The Theory of Family Electronic Interconnectivity: Reconnecting Family Members by Teaching Love in Psychotherapeutic Settings Using Technology

Brenda Walker Dillingham*

Licensed Marriage And Family Therapist in private Practice, Greater Tampa Bay Area, USA

Corresponding Author*
Brenda Walker Dillingham
Licensed Marriage And Family Therapist in private Practice, Greater Tampa Bay Area.
USA
E-mail: brenda.dillingham@gmail.com

Abstract

Electronically reconnecting families while promoting behavioral change by breaking vicious cycles of negative communication and interactions was the intention of this theoretical dissertation. In many therapy sessions, you have a family that has become disconnected. They come to therapy in an attempt to get reconnected by finding the love they have lost (thus the disconnection). There are many components used in the therapeutic process to reconnect family members including theories and interventions. The idea of using an electronic device can include many components focused at reconnecting family members the connection being love. TOFEI is the synthesis of select theories integrated with humanity's current and profound interest in electronics and technology. The overwhelming lure of electronics can be thought of as the umbrella concept of TOFEI. TOFEI combines systems and attachment theory, and theories of love using an electronic means of interpersonal interaction during family therapy session. Basic principles of the theory involve leveraging the interest in electronics into a serious configuration to enact change while targeting improved connections by externalizing the problem to be overcome and conquering it by learning how to treat each other in more loving ways. If love is the connection between people, then learning how to improve the way people interact with each other will strengthen the connection leading to more cohesive and harmonious relationships.

Keywords: Electronic• Family • Engagement • Therepy• Psychotherapeutic

Introduction

The importance of engagement in therapy

There is a myriad of reasons why people do not get along and end up in a therapy session by their own choice or because of someone else's choice. At times, during couple, marriage, and family therapy sessions, participant engagement, particularly when children and adolescents are present, can be challenging. Who wants to be forced to sit with family members and express their innermost feelings? However, the importance of parental involvement in the therapeutic process along with the children is gaining recognition as an important determinant of continued engagement. According to Haine Schlagel and Walsh (2015), For example, a recent study of parent attendance engagement in a child and parent prevention program found that child level of engagement early in the program predicted parent attendance later in the program; the authors suggest that parents may wait to see how the child responds to services before engaging themselves [1]. So, according to Haine-Schlagel and Walsh, if the child is interested and engaged in the therapeutic process, then the parent is more likely to be engaged. Their conclusion is that positive results and outcomes correlate with parental engagement in the therapeutic process and efforts should be focused on improving parental engagement. Haine-Schlagel and Walsh (2015) asserted in addition, treatment developers and implementers may want to consider building these strategies into their structured treatment protocols to enhance Parental Participant Engagement (PPE). In particular if the structured treatment is targeting functioning and impairment.

What Is Engagement?

Engagement has broad definitions in literature including such terms as adherence, attendance, maintaining service, attrition, dropping out, compliance and early termination. Some describe it as simply as continuing treatment or showing up for appointments. However, "in practice literature, the term engagement commonly refers to the early stage of activities with clients, whether the emphasis is on cooperation during sessions, emotional involvement in sessions and progress toward goals, or some other aspect of the help-seeking process" [1]. Engagement is thought to have two different components – attitudinal as well as behavioral [2]. Whether or not a client is invested in the therapeutic process would be attributed to attitudinal engagement where failure to show up or schedule appointments is considered behavioral. Other, more in-depth variables and measurement approaches identified as barriers to engagement include showing up for the first appointment, rates of return for subsequent appointments, number of reschedules and cancellations, as well as appointments kept and those missed. Interventions used during sessions vary but those that are identified as improving engagement need to be evaluated [3]. The study revealed that ecologically framed interventions showed the most efficacy as far as maintained engagement [4].

Coerced into therapy

Experience has taught me that when therapy is mandated, whether by a court order or a custodial parent, engagement is even more challenging. Disengagement means lack of interest in the process, not showing up for appointments, and early termination; all "considered a significant obstacle to both effective service delivery and the efficacy and outcomes of treatments and services, as clients are less likely to improve if they are not fully engaged in care" [5]. As a marriage and family therapist, I have realized that when there are barriers to client engagement, there are also barriers to change. Prior to private practice, I worked with various agencies to provide therapeutic services to clients coerced into therapy. Constant redirection was required requesting they – the client and family members – cease texting or engaging in social media during the session. In addition to court ordered clients, I have worked with affluent clients coerced into treatment by their parents to get long-term residential treatment for their co-occurring disorders including addiction, or face being cut off from the family trust fund. Florida where I practice, has the Baker Act law, which "allows involuntarily holding those indicated as mentally unstable in a mental health treatment facility for up to 72 hours if certain criteria is met." Law enforcement, judges, doctors and professional mental health person can initiate the act [6]. Coerced therapy and engagement are not automatic with clients forced involuntarily to change.

Literature Review

Electronic engagement

A new dimension was explored by Clarke, Chambers, and Barry (2017) as far as the "increasing role of online technologies in young people's lives has significant implications for professionals' engagement with technologies to promote youth mental health and well-being". The results from an online questionnaire completed by 900 professionals in health, education, and mental health indicated a readiness of 98% of the persons completing the survey to use technologies in some capacity when working with youth to improve their mental health. According to the study, 97% of young persons, aged 12 to 25, have access to the internet in some capacity on a regular basis. Because young persons are familiar with technologies, respondents suggested electronic tools which would benefit young people including technological or online resources to turn for information about age appropriate mental health concerns. Notoriously difficult to engage, utilizing a technological or an online service for mental health assistance can help many gain knowledge about their problems and challenges, thus engaging them in a technological form of therapeutic help [7]. The questionnaire explored topics youth find most important:

- Developing coping skills;
- Positive mental health;
- Promoting positive peer relationships;
- Bullying
- Developing communication skills"[8].

Technology is not meant to replace face to face mental health care as "face to face services is fundamentally what's most needed for young people in difficulty"[9]. The suggestion of using both technological resources as well as face to face seemed to be the desired mode of service delivery. One of the biggest challenges in strengthening youth health and well-being is improving access to the information and services young people need. With the increasing availability of information and communication technology comes the opportunity for psychologists and other professionals to engage young people in a space where they are most comfortable, online [10]. Families with adolescents and children also tend to be more difficult to engage for another reason – the children prefer to play with their cell phones instead of participating in the session. The situation is not made much better when the parent takes the electronic device away, as the child usually becomes angry and resistant. Reluctant partners in couple's therapy also present problems engaging at times. Frequently their problems have to do with electronic use. It is a situation where family members are not integrating with each other while needing to find integration within the therapeutic process. To do this, engagement with the therapeutic process is extremely important.

Interpersonal integration

Dan Siegel (2012) a forerunner in interpersonal neurobiology, looked at the connection between persons as "interpersonal integration" (p. 25-6). Interpersonal integration, based in neural circuitry, results in feelings of kindness and compassion toward others. Siegel (2012) asserted, "Kindness is integration made visible" [11]. Demonstrating kindness and compassion toward others validates the belief that the strength of the (neural integration) connection is increased by how family members treat each other. Without engagement in the therapeutic process, promoting positive change and improved connections or interpersonal integration, is negatively impacted, if not impossible. During the 2018 Behavioral Health and Addictive Disorder conference in Clearwater, Florida, keynote speaker Dr. Scott Miller (2018) stated, "Engagement predicts outcome. It is the therapists' job to keep the client engaged."

Engagement of the therapist

Another side note which must be considered is the actual engagement of the therapist. A therapist who is not fully engaged in the process can expect the client(s) to reflect the same level of engagement [12]. The study revealed that ecologically framed interventions showed the most efficacy as far as maintained engagement [13]. The therapist will have a better chance of being perceived as engaged if interactional modes such as being an advocate, actively solving problems, collaborative approach, instructional, empathizing, and encouraging are present according to Kreski (2012).

Engagement is critical to therapeutic outcome

There are several reasons engagement is so important to the therapeutic process. If the client, couple, or family lacks engagement the likelihood of showing up for the appointments is lessened. When the family is involved in therapy, the attendance rate increases initially but unless the interventions positively influenced delivery of therapeutic service, the attendance and amount of interest in therapy reduced [14]. Furthermore, there are developmental factors concerning adolescents as they move from childhood toward adulthood transitioning in areas such as making decisions on their own, developmental changes, as well as changes in their system of support. All of these areas result in early drop out. Rates of drop out are high with only nine percent of adolescents continuing treatment after three months with as few as four sessions or less. Early termination of treatment is as high as 32%. Reasons for early termination and disengagement include lack of insight into their problem, mistrust, reacting emotionally, and feeling their needs are being unmet [15-22]. Understanding that engagement is a critical component to therapeutic success, utilizing an electronic device to improve engagement is discussed. This is the basis for a theory to not only improve engagement but also improve family connections by helping members learn how to treat each other with kindness and compassion leading to positive integration and change.

