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MENTAL HEALTH PORTRAYALS IN VIDEO GAMES AND THEIR IMPACTS:
HORROR GAMES AND THEIR RELIANCE ON THE MENTALLY ILL

A Capstone Experience/Thesis Project Presented in Partial Fulfillment
of the Requirements for the Degree Bachelor of Arts
with Mahurin Honors College Graduate Distinction
at Western Kentucky University

By

Jordan S. Hightower

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CE/T Committee

Dr. Sungjin Im, Chair

Mr. Damien Duncan, Chair

Dr. Nina Marijanovic, Chair

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ABSTRACT

This thesis seeks to address the representation of mental illnesses within the video game genre, specifically within horror video games. Horror video games have a history of relying on the mentally ill to increase the “fear factor” of games, though often do not seem to do proper research, as the portrayals often rely on stigmas and misconstruals on the mental illness being portrayed. This can lead to those who play aforementioned video games to develop subconscious stigmas and biases towards those who are mentally ill. Through a literary analysis of *Danganronpa: Trigger Happy Havoc* and *Omori*, examples of negative and positive portrayals of mental illnesses within the horror genre can be found. This analysis allows for the realization that mental illnesses can be utilized within horror settings without being damaging representations or promoting various misconceptions. Following this is discussion of a study conducted to test the relationship between one playing horror video games in any capacity and levels of stigma towards mental illness and/or those who have them. The findings indicate that those who play horror video games have higher levels of stigma than those who do not.

Keywords: video games, mental health, mental illness, stigma, biases, media, representation

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VITA

EDUCATION

Western Kentucky University, Bowling Green, KY | May 2024

B.A in Psychology

Minor: Music

Magna Cum Laude

Fort Knox Middle-High School, Fort Knox, KY | June 2020

Diploma

Top 10% of Class

AWARDS & HONORS

- Governor's Scholar Program | Summer 2019
- Dean's List | Fall 2020 - Spring 2023
- Academic Merit Scholarship | Fall 2020 - Spring 2024
- Targeted Governor's Scholar Scholarship | Fall 2020 - Spring 2024
- Cornelius A. Martin Scholarship | Fall 2020 - Spring 2024
- Dean's List | Fall 2020 - Spring 2023
- Virginia E. Schneider Scholarship | Fall 2021 - Spring 2024

INVOLVEMENTS

- Scholar, Mahurin Honors College | Fall 2020 - Spring 2024
- Delegate, Western Kentucky University's Pan-Hellenic Council | Fall 2021 - Spring 2024
- Parliamentarian, Eta Phi Chapter of Sigma Gamma Rho Sorority, Inc. | Fall 2021 - Spring 2022
- Community Service Chair, Eta Phi Chapter of Sigma Gamma Rho Sorority, Inc. | Fall 2021 - Spring 2022

- Event Coordination Committee, Eta Phi Chapter of Sigma Gamma Rho Sorority, Inc. | Fall 2021 - Spring 2022
- Parliamentarian, Western Kentucky University's National Pan-Hellenic Council | Fall 2022 - Spring 2024
- President, Eta Phi Chapter of Sigma Gamma Rho Sorority, Inc. | Spring 2022 - Spring 2024
- Vice President, Gamma Lambda Chapter of Rho Lambda Honors Sorority | Spring 2022 - Spring 2024

PUBLICATIONS & PRESENTATIONS

- Hightower, J. (2022, April 15) *The positive effects of music therapy: aiding children's cognitive development and overall wellbeing* [Poster presentation] Western Kentucky University Research Fair.
- Hightower, J. (2024, February 24) *Mental health portrayals in video games and their impacts: horror games and their reliance on the mentally ill* [Poster presentation] Kentucky Honors Roundtable

CLINICAL EXPERIENCE

- **Parker Bennett Adventure Explorers Program**, Western Kentucky University | Spring 2023
 - Supervisor
 - Dr. Ronald Ramsing
 - Role
 - Coordinator
 - Monitored and interacted with the children enrolled
 - Came up with enrichment activities
 - Distributed snacks
 - Handled children's paperwork
 - Educated children about nature
 - Educated children about nature survival techniques
 - Assisted in gathering data about children's relationship with nature

TEACHING EXPERIENCE

- **Intercultural Student Engagement Center**, Western Kentucky University | Fall 2022 to Present
 - Supervisor
 - Dr. Cres'Sena Thomas
 - Role
 - Teaching Assistant
 - Weekly meetings with the course professor
 - Management of student records
 - Meeting with students to explain assignments
 - Assisted in crafting and explain assignments
 - Assisted the professor with the handling and grading assignments
 - Educated

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INTRODUCTION

Compared to other forms of media such as various types of television and books, video games are relatively new. With this newness comes difficulty in understanding how to incorporate certain topics while still remaining respectful in their portrayals. When it comes to the portrayals of mental illness, video games have been very lackadaisical in ensuring that their portrayals are accurate and appropriate, instead using them for the sake of the plot without much further consideration (Anderson, 2020, p.21). In a study of 100 video games, it was found that 97% of the games reviewed portrayed mental illness in a negative/problematic way, associating it with "violence, insanity, hopelessness, etc" (Ferrari et al., 2019, para. 4). The lack of depiction of recovery for the mentally ill characters (where the mental illness is often blamed on supernatural or paranormal experiences), may serve to further the overall stigmas behind mental illness. Another study found that 23 of the 96 games examined showed at least one character with mental illness and 42 characters were identified as portraying mental illness, with most classified under the "homicidal maniac" stereotype (Shapiro & Rotter, 2016, para. 2). Shapiro and Rotter define this "homicidal maniac" as characters whose violent and unstable behaviors are loosely tied to some form of mental illness, "include supposed psychohistories of the characters and often use psychiatrists as plot devices to add depth to the characters" (Shapiro & Rotter, 2016, para. 4).

