

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A COMBINED GROUP PROPOSAL FOR INDIVIDUALS EXPERIENCING ONLINE
VIDEO GAME ADDICTION

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling
Marriage and Family Therapy

By

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Dedication

I would like to dedicate this graduate project to my wife. Thank you to her for putting up with all the late nights playing video games and the compassion and support provided during my struggle with online video game addiction.

Acknowledgments

I would like to thank my committee members, Professor Bruce C. Burman, Cyndee Bellamy, LMFT and Stan Charnofsky, Ed.D, Chair. Thank you for your help and support in creating this graduate project.

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ABSTRACT

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In 2015, 155 million Americans reported playing video games. Video games have become commonplace in American households and there is a potential for overuse, which may lead to addiction. The purpose of this project is to propose a combined psychoeducational and process group for individuals experiencing online video game addiction. The group will assist members in processing how online video games have affected their lives in negative ways as well as to create a safe place for individuals to share feelings pertaining to their online video game addiction. In addition, the group will educate individuals regarding why online video games are addicting, what the signs and symptoms of addiction are, and how to recognize warning signs of online video game addiction and which games to avoid due to their addictive nature. An outline of the proposed group and psychoeducational handouts that can be utilized during weekly sessions are provided.

Chapter I

Introduction

According to the Entertainment Software Association (ESA, 2015) in 2015, 155 million Americans reported playing video games. Video games have become commonplace in the household with four out of five households in the United States owning a device to play video games, and 42% of Americans playing video games 3 or more hours each week (ESA, 2015). With the increasing popularity of video gaming, it is imperative to understand the nature of the games being played and the effect gaming has on the individual's social and relational skills. Video games prior to the 1980's were off-line (no Internet required), but in the late 80's and early 90's, with the birth of the Internet, online computer games emerged. These online computer games created online social worlds or universes in which people could interact and socialize. In the early 2000's, with technology advancing at an astronomical rate, Internet access was brought to home video game consoles such as Nintendo GameCube, Microsoft Xbox and Sony PlayStation. David and Wiemer-Hastings (2005) postulate that with Internet accesses and use video games becoming commonplace in households and everyday life, there is a potential for overuse, which may lead to addiction.

Statement of Problem

According to Griffiths, Kuss and Kings (2012), online video game addiction has increasingly become a topic of research. In the 2000's, online video games became so popular that Internet gaming addiction studies started to emerge (Kuss, 2013). Prior to that, not much research had been conducted. David and Wiemer-Hastings (2005) also note that Internet or online gaming addiction was not yet a diagnosis in the Diagnostic

and Statistical Manual of Mental Disorders (DSM IV) and that the diagnostic focus was on the DSM IV criteria for addiction and obsession. It was Young (1996) who replaced the word “substance” with “Internet” in his research, due to similarities in symptoms between Internet addiction and substance addiction including withdrawal tolerance, craving, and negative impact on the quality of life. It was not till the birth of the DSM V that Internet gaming became a disorder. DSM V defines Internet addiction as: 1) excessive use, often associated with a loss of sense of time or a neglect of basic drives; 2) withdrawal, with feelings of anger, tension and or/depression when computer is inaccessible; 3) tolerance, with the need for better computer equipment, more software, or more hours of use; 4) negative repercussions, with arguments, lying, poor achievement, social isolation and fatigue (American Journal of Psychiatry, 2013). As research on online video game addiction is ongoing, it is imperative to review the efficacy of diagnoses, symptoms and treatment options.

Purpose of Project

With the ESA reporting that there are an average of 2 “gamers” (people who play video games) in each game-playing U.S household, there will be an increasing number of people at risk for online gaming addiction (Griffiths, Kuss and Kings, 2012). The purpose of this project is to develop a combined psychoeducational and process group for individuals suffering from online video game addiction. The group will assist members in processing how online video games have affected their lives in negative ways as well as to create a safe place for individuals to share feelings pertaining to their online video game addiction. In addition, the group will educate individuals regarding why online video games are addicting, what the signs and symptoms of addiction are, and how to

recognize warning signs of online video game addiction and which games to avoid due to their addictive nature. The group will utilize this varied approach to provide individuals with knowledge, support, and motivation to improve their lives and to reduce the negative effects of online gaming addiction.

Statement of Significance

With Online Video games becoming common place and more individuals suffering negative consequences, this project will attempt to create a blueprint/ basic structure for a therapy group treating individuals suffering from online video game addiction. The group, an alternative to traditional 12 Step programs, can be utilized by clinicians in many modalities such as in community based agencies, health care organizations or even on college campuses.

Terminology

Terms used in this project will be defined to provide the reader with a better understanding of language used.

Gamer- A gamer can be either male or female and is a term used for someone who enjoys playing video games and plays video games regularly.

Gaming- is a term used when a person is actively playing video games.

Level up- is a term used when a player progresses his character in the game. The character often times becomes more powerful or has access to more weapons or items in the game.

Massive Multiplayer Online Role Playing Games (MMORPGs) -is a term for a specific type of online videogame. MMORPGs have the player partake in an epic

ongoing quest such as saving the world or universe. MMORPGs can have thousands of players in an online game in an online world.

Online- is a term used when someone is connected to the Internet

Online Gaming- is a term used when someone is playing a videogame that is connected to the Internet. Being connected to the internet allows the player to communicate and play with other players.

Videogame- is a term referring to a game that is played electronically where the player can interface with images on a video screen, computer or cell phone.

In order to better understand these issues and provide the foundation for the formation of the therapeutic group, it is necessary to better understand the concepts of online video game addictions, the effects on persons involved, and what can be done to help this population, which will be covered in the following chapter.

Chapter II

Review of Literature

While little research beyond that of Young (1996) had been conducted before the 2000's (David and Wiemer-Hastings, 2005) and the relatively new diagnosis of video gaming addiction in the DSM V (American Journal of Psychiatry, 2013), it is imperative to review the current literature in order to understand online video gaming addiction. This review of the literature will examine online gamer's motivations and the reasons why online games are addicting, symptoms of online video game addiction and current methods for treating online gaming addiction. In addition, this chapter will examine process groups, psychoeducational groups, combined groups and explore the therapeutic factors of groups, and factors that contribute to building a cohesive therapeutic group in order to develop a group to treat online video game addiction.

