

# 'THE GREAT DARK WONDER'

Explorations in designing  
a system of care  
to address self-stigma  
about mental illness

Rachel M. Murray  
Thesis II Final Presentation  
May 9<sup>th</sup>, 2017



Pexels



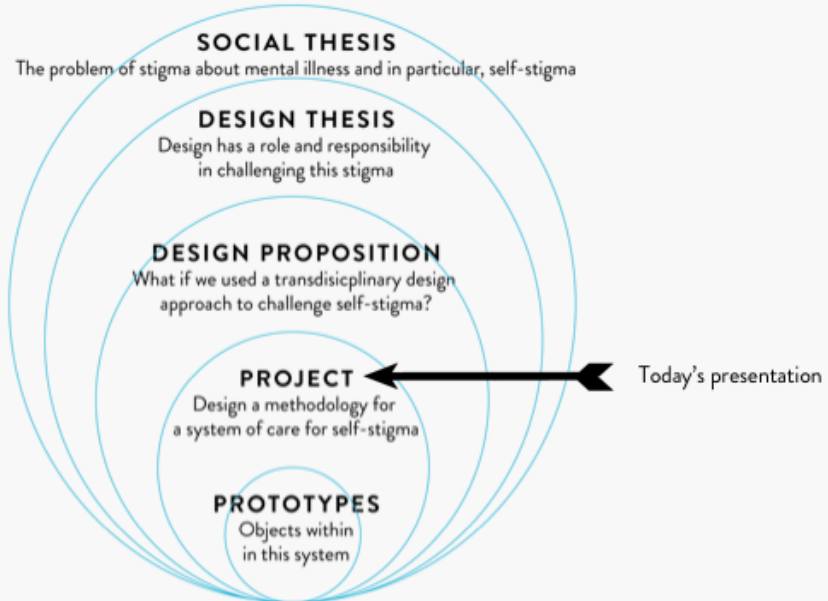
We may think in 2017, the stigma against mental illness doesn't exist. This video is an exploration that asks us to question our assumptions.





**Lighthouse** ...is a methodology that helps people  
fight self-stigma about mental illness  
create new narratives and end isolation

# FOCUS OF TODAY'S PRESENTATION



Read social thesis etc. and today's focus will be project and prototypes. Show you prototypes that led to project

# WHY: THE PROBLEM

Knowing so many systems challenges...

# 1 in 5

over 43 million (18% of adults in U.S.)  
experience a mental illness in a given year

# 56%

adults in U.S. with a mental illness received  
**no treatment**, including because of stigma

National Alliance on Mental Illness





## GAPS AND BARRIERS TO ADDRESSING SELF-STIGMA

- **Access to resources:** Those that work aren't accessible to all
- **Compliance and individualism:** Problematic and too individualistic
  - Compliance is 'individual' - dogma that success tied to individual not community
  - Culture of secrecy around illness tied to shame and American individualism
- **Operationalization:** Recovery plans don't carry over after hospitalization; peer support is patchwork system
- **Participation:** Little participatory civic cultures integrating mental health advocacy as part of treatment
- **Positive stories:** these don't 'bubble up', seen as 'Hollywood's job' (not seeing connection between civic engagement and narrative - 'somebody else' can do it)
- **Stigma itself:** Public stigma keeps self stigma going ('Ouroboros effect')

# GOALS

These include:

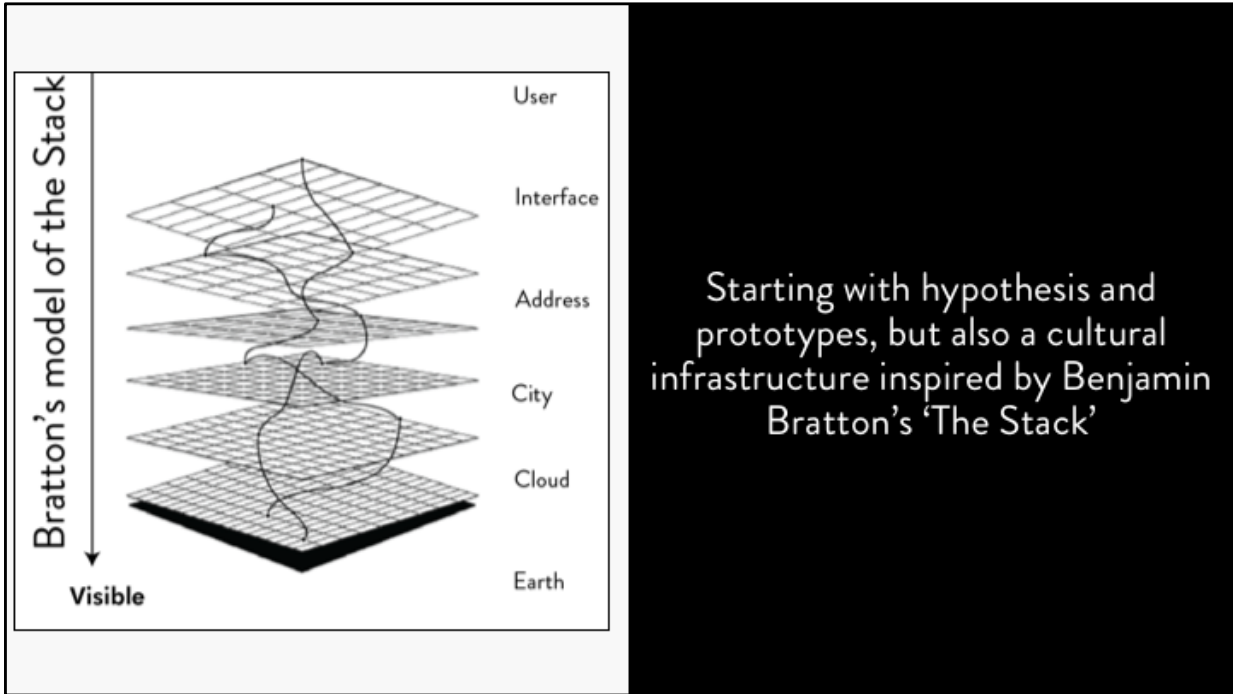
- **NARRATIVES:** Shift the dominant narratives illness that are negative to **alternative narratives**
- **INFRASTRUCTURES:** Create an **infrastructure** that allows for lived experienced peers expertise to be better integrated into current treatment
- **GAPS:** Use that infrastructure to address **gaps** in care
- **EMPOWERMENT:** Encourage empowerment and pride when reframing illness
- **END OF ISOLATION ERA:** Reduce **isolation** around mental illness



