Narrative Therapy for Treating Video Game Addiction

Joseph M. Graham Jr.

Abstract Video game addiction is increasingly prevalent and treatment modalities have ignored the unique aspects of this particular process addiction. This article reviews the construct of video game addiction and posits utilizing narrative therapy in a manner tailored to the video game culture. By focusing upon the skills inherent in being a successful gamer, clients can translate those skills from online to offline and make substantial changes in their lives. Also, an appendix with commonly used terms in the video game culture is provided.

Keywords Video game addiction · Narrative therapy · Video game culture

The Entertainment Software Association (ESA 2012) reported that the average U.S. household owns at least one dedicated game console, PC or smartphone and that 49 % of households have two game consoles. Video games are more commonplace than ever before. Of the online games played, 11 % engage most often in Massive Multi-use Online Role-Playing Games (MMORPGs) when online (ESA 2012). MMORPGs have been a basis of concern in the literature for its association to video game addiction (Chappell et al. 2006). Although the realms of video games and the video game culture are rich and multifaceted, this article maintains a focus upon MMORPGs because of their association to video game addiction (VGA). While the debate continues over what is and is not VGA, there have been demonstrated concerns presented by clients involving their video game play. Therefore, it is important for the counseling field to consider the factors embroiled in the worlds of clients who play MMORPGs.

The purpose of this article is to provide counseling best practice techniques for treating clients presenting with VGA to MMORPGs. First, an explanation of MMORPGs, including a description of common experiences and the societal influence, is offered. Second, the nature of VGA is analyzed to provide context for diagnosis and promote better understanding of what constitutes the constructs of VGA. Next, the implementation of narrative therapy for other addictions is discussed. A case example is provided demonstrating the use of narrative therapy for clients presenting with VGA. Finally, a list of common metaphors and diction that practitioners may find useful when working with clients who engage in video game play, whether or not those clients present with VGA, is provided.

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What are MMORPGs?

Curry (2010) described MMORPGs as games that "situate thousands of characters created and played by real people in the same persistent, real-time game world, where they work together to complete complex quests and gather increasingly elaborate weapons and armor" (p. 250). The characters created by players are called avatars, which players can represent in any manner of their choosing (Calvert et al. 2009). To complete the quests in the game, players typically join guilds, clans, or squads. Since the word guild is most often used by video gamers to describe the larger and enduring groups of avatars that work together toward common goals, this article chooses to use that term to represent all teams in MMORPGs. However, the author would like to stress the importance of adopting the language and terminology of the client when providing counseling services to a member of the video game culture. Guilds are normally composed of complimentary avatars grouped together to provide each other with particular abilities or skills. For example, one guild in *World of Warcraft* (with over ten million users, currently the most popular MMORPG) could be comprised of a leader, a defender, a healer, a fighter, and a strategist. Also, guilds may contain up to hundreds of members each playing a complimentary role for group success. Additionally, the construction of guilds does not have to concern itself with geography. Avatars from across the world can log-in at the same time and play for several hours (or days) at a time. Important to note about the international potential of MMORPGs is that membership could compel an individual to be engaged in the game at any hour of the day and any day of the week.

The interdependence between players cannot be underestimated. As Hagedorn and Young (2011) observed, "membership on these teams becomes very important as each individual becomes dependent upon others to successfully play their role in order to accomplish the mission's goals" (p. 252). Each avatar offers a unique contribution to the guild that strengthens the opportunities to succeed during game play, thereby increasing interdependence. Understanding the high level of reliance upon each other, the amount of time invested, and the fact that many MMORPGs continue indefinitely with no specified end point, it leaves little wonder that online relationships can surpass real-life relationships in desirability and importance (Peters and Malesky 2008). At the point of preferring online relationships to offline relationships, practitioners might be tempted to diagnose VGA. However, without a holistic understanding of clients and their MMORPG experiences, the author argues that any diagnosis is a dangerous conjecture, especially considering the fact that there is no consensus definition of VGA.

What is Video Game Addiction?

