

Working Therapeutically With Video Gamers and Their Families

Anthony M. Bean

Video games are a common form of entertainment, but small percentage of those who regularly play video games engage in excessive use of video games. There is a professional debate about whether excessive video game use should receive a formal diagnosis as an addiction. Video games can also be used as a tool in psychotherapy, and elements of video game activity can be valuable in assessment of personality and domains of psychological struggles. This article presents examples of questions and observations of game playing as a means to engage child and adolescent players in discussion and exploration of more psychologically relevant matter.

Your new clients have arrived: two parents and their 15-year-old son. The son enters first and flops down on your office sofa, crossing his arms across his chest. His parents follow him in, sitting down with exasperated looks on their faces. The parents begin to tell you about the son's difficulties with video gaming. He is reportedly playing video games from the moment he gets home from school until late into the night. His grades are slipping, homework is not being turned in, family time is being interfered with, and he is not getting enough sleep at night. They want him to focus more on "the real world." They do not understand why he wants to play online with friends rather than be outside. The adolescent reports he does not feel that his parents understand him, his priorities, and his game time playing. He gives a couple examples of how he cannot even talk to them about his video gaming because they "close up and tell me to go outside." You wonder how to best help this family. Should you individually work with the teenager or should you work on family dynamics?

Prevalence of Video Gaming

In the past decade video gaming has emerged as the number one pastime among children and adolescents. Gaming has overtaken other leisure-time activities, such as watching television, for many people of all ages.

The gaming industry continues to flourish. Consumer spending increased for the eighth consecutive year, with \$43 billion recorded in 2018 (Morris, 2019). The Entertainment Software Association (ESA), an organization that monitors video gaming in the United States, reported that 64% of households own a video game device, 60% of Americans play video games daily, and the average age of a video gamer is 34 (ESA, 2018).

Video gamers over the age of 18 represent more than 70% of video game users. Video gamer demographics are nearly evenly

Anthony M Bean, PhD, earned his doctoral degree at Pacifica Graduate Institute in Carpinteria, CA. His clinical practice is located in Fort Worth, TX, and he specializes in the therapeutic implications of video games and gaming. He is the author of Working with Video Gamers and Games in Therapy: A Clinician's Guide and The Psychology of Zelda: Linking Our World to the Legend of Zelda Series.

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spread across gender, with 45% of U.S. video gamers being women. Families have reported that playing video games helps the family spend time together, helps them monitor what they are playing, and is being used as a positive reinforcement for family relationships and socializing (ESA, 2018).

There is a wide range of differing video games. The 20 bestselling video games of 2018 are presented in Table I. A vast array of differing titles spanning the different genres is noted. For instance, there are many action video games (e.g., Call of Duty, Super Smash Bros, God of War), role playing video games (e.g., Red Dead Redemption, Grand Theft Auto, Monster Hunter), and simulation sport video games (e.g., NBA 2K19, Madden NFL 19, FIFA 19) within the top 20 bestselling video games from that year. This suggests a wide variety of games are used by individuals. As clinicians, we need to know the differences between the games, as no two games are identical, in order to understand their specific appeal and to use them clinically when appropriate.

Video Game Titles	1. Red Dead Redemption II	11. Grand Theft Auto V
	2. Call of Duty: Black Ops 4	12. Mario Kart 8
	3. NBA 2K19	13. FIFA 19
	4. Madden NFL 19	14. Battlefield V
	5. Super Smash Bros. Ultimate	15. Super Mario Odyssey
	6. Marvel's Spider-Man	16. Call of Duty: WWII
	7. Far Cry 5	17. Dragon Ball: Fighterz
	8. God of War 2018	18. The Legend of Zelda: Breath of the Wild
	9. Monster Hunter: World	19. Super Mario Party
	10. Assassin's Creed: Odyssey	20. Pokemon: Lets Go Pikachu

Note. Source: NPD Group, cited in Morris, 2019

There has been growing concern about excessive use of video games over the course of the last 30 years. This is reflected in newspaper reports and other popular media, as well as professional journals in the mental health field. This concern was originally focused on the adolescent gamer, but increasingly is a consideration about gamers of all ages as earlier gamers have reached their 20s and 30s.

