

HLTH 5110  
Mental Health and Addictions Services and Systems

Assignment 4 - Aesthetic Representation Knowledge Exchange

***“Disclosure: a narrative-based adventure about authenticity,  
mental health, and stigma in a neoliberal workplace”***

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March 20, 2024

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## Part 1. Introduction

For many social scientists, the conventional and formal mode of knowledge exchange is the peer reviewed publication (PRP). PRP performs a role similar to that of the “ethnographic documentaries” described by Schiwy & Petro (2009):

It tends to enthrall and convince its audience because it is armed with what Bill Nichols calls a “discourse of sobriety” (Nichols, *Representing Reality* 9), a scientific gaze that is assumed to be value-free.” Pg. 139.

Thus, a *sober* and *value-free, scientific gaze* to communicate knowledge is well established as the ideological imperative of the scientific community. However, such communication privileges only a certain type of propositional or facts-based knowledge. But, as Umbers (2007:) notes:

“Not all knowledge is propositional...”

He also suggests an alternative to communicating ‘just the facts’:

“...art provides us with tools to look upon life in a different way... a writer can seek a merited affective response from his or her readers that helps us grow in appreciation for our fellows...”

For the purposes of this assignment, I explore and design a text-based, adventure game (a non-conventional artform) to serve as a (non-conventional) mode of knowledge exchange by focussing on emotional experiences to explore the topics of mental health, disclosure, personal authenticity, and stigma within academic practice (most certainly, non-conventional subjects within this community (Saltes 2020, Valero Sanchez 2023)). My own use of a non-conventional artform is meant to “disrupt, and subvert the ableism and sanism” (Thorneycroft 2020:) that is the foundation of the contemporary, neoliberal university (Dolmage 2017), all in the effort to help us “grow in appreciation for our fellows” (Umbers 2007).

The game, a choose-your-own adventure, is set in a modern-day teaching and research university. It is semi-auto-ethnographic, based partially on the experiences of the author and built

on the concept of scenario-based learning (Seren Smith, Warnes & Vanhoostenberghe 2018). The player navigates a scene in which stigma is co-constructed through the discursive practices of participants, primarily through the presentation of the character's intrusive thoughts and actions upon entering their first university class as the course instructor. The current version of this game reflects its status as a proof of concept and will be developed further at a later date.

In the next section, I describe some of the design features of the game. Then, in Part 2, I describe the symbolic meaning of certain design features/game mechanics and discuss in more detail the stigma that is explored in the game.

### **The Twine Game Engine**

Twine is described as “an open-source tool for telling interactive, nonlinear stories” (Twine). It is built around a peer-supported community of designers, which centers on “non-financial support” where other users “help someone out with a question, contribute to the Cookbook, create tutorials of [their] own, help fix bugs in Twine or its story formats, or translate Twine's user interface to another language” (ibid). Finished games can be published, and played online for free. Figure 1 below shows a screenshot of the Twine interface revealing the structure of the branching narrative for Disclosure.

That Twine games are text-based, relatively simple to create and are freely available has prompted some researchers to examine Twine as a means for scholarly communication (Wilson & Saklofske 2019). While interesting, this discussion falls beyond the scope of the current assignment. It does raise questions about what a Twine experience needs in order to serve as a medium for knowledge exchange. It is my hope that I can add to this discussion and participate in using Twine as a means of scholarly communication, having worked on several games, with Disclosure being the most recent.

