence public policy through a form of 'communicative power' linked to their publicly defensible claims; a power that possesses normative legitimacy that distinguishes it from the organised social power of corporations and political parties (Habermas, 1997). This communicative power is represented in Figure 2. Habermas believes that progressive social movements have the potential to



**Figure 2.** The communicative power of Lifeworld actors.



decolonise social life and may even support the development of participatory institutions that subordinate the System to the Lifeworld (Scambler and Goraya, 1994).

### **Towards a Habermasian public health?**

Before we utilise Habermas' ideas to interpret CAGH, it is useful to reflect on the public health profession's positioning in relation to the System-Lifeworld schema. On one hand, public health can be interpreted as a System endeavour (Scambler and Goraya, 1994), with public health professionals constituting an elite professional grouping that, in the UK, finds employment by the state. Certainly, in the development of the profession, early emphasis on professionalisation with medical qualifications marking entry, along with the dominance of quantitative methodologies (e.g., epidemiology and surveillance) (Sim et al., 2022), left very little scope for public deliberation regarding the ends and

means of public health and discounted lay knowledges (Williams and Popay, 2001).

On the other hand, and as noted in the introduction, public health has a long tradition of community activism and mobilisation (Carlisle, 2000; Laverack, 2013) through which public health professionals aim to empower communities to address the health challenges that affect them. The field of 'critical health literacy' relates to this, emerging in response to the limitations of 'functional' approaches (Sykes et al., 2024), to support individuals and communities to be active citizens in relation to health. While these forms of public health practice more strongly align with Habermasian theory, exhibiting a 'Lifeworld orientation' (Scambler & Goraya, 1994), this raises the question of whether and how communities may be empowered by public health professionals. Popay et al (2021) detect depoliticising trends within 'empowerment' approaches, with a focus on community assets

and proximal conditions at the expense of political and social transformation.

There is no simple solution for public health that springs from Habermasian theory. Habermas is aware that efforts to democratise institutions, if not emerging from below, can reflect and reinforce state, corporate or professional power in sometimes subtle ways. However, given the special role that Habermas assigns to autonomous social movements in driving social change, the question arises of how public health professionals might reach out and support such movements to achieve shared political and social objectives, a form of public health practice anticipated by Scambler and Goraya (1994). Here, we interpret CAGH as an illustrative example of such a partnership, with public health professionals and people with LE sharing a desire to displace System narratives of gambling harms as part of a drive to re-evaluate and re-institutionalise commercialised gambling in late capitalist society.

### **Ethical considerations**

The study was carried out in accordance with the Declaration of Helsinki and received ethical approval from the School of Health and Social Care Ethics Panel at London South Bank University [ETH2122-0114, ETH2223-0117 and ETH2122-0179]. All participants provided formal written informed consent to participate.

### **Methods**

A qualitative process evaluation was undertaken of the CAGH network by a public health research team, based at PHIRST South Bank. The evaluation design was initially developed through three workshops which were attended by the research team, public health professionals linked to CAGH and two people with LE of gambling harms recruited locally from CAGH. The evaluation design was then implemented over an 18-month period. A Patient and Public Involvement and Engagement (PPIE) panel, consisting of three people who held

positions on the CAGH LE Advisory Panel, guided the research team during data collection and analysis.

### *Data collection*

An interview topic guide was developed which explored three topic areas: 1) the CoP's role in driving innovation and learning among the network, 2) the potential of community-centred interventions to address gambling harms at project level and 3) LE contributions to addressing gambling harms reduction (both within and beyond CAGH). The topic guide was piloted twice before being implemented flexibly in semi-structured interviews; the research team also gleaned tacit insight into CAGH by informally attending CoP meetings, with this influencing interview questions and data analysis. Network actors were purposefully sampled for interviews across three main groups:

- Senior CAGH Advisors (n=6), including two people with declared LE: the unique identifier for this group is 'SCA'
- People with declared LE on the LE Advisory Panel (n=7): the unique identifier for this group is 'PLE'
- Project staff from the 12 VCFSE projects (n=16), which included three members of staff with declared LE: the unique identifier for this group is 'PS'

22 interviews were undertaken at the midpoint of the CAGH network's implementation phase with a further 11 at the endpoint, including four follow-up interviews with stakeholders who had pivotal roles in CAGH: in total, 33 interviews were undertaken with 29 network actors. All interviews were digitally recorded and transcribed verbatim.

### *Data analysis*

A Habermasian-informed, secondary analysis (Heaton, 2008) of interview data was conducted, following the primary analysis presented in Mills et al (2024) and Jenkins et al (2024). Habermas'



critical social theory was utilised, as the research team observed that CAGH's empowerment of LE campaigners resonated with applications of Habermas that utilise a critical methodological practice to address power relations among professionals, researchers and participants (Blaug, 1997). The research team thus convened ongoing theorisation sessions with CAGH facilitators and the PPIE panel to elucidate their practice, explore whether and how Habermas' ideas aligned, and to conduct and refine the analysis.

