



# THE HEALING POWER DESIGN REPORT

INTERACTIVE CHOOSE-YOUR-OWN-ADVENTURE NARRATIVE

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# Introduction

This design report presents the development of *The Healing Power*, an interactive narrative set in a rural Malawian village during a cholera outbreak. The story follows Mwayi, a traditional healer whose beliefs, authority and relationships are challenged when Western doctors arrive offering medical aid. Through branching choices grounded in cultural tension and emotional consequence, the narrative explores themes of healing, identity, moral responsibility and the clash between tradition and modernity.

The purpose of this report is to justify the narrative, structural, visual, and interactive design decisions behind the project. Drawing on key theorists such as Crawford (2013), Murray (1997), Jenkins (2004), Ryan (2001) and Sicart (2009), the story is shaped by principles of meaningful agency, narrative immersion and ethical choice. These theories guide the construction of decision nodes, relationship dynamics and the emotional arc of the protagonist, ensuring that player choices influence both external events and Mwayi's internal transformation.

The report includes the story blueprint, treatment, character profiles, worldbuilding, and design of interactivity, followed by a rationale for the visual and ephemera elements used in the CYOA. A final reflective section discusses the creative process, challenges encountered, and the theoretical insights gained during development. Overall, *The Healing Power* is designed as an ethical and emotionally driven interactive experience, inviting players to engage with complex moral questions in an African cultural setting.

## Section 5: Story Blueprint

### Narrative Concept

*The Healing Power* is an interactive narrative story that takes place in a rural village of the country of Malawi. This story specifically takes place during a cholera outbreak which is one of the most prevalent epidemics that the country has experienced. The story follows the life of Mwayi whom is a respected traditional healer. Her practices and faith in traditional medicine are challenged in this story as team of Western doctors arrive in her village to do their best to contain the epidemic. Mwayi must navigate the questions of faith, knowledge, and responsibility through a series of moral decisions, keeping in mind that the survival of the community is hanging in the balance and needs some form of restoration.

The story encourages the player to enter Mwayi's internal world and experience the doubts that she faces and the hope experiences throughout, all from a second-person perspective. The aim of this perspective is to allow the player to feel the emotional weight of the character's choices, and this will transform the ethical reflection that the character experiences into an embodied, interactive experience.

Chris Crawford (2013) states that interactivity is "a cyclic process of listening, thinking, and speaking" between two active agents. This principle applies to *The Healing Power* since the decisions that the player makes functions as acts of "speaking" that therefore influence the evolving relationship between Mwayi, her apprentice/shadow and the medical team representatives that will be attending to the outbreak in the village. Rather than having passive storytelling, the narrative will construct a genuine dialogue between the player and the system

and explore a moral conversation that will discover the true meaning of healing is in the face of cultural and existential uncertainty.

## Genre, Setting and Tone

**Genre:** Realistic moral drama and Interactive Narrative Fiction

**Setting:** A fictional Malawian lakeside village during the mid-2000s which was a period marked by the clash between traditional healing practices and growing biomedical intervention.

**Tone:** A reflective, tense and emotionally grounded tone. The tone is meant to interpret the slow rhythm and nature of rural life that is interrupted by crisis, allowing space for contemplation and consequence.

**Perspective:** Second-person perspective, to strengthen immersion and the identification with Mwayi's inner conflict.

The story world is derived from the concept of John Truby (2007) in that that "story world is an organic expression of character." The environment of the fictional Malawian environment/lakeside is meant to also mirror the internal conflict that Mwayi faces, from the huts, clinic, river/lake and the ancestral shrine that sits in the centre of the village. For instance, the mirror is meant to represent purification and spiritual flow but then also becomes the source of the cholera infection and this symbolizes how faith and danger coexist. Truby argues that the arena should externalize the protagonist's psychological struggle and, in this setting, shifting the landscape from a sacred space to a whole quarantine zone adds the drama element to Mwayi's journey from certainty to doubt and eventually, reconciliation.

## Main Conflict

*The Healing Power* is a story that revolves around two intertwined conflicts, which are the internal conflicts and external conflicts.

- 1. Internal Conflict:** Mwayi faith in her ancestral healing power is tested as the people of the village die from the cholera outbreak despite the rituals that she performed to ensure that the people don't die and heal from their sicknesses. Her apprentice and right-hand person, Limbani, even begins to question whether the spirits have abandoned them. It is now up to Mwayi to decide whether to cling onto tradition or adapt to new methods.
- 2. External Conflict:** The arrival of the Western doctors and medical assistance introduces a confrontation between indigenous and scientific epistemologies. The western doctors view Mwayi's healing rituals as dangerous superstition while the villagers see this as their only moral authority as this is the way of life they were introduced to and the only way of life that they know.

These two conflicts position the player between two worlds which is a space where belief, love and duty conflict with each other. The narrative emphasizes on moral ambiguity where every decision that the player makes carries emotional and ethical weight and this relates to the

Notion of Crawford (2013) that true interactivity emerges when both the player and the system “listen and respond” in meaningful cycles of choices that result in specific consequences.

## Themes

1. **Faith vs. Reason:** This theme explores the tension between spiritual conviction and rational experimentation.
2. **Cultural Hybridity:** This is negotiating identity between local traditions and global influences.
3. **Legacy and Change:** This theme highlights the inheritance of how belief systems across many generations.
4. **Empathy and Understanding:** The human in this story must strive to find meaning in her situation amidst all the suffering that she is faced with.
5. **Moral Ambiguity:** The impossibility of purely making the “right” decisions in instances of ethical play.

The selection of these themes for this story is in alignment with Douglas and Hargadon’s (2001) distinctions between what immersion and engagement is. Immersion is what arises from emotional absorption, and this is where the player feels a sense of empathy with the fears and hopes of Mwayi. The engagement stems from the active decision-making that challenges the player’s values and therefore prompts them to think intricately about the decisions that they are making during gameplay. The narrative structure of this story is a balance between both immersion and engagement as the player is immersed in the emotional journey of Mwayi while also being engaged in the making the choices that will ultimately reshape the journey of Mwayi.

