



# Magical Circles in Pandemic Times On Narrative Roleplaying Games at the Tobar García Children's Hospital for Mental Health (Buenos Aires, 2020–21)

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## Résumé de l'article

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## Magical Circles in Pandemic Times: On Narrative Roleplaying Games at the Tobar García Children's Hospital for Mental Health (Buenos Aires, 2020–21)

Santiago Barugel and Marileen La Haije

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*This article focuses on a narrative roleplaying game collectively constructed and performed at the Dr. C. Tobar García Children's Hospital for Mental Health in Buenos Aires, Argentina, during the COVID-19 pandemic. During this game, the hospitalized children, many of whom faced situations of extreme social vulnerability, learned concrete narrative skills (e.g., developing a fictional character, narrative plotting) which they could later use for playful practices of collaborative storytelling in their homes, schools, and neighbourhoods. We consider that it is necessary to study and share this creative process with the hope to enhance playful practices of collaborative storytelling with children in vulnerable contexts.*

**Key words:** *narrative roleplaying games, playful practices of collaborative storytelling, mental health care settings for children, children in vulnerable contexts*

*He-Man wakes up on a beach, and his head and body ache. The last thing he remembers is that his ship had sunk the night before in a storm while he was escaping from his kingdom and the dragons. When he opens his eyes, the first thing he sees is the face of a child with leaves in his hair who, in an unknown language, casts a spell that heals his wounds from the shipwreck. (quoted in Barugel, 2021, p. 18, our translation)*

This is the opening scene of the narrative roleplaying game collectively constructed and performed at the Dr. C. Tobar García Children's Hospital for Mental Health in Buenos Aires, Argentina, by children, the recreation team, and students specializing in recreation studies. As they play this game, the hospitalized children learn concrete narrative skills to realize playful practices of collaborative storytelling, such as narrative plotting and developing a fictional character, which they can later use at home, at school, or in their neighbourhood.

In this article, we invite and encourage practitioners and childhood studies scholars to care about, study, and multiply playful practices of collaborative storytelling with children in vulnerable contexts, through practice and research. In fact, most of the children who are hospitalized in the Tobar García Hospital face situations of extreme social vulnerability, including poverty, homelessness, and violence. In such cases, mental suffering is combined with situations of social vulnerability where children's rights are not, or not sufficiently, safeguarded: the right to education, to a home, to grow up in a safe and loving environment, to engage in play, recreational and cultural activities, etc. Moreover, children often experience prolonged periods of hospitalization in the Tobar García Hospital, not necessarily because of persistent mental health issues but because of a lack of space in assisted living

facilities, foster homes, or other child care and protection services.

We argue that when you work in a place like the Tobar García Hospital, it is fundamental to pay attention to, and engage with, the promotion and protection of rights. This rights-based perspective is key in the workings of the interdisciplinary recreation team at the Tobar García Hospital, of which one of the authors, Santiago Barugel, is part. The team proposes a diverse set of games and playful practices, including different variants of zombie games, carnival festivities, narrative roleplaying games, musical cocreations, sports activities (including invented sports), theatre workshops, and environmental education activities (e.g., identifying native plants). These games and playful activities are based on the individual and shared interests of those going through hospitalization. By proposing and supporting these games, the recreation team at the Tobar García Hospital fosters children's right to "engage in play and recreational activities" (United Nations Convention on the Rights of the Child, art. 31).

In this article, we focus on a significant experience with playful practices at the Tobar García Hospital: narrative roleplaying games collectively constructed and performed in the context of the COVID-19 pandemic (2020–21) by the hospitalized children, the recreation team, and students specializing in recreation studies. As we explain in the second section, this was a particularly complicated period in the hospital when, due to the protective measures against COVID, the freedom of movement, expression, and play of the children was even more restricted.

In the first section, we briefly contextualize the playful interventions of the recreation team at the Tobar García Hospital, addressing current debates on mental health care reforms in Argentina. We also discuss the legal framework of the 2010 National Mental Health Law (26.657), which aims to ensure the full enjoyment of human rights for those who experience mental suffering (Art. 1). This legislation demands that closed psychiatric institutions (including the Tobar García Hospital) be replaced by alternative health care facilities—a goal which, to date, has not been met.

