ALESS MONSTROUS MIRROR

Creating Empathetic, Likeable, and Accurate Mentally Ill Characters in Computer Games

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Abstract

This study is about possibilities for improving representation of mentally ill characters in roleplaying computer games. The areas of improvement are empathy for the characters by the players, enjoyment of the game by players, and more accurate depictions of mental illness in computer games. The qualitative study created three unique character concepts, each with two backstories/game concepts, and interviewed respondents on the three aforementioned areas. The research focused on common stereotypes held in modern society and the history of these embedded beliefs, as well as what mental illness really looks like and how negative stereotypes affect an audience. The research also covers current representation of mental illness in video games and analyses their depictions. The study concludes that stereotypes about mentally ill people are harmful, and that accurate and empathetic representations of mentally ill characters in video games should begin with detailed research and respect for the issue at hand.

**Keywords:** Mental illness, Empathy, Computer Games, Stereotypes
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1 Introduction

The field of game character design is a fairly young area of study; the technology that enables video games to tell complex and interesting stories is quite recent, and allows new kinds of stories to be told all the time. What began as black and white 8-bit characters on a tiny screen has become vast, colorful, shifting 3D worlds that are as big and bold as developers can imagine. It is in this new kind of storytelling that new research has begun, questioning how human minds connect with these digital worlds, what that means for human emotion and connection, and how this technology can be used to do more than just be a fun distraction for players. Games based heavily on storytelling are a relatively new phenomenon, with the focus shifting from what the technology can do to what the technology can tell us.

The depiction of mental illness in modern media is a troubled one riddled with negative stereotypes and harsh misinformation that harms no only the mentally ill, but the people around them. It is difficult to feel confident when one can only find images of oneself as a “crazy” killer, a criminal, a psychiatric patient, or a victim. Modern media struggles with the representation of every minority, but as times change, so too does the media that reflects society. It is time to begin approaching how we depict those who are different from us. This thesis performs a qualitative study of several methods of representing mentally ill characters in games, with the intention of determining which of these methods is the most effective in creating mentally ill characters that are empathetic, likeable, and accurate. Developing realistically mentally ill characters is vitally important for fostering empathy between real people of all different mental health statuses, as empathy is consistently the first step towards understanding and acceptance.
2 Background

2.1 History

2.1.1 Universality of Human Emotion

To discuss modern character design and storytelling, it is beneficial to discuss what specifically an artist is referencing while creating new game characters, and the history behind these methods. Simply put, why are characters designed this way? There is a significant amount of pre-existing study into the nature of human character; before there were games, or movies and television for that matter, there was exploration which led to people meeting those from other cultures for the first time. This brought about some very important lines of questioning: How are we different from each other? How are we the same?

Ekman’s 1972 study and 2017 review suggest that there is a universality of human emotion and depth to a certain degree; a level of universality that transcends borders and seclusion. His experiment in New Guinea proved that humans visually express basic emotions in similar, if not the same ways. An individual who had never seen a magazine or a movie could still identify a look of joy, or anger, or sadness on image alone (Ekman 1972). While this does not conclusively prove that all emotions in all cultures are exactly the same, it does indicate a link that connects humans together. From this commonality, it is simple to understand that in our modern world connected by media and the internet, there can be a universal understanding of fictional characters wherever they are read or observed.

Paul Ekman has done a number of studies into the concept of human universality of emotions; with research done on five literate cultures and two pre-literate cultures, Ekman writes that he and his fellow researchers have conclusively provided evidence that overall, human beings express emotions with the same or very similar facials reactions, regardless of
exposure to modern media, television, magazines, or other cultures (Ekman 1972). From this information, it is no far stretch to infer that humans recognize each other on a subconscious level, and can generally understand what others are feeling by looking at them; that we as a species, through whatever nature-or-nurture history has made us this way, understand each other on a fundamental level.

Logically, if humans can identify each other’s emotional expressions through language barriers and differences in culture, humans should also be able to identify each other’s emotions regardless of mental state or illness. A 1970 survey with blind children demonstrated that facial expression is not a learned behavior, or at least not entirely, as children with blindness still made the same facial expressions as children who were able to see (Ekman 1972). It stands to reason that even if someone cannot understand why someone feels a certain way, they should be able to recognize that they do in fact feel it. Understanding others is the first step to empathy with others, and empathy is vital not only for writing and character design, but for life in general as a society.

### 2.1.2 Physiognomy

Historically, there exists the belief that one can learn all there is of another person simply by looking at them. This is not in the manner of universality, where others’ emotions can be identified on sight, but merely by looking at a person’s facial features (i.e. shape of the eyes, curve of the nose, etc.). Hassin (2000) writes,

> “Physiognomy, the art of reading personality traits from faces, dates back to ancient Greece, and is still very popular” (Hassin 2000).

This practice, re-popularized by Swiss pastor and scholar Johann Caspar Lavater in the late 1700s, has left a lasting effect on world literature and culture.
“Physiognomy still underlies many everyday assumptions about class, gender and ‘race’, and now gets technologized as it provides the underlying ethos for practices such as cosmetic surgery” (Twine 2002).

There is sufficient evidence to support that the assumptions can also extend to the health of an individual. The aesthetic hiring study observes that healthy looking people get hired more frequently; this indicates that that physiognomy is being used, be it consciously or subconsciously, in places as innocuous as a human resources hiring office.

Physiognomy has contributed heavily to ongoing racial social structures the world over. Not only has physiognomy’s legacy affected subconscious reactions to other humans, it also has had a large influence on European and American literature since Lavater repopularized it. Physiognomy also affected the rise of a related pseudo-science called phrenology (Twine 2002). In Christopher Rivers’ 2005 essay about the influence of physiognomy on two particular French novels (one written in 1782, the other in 1880), published at the height of Lavater’s physiognomy revival, Rivers explains that while each book punishes its protagonist for opposite reasons, their punishment is the same. Each book concludes with the protagonists suffering from smallpox, a disease that, among many symptoms, causes a disfigurement of the face (Rivers 2005).

Both the writers and many audiences believed that, as physiognomy dictates, a person’s quality and character could be determined by their face, and thus a person afflicted with a face-disfiguring illness was receiving their due.

“The body becomes an utterly unambiguous reflection of the evil that has lurked within the character throughout the novel” (Rivers 2005).

It was comforting for audiences to see that the order of things is balanced with evil becoming disfigured by disease. In her work on disease as a metaphor, Susan Sontag writes,

“In the Middle Ages, the leper was the social text in which corruption was made visible; an exemplum, an emblem of decay. Nothing is more punitive
than to give a disease a meaning—that meaning being invariably a moralistic one” (Sontag 2005).

As such, it has long been believed that one can identify key aspects of strangers on sight alone, be it with physiognomy or phrenology. Phrenology was popularized by Franz-Josef Gall, a German scholar and physiologist, in the very early 1800s, and it is believed he was one of the first to identify that the conscious mind and the physical brain are the same thing (Twine 2002). While physiognomy dealt with facial features, his study of phrenology focused on the shape of the skull and the brain.

“During this time he observed that his fellow students who had good memories all had prominent eyes, and so he assumed that the part of the brain concerned with memory was located behind the eyes” (Twine 2002).

Phrenology ascribed various skills or faculties to specific parts of the brain (such as good memory behind the eyes) and, in physiognomic fashion, supposed that someone especially good at one of those skills would have a larger head in that specific area. “It was proposed that the degree of development of each faculty had a corresponding bearing upon the shape of one’s head” (Twine 2002).

Ultimately through history, physiognomy and phrenology have both been used socially to encourage scientific racism and other forms of discrimination; in the second half of the 19th century, “Phrenology was then part of the climate of that time which used science and pseudo-science to naturalize racism, Eurocentrism, class inequality, patriarchy and species-ism” (Twine 2002). It is not difficult to believe that these beliefs would extend to women, homosexuals, the mentally and physically ill, and other oppressed groups. It has never been difficult for society to find a reason to hate undesirables; the only issue is the belief that these people can be identified on sight, and what actions might be taken against them as a result of whatever physiognomy seems to reveal about them.
It is with this in mind that the prevailing interest in physiognomy and phrenology, be it conscious or unconscious, persists in the modern day, and affects long-held stereotypes about minority groups of every type. It is not unreasonable to say that phrenology is a philosophical forbearer to the concept of eugenics, a practice that at various times in history has sought to remove social undesirables from the gene pool for a variety of reasons each more heinous than the last (Twine 2002). Whether the population has studied it or not, many people in the modern day do believe on some level that they can identify another person’s personality and quality of character by looking at their faces.

With this knowledge on the history of physiognomy and its related theories, it is of little surprise that modern society has heavy aversions to those that might be considered ugly, or unusual, or different. It can be extrapolated that many modern stereotypes and prejudices extend from this long history of snap judgement and justification. Fiske writes, “People detect each other’s probable gender, race, and age within milliseconds of meeting, and they especially quickly identify ingroup members” (Fiske 2000). Later sections will elaborate further on modern stereotypes and their effect on the mentally ill.

2.2 Mental Illness

To discuss mentally ill characters in games, an understanding of the medical aspects of mental illness must be reached. This project focuses on clinical depression, as it is the most diagnosed mental illness in any country in the world, and thus has the most data available in studies and treatments. Clinical depression, also referred to by doctors as Major Depressive Disorder (MDD) or Major Depression (MD) is difficult to define. Kantor et. al. (2008) explains that for each patient with clinical depression, there is another version of depression. Depression therefore is not one constant diagnosis, but a series of symptoms that can be experienced by a mentally ill person in an unlimited possibility of combinations. Some may experience exhaustion, sadness, and anger, while others can experience manic energy levels,
insomnia, and a complete absence of emotional connection. Both of these hypothetical patients would still be considered to have depression (Kantor et. al. 2008).