Introduction to TOFEI as a theory of engagement

Have Theory of Family Electronic Interconnectivity (TOFEI) is a metatheoretic combination of systems theory, including other relative systemic foundations, theory of attachment, and the general concepts and theory of love, with other guiding principles involving love all working together with the possibility of using a video game to promote positive outcome in therapy. TOFEI, then, is the synthesis of select theories integrated with humanity's current and profound interest in electronic communication. Interest in use of electronics can be thought of as the umbrella concept of TOFEI. These theories converge to support the guiding tenets (to be discussed in detail later). TOFEI involves the use of electronics by family members as a means of improving relations between the members. Though there are numerous ways to electronically communicate, using video games, and even a specifically designed video game in a serious setting, maybe the ideal intervention used by the therapist and family members in the therapeutic setting, or elsewhere. TOEFI is the means to engage/reconnect families electronically through the use of video games, synthesizing foundational constructs of attachment theory, love, systems theory and family narrative to improve engagement during therapy sessions leading to positive change and improved connections. TOFEI is made up of the following components: Attachment theory, love, systems as systems/family therapy, interconnected electronically with video gaming.

First component: The theory of attachment

Main contributors to the theory of attachment are John Bowlby and Mary Ainsworth. According to Bowlby behavioral concerns and mental health disorders can be traced back to early child life cycle stage [16]. Bowlby linked lack of maternal affection, through loss or being deprived, as a direct correlate to personality development. Ainsworth was involved with theory of security based on lack of maternal affection. Together they worked to develop a theory of attachment while drawing on "ethology, cybernetics, information processing, developmental psychology, and psychoanalysis" [17]. Attachment styles are grouped in four categories: "secure/autonomousfree,(insecure)avoidant/dismissive,ambivalentresist ant/preoccupied. disorganized/unresolved trauma or grief-disoriented" [18]. The goal of secure attachment and identifying ways to avoid insecure attachment play a big part in setting up goals within the electronic context of TOFEI. Secure attachment leads to improved sense of self and improved relationships [19]. From this, the implication is if a child is raised in a group setting such as a foster home, group home, boarding school, etc., the child will have maladaptive behaviors during childhood and adolescence. It has been observed that clients with history of living in foster care present with insecure attachment and this is a potential reason for maladaptive behaviors later in life. Understanding that a mother absent from a child's daily activities growing up has negative impact. Mousavi and Safarzadeh (2016) stated, "Separating the children from their parents, notably their mothers, makes the children

incapable of establishing a healthy and correct emotional relationships during their childhood and maturity". The relationship with the mother is an important aspect concerning the concept of proximal processes. A child who has not experienced encouragement and guidance due to neglected or carelessness during their upbringing develops misconceptions of the world which can manifest as hostility towards society later in life [20]. Children without positive parental experiences may have anxieties and fears if they behave incorrectly including fear of feeling ridiculed, rejected, humiliated and embarrassed.
.

Importance of the primary caregivers

When thinking of attachment, one must also consider the one being attached to, such as a mother. The relationship with the mother is a primary indicator of attachment style [21]. Also, there is focus on situations where the child is deprived of a quality relationship with their mother due to bereavement, separation, and deprivation. Bowlby (1969) asserted the complex relationship between a mother and her infant is derived from the mother's "long history of interpersonal relations with her family of origin and from absorbing the values and practices of her culture" (p. 342). This concept supports both systems theory and attachment theory. When a child is born, he/she is already programmed for forming attachments for survival purposes. Bowlby based his theory on the fact attachment traits and behaviors come from instinctual processes and when a situation seems to be a threat to maintaining proximity with the attachment figure, feelings arise including insecurity, fear, and separation. "The attachment relationship acts as a prototype for all future social relationships so disrupting it can have severe consequences" [22].

According to Bowlby (1988), the following are major points of attachment theory:

- A child has an innate (i.e., inborn) need to attach to one main attachment figure (i.e., monotropy).
- A child should receive the continuous care of this single most important attachment figure for approximately the first two years of life.
- The long-term consequences of maternal deprivation might include the following: Delinquency, Reduced intelligence , Increased aggression, Depression and affectionless psychopathy (the inability to show affection).
- Short-term separation from an attachment figure leads to distress.
- The child's attachment relationship with their primary caregiver leads to the development of an internal working model.

The internal working model refers to cognitions relating to mental meanings for understanding self, others, and the world. By age three, these beliefs are part of personality affecting their perceptions of the world and relationships with others [23]. When an infant is deprived of maternal proximity during early years, this "caused permanent emotional damage" [24]. Symptoms of this circumstance result in affectionless psychopathy and according to Bowlby, etiology includes: disregard for other persons, no feelings of guilt, and difficulty forming healthy and meaningful relationships. However, there are numerous other influences that may have the same influence and negative outcomes including social factors, physical sickness, and lack of stimulation intellectually [25]. Life experiences shape the way the mind functions. Experiences in early life determine how we will interact with our environment and people.

Insecure attachment

There is no such thing as a mental disorder called insecure attachment, but it does create "a risk of psychological and social dysfunction" [26]. Insecure attachment adds another layer to interpersonal disconnection. Insecure attachment falls under the avoidant/dismissive category and can lead to psychological problems later in life [27]. For the purpose of this paper, ambivalent and disorganized attachment styles will also be considered as insecure. An example of insecure attachment might include the manifestation of a personality disorder including psychopathy. Psychopathy is the failure and lack of capacity to form meaningful bonds with others. Symptoms such as "grandiosity, shallow emotions, lack of empathy, and a consistent disregard for social norms" are usually present [28]. Another finding about having insecure attachment is that those who are 25 years and older reported criminal activity and substance abuse being prevalent in young adulthood.

Behavioral problems and depression have also been linked to insecure attachment [29]. Those who have Eating Disorders have a much greater chance of having insecure attachment along with being emotionally dysregulated and depressed [30]. Insecure attachment is an important consideration. Living with a detached mother is known to result in life-long psychological dysfunction of their infant/child/adolescent and beyond because the infant lacks the loving bond necessary to feel loved. "People don't forget any capacity that depends on feel rather than fact" [31]. To describe attachment in its simplest understanding would be to say it is whether the person feels insecure or secure [32]. If a child cannot rely on his/her caregiver to consistently take care of his/her needs, the relation between child and caregiver becomes avoidant. It seems logical that to change the dynamic between child and caregiver – the obvious change is for the mother to be aware of the child's needs and attend to them appropriately. When forming a secure attachment with the primary caregiver or with a loving partner later in life, negative psychopathy may be mitigated [33].

Secure attachment

Secure attachment is considered as being a "healthy attachment style that enables individuals to work autonomously as well as with others when appropriate"[34]. Being constructive and flexible interpersonally is another benefit of secure attachment. As an adult, attachment style somewhat delineates how one will react to different situations. "Given its strong associations with healthy and adaptive self-regulation in adulthood, attachment security arguably could serve as a key construct in the continued development of positive psychology". Research by Senchak and Leonard (1992) disclosed that there is a direct relationship between adult interpersonal style of functioning and their attachment styles. Another interesting fact is adults tend to partner with persons having a similar attachment type. Couples where both persons have secure attachment demonstrated better marital relationships and adjustment than couples with one or both persons having insecure attachment [35]. These couples reflect the early attachment behaviors where a child with a secure attachment to its mother no longer cries and fusses when its mother leaves it for a time. Couples who learn how to treat each other in more loving ways, can improve their attachment which can strengthen their connection leading to a better understanding of love. Disengagement is the opposite of love. Love is about the connection and the connection is about love.

Personal interconnectivity replaces disengagement. "Attachments are defined as close connections" [36]. It seems reasonable to surmise that love is the close connection of positive feelings between persons and can lead to secure attachment.

Second component: Love

"A kind of light spread out from her. And everything changed color. And the world opened out. And a day was good to awaken to. And there were no limits to anything. And the people of the world   were good and handsome. And I was not afraid anymore." John Steinbeck, East of Eden.