## Narrative Structure Overview

The narrative of The Healing Power takes place over five major decision nodes and each of these decisions represent a pivotal ethical and emotional turning point in the journey of Mwayi. The decision nodes were designed according to the concept of Chris Crawford (2013), which is the concept of interactivity. This concept emphasizes on the “cyclic process of listening, thinking and speaking.” Each of the decisions that the player makes demands a choice of action and a negotiation of identity. This tests how the player interprets faith, reason and compassion while keeping in mind the restrictions that come with cultural responsibility. Douglas and Hargadon (2001) present a notion that engagement is the pleasure of active participation, and this story encourages the player to think critically rather follow a thought-out story path. This transforms moral uncertainty into meaningful play.

### The Arrival

The story begins with cholera outbreak that is claiming lives in the village and panic spreads through the village. The government officials arrive in the village and with them are Western doctors that are there to try and take control of the situation. Mwayi is the remaining and trusted traditional healer in the region and is the symbol of ancestral continuity in the village, but now, since the arrival of the doctors, her healing is deemed as merely “unscientific”.

- **Choice: Cooperate, Resist or Ignore**

The first decision of the story introduces the moral framework of the entire narrative. The choice of cooperating is a show of trust in the Western methods and undermining of Mwayi's cultural authority. Resisting is taking a stance and relying on independence all at the cost of potential lives. Ignoring is the fear to make any decisions, displaying a form of doubt. This corresponds to Truby's (2007) principle of an inciting incident which forces the protagonist of the story into a confrontation with change.

### **Crisis of Faith**

More villagers are losing their lives and the rumour in the village is that Mwayi's guiding spirits have forsaken her. Even her apprentice, Limbani begins to doubt the work that they are doing and Mwayi's leadership. The emotional intimacy between the two becomes the central tension in the story.

- **Choice: Reinforce Faith or Admit Uncertainty**

The choice of reinforcing faith strengthens Mwayi's conviction but causes an even deeper divide with the doctors. Admitting uncertainty though may invite collaboration with the doctors in the village but negatively alters her self-image. This choice expands on internal conflict and is the foundation of the game's empathy-driven design. This invites the player to inhabit the fear that Mwayi has of becoming irrelevant.

### **The Dying Child**

A report goes around that a child has collapsed near the river, the same river that nourishes the village but is also its cause of infection. This is a symbolic landscape in the story and Truby (2007) describes this as a moral landscape. The doctors are pleading to make medical intervention while the villagers are pleading with Mwayi for a ritual cleansing.

- **Choice: Ritual, Medicine or Combine Both**

Each of the paths chosen here embody ethical philosophy: ritual honours faith, medicine honours reason and combining both honours the idea of compromise. The player's decision here comes with emotional consequence and does not constitute any reward mechanics and therefore achieves the pleasure of engagement that is associated with morally challenging interactivity.

### **Turning Your Back**

Limbani makes a shocking move and assists the doctors, believing that he is saving lives. When Mwayi discovers that he has turned his back against her, she needs to decide how to respond.

- **Choice: Forgive, Punish or Abandon**

This choice node translates emotional investment into ethical confrontation. The choice of forgiveness promotes empathy but shows a lack of authority whereas punishment reasserts control but leaves Mwayi all alone. Abandonment reflects despair. The branching at this stage changes the relationship and tone and fulfils Crawford's (2013) insight that interactivity "changes who the player becomes" via self-recognition.

### **The Resolution**

1. **Faith Restored (Tragic Hope):** Mwayi's rituals fail to cure the disease, but she finds some form of redemption in teaching Limbani, her apprentice, the value of belief, reaffirming cultural resilience.
2. **Science Prevails (Bittersweet Survival):** The doctors save most of the villagers and Mwayi loses her place in the community. This symbolizes the erasure/removal of tradition in the village.
3. **Reconciliation (The 'Cliché'):** Mwayi works together with Limbani and the doctors and this sees the collaboration of ancestral and scientific wisdom. The cholera epidemic calms down and there is a new form of healing that emerges.

Each path expresses different moral philosophies, illustrating Crawford's (2013) idea that interactivity is most powerful when choices "change not only what happens, but who the player becomes."

## Section 6: Story Treatment – The Healing Power

### Overview

The Healing Power is a three-act emotional journey that follows Mwayi who is a traditional healer in a lakeside Malawian village that is facing the crisis of a cholera outbreak. The player of that encounters the story is met with choices and story branches that lead to specific endings, but the story has the traditional beginning, middle and ending that the explore the themes of belief, responsibility and transformation. The following story treatment will outline how the events in the story will unfold and these factors will establish the tone, pacing and thematic rhythm of the story.

### Act I

The story begins in the morning at the village lake, Lake Chilwa, where Mwayi performs a purification ritual. The villagers gather around in reverent silence and besides her is her apprentice, Limbani who is preparing the herbs who watches the ritual with devotion, but also feelings of doubt. The ritual is interrupted when a mother rushes in carrying a sick child whose body is shaking uncontrollably. The rumours that are spreading is that the water itself is cursed.

As Mwayi tends to the child, she hears foreign sounds in the distance, the sound of engines which are the government trucks that are carrying foreign doctors. The arrival of the doctors shakes up the village's fragile calm. Dr. O'Reily, who is the lead physician, announces to the village that cholera has reached the region and all traditional practices must be put to a halt. Mwayi takes a stand, stating that the ancestral spirits guide her work, but the villagers' fear overwrites their faith.

This act is what John Truby (2007) would call the moral premise: in Mwayi's world, healing is both spiritual and social. The conflict between indigenous and biomedical authority becomes the centre of drama of which the later choices gain meaning. The tone is intimate, respectful and slow burning which allows players to immerse themselves in the textures of the community life before what would be considered an ethical storm.



Janet Murray (1998) speaks of the opening of an interactive story as the threshold of agency which is the moment where the player recognizes that actions have consequences. In this act, the sense of agency arises not from the physical control but from emotional alignment and this is where the player starts to feel responsible for what Mwayi believes in.

## Act II

Days later, the cholera spreads through the village. The clinic begins to fill and the drums that called the spirits signalled death. Mwayi's treatments such as her herbal tonics, her chants to the ancestors and the river offerings all begin to fail. Limbani starts questioning her methods and starts to believe that the doctors are right. The tension between the mentor and apprentice displays the cultural struggle between tradition and modernity.