Video games contain frequent and varied portrayals of mental illness, with depictions most commonly linking mental illness to dangerous and violent behaviors. Mental illnesses can be tastefully incorporated within horror video games without

promoting stigmas, as is seen in *Night in the Woods*, *Martha is Dead*, and *Hellblade: Senua's Sacrifice*, just to name a few (Harris et. al, 2023, para.1-32). However, games capable of this are very difficult to come by, with many mental health stigmas being “utilized to create horror and preying upon ignorance to create fear” (Dickens, 2017, p. 111). A game series that also struggles with finding this respectful balance of portraying mental health and utilizing it as a plot point is the Danganronpa series. Through analysis of characters within the two video games, *Danganronpa: Trigger Happy Havoc* and *OMORI*, there will be discussion of the harmful stigmas that are perpetuated through specific characters and analysis of characters with proper portrayals with the hopes that future games will be able to better incorporate and discuss mental illnesses.

RATIONALIZATION

The analysis *Danganronpa: Trigger Happy Havoc* will focus on the negative and harmful portrayals of mental illness while *OMORI* will focus on more grounded and realistic portrayals of mental illness. Both games are comparable due to both being widely popular, being in the roleplaying game (RPG) and horror genre, having similar console access (PlayStation, Nintendo Switch, Personal Computers), and utilizing themes of psychological horror. Both games have similar sales as well, with *OMORI* selling over one million copies (OMORI, 2022) and *Danganronpa: Trigger Happy Havoc* selling approximately one million copies as well (D'Angelo, 2021, para. 2).

There is also addressing the fact that while *OMORI* was a game created by an American based game developing studio, *Danganronpa: Trigger Happy Havoc* was created by a game developing studio based in Japan. However, *Danganronpa: Trigger Happy Havoc* is still a valid choice to compare due to the fact that there was an entire team dedicated to not only creating an accurate translation, but a culturally relevant one. An example of this is a character named Genocider Sho in the direct Japanese translation, though in the English translation is referred to as Genocide Jack. Genocider Sho serves as a reference to *Clock Tower II: The Struggle With*, another Japanese video game that has a character with similar violent tendencies as Genocide Jack. However, due to the game not having as much popularity within many English speaking countries, the team in charge of creating the translations chose to change the name to Genocide Jack in reference to Jack the Ripper (Kodaka et al., 2012, para. 5). This change along with many

others allowed for the game to appear culturally relevant enough to still be analyzed and compared within the context of this paper.

DANGANRONPA: TRIGGER HAPPY HAVOC

The Danganronpa series is set in the elite Hope's Peak High School, a school that accepts Ultimates; students that are considered the top of their field (referred to as *Super High School Level* in the direct Japanese translation). The player plays a protagonist that typically serves as the "normal character" out of the entirety of the cast. The player is then greeted by fourteen non-playable characters (NPC). It is at this point that the player learns from Monokuma, the series antagonist whose ultimate goal is to spread despair across the entire world, that they are trapped in the school and the only way to escape is by successfully killing a student and getting away with it. When a murder is committed, a class trial is initiated with allotted time for collecting evidence before the class trial officially begins. Through clues gathered in that time along with discussion in trial, the player is expected to figure out who committed the murder. If the player is successful in identifying the guilty individual as well as convincing their classmates that they are correct, that individual is executed and the game carries on. If the player is unsuccessful, however, then the murderer essentially goes free and the rest of the class is executed. Outside of this key aspect of gameplay are the free time events which serves as a chance for the player to better get to know the NPCs of the specific game. Getting to know certain characters can give certain advantages, such as being more convincing in class trials or being given more wiggle room for mistakes when attempting to figure out who the killer is. The first installment of the series is *Danganronpa: Trigger Happy Havoc*. While there are multiple characters who have speculated mental illnesses within the game

there are two primary ones, Kiyotaka Ishimaru and Toko Fukawa, that have confirmed ones portrayed within the game. However, these portrayals are both inappropriate in their own ways with some transgressions more grievous than others.

KIYOTAKA ISHIMARU

Kiyotaka Ishimaru is labeled as the Ultimate Moral Compass within Hope's Peak Academy. He is a very intense and studious individual that has a tendency towards self righteousness and values order above all else. He does his best to be pragmatic, respectful and motivating in all senses of the words. With his Ultimate in mind, it is no wonder that he tends to take a leadership position when available. However, even with this external confident act, he actually has extremely low self esteem and is very sensitive, as shown by how easily he is moved to tears whenever shocking or touching events occur. In the game, he discusses how much he wishes that he could make friends, though struggles with the idea that he may be a nuisance to others or come across as overbearing. These issues are only highlighted due to him struggling to socialize with his peers, in part because of being severely bullied throughout his life due to a complicated family history. His grandfather, Toronosuke Ishimaru, was the Prime Minister of Japan before being uncovered as a corrupt politician who engaged in a multitude of illegal activities that are not explicitly discussed in the game. Upon this information being exposed, he was impeached and imprisoned, ruining the Ishimaru family name. Kiyotaka was severely bullied throughout his life because of this and thus impacting his social skills.

"Good news, everyone! I have a brilliant idea! Why don't we all just confess the secrets in those envelopes right here and now!? If we do that, no one should wanna murder anybody! That's pretty smart, right!?"

(Koadaka, 2010).

Despite these tribulations, he still has boundless determination to prove that he is better than what people presume him to be and save his family name.

