**Stoic Unseen**

An Interactive Story

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**Abstract**

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## Motivation

I have witnessed numerous people, as well as their friends and families, struggle with mental health problems. Conversing with these individuals educated me about facets of mental health I was completely unaware of. The profound effect of having an open discussion about the subject became apparent. While it’s not possible to rectify mental illness itself, or lack of access to treatment, the effect of spreading awareness and having open conversation is unparalleled. Those who have seen close friends and family suffer can affirm the value of talking about it.

## Design Problem

Chronic health problems, both mental and physical, wreak havoc on the lives of humans. Mental health problems in particular abound from systemic failures in providing access to treatment. Mental health treatment is distinct from physical health treatment for several reasons. Mental health coverage is not offered by some insurance plans, and exists scarcely available for those insured. Most patients require pharmacological treatment for their illnesses, but the required medicines are not available without prescription from a medical doctor. Psychiatrists are often inaccessible due to overwhelming patient demand, exorbitant pricing, or lack of insurance compatibility.

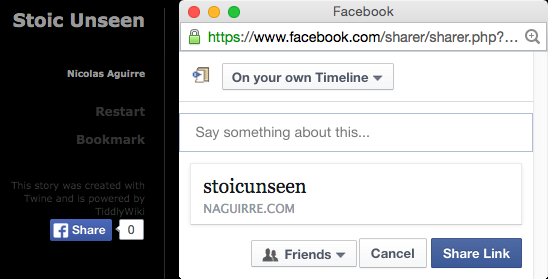
Even when patients can see a psychiatrist, continued treatment along with talk-therapy is usually required for a successful treatment plan. To some, the inaccessibility of psychiatric care prompts them to seek unhealthy alternatives such as self-medication through alcohol and recreational drugs.

Mental health is also distinct from physical health in that it carries a stigma. Persons suffering from mental illnesses may feel guilty, responsible, or ashamed of their illnesses. However, mental illness is often caused by factors beyond the person’s control such as genetic inheritance. Uneducated people do not have a full understanding of common mental illnesses such as anxiety and depression, and may dismiss, ostracize, or disdain suffering individuals as a result.

*Stoic Unseen* intends to address the lack of awareness about the frequency and severity of mental health issues. The project strives to incite dialogue among players and spread awareness about hardships faced by those that struggle with mental illness.

## Concept

Countless individuals need timely and affordable psychiatric care, and many lack access to such care because of a shortage of psychiatrists, insurance incompatibilities, or financial burdens. *Stoic Unseen* aims to bring awareness to and open dialogue about mental illness, targeting social-media users with loved ones that suffer from mental illness.



## Audience

This project is not restricted to a specified demographic, because mental health problems occur across all demographics. However, *Stoic Unseen* more specifically targets younger, tech-savvy users that utilize social media. The ideal audience member is one who uses social media actively, can empathize for others, and has close friends or family that struggle with mental illness.

Donation to NAMI (National Alliance on Mental Illness) is a possible outcome of the project. Thus, it is worth noting that the project considers audience members who are more ready, able and willing to give their support financially.

## User Scenario

In the ideal user scenario, a user would encounter *Stoic Unseen* through a social media post. The strong narrative and critical plot points of the story should attract the user, and immerse them in the artificial environment created by the story. The user will confront scenarios that depict mental illness as experienced by some people. The story should prompt the user to think, empathize, and make decisions throughout. At the end of the experience, the user should share the link with others and/or donate to NAMI. The process should yield a captivating experience for the user that prompts action and boosts awareness.

## Domains

Issues relevant to mental illness, psychiatry, and practice of medicine cover a wide array of domains. Pertinent research topics range from worldwide politics and economics all the way down to microbiology and chemistry. Given the expanse nature of domains related to the project, research focuses on medicine and psychiatry. The bulk of research used to substantiate this project falls under the publication subject “Medical Sciences,” many of which are published by medical journals. Doctors, psychiatrists, and scientists constitute a large body of the referenced researchers in this project.

Statistical and demographic data discovered during research proves to be eye opening and demonstrative of the scope of mental health problems. Some of the research findings give useful perspective on the breadth of this project’s focal issues. One exemplary finding reveals that the heritability of MDD (major depressive disorder) is estimated at about 40%, and that MDD is estimated to be the greatest cause of disability in developed countries by 2030 (Tamatam, Khanum, Bawa, 2012). In addition, Drago (2013) of DIBINEM, Institute of Psychiatry, Bologna, Italy reports that “Up to 60% of depressed patients do not respond completely to antidepressants (ADs) and up to 30% do not respond at all. Genetic factors contribute for ~50% of the AD response.” (p. e116). Findings such as these give strong support to the claim that psychiatric disorders are critical and pervasive.