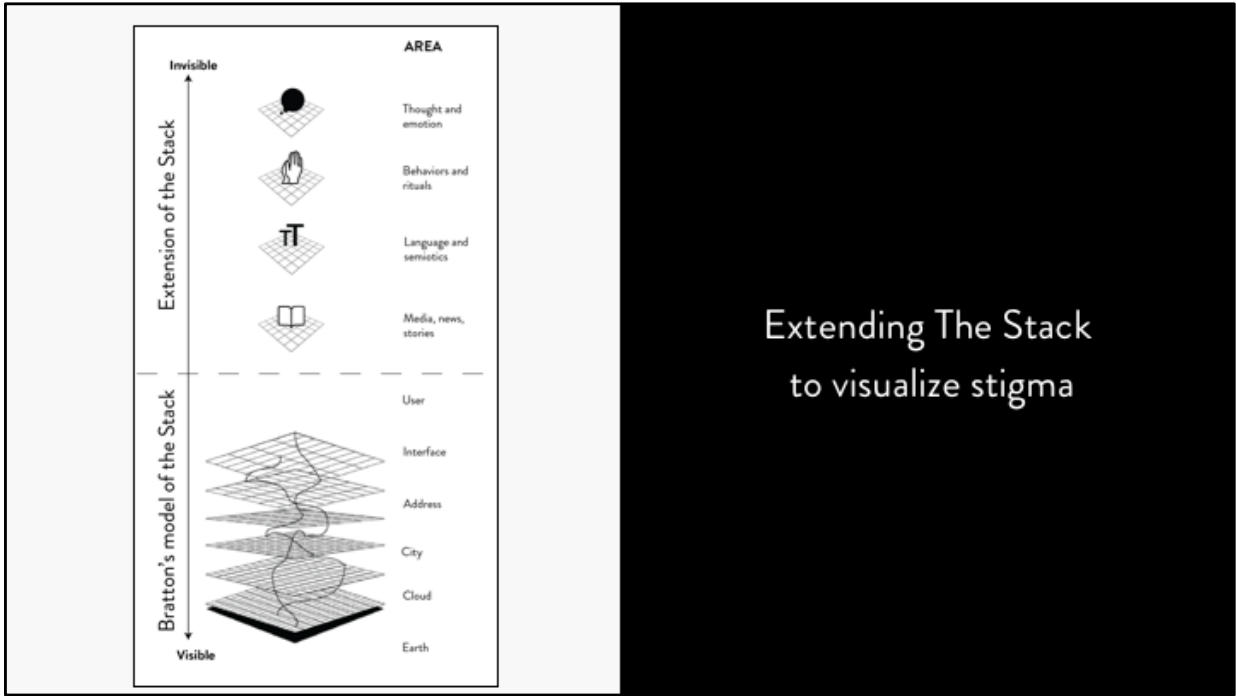
Self-stigma and public stigma - will be tackled when we create the infrastructure and 'scaffolding' to dismantle them. We can expand Benjamin Bratton's Stack as a framework of how to build such infrastructure via Lighthouse.

# WHAT: THE INTERVENTION





Knowing so many systems challenges...



I've been inspired by Benjamin Bratton's 'Stack', from user to Earth, and wanted to extend this out – using my hypothesis as my guide, but also as this metaphor of cultural infrastructure. So I identified issues and applicable theories and shaped my design interventions.



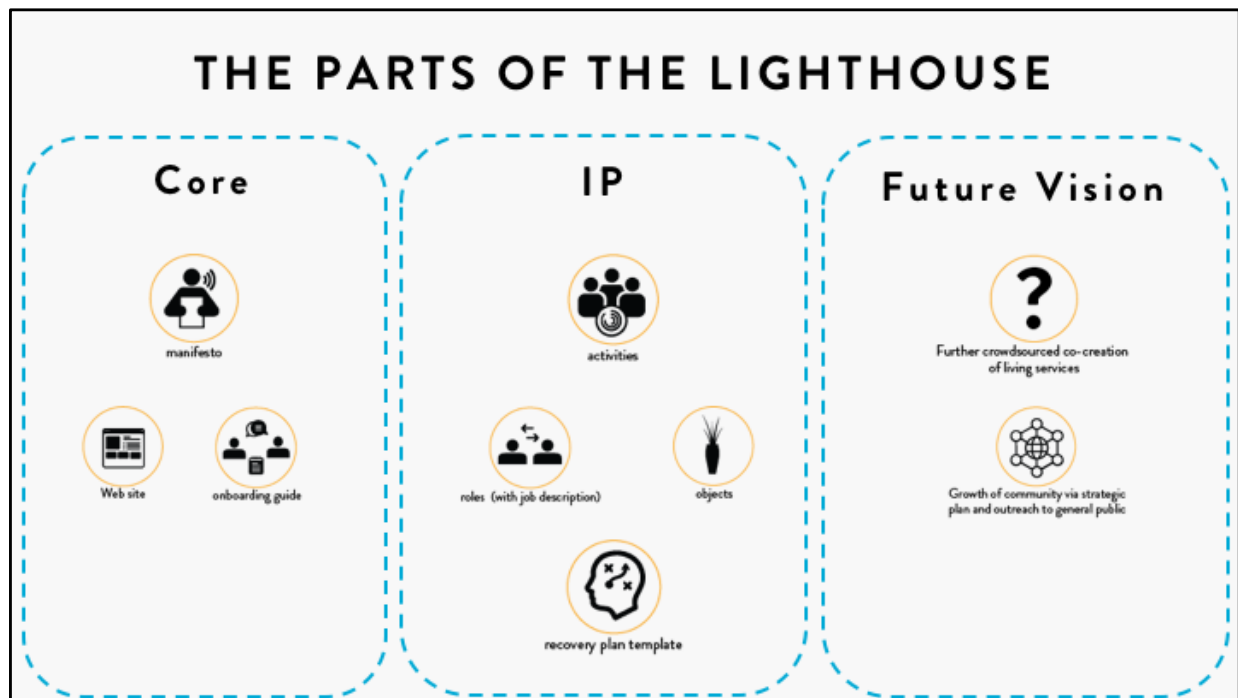
When we extend the stack out we start to touch on where stigma lives -