Learning how to love by understanding what it is

General condition altered by physical asthenia and unconsciousness. Vital Though it can be beautiful and all consuming, romantic love is not the only kind of love. There are many different beliefs about love and this paper will not include them all but rather a general overview of theories relating to love. The general theory of love deals with the neuroscience perspective of love and how the brain operates to bring forth love. There are four kinds of relational love according to Hegi and Bergner (2010): Parental love, romantic love, companionate love and altruistic love can all be characterized as being an "Investment in the well-being of the other for his or her sake" . According to Suter (2011) there are "four main senses of love the feeling, emotion, affection, or passion felt for something or somebody". The four main senses greatly depend on how positive or negative the interpersonal interactions might be. A key component and catalyst behind the proposed theory to be used in marriage, couple, and family therapy is aimed toward engagement and reconnecting. The connection referred to between clients in session is the connection of love. Noller (1996) asserted the emotional aspect of love is: With regard to the emotional component, I have noted that feelings of both passion and companionship can continue throughout life. Immature love is exemplified in such constructs as limerence, love addiction, and

infatuation. Given that love is socially constructed, I note that it can be strongly affected by the beliefs about love that are present in the culture, and that these beliefs can be either functional or dysfunctional. Particularly dysfunctional beliefs include those emphasizing that love is blind, external, and beyond the control of the lovers. Behaviors characteristic of mature and immature love are also explored. It seems that mature love may be best conceptualized as creating an environment in which both the lovers and those who depend on them can grow and develop. This type of love supports marriage and family life. Pragmatically speaking, the definition of love can be somewhat elusive as Lewis et al. (2000) asserted, the definition of love is an "impediment to a wholly scientific description of love and is the dearth of hard data". Referring to the metaphysically slanted thought in Gregory Bateson's 1967 lecture "Style, Grace, and Information" he stated, "the love of wisdom is linked to the wisdom of loving. The authors wrote, "Love is a term seldom used in academic writing and claim love is not an abstraction; it is something that one does". Lewis et al. (2000) presented an invitational comment discussed at a conference where Bateson had written: It is appropriate to mention some of the factors which may act as correctives−areas of human action which are not limited by the narrow distortions of coupling through conscious purpose and where wisdom can obtain. Of these, undoubtedly the most important is love. The question of what makes people know when they are loved is explored by Oravecz, Muth, and Vandekerckhove (2016). The authors discussed personal schemata as being a generalization of what it means to be in a relationship while attempting to interpret experiences between others interpersonally. The idea of understanding what it means to feel loved leads to understanding of how to reconnect with love. Overall, to feel loved one feels cared for by another, because others make them feel like they are special, and being told they are loved is important, etc [37]. Love feels good. Love is enhanced by the level of self-acceptance a person has for him or herself, levels of honesty, trustworthiness, respect, and affection. Love is the connection rather than an emotion. Feelings are a direct reaction to the depth of the connection. But what is felt love? Though scientific rigor is lacking in related research, understanding love may be directly related to how we have learned to attach. Plato developed a theory of love and is known as a major influence in the perception and definition of love although his exclusively heterosexual stance and inclusion of sexual involvement presents limitations, his basic beliefs about love are applicable today. Another societal/technological phenomenon involving love and worthy of consideration is the vast involvement in using dating websites and apps to find a mate. Hobbs, Owen, and Gerber stated, "internet dating is symptomatic of social and technological change that transforms modern courtship into a type of commodified game". The authors asserted the positive aspects of networked intimacy have been disproportionately downplayed by relative negative aspects [38]. This type of electronic communication, while widely popular, is not the type of communication relevant to the theoretical basis of this paper. Remaining in the spirit of Bateson, interconnectedness and aesthetics, I don't believe there can ever be a reductionist definition of love. Perhaps it is the tautology, or repetition of actions that reinforce the connection between persons, dependent upon how each one treats the other. Further, the general theory of love indicates the concept of loving and being in love (romantic love) differ, but in many ways, remain the same relative to how each other. Personal schemata and culture impact perceptions of felt love which makes love difficult to define. However, a basic understanding of what it means to feel love is derived from a 53-item questionnaire which includes: being cared for by another; feeling special because of something another says or does; hearing I love you from another; having someone concerned of one's whereabouts; being treated with politeness and respect; and degree of sexual attraction. Plato's theory of love focused on doing good and possessing good in the relationship. According to Plato searching for good and the beautiful is what everyone wants and everyone seeks. He described, "Love as desire for the perpetual possession of the good". But what is the good? The good is what makes one feel like they are loved. According to Amir (2001), it all starts at birth and with our connection to family how we construct the act of loving. But love is not all the same.

Five types of love

Love is divided into four categories according to the ancient Greeks. A philosophical perspective of love includes five types of love: metta love without self-interest, philia or the love between friends, eros or romantic love, agape which is a kind of unconditional love, and storge or the affectionate love of family. The question of "What is love?" from a

philosophical standpoint is researched by Moseley (2019): Love is an abstract noun which means for some it is a word unattached to anything real or sensible, that is all; for others, it is a means by which our being − our self and its world are irrevocably affected once we are touched by love; some have sought to analyze it, others have preferred to leave it in the realm of the ineffable. Obviously, the perception of love within this paper does not align with those who prefer to leave the definition of love in the realm of the ineffable. When attempting to define love in words, it is important to understand the different realms of love even though there are similarities between all of the realms. Metta: Lack of self-interest. The term metta is a "multi-significant term meaning loving-kindness, friendliness, goodwill, benevolence, fellowship, amity, concord, inoffensiveness and non-violence". It is a kind of blanket understanding of what love is and it concerns a much larger scale or perhaps even the entire population of this planet. Buddharakkhita (1995) stated that True metta is devoid of self-interest. It evokes within a warm- hearted feeling of fellowships, sympathy and love, which grows boundless with practice and overcomes all social, religious, racial, political and economic barriers. Metta is indeed a universal, unselfish and all-embracing love. The idea of metta love is all encompassing allowing us to feel at peace while having a sense of security in all we do. Metta is when happiness and the desires of others are put before self. If this were the case across the globe, where happiness and the desires of others are actually put before self, the world would be a better and perhaps peaceful place. Philia: Love between friends. The passionate desire and yearning of eros is different than philia. It is more concerned with the feelings of appreciation and fondness felt for another. The relationships can be friendships and may extend into relationships with those we do business with. It is derived from love as far as distinctions of doing good toward others. Moseley quoted Aristotle's idea about philia − 'things that cause friendship are: doing kindnesses; doing them unasked; and not proclaiming the fact when they are done'. Another belief from Aristotle is a person must love him/herself before affection and sympathy can be expressed to another. This is not the type of self-love characterized by egotism but rather by virtuous and moral connection with others with the expectation love will be returned. In the field of marriage and family therapy the two primary types of love dealt with are romantic and parental love although other types of love may also be involved in some way. We learn how to love and feel loved by resemblances to our family: a concept which takes us back to systemic influence and learned attachment. A recursive dance of emotions, feelings, affections, and passions making us who we are all of which are aspects to be considered during family therapy. Eros: Romantic Love. It has a lot to do with neurotransmitters and the amygdala when a person is romantically in love. Adrenaline, oxytocin, dopamine all converge to create the feeling of being in love, while the limbic system orchestrates the myriad of emotions and feelings that emerge [38]. The limbic system is how we know to sense and be aware of, as well as respond to external stimuli and phenomena [39]. Romantic love is passionate and the person in love has intense desires for the object of love. Sexual desires are sometimes viewed as inseparable from romantic love. Platonic love is love of beauty rather than any particular object or person. It can also be thought of as just loving the idea of love [40]. Agape: Unconditional love for all. When thinking of agape, most describe it as God's paternal kind of love which spreads to the idea of loving humanity in a brotherly way. Drawing from both philia and eros, agape encompasses the most perfect idea of relating with others. It is based more in a biblical sense drawing from concepts such as loving 'thy neighbor as thyself' [41]. Kershner (2017) discussed unconditional love as being congruent with agape:I believe that unconditional love is the greatest truth in the universe, the black hole of the human search for meaning, that into which we fall when all else gives way, it is the only love which is an end in itself. Our other loves are for a purpose: to woo a partner into intimacy, to keep a friend or to make for more joyful living, but only unconditional love has no hidden purpose, it just is. Hence its beauty. Storge: Love of family. The concept of storge is based on companionship, compatibility, and trust. It is also more influenced by moral values and attitudes than being physically attracted. Storge is often the conceptualization of what it means to love a child or how a child loves a parent. Typically, storge is thought of as the love between offspring and parents making a family of unity binding family members together. Storge does not include the desire and yearning of eros and can be thought of as pure and basic [42].