In Dr. O'Reily's request of exclusive authority over the patients, Mwayi is faced with a crisis of identity. She is torn between pride and compassion. Either to side with the ancestral wisdom that defines her or the rational medicine that promises to deliver results. This section is what Truby would describe as the Second Act Battle, where every external change force internal change.

Thematically, this act explores what Wardrip-Fruin et al. (2009n) call expressive agency which is the ability of an interactive work to allow players to experience meaningful expression without any constraints. Although we see Mwayi's autonomy decreases as the disease spreads, her emotional choices broaden, and each scene pushes the player to interpret what "help" truly means in the context of this story.

As the crisis gets worse, Mwayi encounters Elder Mbewe, who recalls the famine from his youth and warns that when the rivers forget their songs, healers must learn new ones. His counsel brings up the idea of synthesis that will later define the narrative resolution.

Midway through the act there is a turning point where Limbani brings one of Mwayi's patients to the doctors, who give and treat the patient with antibiotics that eventually save the child's life. The villagers celebrate the doctors, and this leaves Mwayi humiliated, but she privately feels relief that the child's life has been saved. The duality of pride and gratitude displays what Marie-Laure Ryan (2001) describes as narrative empathy which is the capacity for player to take on moral contradiction without clear resolution.

## Act III

The epidemic reaches its peak, and bodies are burned by the riverbank to prevent contamination. The doctors now prepare to evacuate. In a final confrontation, Dr. O'Reily confronts Mwayi for the continuation of her rituals and accuses her of endangering the lives of the villagers. In anger, Mwayi destroys the medicine gourds that she has, and this is a symbolic death of identity.

On that night, Limbani returns with a fevered child and pleads for help. There aren't any doctors left and the clinic has been abandoned to the storm. Mwayi kneels by the child and, for the first time, mixes boiled herbs with the purified water and a measured dose of antibiotics that she managed to retrieve. She softly prays, blending ancestral invocation with scientific reasoning.

At dawn, the child begins to breathe steadily. The rain washes through the village carrying away the contaminated water. The community mourns its losses, but it celebrates its survival. Mwayi who is exhausted sits by the river with Limbani who now understands that healing is both faith and knowledge.

In dramatic terms, this act delivers the moral revelation which is Truby's final structural step, where external victory fuses with internal transformation. Murray's (1998) idea of agency as pleasure in meaningful action is fulfilled. The player experiences an emotional sense of release, not through domination but rather through understanding.

## Tone and Emotional Texture

Throughout the story, the pacing goes back and forth between stillness and urgency, and this mirrors the ebb and flow of the lake. The player's emotional engagement deepens through repeated moments of choice that are defined by silence, reflection and consequence. Douglas and Hargadon (2001) describe immersion as absorption of through narrative coherence and describe engagement as the cognitive satisfaction of decision-making. *The Healing Power* brings together both concepts by grounding interactivity in emotional realism.

The colour palette, soundscapes and writing style reinforce the story's contemplative tone such as the muted earth hues, ambient water sounds and dialogue that is filled with local idioms. Each design choice contributes to what Jenkins (2004) describes as narrative architecture, which is the use of the environment as storytelling.

## Narrative Purpose

The linear treatment of the story clarifies the emotional connecting themes that is what influences the branching design. Regardless of the player's decisions later, the story always revolves around transformation through humility. The recognition that truth is plural and healing requires synthesis. Sicart (2009) notes in his theory of ethical gameplay that moral choice in game is most powerful when it asks player to negotiate values rather than select answers. *The Healing Power* positions every player decision as a negotiation between compassion and conviction, showing that narrative empathy consists of ethical reflection from the player's end.

Ultimately, the treatment articulates a dramatic rhythm that enables meaningful agency. Each act invites the player to act, reflect and re-act and this is a display of Crawford's (2013) interactivity loop, this is of course until healing itself becomes both the narrative goal for the player and its metaphor.

## Section 7: Character Profiles

Interactive narratives normally rely on emotionally and ethically complex characters to sustain the player's engagement. Chris Crawford (2013) argues that meaningful interactivity arises when the player perceives their actions as altering relationships and not just as outcomes. Each of the major characters in *The Healing Power* are designed around Crawford's principles and

offer moral contrast and emotional resonance. They form a dynamic system of belief, duty and empathy that structures both the narrative and the player's moral journey.

## **1. Mwayi (Protagonist)**

**Role:** Traditional Healer and Moral Centre of the Story

**Age:** 54

### **Background:**

Mwayi has served the lakeside community for over three decades. Trained by her grandmother, she learned from her that health is harmony. This consists of a balance between body, spirit and the environment. Her authority stems from lineage and ritual knowledge passed through generations. When the cholera outbreak starts, she becomes the last defender of ancestral medicine.

### **Personality & Traits:**

Wise, proud, deeply compassionate but resistant to change. Mwayi's pride conceals her vulnerability as she fears becoming irrelevant more than death. This is an embodiment of what Truby (2007) calls the moral weakness and that is the flaw that defines the character's growth arc. Her journey is dedicated towards humility and synthesis.

### **Motivation:**

Protect her people and preserve the honour of her ancestors.

### **Arc:**

Across the story Mwayi transitions from a role of authority to introspection where she once had an unwavering belief that eventually became empathetic adaptation. This transformation enacts Murray's (1998) concept of agency as meaningful action, inviting the players to feel the emotional weight of change rather than to chase success.

### **Interactive Function:**

Mwayi's dialogue and decisions serve as the player's moral interface where each choice reflects an aspect of her identity, a healer, believer and mother figure. Through her, the player experiences what Ryan (2001) calls narrative empathy which is identification through ethical perspective rather than similarity.

## **2. Limbani (Apprentice and Emotional Mirror)**

**Role:** Supporting character, emotional counterpoint to Mwayi

**Age:** 23

### **Background:**

An intelligent and curious young man who sees both the wisdom that tradition holds and the appeal of scientific progress. Limbani was made an orphan by the previous epidemic and was raised by Mwayi who taught him herbal medicine and rituals. His education from a

missionary school is what gives him the partial literacy on Western ideas, and this positions him between two worlds.