	AREA	ISSUES IN MENTAL ILLNESS TREATMENT AND SELF-STIGMA	EXAMPLE OF APPLICABLE THEORY	MANIFESTATION/ DESIGN INTERVENTION	
Extension of the Stack ↑ Invisible		Thought and emotion	Treatment for self-stigma often involves therapy - not accessible to all	Recovery oriented systems	Activities and objects - identity lives here
		Behaviors and rituals	Lack of collective frameworks for action to change behavior; lack of rituals for living and healing with mental illness	Invisible infrastructures participatory civics cultures, peer to peer support recovery oriented systems,	Activities creating new rituals for recovery via peer groups
		Language and semiotics	Lack of challenges to self-stigma because of popularity of stigmatized language through casual violence ('take your crazy pills' etc.)	Recovery oriented systems invisible infrastructures	Activities and new stories that challenge the negative stigmas through political activism
		Media, news, stories	Lack of dissemination of positive stories about mental illness - predominant narrative is negative and 'mad/bad/sad' tropes	Evocative objects	Activities challenging negative stories via media activism, creation of new stories/personal narratives
Bratton's model of the Stack ↓ Visible	User	Less incentives to identify because of stigma and fear of consequences	Peer to peer support	Identity tied to revealing one's mental illness via collective group empowerment see as positive	
	Interface	Lack of evocative objects of recovery used as part of treatment	Evocative objects	Objects and interfaces using new methods to deliver recovery content	
	Address	Lack of public spaces for conversations about policy on treatment of mental illness	n/a	Activities/events creating new spaces or presence in existing spaces	
	City	n/a	n/a	Research from Lighthouse adds to field of urban design and mental health	
	Cloud	n/a	n/a	n/a	
	Earth	n/a	n/a	n/a	

The full model of extending the Stack to address stigma

And so my work looked at some of the issues, found applicable theories and then mapped out design interventions along it.



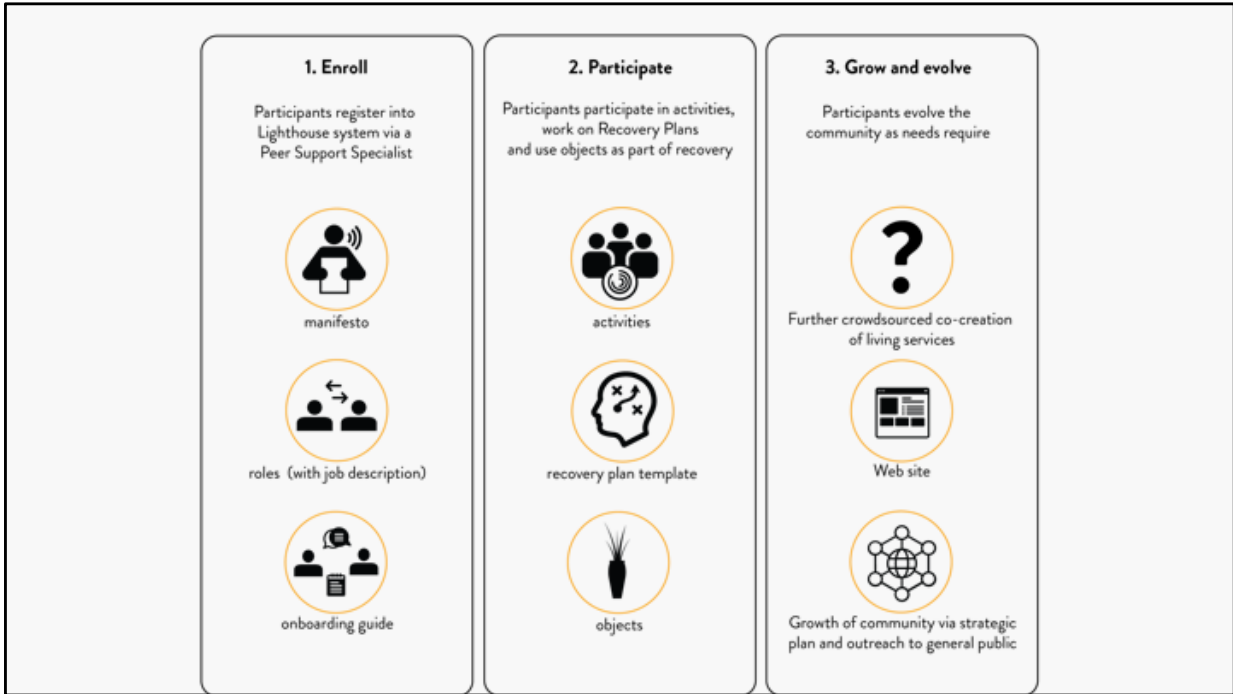


To understand the design interventions, there are three parts of what I've designed – the 'core', the 'IP' or uniqueness, and the future vision.

Core – some of the basics for a service – digital infrastructure, manifesto or philosophy behind it, and onboarding guide into the system

IP – uniqueness of this work – activities peers lead, peers leading (role), evocative objects and the recovery plan documents

Future vision – commitment to living service



To give you a better sense of how this works, I'll walk you through a light level scenario – I've done customer journey map and biz model canvas and all that you can view at my exhibit, but this is the basics of how the system works, and then I'll dive into a few key touchpoints.