Depression itself has several possible root causes, most commonly a chemical deficiency in the brain of dopamine and serotonin (Hasin et. al 2005). In short, this is brain receptors not receiving the correct chemicals at the correct times, which can be due to a lack of production, a failure to deliver the chemicals, or an issue with the receptors themselves (Kantor et. al 2008). What causes this phenomenon is unclear; some studies suggest it’s hereditary, and there is evidence to support this, but there is also evidence to support situational causes for depression as well. Additionally, some instances of MDD have nothing to do with brain chemicals at all, which supports Kantor et. al.’s 2008 assessment that there are endless versions of the disorder.

Mental illness is a pervasive issue in modern society (and historically has always been, although it was significantly less understood and was treated poorly), and diagnoses of clinical depression in particular are on the rise (Hasin et. al. 2005). For some patients, depression occurs as a period of time in which the issue is addressed, the symptoms treated, and they eventually return to a version of being neurotypical (non-mentally ill or similarly impaired). Many others spend their whole lives managing this condition, taking medication to account for brain chemical deficiencies, attending therapy sessions regularly, and other various management tactics. As such, for a great number of people, depression exists as an ongoing disability, a chronic sickness that is part of their everyday life (Kantor et. al. 2008).

Fiske’s study says that “People more quickly recognize stereotypic terms preceded by other stereotypic labels and terms primed both subconsciously and consciously” (Fiske 2000). It is stereotypes, which can be logically connected back to a long history of physiognomy and snap judgments based on facial features alone, which can be the most harmful for the mentally ill community, as with any minority community (Angermeyer & Dietrich 2006). In a study on public attitudes towards the mentally ill, it was shown that negative portrayals of mentally ill people (most commonly individuals with depression or
schizophrenia) influence public beliefs about these disorders, and in turn, negative public beliefs about mental illness creates a significant amount of stress on mentally ill populations (Angermeyer & Dietrich 2006).

A history of judging others at face value and believing negative stereotypes that come forth from this pattern of behavior has created little space for the mentally ill to learn objectively about their own ailments, and fewer places to see themselves accurately reflected from popular media. It is difficult to seek treatment when one believes oneself to be broken or wrong or “crazy” (Fiske 2000). There is room in modern media for more accurate and humane portrayals of every type of mental illness; there is room for compassion and understanding for those who are different from the norm.

### 2.3 Character Design and Representation

In Kirkpatrick’s 2009 thesis, she addresses the depiction of disabled people in media. She talks of the “Disney-fication” of disability, how disabled people (albeit they are typically physically disabled or deformed, and not as often psychologically disabled) are shown in Disney films, and by extension other media. Disabled people are written in fiction at an alarming rate to be evil, untrustworthy, broken, or in need of repair in order to be whole or “fixed” (Kirkpatrick 2009). Angermeyer and Dietrich note that there is an ongoing disparaging view of the disabled in modern media, be it physically or mentally disabled, and that this promotes misconceptions about the disabled population as a whole. From this, Angermeyer and Dietrich conclude that there is a much-needed change to be made to improve depictions of the disabled, and from there an improvement to be made in the attitudes of neurotypical people towards the disabled and/or mentally ill population (Angermeyer & Dietrich 2006).
Stuart’s 2006 review of mental illness representation in the media discusses not only the generally negative depiction of the disabled and mentally ill, but also discusses the affects this has on society, both the attitudes of the general population towards the mentally ill, and also how the mentally ill are affected by these depictions and attitudes.

“Media images have profound implications for people who have a mental illness, not only in terms of their own self-image, help-seeking behaviors and recovery, but also both for the level of fear and hostility they experience when they interact with members of the general public and encounter community intolerance, and the lack of supportive policies and programs.” (Stuart 2006).

Stereotypes can have a lasting harmful effect on populations when depicted negatively (Angermeyer & Dietrich 2006). However, they can be used in positive ways as well, according to Isbister’s book on improved character design. She writes that a good character can be based on a stereotype to present a known quantity to a player, and then suggests having that character break this stereotype in the story of the game to add depth and substance.

Using stereotypes and personality models to create likeable characters is a valuable practice. However, it becomes more difficult to write mentally ill characters when taking this into account, as most stereotypes of the mentally ill are deeply negative. The question then becomes if this method of using stereotypes and personality models can be used to create characters with depression or other related mental illness. Fiske’s study says that “People more quickly recognize stereotypic terms preceded by other stereotypic labels and terms primed both subconsciously and consciously” (Fiske 2000). And it is stereotypes, which can be logically connected back to a long history of physiognomy and snap judgments on facial features alone, that can be the most harmful for the mentally ill community, as with any minority community (Angermeyer & Dietrich 2006). In a study on public attitudes towards the mentally ill, it was shown that negative portrayals of mentally ill people (most commonly individuals with depression or schizophrenia) influence public beliefs about these disorders,
and in turn, negative public beliefs about mental illness creates a significant amount of stress on mentally ill populations (Angermeyer & Dietrich 2006).

This reason alone is more than enough justification to pursue the cause of writing well-rounded mentally ill characters, and doing so in a way that enables every player to empathize with these characters. One does not need to look far to find negative portrayals of mentally ill individuals; nearly all of the villains in the Batman comic universe are mentally ill in some manor, and many of them spend a great deal of time escaping from an insane asylum. A 2016 movie titled *Split* depicted a psychological horror scenario in which a group of teenagers are kidnapped and imprisoned by a man with 23 separate personalities; an unrealistic and violent depiction of Dissociative Identity Disorder that can trace its roots back to Robert Louis Stevenson’s 1886 novella *The Strange Case of Dr. Jekyll and Mr. Hyde* (Rose 2017).

Even popular story-based game series, known by players and by the industry to feature a heavy focus on character interaction and empathetic connections, make similar mistakes. Bioware’s *Dragon Age 2*, released in 2011, features a diverse cast of characters from different backgrounds, races, and sexualities. The series as a whole is also known for tackling complicated political topics such as racism, imperialism, and the dangers of evangelism. One of the main characters of the game is a man named Anders who has a spirit of Justice living inside his head. The character struggles throughout the game to retain his sense of self, working to free an oppressed group of individuals within the game story and ultimately blowing up a church building to set off a war between two factions, the oppressed and the oppressors (Bioware 2011). The writer in charge of Anders’s storyline, Jennifer Hepler, has described this character as a “Bipolar terrorist”, which not only reduces the reason behind his actions in the story to one single moment, but also calls into question his mental health in a way that the game story itself does not (Hepler 2012).
In a now-deleted forum post, Hepler stated,

“Obviously, in a fantasy setting the real world metaphors will never be exact, but I certainly always thought of Anders as being essentially bipolar and I tried to use as much real world psychology as I could (giving away of personal possessions before planning to commit suicide, etc.). I think his romance captures a lot of the joy and pain of dating someone bipolar – he feels everything in a big way, so his love is huge and all-encompassing, as are his hates, including his self-loathing. It takes work to maintain a relationship with him, and ultimately, [the player character] has to decide if it’s worth it, knowing that these are burdens that will always haunt them” (Hepler 2012).

She goes on to provide an inaccurate explanation of the manic and depressive aspects of bipolar disorder, indicating a distinct lack of understanding of the issue. It is indicative that even a game company renowned for its complex character interactions is making poor choices with regards to depicting mental illness in game characters (Hepler 2012). That being said, the character Anders is, while exhibiting a flawed representation of what Bipolar Disorder actually entails, relatable in many ways, and it is ultimately up to the player to decide the morality behind his actions; this character is an above-average representation of a mentally ill person. It is possible to empathize with his actions and his struggles, rather than the game simply depicting him as a villain or an out-of-control monster (Bioware 2011).

Independent game developers have seen the problem with mainstream representation, and recent years have seen more inclusive and better researched mentally ill characters shown in a more neutral and realistic light. Indie developer Infinite Fall’s 2017 game, *Night in the Woods*, is one such game. It presents the lead character, a young woman named Mae Borowski, as a university dropout returning home to her small town after just a few months at her school. She moves back in with her parents and reconnects with old friends, and struggles to understand that while she has had a lot of difficulty with it, her friends have grown up and become more mature in her absence. Mae finds herself at the
center of a mystery involving a creepy cult, a missing friend, and a monster that may or may not exist beneath the town.

Mae is a mentally ill character, written with symptoms of Dissociative Identity Disorder (or DID), which in her presents itself as dissociation from reality and the people around her in episodes that have in the past resulted in her become violent or deeply depressed and afraid. As the story of the game progresses, the player sees Mae's behavior as aggressive, or insensitive, or ignorant depending on the person Mae is interacting with, and the game makes no excuses for her negative behavior. However, it also shows her learning from these missteps, apologizing to those she's wronged and working towards being a better friend and daughter. The game also ultimately reveals her perspective of two major dissociative episodes on her life; one when she was young, and her dissociation caused her to be temporarily incapable of perceiving other people as people, instead seeing only shapes and hearing only unclear sounds, which terrified and enraged her to the point of attacking and brutally injuring another player at a softball game. The second was much the same when she arrived at her university, in which she describes the people around her as appearing to be only shapes and noises, but instead of driving her to violence, the episode resulted in her experiencing paralyzing fear that made it impossible for her to leave her dorm room, attend classes, and interact with other students (Infinite Fall 2017).