Data analysis aimed to identify and theorise System and Lifeworld processes, inter-relationships and tensions within the data, an analytical strategy common to the small number of Habermas-informed empirical studies (Blaug, 1997; Power et al., 2020). TM combined a reading of Habermas texts (both primary and secondary literature) with iterative phases of data analysis, theorisation, writing and group discussion. With a coding framework already developed and applied to all interview data using NVIVO 12 (2017), in the primary analysis by TM and CJ, Habermasian constructs were incorporated into this to code and organise data that related to the System and Lifeworld constructs. TM also developed various Figures (see Figures 1, 2, 3, 4 and 5) to visually and accessibly elucidate how the System and Lifeworld presented in the data, which enabled group discussion about Habermas' ideas among the research team, CAGH facilitators and PPIE panel. Data summaries were also reflected on and discussed, informing the iterative development of themes which were refined during the writing and review process.

## Findings

Data were organised into two themes that, together, convey how CAGH amplified the perspectives of LE campaigners:

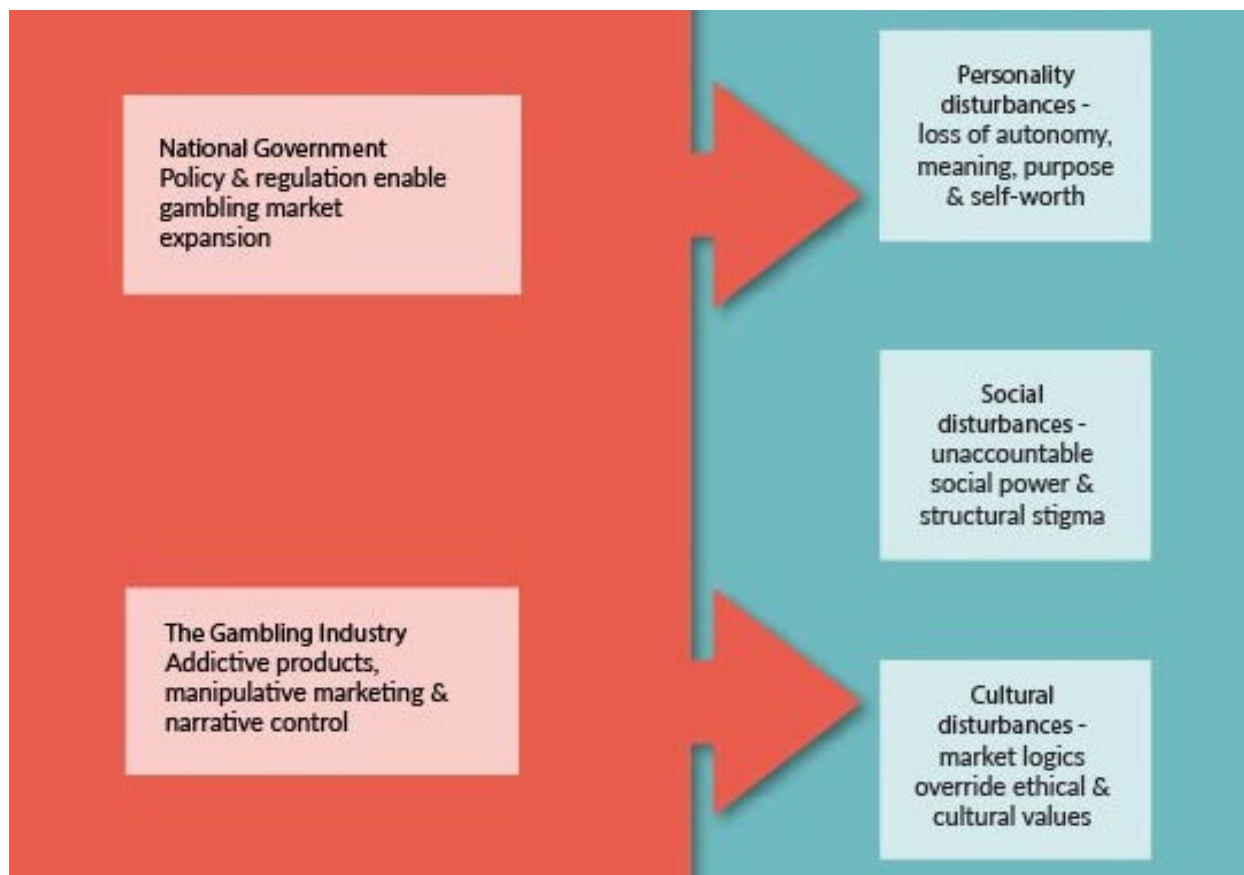
- Theme 1: A LE-led counterpublic for challenging industry narratives
- Theme 2: CAGH: A Lifeworld orientation

Theme 1 tracks the spontaneous emergence of a LE-led counterpublic that Habermasian commentators see as pivotal to social change, as through counterpublics new ways of thinking and talking about social facts are generated (Fraser, 1990). Theme 2 then explores how CAGH sought to amplify this LE-led counterpublic. Here, Habermas' ideas lend theoretical support to the public health professionals' strategy of facilitating social change through a communicative, dialogical approach. Each theme has figures that build on Figures 1 and 2 to elucidate the narrative.