# ACTIVITIES OR 'RITUALS'

	 'Survival Sundays' - Ritual of Support	 'Mindful Mondays' - Ritual of Mindful Maintenance	 'Teaching Tuesdays' - Ritual of Teaching	 'Writing Wednesdays' - Ritual of Writing	 'Thankful Thursdays' - Ritual of Thanks	 'Fun Friday' - Ritual of Pleasure	 'Success Saturdays' - Ritual of Success
<b>Connecting Area or Recovery Practice</b>	Spirit (connection to community)	Body (connection to health) and Spirit (connection to community)	Head (connection to purpose)	Head (connection to purpose)	Spirit (connection to community)	Spirit (connection to community)	Head (connection to purpose)
<b>Area in Participatory Civic Culture model?</b>	Distinct Cluster: Create Practice: Build Communities Distinct Cluster: Connect Practice: Connect within Group	Distinct Cluster: Connect Practice: Connect within Group	Distinct Cluster: Connect Practice: Connect within Group Distinct Cluster: Inform Practice: Learn About Issues	Distinct Cluster: Create Practice: Set Issues, Produce Media Distinct Cluster: Inform Practice: Learn About Issues, Spread the Word Distinct Cluster: Organize, Mobilize Practice: Organize, Mobilize Distinct Cluster: Connect Practice: Network beyond Group	Distinct Cluster: Organize, Mobilize Practice: Organize, Mobilize Distinct Cluster: Connect Practice: Network beyond Group	Distinct Cluster: Create Cluster Practice: Produce Media Distinct Cluster: Connect Practice: Connect within Group Distinct Cluster: Connect Practice: Network beyond Group	Distinct Cluster: Connect Practice: Connect within Group Distinct Cluster: Organize, Mobilize Practice: Organize, Mobilize
<b>Purpose</b>	To listen and support one another by honoring the challenges of lived experience	To nurture self-care and prioritize health	To actively learn how to do what's necessary to address each plan - and share one's knowledge back to the community	To make time to challenge negative stories and instead focus on creating positive narratives <sup>1</sup>	To make time for gratitude and to ensure that thankfulness extends towards action	To make time for pleasure, fun and wellbeing	To create pathways and momentum towards achievement of one's goals - and turn dreams into reality
<b>Description</b>	An emotional support group to actively listen to those in need of support	Services on general mental self-care (yoga, meditation etc.) such as possible expansion of mobile health units for physical health and education (yoga, exercise etc.)	Classes where participants learn and are encouraged to share and teach skills. External domain experts would help teach how to focus in class on a study teaching (knowledge sharing) by members as way to give back. Can have classes where creative support objects are made in partnership with community	As an additional measure to fight self- stigma, the group analyzes negative narratives in media and create positive stories in response (similar to Amnesty, but better writing circles, the focus is on media advocacy in response through publicity of positive stories and other actions	A circle of thankful group that takes time to elaborate what has gone well, and find ways to share the thanks with others out in the community (group bloggers, etc.)	A social group - cooking classes, movies and arts events in the city etc. and possible artistic classes. Events for families are also encouraged, as are events co-sponsored with others	A 'success circle' support group to actively help identify plans, track and achieve progress towards goals in your Recovery life plan. This leverages the objective advice of others to work on goal planning and tracking
<b>Artifacts</b>	Less focus on artifacts - possibly use of creative objects as a group	Yoga mat, perhaps people bringing their creative objects	Materials for class	- Database of negative stories and media contents etc. - Templates for self-reflection - Templates for activism	- Database of community groups - Templates for self-reflection - Templates for possible actions to take	Calendar	Recovery life plan with SMART type sheets/journal
<b>Affirmation<sup>2</sup></b>	I am thankful for the bonds of community and to know that I am not alone	I am thankful for my ability to prioritize taking care of myself	I am thankful for the ability to learn and to be actively engaged in my world	I am thankful for my ability to take action to help others	I am thankful for this moment of contentment, and will find deeper meaning by sharing my beauty with others	I am thankful for this moment of contentment, and will find deeper meaning by sharing my beauty with others	I am thankful for my ability to do what I can now - and I can get there in the future

<sup>1</sup> Rieger, Winicki, Nera, and Tangle, Shareholders, "Learning through practice: Participatory culture circles." *Health and Participatory Politics: Research Network*, Research Foundation (2010).

<sup>2</sup> A compilation of common negative narratives in media can be found on <http://thispageisgoingdown.com/why/What/What/what/>. This list is more than simply words of the monthly. It is a "color" but rather transformation through incorporating recovery and holistic ideas using Amber Link's "Narrative Therapy" (therapeutic to the meaning, together of truth, history and biography in response to form a rich, if complex, form of segments of the story in which one practices the self) - in multiple genres of writing, including poetry, fiction, long-story, drama, and creative nonfiction. It is a comprehensive form of writing using the idea of meaning boundaries as the basis of its form.

<sup>3</sup> Because self- stigma can affect self-esteem, the linkage between thankfulness and mindfulness of one's current situation is a pathway to establish future-forward mental models to prevent self- stigma.

**Success Saturdays - Ritual of Success**

Head (connection to purpose)

Distinct Cluster: Connect  
Practice: Connect within Group

Distinct Cluster: Organize, Mobilize  
Practice: Organize, Mobilize

To create pathways and momentum towards achievement of one's goals - and turn dreams into realities

A 'success circle' support group to actively help identify, plan, track and achieve progress towards goals in your Recovery life plan. This leverages the objective advice of others to work on goal planning and tracking

Recovery life plan with SMART type sheet/journal

I am thankful for my ability to do

# A DAY IN THE LIFE OF LIGHTHOUSE

Creating social bonds and community around 'vocational training' and life skills planning helps to address compliance (sticking to treatment plans)

(read grey column)

# OBJECTS OF CULTURE AND OPERATIONS

## Looking for Peer Support Specialists - come be part of the change!

Full time work in New York City starting in July 2017  
for those interested in mental health education at Lighthouse NYC

### Who we are and what we do

At Lighthouse, we're about creating human connections in support of mental health, and ending the stigma and isolation that can happen with mental illness. Our support operations are the heart of the organization, being, in essence, the New York City's largest peer support organization of those with mental illness and how they can help others along. As part of the City's commitment to mental health, light houses is a non-profit that has been recognized by the state as a public health provider. We're a passionate group of experienced mental health professionals, managers, trainers, and others that support with mental health. We recognize the many ways that we can help on the ground level of support to help people get what they need, and we're here to support you, too. We know that with your help, we can change the face of mental illness in the city - and that's one of the reasons of change. We're not making this.