The second section offers an in-depth analysis of the creative process that was mobilized through narrative roleplaying games with the children at the Tobar García Hospital in the context of the pandemic. The lens through which we read and reflect on these playful practices of collaborative storytelling features a combination of theoretical perspectives and methods based on our own backgrounds. Trained as a psychologist and recreation specialist, Santiago Barugel is dedicated to children's rights in vulnerable contexts. As part of the recreation team at the Tobar García Hospital, he was involved in the narrative roleplaying games from the beginning to the end. During this creative process, he carried out participant observations informed by the team's rights-based perspective on play with children in vulnerable contexts. We combined these participant observations with a narrative analysis informed by literary and cultural studies methods (e.g., narratology)—part of the methodological toolbox of Marileen La Haije, who is a Latin American studies scholar engaged with arts-based practices that promote the human rights of people who experience mental suffering, in and outside mental health care facilities. In this narrative analysis, we focus specifically on the plot development, the features of the different characters, and the connections between them.

## **Mental health and human rights in Argentina**

In Argentina, the 2010 National Mental Health Law (26.657) is considered to be a "substantial step forward" in protecting the rights of people who experience mental suffering (Barcala & Faraone, 2023, p. 579). This ambitious legislation calls for the development of a community-based, interdisciplinary mental health care system that safeguards the human rights of those who experience mental suffering, and the implementation of institutional bodies that monitor the promotion and protection of rights in mental health care facilities. One of the key objectives of the law is the closure of all psychiatric institutions, which should be replaced by hospital rooms in general

hospitals, as well as open-door care facilities (e.g., assisted living facilities, night and day hospitals, community residences).

However, recent studies have critically addressed the incomplete implementation of the law due to a structural lack of resources (Levin, 2023; Zaldúa et al., 2016). This lack is particularly evident in the Tobar García Hospital, featuring long waiting lists, overcrowded hospital rooms, and cases of prolonged hospitalization due to a lack of alternative care facilities (Barcala, 2019; Levin, 2023). Being the only children's hospital in the region dedicated exclusively to mental health, the Tobar García Hospital receives children from across Argentina as well as neighbouring countries. Symptom of the incomplete implementation of the National Mental Health Law, this strongly centralized mental health care system for children (as well as for adults) is caused by a structural lack of investments in infrastructure and specialized personnel with an interdisciplinary, rights-based approach to mental health in public institutions.

Moreover, due to the structural lack of resources, there is a critical shortage of assisted living facilities, foster homes and other care, housing, and protection services for children in contexts of social vulnerability. Often, children who are hospitalized in the Tobar García Hospital face situations of poverty, violence, or abuse combined with complex mental health issues that, in some cases, could endanger their lives or the lives of people close to them. Once this risk factor has been resolved, however, the hospitalization is often extended for long periods (e.g., 12 to 18 months) because of a lack of care, housing, and child protection services outside the hospital. The hospitalized children have nowhere else to go, no place to call their home. In this context, hospitalization resembles confinement rather than a therapeutic resource. In fact, the National Mental Health Law indicates that hospitalization, defined as a restrictive therapeutic resource, should only be carried out when it provides greater therapeutic benefits than other interventions that could be carried out within the context of the family or the community (Art. 14), and that the period of hospitalization should be as short as possible (Art. 15).

For the children, hospitalization often represents a difficult period of waiting, a period in which the possibilities to make decisions and take initiative in their daily lives, to develop and put into practice their interests, desires, knowledges, abilities, and responsibilities are rather limited (e.g., initiatives related to the food they are being served, the order and cleanliness of the places they cohabit, the therapies and workshops in which they can express themselves). Within this difficult context, the recreation team of the Tobar García Hospital has been taking action to guarantee these children the right to play. In fact, this hospital is the first psychiatric institution in Argentina to appoint an interdisciplinary team of recreation specialists as part of the in-patient care facilities.