We are our memories

How do we end up in relationships with certain people anyway? Research indicates when Eros and Agape are present so are positively linked secure attachment styles [43]. Lewis et al. (2000) asserted it all goes back to our experiences early in our lives. Even though consciously out of cognition, implicit memories are always there starting even before we are born. Implicit memories will outlast our other type of memory known as explicit memory [43]. Implicit memories form from lived experiences and perceived relationships. When the child's parents are loving and caring in a peaceful setting, love is learned and perceived as being safe and protected. Looking for someone who also believes love is about feeling safe and protected, the perfect mate is unconsciously constructed, as far as implicit memory goes. However, if a child grows up in a situation where the parents are emotionally negative and unhealthy, the child learns love is anger, love is suffocating, anger can be terrifying, being dependent is humiliating, and an ongoing list of equally disturbing memories in the implicit memory bank forever there and forever present. As surprising as it may be, those implicit memories involved with relationships are something like, "his girlfriends present the sketch his mind recorded of his mother and he expects to find that archetype wherever people love" [44]. A seemingly unending cycle of unconsciously driven choices based on implicit memories from long ago continue to influence throughout life. The brain's tangled web of neurons holds everything we are and everything we know while driving our perceptions of everything and forming relationships based on what is familiar – good or bad. The emotional patterns we grow up with create expectations for our relationships and when we find someone that closely matches our relational prototype stored away in our implicit memory banks, we feel, at long last, a sense of belonging with this person [45]. We come back to the beginning of romantic love and the feeling of being in love. Lewis et al. (2000) wrote: In love twists together three high-tensile strands: a potent feeling that the other fits in a way that no one has before or will again, an irresistible desire for skin-to-skin proximity, and a delirious urge to disregard all else. In the service of that prismatic blindfold, in love rewrites reality as no other mental event can. The obvious antidote to finding a mate promising a future reenactment of a tortuous and neglectful childhood, is to start teaching appropriate relational norms to the mother and the father if possible, before the child is even born [46]. This kind of education can start with healthcare providers. Even with best intentions in mind, what couples end up with does not always represent love but rather hurtful interactions resulting from having poor examples of what love is early in life. Based on the systemic thought of Gregory Bateson, Charlton (2008) quoted, "I want to claim love is not an abstraction; it is something that one does".

Philosophical perspectives of love

This paper would be amiss leaving out philosophical perspectives pertaining to love. This perspective has nothing to do with different religious beliefs and more to do with the fact every religion includes the concept of God within their associated dogmas. For this paper, the entity referred to as God is nothing but the pure energy of love. Let's suppose God is love. Suppose the entity referred to as God dwells within us as an energy of unconditional love without judgment or anger but only total acceptance and compassion. If so, when did we forget this? Where did we lose ourselves? Perhaps the higher power often spoken of is the power and energy of love. So, if God is love, the mystery is dispelled from the question "What is God?" and pointed toward the question of "What is love?" Love is giving, kindness, showing mercy, showing compassion, peacefulness, joyfulness, acceptance, being nonjudgmental, joining to others, and intimacy. When love is absent, fear can be present and it is sometimes evidenced by abuse, anger, pain and disease, addiction, greed, obsession, selfishness, violence, corruption, and war. Perhaps our history of faulty philosophy is a contradiction of the person we are supposed to be. Societal norms may influence thoughts of not being good enough, not having enough money, and making sure we do what is expected which tends to override importance of love. Competition and materialism have blinded us to love according to Schucman. TOFEI uses love to bring people back to where they were meant to be.

Languages of love

One starting point worth considering in how to incorporate ways to engage clients in understanding the abstraction known as love is to decide on what one does to make one feel loved. One way to better understand how we feel loved has to do with the way we speak about love. When working with couples who feel they are not communicating, it could be they are not communicating in the correct love language. Chapman (2015) concluded we speak five love languages based on emotion that we feel. When we are speaking in our love language and our partner is speaking in their love language, couples get along much better. By taking a 30-question test, the answers are added up based on the five love languages. The five love languages are assigned to a letter. A is words of affirmation. B is quality time. C is receiving gifts. D is acts of service. E is physical touch. An example of a question is: "A. I like to receive notes of affirmation from you." or "E. I like it when you hug me." Words of affirmation. The first love language is "Words of Affirmation"By verbally affirming your partner saying something like "You look great in that dress" or "I love that haircut" or "I appreciate the special things you do for me" the emotional atmosphere in the relationship improves as well as the connection. Matter of fact, positive verbal compliments can motivate far more than being a nag. Words of affirmation are kind and encouraging demonstrating empathy from the partner's perspective.

Quality time: The second language of love is "Quality Time". When thinking of quality time, it is not sitting and watching your favorite movie together. Quality time refers more to time spent together where the focus is on one another without distractions. When we give someone else our focused attention, the communication is that of love. An appropriate homework for couples and families, is to spend time with one another. Something like getting away for the weekend – kids optional, playing games together, going on hikes and picnics, taking a walk to talk, etc., are all ways to spend quality time together. The quality attention is meaningful and focused and produces a sense of relationship.

Receiving gifts: The third language of love is "Receiving gifts". A gift might mean a visual representation of love to those whose love language is receiving gifts. The gifts do not need to cost a lot of money and it is not a situation where the gift is expected on a regular basis. The worth of the gift to some, has no connection to the cost and has "everything to do with love".Acts of service. The forth language of love is "Acts of service". An act of service might be cleaning the car, cooking dinner, washing the dishes, taking care of the dog, pulling weeds, planting flowers, taking care of the baby, etc. Because a person contributes their time and thought to completing the acts of service, it is perceived as an expression of love. Physical touch. The last language of love, number five, is "Physical touch".

Family love–Where it all begins

As humans, we have the ability to sense another's internal emotionality and somehow adjust to match it. Lewis et al. (2000) described it as: This phenomenon of limbic resonance is illustrated by the calming influence a secure mother has on her baby by gazing into her baby's eyes or by cradling her baby so that it can listen to her heart beating. In this way, an infant begins the process of feeling secure and cared for as the infant's attachment style is being formed. Albert Ellis (1949) stated, "Love is a learned reaction". Ellis conducted research studying 200 college females to understand how the attitudes and behaviors of significant family members such as the parents have on their children's perceptions of self and the idea of what love is and what it feels like to be loved. For example, a girl who struggles to have a close relationship with her mother also struggles to feel loved by her mother and this results in the feeling she does not love the mother. When the perception is that the father has minimal love for the child, the child tended to have very little love for their father. According to Ellis (1949), children who are unhappy during childhood tend to also have feelings that their mother does not love them. Conflicts with the father also contributed to the children having negative feelings about their relationship with their father. Ellis (1949) discovered another situation pertaining to girls and their weak relationships with their father: Girls who do not have a strong relationship with their father tend to have ambivalent attitudes towards the male they love most: to want to mother him, on the one hand, but to hurt him on the other hand. Apparently, these girls want, at the same time, to make up for the love they failed to receive from their father, and to punish males, and their lover in particular, for their father's failure to love them adequately. Ellis hypothesized that a girls' love in adulthood depends on the love she experienced early in life with emphasis of the love relationship from her family. Adult love relationships are directly related to early love relationships with family members or caregivers. "Girls' early relationships with their father may be more crucial to their adult heterosexual love development than their early relationship with their

mother". Girls who experienced conflicted relationships lacking love with their fathers, will have trouble allowing themselves to be totally involved with a mate later in life even though this person is considered their strongest love and attachment. Ellis made it clear the previous findings were hypotheses and not based on concrete facts but clearly support the importance of early living relationships with caregivers. Tomilson, Onwumere, and Kuipers (2013) conducted a study of how early parental criticism results in increased feelings of depression and anxiety. When the caregiving was considered negative, the children presented with higher emotionality, depression, and anxiety. The authors conclude that early interventions, parenting classes, family therapy, etc., can stop the cycle of negative interactions. Haapasalo and Tremblay (1994) conducted research using longitudinal measures to discover reasons boys become aggressive and disruptive during early years and lasting into later years even leading to delinquency. Family factors played a large part in the aggression of boys early in life and "preventive interventions should aim at preschool fighters with high family adversity, because they are clearly at high risk of early onset of delinquency. Findings suggested extreme punishment methods and adversity in the family greatly influence negative and aggressive behaviors.

