The *Psychasthenia Project* is an interactive artwork series that explores the culture of psychological diagnosis and treatment within the context of a highly mediated consumer culture that often produces the ills it purports to treat. It is also a reflection on how the culture of mental health has become systematized and organized to fit the needs of the bureaucratic systems it serves. The project focuses on “psychasthenia,” a ubiquitous and historically variable condition characterized by phobias, obsessions, compulsions, and excessive anxiety. *Psychasthenia 1* focused on the diagnostic side of the illness through the user experience of an expressive exploratory environment punctuated by a serious of multiple-choice questions refining an already-inevitable diagnosis. *Psychasthenia 2*, the current project, is about finding ways to cope with existing and apparent pathology. Both installations use a game engine as the primary platform for the user’s experience of the work. It is not necessary to have experienced *Psychasthenia 1* to “benefit” from *Psychasthenia 2*, which is a further refinement of ideas we began to explore in the first version of the project.

The “patient” entering the *Psychasthenia 2* environment first encounters a classic video game orientation narrative, which provides contextualization on the user’s role and overall experience in gameplay. The “patient” entering the installation learns upon entry into the system that he or she suffers from psychasthenia. He or she must then explore palliative measures keyed to Maslow’s hierarchy of needs - physiological, safety, love/belonging, esteem, and self-actualization. These stages of self-actualization are organized as game levels to be mastered in order to win release from the asylum. The specific nature of the patient's pathology, refined by feedback from user input and in-game tracking, shapes his or her experience of the work, as well the options ultimately offered to maintain a tolerable existence.

After orientation the patient finds him/herself in a stark hospital room. With only a whirring fan for company, the patient begins the journey to self-actualization by exploring the opening environment using a video game controller. Soon he or she triggers their first encounter with Dr. Carl Abraham, the psychologist who will guide him or her through their journey to wellness. Dr. Carl appears in-world on a display screen in the patient’s room. Throughout the installation he functions as a semi-omniscient, scientific analyst whose remarks simultaneously humanize the treatment process and suggest an uncanny alienation from human individuality. His opening remarks guide the patient toward the diagnosis room, a maze of file cabinets where the patient can find out more about his or her illness by exploring the resources available.

Soon the patient is led towards a computer terminal where the first round of testing will begin. At this point the journey begins with questions related to Maslow’s “physiological” stage popping up to help refine the player’s diagnosis and experience of the therapeutic “level” to follow. Now gameplay begins in earnest, as each game level corresponds to both a classic style of video game play and to a stage in Maslow’s hierarchy. Dr. Carl introduces each level, following up with some questions tailored to the symptomology to be addressed. The physiology stage couples a shopping experience with exploration of an open-ended set of options. Basic biological needs met, the patient then progresses towards the “safety” stage where the patient must encounter his or her primal fears through the experience of killing various monsters that
crop up on the way to treatment. The third stage, love/belonging, becomes a social challenge, with the patient determining which kinds of social relationships will best assuage their symptoms through interactions in a coffee shop. Social needs met, the patient next challenge is building up the esteem of peers, expressed here through workplace challenges set in an unusual office environment. Finally, self-actualization achieved, Dr. Carl sends the patient on his or her way, with a admonitions to follow the treatment plan and an ominous warning that the door is always open for return.

Throughout the “game” levels the player always has the opportunity to examine contextual information about his or her illness, metacommentary on psychasthenia itself, and imagery and other media which enriches the experience of any particular level in the “game.” These elements, akin to the explanatory texts served in a quest-based game, serve both to deepen immersion in the gameworld mechanics and to frame the current challenges in historical and social contexts. Because the patient periodically encounters and answers additional questions relating to the specific nature of their “condition,” the system is able to provide supplemental feedback tailored to their particular flavor of pathology. This aspect of the game experience is critical, because the installation is not just about one-way production of consumer subjectivity, but also about how algorithmic, participatory culture generates all-the-more compelling narratives of pathology in need of standardized routines of intervention.