The recreation team proposes playful practices that mobilize the desires, interests, and creative capacities of the children who are hospitalized. In this way, they promote an active appropriation of the periods of free time which are abundant during hospitalization. The long periods of free time in the hospital, when the children do not have any specific task or therapy, often exacerbate mental suffering and problematize the connections among the children, resulting in bullying and violence, for example. Rather than being someone with whom to play, the "other" is the enemy: someone who can attack or who should be attacked as a defence strategy. Through a diverse set of games, the recreation team seeks a bridge to foster ways to relate with each other by sharing the pleasure of playing.

We would like to illustrate this possibility to relate with each other through play by sharing an anecdote from the hospital rooms in which author Barugel took part. Two children are arguing, and it seems like they are going to end up fighting. In Buenos Aires, there is a youth slang phrase that says "I'm going to make you chicken." It basically means "I am going to beat the crap out of you; I am going to hit you a lot." So this boy, before hitting his roommate, instead of telling him, "I'm going to make you chicken," says: "I'm going to make you chicken *a la pomarola*." And I,

Santiago Barugel, start to laugh, because usually they say “I’m going to make you chicken” and then the fight starts, but that “chicken *a la pomarola*” phrase is very funny, because here he is talking about a dish. So I ask this boy: “Do you know how to make chicken *a la pomarola*?” And the three of us start to talk about the recipe for chicken *a la pomarola*, and then we discuss what things we like to cook. I ask them if they know how to cook (considering that they are very young children at the time). One of them explains that he used to cook for his little brothers at home. And finally we end up creating a cooking game, a restaurant. We set up a restaurant with delivery service.

In the following section, we focus on another significant experience in particularly difficult times during the pandemic, when the children at the Tobar García Hospital were able to relate with each other through narrative roleplaying games.

### **Playful practices of collaborative storytelling at the Tobar García Hospital**

During the pandemic, the possibilities for the children to play, to move between different spaces, to go outside, and to express themselves were limited due to the protection measures against COVID. All the activities had to be performed inside the hospital rooms with caregivers wearing several layers of protective equipment. Whoever came into the room—doctor, psychologist, music therapist—they all looked the same, resembling the image of an astronaut entering a small COVID-free planet. The children who were hospitalized at the time tried to get used to this situation, which was even more dystopic than the usual.

The recreation team proposed a series of playful activities with the children, inviting them to intervene in this dystopic situation. In one of these interventions, they painted the protective masks and white coats of their caregivers with colourful markers. On another occasion, the team gave the children their own masks and white coats to colour. Safety masks turned into masks or helmets of superheroes, white coats became heroic costumes. Through these interventions, the dystopic image of the COVID-free planet with identical-looking caregivers was playfully and creatively transformed.

It was in this unusual context during the pandemic that one day, after performing a game that involved creating monster-like characters, I, Santiago Barugel, introduced the topic of narrative roleplaying games. Through this game, the creation and enactment of fictional characters transformed, moving from bodily interventions towards a collective narrative production while sitting together around the table. With the children, the recreation team, and students specializing in recreation studies, we developed a narrative game inspired by the famous fantasy roleplaying game *Dungeons & Dragons*.

In this narrative game, one person performs the role of the “master” or coordinator, the main narrator who coordinates the collective story. The other players create and enact their own characters and their storylines. These characters can freely choose their desired actions, for example, to attack a creature, to win a discussion, to play a prank. They roll the dice with the aim of getting a score that is in line with the difficulty of their desired actions. Depending on the score they get with the dice (success or failure), the master or coordinator describes the effects of their actions. For example, if after deciding to attack a creature, the player rolls a 1 (the lowest score), the described outcome might be that they fail to attack the opponent due to an unfortunate fall. However, if they roll a 20 (the maximum score), the described outcome might be that they successfully defeat the opponent. These are the basic rules and coordinates of the game, which are explained in detail in the *Dungeons & Dragons* manuals. Beyond these rules and coordinates, what counts when playing *Dungeons & Dragons* or any other narrative roleplaying game is the creative process of collaborative storytelling, the creation of characters, and a certain amount of luck with the dice. Taking into account these basic ingredients, a narrative roleplaying game can be developed in diverse settings, including mental health care settings.