ICD-10 gave little attention to excessive video game use, but in the developing ICD-11 a new diagnostic category has been proposed for video game addiction: "Gaming Disorder" or GD. The classification would be the first attempt to implement some measure and diagnosis of excessive or maladaptive video game use. The Topic Advisory Group for Mental Health (Mental Health TAG) created the following definition of the disorder "Gaming Disorder," with additional narrower classification terms of Digital Gaming Disorder, Internet Gaming Disorder, and Video Gaming Disorder:

Gaming disorder is characterized by the inability to resist an intense internal drive to engage in gaming behavior ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by:

- 1) Impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
- 2) Increasing priority given to gaming to the extent that gaming takes precedence over other interests and daily activities; and
- 3) Continuation or escalation of gaming despite the occurrence of negative consequences. The behavior pattern

is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behavior may be continuous or episodic and recurrent. The gaming behavior and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe. (Mental Health TAG, 2017).

Most research suggests a rate of gaming disorder at 1-3% of video gamers, although a few studies have reported rates as high as 8-10% (Charlton, 2002; Charlton & Danforth, 2007; Choo et al., 2010; Gentile, 2009; Mentzoni et al., 2011; Morahan-Martin & Schumacher, 2000). The variability in incidence and prevalence data suggests there is still a lot of subjectivity in assessment and diagnosis of gaming disorder.

The problem with the proposed ICD diagnostic criteria for gaming disorder is that one could replace "video gaming" with reading, walking, cooking, or dancing and create a semantically similar formulation of an addiction. It may be that the reason these other areas of human delight are not seen as "addictive" is they are more socially acceptable than playing video games. Radio addiction was a topic in the 1930s, and Congress had hearings in the mid-1950s on "comic book addiction." Neither of these were incorporated into formal diagnostic codes.

Most diagnoses used in routine clinical practice have been thoroughly and etiologically researched over years or even decades, often in well-developed clinical studies to help sharpen the formulation. But this is not the case in regard to video game addiction (Aarseth et al., 2016; Bean et al., 2017; Carbonell, 2017;

Ceranoglu, 2010; Krossbakken et al., 2017; Kuss, Griffiths, & Pontes, 2016; Przybylski, Weinstein, & Murayama, 2017; Quandt, 2017; van Rooij & Kardefelt-Winther, 2017). Further research is needed to develop better diagnostic criteria for gaming disorder.

Nonetheless, this does not stop families from coming to therapy with concerns about excessive video game usage. A diagnosis can provide validation for an individual and their concerned family who cannot conceptualize what is happening to them. A diagnosis may also provide a pathway toward treatment and a clarification of life difficulties. The challenge for the clinician is determining when excessive gaming becomes a disorder, or, stated differently, when excessive gaming becomes a pathological behavior rather than being an adolescence escapism. Clinicians are encouraged to consider the entire spectrum of the client's functioning, rather than just the single behavior of excessive gaming, in making a diagnostic assessment.

Examining the Full Range of Psychological Functioning

When a clinician observes problematic gaming with a client, they tend to also see signs of other psychopathology suggesting a need for comprehensive assessment. For instance, depression, anxiety, attention deficits, obsessions and compulsions, and autism have all been found to be comorbid with gaming problems (Bonnaire & Baptista, 2019; Gonzalez-Bueso et al., 2018; Liu et al., 2018; Marmet, Studer, Grazioli, & Gmel, 2018). With these interactions, it has been difficult to analyze the complex relationships between the phenomena. Emerging research has suggested that other psychopathology is interlinked with, and may even be a precursor to, problematic gaming. Other mental health symptoms (e.g., depression, anxiety) may be the most appropriate therapeutic target when there is a coexistence of two or more pathologies (Bonnaire & Baptista, 2019; Gonzalez-Bueso et al., 2018; Liu et al., 2018; Marmet et al., 2018).