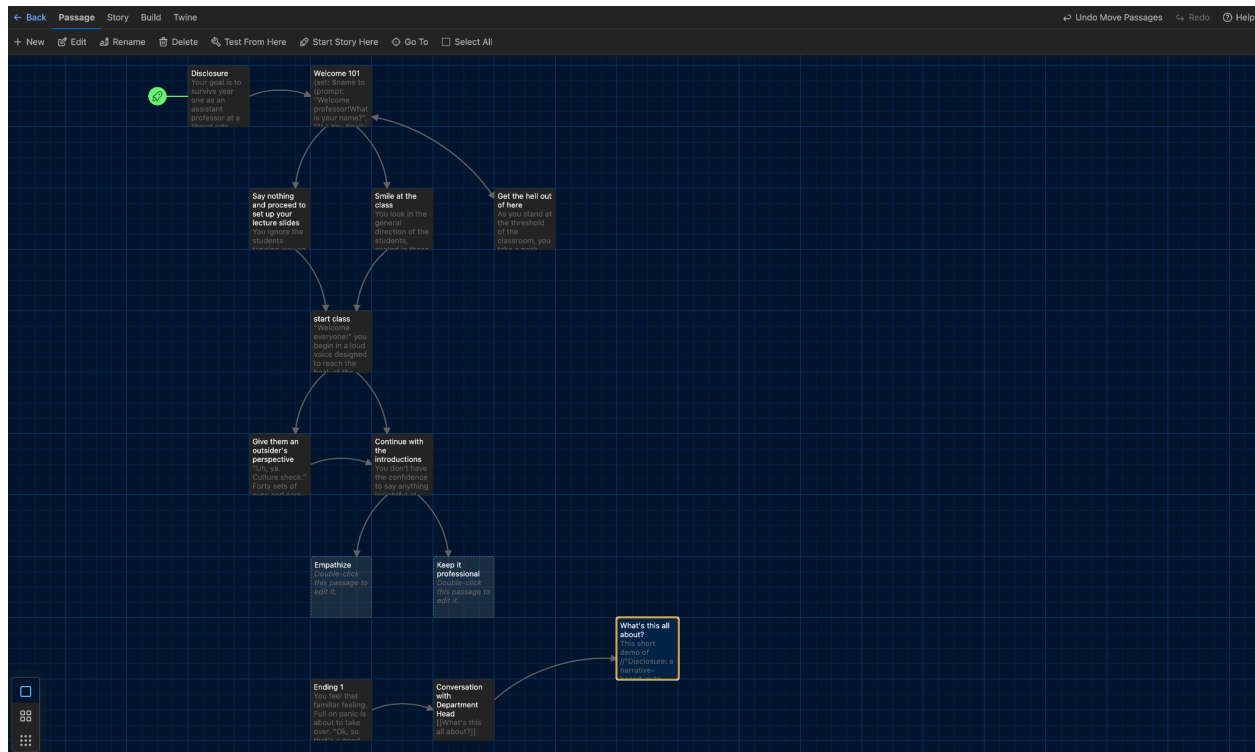


Figure 1: Twine interface showing the structure of the branching narrative for Disclosure.

## Part 2. Confronting a stigma pertaining to mental health

In Part 1, I described the narrative-based game, Disclosure, as an aesthetic representation of stigma and mental health that I designed for the purposes of knowledge exchange. In Part 2, I discuss a number of concepts concerning the role of stigma on the choice to disclose one's mental health in the workplace as it relates to the game's narrative. One might ask, "why disclose?" There is no one-size-fits-all reason to disclose or not disclose. In the game itself, the character subjectively feels that their mental health may influence how they conduct themselves on the job, relating with students and colleagues, and is considering disclosure in order to be clear about these effects. People living with mental health conditions/diagnoses have their own reasons to self-disclose, or not. What is clear though is that the negative perception of mental health contributes to the stigma surrounding these decisions.

**i. Describe the meaning and symbolism of your project.**

The workplace in the game is a university classroom. Therefore, the game's design features are symbolic of experiences some faculty might face in deciding whether to disclose a diagnosis of anxiety and depression in the workplace. I identify the meaning behind four such features below.

1. Welcome to the club:

In the first passage, the player is met with a request to enter their name. This is obligatory and the game does not start until the request is met. This serves to personalize the game for the player and identifies them as a character in the game world who is a member of an academic community.

2. Choices link to consequences:

The foundation of a narrative, text-based, adventure game like this one is that the user faces and must make choices to advance the story. The choices are symbolic of the emotional reasoning that limits individuals living with anxiety and/or depression.

- a. [[Get the hell out of here]] reflects a sudden need to escape from the immediate context.
- b. [[Smile at the class]] reflects a preoccupation with pretending that everything is OK.
- c. [[Empathize]] problematizes the tension between personal authenticity and adhering to rigid professional practices/norms.

At this point in development, the choices are limited but my goal is to expand on them to reflect a significant part of my experience with anxiety: choice burden.

3. Negative self-talk:

Throughout the game, the character expresses seemingly self-deprecating interior thoughts.

- a. *I'll try my best not to screw this but it's just a matter of time...*
  - b. *Is this a good time to tell them? No... Maybe later...* (i.e. self doubt)
  - c. *Sit? Can professors sit down on the job?*
  - d. *I have to relax.*
  - e. *This is the end.*
  - f. *The spotlight's back on me.*
  - g. *I feel like an idiot for sitting down this whole time.*
  - h. *Can I just be open about it? Would it really help?*
  - i. *I have a diagnosis. It shouldn't be this difficult to be open about it.*
4. In one of the passages, the player faces what seems to be a dead end, seemingly ending gameplay. However, hidden in a line of interior monologue (i.e. ***I can't do this!***) is a hyperlink, marked by the colour blue, that takes the player back to the beginning of the scenario. This link reminds the player of the cyclical nature of stigma, anxiety and depression. They feed off of each other and working through this relationship feels like, at times, going back to “square one”.

**ii. Describe the stigma you are confronting in this aesthetic representation.**

Despite advances in normalizing mental illness, stigma around disclosing mental health diagnoses remains (England 2016). Mental illnesses like anxiety and depression may be seen as a personal flaw, a weakness of the individual (Valero Sanchez 2023). It is also something that is intangible and largely invisible to others, however the effects can be observed in one's behaviour.