Third component: Systems in systems and family therapy – we are all systems

The problem with systemic problems is that family members are usually unaware the problem is systemic. They are quick to identify the "problem" person in the family while failing to see the systemic cause. Family therapists deal with systems. We are taught about systems in systems making each one of us our own system. TOFEI is based upon systems theory and systems theory is of fundamental importance. Ison (2010) described systems thinking as "the understanding of a phenomenon within the context of a larger whole. To understand things systemically literally means to put them into a context, to establish the nature of their relationships". I will also draw from narrative therapy techniques, in particular, externalization of the problem where the problem is viewed as the thing to overcome rather than it being assigned to a particular person or a permanent entity within the system. Other therapy techniques will assist in finding the solution in the present rather than dwelling in the past. The players and therapist co-create the story and work together to find an improved story where the problem no longer exists. I envision the solutions will be the catalyst to overcoming the problem. In this case, the problem is whatever is creating discourse in the family system.

Family systems

Subject Faulty systems equal faulty relationships. Because of this, systems theory has moved beyond the historical mechanistic ideologies toward a more advanced systemic theory focused on families. According to Lebow (2014) family system theory has evolved over the years. This evolution of systems theory incorporates a consideration of the individuals in the family and what is occurring inside those individuals and in relation to each other, the impact of the larger systems, and well-demonstrated phenomena such as that people do better when treated collaboratively and with respect.

Distinctions, punctuations, and language

As simple as it sounds to treat people with respect, it may not be received as such. We are a reflection of our own personally experienced world drawn from the distinctions we have perceived and punctuations we have made which create categories, classifications and boundaries with other human beings. All the while, we attempt to put all of this into a reaction to someone other than ourselves and with an entirely new set of distinctions and punctuations of their own. We attempt to use language to express ourselves, but contrary to what we would like to believe, our way is not the only way. Palazzoli, Boscolo, Cecchin, and Prata (1978) quoted Shands Language prescribes for us a linear ordering of data in discursive sequence. Overwhelmingly and unconsciously influenced by linguistic method, we then decide and enforce acceptance of the notion that the universe is organized on a linear basis, in cause and effect patterns of general relevance. Since language demands subject and predicate, actor and acted upon, in many different combinations and permutations, we conclude that this is the structure of the world.

Imagine then a therapist working with a family using language to develop a sense of order in the data gathered through discussing the discursive sequences presented. The therapist draws distinctions about the family and the dynamics. Some therapists might draw distinctions from historical data and points of reference for distress. This first distinction forms the first set of data that can be described as raw. The data might also be discerned from observed interactional patterns during the therapy session. Once the therapist has settled on an order for the distinctions, he/she creates an abstraction to help organize the raw data. Now the therapist is looking for patterns connecting the data. "He may look for historical themes or he may focus on identifying repetitive patterns in the organization of behavioral events that occur within more immediate time frames". Now is the time the therapist can sit back and analyze the distinctions and patterns determining what is the focus of the session from the therapists' observations. "In other words, he recalls that he, as an observer, has drawn these distinctions and that there are other ways of discerning data and patterns of organization". It is not just one or two distinctions either, according to Keeney (1983) the therapist drawing distinctions, distinctions upon distinctions, and distinctions upon distinctions upon distinctions. What the therapist does when he engages in drawing these distinctions is construct an epistemology – a way of knowing about his knowing.

Epistemology

Knowing each other is important but understanding ourselves in context is additionally important. The concept of knowing and understanding our life, referred to as epistemology, determines how we act and perceive the world around us which ultimately determines what we believe. According to Bateson (1972), because all of us are "bound within a net of epistemological and ontological premises regardless of ultimate truth or falsity, they become partially self-validating". It is up to us to make some kind of sense out of our world and then attempt to relate to others trying just as hard or not to make sense out of their world as we attempt to form relationships. Problems arise when it is no longer based on the concept of what love is, or when the concept of love does not match the partner's concept of love. Perhaps the end result of epistemological differences and unending circularity equates to misunderstanding and discord. Keeney and Keeney (2012) slanted circular epistemology toward finding a healing heart as it relates to therapy or anything else for that matter. It is somewhat of a mysterious process not being mainstream therapeutics and may even arise after hitting a wall while attempting to counsel others. An example of mainstream therapeutics might be interventions attached to certain theories where there is no movement in the therapeutic process. The authors suggested the act of healing with a healing heart is not taught in academia but perhaps something lost over time. Being uncertain of what exactly creates healing it may be that the use of narrative does a poor job explaining the unexplainable. Keeney and Keeney (2012) called it "that unexplainable creative life force that is the root of all transformational performance". At the center of all this, the heart; the symbol of love and an awakening of love through the acknowledgement of connection is what allows healing to begin. Keeney and Keeney (2012) wrote: Cybernetics emphasizes the circular process of constantly changing one's action in order to serve change. It also frees us from the idea that suffering is caused by one isolated element, whether it is identified as a pathogenic cortex, inadequate learned response, inappropriate social coalition, or oppressive cultural narrative. Cybernetics emphasizes how you handle your choice of action, rather than prescribes any particular action or routine. A therapist utilizing only prescribed theory and interventions is in opposition to a cybernetic stance of making choices for actions along with the clients. Thus, the therapist and client become a system and each impact the other–the observer and the observed. It may be that healing relies on erasing the discernable difference between client and therapist. Keeney and Keeney (2012) wrote: A healer paradoxically surrenders all expertise to be empty–actually more empty of knowing than the client–and invites the client to perform inside the circularity of interaction that draws upon greater wisdom than any role-prescribed means to therapeutic ends. Perhaps love is the glue bonding us all and by becoming more systemically focused rather than linear, we can recognize this. Our distinctions and punctuations serve us to help others as we tap into a world where there is something more than just trying to figure out who has the right distinction. "The leap into circularity is always recursive". According to Bateson (1972) we are constantly connected to internal and external influences and because of this, the phenomena of copeden-internal systems arises. Ones sense of self within the system

is constructed by ourselves. In the book, A Recursive Vision: Ecological Understanding and Gregory Bateson, the authors wrote: Therefore, the conditions of codependency which arise between 'self' and the system are conditions which 'selves' construct. This did not mean that all constraints and stabilities in a communicative order arise directly out of conversations which individuals had with each other. Some constraints arose from the communicative order itself and were common to all systemic patterns of communication. But communicative constraints, they argued are entirely different from constraints supposedly derived from the external 'power' of the social system. They invited their readers to imagine a system in which constraints, boundaries, and stabilities are nested within the networks of interaction of system members and in which system constraints are mutually coordinated. An electronic device such as a video game used to project epistemology, enables the other players, family members to see epistemology from everyone's perspective. To quote Bateson, "Any move that will increase trust, responsibility, and love will be a valuable contribution" The concept of trust, responsibility, and love radiates from the soul. The idea of soul work is discussed by Chapman and McClendon.

Soul work is the transformative learning that comes from a focus on our subjectivity, on the nature of the self, and on the various ways we understand our senses of self and identify. Soul work involves integrating the deeply personal intellectual, emotional, moral, and spiritual dimensions of our being in the world. In our view, our being in the world is at the center of soul work, where beliefs and actions recursively inform one another.

Finding our place

Our being in the world is what we know and strive to know. It is hard to know someone else when trying to understand where we fit in. Perhaps lightening up the process of understanding is another way use of a video game will rebuild families and couples. As players in a game, we see ourselves in a different perspective, almost like a different dimension of layers upon layers of interconnectivity. The goal has to do with the most problematic distinction agreed upon by the players. Hypothetically, the distinction might be that little four-year-old Mikey has been throwing things at his older six-year-old sister Sunny since mother started working three months ago. The problem is not the throwing, but rather the amount of time Mikey is left unattended making him become frustrated that he cannot do what his older sister does and feels no one is there for him. The problem is not Mikey and may be instead identified as lack of quality time with mother. Or, it may be his behavior is an adjustment to mother leaving and going back to work resulting in her having little time or energy to spend with her children. Time is the main theme and can be externalized as the problem. Externalization of the problem enacts change within the family therapy session.

Family therapy

There are many theories and models related to family therapy. Family therapy began as an idea developing over the span of 6 decades while continuing today. As early as the 1930s, various councils began organizing around family-oriented perspectives. A governing body, the American Association of Marriage and Family Therapists was founded in 1942. Prominent theorists including Nathan Ackerman—Psychoanalytic Family Therapy, Carl Whitaker—Experiential Family Therapy, Murray Bowen—Intergenerational Family Model, and Milton Erickson – Brief Therapy, as well as many others, began blazing a trail away from lineal thinking and toward the systemic stance of family therapy between 1940 and 1950. Around the same time, theorists Gregory Bateson, Don Jackson, Jay Haley, Virginia Satir, John Weakland, Paul Watzlawick, and Richard Fisch came together to form the Mental Research Institute (MRI) in Palo Alto, California. MRI greatly influenced other theorists and therapy models developed to work with families. Kuehl (2008) asserted many of the early systemic theorists focused on finding a way to alleviate symptoms of schizophrenia and the idea of the double bind was born. In the 1980's, attention was given to the way we communicate and collaborative models such as Michael White's Narrative Therapy and Solution Focused Therapy (SFT) developed. Externalization of the problem was briefly discussed earlier and is attributed to Narrative Therapy interventions.