Even with this new research, there is a continuing problem with parsing out symptoms between the clinical conditions. For instance, some research has proposed that problematic gaming causes attention deficits to become more pronounced, but also acknowledges that video gamers have better focus after playing video games (Marmet et al., 2018). Other research reports a diminishing of anxiety and depression symptoms associated with lowered video gaming habits (Bonnaire & Baptista, 2019; Gonzalez-Bueso et al., 2018; Liu et al., 2018). Most of the recent research pays little attention to family dynamics and general well-being. Overall, it appears that further study is needed to determine the order of symptomology to answer the "chicken or the egg" question.

Initial Concern and Presenting Problem

When a family appears for treatment on possible gaming problems, they likely already have polarized views on the value or non-value of gaming. Parents tend to view video gaming as

detrimental and the sole crux of the problem, while their children are of an altogether differing viewpoint-citing parents' lack of understanding of their gaming habits as just one example of the parents' lack of understanding of them overall.

Statements by parents, such as "they need to live in the real world" and "why don't they go out and talk to friends," suggest a misunderstanding of virtual realms and the typical daily activities of many teenagers. On the other hand, it is problematic when adolescents and younger children fail to complete daily chores or required school homework, miss or avoid family events and other social activities, and stay up late into the night (and then oversleep their morning wake-up time) as a result of excessive time spent playing video games.

In early conversations with the family, the therapist should explore expected responsibilities of the child or teen. There are expectations and boundaries in any family, and families coming in about possible excessive gaming are in some disagreement about whether expectations are being met. Going to school on time, doing homework assignments on time, doing assigned household chores, getting sufficient sleep, maintaining a healthy diet, getting some physical exercise, and socializing with family and friends constitute a generally accepted minimal set of expectations for a teenager in the U.S. Additional elements might be added in different cultural and religious contexts.

Exploring (and, hopefully, finding) some degree of shared expectations between the parents and teenager will allow the therapist to assess whether the amount of time spent gaming is excessive and, if so, whether it is controllable. Supporting the parents around appropriate boundaries at home helps the therapist build credibility. Clear statements that reflect a neutral (or even positive) attitude toward gaming will help build a relationship with the teenager.

Gaming as a Valid Topic of Conversation

One of the first tasks when working with a family in distress due to a teenager's excessive gaming is making the experience of gaming a valid topic of discussion. The therapist needs to encourage, or even direct, the parents to engage with the teen about their gaming in an open and interested manner. The goal is to change the topic of gaming from a subject to be argued into a subject to be shared and enjoyed.

Just as one family member might ask at dinner how another family member's day went at work or at school, it is useful if the parent asks the teen how their gaming is going, either last night or earlier in the day. If the teen is playing multiple games, the parents should ask which game they are playing today before asking what is happening in the game. What is the current challenge, how is it similar to or different from earlier challenges, what actions will be needed to overcome the challenge? These questions reflect interest and encourage description and commentary.

Over time, the therapist should encourage the parents to experience their teen's favorite game. The parents can either play it a few times themselves as new users or the parents can watch as their teen plays the game while explaining what is happening, what they are doing, and why. This allows the parents to observe the thrill of the challenge, the fright of the conflict, and the joy of success—all of which can be commented on: "Wow, that was exciting" or "Wow, I was not sure we were going to make it there." This parental engagement and understanding of the game being played can bring the parents and teen closer together, with the teen feeling listened to and understood.

Understanding Virtual Worlds

Research has shown that older clinicians tend to have an automatic negative bias against video games and video gamers (Ferguson, 2015). This is not a difficult problem to overcome, as clinicians are trained to continuously examine their own beliefs and biases so as to not automatically apply them to their clients. Awareness helps one overcome potential biases.

It is useful if the clinician knows a little bit about the video game(s) the client is playing. Understanding the virtual world in which the client plays is important for understanding the client. If the clinician is not familiar with a given game, they can obtain information online, or they can ask the gamer to describe the game and the activities within the game. The client is the expert on how and why they play video games. By listening to the content of the video game and asking questions about the different games being played, the nature of the game playing enjoyment comes into focus for the therapist.

