

# The Affliction

A game by Jeffrey Dieterle

## Summary

The Affliction is a serious freeform game for four players. It explores the intersection of hypochondria, medical anxiety, and disease, and is designed to last about an hour.

## Safety

This game deals with issues of mental and physical illness, and one player will act as a direct antagonist toward another player. Before playing, participants should discuss any hard boundaries or areas of concern, and should establish, at the very minimum, safe words through which a player can signal a desire for the game to stop completely ("cut") and slow down or back away from a topic ("brake"). The players' feelings of safety should always trump any game-related concerns.

## Materials

- Independent and reliable internet access for each player (e.g., smartphone, laptop, tablet)
- A timer
- Pen and paper (optional)

## Roles

**The Patient:** One player will play the Patient throughout the entire game. The Patient will identify a persistent symptom (which may be real or imaginary), and will research, discuss, and eventually seek treatment for this ailment. In many ways, the game centers on the affective experience of the Patient, as the other players will react to the Patient's thoughts and emotions.

**The Affliction:** One player will play the Affliction. The Affliction represents both illness itself and the Patient's darkest feelings about the illness. While the Patient might feel hope, The Affliction is the embodiment of unrelenting fear and negativity. The Affliction is a voice inside the Patient's head. As such, it may only address the Patient directly; while the other players will be able to hear what the Affliction says to the Patient, they may not respond to the Affliction in character unless the Patient voices the thoughts and emotion presented by the Affliction.

**The Other:** The Other players will play multiple roles throughout the game, though they will always represent external influences.

First, they will play as Forum Posters, the aggregated denizens of health-related online resources ranging in credibility from Yahoo Answers to peer-reviewed medical publications.

After acting as Forum Posters, they will act as Loved Ones, people with whom the Patient chooses to share her fears. Loved Ones will listen to and assess the Patient's hopes and fears, and attempt to provide a positive interpretation of symptoms and act as the voice of reason or reassurance.

Finally, the players will take turns acting as Nurses and Doctors, who will ask the Patient questions about symptoms, and who have the ultimate narrative authority to determine the cause of the patient's symptoms.

## **Stage I: Preparation**

To begin, the players should take one or two minutes to think of symptoms they, or someone they know, have been concerned about at some point. When they feel comfortable, each player should clearly describe only the symptoms (being careful not to mention a particular diagnosis or outcome) in the first person. The symptoms can be as simple or as complex as possible, and may or may not be related.

For example:

"I feel a dull pain in my upper abdomen that gets worse when I move."

"I have had a sore throat for weeks, and there is a bump on my neck."

"I am tired all the time, I wake up in the middle of the night, and I'm losing weight."

Everyone should take a moment to try to imagine each symptom after they are explained. Once all symptoms have been explained, the players should remain silent, considering each potential symptom. When a player feels comfortable doing so, he should repeat one of the previously mentioned symptoms out loud. This player will be the Patient, and the symptom will serve as a starting point for the Patient's journey. From this point on, the Patient player should be very conscious of her body. Any discomfort she feels, and any questions that enter her head, should be considered seriously and incorporated into the list of symptoms.

## **Stage II: The Forum**

Once a symptom has been chosen, everyone should take five minutes to look up as much information as possible about diseases associated with that symptom via web searches. Pay particular attention to "best case" and "worst case" diagnoses, as well as common causes. Taking notes may be helpful, but is not required.

After everyone feels comfortable with their knowledge of a few diseases that might be related to the symptoms, the game will enter the Forum stage. The Patient player will verbally create a "post" in which he summarizes his symptoms, adding to and embellishing the symptoms as she desires, and asks the "Forum Posters" for answers.

The Other players act as aggregated Forum Posters who take turns responding to the Patient's post. Their comments may or may not be accurate, reassuring, terrifying, in-depth, or even relevant. For example:

"You should probably see a doctor. It could be nothing, but it could also be quite serious."