Online Gamer's Motivations and Reasons Why Online Games are Addicting

Nagygyorgy et al. (2013) conducted a study of online gamers preferences and gaming behavior. Using an online survey, the researcher compiled an analysis of 4,374 gamers preferences and revealed four types of gaming preferences: role playing games, first person shooter games, real-time strategy games, and other games (non-violent games, puzzle games). The researchers found that first person shooter games were played almost exclusively by younger-aged, lower socially- economic status males, whereas females were more likely to play other games, non-violent games, and/or puzzle games. Real-time strategy games were played by older populations of gamers. Nagygyorgy et al. suggest the research indicates that specific game types fulfill specific psychological needs and that this is why some gamers play excessively (2013).

Hussian, Williams, and Griffiths (2015) conducted an exploratory study of the association between online gaming addiction and enjoyment motivations for playing massive multiplayer online role-playing games. The aim of the study was to label online gaming motivations and to detect motivations for playing massive multiplayer online role playing games (MMORPGs), as well as their relationship with problematic gaming and danger of gaming addiction. The researchers concluded that particular player motivations for playing MMORPG's may put a player in more danger of online gaming addiction than other types of video game play (Hussian et al., 2015).

Social motivation. Specifically regarding MMORPG's, Whang and Chang (2003) state that part of the appeal of MMORPG's is that they are games that only can be played online. These games create virtual worlds in which players can choose and customize their character and communicate and collaborate with other players in the game. Players come together in these online worlds to complete missions or quests that have complex goals (2003). Kuss and Griffiths (2012) indicate that MMORPG's provide an intense experience of immersion and can become very time-consuming. Hussian et al. (2015) suggest that the process of gamers seeking novelty in MMORPG's can lead to video game addiction. Dr. Brent Conrad, a Clinical Psychologist for TechAddiction, contends that MMORPG's video games fulfill the urge to seek novelty because the MMORPGS do not have an end; there is never a game over screen or an end to the story. MMORPG's do not have set levels or an ultimate goal of completion to allow the player to say "I beat the game" or "I'm finished". Hussian et al. argues that a player's social motivations put them at risk of online video game addition (2015). Hussian's findings support previous research conducted by Yee (2006) which emphasized the importance of

the social motivation component of online gaming. Conrad (2015) asserts that in order to fulfill this motivating component, MMORPG's promote the need of social connections to play. MMORPG's social promotion strategy by having players interact socially with others, encourages player collaboration that feeds the universal human need for interpersonal connections. This need for interpersonal connections is a motivating factor for players (Conrad, 2015).

Psychological needs. Ryan, Rigby, and Przybylski (2006) conducted research that supports the suggestion that psychological need for relatedness is a strong motivator for players. Conrad (2015) states that MMORPG's often require team play to advance in the game. At the start of the game a player is able to play individually, enabling the player to advance and gain rewards. Once the MMORPG has the player interested or wanting to progress, the game will require the player to make social connections with other players and form a team or group. These teams or groups are often called clans or raid groups. Conrad contends that when players join teams or groups, they feel a bond with the team. Conrad also explains that players will create a connection with the team and feel responsible for advancing the team's gaming goals. Thus, the player will want to level up his character so that he can make a greater contribution to the team. If the player does not keep up with his team, he may not be able to join in certain activities or quests and may be limited from traveling to parts of the world requiring a more advanced character. Conrad notes that since many tasks can only be accomplished in a group, the player wants to be online whenever their teammates are playing, which translates to more total hours online (Conrad, 2015).

In addition to the social aspects, MMORPG's may fulfill other psychological needs as well. MMORPG's allow players to customize their character. Players can choose the attributes they want for their character which may be lacking in real life. Within the game, players form relationships with other players, advance a career, and accomplish things that would be impossible or require far more dedication and hard work in the real world, feeding the players' motivation to keep playing. Conrad suggests that when players can choose any identity in MMORPG's, the player is allowed to disassociate from the real world (Conrad, 2015).

Ryan, et al., (2006) suggest autonomy and competence features are motivating also factors for MMORPG players. Conrad (2015) notes that additive MMORPG's have an in-game currency. In-game currency motivates players to earn and gain wealth. This pursuit of wealth plays on the same emotions and drives humans experience in the real world. This accumulation of wealth grants players' feelings of respect, power, control and status, which are seductive pursuits (Conrad, 2015). Hussian et al. (2015) also link discovery orientated player motivation (players' enjoyment of collecting things and objects) to risk of online video game addiction.

Operant conditioning. Conrad (2015) suggests another reason that MMORPG's are so addicting is the utilization of operant conditioning. The game's reward system is set on variable ratio or variable interval schedules to produce a steady rate of responses (playing the game). Players never know when they will receive rewards but know that if they keep playing (increasing the amount of time playing) the reward will come, encouraging playing longer periods of time without rewards. Conrad also suggests that video games are addictive based on their rewards on a progression system. At the start of

the game, it takes a minimal amount of play or time to progress to the next level and acquire new skills, which is instantaneity rewarding and reinforces players to progress. After a while, the game requires the leveling progression to be much more time consuming, requiring players to put more time and effort to progress and thus increasing time spent playing the game. Additionally, Conrad proposes that the use of virtual worlds that continue to evolve when the player is not online causes players to feel that they are missing out on the active development in the game and causes fear that they will be left out in the process. Another tactic to keep players playing and to combat player boredom, is that game companies release expansions to the game providing more content such as new missions, new tasks, or new areas to explore thus driving the urge play (Conrad, 2015).

Symptoms of Video Game Addiction

Young (2009) emphasizes that it is extremely important to be able to recognize the signs of online video game addiction. Recognizing online video game addiction may be difficult because of the necessity to use computers or the Internet in everyday life. Oftentimes parents or teachers are not familiar with online gaming and don't recognize warning signs of addiction. Young suggests developing a common framework to evaluate for online gaming addiction that will enable parents, teachers and therapists to make more informed choices in their interventions (2009).