The second step in utilizing the game to understand the client is to explore the characters found within the game. Video gamers often communicate through the means of their roles in a fantasy world. This is particularly true with role playing games, such as massive online video games. Who does the client identify with? What role do they take on? This will provide clues to unmet needs and/or psychological challenges that need to be addressed in therapy. Asking the client how they feel when they are playing a particular role or whether they experience a particular thrill when playing that character may provide information to open discussion of important clinical topics.

Fantasy worlds may also offer clues to how the client works through difficult moments of life. The actions completed within the game, the type of avatar played, and the gamer's online/offline self are intensely entangled with one another and provide exceptionally rich data. Such information may be useful in understanding the video gamer's psychological issues and can provide avenues for intervention.

Many video gamers have mood difficulties or a mood disorder that hinders their interpersonal interactions. Extreme anxiety may lead to avoidance and a flight response. Depression may lead to inaction and avoidance. However, the video gamer's

reaction to and handling of similar interactions in the game context may be different. Their choice of video games may also be different from the situations they face daily. The job of the therapist (or family) is to use video games to their advantage by taking game mechanics and overlapping them with the real world. In order to do this, clinicians and families need to know about the core archetypal avatars being played in video games.

Video Games & Archetypes: Clues to Psychological Meaning

Archetypes are images with universal meanings attached to them (Stein, 1998). They can capture a human experience or serve as a vehicle for discussing life more generally. Archetypes are everywhere, yet must be conceptualized from a metaphorical, symbolic, and nonliteral approach to be used in therapy.

What makes video games unique is their conceptualization of archetypes in a visual format, creating an interactive experience. The video gamer chooses to interact as an archetype by selecting an avatar. The image of the avatar gives it life, but the playing of the character gives it meaning. Video games bring a different perception and experience as the video gamer is able to direct and play as the hero. Playing the video game is an exceptionally important action for the player; they become part of the story.

Each video game, video game world, and created characters are unique to that specific world. It is useful to understand the different playable archetypal avatars in video games. This allows a discussion to unfold about the character being played, what is intriguing about it, the game mechanics, powerful emotions and feelings, and behaviors. Categorizing archetypes on the basis of common character qualities allows virtual characters to be seen as existing across different video games in different avatar forms, but based on the same creational qualities. There are seven main archetypes of play that transform the character into the archetype of the hero—a powerful being within the virtual landscape (see Figure 1).

These archetypal roles differ in how they relate and function in the virtual world. Each archetype has unique abilities. The therapist can draw parallels to how these roles relate to the personality and psychological struggles of the video gamer (see Table 2).

Archetypes are particularly relevant in video games when the player takes on a single identity within the game. The gamer makes a conscious decision to take on a specific character role that has both a specific set of skills and a specific set of limitations. The gamer becomes that character in that role. The therapist should observe whether the gamer always plays the same role (e.g., warrior, spellcaster, or another role) or different roles in various games. At an appropriate time, the therapist might say, "I notice that you frequently play as the spellcaster, who has special powers and abilities to influence others. Do you sometimes wish you had such abilities in your own world?" Obviously, such

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statements can be paraphrased along several different lines from wondering to noting the observed parallels in the client's life. In some games, the player handles a team of characters and can personalize each character by assigning them a name. The therapist should observe whether the names used are members of the player's family, members of their social group, or famous people in the broader world. At some point the therapist might ask the gamer about how they came to choose those names for those character roles. Is the name of the "thief" in the game the player's name or that of the youngest child in the family? The use of imaginary people and events brings forth psychological material related to motivation and personality that is crucial for therapeutic progress.

Family Therapy Versus Individual Therapy

A difficult challenge for any seasoned clinician would be to approach the type of situation presented in the opening vignette. Therapist credibility to both the parents and the adolescent is of key importance. Parents need to feel supported and their adolescent needs to feel heard.