This presentation of Mae, with her flaws and her strengths and ultimately her obvious love for her friends and her family, is a refreshingly honest and realistic portrayal of mental illness. Instead of DID making this character incapable of interacting with others, it is merely an aspect of who she is, a struggle for her to manage, and ultimately at the climax of the story, it is what enables her to interact with a great monster that none of her friends have been capable of comprehending. The game tells a tale of late-stage capitalism, the job crisis in middle America, and a series of realistic troubles that young adults face in modern society, such as discrimination, the death of a parent, the cost of education, and the challenge of finding a path in life when options are limited. Mae's mental illness is
prominent, and an important part of her character and the story, but it is not all there is and it is not used to make her seem like a good person or like a bad person; it merely makes her a person, which is what all mentally ill individuals are (Infinite Fall 2017).

Another such game is *Hellblade: Senua’s Sacrifice*, a 2017 release from developer and publisher Ninja Theory. The game follows the journey of Senua, a Celtic Pict warrior from the 8th century, traveling to Helheim (the underworld of Norse mythology) to retrieve the soul of her dead lover from the Norse goddess of death, Hela. Senua suffers from psychosis (Ninja Theory 2017). Often in fiction, writers will use “psychosis” as a blanket term for their disturbed characters with no effort put into accuracy or understanding. Psychosis is a real life mental illness and the writers of *Hellblade: Senua’s Sacrifice* spent a great deal of time and effort understanding the nature of this illness. The American National Institute of Mental Health describes the illness,

> “The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person’s thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech, and behavior that is inappropriate for the situation. A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall” (National Institute of Mental Health 2018).

Psychosis is a concept that no 8th century Celtic warrior would understand in its complexity or in any scientific manner, but that does not mean that the illness didn’t exist. Mental illness has always existed; it was present even before societal comprehension of that illness existed. Ninja Theory’s choice to depict mental illness accurately despite the lack of
in-universe comprehension of the condition is a direct contrast to Hepler’s writing of Anders in *Dragon Age 2*, as she claimed that because it wouldn’t be understood by the characters, the illness itself didn’t truly exist (Hepler 2012).

The writers of *Hellblade: Senua’s Sacrifice* did heavy research into the nature of psychosis as well as what little knowledge there is of how ancient societies interpreted mental illness. In the game, Senua believes that she suffers from a curse, which she refers to as “Furies”. She explains that her mother suffered the same “curse” as well. There are voices she hears in her head throughout the game, sometimes encouraging or discouraging her (or different voices doing different things). The game uses binaural sound to make the voices sound like they are coming from all around the player, enhancing the effect and mimicking auditory hallucinations. Two of the voices Senua hears are the Narrator, who consistently breaks the fourth wall to address the player directly, and the Darkness, which is an embodiment of Senua’s abusive father and is played by the same actor as him. The game also allows the player to experience Senua’s hallucinations and dissociation throughout play. Senua’s journey, which is initially presented as a rescue and redemption story, becomes a tale of a woman who has to accept the loss of her lover and that it wasn’t her doing that killed him, and also that her Furies are not a curse; they are merely a part of who she is. In accepting these things, Senua is freed from the Darkness’s influence as the Narrator thanks the player for playing and wishes them goodbye (Ninja Theory 2017).

The *Hellblade: Senua’s Sacrifice* writers collaborated with mental health experts, the biomedical research organization charity Wellcome Trust, and world-leading neuroscientists to create this interactive adventure, putting painstaking work into depicting a real illness while still allowing for fantastical storytelling and magic and danger. Ninja Theory, a self-described “AAA indie” company, wanted to use this element of the human mind in a way that was empathetic and true to life. Ninja Theory developer Dominic Matthews explains why this nuanced realism was so important to their team, saying, “understanding is a route to destigmatisation” (Briers 2017). The game itself includes a bonus feature documentary called
*Hellblade: Senua’s Psychosis* which details the development team’s efforts to accurately portray the illness with respect.

There are a growing number of games about mental illness, mostly independent game developers, such as *Depression Quest* (Quinn 2013), which is a text-based narrative in which the player must make regular life choices as an individual with depression. In a successful playthrough, the character will take steps to treat their depression and talk to their loved ones about their conditions; in an unsuccessful playthrough, the character will retreat into themselves with an untreated mental illness and eventually may commit suicide. This game was created by mentally ill individuals and accurately depicts the symptoms and feelings of mental illness, but the game received moderate-at-best reviews in terms of how enjoyable it was to play; it functions more like a teaching tool than as a true game (Quinn 2013).

Some larger game companies have attempted to discuss mental illness in games, but frequently miss the mark in terms of accuracy and fall into stereotypes about the mentally ill fairly quickly. *American McGee’s Alice*, developed by Rogue Entertainment, is an unofficial video game sequel to Lewis Carroll’s well known *Alice in Wonderland* children’s books, and follows a psychological horror tale of Alice from those novels witnessing the gruesome death of her family in a house fire and depicts her being sent to an insane asylum for ten years before being summoned back to Wonderland to defend it. This version of Wonderland is dark and twisted, supposedly based on Alice’s apparent insanity (*Rogue Entertainment* 2000). It has a sequel called *Alice: Madness Returns*, developed by Spicy Horse, in which Alice has been released from the asylum and now lives in a home for traumatized orphans (*Spicy Horse* 2011). In this game, Alice returns again to protect Wonderland and along the way she questions the fire that took her family, ultimately discovering that her doctor from the asylum was the cause of it and has been trying to essentially wipe out her personality and her memories in order to turn her into a “doll” that could be sold off for a profit (*Spicy Horse* 2011).
Both Alice games use a fantastical version of mental illness (referred to simply as “insanity”, which is not a medical diagnosis of any existing illness) to create a sense of psychological horror. Alice is a victim of a horrible asylum doctor, and the Wonderland of Carroll’s children’s novels is turned into a metaphor for Alice’s mental state. It is this sort of depiction that can be deeply harmful to the mentally ill; to see a real life condition twisted for the purpose of entertainment at the cost of respect for troubled individuals. Alice’s ultimately walks away from her story triumphant, having bested her personal demons and some real life demons as well. The idea that one can fight through trauma and illness with violence is a dangerous conception and does not lend itself to empathy with mentally ill individuals in real life.

One heavily acclaimed game picturing mental illness is Quantic Dream’s 2010 release, Heavy Rain. The game features what was at the time cutting edge motion capture technology, allowing the game characters to visually express emotions and actions at a never-before seen level of realism. The story is a murder mystery in which the player, switching between various characters in the narrative, has to catch a serial killer. One of the playable characters is a man named Ethan Mars. At the very beginning of the game, the player controls Ethan in his happy life, living in a house in the suburbs with his wife and their two young sons. The family goes to a local shopping mall, where Ethan loses his older son Jason in the crowd and searches for him, becoming more and more desperate until he finally finds him outside in the street, where he and Jason are both struck by a car. Ethan falls into a six-month coma, and Jason dies in the accident. After this there is a time skip, in which Ethan is now divorced, and gets to see his surviving son Shaun on certain weeks, sharing custody with his ex-wife. Ethan attends therapy to discuss his trauma, and has frequent blackouts where he will come back to awareness after having done something he cannot remember. One day when he has custody of Shaun, the boy is kidnapped by the famed “Origami Killer” from a playground and Ethan begins receiving messages in the mail telling him to do horrifying things in order to save his son (Quantic Dream 2010).
**Heavy Rain** is a psychological thriller; the player is led to believe that Ethan himself may be the Origami Killer, unknowingly tormenting himself out of guilt for the death of Jason. Ultimately it is revealed that another playable character, a private investigator named Scott Shelby, is in fact the true killer. Shaun can be saved if the player successfully completes certain aspects of the story. **Heavy Rain** has twenty-three possible endings, different combinations of different success rates of the four playable characters (Quantic Dream 2010).

Scott Shelby’s character, presented to the player as a private investigator trying to catch the Origami Killer and bring peace to the parents of the children who have been murdered, is revealed to be the true killer through a series of flashbacks where the player controls him as a child, forced to watch his brother slowly drown while trapped in a construction site because their alcoholic father refused to get up to rescue him. This event psychologically scarred Scott, leading him to become the Origami Killer who kidnaps children, sends their fathers horrifying instructions on how to save them (having them do increasingly intense things such as cut off their own finger, crawl over a field of broken glass with no shoes on, and kill somebody) before ultimately drowning the children and leaving them to be found with an origami-folded note. Scott’s obvious trauma is never addressed as such, and the narrative only ever treats him as a villain and a monster (Quantic Dream 2010).

Scott Shelby is a caricature of a mentally disturbed monster, but Ethan’s story carries somewhat more complexity. During one particular therapy session shown in the game, Ethan’s therapist mentions that Ethan’s trauma has resulted in “a sudden onset of schizophrenia” (Quantic Dream 2010). This is not something that exists in reality; schizophrenia is not a mental state than an individual suddenly gets from trauma, but is an inherited illness. The National Institute of Mental Health describes it, “Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like
they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling... Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too.” (NIMH 2018).

Being that it is a chronic disorder, there is no such thing as “sudden onset” of schizophrenia. Ethan’s symptoms can be much better diagnosed as Post-Traumatic Stress Disorder (PTSD) which can be a sudden onset after a traumatic, dangerous, or shocking event. It is apparent that the writer of the game did little research on what this type of trauma looks like and how it can affect various individuals. The belief that schizophrenia is a sudden and serial-killer-like illness is a common stereotype about the illness, and has no basis in fact (NIMH 2018).

That being said, Ethan is a sympathetic character, and the player is intended to feel badly for him as the Origami Killer psychologically tortures him. Ultimately Ethan is guilty of nothing more sinister than simple carelessness, Jason’s death being a tragic accident and Shaun’s kidnapping being the work of a serial killer. Despite having no real scientific accuracy in the depiction of mental illness, *Heavy Rain* is a psychological thriller that attempts a nuanced portrayal of a mentally ill character, even though his entire story and experience is based on an inaccurate version of an illness (Quantic Dream 2010).