Recent students highlight the mental health benefits of roleplaying games in clinical and nonclinical settings. Based on a long-term study with adult participants performing Dungeons & Dragons in a therapeutic setting, Matthew Abbott and coauthors (2021) observe that the “participants described increased confidence in social situations, particularly with boundaries or making mistakes” (p. 1). Moreover, the skills they learned and practiced during the game helped them with interpersonal issues and conflicts they experienced in their lives (p. 13). The positive impacts of playing roleplaying games for the development of personal and social skills is also stressed by Rosselet and Stauffer (2013) in their study on the use of roleplaying games with gifted children. Roleplaying games, they argue, are “an effective way of intervening with gifted children and adolescents to improve their intra- and interpersonal skills” (p. 173), including creativity, self-awareness, decision-making, collaboration, and communication skills.

Our study focused on adolescents’ experiences with Dungeons & Dragons at the Tobar García Hospital underscores these observations about the positive impact of narrative roleplaying games in mental health care settings. At the same time, we agree with Graciela Scheines’ (1998) critical perspective on the instrumentalization of playful practices. Scheines warns against attempts to fit games “within the system of utilities and benefits of ‘real life’” (p. 38, our translation), which, according to her, would conceal the authentic meaning of play: “its ontological and existential essence” (p. 38). She writes: “By playing we relate to being, to life and death, the thereafter and the hereafter, the visible and the invisible.... We restore the connections between oneself and the universe, between oneself and others” (p. 38). Sharing this perspective, we do not seek to study the therapeutical functions or benefits of narrative roleplaying games as part of the children’s rehabilitation process. Rather, we focus on the collective story that the adolescents were able to create through this narrative game, and the positive effects of this creative process with regard to the connections that were fostered during hospitalization among the children and with their caregivers.

Santiago Barugel performed the role of the coordinator of the narrative game, but the input by the other players, their motivations, decisions, and initiatives were vital to the creative process. The children who participated in the narrative game created and enacted their own fictional characters, imagining their past experiences, future goals, and magical powers. Together with the recreation team and the students, they produced a collective story with wizards, princes, and other epic characters who travelled across continents, fought zombies, and found friendship and love. This story lasted for more than a year, including some interruptions in the middle.

It is important to note that most of the children who participated in the narrative roleplaying game did not know how to read and write, due to the situations of social vulnerability they faced. Still, they were able to generate these stories, making use of oral and visual languages. For example, a teenager kept in his notebook an inventory of objects featuring his character, carefully drawn by him: a spell book, a sword, magic potions, and so on. Sometimes he would ask an adult for assistance to write down questions that he dictated or important events that his character was going through.

These moments, created collectively through the narrative game, allowed us to sit together in what Scheines (1998), building on Johan Huizinga’s ideas about *homo ludens*, calls the “magical circle” of the game (p. 70, our translation). To play is to “found an order”—the “ludic order” (p. 50)—Scheines explains: To play, it is necessary to interrupt the order that determines life. The rules, values, hierarchies, and conventions that give meaning to a specific community “should stay outside of the game” (p. 50, our translation). By playing, Scheines argues, we create a kind of “scratch” in reality that allows us to “enter somewhere else” (p. 50, our translation); a time and space where the rules and realities of the everyday world are temporally suspended.

During the pandemic, the recreation team at the Tobar García Hospital sought to create this magical circle in the

hospital rooms through narrative roleplaying games (among other playful practices). When I, Santiago Barugel, would take a pencil and a paper to start playing the narrative game, all the hospitalized children would come together at the table or on the floor of the patio. Perhaps they had been experiencing a situation of distress a couple of seconds before, or they were arguing or fighting with each other. But when we would come back to our collective story, the atmosphere radically changed. The children showed a keen interest and desire to contribute to the story with new details, storylines, and characters, including their mascots. (The creation of mascots was one of the children's favourite aspects of the narrative game. For example, one of them created a wizard character who had a colourful bird as a companion. By pronouncing a magical spell, this character could increase the size of the bird to be able to fly on it.)