While on a basic personality level he comes across as a well balanced character, the portrayal and discussion of Kiyotaka's mental illnesses within the game are very poorly handled. First is his Generalized Anxiety Disorder (GAD), which exists and is discussed from the beginning of the game. Within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), GAD is described as "[an] Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)...The person finds it difficult to control the worry [experienced in day to day life]..." (American Psychiatric Association, 2013). His anxieties are often used as fuel for jokes despite being extremely valid in nature. For example, he gets worried over how he and his classmates will continue to receive an education if they are trapped in the building, under the impression that the outside world is still carrying on as usual.

"I'm freaking out! As we speak, we're being left in the dust by other students our age! I'm totally freaking out! Makoto! What should I do!? If I keep involuntarily skipping class like this, I'm gonna reach dunce status in no time!" (Kodaka, 2010).

His anxieties are also used to play into his more eccentric characterization, another student even dubbing him a “panic prince” over his concerns of how he and other students are meant to be killing each other. While this character is lightly reprimanded for the nickname by the game protagonist, it is still consistently used whenever Kiyotaka voices concerns that seem outlandish to others.

One of the primary stigmas around anxiety is that those who have it are simply overreacting and need to somehow get over it. Anxious characters are often utilized in games to either heighten tension or to relieve it, all based upon whether or not the character’s anxieties are validated or not (Anderson, 2020, p. 26). It is also a matter of whether or not other characters address any disrespect given to anxious characters over their anxiety. Not only are Kiyotaka’s anxieties often dismissed and intentionally made out to be ridiculous, but there is also no repercussions for the characters that consistently belittle him for them. While the handling of his anxieties is extremely disrespectful, it is Kiyotaka’s eventual development of Post Traumatic Stress Disorder (PTSD) that is extremely mishandled.

As aforementioned, Kiyotaka has an extreme difficulty when it comes to socializing with others, hence why there is such a big deal made when he makes his first best friend. Mondo Oowada, the Ultimate Biker Gang Leader, starts off very agitated by Kiyotaka’s presence and is one of his main antagonists within the first chapter of the game. Mondo interprets many of Kiyotaka’s behaviors as condescending while Kiyotaka views Mondo as a violent yet cowardly delinquent. Kiyotaka goes as far as to state,

"You *are* a coward! That's why you turn to violence to solve your problems! That's why you can't do what society asks of you, why you walk around dressed like that! You've already lost to yourself, but you're such a coward you don't even realize it!" (Kodaka, 2010).

However, upon having a heart to heart in a sauna competition, they come to an understanding of each other while relating to feelings of social and societal pressure as well as trying to keep their respective pasts from impacting their futures. It is from this point forward in the game that they promote one another to best friend status, becoming near inseparable from each other. It is even later confirmed by the creators that, had both characters survived the killing game, the two would have lived together in a house that Mondo would have built for them. This paired with the unconventional way that the two initiate their heart to heart causes many to theorize that the two are meant to be more than friends, especially because of comments made by a character discussed later. This happy period does not last long however, seeing as Mondo is found guilty of murdering Chihiro Fujisaki, the Ultimate Programmer, in the second chapter of the game. This leads to Mondo's very sudden and brutal death which Kiyotaka witnesses in its entirety. Upon not only losing his first and only friend/potential lover, but watching the entirety of his execution, Kiyotaka is thrown into a depressive state. During this period, he is practically unresponsive, neither eating, drinking, nor sleeping as he tries to cope with this loss. It is later on that, after believing he has interacted with Mondo's spirit, he becomes extremely volatile and angry, desperate to not only find a way out of Hope's Peak, but to avenge Mondo.

Within the DSM-5, PTSD is described as “[the] A. Exposure to actual or threatened death, serious injury, or sexual violence...Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred: Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Dissociative reactions...in which the individual feels or acts as if the traumatic event(s) were recurring...Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s). Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)” (American Psychiatric Association, 2013). While Kiyotaka’s initial grieving period is handled extremely well, his later response is a complete turn over from his original personality and promotes the stigma of people with PTSD being extremely dangerous and unpredictable. Kiyotaka begins to constantly degrade those around him, a complete one-eighty from his original personality. "You're the suspicious one here! You're nothin' but a big, jiggling [explicit] sack of fat!" (Kodaka, 2010). He also begins to brandish a large pickaxe that he often carries around, using it in both an attempt to mine through the school walls and to intimidate his classmates. "Who's got a problem with who my friends are!? We're[Kiyotaka, the pickaxe, and the player] gonna have a little CHAT!" (Kodaka, 2010).

PTSD is often used as a justification for characters to act violently within videogames despite the fact that violence is typically only a trauma response when the initial traumatic event included violence (Anderson, 2020, p. 30). This is not to say that characters with PTSD are not allowed to have violent trauma responses, seeing as games

like *The Last of Us Part II* do an extremely impressive job in accurately displaying symptoms of the disorder that include violence, but in a much more realistic fashion. The argument can be made that Kiyotaka's symptomology falls under the "arousal" cluster of symptoms when it comes to his PTSD, however that further pushes the issue of Kodaka's diagnosis of Kiyotaka being inaccurate, seeing as after exiting his unresponsive state, the only PTSD symptom that Kiyotaka experiences is the hyperarousal that leads to anger fueled hostility towards those around him. It also does not address the extremely drastic change in Kiyotaka's entire personality and basic principles, his behaviors a clear violation of morals that he has stood firm on from the start of the game. When you imply that those with PTSD, regardless of the traumatic event or prior ideologies, are prone to violence, you create and perpetuate an extremely unfair stigma that dilutes the complexity of a disorder. This sentiment is only further expanded upon when analyzing the character of Toko Fukawa.