Many game developers have attempted to portray mentally ill people, often for the purpose of shock value and horror, and that does not inherently lend itself to an interesting story. The goal of story-driven character design is to inspire empathy towards the playable character and other characters in the world of the game. Empathy, in this case defined as “A matching or a corresponding emotional response in a person when observing another person going through an emotional experience” (Lim 2017). Achieving an empathic connection between player and character makes the story more accessible, more likeable, and will cause the game to stay in the player’s thoughts past completion. Instead of looking in on a story, empathy enables players to become part of it (Morrison & Ziemke 2005). Empathy can be
achieved in countless ways, including a meaningful backstory, or a well-crafted dialogue, and of course through good character design.

What makes character design “good” is determined by results. If players react to a character in the way the writers and designers intended, then the design has met the goals of the project. There is no singular way to make a character “good”, which brings about the question as to which methods are more successful in telling a character’s story. Players react to a number of factors, and the very first one is the appearance of the character (Isbister 2006). Following that, the character’s emotional arc might be especially compelling. Alternatively, the character might be a blank slate onto which players can project themselves (Sheldon 2004).

In the case of creating characters with mental illness, it is difficult to predict what methods will be most effective in creating empathy in players while simultaneously portraying that illness with accuracy. Calling into question the intrinsic physiognomic belief that disease makes itself physically known to indicate a morally corrupt individual, and the idea that more beautiful individuals are more likeable on sight alone, it is difficult to imagine an effective way of representing an invisible illness that can be empathized with and by players. From this challenge, the methods of the experiment come forth.
3 Problem Definition

It is easy to list works of fiction in which the terrifying or evil “other” is simply a mentally ill person. This affects public belief, and public belief affects how mentally ill people see themselves (Fiske 2000). There is a clear need for diversity in fiction, game characters included. Including mentally ill characters in regular game narratives would help normalize conditions depicted, and would decrease public stigma about mental illness while challenging existing stereotypes (Angermeyer & Dietrich 2006). From as far back as the study of physiognomy, there has been a focus on judging a character at face value. (Isbister 2006).

“Stereotypes are a great way to leverage things a player already knows, thereby suggesting how to react to a character. If creating hoards of enemies, or minor roles for NPCs (non-player characters), consider leveraging real-life or media stereotypes that are familiar to the player. One important caveat to keep in mind: make sure to consider whether a stereotype will inadvertently alienate someone in your audience. When using stereotypes, particularly for major characters such as the player’s character, consider breaking the stereotype with a few odd traits, or choosing one that has not often been used in games. Both of these tactics are likely to create richer, more memorable experiences for players” (Isbister 2006).

For neurotypical characters, this strategy works well. They can be made attractive and healthy, and players instantly recognize and latch onto this. These characters are easy to identify with, as they carry all the best visual traits that society has been trained to connect to. The question then is how to apply these methods to mentally ill characters. What methods would be most effective to make players want to interact with characters who are not beautiful and healthy-looking all the time? What methods would be most effective in creating empathy towards these characters?
Research has indicated that characters with in-depth backstories and clear motivations are easier to empathize with, as it can offer an explanation for the appearance of a character, and provide context for the character’s actions (Isbister 2006). Empathy with game characters has been studied extensively, and it has been proven that players can empathize with a variety of characters that have differing morality or points of view (Happ et. al. 2013). Previous study has indicated that metaphor is a useful teaching tool as well, largely due to the suspension of disbelief, and this is worthy of further testing.

While there are countless mental illnesses that can appear in modern media, as there are countless mental illnesses that exist in the world, this study will focus on Major Depressive Disorder (MDD) also known as clinical depression. MDD is the most commonly diagnosed mental illness in nearly every national consensus and epidemiology study (Hasin et. al 2005) and thus has the most available material with which to create an accurate portrayal for the purpose of this experiment. Additionally, MDD is the most common mental illness to overlap with other diagnoses such as Bipolar Disorder, Post-Traumatic Stress Disorder, Dissociative Identity Disorder, Social Anxiety, and other diagnoses of the same type.

The study can be seen as a preliminary review, which attempts to interpret trends for possible ways to represent mentally ill characters in a positive way. What methods would be most effective to make players want to interact with characters who are not beautiful and healthy-looking all the time? What methods would be most effective in generating empathy towards these characters?

- A character design of someone who appears ill, together with a given backstory?
- Or a character design and a metaphorical story that can be correlated to clinical depression?

3.1 Methods
The experiment is a qualitative study, as empathy is difficult to measure using statistics alone. Three characters have been designed, and each has two backstories; one including a straightforward diagnosis, and the other including a metaphorical story in which the illness is represented but not explicitly depicted. In order to determine which storytelling methods are the most effective, each character's two backstories depict the same symptoms of mental illness and tell the same basic story.

Respondents were chosen from available volunteers, primarily university students around the same age that play video games frequently, with adjustment for outliers. Some respondents were chosen specifically for their expertise in the fields of psychology and medicine. Approximately half of the respondents have experienced mental illness in some manner during their lives. Each character backstory has been read by two respondents. Each respondent was interviewed one-on-one about their initial feelings on the character, if they would want to play as this character or encounter them in a game story, if they empathize with anything about this character, if they believe the character’s story contains any common stereotypes about mentally ill people, and other comments or thoughts on what they have been shown.

The design of the characters in the experiment are based on modern discussions of stereotypes and disability representation in the media, and used techniques depicted in Isbister’s (2006) and Sheldon’s (2004) works. It is more challenging to depict mentally ill characters than physically ill characters, as mental illness frequently cannot be observed on appearance alone and physical disability is more visually identifiable. Along with their appearances, the backstories encapsulate the aspects of clinical depression that the characters are given.
4 Project Planning

In Sheldon’s 2004 work on game character development, he states that all character design should begin with respect. The respect should be for the characters as individual people, each with their own backstory, challenges, strengths, and weaknesses. Sheldon writes that this is essential for creating three-dimensional characters in any form of storytelling (Sheldon 2004). Mentally ill characters require just as much respect as any other, but also an attention to scientific detail that neurotypical characters do not need to be empathetic and accurate.

Isbister’s 2006 book discusses the importance of stereotypes, and how they should be presented for easy association, and then broken for depth. This method works well with neurotypical characters, but can be dangerous for mentally ill characters due to the highly negative stereotypes that exist. The general public has a mixed-to-negative view of mental illness, according to general surveys, although opinion has improved in the past forty years (Link et. al. 1999). Most existing stereotypes about mentally ill individuals are negative, including popular beliefs such as “mentally ill people are just lazy” and “mentally ill people just need to try harder”, “mentally ill people are incapable of love or don’t love the way neurotypical people do”, “mentally ill people are dangerous and unpredictable”, and the every-prevailing “mental illness is not real and people are making it up for attention” (Link et. al. 1999). While general acceptance has improved greatly, there are still prevailing stereotypes that not only exist, but are included in the media in place of more honest representations of mental illnesses. This being the case, Isbister’s advice to begin character design with a stereotype seems like a difficult way to create and write mentally ill characters (Isbister 2006).

In fact, Sheldon’s 2004 book warns against this very technique. He writes,
“...for the most part, stereotypes work against the veracity of the narrative. Since they are so common, we don’t notice them, or take them for granted, particularly because they appear to be staples of most genre fiction, and stories in games are, without exception, genre fiction. Falling back on stereotypes is certainly easier than finding new characters either in life or in our imaginations. Certainly some of the appeal in RPGs is allowing the players to assume roles more glamorous and enviable than we might play in life. But stereotypes diminish the overall gaming experience. They limit the sophistication of our stories. And as a result, limit our audience. Try to catch yourself doing it. Take the extra time and struggle to avoid stereotypes” (Sheldon 2004).

For this experiment, three different characters were designed, each with two backstories to test. One backstory is a metaphorical approach to explaining mental illness, and the other is a direct representation of Major Depressive Disorder and some of its various symptoms. The characters’ facial features and expressions were drawn to depict certain aspects of mental illness; for example, one character was drawn with dark shadows under her eyes, indicating tiredness and a lack of sleep, which was identifiable to testers when they were shown the image. There are two images for each character, an image of the character’s face with a detailed expression, and an image with several full-body drawings showing the characters doing different things, in order to give respondents a better idea of the nature of the character.

The three characters are all adolescents; one is a 17-year-old girl named Tess Hadley, depicted as a biracial Chinese-American person. Her MDD symptoms are memory loss, anxiety, and general feelings of hopelessness. Her backstories surround her former foster home that she lived in as a child before being adopted by her parents. The second is a nonbinary-gendered 16-year-old named Joa Temescal, envisioned as a Latino person (of Cuban descent). Their stories show them with rumination, anger, and manic behaviour. In
both versions of the story, Joa has been forced to move far away from their home because of their mother's job, and Joa plans to run away back to where they came from. The third is a 13-year-old boy named Ivan Zaxby, designed as a white European person, whose symptoms include generalized depression, insomnia, and loss of interest in their surroundings.

They were all envisioned as teenagers because that age group is the most commonly depicted in games, and because many mental illnesses frequently manifest in people around that age; it is not uncommon for younger children to be diagnosed with mental illness, but most people who are diagnosed as adults have been experiencing the illness for many years (Hasin et. al. 2005). They were each designed to avoid certain stereotypes about the mentally ill, such as especially gaunt faces, uncleanliness, or very messy clothes. They were meant to look, essentially, like average teenagers from various ethnic groups, because while some ethnicities are sometimes more prone to mental illness, every community experiences it.

