

MICHELLE SMITH - 0452226

SURFACE PATTERN DESIGN

RESEARCH IN CONTEXT

LECTURER – JULIA LOCKHEART

ESSAY QUESTION: *Outline a current environmental, political, or social issue that requires redesign. Explain how you will solve this issue over the duration of your future design career. Underline the tools and approaches you will use and discuss how and why.*

Outline a current environmental, political, or social issue that requires redesign. Explain how you will solve this issue over the duration of your future design career. Underline the tools and approaches you will use and discuss how and why.

The social issue we are going to explore in this essay is the role of the mental health system in Wales in managing people with mental health conditions. There is a mental health crisis in the western world especially the UK, where according to Mind, a UK based mental health charity 1 in 4 people will experience a mental health condition of some kind each year in the UK. Other crisis's which has effected the UK population such as pandemics, economic crisis and climate concerns as well as increased reliance on technology and divorce from the natural world has only added to the number of people experiencing mental ill health. The mental health system is meant to be a healthcare safety net for people experiencing mental ill health to manage and care for their needs while their unwell. However there is an increasing body of people known as psychiatric survivors who all feel they have experienced something of a human rights abuse in the way they were treated by the mental health system and its reliance on compliance to psychiatric drugs

The mental health system is an allopoietic system in that it has a purpose. "Allopoiesis is the process whereby a system produces something other than the system itself." (online dictionary, 2022)

The mental health system is a subpart of the general health system and its purpose could be defined as a system which helps manage individuals mental health crisis's, nurse a person suffering from mental ill health back to healthy functioning and look after the health and social needs of those deemed unwell. If its purpose is to restore health, why then are there so many people with mental health conditions simply taken out of the pool of societies workers, awarded social security benefits and are left to struggle at home with their conditions without receiving the proper care and support they need, or worse are abused by the system, losing homes, family members and dignity.

"The least obvious part of the system, its function or purpose, is often the most crucial determinant of the system's behaviour." (Meadows, D H 2008 p. 16)

So the purpose of the mental health system needs to be evaluated and understood and if its purpose is to provide a health service, then real discussion is needed on how effective it is at achieving the health goals of its clients.

There are many stories which can be listened to from psychiatric survivors of mistreatment by the modern mental health system from people in all strata's of society, from notable celebrities like Frank Bruno to You Tube celebrities like Lauren Kennedy who runs a popular channel called "Living well with Schizophrenia" and produces videos on all aspects of mental health including forced medication and being excluded from society. I propose that due to a growing number of stories, as well as several movements of psychiatric survivors from those

who have been vocal about their treatment by a system that is meant to heal them, not including those who feel too unwell or unable to complain, that the mental health system needs a redesign. For the purpose of this essay I will be exploring human centred or user experience design and systems thinking, ecolinguistics and craftivism when considering how I could contribute to the redesign of the mental health system over the future course of my design career.

Design thinking is an exciting new paradigm for dealing with complex problems including environmental, political or social issues. It is an optimistic positive approach using design methods to look at a problem and its solutions in a new way. User experience and design empathy is important in design thinking as it often look at a problem from a users perspective.

“Human-centred design and design thinking have become popularised over the past 20 years largely to improve a company’s creative innovation potential— as well as the bottom line” (Kelley and Kelley 2013 cited by Jones, H 2022) and is useful not only for commercial enterprises but also for designing around social issues and systems.

I have a mental health condition which I am told requires lifelong treatment so I will likely be working with the mental health system over the next few years of my design career and I hope to play an active role in the way the service is delivered not only to myself but to others also by highlighting the issues and providing feedback to the service providers and volunteering for mental health charities who press for change. I can also use my art and design work to participate in craftivism, Craftivism or activism through craft to tackle social injustice is the way of the peaceful warrior in creating arts, crafts and designs which press for cultural change. I exhibit art in my local area with an artists group called the “Last Foundation” and I can use the exhibitions to highlight the concerns in the mental health system and showcase the work and talents of people with mental health conditions.

When looking at the design of the mental health system its worth noting that there,s been a paradigm shift in design thinking itself in recent years when designing for the greater good in things like health services, education systems or charities and that shift is based around who does the designing. In the past it was just the stakeholders who did the designing employing specially trained designers, but now we are looking at scenarios in service design, where everyone does the designing and innovation is everyone's responsibility.

To have a fully human centred design of the mental health system the design of it would need to be done not only by isolated trained experts, but by those who are on the front line of the services, people such as mental health nurses, social workers and even the service users themselves.