Preoccupation with gaming. Young (2009) states that the process of addiction begins with preoccupation with gaming. Players cannot stop thinking about the game. Players will daydream and fantasize about playing. This preoccupation with gaming causes the person to neglect other areas in their lives such as school, work and exercise.

The game has become their main priority (Young, 2009). Conrad (2015) describes symptoms of preoccupation as individuals thinking about the next gaming session when not online, feeling anxious or depressed when not playing the game or experiencing anger and frustration when not allowed access to the game.

Lying or concealing playing of game. According to Conrad (2015), addicted gamers often lie about time spent gaming. They will lie about use of computer or internet, stating that they are doing homework, when in actuality, they are playing the game. Conrad states that individuals will also lie to others about the amount of time spent on the game (2015).

Loss of interest in other activities. Individuals suffering from game addiction will lose interest in other activities or hobbies (Yee, 2006). Conrad details loss of interest as declining social invitations to make time to play the game. Individuals lose real world friends but gain virtual friends (2015).

Anger and defensiveness. Young (2006) states that gamers will become hostile and angry when not playing the game. When limits are placed on game time, the individual will lash out verbally or sometimes even violently. Conrad (2015) states that individuals will blame others such as parent, spouse or partner.

Treatments for Online Video Game Addiction

Brief strategic therapy. Young (2009) suggests using Brief Strategic Therapy (BSFT) for treating adolescents with video game addiction. BSFT is a problem-focused, short term intervention that utilizes techniques such as joining, diagnosis and restructuring. Joining is a technique of forming a therapeutic alliance with all family members. Diagnosis in BSFT is identifying interactional patterns that allow or even

encourage problem behavior. Young (2009) suggests that problem online gaming may be a result of a problem within the family stating:

In this model, problematic behaviors serve as a purpose for the family. Poor communication, aggressive parenting styles, a family's inability to operate productively, or symptomatic patterns handed down across generations may serve as a root cause of additive gaming among adolescents (p.367).

Young (2009) asserts by immersing oneself into a virtual world that seems more exciting and interesting can be a coping mechanism allowing the players to forget their problems. Once a clear picture of how and why the problem (excessive gaming) is constructed within the family, Young suggests using restructuring in which the main goal is to change family interaction patterns and communications that maintain the problem behavior and replacing them with effective interactions and communication that eliminate the problem (2009).

Cognitive- behavioral therapy (CBT). Magill and Ray (2009) posit that cognitive- behavioral therapy is an intervention which aims to change a person's unhealthy behavior by changing their beliefs. In CBT, clinicians and patients analyze thoughts, emotions, behaviors and situations that are promoting unhealthy behavior and try to analyze underlying beliefs that may be false, counterproductive or unrealistic about the unhealthy behavior. According to Adams (2015), CBT is the ideal treatment for video game addiction because it allows the individual to shift thoughts and replace the thoughts that lead to excessive gaming with a healthier thoughts process. In a case study by Lee (2011), CBT was used to treat a 16-year -old adolescent Korean boy. The boy was encouraged to be conscious of the fact that he spent more time on games than he had

wanted to and encouraged him to examine behaviors, thoughts and emotions that were leading him to excessive play. The boy was also asked to think about what factors were helpful in reducing time spent on games and to record on a form, his thoughts, feelings and emotions related to the game. The form required responses regarding time, place situation, thoughts, emotion, and behavior. At the conclusion of therapy, the boy did not reduce game hours played; however, in a 2-month follow up, the boy's mother reported a reduction in gaming hours. Lee discussed limitations of the study stating that the burden of recording his thoughts, feelings and behaviors daily caused the subject to resist treatment. The researcher suggested that therapists utilizing cognitive behavioral therapy should assign recording data once per week instead of daily in order to increase participation in treatment (Lee, 2011).

12 step programs. Craig (1993) explains that 12 –step programs use an informal bio-psycho - social – spiritual model. 12-step programs have been utilized to treat substance abuse since the early 30's. In 2002, Online Gamers Anonymous formed a self-help group in which individuals can share their experiences with others to recover and heal from problems caused by excessive game playing. Online Gamers Anonymous (2016) adapted the 12-steps from Alcoholics Anonymous and applied them to video game addiction. The steps are as follows:

1. We admitted we were powerless over gaming, and that our lives have become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood God.

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked God to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we carried this message to others who game excessively and practiced these principles in all our affairs. (2016, para. 1)

Medication. Han, Hwang and Renshaw (2010) point out that medication has been used to treat people suffering from substance abuse based on weak inhibition of dopamine and norepinephrine reuptake. Neuroimaging studies have suggested that activation in response to online game cues is similar to that observed in patients with substance dependence (Ko, et al., 2009). Han, et al., (2010) conducted a study which they hypothesized that the use of a sustained release medication (Bupropion) would

decrease cravings for internet game play as well as video game cue- induced brain activity in patients with online video game addiction. The study consisted of 11 subjects who met the criteria for online gaming addiction, playing 30 hours a week and showing higher brain activation in the left occipital lobe, left dorsolateral prefrontal cortex and left parahippocampal gyrus. The study also included 8 non online gaming addicted subjects who played only 3 days a week, an hour per day. Over a 6-week period of Bupropion treatment, symptoms of depression were evaluated using the Becks Depression Inventory, self -reporting for cravings regarding gameplay, and Young's Internet Addiction Scale for the severity of Internet addiction. An MRI was used to measure brain activity. Han et al., (2010) reported that cravings for online video game play, along with total time and brain activity in the dorsolateral prefrontal cortex were decreased in the subjects who were suffering Internet video game addiction. The researchers suggest that the use of the Bupropion sustained release may change craving and brain activity in a way that is similar to individuals with substance abuse (Han et al., 2010).