**iii. Describe the evidence (in social media and/or literature) that this stigma exists.**

That stigma operates on workplace disclosure decisions of faculty is documented and discussed by a **small** but growing number of scholarly articles. I can also draw on my own lived-

experience as a faculty member with anxiety and depression. I do not use social media so I am unable to comment on the evidence that might be found there.

First, England (2016:1) offers an autobiographical reflection the decision to disclose their diagnosis of bi-polar disorder early in their career as a graduate student, stating it was “both a personal and political issue—personal because I need support from my friends and peers and political because mental illness needs to be destigmatized.” Citing the need for mental health to “have parity with physical health”, England observes the stigma around mental illness “is still prevalent in academia and society as a whole” (ibid:1).

The power of stigma is noted by Valero Sanchez (2023:5) among academics who “hesitate to disclose... by controlling disability information, they try to avoid hostility and potential stigma by ensuring that those in their social and professional environment do not learn about their conditions.” Therefore, stigma is a double edged sword, both constraining disclosure and further serving to frame the consequences for those that do.

It is my contention that the observations made by England (2016) and Valero Sanchez (2023) also contribute to the relative lack of accommodation policies for faculty members working at universities in Canada. Saltes (2020:54) puts it this way:

Although universities in Canada are legally required to accommodate disabled faculty, fewer than half of all universities have a disability accommodation policy available.”

It is in this context that I draw on my experience in applying for a workplace accommodation at my university. In what can be described as a troubling, multiyear period where I felt that my mental health status was scrutinized under administrative surveillance, the then-chair of my own department referred to my anxiety and depression diagnosis, which was made by a board-certified psychologist, as a “personal problem” that I would need to work through on my

own. Not only is stigma alive and well at the university, apparently, the overt discussion of mental health among its ranks is quickly quarantined in fear that it might be contagious.

**iv. Why do you think this stigma exists? What are historical and social circumstances that perpetuate this stigma?**

There is no simple answer to this question as there are complex and systemic reflexes of stigma that permeate our lives and evolve depending on the context. In the scenario presented in Disclosure, the character is employed at a contemporary university that operates according to neoliberal principles (Berg, Huijbens & Larsen 2016). This means a competitive marketplace predicated on faculty demonstrating and sustaining high intelligence and achievement (Stoeger 2011) at the expense of emotional intelligence, emotional stability, and work-life balance. An ideological imperative “publish or perish” maintains these principles and marks as deviant those who prioritize, or simply exist as, alternative ways of being.

**v. What is problematic about this stigma?**

The stigma(s) described above and examined in the game compels people to keep their mental health, and the struggles they face, to themselves. This creates, at the level of the individual, what Quinn & Chaudoir (2009) call a *concealable, stigmatized identity*. Stigma around mental health in the workplace prescribes, as Dolmage (cited in Saltes, 2020, p. 53) states:

“a primary message around accommodation... that disability is isolating and individuating, something located within a single and singular body” (p. 72).”

**vi. What are more accurate, evidence-informed ways of understanding this topic?**

In working on this assignment I have gained an appreciation for both art therapy and the therapeutic value of authentic narratives. Concerning the latter, the stories of like-minded scholars who have publicly shared their diagnoses of mental illness (e.g. Marcia England)



resonated with me. I would therefore argue that autobiographical sharing is an effective “accurate” and “evidence informed” way to understand the role of stigma in workplace disclosure and hope that more stories are shared.

Concerning art therapy, Kinsella & Bidinosti (2016:318) found in their study of ethics education in health practitioners:

“The potential of the arts to foster: insights regarding the value of one’s own creativity, deep reflection, empathy, discernment of values, self-awareness, and to imagine how one wishes to act in the future all speak to the recovery of the inner life of the practitioner.”

This likely holds true for authors of creative nonfiction narratives that provide opportunities for critical self-reflection. This was certainly the case with Disclosure as I revisited many deeply entrenched beliefs about my own experience with disclosure and found that by placing them into choose-your-own adventure narrative, I could examine them from different points of view.

Lastly, good policy enshrines the values that we prioritize and want to hold up as a model for all. A good policy for faculty with mental illnesses is one that provides for meaningful workplace accommodation where necessary (Saltes 2020).

I hope that the game, Disclosure, or more generally developing a narrative-based adventure game of one’s own, fits the first two of these ways of understanding (sharing autobiographies and art therapy) and can in some way contribute to developing good policy.

**vii. What might be the benefits to society and individuals if this stigmatized topic was more accurately understood?**

Reflecting on the points made above about the power of stigma, I anticipate further net positive effects as we understand the reality of living with mental health differences. From a reduction in toxic workplaces to valuing employees as human first, workers second. Evidence-based

discussions and knowledge exchange about mental health challenges the discrediting power of stigma. From my point of view, talking about mental health in academia brings a new level of credibility to those who live with mental illness as their experiences begin to construct a new narrative to what it means to be a committed scholar.

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[<https://doi.org/10.5334/kula.11>](<https://doi.org/10.5334/kula.11>)