“That same kind of revolutionary shift is under way today in innovation. Innovation I, the old paradigm, looks a lot like quality assurance. It is isolated in experts and senior leaders, decoupled from

the everyday work of the organization..... we are seeing the emergence of Innovation II, the democratizing of innovation. In this world, we are all responsible for innovation. Even the term itself has a new meaning. Innovation isn't only—or even mostly—about big breakthroughs; it is about improving value for the stakeholders we serve. And everybody in an organization has a role to play” (Liedtka, J, Salzman,R, Azer, D 2017)

If I as active participant in its innovation was going to redesign the mental health system using design thinking I would certainly need to utilise design empathy and to get to know the clients, or the users of the system from the inside out and design for these clients foremost, I would also draw on my own experience of the system which has at times been less than human. “In moving ‘beyond designing’ in its current form today, Jones reminds us that we should ‘not forget what is still important— the humanity’” (Jones 2020 cited by Jones,H 2022) especially when designing something for the vulnerable.

This humanity is fundamentally what often seems to be lacking in the current way people with mental health conditions are treated, where illness is not always seen as a very human problem, but something of a materialistic scientific puzzle focussed on biological processes and chemical imbalances in the brain and it is the humanity and empathy with peoples lives, soulful concerns, needs and care which would have to be put foremost in a redesign of a complex health system. A new way of looking at the system from a design thinking perspective specifically addresses this problem

Driving this approach has been an imperative to better understand what users need. The central tenet of human-centred design and design thinking is empathy— putting users first in the design process to create more applicable products and services. This has led to many useful innovations, from redesigning patients’ and medical practitioners’ experiences, to making cycling more accessible (Brown 2008 cited by Jones, H 2022)”

The Hasso Plantar Institute of Design at Stanford first evolved the concept of five phases in design thinking which involves empathising with the users, defining the problems, ideating and coming up with ideas, immersion or development of these ideas, prototyping or developing these ideas on a grand scale or real life scenario before leading to actually testing these ideas.

While empathising with the users of the mental health system, we need to look at the stories they tell about themselves and their treatment, as well as the stories they are told by their doctors, friends and family and culture and media about their mental illness.

“stories are the secret reservoir of values; change the stories that individuals or nations live by and you change the individuals and nations themselves (Ben Okri, 2018)

This includes looking at the names or labels given to people with mental health conditions, the DSM is the psychiatric bible which contains the names of all the disorders with all the

symptoms, but many of these names have loaded meanings or stories attached to them. Renaming the disorders with less stigma attached names with better stories such as schizophrenic being renamed to creative daydreamer may do a lot to change how the illness is perceived and handled.

The whole system has to be taken into account as well as the culture in which the system is placed with all their stories and guiding narratives, competing ideologies and worldviews.

Social systems are the external manifestations of cultural thinking patterns and of profound human needs, emotions, strengths, and weaknesses. Changing them is not as simple as saying “now all change,” or of trusting that he who knows the good shall do the good. (Meadows, D H. 2008.p. 167)

Looking at the stories and cultural thinking patterns which a system is formed by leads us to the study of ecolinguistics.

In essence, ecolinguistics consists of questioning the stories that underpin our current unsustainable civilization, exposing those stories that are clearly not working, that are leading to ecological destruction and/or social injustice, and finding new stories that work better in the conditions of the world that we face. These are not stories in the traditional sense of a narrative, however, but rather discourses, frames, metaphors and, in general, clusters of linguistic features that come together to convey particular worldviews. (Halliday (2001)

Ecolinguistics is not only useful for considering ecological issues but also social issues by examining the stories we live by and make up our world or culture. The redesign has to be considered not only from the perspective of human centred design and looking at the needs of the users and participants in the system with empathy and humanity but also by evaluating the stories and cultural assumptions which cause the system to exist in its current form. The world-views which the designers and operators of the system hold which cause mental health to be treated in the way it is. Is mental health considered purely from a scientific mechanistic perspective for instance?

A paradigm shift in the way the mental health system operated could only occur when the main stories which make up its current functioning, such as the chemical imbalance theory for mental health were effectively challenged and overturned. Service users too would have to be revaluated not just as service users, a sick and disabled “useless” class whose function is to consume psychiatric drugs and use the services but as living breathing human beings with complex issues in their lives and culture which could be contributing to their mental ill health and whom also have unique abilities and talents which can contribute in a meaningful way to society. These service users also cannot be considered in isolation, but as people who are part of the greater whole of society and the natural world.

Paradigms resist change because they are driven by complex vested interests, habits and assumptions that sustain each another and are embedded in the language. Words and

metaphors reveal some opportunities but hide others. By identifying 'unthinkable-possibles' then 're-languaging' them, we can create 'future-possibles'.(W, J 2022)

To identify unthinkable possibles we need to look at other cultures and their stories which will be different to ours in the UK on how they imagine people with mental health conditions to be. In some shamanic cultures for example people who exhibit signs which we would say are signs of a mental disorder, indicates

"the birth of a healer," ...Thus, mental disorders are spiritual emergencies, spiritual crises, and need to be regarded as such to aid the healer in being born.