**Personality and Traits:**

Empathetic, questioning, and idealistic yet is impulsive. Limbani's uncertainty displays the player's own mixed feelings and contradictory ideas when he is faced with moral dilemmas. He is the representation of the bridge between generations and epistemologies.

**Motivation:**

To save the lives of people even if it means defying his mentor.

**Goal Conflict:**

To reconcile gratitude towards Mwayi with a stern belief in modern medicine.

**Arc:**

Limbani's development forms the story's emotional mirror. While Mwayi is in the process of learning humility, Limbani is learning respect. The relationship between the two displays what Douglas and Hargadon (2001) term *engagement*, which is the cognitive pleasure of moral participation. When players choose dialogue or actions that affect the trust between them, they experience Wardrip-Fruin's (2009) expressive agency which is a sense of authorship over emotional dynamics.

**Interactive Function:**

Limbani's trust acts as a dynamic moral meter where his tone, posture and responses shift based on player decisions. In design terms, he provides feedback loops that make moral consequence more substantial. This aligns with Sicart's (2009) notion that ethical play emerges through the player's negotiation of values with the system.

### **3. Dr. O'Reily (Antagonist/Rational Challenger)**

**Role:** Antagonist in ideology, not in morality

**Age:** 38

**Background:**

An Irish medical officer assigned by an NGO to control the epidemic. Having worked in multiple African health crises, he sees traditional practices as dangerous obstacles. His clinical detachment masks guilt from a previous mission where cultural misunderstanding cost lives.

**Personality & Traits:**

Assertive, logical and impatient. Despite good intentions, he embodies the paternalistic tendency of humanitarian intervention. His worldview frames medicine as neutral and universal, overlooking local belief systems.

**Motivation:**

To save lives efficiently and restore order.

**Goal Conflict:**

To achieve medical success without understanding social context.

**Arc:**

Through interactions with Mwayi and Limbani, he evolves from an outsider imposing solutions onto a man that questions his own assumptions. In interactive terms, he operates as both an obstacle and a mirror the degree of hostility or cooperation between him and Mwayi are all reflections of player decisions. This echoes Juul's (2005) discussion of half-real systems, where procedural logic (saving lives) and narrative logic (respecting culture) remain in tension.

**Interactive Function:**

O'Reilly's dialogue scenes are designed as argumentative exchanges which can be described as "ethical duels" that dramatize Crawford's (2013) interactivity loop. The player's responses shape whether mutual respect or alienation defines their relationship.

**4. Elder Mbewe (Mentor/Moral Catalyst)**

**Role:** Secondary character, moral philosopher and symbolic guide

**Age:** 72

**Background:**

The oldest villager and keeper of oral history. Mbewe lived through famine, war, and past epidemics. His wisdom is pragmatic rather than mystical and is rooted in survival. He believes tradition must adapt to endure.

**Personality & Traits:**

Gentle, cryptic and reflective. Speaks in parables and proverbs that challenge both Thoko and the player to look inward.

**Motivation:**

To ensure the community learns from crisis rather than perishes in stubbornness.

**Goal Conflict:**

To honour ancestors while embracing necessary change.

**Arc:**

Elder Mbewe does not transform but he facilitates transformation. His role aligns with Truby's mentor archetype that is meant to guide the protagonist toward moral clarity. When he warns that "rivers forget their songs," he symbolizes cultural continuity threatened by fear.

**Interactive Function:**

Appearing only in key moments, Mbewe functions as the story's narrative anchor that brings a pause in gameplay that recentres the player emotionally. His scenes provide reflection rather than decision, supporting Murray's (1998) idea that moments of contemplation are as essential to agency as moments of choice.

**Inter-character Dynamics**

The emotional architecture in *The Healing Power* relies on interplaying between the four characters. Mwayi's relationship with Limbani represents inheritance and doubt and with O'Reilly, it represents confrontation and empathy whereas with Elder Mbewe a relationship of reflection and guidance is displayed. This network creates what Ryan (2001) calls emotional topology which is a system of feeling-states that respond dynamically to player behaviour.

The cast thus embodies opposing moral philosophies:

- **Faith (Mwayi)**
- **Reason (O'Reilly)**
- **Synthesis (Limbani)**
- **Wisdom (Elder Mbewe)**

Through their interaction, the story transcends the abstract ethics into personal connections, and this ensures that every narrative branch grows from emotional logic rather than from mechanical structure. Sicart (2009) observes that ethical play is most powerful when it humanizes systems of rules through empathy. In *The Healing Power*, this humanity is sustained by the relational design of its characters.

## Section 8: Worldbuilding

### Introduction

The world that *The Healing Power* is set in is constructed as both a physical and metaphysical environment. The story is set in a Malawian village on the shores of Lake Chilwa during a cholera outbreak. It not only serves as a geographical backdrop but also serves as moral geography as John Truby would call it. This is described as a setting that reflects and tests the protagonist's inner transformation. Every space, sound and symbol within the world embodies a tension between tension and modernity, faith and science and community and individuality.

In interactive narrative design, the story world operates as the **primary interface of meaning** (Laurel, 1991; Jenkins, 2004). It is the stage through which players experience agency and empathy. The village where *The Healing Power* takes place functions as a living character that is responsive, symbolic and emotionally expressive. This character is what evolves around Mwayi's psychological arc.

### Geographical Setting: Lake Chilwa Village

The story is set in a fictional lakeside community that is inspired by the southern Malawian districts of Zomba and Machinga. The environment is filled with sensory realism such as dusty footpaths, reed-thatched huts, and the shimmering expanse of the lake that sustains and endangers life. The lake operates as the story's most potent symbol as it is both a source of nourishment and the centre of disease.

As Truby (2007) suggests, “the environment expresses the hero’s weakness and drives it to crisis.” The lake mirrors Mwayi’s moral uncertainty as when the surface is calm, it hides all the contamination, and this is just how her faith conceals doubt. It is here that rituals are performed, arguments unfold and revelation occurs. The cyclical rising and receding of the water symbolizes the rhythm of hope and despair throughout the narrative.

The spatial design of the village supports gameplay flow while reinforcing thematic contrast.

- The **shrine**: built from driftwood and feathers, represents ancestral presence and Mwayi’s fading certainty.
- The **clinic**: a sterile, white-walled structure imposed from outside that symbolizes Western intervention and rational order.
- The **market**: bustling with voices and barter, acts as a narrative crossroads where gossip and moral judgment circulate.
- The **river delta**: the site of purification rituals and burials, embodies transformation and where the spiritual and biological intertwine.