Group Counseling Approaches

While some of the previously mentioned interventions may be provided in individual therapy, the 12-step programs are intended to take place in a group or community of people. The social nature of group may likely be a good fit to replace the addictive nature the social motivation gaming counts on to keep gamers playing. Groups may be educational, therapeutic or be combined to include some element of both of these approaches.

Psychoeducation groups. Yalom (2005) states, essentially, a psychoeducational group is focused on providing participants with information about specific topics in order

to provide additional resources or information. These groups are more structured; participants are provided with specific topics or modules to discuss and explore. The intention is to enhance knowledge about the topic, which is often identified in the name of the group. Gehart (2015) refers to psychoeducational groups as classes that are based on cognitive behavioral assumptions that if an individual has the knowledge they will do it. (i.e., feel or behave better).

Process groups. Yalom (2005) defines the term process as “the nature of the relationship between interacting individuals, members and therapists” (p.143). Yalom states that process groups differ from other types of psychotherapy groups in that they focus on the here and now. The here and now consist of two tiers: experience and the illumination of process. Yalom states that when group members focus on the here and now, they develop intense feelings toward the group and its members, including the therapist. This is the first tier, experience. The here and now feelings become the focus of the group and what is happening within the group takes precedence over what is happening currently in the members outside life, the researcher states “this focus greatly facilitates the development and emergence of each member’s social microcosm. It facilitates feedback, catharsis, meaningful self-disclosure, and acquisition of socializing techniques” (2005, p.142). Illumination of process is the second tier of the here and now. Interpersonal learning becomes part the process. Yalom states “the group must examine itself; it must study its own transactions; it must transcend pure experience and apply itself to the integration of that experience” (2005, p.142). Gehart (2015) asserts that process groups, instead of content, focus on interpersonal processes. By focusing on interpersonal processes, a member can gain insight and confront interpersonal patterns

that are problematic.

Combined groups. According to Gehart (2015), combined groups are a mix of psychoeducation and process. Combined groups that have a psychoeducational aspect will allow time for members to process their feelings, thoughts, and issues on a deeper, more personal level (Gerhart, 2015).

Therapeutic Factors of Groups

According to Yalom (2005), group therapy is an effective form of treatment. Yalom argues that group therapy is just as effective as individual therapy in providing meaningful benefit to an individual. The researcher suggests therapeutic change is an extremely multifarious process that occurs through a complex interplay of human experience which he refers to as therapeutic factors. Yalom divides this therapeutic experience into 11 therapeutic factors:

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. The corrective recapitulation of primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors (2005, p.1)

Instillation of hope. Yalom (2005) states the instillation and maintenance of hope, plays a crucial role in group therapy. He advises group facilitators to utilize hope by doing whatever possible to increase a group member's confidence and belief that the group process will provide a meaningful experience. Yalom states within the group therapy process hope plays a unique role because group therapy is regularly comprised of members who are at different stages of their recovery or healing process. This contact with members who share similar problems, who have improved as a result of the group process, instills hope. The researcher even suggests exploiting group members progress to instill hope by shedding light on improvements that group members have made. He states "hope is flexible – it redefines itself to fit the immediate parameters, becoming hope for comfort, for dignity, for connection with others or for minimum discomfort" (2005, p.5). The researcher postulates installation of hope as a main healing mechanism in Alcoholics Anonymous (AA), with members at each meeting providing the story of their struggles with addiction and how, with the help of AA, they have made a recovery. Yalom describes AA group facilitators as living inspirations to other member due to the fact the they themselves are alcoholics. Yalom states "this inspiration provided, results in significant improvements in medical outcomes, reduces health care costs, promotes individuals sense of self efficacy and often makes group interventions superior to individual therapies" (2005, p.6). Yalom also stresses that it's very important for group facilitators to believe in themselves and the effectiveness of their group (2005).

Universality. Yalom (2005) states when individuals enter therapy they oftentimes feel cut off from the world, alone with their problems. Individuals feel like they are the only one who is suffering from their problem; this is quickly challenged when the

individual encounters other group members with similar issues. Encountering others with similar problems provides relief to the suffering individual (Yalom, 2005).

Imparting information. Yalom (2005) reviews two types of imparting information: didactic instruction and direct advice. Didactic instruction is formal instruction, or psychoeducation. Yalom states didactic instruction is used in group therapy to impart information, provide structure for the group and provide methods for relieving symptoms that members may be suffering from. The author describes instances in groups with individuals suffering from anxiety in which facilitators provide a psychoeducational component offering explicit instruction about anxiety and its symptoms and how to reduce symptoms in the event of a panic attack. Yalom suggests “Didactic instruction, through its provision of structure of and explanation, has intrinsic value and deserves a place in our repertoire of therapeutic instruments” (2005, p.11).

Yalom (2005) states that direct advice is different from didactic instruction in that direct advice occurs in every group. Information is not formally presented. Group members or facilitators informally give advice, suggestions or guidance.

Altruism. Yalom (2005) describes altruism as a therapeutic factor as a group member’s ability to provide assistance and support to other members of the group. Members of the group are helpful to each other by offering support, suggestions and insight as they share similar problems with one another. Yalom states “members gain through giving, not only in receiving help as part of the reciprocal giving- receiving sequence, but also in profiting from something intrinsic in the act of giving” (2005, p.13). Altruism is unique to the group therapy process being that it offers group members the

opportunity to be of benefit to others, switching the role from care receiver to care provider (Yalom, 2005).

Development of socializing techniques. Yalom (2005) postulates that in group therapy, social learning occurs. Group members develop basic social skills directly or indirectly. Some groups may directly ask members to rehearse and role-play social situations to build social skills, while in other groups social learning is more indirect. He states “Members of dynamic therapy groups, which have ground rules encouraging open feedback, may obtain considerable information about maladaptive social behavior” (2005, p.17). He states that group therapy may often times be the first opportunity for individuals that lack intimate relationships to receive interpersonal feedback and learn how they contribute to their own isolation. Yalom stresses the powerful impact that group therapy has on the development of socializing techniques stating “these gains are more than fringe benefits; they are often instrumental in the initial phases of therapeutic change. They permit the clients to understand that there is a huge discrepancy between their intent and their actual impact on others” (2005, p.17).