TOKO FUKAWA

Toko Fukawa is the designated Ultimate Writing Prodigy within Hope's Peak Academy. She is an extremely intelligent and dedicated individual, having written and published over eighty novels with almost every single one garnering her some form of an award. She is often bluntly honest with others, which some interpret as mean, though she does not see the issue if she deems that she is telling the truth. Similar to Kiyotaka, she was severely bullied throughout her childhood and struggles to socialize with her peers because of it. However unlike Kiyotaka, Toko shows no interest in trying to challenge these interpretations of her, considering herself a 'gloomy outcast' and often deciding to distance herself from others due to suspicions that most people attempting to socialize

with her have ulterior motives, especially men. Even just looking at her for what she perceives to be a long period of time prompts her to quickly jump to conclusions and accusations, a clear display of her own insecurities. “Well, it's not like anyone would care even if I was gone, right? Actually, I bet you all *want* me gone! You all think I'm disgusting! You think I don't know, but I do... You want me gone!” (Kodaka, 2010). Much of this can most likely be attributed to her past, seeing as Toko was raised in a household where both of her parents openly admitted that they did not want her. While the entirety of the circumstances are unclear, it is at least confirmed that she was mistreated as a child, Toko recounting an incident where she had been locked in a closet for three days without food. It is through these traumatic incidents that Toko develops Dissociative Identity Disorder (DID), though it is socially known as multiple personality disorder or split personality disorder.

The DSM-5 describes DID as “... Two or more distinct identities or personality states[alters] are present, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self.... Amnesia must occur, defined as gaps in the recall of everyday events, important personal information and/or traumatic events” (American Psychiatric Association, 2013). As stated in the description, the existence of alters is a key symptom of DID, however the way that the game portrays Toko’s alter is completely inappropriate. Considering that this alter goes by the name Genocide Jack is labeled as the Ultimate Murderous Fiend, it already serves as an unfortunate sign about how things are going to go. Genocide Jack has not only killed 37 people, but keeps track of this by carving tally marks into her thighs with an extremely sharp pair of scissors that she also uses to kill her victims, referred to as her

“genoscissors”. She is shown to be extremely crude, making extremely inappropriate comments about her classmates' bodies, and is a genuine danger to those around her, threatening others with violence whenever she is agitated by them or simply because she feels like it. Genocide Jack's entire existence is essentially a walking DID stereotype, which is especially upsetting when realizing that DID is one of the most utilized mental disorders within horror video game settings. Characters with DID tend to be characterized as extremely aggressive and unpredictable, often switching to their alter for the sake of causing aforementioned violence or fear to the player character (Dickens, 2017, p. 114).

When it comes to DID, alters are meant to serve a purpose in some shape or form. In a more proper depiction, Genocide Jack would have been utilized as a protector of sorts, handling Toko's extreme fears of the dark, taking charge in socially overwhelming situations, and so on. While the argument could be made that Genocide Jack's prerogative of only killing men could serve as a protective measure due to Toko's treatment from her father, it leaves out that she was also mistreated by her mother as well as the fact that Genocide Jack explicitly states that she kills simply because she enjoys it. “Let me ask YOU something, Mr. Smartypants[Makoto]! Why does a soccer player kick stuff!? Why does a bookstore manager sell books!? You'd never ask them that, right!? It's exactly the same with me! So stop asking why and start asking why not!” (Kodaka, 2010). There was a lot of potential to do something interesting with Toko's DID, especially in creating an alter that was meant to serve as a protector of sorts and seeing how that plays out in a killing game. Genocide Jack does not serve as a way to assist Toko in the handling of day

to day life nor does she truly serve any purpose to Toko, not only promoting stigmas about DID, but completely misrepresenting it as a whole.

Beyond the complete butchering of DID's in the game is the sexualization of Genocide Jack as a whole. Already, women tend to be extremely sexualized in video games, and the Danganronpa series is no exception to this. This ties into the stigmas associated with mental health towards women especially, as gender differences do exist when it comes to this issue (Gestos et al., 2018, para. 4). As stated earlier, Genocide Jack is extremely crude, both in actions and words. She obsesses over one of classmates, Byakuya Togami, Ultimate Affluent Heir, and consistently makes lewd and sexual remarks about him despite him making it clear that he is disgusted by the comments and extremely uncomfortable with them. She also makes inappropriate comments about the intentions behind Kiyotaka and Mondo's relationship once Mondo is executed, implying that Kiyotaka is now "open for the taking" while talking to Makoto. Even in appearances, Genocide Jack is meant to read as more sexual than Toko, her character sprite receiving an elongated tongue as well as her skirt having an extremely high slit in it, exposing her leg up to only a few inches below her hip. More often than not, female antagonists in video games are meant to fill this femme fatale archetype, a certain level of inherent sexuality being ingrained in the danger (Gestos et al., 2018, para. 11). Genocide Jack is a prime example of this, where these dangerous behaviors are tied to sexual ones that are not shown whenever Toko is fronting. In a video game where the primary focus is a killing game, such things do not go unnoticed. It is especially prevalent when there are multiple male characters who have violent tendencies that go completely unsexualized

while Genocide Jack is the only female character that is labeled as violent and objectively the most sexual.

OMORI

OMORI is a game where the player interacts with the world through the protagonist character named Sunny, who is currently working through the death of his older sister, Mari. When Sunny is awake, the player follows him through Faraway Town, where Sunny lives. However, when he falls asleep, the player is instead taken to Headspace, an expansive dream world where they play as Omori, Sunny's alterego. The game is paced through this day and night cycle where events that occur in both worlds guide the player's actions, which can lead to one of five separate endings. The more prosocial that the player has Omori/Sunny act, the better the ending is, with more self-serving decisions pushing the player closer to one of the bad endings. The main goal throughout the game is to find Basil, one of Sunny's friends that also exists within the Headspace, while dealing with the Something. The Something serves as the main antagonistic force within the game, being a manifestation of Sunny's guilt, shame, and fears. The name is also an intentional choice to induce further fear, as is shown in how the game describes the Something's actions. "Something drags [target] into the shadows... Something bites [target]... Something is trying to talk to you..." (Bastino, 2020). In typical RPG fashion, there is turn-based combat that occurs throughout the Headspace, where status effects align with the party's emotional state. This leads to features and character skills such as calm down, focus, and persist, to be key elements to the game play.