### Theme 1: A LE-led counterpublic for challenging industry narratives

According to Habermas, the expansion and intensification of System processes across society – including the transformation of culture and leisure into mass commodities that imply 'indirect control through fabricated stimuli' (Habermas, 1971, p. 107) – need not result in negative personal and social outcomes. This occurs only when space is eroded for consensus-oriented communication to facilitate socialisation, social integration, and cultural renewal. The people with LE within the sample provided many examples of disturbances indicating the erosion of these core Lifeworld domains (see Appendix 1 for supporting data excerpts). These disturbances include a loss of autonomy, meaning and self-worth (personality disturbances), unaccountable social power and structural stigma (social disturbances) and examples of damaged ethical and cultural values (cultural disturbances) (see Figure 3), each linked to the operation and influence of the gambling industry. For example, we interpret the following quote as indicating a personality disturbance:

**Figure 3.** Colonising impacts of commercialised gambling.



The [gambling] industry manipulate and groom you. They do: they just completely strip you of everything that is, I can't find the right word, is you, as a person (PLE5).

Some people's experientially based understanding of the commercially driven nature of gambling harms led them to campaign politically. During the study, people with LE within the sample protested at professional sports organisations to end gambling sponsorship, appeared on diverse media to publicly challenge the gambling industry and participated in a cross-party parliamentary reform movement. Central to these campaigning efforts was a rejection of 'personal responsibility' narratives, as well as the medicalised notion of the 'problem gambler'. These narratives were criticised for concealing the gambling industry's role in facilitating harm and for generating shame and stigma. Some LE-led

organisations who participated in CAGH were developing educational interventions to displace alternatives framed in terms of personal responsibility, with the latter exhibiting possible strategic communication:

I'm happy to stand up and talk about addictive products. I'm happy to talk about the role the industry play in marketing and promotion, appeal strategies etc., and the harm that gambling does. If I felt that I was silenced in any way then that would be wrong, whereas I do feel that some of the messaging from some of the organisations isn't as transparent (SCA6).

LE campaigners found these efforts to counter pro-industry messaging challenging in part due to constrained funding. Those LE-led organisations that rejected industry funding out

of principle reported this being 'detrimental to us and our growth' (SCA3), with extremely limited public or indirect (e.g., regulatory settlement) funding options that permit operational independence: 'I've got no issue ... if money is given to an independent body' (SCA6).

Further challenges included national policy inertia, as campaigners clashed with the inaction of national politicians, generating exasperation: 'what more do we, as a community, need to show and tell the government?' (SCA3). One LE campaigner was told by a national politician that gambling advertising would not be curtailed because 'there's huge industries that benefit', suggesting the determining influence of the steering media of money over policy decisions. The campaigner alluded to the very different System logics underpinning the politician's argument, in contrast to their Lifeworld perspective: 'It's not up to people like me to make that financial argument. We've just got to keep saying that: "This is harming people. This is harming young people"' (PLE2).

However, LE campaigners recognised that the broader LE community exhibits diverse positions on the question of how to talk about and understand gambling harms. Some people prefer a sense of shared responsibility with the gambling industry while others align with the 'problem gambler' label because it may help them 'own' their recovery, despite others seeing a 'horrible term' that 'misrepresents the truth' (PLE4). Furthermore, it was reported that there was intense debate within the LE community on the question of how to fund gambling harms prevention, with some LE organisations accepting industry funding. However, LE campaigners in the sample professed an underlying respect for others with contrasting views on this question. These differences aside, the process of collectively appraising the gambling industry's role in gambling harms was linked to situated learning that may help some from sustaining their recovery from gambling addiction:

I relapsed a few years ago as a result of advertising, but now I'm a little bit more educated around it ... I'm educated around it because I've spoken to more people, I understand it a little bit more deeply, about the Gambling Act Review and the products and why they are addictive and the fact that they are designed to be addictive, and all these different things. I now go from seeing a gambling advert: where once that might have triggered me into wanting to gamble..., now I look at them and ... see them for what they are (PLE1).

Here, then, we can identify a counterpublic in which learning is being generated as pro-industry narratives are being publicly scrutinised. The public health professionals in the sample highlighted the significance of these reframing efforts while LE campaigns, particularly in relation to gambling-related suicide, were praised for placing gambling harms on national policy agendas. Operating across local, regional and national levels, these public health professionals were frustrated as their efforts to address gambling harms locally were compromised due to an absence of statutory funding and constraints on their professional policy advocacy, given the System context in which they operate. The following quote alludes to the unique public influence of social movements that Habermas sees as a potential source of communicative power (Habermas, 1997). With people with LE able to openly talk about the politics of gambling harms, opportunities are presented for upstream policy action:

I'm in government ... which means that we're ... constrained on what we can say ... [By contrast the] Lived Experience community are free to hold people to account and to say what they think and what, actually, is going on. ... There's definitely a good pocket of voices who are countering that industry narrative and who are very critical ... [and] very upstream ... My experience from other areas is that we focus too much on the downstream and we don't often look at the upstream ... it's harder [for public health professionals] to win hearts and minds around that (SCA2).