Imitative behavior Yalom (2005) states imitative behavior occurs especially in groups with member suffering from the same problem. Group members learn by observing other members confront and solve their problems. Yalom reinforces this point stating “in group therapy it’s not uncommon for a member to benefit by observing the therapy of another member with a similar problem constellation – a phenomenon generally referred to as vicarious or spectator therapy” (p.18). Yalom states there is substantial evidence that when group therapists model certain behaviors such as self-disclosure or support, its influences the communicational patterns of the group members.

This is especially true in the first stages of group therapy when individuals start group therapy and identify with senior members or leaders. Members will “try on” or utilize other member’s techniques or strategies for healing only to realize that technique or strategy wasn’t a right fit for them. Yalom suggests “This process may have solid impact; finding out what we are not is a progress toward finding what we are” (2005, p.18).

Interpersonal learning. Yalom (2005) stresses that interpersonal learning is of the most importance in the group therapy process. Yalom bases interpersonal learning as a therapeutic factor based on the premises of three principles:

1. The importance of interpersonal relationships.
2. The corrective emotional experience.
3. The group as social microcosm. (2005, p.19)

With these three premises taken into consideration, Yalom (2005) posits that the mechanism of interpersonal learning becomes clear. Individuals with interpersonal relationship problems seek group therapy to learn how to develop healthy interpersonal relationships. The group represents each member’s social universe as a social microcosm. Through feedback from other members of the group, and self-reflection, members realize their strengths, weakness and distortions. The member becomes aware of personal responsibility and realizes they are the creator of their own interpersonal world and have the power to change it. Yalom postulates that as a result of group therapy the member initiates change by taking chances with new ways of being with others. Yalom states, “the likelihood that change will occur is a function of:

- A. The client’s motivation for change and the amount of personal discomfort and dissatisfaction with current modes of behavior.

- B. The clients' involvement in the group-that is, how much the client allows the group to matter
- C. The rigidity of the client's character structure and interpersonal style" (2005, p. 49).

He suggests that once change has occurred the new behavior learned in the group carries over to the member's social environment and change occurs outside of the group. Over time, an adaptive path is set and the member's self-esteem rises and the member engages in healthy interpersonal relationships (Yalom, 2005).

Group cohesiveness. Yalom (2005) emphasizes in simple terms that group cohesiveness is the same as the therapeutic relationship in individual therapy. Yalom affirms the role that the therapeutic relationship plays in individual therapy for a positive outcome but notes that group therapy is different from individual. Group therapy is a complex process. In individual therapy there are only two people involved. In group therapy there are usually 6 to 10 individuals. Yalom suggests that it is not efficient enough to say that a good relationship is necessary for successful group therapy, he examines *which* relationship: The relationship between group members or group, or group members' relationship with group leaders. Yalom encompasses these different relationships into a term "group cohesiveness" stating that groups with a strong sense of cohesiveness have a greater sense of solidarity or "we-ness". Group members take pride in the group and will defend it against threats from inside the group or outside the group. Groups with high levels of group cohesiveness tend to have higher rates of participation and attendance and will hold the group to higher standards. Yalom states,

Cohesiveness is broadly defined as the result of all the forces acting on all the members such that they remain in the group or more simply the attractiveness of a group for its members. Members of a cohesive group feel warmth and comfort in the group and a sense of belongingness; they value the group and feel in turn that they are valued and accepted, and supported by other members (2005, p.55).

Catharsis. According to Yalom (2005), catharsis (the process of releasing, and thereby providing relief from strong repressed emotions) has always played an important role in therapeutic process but catharsis alone is not sufficient to promote meaningful change. Yalom suggests pairing catharsis with some form of cognitive learning. The researcher also states the ability to reflect one emotional experience is an essential piece in the process of change. Yalom states “the open expression of affect is vital to the group therapeutic; process in its absence, a group would degenerate into a sterile academic exercise” (2005, p.91).

Existential factors. Yalom (2005) states that of all the therapeutic factors, existential factors are often ranked most highly. The researcher lists existential factors consisting of five items:

1. Recognizing that life is at times unfair and unjust.
2. Recognizing that ultimately there is no escape from some of life’s pain or from death.
3. Recognizing that no matter how close I get to other people, I must still face life alone.
4. Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities

5. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others (2005, p.98).

He states discussing existential factors within groups assist individuals to take responsibility for their own lives and accept that are in control of the quality of their existence (Yalom, 2005).

Conclusion

With Online video games becoming part of individual's daily life whether it be console, computer, or phone games the amount of individuals suffering online gaming negative effects will continue to increase. An understanding of online gaming signs and symptoms, reasons online games addicting and what games online games to avoid will be imperative for future clinicians. Using the information and research gathered above a basic structure or blue print for a combined psychoeducation/process group will be proposed to help clinicians treat individuals suffering from online gaming addiction.

The group will be a combined group, part didactic instruction, another part process group. Didactic instruction will be used to impart information, to alter sabotaging thought patterns, structure the group and to explain the signs of online video game addiction and why online video games are addicting. In addition to didactic instruction, the group will also be process oriented in order to promote "real world", in- person healthy communication and allow clients to express their feelings, which may be something new for them due to isolation

Specific therapeutic factors that pertain to the online video game addiction group include the *instillation of hope*. The groups must include the *instillation of hope*; it allows the client have faith that the treatment in itself can be therapeutic. Yalom also states that

when group provides an instillation of hope, other therapeutic factors may take effect. The group will also utilize developing *socializing techniques*. Often times clients suffering from online video game addiction lack social skills. Clients turn to online video games to make those human connections that they have been longing for that they can't create due to a deficit in social skills. In the online video game addiction group there will be an emphasis on the development of social skills. Group members will be asked to participate in self-disclosure and utilize learned socializing skills.