- Experience: You'll have experience with mental health issues directly and/or speak about your experience openly.
- Eligibility: You can either be a student or an employee in New York City.
- Passion: Strongly motivated, general problem-solving personality.
- Creativity: Comfortable working in a wide variety of settings.
- Learning: Being willing to learn and understand different cultures and ways of thinking.
- Communication: Being able to explain to others in a clear, concise, and respectful way.
- Commitment: Being able to commit to a role for a minimum of 6 months in the Peer Support Specialist role, including a minimum of 40 hours per week.
- Education: You must have a high school diploma or GED, or an equivalent degree in a field related to mental health or a related field.
- Language skills: We're especially interested in those with multi-lingual language skills.

### What you'll be doing

Peer Support Specialists have experienced mental health concerns themselves and/or have supported family members through their mental health experiences, and are committed to helping others with mental health concerns. They will provide support services to clients with mental health issues. The Peer Support Specialist will be a member of the Lighthouse team and provide peer support services to clients with mental health issues. The Peer Support Specialist will be responsible for providing support services to clients with mental health issues, including providing information and peer support for clients in a safe and supportive environment. The Peer Support Specialist will be responsible for providing support services to clients with mental health issues, including providing information and peer support for clients in a safe and supportive environment.

Using the Lighthouse methodology (LHM), Peer Support Specialists will be responsible for providing support services to clients with mental health issues. The Peer Support Specialist will be responsible for providing support services to clients with mental health issues, including providing information and peer support for clients in a safe and supportive environment.

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**WE** believe in the power of the collective to change the conversation about mental illness into a conversation about mental wellness.

For too long too many have experienced shame about mental illness. We have stayed in the shadows, not revealing our pain, experiencing isolation and ignorance, condemned by misery as being inferior, broken, forgotten.

That time will end, and that time will end with me.

No longer are we willing to let mental illness be a source of shame. We together - those with experience with mental illness, and our allies who support us - will fight the ignorance and social violence, reject assumptions and lazy thinking, and challenge what it means to live with mental illness - the thinking of others that limits us, the thinking from ourselves that limits us. We come out of the shadows to support each other, no longer content to be silent and on the outside, no longer willing to see negative stories being the dominant narrative about mental illness. We reject this negativity, and find strength in the solidarity of others to write our own stories.

We will celebrate the thousand paths to recovery, and know that when the mountains are hard to climb, that the support of others will carry us up. We understand that every journey isn't a smooth path, a shiny self-help saying or a ribbon on a jacket, and that some days no amount of effort will make the pain you feel disappear. We stand by you, help you make that day pass, and help you get up, that yourself off, and get back to climbing that mountain. And when you reach the top, will be there to celebrate. And you'll turn around and help that next person up that hill - and no longer will we ever feel alone.

From this day on we build a community to give people the respect, agency, and tools to change their lives and live with mental wellness. We build a world that respects and honors our experiences, recognizes the perseverance we each have when living with mental illness, and creates recovery plans to be meaningful, joyful and full lives. We will use the objects, activities, and tools to live lives of recovery and harness the power of the collective to shape a future of mental illness - through recovery, peers, and perseverance.

We walk forward as part of a movement that believes in the power of change, resilience, and the power of us. We believe in Lighthouse - and that the journey to recovery takes steps, and it starts with one person. That one person is **ME**.

Manifesto

- LIGHTHOUSE ONBOARDING WELCOME FORM -

**About you**

Tell me about yourself:

What is your biggest? What do you want to?

How would you describe your personality?

How do you best spend your free time?

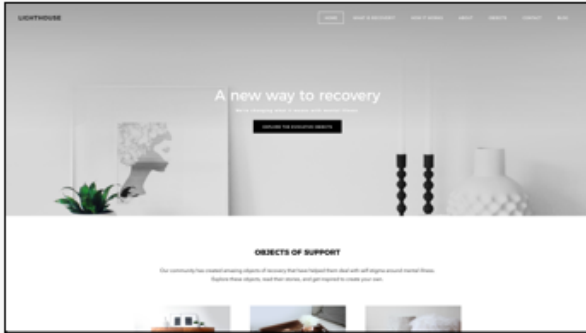
How do you best spend your free time?

Light NYC

Onboarding form (excerpt)

Job description (excerpt)

# OBJECTS OF CARE AND SUPPORT



Web site



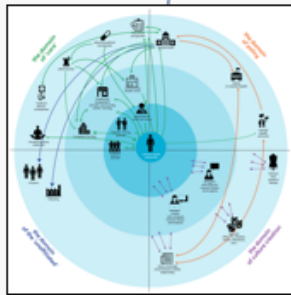
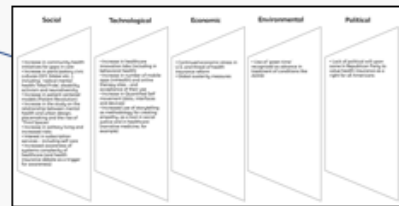
*Objects and activities to make the objects*

Vase with story I discuss in my thesis book

# HOW: THE PROJECT'S EVOLUTION

Knowing so many systems challenges...

Stage of development	Pre-projects	Projects	Maintenance	Operational projects	Post-project activities
1. Strategic planning	Identify the need for a project and the potential benefits of a project. Conduct a feasibility study and a business case analysis. Obtain approval from the relevant authorities.	Develop a project plan and a budget. Obtain approval from the relevant authorities. Start the project.	Monitor the project progress and ensure that it is on track. Report on the project progress to the relevant authorities.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.
2. Project planning	Identify the need for a project and the potential benefits of a project. Conduct a feasibility study and a business case analysis. Obtain approval from the relevant authorities.	Develop a project plan and a budget. Obtain approval from the relevant authorities. Start the project.	Monitor the project progress and ensure that it is on track. Report on the project progress to the relevant authorities.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.
3. Project execution	Identify the need for a project and the potential benefits of a project. Conduct a feasibility study and a business case analysis. Obtain approval from the relevant authorities.	Develop a project plan and a budget. Obtain approval from the relevant authorities. Start the project.	Monitor the project progress and ensure that it is on track. Report on the project progress to the relevant authorities.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.
4. Project completion	Identify the need for a project and the potential benefits of a project. Conduct a feasibility study and a business case analysis. Obtain approval from the relevant authorities.	Develop a project plan and a budget. Obtain approval from the relevant authorities. Start the project.	Monitor the project progress and ensure that it is on track. Report on the project progress to the relevant authorities.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.	Ensure that the project is completed on time and within budget. Evaluate the project and report on the results.