With *OMORI* being a game that heavily relies on psychological horror as well as utilizing a character's emotional state to affect how the player strategizes for the game, it is inevitable that various mental illnesses will be brought up. However, it is clear that the development company did thorough research in their inclusion of these mental illnesses, as their incorporation is tasteful, accurate, and well thought out.

SUNNY

Sunny is the main character and protagonist of *OMORI*, serving as the conduit for interaction between the player and the world within the game. It is established that even before the events of the game that Sunny has always been a very soft spoken and withdrawn young man, often not speaking and even being stated to not enjoy smiling. Despite all of this, Sunny still cares deeply for his friends, being considered a good listener and very thoughtful to those he surrounds himself with. Even with these positive appraisals, Sunny still struggles greatly with his self confidence and self worth, perceiving himself as worthless and weak. Being the youngest within his friend group, he often feels as though he relies on them too heavily while not doing anything for them in turn. Sunny also finds himself getting frustrated very easily with small things setting him off with very little warning, such as houseflies in the store or the beeping of someone else's alarm. He does his best to stifle these frustrations, though they occasionally come out through sharp comments or other passive aggressive actions. Sunny is noted to have general difficulties socializing, though this could be due to the fact that after the death of his sister, he shut himself off to everyone for about four years. Despite the isolation, he still has an extremely active imagination that some could even claim teeters on escapism. Some of these traits may be strange to some, though begin to make much more sense

when one realizes that they are not odd behaviors, but instead symptoms of Sunny's depression, which has predated the events of the game as well as Mari's death (Bastino, 2020).

The DSM-5 describes Major Depressive Disorder as having a "...Depressed mood most of the day...Markedly diminished interest or pleasure in all, or almost all, activities most of the day...Significant weight loss when not dieting or weight gain... A slowing down of thought and a reduction in physical movement... Fatigue or loss of energy... Feelings of worthlessness or excessive or inappropriate guilt... Diminished ability to think or concentrate... Recurrent thoughts of death, recurrent suicidal ideation..." (American Psychiatric Association, 2013). Within the game Sunny displays almost all of the symptoms outlined, it either being explicitly stated or implied by other characters. As aforementioned, Sunny struggles greatly with his self worth and has an excessively negative voice when speaking with or about himself. "When do you think about others? How long are you going to let people take care of you? You say you care but you're a liar. You've never done anything for anyone. You're useless...less than useless. You're sick" (Bastino, 2020). *OMORI* does not attempt to hide the realities of Sunny's depression in the slightest. He is self-deprecating, he struggles to communicate, he has not been able to consistently attend school due to his depression, he has lost weight, and he is just struggling to continue with his day to day life in general. While it is not the prettiest picture to paint, it is still a realistic and accurate one. The game does not villainize Sunny for these traits nor does it attempt to find some sort of comedic relief in misrepresenting them. Sunny is simply depressed, and this depression is woven into the mechanics and story of the game in such a tasteful and accurate way that it manages to

add to the story without detracting from it. While Sunny's depressive traits and symptomology have been confirmed to exist prior to the events of the game, it is clear that the trauma over the death of his sister, Mari, worsened them and led to the development of PTSD.

Throughout the events of *OMORI*, it is revealed that Mari's death was not a suicide, but instead a case of involuntary manslaughter. In an argument over Sunny breaking his violin, Mari attempts to block him from going down the stairs. Sunny shoves Mari out of the way, causing her to fall down the stairs and go limp at the landing. Panicking when she appears unresponsive, Sunny drags Mari's body up to her bedroom to help her get some "rest", though soon has a breakdown once he realizes that she is dead. It is through the help of his friend, Basil, that Mari's death is staged as a suicide, helping Sunny avoid any blame. This, however, does not allow him to avoid the trauma of the events that have unfolded. Unlike with the previously discussed characters, the effects of Sunny's PTSD are taken seriously throughout the game and the symptomology actually makes sense. The trauma that comes with the death of a loved one can cause "...intrusive memories of the loved ones suffering or death, avoidance of the suffering or traumatic death, negative alterations in cognition and mood, and a number of hyperarousal symptoms..." (Wild et al., 2023, para. 6), all of which Sunny displays throughout the game. After Mari's death, Sunny openly hates playing the violin, an instrument he used to play while Mari played piano. It is also noted how much more withdrawn he has become to the point of being considered a shut-in, one of his friends stating, "How long has it been since you left your house? Three years? Maybe four?" (Bastino, 2020). Sunny's PTSD works to make the symptoms of his depression even

worse which is, once again, much more accurate to Sunny's already established traits and characteristics. Unlike *Danganronpa: Trigger Happy Havoc*, *OMORI*'s inclusion of PTSD as a key part of a character and a progressor of the plot does not come at the expense of people with a PTSD diagnosis.

BASIL

Basil is one of the main supporting characters within *OMORI* and serves as Sunny's best friend. He has a passion for plants, often sporting a flower from his garden somewhere on his body and going on enthused rants about them anytime he gets the opportunity. He also greatly enjoys photography, taking countless images of his friends so that he can cherish the memories that they all have together. Being rather sentimental, he keeps all of the images in a large photo album that he eventually gifts to Sunny after seeing him in person for the first time in years. He is extremely empathetic to those around him and considered one of the more sensitive people in the friendgroup. Basil is also extremely protective of those that he cares about, beginning to feel a sense of devotion the closer he gets to them. This can certainly be seen in how he chooses to handle the situation of Mari's death, immediately doing whatever he saw necessary to ensure that Sunny would not be blamed. This level of devotion causes him to even go as far as denial in relation to Sunny's involvement with Mari's death. "The day Mari died. When Mari... When Mari fell... You couldn't have done it. It was something behind you... wasn't it? You're a good person, Sunny. I know you're a good person! A good person wouldn't do something like that..." (Bastino, 2020). Sunny often struggles to cope with the realities of situations he deems unpleasant, either spiraling into a state of full blown panic or complete denial. These behaviors can easily be attributed to his GAD.