Universality is another therapeutic factor that will be utilized. This therapeutic factor is important especially in online video game addiction groups setting. Clients often feel isolated from that outside, cut off from human connections, feeling alone with their problems. Universality provides the opportunity to confide in others. After hearing other members disclose concerns which are similar to other members, clients report feeling more in touch with the world and feel that they "are all in the same boat" (Yalom, 2005, p. 6).

To fully understand online gaming addiction, it is important to review the literature to provide insight on online video games that are addictive, symptoms of online video game addiction and some current methods for treating online gaming addiction. Gaining insight on online video game addiction will provide more valid research, development of new effective treatments and reduce stigmatization of individuals (Kuss, 2013). Utilizing psychoeducation and the therapeutic factors above, an overview and basic structure of the group will be provided in the following chapter.

Chapter III

Project Audience and Implementation factors

Introduction

With the ESA reporting that there are an average of 2 “gamers” (people who play video games) in each game-playing U.S household, there will be increasing amount of people at risk for Internet- gaming addiction (Griffiths, Kuss and Kings, 2012). This project targets individuals experiencing online gaming addiction and its negative consequences, specifically focusing on young adults ages 18-30 years old. The purpose of this project is to create a combined process/psychoeducational therapy group to help addicted individuals alleviate symptoms of online video game addiction. The following section will explain the development of the project, target population, personal qualifications of group facilitators, environment and equipment required and an outline of weekly group format.

Development of Project

I have played video games most of my life. When I was five years old, my dad bought me a Nintendo entertainment system and from that day forward video games became part of my life. My mother however was not too thrilled with my father’s purchase and made a household rule that I was only allowed to play when it rains. Living in Southern California where it hardly rains, I was never really able to play that much. Growing up as a child I went to friends’ houses to play video games because my mom would not let me play. My parents also never bought me new or up to date video games or systems so when I played these games with other kids houses, I was always behind. When I started my 1st job, I was able to buy the new video game systems and could play

without restriction from my parents. With this new found freedom, I played a lot of video games but had a lot of friends and a girlfriend and was always able to stop playing and engage in other activities. When I was 31 years old, I started playing the game Destiny, a 1st person shooter/ MMORPG that is played online with other players in an online world. I instantly became hooked. I became obsessed with the game and could not stop thinking about it. I would research on the Internet for hours and hours about how to play the game. Somedays I would wake up early in the morning at 5:30 and play till 2:20 at night. At times I would not put the controller down to eat or use the restroom. I started lying to my girlfriend, telling her I was going to work when I was going home to play Destiny. I would get angry when my girlfriend came home because I knew that I had to stop playing. I felt rage for any reason that meant I had to stop playing. These feelings and behavior continued for a year and half and then I knew I was addicted to playing this game. I looked for help and found On-line 12 step programs. The problem was that the meetings were held On-line! I thought that is like having a AA meeting at a bar! I also did not like the process of the 12-steps. I had a hard time admitting that I was powerless over a game. It seemed that if I was powerless, then why even try quitting the playing game? I started conducting research on online video game addiction and why video games are so addicting. In my research, I discovered behavior techniques such as intermittent reinforcement that game developers use to entice the player to keep playing. This awareness broke the allure of the game for me. It was like looking behind the curtain of a puppet show; the illusion was ruined.

As an MFT in training, the idea came to me to start a group to help individuals experiencing online video game addiction. This process and psychoeducational group

was designed with the intention of providing a safe space for individuals to process their thoughts and feelings, increase positive communication with others, increase social skills, and provide hope and comfort to others suffering from excessive online video gaming consequences. The psychoeducation portion of the group is designed to empower individuals to understand online video game addiction signs and symptoms and to understand the reasons these games are so enticing to play. With this knowledge, individuals will be able to make informed decisions about the games they play and how they play them.

Intended Audience

Online video gaming addiction does not discriminate; it affects all ages, races, genders, and social class. The effects of online video gaming addiction may include a husband or wife who is neglecting his or her spouse or a young teenager that is failing school. For the purpose of this project, the target population will focus on young adults, male or female, 18 to 30 years of age who suffers from the negative effects from online video gaming addition.

Personal Qualifications

This combined psychoeducational process group can be implemented by marriage and family therapists, clinical psychologists, social workers and school counselors. Interns and trainees can also facilitate groups under proper supervision. While not required, facilitators should have some knowledge or played online video games.

Environment and Equipment

In order to create a safe space for individuals to share their thoughts and feelings, a private room with enough space to comfortably fit a table and 8 chairs will be required.

A projector or computer is recommended to display psychoeducational material, but if not available, paper handouts can be provided.

Formative Evaluation

This online video game addiction group proposal would not have been possible without the support of many individuals. My committee chair, Stan Charnofsky who provided guidance and support, my committee member, Cyndee Bellamy and my second committee member, Bruce Burman.

Project Outline

The format of the program will be a combined group, in which both psychoeducation and processing will take place. The group will meet for 6 sessions, taking place once a week for 90 minutes. The first 30 minutes of each group will be psychoeducational, followed by a process portion for the remaining part of the group. Topics to be discussed weekly will include psychoeducation regarding why video games are addicting, the signs of gaming addiction, dealing with withdrawal symptoms, how to stop gaming one day at a time, and aspects of the recovery program. The process portion of the group will consist of individuals sharing their experiences, strengths and hope with one another.

Week 1: Introduction and overview of group

Establish group rules

Explain the role of the facilitator

Explain the limits of confidentiality

Discuss expectation of the group and what the client wants to get out of it.

Week 2: Signs of video game addiction

Open space for sharing regarding last week's topic

Group leader shares in regards to topic

Clients shares in regards to topic

Develop insight around signs of addiction.

Week 3: What types of online video games to avoid.

Open space for sharing regarding last week's topic

Group leader shares in regards to topic

Clients shares in regards to topic

Develop insight around what types of online games to avoid.

Week 4: Withdrawal symptoms

Open space for sharing regarding last week's topic

Group leader shares in regards to topic

Clients shares in regards to topic

Develop insight around withdrawal symptoms when stopping gaming.

Week 5: Why are online video games are addicting?