Together, these locations form what Henry Jenkins (2004) calls “narrative architecture” which are spaces that tell stories through arrangement, symbolism, and interaction rather than exposition.

## Socio-Cultural Context

The world that *The Healing Power* takes place in deeply rooted Malawian social structures where healing is a collective and spiritual practice rather than a private transaction. Community elders, ancestral rites, and oral histories shape the rhythms of life. This design choice follows Marie-Laure Ryan’s (2001) argument that effective worldbuilding depends on cultural coherence which is described as a sense that all customs, beliefs and objects exist within an internally consistent worldview.

Language plays a crucial role. The story incorporates Chichewa idioms and tonal greetings that reflect respect and hierarchy. For example, when Mwayi addresses spirits, she uses phrases such as “*mizimu ya madzi, muteteze ana athu*” (“spirits of water, protect our children”), grounding the narrative in cultural authenticity. These linguistic textures heighten immersion through what Douglas and Hargadon (2001) describe as schema activation which is the process where familiar cultural cues deepen engagement.

Economically, the village reflects real-world tensions between subsistence living and NGO dependency. Donations of medicine and bottled water introduce new hierarchies of power, and this subtly shifts the community values. This aligns with Bogost’s (2007) idea of procedural rhetoric which are the systems that persuade through simulated experience. The gameplay mechanics surrounding resource scarcity and social trust encourage players to reflect on how power flows through both human and institutional relationships.

## Environmental Symbolism and Emotional Design

Every element of *The Healing Power*’s world has symbolic resonance. The earth that is cracked and sun-bleached, displays Mwayi’s exhaustion and loss of faith. The rain which falls only in the

story's final act, represents reconciliation and purification that is a motif drawn from Truby's symbolic rebirth principle.

As the narrative progresses, the environment reacts subtly to Mwayi's choices. If the player repeatedly resists collaboration, the landscape grows more desolate: wilted crops, silent markets and darker lighting. Cooperative choices, however, bring visual and auditory warmth from factors such as birdsong, communal chatter and flickering firelight. These adaptive cues embody Wardrip-Fruin et al.'s (2009) idea of expressive processing, where the system's responses articulate emotional consequence without overt judgment.

## Spiritual Logic and Ontology

The spiritual ontology is what is central to the world's coherence. This is the belief that life, illness and morality are interconnected. The spirits linger in the water, wind and in memory and health is achieved through harmony and not destruction. This is a worldview that contrasts with the doctors' biomedical rationalism, and this sets up the epistemological tension that drives the plot forward.

In the terms of design, the dual ontology creates what Espen Aarseth (1997) would call an ergodic structure which is a world where a player must navigate through interpretive labour. Understanding the spirits' role in illness requires reading cultural signs as gameplay cues such as interpreting dreams, offerings and ritual outcomes. By giving players partial access to both rational and spiritual explanations, *The Healing Power* turns world comprehension into a moral act of empathy and translation.

This approach also aligns with Laurel's (1991) theatrical model of interactive storytelling, in which the world itself performs alongside the characters. The spirits' responses to Mwayi's actions (manifested through environmental shifts like wind patterns or flickering light) act as nonverbal feedback loops, conveying judgment or blessing in aesthetic form rather than text.

## The World as Emotional System

Ultimately, *The Healing Power*'s world is not static scenery but a responsive emotional system. Its design merges Truby's moral geography with Jenkins's environmental storytelling to produce what Ryan (2001) calls a story world of empathy, a story world that feels alive because it reflects the player's ethical stance.

This emotional reciprocity transforms geography into dialogue: the player "speaks" through choices, and the world "answers" through atmosphere. Whether the lake glows under dawn light or turns opaque with filth depends on the player's moral orientation. Through this feedback, players experience Murray's (1998) notion of procedural agency that he defines as the sense that their inner values leave visible marks on the world.

## Design Intent

The design intent of the story, *The Healing Power*'s worldbuilding is to merge cultural authenticity with symbolic universality. This setting bases the story in an African reality that is



recognizable while also elevating it to a philosophical meditation on coexistence. By making a world where rivers, spirits and ethics come together, the narrative encourages the player to perceive the environment as conscience which is a design goal that echoes Sicart's (2009) ethics of play which is to feel responsible for the world one inhabits.

## Section 9: Interactivity and Choice Design

### Introduction

Interactivity is the core for the story as the narrative's five decision nodes are designed to give the players ethical agency rather than give the player mechanical advantage. Following Crawford's (2013) description of interactivity as a "cyclical process of listening, thinking and speaking," the design structures each of the choices as a reflective exchange between the player, Mwayi and the world. In this framework, the story becomes a moral dialogue rather than a puzzle that requires solving.

The interactive system of the story blends emotional immersion with engagement that is thought provoking, and this aligns with Douglas and Hargadon's (2001) distinction between becoming absorbed in the narrative and the participation in meaningful choice. With this distinct balance the ethical play becomes the heart of the story.

### 9.1. Branching Structure Overview

The narrative of The Healing Power makes use of the branch-and-bottleneck structure, which according to [cristytuckerlearning.com](http://cristytuckerlearning.com) is the branching of different options for a while, but then all paths return to a single bottleneck. This is a design that supports dramatic tension while maintaining narrative coherence and this echoes Matea's (2001) argument that interactive drama relies on "tension between player agency and authorial control."