## Process and its outputs



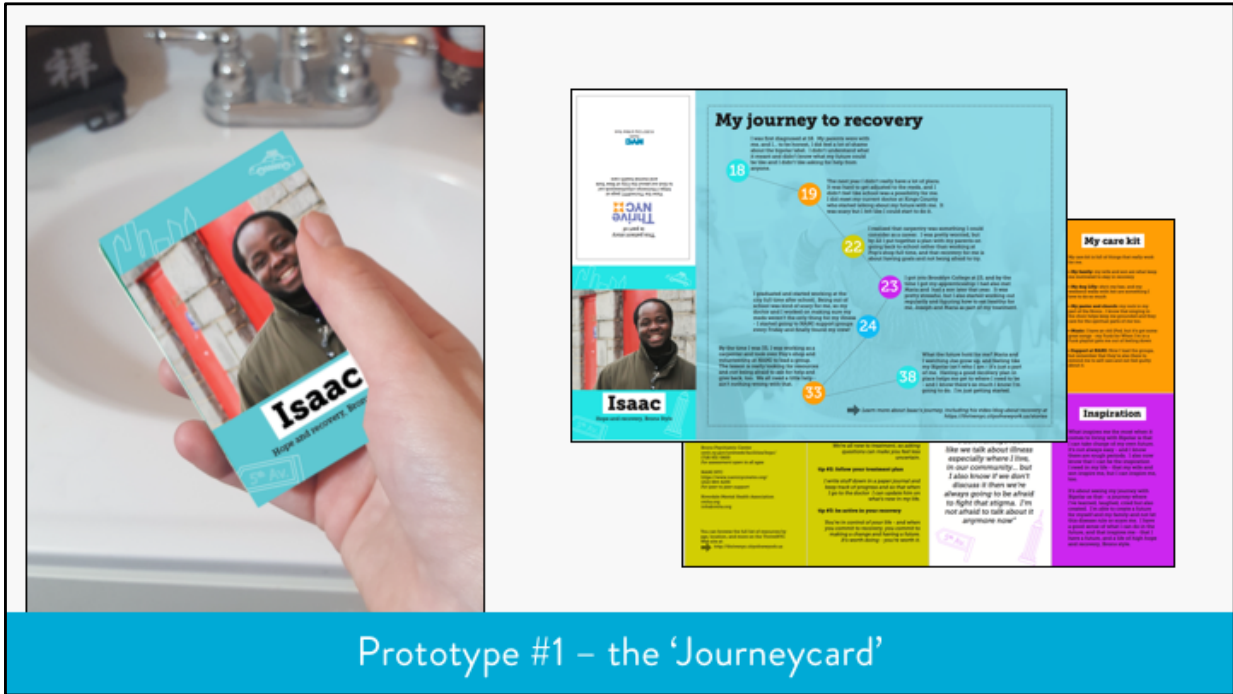




## PROTOTYPES AS EXPLORATIONS

- Variety of design disciplines and mediums
- Variety of self-stigmas – medication, the experience of illness etc.
- Variety of focus – the touch points vs. how they fit together (the system)

Don't say didn't build out.



Using communication design with paper to push recovery oriented content

**My journey to recovery**

I was first diagnosed at 18. My parents were with me, and L... to be honest, I did feel a lot of shame about the bipolar label. I didn't understand what it meant and didn't know what my future could be like and I didn't like asking for help from anyone.

18

The next year I didn't really have a lot of plans. It was hard to get adjusted to the meds, and I didn't feel like school was a possibility for me. I did meet my current doctor at Kings County who started talking about my future with me. It was scary but I felt like I could start to do it.

19

I realized that carpentry was something I could consider as a career. I was pretty worried, but by 22 I put together a plan with my parents on going back to school rather than working at Pop's shop full time, and that recovery for me is about having goals and not being afraid to try.

22

I got into Brooklyn College at 23, and by the time I got my apprenticeship I had also met Maria and had a son later that year. It was pretty stressful, but I also started working out regularly and figuring how to eat healthy for me, Joseph and Maria as part of my treatment.

23

I graduated and started working at the city full time after school. Being out of school was kind of scary for me, so my doctor and I worked on making sure my meds weren't the only thing for my illness - I started going to NAMI support groups every Friday and finally found my crew!

24

By the time I was 33, I was working as a carpenter and took over Pop's shop and volunteering at NAMI to lead a group. The lesson is really looking for resources and not being afraid to ask for help and give back, too. We all need a little help - isn't nothing wrong with that.

33

What the future hold for me? Maria and I watching Joe grow up, and feeling like my bipolar isn't who I am - it's just a part of me. Having a good recovery plan in place helps me get to where I need to be - and I know there's so much I know I'm going to do. I'm just getting started.

38

**Isaac**  
Hope and recovery. Bronx Style

Learn more about Isaac's journey, including his video blog about recovery at <https://thrive.nyc.cityofnewyork.us/stories>

A longitudinal journey to address confusion and reduce anxiety and convey the value of sticking to a recovery oriented plan

- This is a fictionalized story is Isaac, with Bipolar I disorder, and his journey with key moments in treatment.
- There's not often this 'longitudinal' view on illness in the stories, but they're important to share as well – from 18 to 33. It also taught me copy matters as much as the visuals
- I also used the ThriveNYC brand while I worked out the branding possibilities of who would deliver the service – it's the City of NYC strategic plan to address mental illness
- I see this as where peer to peer support and recovery come in – so accompanying infrastructure to capture stories via a volunteer peer-to-peer support to manage and run it, tailored to different conditions.
- While each illness and experience is unique, this is an opportunity from the start to instill some connection via peer to peer support to reduce isolation

**My treatment plan**

This is the plan I developed with my doctor and wife.