One of the students who participated in the narrative game described the enjoyable atmosphere during these moments of collaborative storytelling in her final report for the recreation studies course:

Around 12 o'clock, already dressed in our coats, we prepared to enter the hospital room. The two teenagers ran toward us to say hello. One of them had a cardboard sword and was very eager to start playing. [...] We all took out tables and benches and sat down to play under the tree. Santiago is the one who pulls the strings. Although I am still trying to understand how the rules work, there comes a moment when I forget to try to understand, and I pay attention to how incredible it seems to me how the kids are following the story and imagining situations and scenarios. (Bravo et al. 2021, our translation)

Those who were part of this creative process—children, adolescents, adults—shared the collective story with those who entered the room and wanted to join the narrative game, even if it was just for a few days. Everyone was able to create their own characters and storylines, weaving them together with those of the group.

According to Scheines (1998), all games respond to elemental fears of emptiness, chaos, death, and loss (p. 50). These fears are still present when we play games, but they “lurk from the outside and take on new forms” (p. 50, our translation). During hospitalization, concerns related to “what’s happening with my family?” or “when can I go home?” are part of the fears that the children are facing on a daily basis. In the narrative game, these fears become transitory, lurking from the outside and permeating the fantasy stories in diverse ways. One can travel across magical continents, knowing they cannot return home because their home has been invaded by monsters and dragons. Another can establish new friendships, while still searching for their long-lost parents. All of these different, interconnecting storylines were part of the collective story.

In what follows, we analyze a series of key components of this collective story, focusing specifically on the plot development, the features of the different characters, and the connections among them. We start with the first scene of the story, quoted at the beginning of this article. He-Man has just escaped from his kingdom, which had been invaded by dragons. He wakes up on a beach after a shipwreck. When he opens his eyes, he sees a wizard kid who is magically healing his wounds.

This first scene represents what Scheines calls the foundation of the ludic order, or the storyworld of the game. The scene introduces the story's main character: He-Man, a prince who lost his parents and has just escaped from his kingdom, which was invaded by dragons. Another key character introduced in this passage is Sombra: a young wizard who also lost his parents and was raised by wolves.

The painful family history of He-Man and Sombra, both orphans, is an important feature of these characters, and is also connected to the family history of their creators: two teenagers who participated in the story from beginning to end. The creator of He-Man knew he could not go back to his mother. They had already tried to reunite them several times, but this was not possible due to mental health issues of the mother and her son. His

last hospitalization was longer, because he was waiting for a place in an assisted living facility. The story of the creator of Sombra is very similar. His mother was not able to take care of him, and he was also waiting for a place in another care facility.

According to Santiago Barugel, the engagement of the two teenagers in this narrative game helped them to get through this difficult stage in their lives. They stopped fighting with each other. The tensions between them and with their caregivers were now channelled through the construction of their fictional stories. They had a plot, a narrative, a meaning to develop.

Key in this collective story is He-Man's objective: He-Man seeks to restore his kingdom. In the pursuit of the objective, Scheines (1998) observes, "there are allies and cons, opportunities that should be taken advantage of, unfortunate blows and unexpected situations that must be neutralized or compensated with ingenuity, skill, and speed" (p. 21, our translation). To synthesize, we have a main character (He-Man) with a goal, who gets support from a series of allies with valuable magical skills (including Sombra), and who is obstructed by powerful opponents (including zombie-like monsters). These are the basic ingredients of the narrative plot that can open up to an endless number of possible narrative threads and parallel storylines. These unlimited narrative possibilities are essential for the continuation of the game. As Scheines accurately observes, games with many rules and conditions do not tend to last very long. However, the most ambiguous games, she says, can become "inexhaustible" (p. 22, our translation). This was the case with the narrative game played by the children at the Tobar García Hospital, which lasted for more than a year and featured an endless number of storylines and characters with diverse mascots.

Throughout their travels across the magical world map, He-Man and Sombra make companions, successfully (and sometimes unsuccessfully) combat their enemies, and solve several enigmas. Through these experiences, they discover not only the nature of their enemies, but also the need to create and sustain companionship and solidarity. The connections that are fostered among the different characters during this narrative game also present peculiar situations. For example, He-Man manages to have a romantic relationship with the daughter of the leader of a wizard community, after several pranks and inopportune situations provoked by him.

This parallel love story is significant because it shows that the narrative game not only mobilized past-oriented narration: narratives that, from a retrospective perspective, deal with memories of orphanhood and the loss of family ties. The narrative game also mobilized future-oriented narration: narratives that, from a prospective perspective, imagined future life projects, new friendships, and other relationships.