As Internet addiction garners acceptance as a clinical disorder (Eijnden et al. 2009; Young 1998), the subtype of video game addiction has emerged in the literature, and it is often attributed to Massive Multi-user Online Role-Playing Games (MMORPGs), an expanding area of the video game industry (Chappell et al. 2006). The literature highlights the recorded deleterious effects of MMORPGs for some people, including: (a) seizures (Chuang 2006), (b) poor scholastic performance (Skoric et al. 2009), (c) escapism (Hussain and Griffiths 2009), and even (d) death (Young 2009). Therefore, it is sensible to conclude that video game play can be associated with problems or difficulties

Counseling research includes several assessments addressing VGA (Han et al. 2010; King et al. 2011; Oggins and Sammis 2012; Starcevic et al. 2011; van Rooij et al. 2011). Many of the assessments for VGA center questionnaire development upon the Young Internet Addiction

Scale (YIAS; Young 1998). For example, King et al. (2011) adapted the YIAS to create their Problematic Video Game Playing Test (PVGT) and measured problematic video gaming alongside the Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV*) criteria for pathological gambling adapted for video game use. In another effort to measure video game addiction, Han et al. (2010) also utilized the YIAS without adaptation to specify video game play and included the *DSM-IV* criteria for substance abuse and the inclusionary criteria of extensive game play defined as more than 4 h per day or 30 h per week of video game play.

Other researchers analyzing VGA do not use the YIAS. An example is van Rooij et al. (2011) who utilized the Compulsive Internet Use Scale (CIUS) in their assessment of identifying addicted adolescent gamers. The CIUS covers (a) withdrawal symptoms: (b) loss of control: (c) salience: (d) conflict: and (e) mood modification. Also, Starcevic et al. (2011) created a Video Game Use Questionnaire (VGUQ) "to identify problem video game users on the basis of the provisional criteria that we have developed" (p. 250) and analyzed participants' distress and psychopathology with the Symptom Checklist 90 (SCL-90).

The literature brims with scholarly research concerning video games with foci upon the activity of video gaming, its potential addictive properties (van Rooij et al. 2011) and its positive (Sublette and Mullan 2012) and deleterious effects (Young 1998). Currently, there is no consensus definition of video game addiction, but there is a universal acknowledgment of its existence. Precautionary measures, such as confirmatory diagnosis from the client, should be employed when attempting to diagnose video game addiction because there is an absence of a definition. In an attempt to assist with defining video game addiction, Oggins and Sammis (2012) conducted an open-ended online survey of *World of Warcraft* players (*N*=438) about behaviors considered indicative of video game addiction. In addition to playing frequently, when video games interfere with other activities was the most frequently mentioned characteristic of video game addiction.

Although the scope of this article is focused upon video game addiction, the author wants to mention that there are many positive benefits from video gaming that should not be overlooked. In the case study that follows, the author demonstrates not only the existence of the positive benefits of video gaming but also the translatability of strengths between the online and offline realms. Dass-Brailsford (2012) identified that a client empowerment framework that views clients and their difficulties within a strengths-focused ecological lens promotes better client outcomes. Therefore, understanding the holistic ecological context of clients presenting with VGA assists in providing best practice interventions. Multicultural approaches, as suggested by Dass-Brailsford (2012), exhibit respect, promote client empowerment, contribute to more efficacious interventions, and achieve better client outcomes. When video game addiction is presented as the client's problem or when the counselor believes that the client is in the precontemplation stage of change (Prochaska et al. 1992) regarding video game addiction, practitioners are advised to holistically assess clients rather than narrowly focus upon what is presumed to be VGA. One approach that exhibits multicultural respect and a holistic conceptualization of clients is narrative therapy (Gardner and Poole 2009; Garte-Wolf 2011; White and Epston 1990).

What is Narrative Therapy?

White and Epston (1990) developed narrative therapy as a framework to provide individuals the opportunity to view their experiences within larger contexts, such as cultural, political, and social. Clients work to separate themselves from their problems and reauthor their experiences.

The four central tenets of narrative therapy are: a) externalizing the problem, b) developing the "team," c) creating the preferred story, and d) thickening the thread (Gardner and Poole 2009). Derived from Carr (1998), Gardner and Poole (2009) developed a three-stage model of narrative therapy. The first step is to deconstruct the problem-saturated stories, which includes the first two tenets of narrative therapy. Next, the second stage reauthors new stories that encompass the other two tenets of narrative therapy. Finally, the third stage is making the new story real and salient.