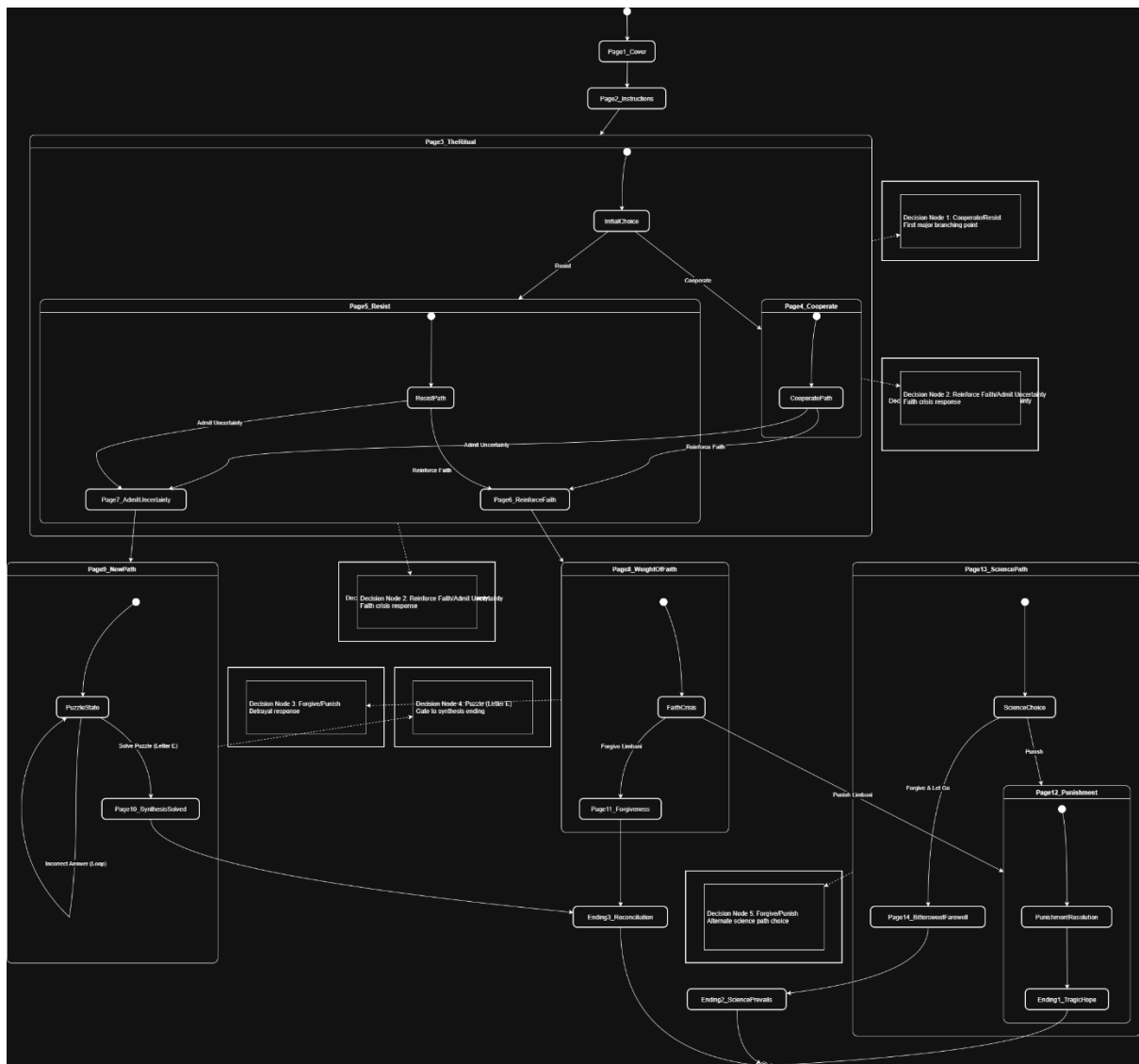
These are the five major decision nodes which are each aligned with thematic and emotional turning points:

- 1. The Arrival**  
Choices: Cooperate/Resist/Ignore
- 2. Crisis of Faith**  
Choice: Reinforce faith/Admit uncertainty
- 3. The Dying Child**  
Choice: Ritual/Medicine/Combine
- 4. The Betrayal**  
Choice: Forgive/Punish/Abandon
- 5. Final Resolution**

## Outcomes: Faith Restored/Science Prevails/Reconciliation

Each of the choices shifts the factors such as Mwayi's relationship with Limbani, the community trust, the doctor's attitude and the symbolic health of the environment such as the lights, sounds and atmospheric cues. This branching design is what Maire-Laure Ryan (2001) calls "narrative possibility space which is the range of morally meaningful paths that the player can take on in the story."

## 9.2. UML Diagram



## 9.3. Choice Design Rationale

### Ethical Choice as Core Gameplay

The game is designed around ethical decision making rather than winning or losing. This follows Miguel Sicart's (2009) argument that ethical gameplay involves "the negotiation of values through agency." Every major choice in this story places the player in morally ambiguous

situations where compassion, cultural identity, personal pride and survival all collide with each other.

None of the decisions are correct or meant to be correct and they instead invite the players to reflect on what healing means with a complex cultural ecosystem.

## Player Agency and Emotional Consequence

Janet Murray (1998) defines agency as “the satisfying power to take meaningful action and witness the results.” *The Healing Power* consists of consequences that are emotional and relational and not reward-based. For instance, choosing ritual over medicine may comfort the community but endanger lives and forgiving Limbani strengthens relationship bonds but weakens authority. Combining healing methods can create harmony but risks cultural backlash. This aligns with Wardrip-Fruin et al.’s (2009) concept of expressive agency and this is when systems support meaningful self-expression through choices that shape the relational dynamics.

## Interactivity as Dialogue

Each choice, like Crawford’s (2013) interactivity loop, functions like a conversation. The world speaks through crisis, spiritual signs or character emotions whereas the player listens by observing context and subtext. The player also thinks through interpreting the moral choices and speaks via the making of meaningful choices. This design transforms gameplay into a moral and emotional dialogue which resonates with Ryan’s (2001) theory of interactive empathy.

## Systems Thinking and Consequence

Salen and Zimmerman (2003) discuss that meaningful play emerges when actions have discernible and integrated consequences. The consequences in this story appear across the environment where the world atmosphere will shift, relationships where the dialogue tone, trust levels, emotional distance or connection will be tested and narrative direction will give access to future choices and endings.

These consequences are structural and are not just for show in the story. They reinforce Bogost’s (2007) concept of procedural rhetoric that persuades the player through demonstration rather than exposition.

## The Space of Possibility (Aarseth, 1997)

Aarseth’s theory of ergodic literature which are texts require the player to apply nontrivial effort to traverse the text, and this underpins the game’s moral navigation. The player must interpret cultural symbols, social dynamics, spiritual cues and conflicting epistemologies. Understanding the world becomes part of understanding the ethics of the world.