- **Eating healthy:** I don't skip breakfast any more, and focus on eating more veggies. I'm never going to give up BBQ, but if I walk more, I know BBQ can happen.
- **Exercise:** walking is what I love, so I make time for it every day even if it's just 15 minutes.
- **Meditation:** I don't think about meds any more - it's just part of my own morning routine after coffee.
- **Therapy:** I see my doctor every month, talk on alone, and keep at my treatment because it's worth doing.

**My recovery goals**

My recovery goals are about staying the course and doing what works in my plan. It's also about a few more things this year.

- **Getting back:** NAMI and support groups were there for me, so going back to help kids not feel as scared when they get diagnosed is what I'm about these days.
- **Balance:** I know I sometimes work too hard, so I want this year to balance work with home so my family.
- **Keep coming up with goals:** I like thinking of new goals for recovery but don't feel like I'm challenging myself this year to learn new skills. That's my goal for 2017. Figure out what skills I want to pick up. There's a 3D printing lab down the street - maybe start hanging out there.

**My care kit**

My care kit is full of things that really work for me.

- **My family:** my wife and son are what keep me motivated to stay in recovery.
- **My dog Lilly:** she's my best, and my weekend walks with her are something I love to do so much.
- **My pastor and church:** my rock in my part of the Bronx. I know that singing in the choir helps keep me grounded and they care for the spiritual parts of me too.
- **Musik:** I have an old iPod, but it's got some great songs - my Papa Joe When I'm in a funk playlist gets me out of feeling down.
- **Support at NAMI:** How I lead the group, but remember that they're also there to remind me to self care and not feel guilty about it.

**Resources**

Resources in the Bronx include:

- Bronx Psychiatric Center  
with my appointments facilities/clinic  
718-951-0400  
For assessment open to all ages
- NAMI NYC  
<https://www.naminyc.org/>  
323 694-6235  
For peer to peer support
- Riverside Mental Health Association  
[www.rhma.org](http://www.rhma.org)  
[info@rhma.org](mailto:info@rhma.org)

You can browse the full list of resources by age, location, and more on the TriWestNYC Web site at: <http://thetriestcityofnewyork.us>

**Tips**

**tip #1: ask questions about treatment**

We're all new to treatment, so asking questions can make you feel less uncertain.

**tip #2: follow your treatment plan**

I write stuff down in a paper journal and keep track of progress and so that when I go to the doctor I can update him on what's new in my life.

**tip #3: be active in your recovery**

You're in control of your life - and when you commit to recovery, you commit to making a change and having a future. It's worth doing - you're worth it.

**Inspiration**

What inspires me the most when it comes to living with Bipolar is that I can take charge of my own future. It's not always easy - and I know there are rough periods. I also now know that I can be the inspiration I need in my life - that my wife and son inspire me, but I can inspire me, too.

It's about seeing my journey with Bipolar as that - a journey where I've learned, laughed, cried but also created. I'm able to create a future for myself and my family and not let this disease rule or scare me. I have a good sense of what I can do in the future, and that inspires me - that I have a future, and a life of high hope and recovery. Bronx style.

**“I don't always feel like we talk about illness especially where I live, in our community... but I also know if we don't discuss it then we're always going to be afraid to fight that stigma. I'm not afraid to talk about it anymore now”**

- This all maps to key recovery oriented content – treatment plan, goals, care kit, resources, etc. While recovery oriented means treatment should be tailored to Isaac’s unique situation, seeing someone like Isaac can set forth a new narrative that mental illness is not mad/bad/sad.
- Resources could be tailored by geography – so in this case the Bronx
- The psychiatrist I ran this by found it was key – there’s a move to show more culturally competent, diverse materials, and could be customized for various conditions, and expanded as necessary.

FEEDBACK FROM USERS:

- Cultural competency is important - there's a move to embed this in healthcare, and customization here works. The psychiatrist I ran this by found it was key because we know targeted interventions that address specific groups – like the city's outreach about postpartum depression matters
- Cost points to implementation – still a role for paper, which helped make this successful
- Reducing isolation at onboarding – having an 'Isaac' - is an ingredient of social cohesion. The idea of 'onboarding' is an important pain point – key for reframing. I had someone who responded to my note in the school, and he said even seeing someone researching the topic made him feel like he was less alone. What we can do to reduce isolation provides wellbeing

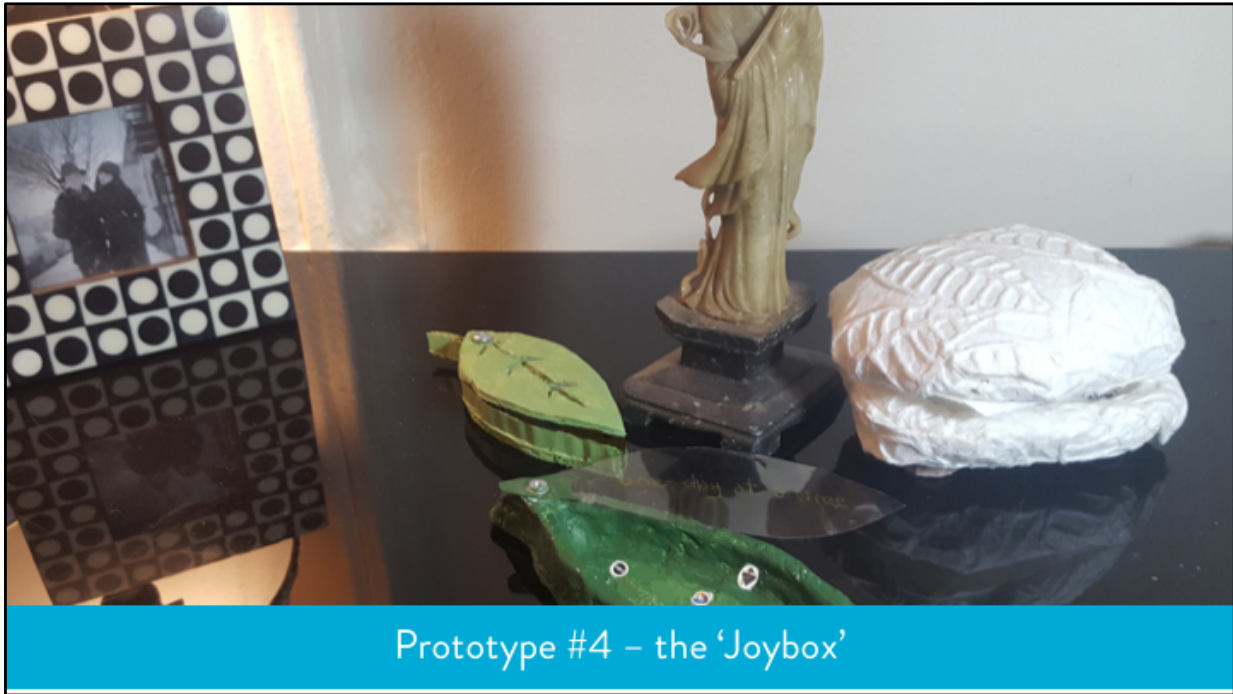


Using communications design but working to integrate design to objects and exploring personalization