Figure 4 conveys the LE counterpublic pushing back against System colonisation in the gambling sector (see Figure 4).

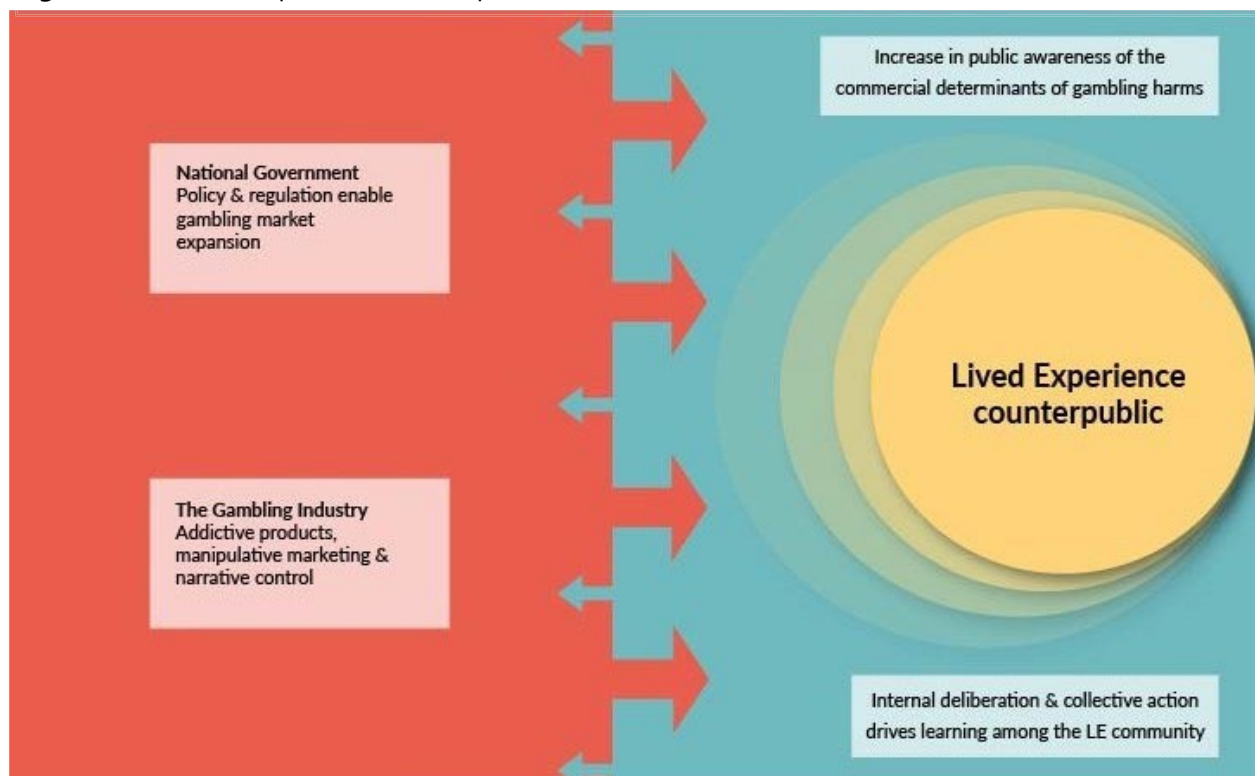
## Theme 2: CAGH: A Lifeworld orientation

CAGH aimed to raise awareness of gambling harms by amplifying the LE counterpublic identified in Theme 1. Diverse community-based

and local government organisations were invited to join the CAGH network to discuss the nature of gambling harms with the LE Advisory Panel. It was anticipated that these discussions would shape the aims and contents of CAGH projects, which would then disseminate narratives that were more reflective of the values and understandings of the panel. CAGH facilitators anticipated that this may, in turn, stimulate public calls for System reforms. One locally based public health professional planned to highlight these calls within their local government to 'guilt us into a bit more action from a public health point-of-view' (SCA5). This approach of seeking social and political change through informed public discussion reflects, we argue, a 'Lifeworld orientation'. The public health team utilised a communicative, dialogical approach to facilitate public discussion on fundamental questions pertaining to gambling:

It's stimulating that conversation: what role does gambling play in our society? Is it in balance or not, now we've had an

**Figure 4.** The Lived Experience counterpublic.



opportunity to discuss and talk about it and think about it? ... Maybe we don't want to have five betting shops on our high street? And maybe the next time a licensing decision or application comes up we're going to ... put a representation into the council, as a community group, because we are worried about this and don't need another one (SCA1).