The first stage of narrative therapy is to deconstruct the problem-saturated stories of clients (Gardner and Poole 2009). During this stage, therapists position themselves as a participant-observer on an equal level with clients (Carlson 1997; Carr 1998). In the early stages of therapy the therapist provides the environment for clients to share their story and the role of the identified problem (e.g., video game addiction) in their lives. This collaboration process seeks to externalize the problem, meaning that the problem becomes an object rather than an internalized part of the self. For instance, clients would move from envisioning themselves as a "video game addict" to "a person with a video game addiction." At this point, the problem becomes objectified and presents itself as something manageable. Additionally, the client-therapist alliance excavates unique outcomes that contradict the problem-saturated story (Carr 1998). Exceptions to the problem are highlighted in the effort to provide the possibility to reauthoring the story, which is the second stage of narrative therapy.

The unique outcomes are incorporated into the story to thicken the plot and provide a more holistic assessment of client stories. As the story becomes fleshed out with the integration of exceptions to the problems, a new story begins to be constructed. The reauthored story is grounded into the past history of clients and extended as a link into the future to facilitate alternative ways of being (Carr 1998). Although not explicitly mentioned in narrative therapy articles, this process likens itself to the instillation of hope, one of the universal curative factors mentioned by Yalom and Leszcz (2005). With hope established that the future need not be as problem-saturated as the original story, clients and therapists then proceed to making the reauthored story a reality in the third stage of narrative therapy.

Methods of implementing the reauthored story include inviting outside witnesses and the utilization of literary documents. Upon hearing confirmation from others (i.e., family members, therapists, and friends) that the reauthored story possesses validity, the reauthored story becomes more palpable. Another manner to assist in creating salience to the reauthored story is therapeutic documents, such as self-declarations and positive journaling (Carr 1998). Offering as many confirmatory analyses as possible assists in the successful execution of narrative therapy, which is a shift from a negative story to a more positive and functional way of envisioning the self (White and Epston 1990).

Winslade and Smith (1997) promote narrative metaphor as a counterview to the traditional medical model approach to alcohol addiction. Through case examples, Winslade and Smith (1997) demonstrate methods to externalize and personify alcohol, taking responsibility for decisions, reclaiming agency, and constructing a new story. One such method is letter writing, an activity employed in individual (Winslade and Smith 1997) and group counseling (Hagedorn 2011) that assists with overcoming client noncompliance. Experiential activities in narrative therapy treatment for addictions also promote client agency, or sense of control, that empowers clients (Winslade and Smith 1997). With a sense of power over their addiction, clients are encouraged to create new narratives with the cautionary caveat: assess for readiness to change (Winslade and Smith 1997). The optimism inherent in narrative therapy approaches brings with it the potential to blindly believe clients are ready, willing, and able to enact significant changes related to their addiction. Readers are encouraged to refer to Prochaska et al. (1992) for a fuller discussion on assessing readiness for change.

Narrative Therapy and Video Game Addiction: A Case Example

Sammy was a 17 year old Caucasian male in academically advanced classes who lived with his mother in a suburban setting. He presented with social anxiety and stress related to falling behind his schoolwork. Sammy played World of Warcraft (WoW) approximately 50 h a week. During the intake session, Sammy was despondent and reluctant to engage in eye contact or in conversation. Realizing that the typical structure of therapy was not conducive to Sammy sharing his story, the counselor inquired about World of Warcraft and Sammy's experience in the online world. Providing the safe nonjudgmental environment that permits rapport and trust to develop, Sammy shared detailed accounts about his online experiences.

In WoW, Sammy was respected by fellow players through his dwarf avatar. He demonstrated leadership, teamwork, goal identification, commitment, loyalty, strength, and communication skills in the online realm. As the dwarf, Sammy exhibited self-esteem and felt valuable. Sammy was encouraged to construct his two stories: his online and his offline stories. In subsequent sessions, Sammy opened up about his offline life, which can be described as the antithesis of his online life. Offline Sammy felt despondent and hopeless, at the mercy of the whims of the world. The aspect of no control in the offline would become the focal point of restorying.