## Narrative Architecture (Jenkins, 2004)

Choices are anchored in environmental storytelling. Rivers symbolize purification vs. contamination, and the shrines symbolize faith, ancestry and memory. Clinics symbolize rational order, and the markets symbolize public judgment. Players “read” the environment as much as they read dialogue, experiencing choice as spatial storytelling.

## 9.4 Why These Choices? (Theory Integration Summary)

- **Crawford (2013) - Interactivity as two-way communication:** the choices structured as moral dialogue.
- **Murray (1998) - Agency as meaningful emotional action:** consequences are relational.
- **Sicart (2009) - Ethical gameplay:** choices are value negotiations, not puzzles.
- **Mateas (2001) - Interactive drama tension:** controlled bottlenecks ensure dramatic arc.
- **Wardrip-Fruin (2009) - Expressive agency:** character relationships reflect emotional authorship.
- **Ryan (2001) - Narrative empathy:** decisions put players inside Thoko’s worldview.
- **Aarseth (1997) - Ergodic interpretation:** players must interpret spiritual and cultural systems.
- **Jenkins (2004) - Narrative architecture:** environment shapes choice meaning.
- **Bogost (2007) - Procedural rhetoric:** systems teach through consequence.
- **Salen & Zimmerman (2003) - Meaningful play:** choices affect multiple interconnected systems.

# Section 10: Visual Design Rationale

## Introduction

The visual design of *The Healing Power* serves as a reinforcer to the story’s emotional gravity, cultural authenticity and ethical complexity. Because the narrative centres on immersion into Mwayi’s worldview and the moral tensions of a rural Malawian community during a cholera outbreak, the aesthetics must not merely decorate the story but perform narrative meaning. As Janet Murray (1998) argues, digital storytelling relies on *immersive affordances* visual, auditory and spatial elements that deepen presence and identification.

Using typography, colour palette, layout and ephemera, *The Healing Power* uses visual language to invite players into a reflective ethical space where choice feels intimate, weighty and culturally situated.

## 10.1 Visual Style and Aesthetic Intent

### Colour Palette and Atmosphere

The visual palette draws from earth tones found around Lake Chilwa: ochres, muted browns, dusty reds and deep greens. These create a sense of warmth and grounded nature, reflecting the intimate relationship between the villagers and their environment.

As the narrative progresses and cholera intensifies, the palette subtly shifts:

- **Early scenes:** warm, textured colours, evoking life and cultural continuity.
- **Mid-crisis scenes:** cooler blues and desaturated tones signalling illness, fear and emotional distance.
- **Resolution scenes:** rain-washed greens and soft light symbolising reconciliation, healing and renewal.

This symbolic use of colour follows Truby's (2007) principle that the story world should mirror the protagonist's inner journey. The environment visually reflects Thoko's shift from certainty to vulnerability and finally to synthesis.

### Typography and Layout

Typography is chosen to balance readability with cultural resonance:

- **Body text:** A clean serif typeface (e.g., Merriweather or EB Garamond), reflecting seriousness and legibility.
- **Titles and headers:** A textured, handcrafted font inspired by African print design displaying the handmade aesthetic of rural storytelling traditions.

The layout uses ample whitespace to create a contemplative reading atmosphere, echoing Murray's (1998) insight that interactive texts often require breathing room for reflection, especially during emotional or ethical moments.

Interactions such as choices, moral reflections, or spiritual cues are visually separated from the main text through indented boxes, subtle background shading and hand-drawn line motifs

These design markers remind the player that moral choice is distinct from passive reading, echoing Salen and Zimmerman's (2003) concept of "meaningful play" as moments where players understand that their actions matter.

## 10.2 Integration of Ephemera

Ephemera are used not as decoration but as diegetic artifacts which would be the physical or symbolic objects embedded in the world that deepen immersion and narrative authenticity. As Henry Jenkins (2004) argues in his theory of narrative architecture, well-crafted ephemera can serve as environmental storytelling tools that reveal character, culture and stakes without exposition.

## Herbal Sketches and Healing Diagrams

These appear as Mwayi's handwritten herbal maps, ink drawings of medicinal plants and cross-sectional sketches showing purification rituals

These artifacts function as windows into Thoko's embodied knowledge. Their textured, hand-drawn style contrasts sharply with the sterile medical charts later introduced by the doctors. This visual contrast reinforces the thematic tension between indigenous healing and Western biomedicine.

## Ritual Objects and Spirit Symbols

Objects in the story that would be used as ephemera are carved wooden talismans, gourds for medicinal mixtures and river-worn stones used for blessings.

These appear as small illustrations or textures throughout the interface. Their repetition creates what Ryan (2001) calls *cultural coherence* which is the sense that the world is consistent, lived-in, and spiritually interlinked.

When the player makes ethically significant choices, these symbols subtly change offering what Wardrip-Fruin et al. (2009) term expressive feedback.

## Medical Ephemera

As the doctors' presence grows, new visual elements enter such as dosage labels, antiseptic bottles, printed posters on hygiene and sanitation and procedural flowcharts.

These ephemera function rhetorically. They embody Bogost's (2007) idea of procedural rhetoric by showing how systems of knowledge (Western medicine) communicate authority through documents and visual codes.

The contrast between handwritten ritual diagrams and printed medical posters reflects the epistemological clash at the story's core.

## Environmental Ephemera

- samples of silt from the lake
- a rain-smeared notice from the clinic
- footprints in mud leading to the shrine

These visual markers ground the story in physical presence and support Douglas and Hargadon's (2001) argument that immersion emerges when sensory details reinforce narrative coherence.

## 10.3 Visual Framing of Interactivity

### Choice Boxes and Ethical Tension

Choices are framed visually as **woven reed panels**, reflecting the local craft tradition. The metaphor is intentional: each choice is a thread woven into the larger moral tapestry of Thoko's life.

To support player engagement (Douglas & Hargadon, 2001), choice panels expand slightly on hover, shift colour temperature based on trust variables and use small iconography (e.g., flame for anger, water for calm, leaf for healing)

This visual semiotics helps the player intuit emotional tone without predetermining which choice is "right," aligning with Sicart's (2009) view that ethical play requires moral ambiguity, not overt signalling.