In fact, when He-Man managed to win over a girl, his creator felt very proud and shared this success story with his caregivers. Author Barugel, having been involved in the narrative game from the beginning to the end, considers that this achievement, as part of the narrative game, has had important implications beyond the storyworld of the game. He-Man's creator, an adolescent with a provocative attitude who often made people feel uncomfortable by uttering sexually explicit comments, was now able to overcome the barrier that separated him from the others and find a way to relate to them.

This collective story, inspired by Dungeons & Dragons, is only one of the many memorable stories that were constructed and performed collectively at the Tobar García Hospital during the pandemic through playful practices of collaborative storytelling. Another narrative roleplaying game that was developed and carried out in the hospital room for female adolescents during the pandemic was inspired by hidden role games. These types of games feature various possible formats and stories. Examples are Shinobi, Mafia, Among Us (very popular during the pandemic), and *Sombra de lobos* (an Argentinian adaptation of the classic game *Les Loups-Garous de Thiercelieux* in the French original version, translated to English with the title *The Werewolves of Miller's Hollow*).



In this narrative game, each card represents a character with a specific role or function in the ludic order or the storyworld of the game. For example, their function might be to eliminate as many fellow players as possible, or to rescue them, or to discover the murderer without being eliminated while trying. Apart from the unanimous agreement among the players on the rules and terms of the game, which is key when playing together, this specific game features one vital rule that should not be broken: The players commit to keeping their eyes closed when a new character enters the storyworld of the game, so that their role remains hidden from the other players until the moment in which the master or narrator of the game, the one who coordinates the collective story, indicates that they can open their eyes again.

In the hospital room for female adolescents, the narrative roleplaying game that was particularly popular was based on the story of the Shinobi. This narrative game features an assassin ninja named the Shinobi who seeks to eliminate all the villagers while avoiding being identified by the other players. At the end of the game, the surviving faction (the villagers or the Shinobi) is the winner.

The participation of one of the players, J, was particularly telling, in the sense that it illustrates how she was able to develop certain narrative skills for collaborative storytelling which she, together with her fellow players, later shared with their new roommates. (We use the first initial to protect her identity.) J was a very energetic adolescent with a forceful voice and a strong character. She enjoyed playing in group settings, but her tendency to forget about, or not respect, the rules of the game often caused friction with her fellow players. This was also the case in the narrative roleplaying game based on the Shinobi story. In fact, J was not able to keep her eyes closed when the other players would enter the game with their new characters and corresponding roles. With the roles of the characters no longer hidden, playing the game did not make sense. In the beginning, this happened several times and J's fellow players got annoyed. J sought to find a way to participate in the game. First she just observed her roommates performing the game. Then she started to participate, asking her fellow players to cover her eyes when new characters would enter the game. Finally, she was able to enjoy playing together with her roommates.

In the end, J even became the master of the game, the one who coordinates the collective story. Performing this role, she enjoyed creating an atmosphere of mystery and intrigue. The following episode from the narrative game illustrates the mysterious features of the collective story, when J started to talk in her characteristically loud voice: "Night sets in in this small town, and everyone goes to sleep; so close your eyes. That's when the Shinobi wakes up, searching for victims." While J, in her function of coordinator of the game, was waiting for the assassin to decide who should be her next victim—by pointing to the player in question—she added new elements to the story: "The Shinobi sneaks through the streets, enters a house, and BAM."

When daylight returned in the game and everyone opened their eyes again, lively discussions on diverse topics would take place. In fact, the most interesting aspect of this narrative game was that, afterwards, the teenagers would continue discussing the outcomes: about how cunning the assassin had been in lying and pretending not to be the assassin, or about the clumsiness of some players who were not able to realize what was actually happening. Toward the end of this creative process, we could see how J was laughing together with her fellow players, and how she was occupying a different position than the one her peers usually assigned to her. Where she used to be considered noisy and bothersome, the one who did not play by the rules, now her fellow players appreciated her ability to observe attentively, valuing as well the active role she performed as the narrator of the collective story. That is, J's engagement in this narrative game in which she was able to develop and put into practice different skills and roles (from observer to player to narrator), positively influenced her connections and interactions with her peers outside the game setting.