Each character was designed with roleplaying video games in mind, as roleplaying games (or RPGs) tend to focus more on character interaction and story flow than other game genres. For reference, the characters were all imagined loosely in the style of the 2015 episodic game *Life is Strange*, developed by Dontnod Entertainment, as the game is story-focused and contains a mix of realism and fantasy elements that serve the purpose of this project. In *Life is Strange*, players control a character named Maxine “Max” Caulfield, who has the ability to rewind time, changing events and altering the course of the game story, and the ability to make choices and go back and change them in ways that alter the story’s course. The first thing she changes is the death of her best friend Chloe, who she continues to keep alive by using her strange ability. Max does this at the cost of powering a storm that is set to destroy the town in which the story takes place as well as potentially damaging the flow of time itself, at one point even creating an alternate timeline of events. The game deals with real-world issues such as bullying, abuse, and suicide, while still including the fantasy element of time travel and its magical troubles. Using this concept, combining the realistic
with the fantastical, the backstories constructed for each project character are parallels, depicting the same issue but displayed in two different ways.

Early versions of the three characters were drafted with reference to the previously defined research, drawing on the influence of physiognomy in modern pop culture as well as prevailing stereotypes about the mentally ill. The designs were finalized into images to be shown to testers along with one of the two backstories written to go with the characters. The drawings included a detailed face picture and several full body images. Each backstory was shown to two respondents who were then interviewed about what they had seen and read.

The image to the left (Figure 1) is a portrait of the first completed character, Tess Hadley. The straightforward backstory for this character is that of an older teenager in the American foster care system who has just been adopted by her foster parents at an age where most foster children are aged out of the system and left on their own.

Figure 1

An earlier version of the character Tess Hadley was shown to two individuals in order to determine the effectiveness of the experiment methods. Both testers were familiar with playing roleplaying games. Each of them received one of the two backstories and was asked to look at the image of this character, read a backstory and game concept written about them, and then answer questions regarding the character’s design, the backstory they were given, and their feelings on how the backstory shaped their view of this character’s physical appearance.

This early test of the project indicated that participants’ opinions of the character are directly affected by what backstory they receive and that it alters how they feel about the
character they are looking at on the page. After these tests, the stories were expanded upon to include some dialogue, an idea of what gameplay in the games would possibly look like, and to give context to the actions of the characters in the story. This change proved to be more beneficial for the study, as understanding the characters more fully enabled respondents to better understand and connect with them. For the full text of all three character backstories and game concepts, please refer to Appendices A, B, and C.
5 Results

5.1 Interviews

Twelve respondents took part in the interviews. They were anonymized as P1 – P12.

P1: Female, 25 years (computer game developer)
P2: Male, 26 years (avid game player, experience with mental illness)
P3: Male, 54 years (avid game player, medical doctor, experience with mental illness)
P4: Male, 24 years (avid game player, experience with mental illness)
P5: Female, 23 years (avid game player, professional psychologist, experience with mental illness)
P6: Male, 28 years (avid game player, professional psychologist)
P7: Female, 26 years (avid game player, experience with mental illness)
P8: Female, 26 years (computer game developer)
P9: Female, 25 years (avid game player)
P10: Female, 26 years (avid game player)
P11: Male, 26 years (computer game developer)
P12: Male, 25 years (computer game developer)

Respondents were asked to address several key aspects of the character they were shown, each shown the two images and given one of that character’s backstory and basic game concept to read. They were asked about empathy, stereotypes, and interest in the presented material. Approximately half of the respondents have either experienced mental illness or are relatively familiar with it, and all of them are avid gamers.

For both types of backstories (metaphorical and straightforward diagnosis) the majority of respondents agreed that they would be able to empathize with the character they were shown. One respondent (P12) said no, and another said they would empathize better with other characters in the story they were given (P1). One respondent in particular, P12,
appeared to have never given a great deal of thought to mental illness as a whole, as they struggled to answer some of the questions and required clarification about the realities of Major Depressive Disorder (P12). This individual described their impression of the character they were shown (Ivan Zaxby, metaphor version) as seeming “weak” and later indicated that they believed the character would become more “normal” later in life (P12).

Breaking stereotypes for depth as Isbister (2006) suggested did successfully generate empathy towards the characters; giving respondents a chance to understand the characters as complex and troubled people rather than just thinking of them as lazy, unmotivated, or lying seemed to be the key to empathetic characters. Out of twelve total respondents, eleven of them agreed that they felt they could empathize with the character they were shown.

When asked what type of person they believed a character to be, respondents answered with diverse descriptions and ideas. Each appeared to have their own view of what the character they were given was like, but the feelings they shared were largely positive. Commonly used descriptors were “introverted” and “troubled”, which are commonly held believes about mentally ill people (Link et. al. 1999). Respondents did not generally use these terms negatively, however, and merely included them in larger descriptions of what they thought the characters were like. Interestingly, there was only one respondent who used the descriptor “normal” (P12). Of the respondents that are medical/psychology professionals, (P3, P5, and P6), there was a consensus that having positive and accurate representation of mentally ill characters in games would be beneficial in particular to young players afflicted with mental illness.

The respondents were also asked to name anything about the characters they considered to be unusual or unique. Approximately half of them said no, and the other half listed a number of things ranging from appearance, skill sets, and personality aspects. Many of the respondents familiar with mental illness spoke about how it was uncommon to see a well-rounded mentally ill person in a story, and suggested that it would be positive for mentally ill youth to play with these characters in games as a means of better understanding
their own situations (P3, P5, P6, and P7). All twelve of the respondents agreed that they
would be interested in trying the games presented to them, and all of them agreed that they
would be interested in playing as the character they were shown, with the exception of one
respondent who said “It’s not the kind of game I usually play. But I think other people would
very likely be interested in trying it.”

Having asked about empathy and engagement, the last part of the interviews was
about stereotypes, as stereotypes have been an ongoing point of interest in the research for
this study. The respondents were asked, “Do you feel like this character falls into any
common stereotypes about mentally ill people?” Ten of the respondents said no, and two (P9
and P10) said yes. Of the two who agreed that there were stereotypes written in the stories,
one brought up the introverted nature of the character they were given (this respondent, P10,
was given Ivan Zaxby, metaphor version), and the other (P9) talked about the amnesia story
in one character’s story (this respondent had Tess Hadley, diagnosis version). Respondent
P5, a professional psychologist, said that while the character they were
given certainly
qualifies for a diagnosis, the character did not seem stereotypical (P5). One of the
respondents who said there were no stereotypes in the story, P4, suggested that several
aspects of the story could become stereotypical if written a certain way in a full version of the
game (this respondent read Tess Hadley, diagnosis version)(P4).

Additionally, being that all of the respondents are individuals who actively play video
games, most of them had suggestions to improve the game concept they were given. Two
respondents (who were both given Tess Hadley, diagnosis version) suggested that the
character could be given psychic powers, which is the concept of that character’s
metaphorical backstory (P9 and P11). Respondent P1 also said “She sorta reminds me of a
possible Life is Strange character”, despite not knowing that this was the intended idea
during the designing of the character (P1). Another respondent (who read Joa Temescal
diagnosis version) said that they would like to play as another character from the backstory
in addition to the character they were given (P7). Similarly, a respondent (given Tess Hadley,
diagnosis version) expressed a desire to play as at least two other characters in this story (P11).
6 Analysis

The results of the study focused on three issues: empathy with the characters, enjoyment and interest, and accuracy in the depiction of mental illness. Empathy and enjoyment are highly important factors in the creation of plot-driven games, but accuracy rarely is, as many games depict fantastical worlds and have little need to reflect reality. In the case of mental illness, however, inaccurate representation can be harmful in many different ways (Fiske 2000). As such, it was important to find a new way to write these kinds of characters without sacrificing empathy or enjoyment, as a lack of either would defeat the purpose of story-based video games.

This study tested a solution to this issue in which the character’s mental illness or metaphor-equivalent was a vital part of the story concept’s inciting action, and became an intrinsic aspect of the character’s strengths, weaknesses, and reactions to the proposed events of the story. The stories presented challenges from outside of the character’s mental health, and allowed the characters’ unique situations to drive their personal actions, but not dictate what the entire story was about. In this way, the hope was that the players would be able to understand why a character did what they did, but did not feel shoehorned into a behavior simply due to a character’s diagnosis.

6.1 Empathy

Empathy is a vitally important aspect of story-based video games, especially games in which the player gets to make decisions on behalf of the player character (Happ et. al. 2013). It is the driving force of story-based role-playing games, and it is what changes flashing lights and strange sounds on a screen into a story that a player becomes invested in. Empathy is not only essential for human to human interaction, but also for human to technology interaction. It is human nature to want to understand others, and as our technology becomes smarter and more complex, there are new ways to tell stories that have meaning for humans.
Ekman’s studies have long since proven that human emotion is universal, and that regardless of language barriers or lack of contact with outside media, humans express their emotions in the same way (Ekman 1972). In theory, this should make eliciting empathy into an easily achievable goal. However, as physiognomy became prevalent in both European society and European literature in the late 1800s, prejudice has shaped the things humans have in common into a focus on the things that are different (Twine 2002). Being that mental illness has little to no visually identifiable symptoms, existing stereotypes about mentally ill people are entirely based on behavior and personality aspects, usually deficiencies, that paints mentally ill people in a negative light.

The challenge of creating openly mentally ill characters was a simpler than expected. As Sheldon suggests in his 2004 book, the key to creating and writing solid and complex characters is respect. He says, “Characters have a right to their own lives in the game. And giving them the right—granting them purpose beyond the designer’s convenience—in fact makes it easier for us to tell our stories” (Sheldon 2004). As Jennifer Hepler, the writer behind Dragon Age 2’s character Anders, displayed little understanding or respect for Bipolar Disorder, the character was received with mixed understanding. The plot of the game itself posed him as something of a rebel hero, destroying a symbol of oppression, but the narrative itself punished him for his behavior, even giving the player the choice to execute him or abandon him, despite many years of close friendship between Anders and the player character. The game gives the player every opportunity to punish this character for his ongoing behavior, and depicts Anders losing control over himself and his abilities even when he doing what is objectively the right thing. This writing shows not only a complete lack of understanding of the nature of mental illness, but also a deep lack of respect for the character’s personal viewpoint and goals (BioWare 2011).