What those in the West view as mental illness, the Dagara people regard as "good news from the other world." The person going through the crisis has been chosen as a medium for a message to the community that needs to be communicated from the spirit realm" (M P Some, 2012)

In such cultures the person is taken aside and trained potentially becoming a shaman for their society. The article "what a shaman sees in mental hospital" which quoted Malidoma Patrice Somé an elder from the Dagada community of Dano, West Africa popularised this theory and gave people in the west including the mentally ill a new way of seeing their illness. The scientific paradigm doesn't consider the spiritual or the soul in their mental health care, and the crisis was not in other cultures just something of a chemical imbalance but a real spiritual and existential crisis which needed careful management and treatment with care compassion, humanity, empathy and sharing in community. In their culture a person undergoing such a crisis could come through to the other side with real gifts to share, empowered and strong and with a valid role in their society, whereas in our culture such people are often simply wasted being considered disabled or sick for life.

The stories believed and told about the mentally ill person and what was occurring in their life being very different depending on the culture they belonged to with outcomes being very different depending on the stories that were believed, one leading to the birth of a healer or even a shaman with an important role to fulfil in their culture, the other leading to someone being considered disabled and sick or even useless in society.

A system for mental health would be very different in design depending on the underpinning cultural assumptions or stories that were believed about the people being treated. People are less likely to be abused by the system if the people being treated by the system are viewed differently, not just as broken people who may become a burden but as valuable members of society with something to give and share.

To conclude when contributing to the redesign of the mental health system and a mental health paradigm shift in my own life over the course of my design career. I can look at my

circumstances and the circumstances of other people with mental health diagnosis's with empathy and compassion. I can be an active participant in the innovation of the mental health system by being vocal about my treatment and providing feedback and working with mental health charities. I can utilise the tools of design thinking and human centred design in how I think about the problems people with mental health conditions face and contribute to coming up with better solutions. I can also participate in craftivism and use my art and design work to highlight the issues and showcase the talents of people with mental health conditions and show how we deserve better treatment. I can use ecolinguistics as a tool to re-examine the stories told to myself about mental health by the doctors, medical professionals, media and culture and challenge the assumptions or ideologies these stories are based upon to ensure I receive better treatment and care. I can reinvent myself using language stories and positive labels to tell my own stories to myself about my struggles and role in society. I can view myself not as a broken person but as an artist and designer and creative daydreamer who has been through a life changing transformative experience which has given me a unique insight into the systems we work with in the UK and the world-views and myths which govern our lives. There are millions of people with mental health conditions in the UK undergoing similar experiences and can all push for change with the right tools and insights. I can use my gifts of being a creative daydreamer to access the royal road of the unconscious and dream into being new paradigms, new stories and ways of being for our culture and society which is inclusive of all people including those deemed disabled or mentally ill and see life through a different lens.

REFERENCES

- Corbett, S.P. (2017) *How to be a craftivist: The art of gentle protest*. London: Unbound.
- Dam, R.F. (2022) *The 5 stages in the design thinking process, The Interaction Design Foundation*. Interaction Design Foundation. Available at: <https://www.interaction-design.org/literature/article/5-stages-in-the-design-thinking-process> (Accessed: December 11, 2022).
- Ecolinguistics* (2022) *Stories We Live By*. Available at: <https://www.storiesweliveby.org.uk/> (Accessed: December 11, 2022).
- Halliday, M. (2001) *New ways of meaning: the challenge to applied linguistics*. In Alwin Fill and Peter Mühlhäusler (eds) *The ecolinguistics reader*. London: Continuum
- Kennedy, L. (2020) *My experience with forced medication, YouTube*. YouTube. Available at: <https://www.youtube.com/watch?v=vejAlrkRue8> (Accessed: December 11, 2022).
- Liedtka, J., Azer, D. and Salzman, R. (2018) *Design thinking for the greater good innovation in the Social Sector*. New York: Columbia Business School Publishing.
- Midgley, M. (2014) *Myths we live by*. Taylor & Francis Ltd.
- Meadows, D. (2008) *Thinking in Systems*. White River Junction, VT: Chelsea Green Publishing.
- Mind Charity UK* (2022) *Mind*. Available at: <http://www.mind.org.uk/> (Accessed: December 11, 2022).
- nuffinlongtv (2017) *Frank Bruno says mental health medication is destroying a lot of people , YouTube*. YouTube. Available at: <https://www.youtube.com/watch?v=3HxaGwKz620&t=1484s> (Accessed: December 11, 2022).
- Stickdorn, M. and Schneider, J. (2010) *This Is Service Design Thinking: Basics--Tools--cases*. Amsterdam: BIS Publishers.
- Wood, J., Jones, H. and Lockheart, J. (2022) *Metadesigning designing in the anthropocene*. New York: Routledge, Taylor & Francis Group.