When it comes to the discussion of Basil's anxiety, players are once again met with a very realistic and grounded portrayal. There is an excuse to laugh at or infantilize him, which is another pitfall that many pieces of media can fall into. In infantilizing the symptoms of GAD it makes it much more socially acceptable to brush off or minimize them, leading to those who have GAD not being taken as seriously by proxy (Coppock, 2017, p. 14). Basil's anxiety is far from infantilized, it being made clear that his anxieties have pushed him into a morally gray area. It is revealed as the game goes on that Basil's extreme anxieties of being alone motivate his actions. His devotion to his friends pushes into the realm of obsession when the possibility that something might separate them. When it is brought up that Sunny may be moving out of town, Basil quickly excuses himself to the bathroom where he spirals while telling himself that Sunny leaving will lead to everything falling apart and him completely isolated. There are many other incidents in the game where mention of a character, especially Sunny, going somewhere spurs Sunny to ask if they will come back soon or encourage them to hurry back. Basil only directly confronts someone with these fears when Sunny walks in on him spiraling on another occasion, though upon attempting to leave, Basil quickly lashes out. "Where are you going!? Stop trying to leave me! Stop it! Stop it! Stop it! Stop it! I don't... want to be... alone... not again. You can't leave me again..." (Bastino, 2020).

Basil's anxiety is never played up for laughs, minimized, or invalidated. While it is key to the plot, it does not take inaccurate portrayals to keep the game entertaining or to amplify the fear or release the tension of the game. *OMORI* works to create a fear filled atmosphere that includes, but does not rely on, the mental illnesses that characters

possess. Their inclusion of these illnesses are still tasteful and well researched, and that is shown in how realistic and balanced their portrayals are in the game.

RESEARCH

QUESTION AND HYPOTHESES

While multiple studies have looked into the damaging effects of improper portrayals of mental health within media, there is not as much research on how prevalent these effects are within the genre that is the most consistent in displaying the aforementioned portrayals. Games like *Danganronpa: Trigger Happy Havoc* do not exist in a vacuum, and unfortunately there are not a plethora of games like *OMORI* that offer much more realistic portrayals of mental illnesses. The main question that guided the framework of this study was; do those who play horror video games hold more stigma towards and/or about mental illnesses than those who do not play horror video games? This led to the development of two main hypotheses. The first was that if one plays horror video games, then they will have higher levels of stigma about mental illness than those who do not play horror video games or play other video games. This hypothesis was formed due to the results of prior mentioned studies as well as the prevalence of inaccurate portrayals of mental health within video games (Shapiro & Rotter, 2016, para. 1). The second hypothesis was that if one has been diagnosed with a mental illness, they are less likely to hold stigmas about mental illness. This hypothesis was formed under the idea that when you are actively experiencing something such as a mental health disorder, you are less likely to believe certain untruths or displayed inaccuracies about it (Dunlap & Kowert, 2022, p. 126).

METHODS

The sample for this study included 216 adults aged between 18 and 49. All participants were enrolled at Western Kentucky University with varying demographics(See Table 1.1). 203 of the participants were recruited through Western Kentucky University's Study Board where they were incentivised to participate with the opportunity to receive extra credit towards applicable classes. Other participants were recruited through a QR code posted within various spots on the campus of Western Kentucky University, though there was no incentive to participate. All participants completed a survey online through Qualtrics (www.qualtrics.com). The survey consisted of multiple choice questions related to demographic characteristics, video game playing status, mental health status, and measures of stigma. Stigma was assessed utilizing an assortment of statements inspired by general stigmas that exist about those who are mentally ill. A Likert scale indicated how much a participant agreed with each statement(1 = strongly disagree, 7 = strongly agree)(See Appendix A). An example of a statement is "Having a mental health disorder does not automatically make you a dangerous person."

To increase reliability, parallel statements were created, where the scores went through a reversal to ensure that participants answered similarly. An example of this in relation to the former statement is "I feel that those with mental health disorders are more likely to be violent than those without them." This allowed for the mean of the answers to indicate stigma levels within a participant, with lower scores indicating higher levels of stigma and higher scores indicating lower levels of stigma. For this study, a factorial ANOVA was run with Level of Stigma(1 = High, 7 = Low) being the dependent variable

with Video Games (Horror Video Games, No Video Games, Other Video Games) and Mental Illness Diagnosis(Yes or No) being the independent variable.

Table 1.1 Participant Demographics

Diagnosed Mental Illness	Race	Gender			Total
		Female	Male	Other	
No	White/Caucasian	43	22	2	67
	Asian/Pacific Islander	4	1	0	5
	Black/African American	14	8	0	22
	Hispanic/Latino	1	1	0	2
	Native American/American Indian	1	0	0	1
	Mixed Race	6	3	0	9
	Total	69	35	2	106
Yes	White/Caucasian	72	18	3	93
	Asian/Pacific Islander	1	0	0	1
	Black/African American	5	1	0	6
	Hispanic/Latino	5	1	0	6
	Native American/American Indian	0	0	0	0
	Mixed Race	4	0	0	4
	Total	87	20	3	110
Total	White/Caucasian	115	40	5	160
	Asian/Pacific Islander	5	1	0	6
	Black/African American	19	9	0	28
	Hispanic/Latino	6	2	0	8
	Native American/American Indian	1	0	0	1
	Mixed Race	10	3	0	13
	Total	156	55	5	216