The simplified idea of family therapy has to do with dominant forces, which are located externally relative to families and the social context they operate in. Epistemologically, family therapists work to promote

change in how the family organizes itself, while setting off a chain reaction of change, even if all family members are not present. When change occurs in one family member, a synchronous and continual reaction of change spreads through the family. Family therapy is also concerned with the way people communicate and find meaning in life and relational experiences. Family therapy gradually began showing promise by alleviating problems encountered during life cycle transitions, mood and behavior symptomologies, addictions, and relational problems. Family therapy has evolved toward being known as systemic therapy.

Fourth component: The electronic connection – Technology as a vehicle of change

A major purpose of proposing the use of an electronic intervention, (for the purpose of this paper a video game) as an intervention is to help family members understand their own systemic influences and individual epistemology. They all work together to achieve a goal. What is the main goal? Obviously, in The Game of Love, the goal is to learn how to love each other. To love each other, one must know what it means to love. Circularity at its best. The proposed use of a video game in this study is purposed toward improving engagement in the therapeutic process, restoring family connections, and improving interactions between family members resulting in more appropriate behaviors. The majority of literature does not indicate using specifically designed video games as an intervention in marriage and family therapeutic settings, but rather has to do with the use of mass-market video games already in existence. However, video game technology is emerging in many areas including the helping professions, among many others. Following are thoughts and terminologies supporting the validity of using technology as a catalyst for change.

Video games have positive benefits

There are positive features of playing video games providing support for the use of video games evidenced by benefits associated within four domains: cognitive, emotional, social, and motivational. Ubiquitous as it is, the high percentage of adolescents playing video games, an estimated 97% play at minimal, an average of sixty minutes every day. Video games get very bad press warning of certain addiction, violent behaviors, and aggressiveness, and most research has focused on the dark side of 'gaming'. Certainly, the negative effects of violent video game playing, and violent acts are important. However, identifying the positive effects and benefits of playing video games is equally important. "Play is the establishment and exploration of relationship." Gregory Bateson.

Playing games

Granic et al. (2014) asserted game playing provides many benefits including social experiences, as well as cognitive experiences, and even emotionally driven experiences not found outside of the video game world, or at least not in the same way. Considering these experiences, it may be that video game playing can be a way to positively impact mental wellbeing. Playing prosocial versions of video games results in self-perceptions of being "more human on positive humanity traits". The idea of play and its general acceptance as being positive from a developmental standpoint is not new. What is new is the use of video games as a meaningful way to play. Play has longstanding accolades of being a way to interact socially and stimulate emotional responses. Play also provides a means to express themes such as power, aggression, dominance, loss, pain, growth, nurturance and happiness. The concept of play is familiar to all of us. We remember playing as a child and how the playful memories associated were most likely that of having fun and wanting to do it more. Playing in family therapy is not so uncommon when working with young children and play therapy is a recognized therapeutic intervention. I interviewed Rhea Zakich, the inventor of The UnGame® which is a game consisting of a deck of cards with questions on each card posing a relational and contextual expression. The questions are randomly selected from the deck and the person drawing the card is required to answer the question. An example of a question on a card in the game might be – "Tell about a time when you felt important." The inventor, Rhea Zakich, lost her voice for six months due to an unidentified cause. Zakich had the idea for this game at a time when she could not speak. She wrote questions on pieces of paper to

start conversations with her children and other family members. She experienced better communication with her family during this time in which she could not even talk. I have used The UnGame® in therapy sessions and the positive results are evidenced by increased engagement, interactivity, and communication with clients. I propose play is not just for children and in a non-linear sense can be used effectively in both work and non-work settings. The World Health Organization (WHO) conducted extensive investigation and research into understanding how play between parent and child equates to responsive and sensitive relationships and improved caregiving. Engagement in play is a "requirement for the healthy neurophysiological, physical and psychological development of a child". Healthy overall development may need to extend beyond the childhood years utilizing the same principles through play to improve connections.

Video games change the brain

From a neuroscience perspective, make believe fighting and play battles aide in social development and competence. The part of the brain known as the orbital frontal cortex grew larger in rats under simulation of play-type fighting which increased a hormone resulting in the growth of this area of the brain. Mechanisms in human brains may also simulate findings found in the brains of rats. "All of the neurological and physiological systems that make up happiness our attention systems, our reward center, our motivation systems, our emotion and memory centers–are fully activated by gameplay. Video games, an interactive art form, and perceptions drive the cognitive experience, all the time changing brain neuroplasticity, which ultimately leads to behavioral change. Aesthetics come into play where art forms are concerned. According to neuroscientists, our brains are wired with connection on the mind. From an interpersonal neurobiological perspective, our brains develop and are oriented to be socially connected, which shapes our brains through experiences in relationships. There is a universal longing for connection with others, being validated, being loved, and having the feeling of being loved. We love the idea of being in love. We love the idea of being happy.

Electronic therapy of change

Therapy of any kind focuses on change. Referring to therapeutic change, the unlikely pairing of persistence with change is a "wonderfully concise expression of the puzzling and paradoxical relationship".There are multitudes of theories connected to the idea of persistence or the idea of change, but they don't really combine the two. When a problem in a family exists, one wants to know the reason it persists and what needs to happen to bring about change. Hardly touching on the subject and speaking in a second order cybernetic sense, the kind of change referred to is the "change of change". A video game designed for use in the family therapy setting will allow family members to visualize not only themselves, but also the change which needs to change.

Engagement – therapeutically related

As previously discussed, engagement from a family systems perspective can be seen as a problem in the mental health fields and programs targeting therapeutic interventions. Without engagement, there can be limited motivation which negatively impacts the rate families and clients drop out of therapy – as high as 80% – and results in completing only a fraction of the proposed treatment. Lack of engagement also increases the number of no shows and appointment cancellations leading to poor outcomes . Engagement in the therapeutic process is more challenging due to the reluctance of family members who may have feelings of desperation about their situations and the idea of working interpersonally with other family members may tend to increase feelings of desperation. One integral assumption relates to the concept that "disengagement and engagement are taken to be relational states, not characteristics of individual family members". The authors asserted engagement is sustained not only from interpersonal performance but also from intrapersonal performance and from this, the potential of resolving desperate family situations becomes a reality. "A challenge in understanding engagement in family therapy is the complex multi-person, multigenerational system involved in treatment; no single individual can be considered in isolation". Pertaining to engaging adolescents, Oetzel and Scherer (2003) based their research on the premise that it is critically important to engage adolescents in order to achieve maximum psychiatric successes. The authors also point out

most models of therapy target adults and fail to reach adolescents because their level of maturity is inadequate. To engage adolescents, it is a requirement that the intervention match the developmental stage of the youth. Almost 100% of youths now engage in the use of electronic devices and/or video games, indicating an electronic video game intervention is appropriate developmentally.

Extreme engagement

When engagement becomes more like an addiction another dimension to game play emerges. Just recently, CBS news presented a report announcing the WHO will set forth a new International Classification of Disease (ICD) called Gaming Disorder and will be included as a mental disorder in the 2018 ICD manual. Gaming Disorder is an epidemic (CBS news, 2017). It is a fact video game addiction has reached epidemic proportions. However, this negative can be reframed into understanding how beneficial the use of a therapeutic video game can be in therapy in order to improve engagement simply because it is so engaging.

Electronic games are beneficial

Even video games designed just to be fun can have serious and positive outcomes. For the purpose of this study, psychological benefits are of interest relative to facilitating change while using an electronic intervention, such as a video game, during psychotherapy. Video games are being used in many different applications with positive outcomes. One example of positive outcome involves the focused attention during use of an action style video game played by children diagnosed with Dyslexia. Dyslexia is a type of neurodevelopmental illness resulting in serious learning deficits leading to lower success in educational settings and sometimes resulting in lowered self-esteem and confidence. By playing an action style video game for a combined period of 12 hours, children with Dyslexia learned to read better. Part of the improvement is a result of increased interest and interaction in the game which alleviates a main concern a child with Dyslexia faces – inattention. The evidence from numerous studies on the effects of interactional electronic video game play reveals that when people participate together in leisure time playing video games, positive social and personal benefits result. This might include improved sense of wellbeing, more cohesion with peers and family members, improved sense of self, more motivation, improved mental stimulation, and enhanced creativity. The authors concluded there are very few negative findings and most findings show there are advantages evident in those who play compared to those who do not play. Even for those who participate in game play at a low rate – playing under an hour daily – showed less signs of depression and higher self-esteem. Also, overall grade point average was significantly higher in the low play group. Gender does come into play and there is a division where males engage in video game play at a much higher rate than females. For the purpose of the study, the authors put females in the "never-used" category. However, concerning video game play for females in the low use category, there were no significant findings different than males, apart from the amount of time played being much higher with males.