Prototype #3 – the 'Joybottle'

Using more product design to push



Using the physical design of boxes to again use design to make visible and embed recovery



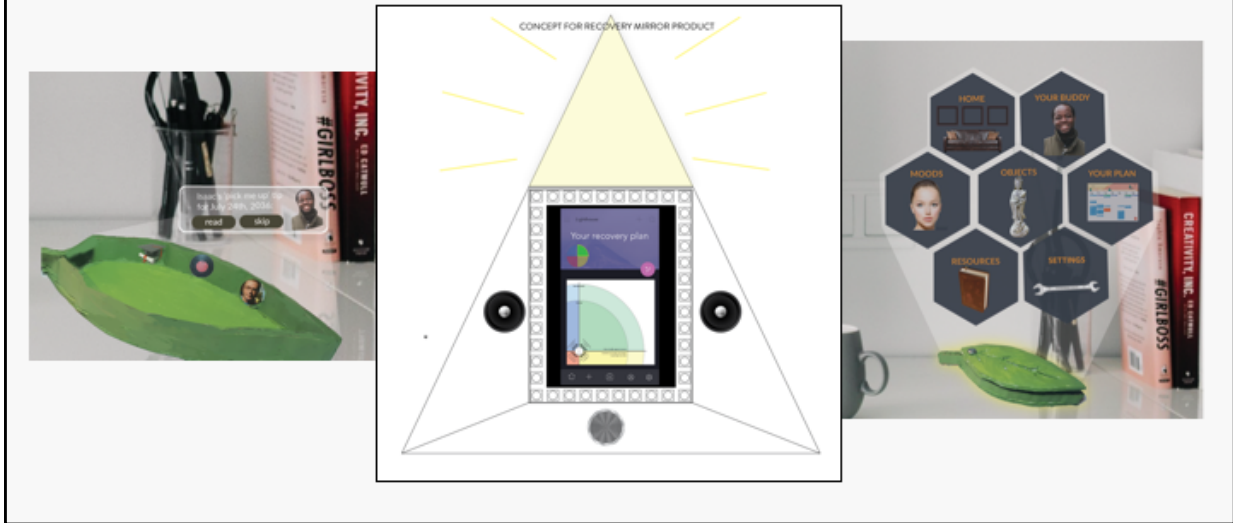


## PROTOTYPE #5 – 'THE JOYVASE'

And the culmination of the  
prototyping  
into a coherent system

Using design to materialization a concept – in this case, using narrative written on an object to make it 'more' evocative

# FUTURE WORLDS NOT YET DISTRIBUTED



Future possibilities

# EVOLUTION OF THE PROJECT



Evocative **objects**  
of healing  
as 'solution'



Cultural  
**infrastructure**  
around the object



+



**Methodology**  
and way of thinking  
about illness itself

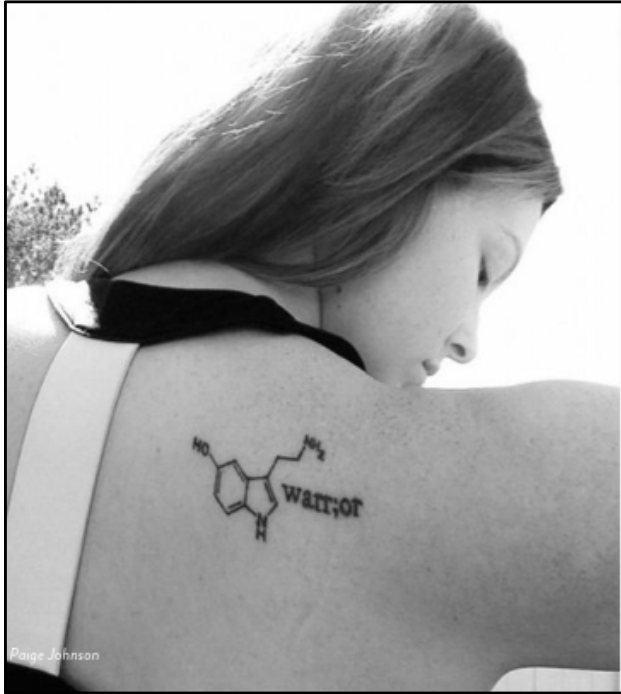
# WHY: 'THE META' AND CONCLUSION

Knowing so many systems challenges...

# WHAT LIGHTHOUSE CAN CREATE



- **Increased empowerment** for consumers because of a change in vision about mental illness due to increased openness in society to discuss sensitive issues
- **Increased treatment** options from an alternative/auxiliary peer support
- **Increased civic engagement** which creates meaning, helps increase empowerment and decrease isolation
- **Increased dialogue** that reshapes the way we look at mental illness
- **Increased awareness** of the role of cultural infrastructures
- **Leverages the power of community** to turn individual crisis into collective healing (see Paris terrorist attacks and group mourning)



We can use design to shape culture and and create new narratives of resilience about mental illness

...where neurodiversity and illness is understood

...where mental illness isn't stigmatized and we all reach our full potential

...where mental wellness becomes integral to how we build our society.

This is the challenge for design –weighty, paramount, but achievable. The question is when we make that world a reality – and how soon we can start.

— • THANK YOU • —

Rachel M. Murray | [rachelmmurray@gmail.com](mailto:rachelmmurray@gmail.com) | [murrr779@newschool.edu](mailto:murrr779@newschool.edu)

Sources

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