Such values-oriented, Lifeworld discussion was stimulated in the public sphere via a variety of interventions. CAGH facilitators coproduced a social marketing campaign with the LE Advisory Panel called *"Odds Are: They Win"*, designed to amplify their rejection of personal responsibility narratives. *"Odds Are: They Win"* sought to educate the public (including but not limited to gambling consumers) about harmful gambling products and industry malpractice. Campaign posters were disseminated on social media and in physical spaces, including the city-region's tram network, to ensure consistent attention on the gambling industry as the source of harm: 'That is where our narrative is in [redacted name of city-region government] now' (SCA1). The aim was to initiate public conversations about the gambling industry:

"Odds Are: They Win" ... doesn't say 'gambling is bad'. It's saying, "have a look at what industry is doing" and [it aims to] start that conversation about [whether it is] good or bad, start to recognise what might be harmful tactics, harmful products ... (SCA1).

Similarly, CAGH education, community outreach and social campaigning projects adopted a communicative, dialogical approach to achieving impact in the public sphere. LE-led platforms were convened with VCFSE organisations hosting people from the LE Advisory Panel to talk about their experiences of gambling harms. Audiences were informed about and reflected on examples of personal, social and

cultural Lifeworld disturbances (see Theme 1). In one educational session, for example, audiences considered the case of an 11-year-old boy who, asked to draw themselves wearing a football shirt of their favourite team, did so with a gambling sponsor on the front. In Habermasian terms, audiences are being invited here to diagnose a possible instance of System colonisation, in the form of a cultural disturbance. Audiences then deliberated upon how children and young adults may be protected from exposure to gambling, with conversations exploring national policy options. Educational sessions were convened on the assumption that, with audiences becoming more aware, they might educate others:

If they come out of that and think "Blimey, I had no idea it could be that bad", then that to me is a result because they might go and speak to their partner or their kids ... and suddenly when they're seeing those adverts on telly they might be more aware of it, and rather than just being a background noise they [might] think "That's another gambling advert: I see what that bloke is saying now". And to me that's all it is: it's planting that seed and everything else can water that seed afterwards (PLE1).

Indeed, public awareness was reported to build in a 'ripple effect' (PLE1) that was intangible but worked through 'filtering through' (PLE5), 'changing attitudes ... and changing cultures' (PS2) in a process of 'gradual change' (PLE3). A VCFSE organisation highlighted the communicative power (Habermas, 1997) of CAGH:

[We are] trying to build a grassroots movement within community sports ... to help advocate and lobby clubs and the government ... [to] use sports as the advocacy tool rather than people in public health or academia saying, "You can't do this: this is really bad". It's

actually coming from sport itself ... that's where the power lies with this (PS4)

However, achieving social change on a communicative basis alone was challenging. One social campaign project which aimed to have professional sports clubs commit to the objective of ending gambling sponsorship reported challenges due to clubs' existing deals with the gambling industry. The campaign had to soften its language to ensure that clubs engaged yet the appropriateness of this was questioned by the LE Advisory Panel. Discussing this issue, the project lead described constraints in the public sphere, suggesting limitations to dialogical change efforts when pushing into System spaces in which the steering media of money is dominant:

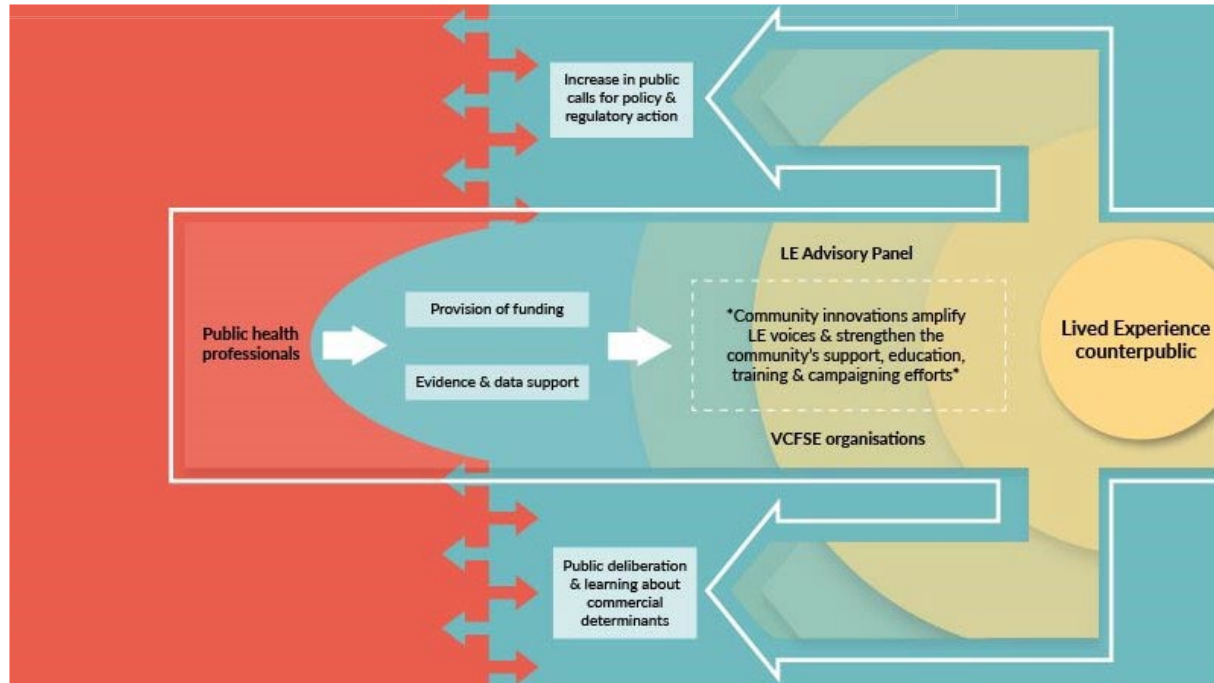
They [the LE Advisory Panel] didn't think ... [the language] was strong enough: they wanted it to be more ... visceral ... but, when you then use that language potentially in the public sphere, that has the potential to cut lines of communication off and push away stakeholders that we really want to engage ... [because] they have commercial contracts in place (PS4).