The idea behind the use of a video game is to improve communication with people face to face and electronically with time limits on the game play time. Limitation of game play, for example in the therapeutic session may be as little as ten minutes up to thirty minutes. This leaves time for face to face communication while discussing thoughts and emotions that arise from game play. Love (2015) asserted technological communication can lead to inability to make friends and connections the old-fashioned face to face way and stated, "We're losing the skills that made them possible to begin with-the ability to focus deeply, think things through, read emotions, and empathize with others" (p. 1). Using a video game or other medium in therapy to address social deficits that are created by technology can actually help family members and players gain the very skills the author asserts we are losing more face to face communication. It is a situation where something relative to the problem resolves the problem. A concept not unlike the recursive act reflective of the recreation of itself depicted by the Uroboros. Varela (1975) described his conception of Uroboros as the "Ceaseless circular process which is, in fact, the symbol which tradition has chosen to represent the creation of everything since time immemorial". From a recursive perspective, the constantly renewed perception of self during the playing of a video game in the family session, will help the client(s) have a renewed and improved sense of self within his/her family system resulting in promoting positive change within the system. One commonality with all video games is they

all have a set of rules guiding play, or challenges to overcome, and they allow the user to receive feedback. Thompson (2012) asserted video games can be both fun and serious at the same time. A video game has the ability to provide indications of the lived life of the player which allow the players to make distinctions. A distinction splits the world into two parts, 'that' and 'this,' or 'environment' and 'system', or 'us' and 'them,' etc. One of the most fundamental of all human activities is the making of distinctions . A distinction cannot exist without its concomitant value. The distinction   thus becomes an indication, i.e., an indication is a distinction that is of value". We are born making distinctions. Recent research concerning infants suggests we are born with the innate sense to respond to even the slightest of behavioral cues beginning from the day we are born. These ongoing responses and distinctions are vital to development of what is known as self. The infant's sense of self and the mothers are so intrinsically linked that these relationships determine how the child will view himself/herself, as well as how the mother will view herself. Synchronistically, infant and mother form a society made of two making choices and distinctions leading to a higher and higher order of consciousness and meaning, eventually evolving into an observer with an objective lens. A video game designed with this concept in mind can create the realization that through this objective lens, new distinctions can lead to behavioral change.

Behavioral change

Behavioral change concerning health happens when the user of a video game acquires the appropriate skills and knowledge through education. This might include basics of exercise, nutrition, or ways to accomplish goals when dealing with high blood pressure or Type Two Diabetes. The use of an avatar makes the entire experience more meaningful when personal mastery is concerned. When attempting to improve health behaviors, personal mastery is extremely important. DIAB® is a video game designed to increase physical activity and educate the user on how to consume appropriate healthy foods while relying on personal mastery to improve symptoms of Type Two Diabetes. Video games designed for serious applications must be as entertaining as they are educational. The serious types of games discussed thus far target health, specifically the management of a disease and even prevention through behavior change. The ultimate goal is to change the dysfunctional negative behavior perceived to be a catalyst for the disease.

A key concept is understanding that video games designed to improve health work by modifying behaviors detrimental to health. The challenge of changing behavior can be complex with multiple influences resulting in the need to identify and modify mediators. Behavior change is a not a single step process. Mediators can include "immersion, attention, functional knowledge, self-regulatory skill development (e.g., goal setting, self-monitoring, decision making), self-efficacy, internal motivation, and feelings of competence, autonomy, and relatedness". There are two prerequisites of a video game to enact behavioral change. Hyatt asserted video games must then be fun and entertaining, they must be based on sound and expert knowledge of the problem to be addressed, including mediators. This is the basic platform for building a video game to be used for behavioral change. Video games can be serious. But where does this type of thing fit in? When thinking of the taxonomy related to video games, the list may become expansive as more applications are discovered. Currently, video games and electronic devices are being used in the healthcare fields to the extent they have their own taxonomy. The health field taxonomy includes the following six categories: games used for exercising, stress relieving, management of diseases, pain reduction through distraction, and learning. Zyda (2005) developed a definition for the concept of a video game as "a mental contest, played with a computer in accordance with specific rules, that uses entertainment to further government or corporate training, education, health, public policy, and strategic communication objectives".

Games for health

An example of a game described as "engaging and entertaining" was created to improve patient/caregiver relations while improving skills for self-managing patients' chronic diseases. The game eSMART-HD® is the technology the authors developed described as a "serious game for health". The game is targeting older persons who are known to experience diabetes and high blood pressure. The authors call these video games a melding of art and science sophisticated enough to assist

users to reach goals by completing challenges, providing feedback on progress toward goals, and implementing what the authors describe as "expert framework" utilizing standards from the "American Heart Associations' five-step process to control blood pressure". eSMART-HD® is comprised of several elements including: game mechanics; levels of play; reward feedback system; logging data; animation and graphics; sound; and ease of use. By using stories and various plots in the game, patient immersion was increased leading to an improvement in behaviors and improvement in their physiological symptoms. According to Mathews (2019) adults who play video games tend to be in a better mood and overall happiness increases in part because game play helps them connect to their inner child by being playful. The concept of inner child has been around since John Bradshaw wrote his revolutionary book on how to heal your inner child. The inner child metaphorically represents the concept that unresolved and repressed childhood trauma causes adverse psychiatric symptoms and behaviors. Repetition compulsion is defined as the act of repressed trauma actually creating the desire to repeat the lived traumatic responses thus resulting in psychiatric illness. Inner child work helps the person get used to the idea of selfnurturing his/her damaged and fearful child within. A healed inner child no longer is compelled to repeat the trauma with others or to attempt to win in a hopeless lose/lose relationship. The metaphorical concept of the inner child waiting to play a game and being open to resolving the unresolved issues from childhood indicates the idea of using a video game in therapy is an appropriate intervention.

The child within us all

"I think there is a little child in all of us "By embracing the concept of inner child work, healing can take place by alleviating the traumatic responses and therefore enhancing mood. A video game actually focused on getting in touch with our fearful inner child can be an interactive method of doing some very serious therapeutic work. The concept of the inner child is the embodiment of experiences during childhood. This is a place where the integration of systems theory as well as attachment theory is relevant. Both will be discussed later in this document.

But why a game?

According to research, there are many other benefits of game play which include the ability to escape daily stressors, be more creative, bonding experience with others, a better perspective of life, improved hand-eye coordination, shared alone time, knowing something is always there when they want it, can be useful, and turns boredom to fun. Most importantly, behavior change is the desired benefit. A meta-analysis of 27 empirical articles and 25 existing video games, revealed "positive health-related changes from playing the video games". Referring to theory and change, Baranowski et al. wrote: Games add an element of fun, an aspect of intrinsic motivation, thereby enhancing behavior change through enhanced motivation. Use of electronic video games for health-related behavior change is in the earliest stages of development, but incorporating theory-based change procedures provide reason to believe that they can be effective. Collaboration for the design of any video game purposed toward changing behavior necessitates inclusion of behavioral specialists to collaborate with expert writers who can write relevant and compelling stories, and at the same time understand the workings of a video game. Not to be confused with the types of video games designed for entertainment, a video game discussed here is based on expert knowledge concerning health issues and/or behavior(s) of concern as well as interventions designed to change behavior in professional settings. The story written for a video game can be the catalyst for behavioral change as can the prosocial aspect of the game. In a study by Greitemeyer (2013), use of a prosocial video game resulted in increased "perceptions of positive traits of humanity" and even increased the players' perception of his/her own personal humanity. When negative or violent content video games were played, the opposite effect was present – negativity relative to humanity and "dehumanized perceptions of the self". Needless to say, a video game used in psychotherapy will need to be prosocial in every way while focused on promoting positive change and perceptions of self; common goals in psychotherapeutic sessions. Understanding how we develop throughout our lives by reflecting our experiences with beliefs and behaviors, is due to our systemic existence. A video game can be developed to recreate the family's systemic existence so all may see the work needing to be done

while attempting to resolve present day perceptions of past influences on their daily interactions. It can be a virtual representation of their system with a mutually perceived problem they all need to work together to overcome. Many instances involve couples and families focusing in on one particular person rather than seeing the overlying systemic pathology. Rather placing blame on a child for disrupting the family interactions, the problem can become a mutual goal to work together to overcome during game play. The overall concept of improving therapeutic engagement along with the previous four components attachment, love, systems, and electronic engagement – are foundational to the guiding tenets of the theory of family electronic interconnectivity. The proposed theory purposed toward positive therapeutic change is further supported by the following five tenets.

