GAMES FOR HEALTH EUROPE 2026

DISCLOSURE SLIDE

for presentations at the

GAMES FOR **HEALTH** EUROPE **2026** CONFERENCE

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Contemporary recompositions of social bonds: Religion, video games, and work in the face of anomie

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Contemporary recompositions of social bonds

Religion, video games, and work in the face of anomie

A sociological lens for Game for Health Europe

Religion

Video games

Work

Quantitative survey (n=653) • Social regulation & anomie

Why talk about anomie at a Game for Health conference?

Anomie = what people experience when norms feel unstable: disorientation, disconnection, powerlessness.

In health, anomie often appears as: loss of meaning • social isolation • distrust of institutions • discouragement • "whatever I do won't change anything."

Relational anomie

Fragile belonging; difficulty forming stable bonds; loneliness.

Political anomie

Mistrust or disconnection from institutions and public life.

Subjective vulnerability

Discouragement; anxiety about the future; feeling stuck.

Key claim: games are not only content — they are social, normative, identity environments.

What we did (in one minute)

Survey-based mapping of contemporary "regulators" of social life.

Sample (n=653)

- 18–35 years: 588 respondents
- Students / in training: 470
- Non-believers or non-practicing believers: 482
- Regular gamers: 281 (incl. MMO players)

Measured "regulators"

Religion | Video games | Work

How we analyzed

- Cross-tabulations (χ^2)
- Pearson correlations
- ANOVA (group comparisons)

Interpretation stance

Not clinical diagnosis; a map of social regulation: where people find meaning, stability, recognition — and where they don't.

Next: what results imply for Game for Health design

Result A — Gaming & political anomie

statistically significant association in the sample

Gamer status	High N	High %	Low N	Low %	Total
Player	131	46.62	150	53.38	281
Non-player	144	38.71	228	61.29	372
Total	**275**	**42.11**	**378**	**57.89**	**653**

Statistical note

$\chi^2 = 4.11$ (df = 1)
$p = 0.0427$
Gamers show a higher high-political-anomie score

Interpretation for Game for Health

Games can offer coordination, legible rules, visible roles, and immediate consequences.
For users who distrust institutions, that legibility can create a micro-space of legitimacy.
Design risk: if a health game feels like surveillance or moralization, it may reproduce institutional rejection.

Result B — Gaming & subjective vulnerability

stronger association than political anomie

Gamer status	High N	High %	Low N	Low %	Total
Player	155	55.16	126	44.84	281
Non-player	166	44.62	206	55.38	372
Total	**321**	**49.16**	**332**	**50.84**	**653**

Statistical note

$\chi^2 = 7.11$ (df = 1)
$p = 0.0077$
Higher vulnerability among gamers in this sample

Vulnerability-aware design translation

Motivation systems can become shame systems when they rely on comparison, ranking, and public failure.
Prefer cooperative milestones, pause/reset options for streaks, and informational rather than judgmental feedback.
The design question is not only whether to gamify, but which recognition system is being imported into users' lives.

Result C — Relational anomie

concise version for time-limited presentation

Gamer status	High N	High %	Low N	Low %	Total
Player	156	55.52	125	44.48	281
Non-player	179	48.12	193	51.88	372
Total	**335**	**51.30**	**318**	**48.70**	**653**

Statistical note

$\chi^2 = 3.50$ (df = 1)
$p = 0.061$
Trend is meaningful, but just above the 0.05 threshold.

Interpretation

Players show a higher share of high relational anomie than non-players in this sample.
Digital interaction does not automatically produce relational security or stable attachment.
For a short oral presentation: present this as a suggestive trend, not as a definitive causal effect.

What this means for Game for Health

Four design principles that follow from the sociological reading of “regulation”.

Four design principles

1

Design recognition with two audiences in mind

Agency for some, inadequacy for others → offer multiple ways to succeed, including private, non-comparative progress.

2

Treat social features as clinical-grade components

Chats, teams, guild-like structures can protect or harm → build norms, onboarding, moderation, and safety architecture.

3

Build legibility and user control

Transparent rules + understandable feedback increase perceived legitimacy, especially for users who distrust institutions.

4

Aim for relational depth, not engagement alone

Engagement ≠ support → design for continuity, care, and stable belonging in long-term interventions.

Q&A prompts

- How do you operationalize meaningful social support?
- How do you detect when motivation becomes shame?
- How do you design legitimacy for users who distrust institutions?

Main insight

Social regulation doesn’t disappear — it shifts (towards cultural and professional practices, and digital micro-worlds).

Thanks you for listening and now Q&A

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