(TK)

## Precedents

Existing works influenced my design process and construction of the characters, story and interactions present in *Stoic Unseen*. *Depression Quest* is another Twine-based interactive story that focuses on mental illness. I modeled the structure and progression of *Depression Quest* in the creation of my narrative; it served as a valuable reference during my work.

The film *A Beautiful Mind* (2001) also helped to model character behavior and dialogue in the story. This film focuses on the life of mathematician John Nash, who suffers from paranoid schizophrenia. A video simulation of schizophrenia, published by Janssen Pharmaceuticals, also served as a valuable reference. The video depicts a compilation of sensory hallucinations as reported by actual patients.

## Methodology

My design process initiated with a mind-mapping session in class. I explored a range of personal interests in which I felt a game-based intervention could be applied. During the mind-mapping session, I first populated the map with seminal interests, using a simple word like “Law” or “Health” to denote a subject. I then expanded upon these categories and examined sub-categories, while connecting interrelated components.

I have a personal interest in the problems caused by inaccessibility of psychiatric medicine because of friends and family that have been affected by mental health problems. The idea of a game-based intervention was appealing, and I chose to use Twine at the suggestion of Professor Tran after explaining my idea. Using *Depression Quest* as a reference, I proceeded to envision and conceptualize *Stoic Unseen*.

I am a proponent of pencil-and-paper for brainstorming and early prototyping. The rapidity and flexibility of content generation allows for boundless potential in the ideation process. I wrote down ideas, sketched out potential characters for the story, and designed crude interfaces. I also used the *Crazy Eights* approach, in which a piece of paper is folded into eight segments, and then populated with ideas rapidly over the course of five minutes.

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| Mind-mapping proved to be useful in exploring potential topics for my project. | Example of paper prototyping. More examples are available on my blog. |
| Example of “crazy eights” brainstorming. This approach allows for rapid generation of ideas. The five-minute time constraint is conducive to creative, judgment-free design. | |

Important to note is that the suspension of judgment and conformity generally accelerates the creative process. Insisting on keeping strict guidelines and adhering to convention limits the realm of possibility. I attempted to keep an open mind at every phase of the design process.

Before writing, I developed a “character bible” to guide me. The character bible is an attempt to explore behaviors, characteristics, and facets of each character in a story before writing. This ensures cohesion, continuity and strong character development during creative writing. I also repeated this process for the fictional substances in the story, as they are critical to the plot. An example character bible entry follows:

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| Ken Age: 29 Occupation: Financial Analyst Role: Protagonist, Haley’s boyfriend  Physicality: He wears a solemn expression and generally maintains a professional appearance. Ken usually has bags under his eyes from lack of sleep.  Ken suffers from a mental health problem. It remained latent in his early adult years, and has begun to surface as a result of stress from occupational demands and feelings of uncertainty about his relationship.  *The illness (es) will vary throughout iterations of the game, and will have a direct influence on the player’s perception of events, and the choices available to the player.*  Ken is generally non-confrontational, soft-spoken and introverted. Though he boasts incredible intellect, his mind begins to be a source of anguish for him throughout the story.  His father is a wealthy investor, and his mother a state attorney. They have been divorced since Ken’s childhood. |

User testing was conducted by exporting the Twine document into an HTML page at various phases of the project’s progression. Hosting the HTML file on my site allowed for users to test either locally or remotely, and allowed me to gather feedback at several stages in the design process. In addition to collecting input from disinterested users, I played through various iterations of the story and documented my observations. This process is detailed in my blog.

I eventually reached a “sticking point” in the design in which I was unable to continue without sacrificing quality in my work. The most problematic element of my design was that there were far too many variables. I had implemented numeric variables, such as the number of days remaining until the protagonist’s psychiatrist appointment, and also used percent values to denote feelings and sensory experiences from the protagonist’s point of view.

While these elements appeared novel, they unnecessarily complicated the project and drew it further from its goal. I restructured my design, proceeding to write more in Microsoft Word instead of Twine’s interface. Twine’s support for story-branching garners a more interactive experience, but also demands a great deal of extra planning and precision in implementation. My abuse of frequent story branching resulted in insipid, inconsistent narrative.

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| Screen-captures of player behavior were taken in addition to the footage taken by camera. |