RESULTS

There was a significant effect of Video Games on Level of Stigma, $F(2, 210) = 11.76, p < .001, \eta_p^2 = 0.10$. Participants that play Horror Video Games ($M = 4.74, SD = 0.60$) had a significantly higher Level of Stigma than participants that play No Video Games ($M = 5.05, SD = 0.42$), $t(208) = 3.14, p = .006, \text{cohen's } d = 0.57$ or participants that play Other Video Games ($M = 5.17, SD = 0.45$), $t(208) = 4.80, p < .001, \text{cohen's } d = -0.77$. Tukey corrected post hoc tests indicated a significant interaction between Video Games and Level of Stigma. There was a significant effect of Mental Illness Diagnosis

on Level of Stigma, $F(1, 214) = 21.30, p < .001, \eta_p^2 = 0.09$. Participants that Have No Diagnosis ($M = 4.87, SD = 0.48$) had a significantly higher Level of Stigma than participants that Have a Diagnosis ($M = 5.15, SD = 0.54$), $t(213) = 4.62, p < .001, \text{cohen's } d = -0.63$. Tukey corrected post hoc tests indicated a significant interaction between Mental Illness and Level of Stigma (see Table 2.1, Table 2.2, and 2.3).

Table 2.1 Means(SD) for each condition.

	Horror Video Games	No Video Games	Other Video Games
Have No Diagnosis	4.66(0.56)	4.91(0.39)	4.99(0.36)
Have a Diagnosis	4.87(0.66)	5.17(0.42)	5.30(0.47)

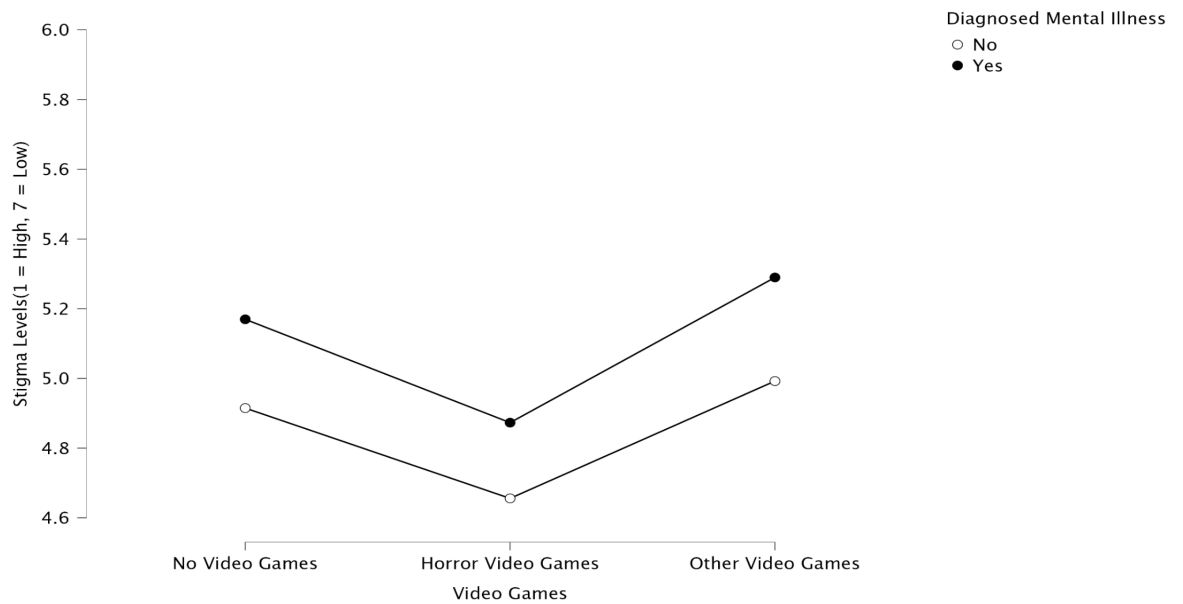
Table 2.2 T-Table with Level of Stigma as the dependent variable

		Mean Difference	SE	t	Ptukey
No Video Games No	Horror Video Games No	0.259	0.120	2.154	0.264
	Other Video Games No	-0.077	0.128	-0.607	0.990
	No Video Games Yes	-0.255	0.134	-1.907	0.400
Horror Video Games Yes	Horror Video Games Yes	0.042	0.132	0.316	1.000
	Other Video Games Yes	-0.375	0.117	-3.192	0.020*
	Other Video Games No	-0.337	0.111	-3.035	0.032*
Horror Video Games No	No Video Games Yes	-0.514	0.118	-4.372	< .001***
	Horror Video Games Yes	-0.217	0.116	-1.869	0.424
	Other Video Games Yes	-0.634	0.099	-6.415	< .001***
Other Video Games No	No Video Games Yes	-0.177	0.125	-1.416	0.717
	Horror Video Games Yes	0.119	0.124	0.962	0.929
	Other Video Games Yes	-0.297	0.108	-2.759	0.068
No Video Games Yes	Horror Video Games Yes	0.296	0.130	2.282	0.206
	Other Video Games Yes	-0.120	0.115	-1.048	0.901
Horror Video Games Yes	Other Video Games Yes	-0.417	0.113	-3.678	0.004**

Note. P-value adjusted for comparing a family of 6

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 2.3 Means for each condition modeled with a line graph.