Open space for sharing regarding last week's topic

Group leader shares in regards to topic

Clients shares in regards to topic

Develop insight around why video games are addicting

Week 6: Review

Open space for sharing regarding last week's topic

Group leader shares in regards to topic

Clients shares in regards to topic

Review what was covered.

Chapter IV

Conclusion

Summary of Project

The purpose of this project is to develop a combined process/psychoeducational therapy group to help addicted individuals alleviate symptoms of online video game addiction. With online video games becoming common place in American households and technology advancing at an exponential rate there is an increased need to understand online video game addiction and how to treat these individuals (Griffiths, Kuss and Kings, 2012). The propose of this group is to provide a safe space for individuals to process their thoughts and feelings, increase positive communication with others, increase social skills, and provide hope and comfort to others suffering from excessive online video gaming consequences. Another important goal of this the psychoeducation aspect of group. Psychoeducation is included to empower individuals to understand online video game addiction signs and symptoms and to understand the reasons these games are so enticing to play. With this knowledge, individuals will be able to make informed decisions about the games they play and how they play them.

Based on the research conducted, along with my own personal experience with online video game addiction, I can conclude that this online video game addiction group will be a valuable tool for alleviating negative consequences of individuals experiencing online video game addiction.

This project is divided into five chapters. The first four chapters provides a background for this project. The last chapter includes psychoeducational material that can be used for discussion topics in the group. Chapter one provides an introduction to online

video game addiction as well as terminology and purpose of project. Chapter two reviews the current literature of online video addiction, exploring online gamer's motivations and the reasons why online games are addicting, symptoms of online video game addiction and current methods for treating online gaming addiction. In addition, chapter two examines process groups, psychoeducational groups, combined groups and explore the therapeutic factors of groups, and factors that contribute to building a cohesive therapeutic group in order to develop a group to treat online video game addiction.

Chapter three provides insight into the development of the online video game addiction group such as intended audience, personal qualifications and environment and equipment used. A project outline is provided for the reader as a basic blueprint of group process. Lastly, in chapter four, a brief summary of the project as well as recommendations for implementation and future research is discussed. The project then concludes with psychoeducational material that can be used for group topic discussions.

Recommendations for Implementation

It is recommended that anyone facilitating this online video game addiction group be enrolled in at least a master's program in a field of counseling and have experience with the group process. While it is not required, it is recommended that the facilitator have some knowledge or experience with playing video games, preferably someone who has experienced online video game addiction. Individuals facilitating the group are encouraged to further educate themselves about new therapeutic research and current popular online video games being played.

This group is intended for use in a community setting such as a school, counseling center or church. It is recommended the group be advertised on college campuses as well

as local community centers in order to spread awareness of the group. The start time of the group should take place on the weekend or a weekday evening in order to provide ample time for individuals who are enrolled in school or who work can attend.

Recommendation for Future Research

The propose of this project is to help individuals experiencing online video game addiction. I would hope this group proposal could be utilized to help these individuals. With advances in technology and more access to the Internet, there is a great need for future research in the field of online video game addiction and how it affects individuals mental and emotional health. Further research should be conducted to expand current knowledge on online video game addiction and investigate the effectiveness of therapeutic modalities.

Conclusion

Being an individual who has experienced online video game addiction, I was inspired to create a unique online video game addiction group. Though there are multiple treatment options and 12 step groups available, I had a hard time relating to these programs. With 12 step groups I could never get over the higher power aspect and could never admit that I was powerless over gaming. I became knowledgeable through my research of online video games, of how these games were designed to keep the player playing and it empowered me to take control of my gaming habits. I can now make informed choices about the games I want to play.

With this project my goal was to explore various aspects of online video game addiction such as exploring online gamer's motivations and the reasons why online games are addicting, symptoms of online video game addiction and current methods for

treating online gaming addiction. However, this literature review and project does not cover the entire research conducted on this topic, it does include some useful information that was not only beneficial in my recovery but should be beneficial to others. By incorporating both a psychoeducational aspect and processing of thoughts and feelings in a combined group I hope to empower individuals and provide a useful resource. I hope that in the future this group proposal will be utilized on college campuses, community based agencies and even private practices. Although the group might not be beneficial to every online video game addict, even if it helps one individual live a fulfilling life than this project will be successful.

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Appendix A

Sessions Instructions

Meeting One

Objective: Facilitator will create a therapeutic environment where group members can feel supported and safe to share thoughts, feelings and emotions in relation to their online gaming addiction. Facilitator can create this environment by utilizing active and reflective listening, being empathic, and providing unconditional positive regard towards group members.

Introduction

Facilitator will introduce him/herself. It is recommended that facilitator share their credentials and why they chose to facilitate the group. Facilitator should share their experience with online video games and how it has impacted their life. Facilitator will then explain limits of confidentiality such as disclosure of child/elder abuse, and threat of harming someone or themselves. Facilitator should stress the importance of confidentiality to create a safe a trusting environment.

Establishment of Rules and Guidelines

Facilitator will establish group rules such a coming to group on time, regular attendance, the importance of confidently and to avoid cross talk while group members are sharing.

Sharing/ Processing

Facilitator will allow group members to introduce themselves and discuss their experience with online video game addiction and their expectations of the group.

Meeting Two

Objective: Provide insight to group members of signs and symptoms of online video game addiction.

Check-in: Facilitator will explore with group members their thoughts and feeling pertaining to the previous week session topic and allow members to share how they have felt over the previous week.

Psychoeducation

Facilitator will review and discuss psychoeducational handout on signs and symptoms of online video game addiction.

Sharing/ Processing

Facilitator will open discussion to group members and ask them to discuss their thoughts feelings and experiences pertaining to signs and symptoms of online video game addiction.

Meeting Three

Objective: To provide insight to group members on what online video games avoid due to their addictive nature.

Check-in: Facilitator will explore with group members their thoughts and feelings pertaining to the previous week topic and allow members to share how they have felt over the previous week.

Psychoeducation

Facilitator will review and discuss psychoeducational handout on what online video games to avoid due to their addictive nature.