The initial process of allowing the space for Sammy to share his story and the role that video games play in that story constructed trust in the therapeutic relationship (Morgan et al. 2011). Employing narrative therapy requires separating the problematic behavior from the client (Morgan et al. 2011). The unique aspect of video game addiction, however, proffers counselors the opportunity to explore the strengths developed in the online realm. Therefore, it is important for counselors to not identify "video game addiction" as the construct requiring change because the client will locate sources of strength from video game play. For instance, with Sammy, the counselor and Sammy identified "no control" as the problematic behavior. Sammy was asked, "How has the lack of control affected your life?" This question served the dual role of creating the construct of "no control" and of permitting Sammy to share his story. The next step in narrative therapy is identifying unique outcomes (Morgan et al. 2011).

To explore unique outcomes, Sammy was asked, "Tell me about a time you had control." Sammy delved into his experiences in WoW, explaining his active participation in a community that demonstrated respect for him. Sammy explained, "In WoW, I win, I accomplish things, and people know about it." Counselors might be inclined to dismiss such a response from a client because the client does not identify exhibiting control in the offline world. It is stressed, though, that the same strengths that Sammy developed in the online world are applicable offline. Exploring Sammy's online experiences changed his demeanor from despondent to cheerful. Armed with an inventory of positive experience and individual strengths, the re-authoring process that ensued began with the question, "Regarding not having control offline, tell me what would the dwarf do?"

Sammy replied to the question with a strategy, "The dwarf would make a list of every assignment with due dates, the dates of all his tests, and figure out how much time it would take to complete them. Then he would just do it." The counselor implored for more details as Sammy constructed a plan of action that the dwarf would undertake by asking several questions such as, "What about the dwarf makes this possible?" and "What can you learn from the dwarf?" Sammy gradually realized that the same successful plan that the dwarf would enact can be enacted by Sammy. If Sammy externalized his video game play as the problem then the rich realm of strengths would have been neglected.

Through a narrative therapy approach to counseling, Sammy was provided the environment to articulate and externalize his problem as "having no control." The strengths-based component of counseling discovered that Sammy possessed many skills applicable to exerting control in his life; however, those skills were primarily identified as being online and being through his avatar. Eventually Sammy internalized his strengths and translated his skills between the online and offline worlds. By the end of counseling, Sammy maintained his status in the academic Advanced Placement program at his high school by bettering his study habits. His increased self-efficacy in the offline realms of his life lead Sammy to discontinuing counseling with the message, "Thank you, I really feel like I can do anything."

Conclusion

Clients do not over participate in video game play because they lack the skills to be successful gamers. In fact, in order to be a successful gamer requires many skills that can be translated from online to offline. The narrative therapy approach of externalizing the problem and re-authoring the story works as long as the video game play is not defined as the construct requiring change. Considering the wealth of strengths and accomplishments readily available, this narrative approach toward counseling clients with VGA requires less work than approaches that identify VGA as the externalized problem. Gamers come into session full of translatable skills. Counselors need to be aware of their biases toward online gaming and not be dismissive of the skill sets gamer clients bring with them. In this way counselors can assist gamers in overcoming their problems, whether or not the problem may be identified as VGA.

Appendix

Commonly Used Terms by Video Game Players

Achievement: Awards that often times come with virtual trophies
Anime: Japanese cartoon drawing style typified by short characters with large eyes
Cheats: Special codes that allow the player to bypass the normal limitations of a game
Cheated Death: A term used to describe miraculously surviving a hopeless situation
Combo: In many fighting games this is a string of moves that can be executed in rapid succession
Easter Eggs: Undocumented objects or features hidden inside of video games
Farming: The practice of killing weak monsters or enemies in large numbers in a bid to gain easy experience and/or money
Grind: Jargon for boring recurring movements with the goal of continuing the game
Hack: Gamer who attempts to control the game by illegal procedures resulting in ban or prosecution
Invisible Wall: In 3D games, the player is confined to an area and pushing a boundary that cannot be seen
Noob, N00b, or nub: An inexperienced player
Pwned: Owned, beaten, defeated
Respawn: Associated with first-person shooters to describe the act of returning to the field of play after being killed
W00t (We Owned Other Team): Expression of excitement or joy

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