All three characters from the study were written with respect, and care was taken to put thought into not only their actions, but the reason behind their actions. This method proved to be effective, as ten of the twelve respondents agreed that they felt an emotional
connection to the characters and stories they were given, or that if given the chance to play a functional version of the proposed game, they would feel empathy towards the characters. Only one respondent (P12) claimed they did not empathize with their given character, and the other eleven agreed that they could. P1 added that they empathized further with other characters from the story, and P7 and P11 expressed interest in playing as other characters from the backstory as well. Conclusively, when proper care is taken to write mentally ill characters, it is possible of people with differing backgrounds to connect with those characters and empathize with them regardless of what they do or do not have in common with them.

6.2 Enjoyment

Video games are, at their core, a source of entertainment for players. This is their purpose; to provide amusement and distraction from reality. They have this in common with films and books, but unlike those mediums, video games are interactive. As opposed to watching something happen on a screen or between pages, players have a way to directly influence the story and to feel like they are an active part of it (Morrison & Ziemke, 2005). There are many video game genres; fighting games, strategy games, roleplaying games, visual novels, and more. This study focused on roleplaying games, which are fully story-based and rely on the player’s connection with a character to be enjoyable.

Each backstory was envisioned as a roleplaying game with a variety of components. One was a concept for a mystery game, in which a player has to search for clues and gather evidence, and in the metaphor version of that story, use psychic powers to aid this endeavor. Another was a game concept with a lot of vehicle driving, and another was a point-and-click dialogue-based concept. It was important to include a variety of genres and mechanics in order to cast the widest net when interviewing respondents.
The respondents unanimously agreed that the games they were shown sounded interesting and that they would like to try them, and they also agreed that they would be interested in playing as the characters they were given. Some suggested having multiple playable characters, bringing up characters mentioned in the stories they might like to play as (P7, P11), and one person who was given a male character said they would like the option to play as a female character in the same game (P5).

Overall, the results indicate that there is a market for games like this, where explicitly mentally ill characters are at the forefront of the story and in some cases that illness is in part a mechanic of gameplay. While most of the respondents had suggestions on how the proposed gameplay should go, they all agreed on interest. One particular respondent (who was given Joa Temescal, diagnosis version) said, “I would play this game based on storyline but if the gameplay was not to my liking I may not finish. It would need to be relatively fast paced to keep my attention” (P7). As long as gameplay is engaging and the story is paced well, there is no reason to assume that the inclusion of a mentally ill character would reduce enjoyment of a game for the players.

### 6.3 Accuracy and Stereotypes

The greatest ongoing failing of mentally ill representation in the media is undoubtedly the low level of effort put into understanding the disorder. As previously discussed, modern day representation in the media is mixed at best, and insulting at worst (Longmore 2003). It is difficult to take Isbister’s suggestion on the use of stereotypes too seriously in the case of mental illness, as existing stereotypes about mentally ill individuals are almost entirely negative (Angermeyer & Dietrich, 2006). Balancing between accuracy and recognition was a challenge, and ultimately the solution lay not in perpetuation stereotypes, but in immediately breaking them instead.
For example, a prevalent stereotype about the mentally ill is that they are making up their ailments for attention. Instead of writing this, characters were shown taking the initiative to understand themselves or their worlds better. The stereotype about mentally ill people being lazy was replaced by characters being active in both their personal plights and in the lives of others. The common symptoms represented by each character were integrated into the story and into their actions in the game concepts. In this way, players can recognize the stereotypes they have heard or may even believe, while simultaneously seeing these stereotypes replaced by the truth.

Respondents were not asked any questions directly about mental illness or stereotypes until after they had answered the rest of the questions. This was done to allow respondents to think critically about the nature of both the characters and their stories before calling into question their pre-existing beliefs about mental illness. The majority of respondents agreed that they had not encountered stereotypes in characters and game concepts they were given; several pointed out features that could be stereotypical if explored a certain way. The respondents who said they did see some stereotypes in the characters and stories listed traits such as “introverted”, “potentially unpleasant”, and “mental illness as a superpower” (P4, P7, P10).

The question itself was, “Do you feel like this character falls into any common stereotypes about mentally ill people?” Despite the purposefully neutral language, most of the respondents answered as though they had specifically been asked about negative stereotypes. While it is true that stereotypes as a whole are generally negative, they do not inherently have to be. The respondent who mentioned “mental illness as a superpower” as a stereotype specifically referred to a stereotype found in literature, as opposed to real-world stereotypes (P9).

The respondents who have experienced or are currently experiencing mental illness all praised the accuracy of the representation; several stated that the character they were given reminded them of themselves (P2, P5, P7). One respondent said that they would be
hesitant to play the game because of how much they were related to, and suggested that it might be upsetting for them for this reason (P1). While it is not the goal of representation to create an uncomfortable level of realism, difficult life experiences are common for mentally ill people, and it is important to write these less-than-desirable aspects into a story such as these.

It is not difficult to create an accurate depiction of anything that exists in the world; a quick web search can bring hundreds if not thousands of resources for any possible topic, and sources at varying levels of detail can be located with ease with the click of a button (Kantor et. al. 2008). This being the case, there is little room in the modern day for glaring inaccuracies and harmful stereotypes of any minority group. The results of this study have proven that accurately presenting mentally ill individuals as characters in a game does not make the game less enjoyable, and it does not make it impossible for neurotypical people to empathize with these mentally ill characters.
7 Conclusions

7.1 Summary

In a world where we are constantly developing new ways to entertain others and to tell stories, the spotlight on minority representation is brighter than ever. In recent years, television shows and movies have become significantly more diverse, and there have been great strides already in representing individuals whose stories rarely get told (Longmore 2003). There is still a long way yet to go. Movies are still being made in the modern day depicting harmful stereotypes based on race, gender, sexuality, and ability. Movies such as *Split*, released in 2017, where an individual with Dissociative Identity Disorder is portrayed as a madman and a violent murderer that constantly switches between a series of personalities (Rose 2017).

Video games can create a wholly modern way to tell stories; rather than passively observing a story, a player can become part of it, affecting the fictional world with decisions, battles, and strategy. Video games present a unique opportunity to involve a player in a new and exciting world, and invite them to be involved in it like no other medium can. Players have been shown to experience a great deal of empathy towards the characters in games because they feel as though they are part of the world, and therefore the lives of these fictional people (Lim 2017). This being the case, it is imperative that games depict a wider variety of characters, and it is also vital that they do so with attention to detail and respect towards the individual struggles of any minority they choose to depict.

While great strides have been made in diversifying popular game series, there is still a long way to go, and writers are battling with negative public beliefs that stretch back hundreds of years. If an employer is willing to hire or not hire a person based on how healthy they appear to be, what chance is there that a designer would want to purposefully put a sick character into their game? (Huzell & Larsson 2011). A study of physiognomy, an old but still-present contributor to modern-day stereotypes and belief about disabled and unhealthy
people, suggests that people expect a person’s appearance to reflect their health and their inherent “goodness” as a person. This expectation is not only unrealistic, but based in a history of ingrained prejudice (Rivers 2005).

The goal of this study was to determine whether or not it is possible to create video game characters that are empathetic, enjoyable, and realistic in their depiction of mental illness, and how to do so. The study used three different characters, each with two parallel backstories (one a straightforward diagnosis of their Major Depressive Disorder, and the other a metaphor for MDD) and each backstory was shown to two respondents who were then interviewed about their feelings on the three aforementioned goals.

Results indicated that not only is it entirely possible to create characters and games in this way, but that there is little difference for players whether they are directly told about the diagnosis or given a stand-in plot point. Gamers who play role-playing games care more about a well-constructed story and an interesting character than anything else, and many enjoy the challenge of understanding individuals who have experiences different than their own. It was anticipated that the metaphorical stories would be more successful, as suspension of disbelief in fiction often lends itself to empathy with strange or unfamiliar aspects of life, but even the neurotypical respondents who were given the straightforward backstories expressed interest, engagement, and empathy, all without encountering harmful and negative stereotypes about mental illness.

Conclusively, it is entirely possible to create characters that are mentally ill and write them into any story and players will still enjoy them and empathize with them despite being very different from them. There is no particular storytelling method that appeared to be more or less effective, but the key to the success of the study was, as Sheldon stresses in his book, respecting the material a writer is creating. Doing research on an unfamiliar topic will always make the writing better and more engaging. It is what makes Night in the Woods’ character Mae so engaging and likeable despite, or perhaps because of, her many negative behaviors and flaws; the writers put work into honest representation and understanding
rather than paying lip service to the issue of mental illness (Infinite Fall, 2017). Rather than claim mental illness is one way or another, the writers gave Mae all of it, and let the players decide how they feel about her.

Ultimately, it does all come down to respect and care. Adding mental illness into a story should not be done on a whim, or without any concrete research into what a particular disorder may entail. If a writer is invested in the topic enough to want to write about it, they should put in the time to do research and be sure that they understand the issue. Inaccurate representation can be harmful, and can teach people untrue things about mental illness (Fiske 2000). Respecting the background of a character is all it takes to make them likeable, and if the writer respects the character they have written, results show that the players will as well.