### Pacing Through Layout

Scenes of conflict (e.g., the confrontation with the doctors) use tighter layouts and bolder contrast. Reflective scenes (e.g., Elder Mbewe at the riverbank) use wider margins, softer tones and long horizontal lines that mimic the lake's horizon. This alignment of visual pacing with emotional rhythm enacts Laurel's (1991) principle that digital performance should use theatrical techniques such as staging, spacing, contrast to evoke dramatic tension.

## 10.4 Visual Design as Emotional Architecture

Ultimately, the visual design of *The Healing Power* serves as what Jenkins (2004) calls emotional architecture which is a network of visual cues that shape the player's ethical and affective experience. The aesthetics support includes:

- **Immersion** (Murray, 1998; Douglas & Hargadon, 2001): Through coherent atmosphere and cultural specificity.
- **Empathy** (Ryan, 2001): Through intimate, handcrafted design elements reflecting Mwayi's worldview.
- **Ethical engagement** (Sicart, 2009): Through ambiguous, a contemplative presentation of choices.
- **Meaningful play** (Salen & Zimmerman, 2003): Through responsive, contextually grounded visual feedback.

The visual design is not ornamental; it is a narrative system. It communicates culture, stakes, mood and meaning, inviting the player to inhabit Mwayi's mind, her memories and ultimately her transformation.

# Section 11: Reflection

## 11.1 Creative Process

The Healing Power was designed with the intent to create a morally grounded and emotionally intimate narrative set with an African context that was both close to home and realistic. The original intent was to create a story with the foreground of ethical choice, cultural tension and human connection. The decision to centre the story around a traditional healer emerged early in the process and this was shaped by my interest in how communities navigate crises their beliefs, memories and unity.

The creative process was guided by a constant negotiation between cultural authenticity and interactive design structure. I was drawn to the emotional potential of a single-character journey, which allowed me to explore personal transformation as an expression of broader social forces. Mwayi's character grew organically from this focus: initially conceived as an authority figure, she evolved into a protagonist whose vulnerability, pride and compassion allowed players to experience meaningful moral tension.

The branching narrative structure developed gradually. I knew I wanted the player's choices to carry emotional weight without reducing the story to a binary of "right" or "wrong." Inspired by Mateas's (2001) framework for interactive drama, I refined the design to include five major decision nodes supported by narrative bottlenecks. This provided space for agency without sacrificing dramatic coherence.

The creative process consisted of moments where I often returned to asking myself what it means to heal physically, culturally and spiritually. The story became a form which allowed me to explore the tradition and modernity and the role of empathy in ethical decision making.

## 11.2 Challenges and Solutions

One major challenge was balancing **cultural representation** with ethical nuance. I wanted to portray traditional healing respectfully while acknowledging the real dangers posed by cholera. This raised concerns about unintentionally privileging one worldview over another. To address this, I designed the endings not as judgments but as articulations of different moral philosophies. Drawing on Sicart's (2009) argument that ethical play should encourage players to negotiate values rather than select answers, I structured consequences to reflect internal transformation rather than external reward.

Another challenge was creating meaningful interactivity that felt emotionally motivated. Some of the choices felt superficial at first as I was just branching the dialogue rather than trying to change the relationship or tone. With use of Crawford's (2013) concept of "listen-think-speak" cycle, I figured out how to reconceptualize my choices as part of an ongoing dialogue between player and system. Because of this, each of the decisions contribute to the emotional texture of the narrative influencing trust, atmosphere and symbolic cues.

I also struggled with pacing. I made use Truby's (2007) structural principles to anchor the story's midpoint around a clear crisis: Limbani's secret collaboration with the doctors. This moment provided emotional acceleration and a catalyst for deeper introspection.



Lastly, the design of ephemera that felt purposeful for the narrative rather than decorative was challenging. Jenkins's (2004) theory of narrative architecture helped me reframe ephemera as storytelling tools embedded in the environment. This allowed objects like herbal diagrams and medical posters to carry symbolic and emotional significance.

## 11.3 Learning and Application of Theory

This project deepened my understanding of how interactive narrative theory can meaningfully shape creative practice. Murray's (1998) functions of immersion and agency became central to my design philosophy. I realised that agency does not need to manifest through branching complexity, but it can emerge through emotional consequence, moral ambiguity and relational change.

Wardrip-Fruin's (2009) concept of expressive agency influenced my approach to character relationships, encouraging me to design emotional feedback systems rather than mechanical variables. The changing reactions of Limbani became key indicators of player influence such as his tone, posture and trust.

Aarseth's (1997) notion of **ergodic engagement** helped me appreciate the interpretive work that players are expected to perform. Rather than explaining the spiritual ontology directly, using environmental cues, dreams and ephemera allowed for players to infer meaning through exploration and reflection.

Sicart's (2009) theory of ethical gameplay shaped how I framed choice. I moved away from moral binaries and instead embraced ambiguity, encouraging players to feel responsible for outcomes without offering morally "safe" answers.

Jenkins (2004) reminded me that the story world is itself a narrative agent. Designing the environment to mirror Mwayi's emotional arc, from its colours, lighting and soundscape allowed the world to speak alongside the characters.

Through these theoretical lenses, I learned that interactive storytelling is not just about offering choices, but it is also about constructing systems, emotions and relationships that respond meaningfully to the choices that the player makes.

## 11.4 Personal Growth

This project has profoundly shaped my understanding of narrative design and my development as a storyteller. I learned how to balance cultural sensitivity, emotional storytelling, and interactive structure. Crafting Mwayi's journey required introspection about my own assumptions regarding healing, authority and belief systems. In doing so, I discovered the power of narrative to bridge cultural and emotional distances.

I also gained confidence in using theory as a creative tool rather than an academic obligation. Concepts that once felt abstract such as agency, environmental storytelling and ergodic literature became practical design guides. This synthesis of theory and practice reshaped how I approach interactive storytelling where I now see design decisions not as isolated choices but as interconnected parts of a broader ethical and emotional architecture.

Most importantly, I learned to embrace moral complexity. Rather than steering players toward preferred answers, I learned to offer players spaces for reflection, ambiguity and empathy. In this way, *The Healing Power* not only challenged my skills as a designer but expanded my understanding of what interactive stories can achieve.

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