Sharing/ Processing

Facilitator will open discussion to group members and ask them to discuss their thoughts feelings and experiences pertaining to what online video games to avoid due to their addictive nature.

Meeting Four

Objective: To provide insight to group members on why online video games are addicting and allow members to share and process thoughts and feelings pertaining to weekly topic.

Check-in: Facilitator will explore with group members their thoughts and feelings pertaining to the previous week topic and allow members to share how they have felt over the previous week.

Psychoeducation

Facilitator will review and discuss psychoeducational handout on why online video games are addicting.

Sharing/ Processing

Facilitator will open discussion to group members and ask them to discuss their thoughts feelings and experiences pertaining to why online video games are addicting.

Meeting Five

Objective: To provide insight to group members on possible withdrawal symptoms that they may experience when stopping gaming and allow members to share and process thoughts and feelings pertaining to weekly topic.

Check-in: Facilitator will explore with group members their thoughts and feelings pertaining to the previous week topic and allow members to share how they have felt over the previous week.

Psychoeducation

Facilitator will review and discuss psychoeducational handout on possible withdrawal symptoms that they may experience when stopping gaming.

Sharing/ Processing

Facilitator will open discussion to group members and ask them to discuss their thoughts feelings and experiences pertaining to possible withdrawal symptoms that they may experience when stopping gaming.

Meeting Six

Objective: Facilitator will review and discuss all psychoeducational material from previous weeks such as signs and symptoms of online video game addiction, types of online game to avoid, why video games are addicting and withdraw symptoms to reinforce everything that has been learned

Check-in: Facilitator will explore with group members their thoughts and feelings pertaining to the previous week topic and allow members to share how they have felt over the previous week.

Psychoeducation

Facilitator will review and discuss previous psychoeducational handouts to reinforce learning.

Sharing/ Processing

Facilitator will open discussion to group members and ask them to discuss their thoughts feelings and experiences of the group and what they have learned.

Appendix B

Psychoeducation Handout (B-1)

Signs and Symptoms of Online Video Game Addiction.

Psychological Symptoms

- Cannot stop thinking about the game.
- Daydreaming or fantasizing about playing.
- Absenteeism or tardiness at work due to gaming
- Feeling anxious when not gaming
- Feelings of depression when not gaming
- Feelings of anger or frustration when not gaming
- Feelings of guilt when unable to play with other players who are paying.

Physical Symptoms

- Falling asleep during work or school due to excessive gaming the night before.
- Lack of or disinterest into personal hygiene due to excessive gaming
- Poor diet and eating patterns due to excessive gaming.

Behavioral Symptoms

- Neglecting schoolwork or not completing homework assignments due to gaming
- Poor performance at work due to gaming.
- Physical aggression towards parents, siblings, friends or relational partners that try to limit time spent gaming.
- When not playing the game, spending time researching and discussing the game in online forums or websites.

Relational Symptoms

- Lying or concealing about time spent gaming.
- Not wanting to hang out with friends or family so player can play the game
- Relational problems with partner or spouse due to excessive gaming.
- Loss of real world or online friends due to excessive gaming.

What Types of Online Video Games to Avoid Due to Their Addictive Nature.

MMORPG/ MMO (Massive Multiplayer Online Role-Playing Game) are generally considered and have been shown to be the most addicting type of online video game.

Names of popular MMORPG's to avoid:

- World of Warcraft
- Everquest
- Final Fantasy
- Guild Wars 2
- The Elder Scrolls: Online
- Star Wars: The Old Republic and the Knights of the Fallen Empire
- Tera Online
- Blade and Soul
- Black Desert: Online
- Runescape
- Lineage 2

First Person shooter/ MMO's (FPSMMO's) are types of games that focus on gun or weapon gameplay experienced through a first person view point with elements of MMORPG's such as leveling up and the need to play with other players to advance in the game.

Names of popular FPSMMO's to avoid:

- Destiny
- Planet Side 2
- Firefall
- Defiance

Why Are Online Video Games Addicting?

Social motivation

- Online games that are the most addicting promote the need of social connections to play the game.
- Players come together in online worlds to complete missions or quests that have complex goals.
- By having players interact socially with others, the game encourages player collaboration that feeds the universal human need for interpersonal connections.

The game has no end

- there is never a game over screen or an end to the story.
- Online games do not have set levels or an ultimate goal of completion to allow the player to say “I beat the game” or “I’m finished.”

Operant conditioning.

- Online video games are addicting because of the utilization of operant conditioning.
- The game’s reward system is set on variable ratio or variable interval schedules to produce a steady rate of responses (playing the game).
- Players never know when they will receive rewards but know that if they keep playing (increasing the amount of time playing) the reward will come, encouraging playing longer periods of time without rewards.

Progression system.

- At the start of the game, it takes a minimal amount of play or time to progress to the next level and acquire new skills, which is instantaneity rewarding and reinforces players to progress.
- After a while, the game requires the leveling progression to be much more time consuming, requiring players to put more time and effort to progress and thus increasing time spent playing the game.

What to expect when the gamer stops gaming: A list of the possible withdrawal symptoms

Resource: <http://www.olgannon.org/withdrawal-symptoms.html>

- **A feeling of emptiness**
- **Depression**
- **A disruption in sleep pattern**
- **Excessive amounts of time spent sleeping**
- **"Brain fog:" Difficulty with focus, concentration and completing complex tasks**
- **Fantasies and dreams about the game**
- **Restless, unfulfilling, taunting dreams**
- **The urge to go back to gaming and try to control the time played**
- **Thinking about the game for extended periods of time**
- **Irritability or restlessness**
- **Relief**
- **Uncontrollable feelings or rampant mood swings**
- **Anger and verbal abuse, sometimes extreme***
- **Excessive crying**
- **Anxiety**
- **Fear**
- **Sadness**
- **Loneliness**
- **Boredom/inability to find an activity of interest**
- **Lack of motivation/direction**
- **Difficulty facing obligations, procrastination**
- **Feeling as though a return to gaming will make you feel better**
- **Physical illness ie. colds, allergies**
- **Nausea**