7.2 Discussion

A great number of studies have been done into empathy and game characters. Empathy is a vital aspect of story-based games; it is the secret ingredient that keeps players engaged and invested in the story they have become a part of. Engagement and interest is a valuable commodity in the gaming industry; with countless mainstream and independent developers constantly creating new and exciting stories and world for players to partake in, a game that players do not find enjoyable can quickly become the death of a company. For this reason, many companies do not want to take too many risks with their world or their characters. For the same reason, many other companies have decided that now is the best time to take those risks. Considering how many indie games have won awards for their bold portrayals, stories, characters, and play, it calls into question whether those more hesitant developers can afford not to take those risks too.
While every minority group deserves to have its stories told in respectful and exciting ways, this study chose to focus on mental illness, because mental illness is “invisible”. Mental illness is so innocuous that many people don’t believe it even exists (Link et. al 1999). Mental illness, unlike many visually identifiable traits or aspects a game character can have, relies entirely on writing to be seen and understood. This flies directly in the face of every belief held by physiognomy, which is a long-outdated pseudo-science that has inadvertently brought about and maintained modern day stereotypes about human society (Tytler 1995). The incorrect assumption that conventionally attractive people are healthy and good, and anyone else is sick or bad can be traced all the way back to Lavater's work and even further. Humans have always believed that weakness and disease are always visual, and the idea that there are invisible illnesses (mental or physical) is a concept that humans today still struggle to accept (Rivers 2005).

Some of these prevalent stereotypes can be useful to game design (Isbister 2006). The quickest way to show a character’s depth is by showing a stereotype and then breaking it. In writing mental illness, however, this method proves less effective, as many of the most common stereotypes about mental illness is that it does not exist. Thus, as this study has shown, the writer should begin with a broken stereotype backed by research and honest intentions. Mental illness is a disease, but for many people it is more of an ongoing disability that they will struggle with for their entire lives. Some people improve enough to say they are “better” but many never do (Hasin et. al. 2005). As with any issue, mental illness is complex, and should not be written into a character’s story as an afterthought or without intent.

Ekman’s research has proven that, at the core of us, human beings all express emotions the same way. We do not necessarily understand the depth or the reason behind someone else’s feelings, but we can always recognize them, and this simple fact is what makes the future so bright. The practice of physiognomy generated countless stereotypes about numerous races, genders, sexualities, and societies, but regardless of what humans think they see in others’ faces, ultimately what we always see in each other is ourselves. This
is the heart of human empathy, and as technology improves and we find new ways to tell stories, we must remember that every story deserves to be told, and we must always tell them with the same respect we hope someone else would tell our own.

7.3 Future Work

The next step from this research is to start writing games about mentally ill individuals, and to support the development and sales of existing games making efforts to be inclusive. As this study involved the creation of twelve unique game concepts, all well-received by the respondents, any one of them could be developed into a fully realized video game starring an interesting, complex character that happens to be mentally ill. Not only should more games be written about mentally ill people, but games that already exist that are about mentally ill people should be discussed, praised, and supported. In an industry as fast-paced as the game development industry, it is imperative that pre-existing efforts to diversify stories should be celebrated, and that flawed attempts be critiqued and improved upon.

There is very little to say here, as developing a game takes a lot of time, effort, money, and personnel, but it is the only step to take after this study. After proving conclusively that a game about mentally ill people can be enjoyable, empathetic, and accurate, the only thing left to do is make those games and tell those stories, and to encourage others to take the risks and do the same thing. Game writers must take the time to research the things they are writing about, so that we have fewer characters like the Alice of Alice: Madness Returns and more characters like Night in the Woods’ Mae Borowski or Senua of Hellblade: Senua’s Sacrifice. The world becomes a more interesting place when everyone’s story gets shared, and shared in a way that is honest. Telling these stories will allow players to look at the mentally ill as individuals, and will hopefully grow from empathy with a game character to empathy with a real mentally ill person. Negative, incorrect stereotypes are deeply imbedded in modern culture. The only way to fight them is to start telling the truth.
References


Isbister, K., 2006. Better game characters by design: a psychological approach, Amsterdam:


Appendix A

Backstory text for first character.

**Theresa “Tess” Hadley (Age 17)-Metaphor Version**

**MDD Symptoms: Anxiety, Feelings of hopelessness, Memory loss**

**Type of game: Mystery, Urban Fantasy**

Tess Hadley can see the future. She sees every possible outcome, branching off from the choices she makes. And she can’t control it. She sees herself reaching for a faucet, and she sees the water coming out at the right temperature. She also sees the pipes bursting, flooding the bathroom, ruining the floor. She avoids using the shower as much as she can bear. She sees herself saying the wrong things to the wrong people, she sees herself up all night wracked with haunting visions, and some of it is self-fulfilling prophecy.

It is a curse, she thinks, to know what might happen when you decide to do anything. Most people only see a branch when they decide to do something. She sees the whole of creation laid out before her, a monstrous mutated tree growing infinitely in every direction.

Still, Tess means well. She tries to do good, even wracked with visions and a fear of what they might do. Even when the sight reduces her to tears, even when it freezes her in place. And she hopes that, someday, she could learn to control her power. She hopes that someday it will be of some use.

One afternoon walking past a house she’s certainly never seen before, Tess is shown a vision of herself walking inside and seeing a horrifying scene of abuse and terror that no child should have to endure.

Tess must decide if she’s going to continue letting her powers restrict her, or if she can use her gift to help the three children trapped inside the house with a man who hurts them.

With limited control over her power, Tess must piece together what has happened and why, and she must do so without the man inside the house catching her snooping around. She doesn’t know his name, and she doesn’t know the children, and she doesn’t know why this is happening. If she’s going to save those kids, she must be quiet and she must be quick. And she is already running out of time.
Theresa “Tess” Hadley (Age 17)- Diagnosis Version

MDD Symptoms: Anxiety, Feelings of hopelessness, Memory loss

Type of game: Mystery

Tess is eternally grateful to her parents. They didn’t have to adopt a teenager; they could have gotten a baby, a little life unblemished by the American foster care system, a child with normal problems. Instead, Elliot and Michael chose Theresa, gave her a home and a bedroom and their last night.

Theresa loves her fathers; they are kind, and they are willing to provide her the care she needs when she is diagnosed with clinical depression.

“You’ve had such a hard time,” Elliot says kindly. “We wouldn’t abandon you now, Tess. You’re our daughter.”

“You’re a Hadley now,” Michael adds. “We take care of our own.”

She believes him when he says it, which is why she puts forth so much effort in her therapy sessions, talking about what she remembers from a childhood spent in foster homes, being left outside during wintry days by foster parents that didn’t trust her in the house alone. Being dragged to church services that she didn’t believe in. Being woken up, 6am, eventually, every time, told to take all the things she owned in the world and carry them in a trash bag to the car so she could be placed by someone else who wouldn’t want her.

But Elliot and Michael did want her. They got her help. They got her on meds. They were so patient and so good that Tess mostly can’t believe her luck.

The more she opens up in therapy, the more she realizes that there are so many memories she’s just lost to her mental illness, entire years she cannot remember from her life.

Working with her therapist, Tess begins to recover some of her lost childhood memories. As she does, she remembers terrible things within one foster home she spent two years in. As she remembers more and more, she realizes that the children still living in that home are in terrible danger from her former foster father, Brian Cobos. With no proof of what has been done but her damaged recollection, Tess will have to use her wits and the broken pieces of her past to gain evidence and save the foster children still trapped before Brian catches on to what she knows.
Tess is determined to find the missing children and bring Brian Cobos to justice. And she is determined to do it before any more children pass through his home.

Appendix B

Backstory text for second character.

**Joa Temescal (Age 16)- Metaphor Version**

**MDD Symptoms: Rumination, Anger, Manic behaviour**

**Note: Joa uses they/them pronouns**

**Type of game: Science-fiction**

Joa is very, very cold. They have just moved to a new planet from their home in Miami, Florida, USA, Earth, where they lived their entire life until now. They moved for their mother’s new job managing a construction company in a developing area. The new planet, Yasilium-5, is cold, colder than the coldest places on earth, but the people of this planet are used to it, have developed resistance to it in order to thrive here.

No matter how many layers of coats and scarves and hats Joa wears, they can never seem to get warm. It makes them very cranky. What’s more is that Joa’s new classmates don’t understand what the problem is—they have all lived most of their lives on this planet, and are used to the tough climate. But Joa isn’t, and they offer advice that Joa has either already tried or knows for a fact won’t work.

It’s endlessly frustrating for Joa that no one seems to understand why they’re struggling with this, and it’s also frustrating because Joa doesn’t feel like they’re adjusting to the new environment, and is angry about that. Joa pushes away their new classmates and potential new friends and starts plotting a way to get back to the palm trees and the beaches of home.

Joa, an aspiring astro-engineer, begins assembling a space ship of their own design, using parts and pieces they can find or earn by doing favors for new neighbors and classmates. As they work in the basement of their new home, unbeknownst to Joa’s hardworking mother Laila, the ship begins to take shape and is almost spaceworthy, when a news alert flashes across the screen.
It is a blizzard warning, which is not at all unusual. What is unusual is that the warning isn’t for the storm, but a breaking story; several of Joa’s new classmates are trapped on school grounds, and with the power lines down, the school’s backup generator is rapidly draining.

Joa realizes that the ship they have built could cut through the storm where most bulky rescue vehicles cannot, and after some deliberation, Joa decides to embark on a dangerous rescue mission to save their classmates, despite what it might cost.

**Joa Temescal (Age 16)- Diagnosis Version**

**MDD Symptoms: Rumination, Anger, Suicidal thoughts, Manic behavior**

*Note: Joa uses They/Them pronouns*

**Type of game: Driving and dialogue-based**

When Joa is forced to move across the country for their mom’s new job, they find themself at a bit of a loss. All their friends, all their familiar places to hang out and visit, all the things they have spent their whole life getting used to are suddenly gone.