Through practice and repetition, J and her peers became experienced players of this narrative roleplaying game,

and they started to use it as a welcoming game for new girls who would enter the hospital room. By doing so, they transferred the narrative skills they had learned (e.g., narrative plotting, developing a fictional character, as well as performative and rhetorical skills) to the new players, who could then do the same for others, and so on. They no longer depended on us, the recreation team, to coordinate and continue the collective story, but they would perform the game independently, including when we were not there and even after hospitalization.

In fact, the recreation team plans to create a role-playing game club (*Club de Rol*) for players in and outside the Tobar García Hospital (Barugel, 2021). The concept of this game club was initiated and developed together with M, who was involved in a series of narrative roleplaying games during the period in which she was hospitalized in the Tobar García Hospital. (We use the first initial to protect her identity.) After hospitalization, M continued to return to the hospital as part of her outpatient treatment. After the therapy sessions with her caregivers and as part of her rehabilitation workshops, we continued to meet to play narrative roleplaying games. M no longer had just one character; she had many. Moreover, she was able to perform the role of the master who coordinates the collective story. As a narrator, she presented unique, often hilarious situations and stories. For example:

While trying to expose a group of phonies as town wizards, two good friends, Sheily and Cupper, got into trouble. When they bought wigs at the thieves guild to dress up, one began to change colour and became dishevelled in seconds, drawing the attention of all the people around them. After getting into a heated argument with the seller, they got good financial compensation.

During this creative process, M and author Barugel started to think bigger, developing an ambitious plan for creating a roleplaying game club fostered and sustained by those who had played before and those who wanted to learn how to play narrative roleplaying games. The club will be an open space facilitated by the recreation team of the Tobar García Hospital, where children and adolescents can continue to flesh out their characters and storylines with the aim of multiplying these playful practices of collaborative storytelling in their communities. When M passes her exams and moves on to the next grade in high school, we will start to realize this plan.

### **Closing words: Fostering storytelling in vulnerable contexts**

The period of hospitalization of the creators of He-Man and Sombra ended in the same month in which their fictional characters completed their travel across the magical world map. He-Man returned home to his kingdom, together with Sombra and the wizard communities they helped and reunited during their travels. Together they fought a final battle and restored the kingdom, where He-Man became king.

These and other memorable stories created collectively by the children at the hospital served as a parenthesis and bridge simultaneously between the difficult times of hospitalization in the Tobar García Hospital and the different challenges and possibilities that the children's new homes, schools, and communities presented to them. In fact, through the narrative games, the creators of He-Man and Sombra, J, M, and other hospitalized children learned concrete narrative skills (e.g., developing a fictional character, narrative plotting, as well as performative and rhetorical skills) which they could later use for playful practices of collaborative storytelling in their homes, at school, or in their neighbourhoods.

This is one of the central aims of the recreation team at the Tobar García Hospital: to foster durable connections with community centres where the children can continue to play after hospitalization. The role-playing game club would be an important step forward in this respect, in addition to community-based practices that are already being carried out by the recreation team outside the Tobar García Hospital in collaboration with other organizations dedicated to playful practices with children in vulnerable contexts, including national and local

networks of *juegotecas*: community spaces with a diverse collection of games and multiple proposals for playful practices.

When we started to perform narrative roleplaying games at the Tobar García Hospital, our intention as adults was not that the children would learn how to “behave themselves,” but rather to bring them into the magical circle. In other words, these games are not intended as therapy with specific therapeutic purposes. The positive effects that arise in the relationships among peers are merely a consequence of the game. We, Santiago Barugel and colleagues from the recreation team, are not educators or psychologists. We share the pleasure of playing, just like the children do. In this sense, the game puts us in the position of equals. The game is not a means to an end. The game is an end in itself, and the main goal is to create together this “scratch” in the challenging reality of the hospital, even if just for a moment.

We consider it necessary to give an account of the creative process that was mobilized through narrative roleplaying games at the Tobar García Hospital with the hope of enhancing and multiplying playful practices of collaborative storytelling with children in vulnerable contexts, in and beyond Argentina.

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