Discussion

It is my hope that game developers and family therapists will converge to create a video game that can be used to reconnect families. Perhaps the game will be a series of games with each one focusing on one single component of love such as respect, or trust, or empathy. This single focus may be easier when the problem is identified during the initial session rather than having a game that includes multiple components. I am not a game designer and do not wish to be. I have presented what I believe to be valuable and important aspects of reconnecting family members using an electronic device such as an electronic video game designed with attachment theory, constructs of love, systems theory, and narrative, while adhering to the guiding tenets of the theory of electronic family interconnectivity. My vision is to help families understand what it means to love and be loved. Ultimately, their systems will become a better place to be because of it. Hopefully, the world will become a better place because of it. Other possible research might further investigate the five different types of love, Metta, Philia, Eros, Agape, and Storge and decide if there is potential in incorporating any representative concepts of love from those perspectives. With Storge being about family love, perhaps Eros and others may be also incorporated depending on the situation. A broader systemic scope might include instructional seminars about using electronics to help groups of people understand the concepts of the more universal types of love Agape, Metta and Philia. The potential of using existing video games to systemically reconnect families can also be explored. Rather than everyone playing in separate rooms and by themselves, relationships can be reconnected through multiple members of the family playing together and in the same room. Game designers will also decide what configuration the electronic game will take. Whether it will be online, on a gaming station, or a phone application or all three is another area of research. Questions such as how will it be used in session and at home? How many people can play it? Could it be used in a classroom to help students understand relational values such as boundaries and respect? Could it be used on social media platforms? How will the most appropriate application be determined? Exploring through electronic game play how clients treat and feel toward each other, as well as possible ways to improve these feelings by teaching how to love one another is the goal of TOFEI.

Conclusion

The use of video games discussed in this paper targets improving the way family members treat each other in more loving ways: The Game of Love. The use of a video game used in family therapy can assist family members in breaking down conceptions of what they look for in a relationship compared to what they have ended up with. The use of a video game by all family members will provide a broader view, not only increasing engagement but also allowing new insight and perceptions of the family system as a unit. An electronic medium, such as a video game, designed to electronically improve interconnectivity between the persons playing can improve attachment leading to love. Using video games can capture new insights about a particular distinction made by the family members and open space for different recursive perspectives. The use of a video game by all family members will provide a broader view, not only increasing.

Conflict of interest

The authors have no conflicts of interest to declare.

References

1. Aarsand, Pål André. "Computer and video games in family life: The digital divide as a resource in intergenerational interactions." Childhood 14.2 (2007): 235-256..

2. Allen, et al. "Attachment theory as a framework for understanding sequelae of severe adolescent psychopathology: an 11-year follow-up study." Journal of consulting and clinical psychology 64.2 (1996): 254.

3. Amir, L. (2001). Plato's theory of love: Rationality as passion. Practical Philosophy.

4. Amir, L. (2001). Plato's theory of love: Rationality as passion. Practical Philosophy.

5. APA, 2013). American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition. Arlington, VA: American Psychiatric Association.

6. Bacigalupe, et al. Technology in families and the clinical encounter: Results of a cross-national survey. Journal of Family Therapy, 36, 339-358.

7. Baker Act: The Florida mental health Act: User reference guide. (2014). Retrieved from www.myflfamilies.com

8. Bandura, A., et al (1977). Analysis of self-efficacy theory of behavioral change. Cognitive Therapy and Research, 1(4), 287-310.

9. Baranowski, T., et al. "Squires Quest!" dietary outcome evaluation of a multimedia game. American Journal of Preventive Medicine, 24, 52-61.

10. Baranowski, T., et al.. Playing for real: Video games and stories for health-related behavior change. American Journal of Preventive Medicine, 34, 74-82.

11. Baranowski, T., et al. Developing games for health behavior change: Getting started. Research, Development, and Clinical Applications, 2(4), 183-190

12. Bartholomew, Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61(2), 226-244.

13. Bateson, G. A systems approach. International Journal in Psychiatry, 9, 242-244.

14. Bateson, G. Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology. Chicago, IL: University of Chicago Press.

15. Bateson, G. Mind and nature: A necessary unity. New York, NY: Dutton.

16. Bateson, G. (1979). Gregory Bateson on play and work, letter to Phillip Stevens. The Association for the Anthropological Study of Play Newsletter, 5(4).

17. Bateson, G. (2002). Mind and nature: A necessary unity. Cresskill, NJ: Hampton.

18. Becvar, R.The ecosystemic story: A story about stories. Journal of Mental Health Counseling, 16(1), 22-32.

19. Berry, J.,. Cognitive self-efficacy in relation to personal mastery and goal setting across the life span. Internatio

20. Besley,. Foucault and the turn to narrative therapy. British Journal of Guidance & Counselling, 30(2), 125–143.

21. Bogost, I. Persuasive games: The expressive power of video games. Cambridge, MA: MIT Press.

22. Boje, D. Narrative therapy: Narrative therapy in storytelling organizations.

23. Bordan, T. The innerchild and other conceptualizations of John Bradshaw. Journal of Mental Health Counseling, 16(3), 387.

24. Bowlby, J. (1969). Attachment and loss: 1. New York; Basic Books.

25. Bowlby, J. A secure base: Parent child attachment and healthy human development. New York: Basic Books.

26. Bowlby, J. The making and breaking of affectional bonds. British Journal of Psychiatry, 130, 201-210.

27. Bretherton, I.. Attachment theory: Retrospect and prospect. Monographs of the society for research in child development, 50(1-2), 3-35.

28. Brier, S. From second-order cybernetics to cybersemiotics: A semiotic re-entry into the second-order cybernetics of Heinz von Foerster. Systems Research, 13(3), 229-244.

29. Buddharakkhita, A. The philosophy and practice of universal love. The Wheel Publication, 365/366, 1-24.

30. Carr. A. Michael White's narrative therapy. Contemporary Family Therapy, 20(4), 485-503.

31. CBS News. Excessive video gaming to be recognized as mental health disorder. Retrieved from cbsnews.com

32. Chapman, G. (2015). The 5 love languages: The secret to love that lasts. Chicago, IL: Northfield.

33. Chapman, H. Love: A biological, psychological, and philosophical study. Senior Honors Projects. Paper 254.

34. Chapman,. What's love got to do with higher education? How teaching into the heart of knowing can foster compassionate action. Human Science Perspectives, 12(1), 9-17.

35. Charlton, N. (2008). Understanding Gregory Bateson: Mind, beauty, and the sacred earth. Albany, NY: State University of New York Press.

36. Chessler, J.,et al. The effects of playing Nintendo Wii on depression, sense of belonging, and social support in Australian aged care residents: A protocol study of a mixed methods intervention trial. Geriatrics, 15(106), 1-8.

37. Chu, J. The repetition compulsion revisited: Reliving dissociated trauma. Psychotherapy, 28(2), 327-332.

38. Clarke, A., et al . Bridging the digital disconnect: Exploring the views of professionals on using technology to promote young people's mental health. School Psychology International, 38(4), 380-397.

39. Clochesy, J., et al.Creating a serious game for health. Journal of Health and Human Services Administration, 38 (2), 162-173.

40. Cortés-Garcia, L.,et al. Mediators linking insecure attachment to eating symptoms: A systematic review and meta-analysis. Plos One, 14(3), 1-27.

41. DeBord, J. (1989). Paradoxical interventions: A review of the recent literature. Journal of Counseling & Development, 67(7), 394.

42. https://doe- org.ulm.idm.ocic.org /10.1002/j.1556-6676.1989.tb02099.x

43. DeLope, R., & Medina-Medina, N. (2017). A comprehensive taxonomy for serious games. Journal of Educational Computing Research, 55(5), 629-672.

44. Durkin, K.,et al. Not so doomed: Computer game play and positive adolescent development. Applied Developmental Psychology, 23, 373-392.

45. Ellis, A. Some significant correlates of love and family attitudes and behavior. The Journal of Social Psychology, 30, 3-16.

46. Fisch, R., The tactics of change. San Francisco: John Wiley & Sons.