Family therapy is ideal when the gaming affects all family members across multiple environments (e.g., social events, school, family nights). Foci of family sessions should be on how the gaming time is impacting the family dynamics, family systems, schedules, and flexibility that most family frameworks have in place. Most of the time the balance of these structures is scheduled in order to meet all familial needs during any given week. With

gaming interjected, the schedule can become chaotic. Addressing each family member's role in the family system can illustrate how an individual's behavior is disrupting family boundaries.

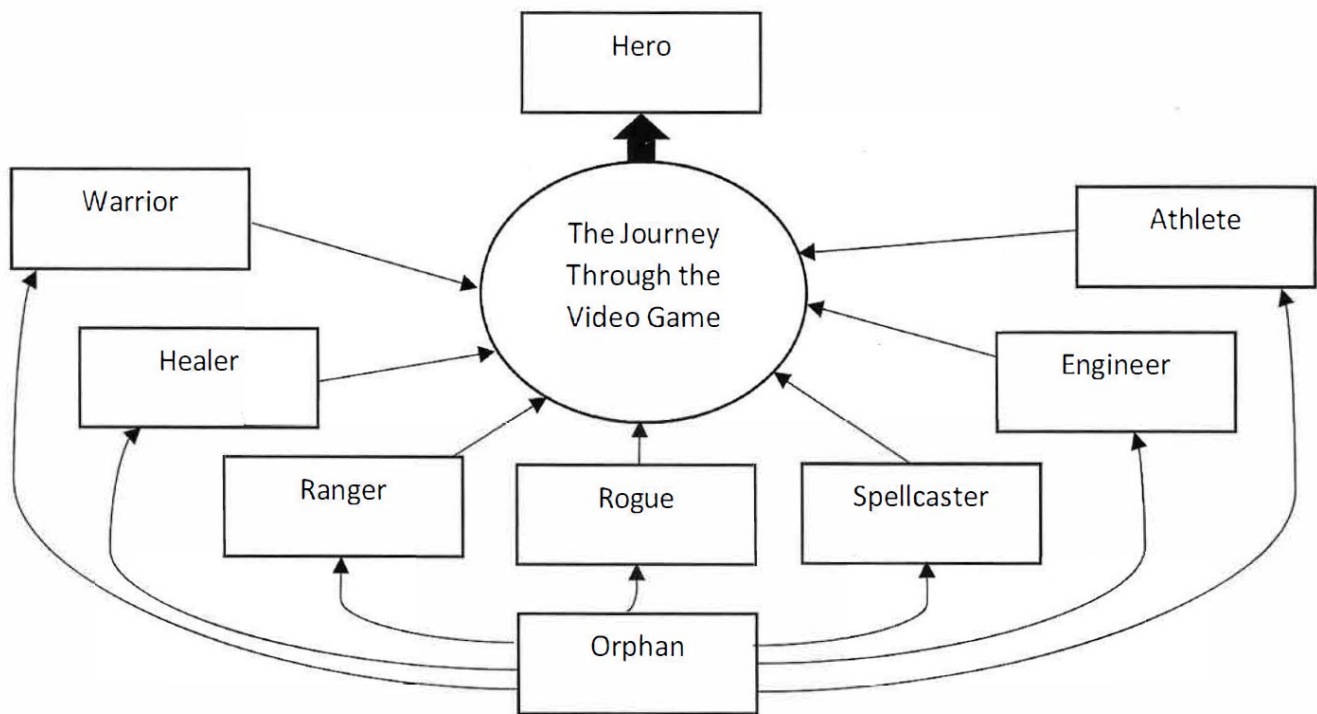
The opportunity to work one-on-one with the adolescent is also another avenue many clinicians choose to employ. Working solely with the teen gives space for them to explore their own psychological state without the fear of parental shame—a common concern among teens. By having this space to divulge and digest psychological stressors, insight into the teen's behaviors comes into focus. By building individual insight, long-lasting change can occur across multiple environments.