"My aunt had something very similar. She went through years of tests, and was ultimately diagnosed with fibromyalgia."

"I have a bump that sounds just like that. Please let me know what you find out!"

"It's cancer. You're dying."

After each statement, the Affliction player may respond, rebutting, agreeing with, or elaborating on the statement.

The Forum Posters continue responding until they have run out of things to say, or the patient says, "I am done with this."

### Stage III: Loved Ones

Once the Forum stage is complete, the Patient will discuss his concerns with Loved Ones. Each Other player will represent a single Loved One in whom the Patient confides, one at a time. The Patient should choose who to talk to first, and should establish that Loved One's relationship to the Player early in the conversation.

The conversations should focus on the Patient's fears, and should assume a level of familiarity between the Patient and the Loved One, and the Loved Ones should care about the Patient's wellbeing. The Affliction may interject after any statement.

The following restrictions apply to the conversations:

The Patient may speak freely about her fears, her hopes, the things she has read, or anything related to her symptoms. However, the Patient **MUST** incorporate any statement introduced by the Affliction during the conversation. It may be direct or paraphrased, but it must reflect the Affliction's negativity.

The Loved Ones may only attempt to dismiss the Patient's fears, discuss positive outcomes, or discuss proactive steps the Patient might take. The Affliction may

rebut anything the Loved Ones say.

Each Patient/Loved One conversation continues until one of two things happens:

- The Loved One player feels genuinely exasperated with the conversation, and says "I can't talk about this anymore," **OR**
- The Patient player feels genuinely reassured, and says, "Thanks. I feel better about this now."

Regardless of the outcome, two conversations, each with the same restrictions, should take place.

## Stage IV: The Doctor Visit

Finally, the Patient will consult a Doctor. One Other player should volunteer to be the Doctor; the other will serve as a Nurse.

The Patient will first see the Nurse, who will ask a handful of simple medical questions, including the reason why the Patient has come in to the office. The nurse should generally ask the patient questions that would be answered as part of a routine medical exam (e.g., "How much do you weigh?"; "What is your blood pressure?"; "Are you taking any medications?") but he may choose to substitute one question with a piece of information that the Patient might find upsetting (e.g., "Your blood pressure is pretty high."; "Your feet are a little swollen."; "You've gained some weight").

The nurse should consult briefly with the Doctor, out of earshot of the Patient, about potential diagnoses, based on the research they've each done. While the two Other players talk, the Affliction may speak freely to the Patient.

When she is ready, the Doctor will introduce herself, and ask many of the same questions that the nurse asked. The doctor has the ultimate authority on diagnostic matters, so she may ask questions or make declarations about health and the severity of disease.

The Doctor has two options at the end of the first Patient interaction:

- Refer the patient to a specialist. In this case, the Doctor and the Nurse will switch places, and repeat the Doctor Visit scene. If possible, they should ask as many of the same questions as possible. The Affliction may have a short conversation with the Patient in between the scenes.
- Order tests. In this case, the Affliction and the Patient will have a conversation alone, discussing everything that could be wrong. The Affliction is in control of this conversation, and it does not end until the Affliction decides to stop or five minutes pass. The Other players should set

a timer, and may choose whether or not they wish to observe, but may not participate.

After one of these two options is selected, the Doctor has a third option:

- Offer a diagnosis. The diagnosis can be as benign or as serious as the doctor wishes, though he should keep the research he did at the beginning of the game in mind.

If both of the first two options have been selected, the Doctor **MUST** offer a diagnosis.

Once a diagnosis is delivered, each player, starting with the Patient, should deliver a single-sentence epilogue about how the Patient fared after diagnosis. Finally, the Patient should say the following sentence, paraphrased from the ending of Dostoevsky's *Notes from Underground*:

"The doctor's notes do not end, but it seems that we may stop here."

This signals the end of the game. Players should take a moment to consider their experiences and debrief.

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