The new house is fine, Joa’s new room is a little bigger than their old one. They hang up all their old posters once they unpack and it looks a little more like home. But it doesn’t feel like it at all. The new school is so different, and Joa keeps getting lost on their way to the grocery store, and they’re not down the street from a small park now, and they don’t know any of their classmates who all stare and whisper among themselves when Joa walks in late to class.

Joa feels closed off, isolated, and eventually Joa’s mother takes them to see a psychiatrist, where Joa is diagnosed with major depressive disorder. They begin taking medication, and seeing a therapist weekly, and slowly things start to improve. But Joa has been talking to their best friend Jesse from back home every day, and that helps. And then the pair of them have a brilliant idea. They’ll come up with a way to get Joa back home where they belong without anyone even noticing.

One morning, a classmate named Anne that Joa never noticed before is absent. That isn’t interesting. What is interesting is that Anne is gone for two weeks before returning, and when she does, her forearms are bandaged up, as is her throat. And where she had always been quiet enough to forget about before, now her silence is deafening. She sits alone at lunch, and doesn’t eat. The other students in the class whisper that she attempted to kill herself, and that’s why she’s like this now.
Eventually Joa sits down next to her. They don’t know why; it just seems like the right thing to do.

“What do you want?” Anne asks, and she’s angry. Joa likes that. Joa is angry too.

“I know how you feel,” Joa answers honestly.

“You do not.”

“Yes I do.”

She puts down her fork and glares at them. “Everything thinks I’m sad, and helpless—“

“No, I don’t think that,” Joa interrupts. “I know that’s not it. You’re not sad. You’re angry.”

This gives Anne pause. She looks at Joa carefully before she scoffs and continues eating.

“And what would you know about that?” she asks.

“A lot, actually. That’s why I came over here. I’m planning on running away,” Joa tells her, “and I thought maybe that might be something that would interest you.”

It does interest her, in fact.

“They gave me meds for the depression, and that helps,” Joa explains. “But it doesn’t make me less angry. I hate this place. And I know you hate it too.”

Anne smiles. “You’re right. Okay, I’m in. What’s the plan?”

With Jesse’s help, Joa and Anne plan the perfect escape. They steal Anne’s dad’s car and set out on a roadtrip across the United States, avoiding the cops searching for them and stopping to see every major landmark they can think of just for the fun of it. For the first time in a long time, as the wind whips through Joa’s curly hair and Anne’s scars are on full display, Joa is happy.
Appendix C

Backstory text for third character.

Ivan Zaxby (Age 13)- Metaphor Version

MDD Symptoms: Generalized depression, insomnia, loss of interest, feelings of hopelessness

Type of game: Urban Fantasy, Point-and-click, Story/Dialogue based

Ivan has a monster that lives under his bed. It has lived there for as long as he can remember. It even came with them when they moved to the new house a few years back. He used to tell his parents; they would humor him and check, but the monster was too clever; whenever Ivan’s mom or dad looked down underneath the bed, the monster would turn itself invisible so they couldn’t see it.

The monster has been there for years. And it eats Ivan’s happy thoughts. It feasts on them as soon as they come into his head. He only gets to keep them as long as he’s out at school, or hanging out with friends, or out somewhere with his parents. He fights to keep the happiness inside of himself, but eventually he has to go to sleep, and whenever he does, the monster comes out from under the mattress and swallows all of his happiness in one go.

He tries not to sleep; if he’s awake, he can fight back, he can keep his happy thoughts where they belong. But everyone needs to sleep, and the monster has endless patients. It waits as long as it takes for Ivan to succumb to sleep, and then it pulls his happiness out through his ear and slurps it down like spaghetti.

He wakes up every morning sluggish, tired from fighting off slumber, and it makes it so much harder to go through the day, laughing with his friends, being praised by teachers, having fun at the mall or a friend’s house, knowing that eventually, he will have to go home. And eventually he will have to sleep. And when he wakes up from that sleep, he will remember the jokes and the successes and the time spent with friends, and none of it will make him feel anything at all, because the monster will have eaten its fill once again.

When enough is enough, Ivan begins his battle at the library, where the librarian, a woman named Catherine, helps him find a book of monsters in the restricted section with all the rare book.
“This is a bestiary,” she tells him. “If your monster is in this book, it will come with instructions on how to defeat it.”

He finds his monster hidden in the pages and reads the directions on how to get rid of it. The directions are strange and vague, and Ivan finds himself exhausted just reading it. There is no weapon he can use to kill it, and there is no potion he can mix to subdue it. There is just this:

**How To Remove The Monster Under Your Bed In One Week:**

- **Day 1:** Write a list of all your favorite books, movie, tv shows, and games. Sleep with the list under your pillow.
- **Day 2:** Write down your happiest memory with as much detail as possible. Sleep with the paper under your pillow.
- **Day 3:** Talk to a parent, teacher, family member, or friend about the worst day you’ve ever had. Write down the advice they give you. Sleep with it under your pillow.
- **Day 4:** Spend the day with a friend or a sibling. Write down what you do together. Sleep with it under your pillow.
- **Day 5:** Write a story about yourself in a future where you are happy. Sleep with the story under your pillow.
- **Day 6:** Write the names of every person in your life who loves you. Sleep with the list under your pillow.
- **Day 7:** Write a letter to the monster. Tell it about your favorite things. Tell it about your best days. Tell it about how you have already survived the worst thing you’ve ever felt. Tell it about the people that you love. Tell it about the people who love you. Tell it about the big bright future you have planned for yourself. Tell it every hope and dream and joy and wish that you have inside you. Tell it everything good you can think of. And the most important part: Tell the monster that you love it. Tell the monster that you hope it can be happy on its own someday. Put the letter underneath your bed. In the morning, the monster will be gone.

- **NOTE:** If the monster returns to eat from you again, reread your lists and your dreams and write to it once more.

The monster under your bed is not evil. It is merely hungry for something it does not have. Give it what it needs. It is eating your happiness so you must give it more happiness than it can finish. You cannot kill the monster under your bed and you cannot starve it. But you can fill it. Do not be afraid. When the monster is full, it will be satisfied, and your joy will be yours again.

Ivan stares at the book in his hands. From across the bookshelves, Catherine smiles gently. Then she gets up and brings him a worn notebook with some of the pages removed.

“I used this when the monster under my bed first arrived,” she tells him. “Now it’s your turn.”

Ivan takes the book and a pen and stares at the blank pages. Where to begin?
So why, he wonders, why can’t he sleep? Why is it that even though everything is going so well, and nothing bad has happened to him, that he feels so sad inside? He feels guilty about it. There are so many kids in the world with so much less than him. People with no homes, no families, no friends, people who are hungry and alone. Those people are all out there, and Ivan sits awake at night with everything he could ever want at arm’s reach, and he still feels miserable.

He’s sad for no reason at all, finds himself with no appetite fairly often, and occasionally snaps at his sister when she asks for homework help. There’s something wrong with him, he thinks, to be so unhappy despite having so much to be happy about. There’s something wrong with Ivan Zaxby. He feels it tight in his chest. Something wrong. He just wishes he knew what it was.

Ivan finds himself in the library searching through books that might be able to tell him what’s wrong. He finds one in the health section titled *Common Mental Illnesses*.

There is a lot in the book he doesn’t understand, so he asks the librarian, Catherine, for help. She sits down beside him to look at the chapter he’s opened to.

“‘Ivan,’” she asks kindly. “‘Is this how you’ve been feeling?’”
He nods, tears welling up in his eyes. He's not supposed to cry, there's absolutely nothing wrong with him, there's no reason for him to cry. But as they look at the book together, and he finds himself in the words of it, the tears escape and he begins to sob, his cries filling up the reading room in the library.

Catherine pulls him aside to her office and she hugs him. She smells like peppermint and her hug is warm and she holds him until the tears finally stop.

“Oh, honey,” she says, voice soft. “It’s all right.”

“It’s not!” he answers firmly. “Everything is good. I’m good. My mom and dad and my sister are good. I don’t understand. How can I be so sad when things are okay?”

Catherine smooths his hair back from his face. “Sometimes this happens, and it’s not your fault. It happens to lots of people. It happened to me, when I was your age.”

“It did?”

“Yes. I was lucky, because my parents brought me to a therapist and I got medicine for it, and now I’m much better.”

“Am I sick?” he asks.

“In a way,” she says. “Your brain works by making chemicals and sending them to the right places in your brain. When you have depression, it’s usually because the chemicals aren’t getting made or because they’re not going to the right place. So you take medicine to make sure your brain gets all its chemicals straight.”

Ivan thinks about it for a while. “Will I have to take it forever?”

“Some people do. I do. But not always. Every person is different.”

Ivan looks at the book he’s still holding, and then he looks up at Catherine.

“Am I going to be okay?” he finally asks quietly.

Catherine smiles. “Of course you are. You’re going to be great, Ivan. There’s nothing you can’t do.”

He borrows the book from the library to take it home for his parents. He reminds himself that he’s going to be okay. It becomes a mantra as he rides the school bus home and carries the book up to his father.

He reads it with his dad, and then again with his mom, and they put together a plan to talk to the school counselor and find a children’s psychiatrist for Ivan to meet with.

Understanding a problem is the first step to fixing it. And Ivan at last feels well on his way to being himself again.
Appendix D

Listed below are the questions asked during the interviews.

1) What is your first impression of this character based on appearance? Do you feel as though this is a character you could empathize with?

2) What kind of person do you think this character is?

3) Is there anything about this character in particular that you find interesting? If so, what is it?

4) Does this sound like a game you would like to play?

5) Would you like to play as this character?

6) Do you feel like this character falls into any common stereotypes about mentally ill people?