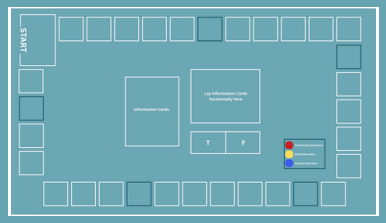
The Misconception Manual

RULE BOOK

Game Contents:



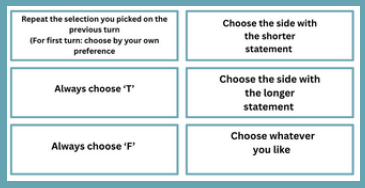
1x board

12x Disorder Cards

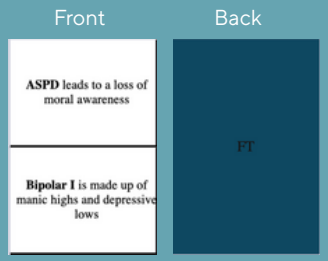
12 Voting cards
T = True
F = False

12 Player tokens
(6 colours x2)

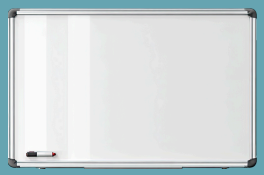
100 Tracking sheets
Colours correspond to Disorder categories.
Code is on board



6 Action Cards



60 Information Cards



1 Whiteboard to be used as the Scoreboard
1 Whiteboard pen

Game objectives:

Correctly identify all players disorder cards to win the game!

Learning outcomes:

To analyse given psychological information and distinguish whether the information corresponds to the category of misconceptions or truths.

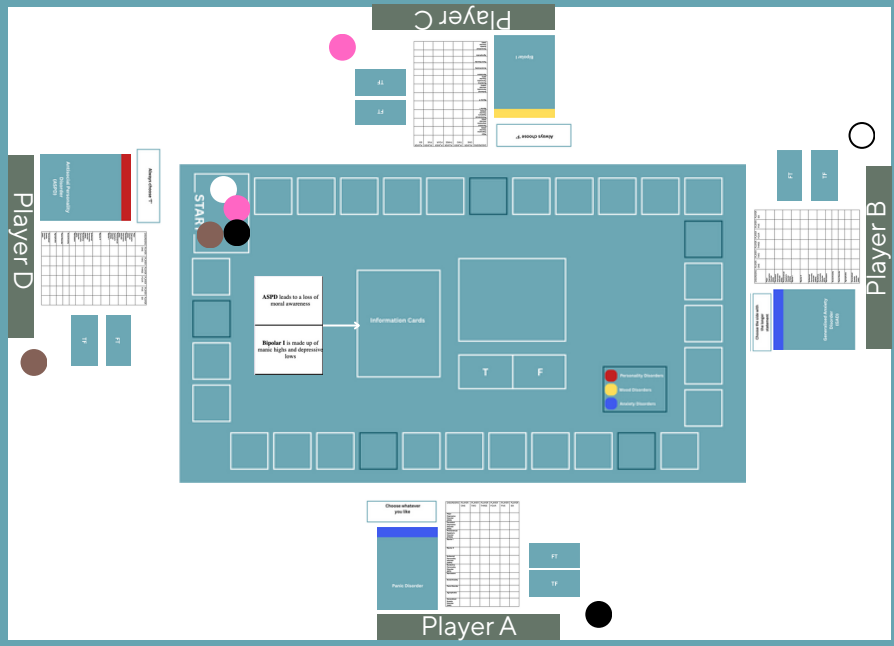
Tips for educators:

Shuffle the information cards before playing to ensure a varied range of information appears throughout gameplay

Set up:

1. Blindly shuffle the **Disorder Cards** and deal one face-down to each player
2. Deal one **Action Card** face-down to each player, one **Tracking Sheet**, a **Coloured Token** of their choice, and T**wo Voting Cards** (one 'TF' and one 'FT')
3. Select one player to manage the **Scoreboard**
4. Place the deck of **Information Cards** on the allocated board space, face-up
5. Place the second set of coloured tokens on the boards 'Start' space

Example set up



Gameplay:

1. After setting up, all players should firstly look at their **Disorder cards** and **Action cards** - **DO NOT** let other players see these
2. Players take turns to read aloud the information card on the top of the deck. The oldest player should go first, continuing in a clockwise direction. Ensure to keep the card in it's allocated board space while reading so all players can see
3. After reading the information card, each player puts forward a **Voting card**, depending on which order they believe the misconception/truth to be. The card is read top-down, so if a player believes the top box to be true and the bottom box to therefore be false, they should put forward the '**TF**' voting card, and vice versa.
4. After players have voted, the player who read the card flips it over to reveal the correct answer
5. If players are correct they move forward one space on the board and collect one point (to be noted on the **scoreboard**). ***If a player lands on a dark outlined space, refer to the 'Clue Space' sub-section below***
6. If players are incorrect they do not move, and do not receive a point
7. One player should then move the card to lay horizontally on the allocated board space. Ensure the information aligns with the correct 'F' or 'T' label on the board. ***See *Figure 1* for guidance**
8. Players must then use their second **token** and place it either on the "T/F" sector. Rules for placement are below:

If players hold a disorder card mentioned anywhere on the information card, they must place their tokens on the box corresponding.

If players do not hold a disorder card mentioned on the information card, they must refer to their Action card and follow the instructions to determine where they place their tokens

Example using Figure 2
If player A has the disorder card for ASPD they would place their token on the 'F' box in the figure below.
If player B has the disorder card for Bipolar I they would place their token on the 'T' box
If player C does not have ASPD or Bipolar I, they would follow the instructions on their action card

8. Once all players have placed their tokens accordingly, each player should make logical deductions on their individual tracking sheet to assist them in eventually guessing each player's disorder card correctly.

Example to assist deduction, using Figure 2
"Player A has placed their tokens on F (which corresponds to ASPD), this means that there is no way they hold the disorder card for Bipolar I, as they would have HAD to place their token on the 'T' space, if this was the case. Now I can cross out Bipolar I for Player A on my tracking sheet"

9. After everyone is finished players should remove their tokens and move onto the next round, repeating all the above steps.
10. **IMPORTANT NOTE: The board does not end. Once you reach the 'Start' space, you simply continue going round. The game only ends when someone correctly identifies all players' disorder cards.**

Clue Spaces

You'll notice on the board there are darker lined spaces. These are **Clue Spaces**
If a player lands on a clue space, they can use their points to perform one of three actions:

1. Use **2 points** to choose a player and see what disorder category their disorder is in (they must show you their card, while covering the name of their disorder so all that is visible to you is the coloured tab along the top). Do not let other players see this interaction.
2. Use **3 points** to secretly point to a disorder on your Tracking sheet, questioning another player of your choice (players being questioned can only answer yes/no). Do not let other players see this interaction.
3. Use **5 points** to verbally make your guesses. All players can hear. When guessing you must make one guess for each player. Players can only answer yes/no. To win all guesses must be correct. If not, the round continues as normal.

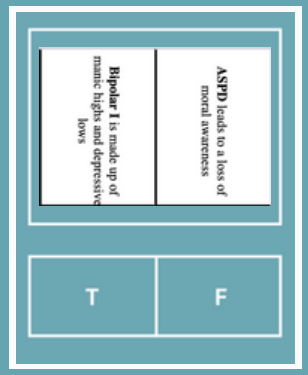


Figure 1
Here, "ASPD leads to a loss of moral awareness is false and "Bipolar I is made up of manic highs and depressive lows" is true. Therefore, ASPD is aligned with the 'F' square, and Bipolar I is aligned with the 'T' square.

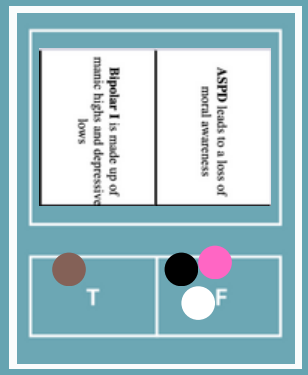


Figure 2

DISORDERS	PLAYER ONE	PLAYER TWO	PLAYER THREE	PLAYER FOUR	PLAYER FIVE	PLAYER SIX
	A	B	C			
Major Depressive Disorder (MDD)						
Persistent Depressive Disorder (PDD)						
Premenstrual Dysphoric Disorder (PMDD)						
Bipolar I						
Bipolar II	X					
Antisocial Personality Disorder (ASPD)						
Borderline Personality Disorder (BPD)						
Narcissism						
Social Anxiety						
Panic Disorder						
Agoraphobia						
Generalised Anxiety Disorder (GAD)						