Parental input and reinforcement are key steps for psychological and behavioral change, and require that parents be involved in their own household. Clinicians usually gather progress updates from the parents either before or after the session begins to help shape the focus, strategy, and adaption of the original plan. Working from this framework gives the adolescent the space they need to grow, while also supporting the family with their concerns and input.

Working Therapeutically With Video Gamers

Working with video gamers and their game choices allows for description and discussion of the client's worldview and the worlds in which they play. Clinicians are the mirror for clients to discover the draw of the game. The problem-solving the client uses within the video game is relevant outside of the game,

Figure 1. The Seven Paths of Archetypal Valor



Note. Adapted from Bean, 2018

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but the client may not recognize or apply this skill to everyday life. The clinician can help the client understand psychological concepts and personal choices in a different light and manner.

Seemingly withdrawn youth often become animated and excited when discussing their accomplishments and experiences within their virtual worlds. They often feel more powerful and resilient "in the game" than they do in everyday life. They can struggle on, hold out, and win a level through determination and hard work. The game provides a cathartic experience and helps create positive and helpful coping styles: thinking of how to handle a new situation, dealing with confrontation, helping people in need, and being rewarded for caring behaviors. The therapist can often link these same behaviors to real-life skills connecting the virtual experiences to real-world behaviors.

Exploring the immersive experience opens the door for a more collaborative therapy. This can be done by increasing communication about video games, playing, and by extrapolating a player's experiences into real-life contexts. By asking questions and directing a client's focus, the therapist can help the client learn more about themselves, their video game habits, and why they play certain roles. This technique also opens up dialogue about the virtual world and the player's interests and experience.

The therapist needs to explore whether the gamer is playing in isolation or in a more open and social manner. Video games can be single player or multiple player in nature. Even individual player games can be played in an open social manner, with a connection to social media so friends can get updates on the player's progress and achievements. Chat rooms exist for discussing the game experiences, challenges, and strategies for overcoming specific obstacles. The therapist can also discuss these aspects of the gaming experience to learn more about psychological dimensions of the gamer's play-and the playing experience, drawbacks, and successes.

As the therapist applies the conversation of choices within the video game to the client's experiences outside of the video game, this sets the stage for exploring the client's personal heroic journey. Does the client/player always try to help everyone who needs or asks for help, whether they are deserving or not? Do they always act first and ask questions later, or the reverse? What patterns emerge in the video game play, and can it inform everyday functioning and coping?

Video games often allow the player to experience different methods for handling difficult scenarios, some of which result in failure and others in success. Games also allow the player to experience different personas or coping styles. Discussing which

Table 2. Character Qualities for Each Archetype in Video Games

Archetype	Character Qualities
Orphan	The video game base archetype, essentially a blank slate to be projected upon.
Warrior	Warriors tend to be the leader of the group, jumping into battle, and keeping the focus on them instead of their comrades in melee combat.
Healer	The healer ensures that their friends stay healthy, alive, and inspires them to continue forward through healing spells.
Ranger	Rangers are scouts, pathfinders, bounty hunters, trackers, woodsmen, hunters, and beast masters and tend to use range weapons.
Rogue	Rogues are similar to assassins and spies and rely on surprise attacks, playing in the shadows, stealth capabilities, and careful and cunning watching.
Spell caster	There are many names by which the spellcaster is known: Mage, Wizard, Sorcerer, Witch, Warlock, Magi, Sage, Magician-and they primarily use spells.
Engineer	The Engineer is steady, calculating, client, and methodical. The Engineer is also a tactician of grand scale war combat. They marshal troops to battle attacking hordes.
Athlete	The Athlete is always available for a challenge or playing with another individual to determine who is superior.

Note. Adapted from Bean, 2018

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persona is most or least enjoyable may reveal a different aspect of the player's personality or their way of handling different situations or individuals. This allows the opportunity to discuss preconceived assumptions going into a situation, strategies for situational assessment, automatic behavioral responses, and other aspects of coping and functioning.