There was also widespread recognition of the limitations to community level interventions generally. While the people with LE in the sample welcomed the opportunity presented by CAGH to engage in gambling harms reduction work locally, many had advanced understandings of the need for a multi-levelled public health strategy that combines local interventions of different types (e.g., local government, NHS and community services) with national level policy and regulatory measures to restrict access to gambling products and end gambling advertisements. In the following quote, a project staff member with LE reflects on their own experiences to offer a nuanced account of the likely impact of their educational intervention in the context of a colonising System:

I don't ... believe that educational stories are enough ... It's just a raindrop in an ocean of gambling messaging and marketing ... and they absorb so much at that age. I absorbed so much ... [and] I don't believe that it would have stopped me. What would have stopped me is [an educational story] and then, maybe, there would have been a fleeting moment in my head where I would have gone, "I'm not going to gamble today", then, there would have been no advertising on TV. When I got home that day from the school, I'd have tried to log into the gambling site and they [would have] said, "No, you can't log into today because you spent too much money last week." I wouldn't have had the email saying, "Here's a free bet", "Here's a bonus", "Here's a VIP scheme". If all those things would have happened – I know it's an ideal world – then I think that would have been an intervention that would have worked (PS7).



**Figure 5.** Communities Addressing Gambling Harms.



### A diagrammatical representation of CAGH

Figure 5 situates CAGH at the seam of the System and Lifeworld, as a collaboration between public health professionals, people with LE of gambling harms and VCFSE organisations. The white arrows represent how CAGH amplified the LE counterpublic described in Theme 1. CAGH facilitators provided funding, evidence and data to network actors while supporting deliberative fora to explore fundamental moral-practical questions regarding the nature and role of commercialised gambling in contemporary capitalism. Varied educational, outreach and social campaigning interventions were developed which, as we saw in Theme 2, raised awareness among the public by stimulating reflection on examples of Lifeworld disturbances linked to out-of-control commercial forces. Considerable barriers were encountered, however, linked to the structural power of the gambling industry and the pervasiveness of its products and advertisements. The System thus remains in a colonising state with this unlikely to change without policy and regulatory reform at national and perhaps global

levels: the local experience of ongoing friction between System and Lifeworld is represented by the oppositional red and blue arrows.

### Discussion

This paper presents a Habermasian interpretation of the CAGH network, as an illustrative example of social movement-oriented public health. CAGH made progress shifting narratives from individual behaviours to harmful products while generating considerable learning at project level (see Table 1), the latter indicating how communities may be mobilised in a multi-levelled public health strategy for gambling harms. The analysis complements a recent paper on the CAGH CoP, which explored the collaborative development of VCFSE project ideas (Mills et al., 2024), with a focus on CAGH's public sphere orientation. In our view, Habermas' ideas enriched understanding of the LE counterpublic that underpinned CAGH, as well as the communicative logics of CAGH in facilitating public discussions about the commercial determinants of gambling harms. Important

implications for CDoH research and practice follow:

Habermas's ideas provide the conceptual tools to fully comprehend LE accounts of the harmful consequences of gambling industry narratives, products and advertisements, reported in many qualitative studies (Jenkins et al., 2024; Marko et al., 2023a; Miller et al., 2018; Miller and Thomas, 2018). Using Habermas' categories, we interpreted these as disturbances within and across the Lifeworld domains of personality, social relationships and culture, with this indicating that the System, as it pertains to gambling, is in a colonising state. Here, Habermas' System-Lifeworld schema is furnishing a social structural explanation which complements LE campaigners' shared understanding of the social and political status of gambling harms.

As well as enhancing analytical understanding, Habermas's ideas have implications for pressing strategic questions. Our diagnosis of pervasive System colonisation in the gambling space – and the limits we have identified to community-centred gambling harms reduction – aligns with CDoH scholars' calls for a fundamental policy shift to promote the health and wellbeing of individuals and communities over gambling industry interests (van Schalkwyk & Cassidy, 2024; Thomas et al., 2023). What Habermas contributes, to this ambitious policy agenda, is an appreciation of the importance of a democratic politics that builds alliances and enriches public deliberation on policy issues.

