

Provocations

1. **Reversal**
病人诊断医生，而不是医生诊断病人。
Patients diagnose doctors instead of doctors diagnosing patients.
2. **Reversal**
诊断必须经过病人的批准，才能正式生效。
A diagnosis must be approved by the patient before it can take effect.
3. **Escape**
精神病院不能使用任何疾病名称或诊断分类。
Mental institutions cannot use any names of illnesses or diagnostic categories.
4. **Escape**
医生不能解释病人的行为，只能原样记录病人自己的陈述。
Doctors cannot interpret patients’ behavior and can only record their statements exactly as given.
5. **Wishful Thinking**
每份诊断都会自动显示医生忽略、删除或排除的证据。
Every diagnosis automatically reveals the evidence that was ignored, removed, or excluded.
6. **Wishful Thinking**
同一个病人可以进入不同的历史时期，查看每个时期会如何诊断和治疗自己。
The same patient can enter different historical periods and see how each period would diagnose and treat them.
7. **Outrageous**
病人还没有开口，家属、社交媒体和医疗机构就已经共同完成了诊断。
Before the patient speaks, their family, social media, and the medical institution have already completed the diagnosis.
8. **Outrageous**
病人只有重复机构提供的解释，才能被宣布康复；任何质疑都会被记录为新的症状。
A patient can only be declared recovered by repeating the institution's explanation, while any disagreement is recorded as a new symptom.

How It Works

1. **Observation.** A participant views three ambiguous photographs without receiving any background information.
2. **Intuitive description.** The participant describes what the person might be doing. Their language often includes uncertainty, such as maybe, seems, or looks strange.
3. **Institutional translation.** The institution treats the participant's description as the only evidence. It does not question the person in the photograph or verify the actual situation.
4. **Official decision.** The uncertain description is translated into diagnostic language, a risk score, and an institutional recommendation.

This prototype examines how intuition and speculation can become official judgment when an institution removes uncertain language and places the statement inside a professional report. The form does not add new evidence, but it changes how credible the original statement appears.

How It Works

1. **Normal questions.** The test begins with questions that have familiar and verifiable answers.
2. **Gradual distortion.** The institution's preferred answers become increasingly incorrect, unreasonable, and eventually absurd.
3. **Correction.** If the participant continues choosing their own answer, the system rejects the response and continues testing.
4. **Alignment.** The participant can pass only after selecting the answers preferred by the institution.

What Agreement Means

Agreement does not mean simply saying yes. It means accepting a complete institutional narrative, such as:
My memory cannot be trusted.
My judgment is produced by my condition.
The institution understands my condition better than I do.
I am willing to stop questioning the diagnosis.

This prototype examines whether recovery can be redefined as successful alignment with an institution. It asks when a participant stops trying to provide the correct answer and begins trying to provide the answer that the system will accept.

Prototype 3 Moral Translation Index

Provocation method: A combination of Reversal and Outrageous
Provocation: Instead of diagnosing what illness a person has, the institution diagnoses why that person should be morally responsible for their condition.

Why this form: I used an ordinary health questionnaire because its familiar and neutral appearance can conceal the moral assumptions built into the scoring system.

How It Works

1. **Symptom selection.** The participant selects everyday conditions such as anxiety, fatigue, insomnia, stomach pain, overeating, yawning, or social withdrawal.
2. **Hidden translation.** The system converts the selected conditions into scores for Self Discipline, Work Capacity, Emotional Control, and Social Adaptation.
3. **Institutional result.** The participant receives a final profile, an institutional comment, and a recommendation for further evaluation or monitoring.

What It Examines

This prototype examines what happens when medical judgment becomes tied to moral evaluation. Physical or psychological discomfort is no longer treated only as a health condition. It becomes evidence of weak discipline, low productivity, poor emotional control, or social failure.