As noted earlier, another aspect to explore is whether the client uses the same or different characters or avatars around various video games. Playing the same characters or avatars within all video games suggests some standardization of character building, itemization, and playability with a generalizability to the gamer's preconceived self. This may reflect a psychological challenge or a psychological strength-or it may simply reflect a transfer of strategic approach across gaming venues. Regardless, it provides material to comment on, ask questions about, and explore (and, eventually, link to everyday life).

Overlaying the general concepts found within the video game onto actual life experiences can allow the client to develop their own personal hero-and possibly to conclude that their symptoms or problematic behavior was their villain. When one feels overwhelmed or out of control, one's "villain side" comes out, and they can be primarily driven by that one affect or motive whether anger, or revenge, or something else. The client will often begin to identify similar patterns in their friends or family members, which broadens their psychological understanding and shared human experiences.

In this manner, the therapist makes abstract psychological concepts and processes more concrete and easier to discuss and explore-because of the playability of the character in the video game. The video gamer is acting out the psychological material in a way that affects the character and storyline. This acting can also be used by the therapist to teach abstract psychological concepts that the gamer will more easily understand because they have played through them like a mythological story (Bean, 2018).

Among peer gamers, this may become a model for commenting on each other's experiences and behaviors. As one gamer starts acting aggressively, another friend might ask, "Are you being a villain or a hero?" Through such interactions, everyone can feel more comfortable with themselves and their friends. This further allows gamers to use their metacognitive abilities by discerning how other people are thinking in various situations. Using the hero and villain models, it's possible to place oneself in another's shoes and understand from where the other individual was psychologically approaching, thus suggesting a decrease of child egocentrism (Berger, 2014; Feldman, 2015). Utilizing gaming habits, storylines, and other mechanics as described above are just a few examples of psychological benefits to playing video games.

Psychological Benefits

Playing video games has the potential to help conquer fears by defeating monsters within the games. The beginning of each conflict has an element of uncertainty and fear (i.e., a slightly

scary situation) because the player does not know what to expect. The monster looms ahead and causes a sense of doubt and fear of the unknown, of what will happen, of how to defeat the next monster or complete the next challenge (Bean, 2018).

he relationship, and the defeating of the fear concepts, can be extrapolated from the video game and incorporated into real life using the same variables the player used to develop their character to appropriately handle their difficulties. The experience of defeating a monster creates an opportunity to use the same process to handle life experiences. The video gamer had to complete specific tasks to obtain victory. This same pattern and behavior can be used in real life as well. The power comes from the time spent playing, the storyline, and how the video game player handles the difficulties.

or instance, if a video gamer is worried about attending a social event because of emotional anxiety, they can become immobilized by the fear and freeze. However, if the video gamer has familiarity with this or a similar experience within a game, perhaps through joining a guild and introducing themselves to others as an avatar in a virtual world, it will help dissipate the original fear. This example can be a starting point for changing the player's entire experience in other situations. Therefore, the video gamer already has the tools to work toward a place where the fear is no longer in control; he knows how to defeat it. He has experienced the fear of not feeling accepted, but has attempted, regardless, to complete the task, likely due to lesser feelings of insecurity both in the game and in his real-life scenario of the intimidating social event. The video game itself is a teaching tool for coping and for developing social skills in and out of the virtual world. The clinician just needs to be willing to let their curiosity of the video game world help drive the clinical narrative.

Three Clinically Useful Tips to Remember.

1. Video games are not inherently good or bad. They can be enjoyable and useful, and they can also become problematic without adequate boundaries. When presented clinically, they have become a distilled and concentrated encapsulation of individual and family conflict and psychological struggle.
2. Approach "gaming problems" as you would any other problematic behavior that disrupts interpersonal relating and interaction. Explore the meaning, value, and challenges it represents for all parties. Explore what psychological needs or struggles are avoided or satisfied via the gaming and therapeutically explore these with the client.
3. Use the gaming experience as any other aspects of work and play-a topic to be shared, discussed, and enjoyed. Teach family members to ask about the current gaming adventures in the same way they would ask about work, school, or sports activities.