However, public engagement and education have remained somewhat peripheral to CDoH research and practice, perhaps due to justified concerns regarding the reductionism of many past health literacy campaigns (Sykes et al., 2024). Some CDoH practitioners have even argued for a professionally led, strategically discreet policy advocacy, favoured to avoid 'nanny state' accusations, legal challenges and counter-lobbying (Sykes et al., 2023).

Recent innovations, however, point to a more publicly oriented praxis. The concept of 'critical CDoH literacy' has emerged in recognition of the need for training and support for public health professionals to help them understand and act on CDoH (Brook et al., 2024); this could be broadened to support the public's involvement as citizens. In a recent and important project, Sheffield City Council is developing plans and policies to mitigate harms caused by harmful commodity industries. Residents are actively involved in deliberative fora with a view to forging a shared understanding of CDoH. Much like CAGH, this Lifeworld work of co-creating narratives is intended to underpin the Council's policy response to the influence of harmful commodity industries (Clarke et al., 2024).

Habermas provides a powerful theoretical justification for such an approach, for it may activate the communicative power that he sees as integral to progressive social change (Habermas, 1997) – a resource that is inaccessible to System actors. This was recognised in our findings as essential to 'win hearts and minds' (see Theme 1) and 'build a grass roots movement' (see Theme 2). In this sense, we interpret CAGH as exhibiting social movement-oriented public health. Habermasian theory and CAGH resonate with policy advocacy approaches that galvanise public support for policy change (Cullerton et al., 2018; David et al., 2019; Sykes et al., 2023) and recent calls for the mobilisation of civil society (Freudenberg, 2021; Hawkins and McCambridge, 2020; SNI, 2024).

Through CAGH, people of different walks of life learnt about harmful commercial products and practices. The "*Odds Are: They Win*" campaign was vital, as this ensured consistency of narrative across twelve diverse projects, focusing conversations on the commercial determinants of gambling harms. Our themes presented above, along with the CAGH CoP paper (Mills et al., 2024) and "*Odds Are: They Win*" short communication (Mills et al., 2023), thus complement literature on (re)framing in public health (Elwell-Sutton et al.,

2019; Fitzgerald et al, 2025), providing insight into the processes, relationships and interventions involved in displacing pro-industry narratives at the community level. Crucially, the public health professionals who facilitated CAGH developed trusting relationships with LE campaigners, who held positions on the LE Advisory Panel. A shared sense of the appropriate contents for *"Odds Are: They Win"* emerged overtime. This is significant as it suggests that LE-informed reframing initiatives do not capture and convey a generalised LE perspective, which would be challenging given the contrasting views within LE communities (see Theme 1); but rather, a more differentiated and emergent perspective underpinned by a broad commitment to a public health approach to gambling harms.

CAGH facilitators' provision of funding, secured via the Gambling Commission's regulatory settlement scheme, was critical to amplifying the perspectives of LE campaigners who reported challenges accessing sustainable, independent funding. Campaigners distinguished between forms of funding over which the gambling industry can exert influence and those that it cannot, such as regulatory settlement funding. Leading gambling harms researchers hold contrasting views on this contentious topic (Roberts et al., 2025; van Schalkwyk et al., 2023). Our findings are supportive of the idea that public health actors can achieve progress towards a public health approach to gambling harms using funding sources with indirect linkages to the gambling industry – provided these are administered by statutory bodies and afford operational independence. We see it as vitally important, as a statutory levy is introduced in the UK, for LE-led campaigning organisations to be involved in developing policy positions and governance standards on such complex, strategic questions. Partnership arrangements resembling CAGH could help facilitate this.

However, CAGH may have done more to empower people to engage politically, thus more strongly aligning with critical health literacy

(Sykes et al., 2024). Campaigners on the LE Advisory Panel were supported to speak at local government licensing meetings while VCFSE staff contributed to the city-region government's response to a national government gambling policy consultation. Yet recipients of CAGH interventions, including young people, diverse ethnic- and faith-based communities and the wider public, had a more passive role as they were not supported to act on their learning about commercially driven harm. Options may have included a public petition for concerned citizens to sign, public attendance at LE-led protests at professional sports clubs, or for *"Odds Are: They Win"* to emulate the *"Bite Back"* campaign, the latter empowering young activists to challenge corporate control of the food system (Hoenink et al., 2024). Such a campaign might centre on young people's rights for forms of leisure and culture that facilitate self-development and collective joy without risk of harm: the gambification of football being the most obvious infringement here. These options would build further on the LE counterpublic that has thus far been pivotal to placing gambling harms on policy agendas.

## Conclusion

We have argued that public engagement efforts that amplify the perspectives of LE campaigners have an important role to play in countering the narrative influence of harmful commodity industries. By theorising the CAGH network, we have illustrated ways in which public health professionals can amplify the reframing efforts of LE campaigners and facilitate public learning about harmful commodities and the industries which produce, sell and advertise them. Habermas' critical social theory enables us to appreciate the normative legitimacy that LE-led campaigns carry that is inaccessible to public health professionals. In a policy context in which evidence-based public health policy frequently goes unacted on due to the power and influence of harmful commodity industries, more research

is needed in counter-industry innovations for mobilising citizens.