LIMITATIONS

A possible factor that could have affected the results of the study is that Study Board only recruits students enrolled within psychology or psychological sciences courses offered at Western Kentucky University. Considering the majority of the participants were recruited through Study Board (94%). This could cause this demographic to be more educated on various mental illnesses, decreasing the chances that they may hold as many stigmas. Another limitation was the length of time in which the survey was open. At about one and a half months, the short period of time did lead to a smaller sample size than initially anticipated, which can also skew results. Another important acknowledgement is that, while the data supports a correlation between the measured variables, it does not provide a direction. There is a chance that those with

higher levels of stigma are drawn to horror video games compared to horror video games creating higher levels of stigma. Further research could be done in the future to test the direction of this relationship and further examine the way that the variables interact with one another.

DISCUSSION

The results of the statistical tests show that there is a strong relationship between playing horror video games and holding stigmas towards mental illness, where even within those groups those with mental illnesses held less stigma than those without mental illness. This supports both the first and second hypothesis proposed for this research. As previously highlighted, horror video games have a notable reliance on mental illness to push a certain fear factor or create further entertainment for players, often leading to mischaracterizations and misrepresentations of those illnesses (Ferrari et al., 2019, para. 8). This can be seen as a point of concern when considering that of those who enjoy playing video games, a reported 43% of them stated that they enjoyed the horror genre of video games (Clement, 2022). This is a large population of people being faced with exposure to inaccurate depictions and stereotypes that have a potentially harmful impact as others have theorized, as could be supported by this study.

This study gives grounds for future research to delve deeper into the facets of horror video games that promote stigma. Analysis over depictions of specific mental illnesses could lead to finding what types of portrayals are more likely to promote certain stigmas. There could also be further research done on the horror genre of media as whole to attempt to find the commonalities in depictions of the mentally ill across platforms. The findings of this study give proper cause to look into the horror genre as a whole and

encourages further analysis of how the genre goes about invoking fear within its audience.

CONCLUSION

When it comes to the portrayals of mental illness, the media has been very lackadaisical in ensuring that their portrayals are accurate and appropriate, often found to be using them for the sake of plot without much further consideration (Ferrari et al., 2019, para. 8). Some people may argue that critically consuming media can counteract the stigmas around or misrepresentation of mental illnesses and various other conditions, though studies have found that it is easier said than done. One study states that “men exposed to objectified and sexualized female characters within video games tend to hold sexist attitudes toward women in a real life setting and become more lenient to accept cultural rape myths” (Gestos et al., 2018, para. 14). On the other end of the spectrum, another study states that “positive representation of mental illnesses has shown to significantly improve self image[in those that have the represented mental illness]” (Dunlap & Kowert, 2022, p. 123). This is not only a matter of decreasing negative stigma and biases, but in improving the overall perception of self and others in relation to video games. It should also be noted, however, that this does not come with the suggestion of erasing the reality of various mental disorders. There are certain disorders that could cause an individual to engage in antisocial behaviors, with antisocial referring to the opposite of prosocial. This is not meant to be an advocacy for the erasure of the “less pleasant” symptoms of mental health disorders within media, but instead better researched and accurate portrayals.

In understanding mistakes of the past, we can avoid repeating them in the future. With this acknowledgement of mistakes made in *Danganronpa: Trigger Happy Havoc*

comes acknowledgement of mistakes made in an assortment of games and not just an imploremment, but requirement to do better when addressing such delicate matters. This is no insurmountable task, as *OMORI* makes clear. It is possible to incorporate mental illnesses into video games without promoting harmful stigmas and perceptions while also still making the game scary. The results of the study allow one to advocate for more video games within the horror genre to follow in *OMORI*'s footsteps by creating much more well researched and realistic depictions of mental illnesses that do not rely on a lack of knowledge to invoke fear. In doing so, this could be a factor that could possibly decrease the levels of stigma that could possibly be furthered through playing horror video games.

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APPENDIX

Appendix A | Stigma Survey Questions

All statements are answered on a likert scale:

**1: Strongly Disagree 2: Disagree 3: Somewhat Disagree 4: Neither Agree Nor
Disagree 5: Somewhat Agree 6: Agree 7: Strongly Agree**

1. I am good at talking to people with mental health problems.
2. If I had a mental disorder, I would worry that other people would think I am weak.
3. Having a mental disorder is nothing to be ashamed of.
4. Mental health problems are best tackled head on.
5. I would feel comfortable discussing a friend's mental health problems with them.
6. I would not mind being friends with someone with a mental health disorder.
7. I feel comfortable being seen in public with someone who is obviously mentally ill.
8. I think it is uncommon for people with mental health disorders to deal with social stigma.
9. If I had a mental disorder, I not would worry about other people's view of me
10. Having a mental health disorder is something people should keep to themselves.
11. I would feel uneasy being seen in public with an individual who is obviously mentally ill.
12. Those with mental health disorders deal with a lot of stigma from society.

13. I would have reservations about being friends with someone with a known mental health disorder.
14. I struggle when talking to people with mental health disorders.
15. Those with mental health disorders should try "toughing it out" before seeking assistance from a professional.
16. I would feel uncertain of what to do if a friend came to me to discuss their mental health problems.
17. People should not use mental health disorders to gauge if a person should be around a child.
18. Having a mental health disorder does not automatically make you a dangerous person.
19. Those with mental health disorders should not make major decisions for themselves without some form of consultation.
20. I do not think people with mental health disorders should be in charge of children.
21. Society does not benefit from having people with mental health disorders participate in it.
22. Employers should not look at applicants with mental health disorders any differently than those without them.
23. People with mental health disorders deserve to be taken seriously.
24. People with mental health disorders can make notable accomplishments throughout their lives.
25. It is difficult for people with mental health disorders to lead fulfilling and rewarding lives.

26. Employees suffering from mental health disorders are less reliable than other employees.
27. Those with mental health disorders can be trusted to make major decisions for themselves.
28. People with mental health disorders are not as ill as they depict themselves.
29. People with mental health disorders are able to contribute to society.
30. I feel that those with mental health disorders are more likely to be violent than those without them.