Deduction using Figure 2

Disorder Symptoms:

Major Depressive Disorder (MDD)

Symptoms include:

- "Depressed mood"
- "Loss of interest or pleasure"
- "Weight/appetite change"
- "Sleep disturbance"
- "Psychomotor agitation/retardation"
- "Fatigue"
- "Feelings of worthlessness/guilt"
- "Cognitive dysfunction"
- "Thoughts of death/suicide" (APA, 2022)

Diagnosis occurs if symptoms are experienced for majority of the day, everyday, for over two weeks (NHS, 2023)

Persistent Depressive Disorder (PDD)

Almost all the same symptoms as the MDD, the real difference lies in the severity and duration of symptoms.
symptoms must have occurred for at least two years in adults for diagnosis to occur(Brown, 2025).

Premenstrual Dysphoric Disorder (PMDD)

Symptoms include:

- "Headaches"
- "bloating"
- "cramping"
- "mood swings"
- "Muscle pain"
- "Hot flashes"
- "Feelings of hopelessness"
- "Difficulty concentrating"
- "Suicidal thoughts"
- "Decreased interest in usual activities"

Diagnosis occurs if five or more symptoms are present the week before a woman gets her period, and symptoms are resolved once her period begins. (Brighten, 2024).

Bipolar I

Symptoms include:

- "Manic episodes"
- "Euphoric highs"
- "Impulsive behaviour"
- "Depressive episodes"

Diagnosis requires minimum one manic episode, regardless of whether a depressive episode was experienced (Neff, 2024)

Bipolar II

Symptoms include:

- "Long lasting depressive episodes"
- "Long lasting hypomanic episodes"

Diagnosis requires minimum one hypomanic episode and one depressive episode. (Neff, 2024)

Antisocial Personality Disorder (ASPD)

Symptoms include:

- "Hostility towards others"
- "Impulsive behaviour"
- "Disregard for rules"
- "feelings of superiority"
- "Manipulating others"
- "Not accepting responsibility"

Diagnosis occurs via mental health examination done by a professional (Cleveland Clinic, 2023)

Borderline Personality Disorder (BPD)

Symptoms include:

- "Emotional instability - rage, sorrow, shame, panic, terror"
- "Disturbed patterns of thinking or perception - upsetting thoughts, hearing voices, hallucinations"
- Impulsive behaviour - impulses to self-harm, impulses to engage with reckless and irresponsible activities"
- Unstable relationships - consistent feelings of abandonment or feelings that others are too controlling" (NHS, 2022)

Diagnosis occurs when an individual experiences a minimum of five symptoms (Salters-Pedneault, 2025)

Narcissism

Symptoms include:

- "Sense of self-importance"
- "Preoccupation with power"
- "Entitled"
- "Reduced empathy"
- "Envious of others, or believes that others are envious of them"
- "Must be admired"
- "Interpersonally exploitive for their own gain"

Diagnosis occurs when an individual experiences a minimum of five symptoms (Biggers, 2022)

Social Anxiety

Symptoms include:

- "worry related to everyday activities"
- "Avoid social activities"
- "find it difficult to do things when others are watching"
- "feeling sick, sweating, trembling or heart palipitations"
- "panic attacks"

Diagnosis occurs via mental health examination done by a professional, and is not limited by a certain number of symptoms experienced. (NHS, 2023)

Panic Disorder

Symptoms include:

- "Difficulty breathing"
- "Fatigue"
- "Chest pain"
- "Panic Attacks"
- "Fear of losing control"
- "Fear about having another panic attack"
- "Fear of something terrible happening" (Mental Health Foundation, 2023)

Diagnosis occurs when regular panic attacks are experienced followed by minimum a month of consistent worry regarding the possibility of having more panic attacks (NHS, 2023)
Agoraphobia

Generalised Anxiety Disorder (GAD)

Symptoms include:

- "Difficulty sleeping"
- "Restlessness"
- "Stomach problems"
- "Low mood or depression"

Diagnosis occurs when an individual feels anxious most of the time, and their day to day life is affected as a result. (NHS, 2024)

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