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The authors declare that they have no conflicting interests: TM, CJ, JG, JS, PR and SS have not previously received research funding from the gambling industry. TM is a co-app of the NIHR-funded PHIRST South Bank research centre. During the write up of this study, he secured funding from the charity Gambling with Lives to evaluate the charity's educational programme: the original source of this funding was a regulatory settlement payment to Gambling with Lives, administered by the Gambling Commission. Prior to PHIRST South Bank, TM worked as a researcher on various NIHR-funded health service and public health projects.

CJ is an Early Career Researcher based at PHIRST South Bank: their PhD, completed in 2023, was funded by an LSBU scholarship.

JG and JS have no past research funding to report. JG works for Gambling with Lives, which has previously received regulatory settlement money from the Gambling Commission for service development: JG's participation in the research was funded by PHIRST South Bank. JS's role in gambling harms reduction at GMCA was



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SS is Centre Director of PHIRST South Bank. She has previously received funding for diverse research, commissioned and educational projects from Health Education England, National Health Service England, European Regional Development Fund, Public Health England, Burdett Trust for Nursing and NIHR.

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## Appendix 1. Lifeworld disturbances caused by commercialised gambling

Lifeworld disturbance domain	Illustrative summary
Socialisation – personality disturbances	<p>Some people with LE talked about previously not being able to control urges to gamble while others talked about losing meaning and purpose, and of unfulfilled potential, implying autonomy gaps: ‘Gambling took over my twenties: I missed out on all life’s milestones’ (PLE7). These personality disturbances were frequently discussed alongside gambling products, marketing and commercial advertisements. One person with LE told a story about how they used their smart phone to gamble on Christmas Day while sat on the toilet to hide it from their family. Others described how challenging it is to pass numerous high-street betting shops on route to work, or to receive gambling marketing online offering ‘free bets’, despite blocks on computers and smart phones. Here, the gambling industry’s products and advertisements are disrupting the Lifeworld conditions necessary for autonomy and self-development:</p> <p style="padding-left: 40px;">The industry manipulate and groom you. They do: they just completely strip you of everything that is, I can’t find the right word, is you, as a person (PLE5).</p>
Social integration – social disturbances	<p>For Habermas, System colonisation is indicated by institutionalised positions and social roles that operate without legitimacy or accountability. While this can include government actors, our LE participants mainly voiced concerns in relation to the gambling industry. The industry’s failure to enact a duty of care led people with LE to describe it as ‘toxic’ (SCA6) and a ‘predator’ (PLE6) while industry representatives were described as ‘shits’ (PLE2), ‘gangsters’ and ‘drug dealers’ (PLE4), reflecting strong perceptions of moral illegitimacy. The following quote alludes to operators’ strategic orientations, in which moral or social concerns are secondary to the profit motive: ‘[They] don’t want to change their business model because there is no incentive for them to do so’ (PLE2). Industry-funded health messaging campaigns, framed in terms of ‘individual responsibility’, were highlighted as consciously strategic, as through them the industry could evade responsibility, implying accountability gaps:</p> <p style="padding-left: 40px;">They (gambling operators) have to take responsibility ... For example, the adverts ... that are constantly thrown at us and that little label that comes up: “When the fun stops, stop”. It’s a pathetic strapline because, as an addict, the fun will have stopped way back ... So, the industry has just got to be held accountable for the damage that they’re doing (PLE5).</p>
Culture – cultural disturbances	<p>People with LE in the sample painted a picture of a generalised lack of knowledge, coupled with an absence of appropriate narratives, for making sense of gambling harms. Industry communications was seen to generate stigma and hinder self-understanding among those affected:</p> <p style="padding-left: 40px;">I notice Sky Bet have currently got an advert that says, “Five hundred and fifty thousand people know how to set their limit”, which suggests the thousands of others that don’t are irresponsible ... That’s where it’s dangerous: you feel like you’re the only gambling addict in the world. You feel like it’s you that’s got the problem (PLE2).</p> <p>This narrative vacuum coincides with technological innovation facilitating unprecedented access to gambling, extending it into previously gamble-free spheres of life: one new gambling app enables parents and children to bet on school sports games, considered ‘ethically grey to say the least’ (PS4).</p> <p>As well as campaigning for major policy changes based on human rights concerns, some LE campaigners were moved to defend cultural assets from such System colonisation. Most notable here was LE campaigns to end gambling sponsorship in football, enacted because of campaigners’ passion for the sport, despite it being central to their pathway to gambling addiction. The following quote is indicative of a cultural disturbance as commodification ‘spoils’ a cultural asset:</p> <p style="padding-left: 40px;">I do that [campaign against gambling sponsorship] because I’ve fallen out of love with football now, the gambling advertising ... spoil[s] it for me (PLE4).</p>