

# The Flesh Talk:

## An exploration of mental health stigma in Chinese culture

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# Abstract

A pursuit of the philosophy of ***He*** (harmony), rooting from the highly relational nature of Chinese traditional socio-cultural conditions, has been deeply embedded in Chinese language, social norms, and family education. In a discursive environment where mental well-being is partly perceived as a communal issue, open discussions of mental distress are morally constrained to a certain extent. Throughout history, reference to mental well-being has therefore been somatized in the Chinese language. These limits open conversations, and inhibits the process for seeking help if it is needed.

In my research, I developed a group of discursive objects and scenarios to bring forward and expose embedded and somatized expressions of mental distress in Chinese culture. How might discursive artifacts shift the discourse and stigma around mental illness? Can discursive artifacts challenge the somatized language used in Chinese culture, to lead to a more open conversation about emotions and mental well-being? These are the main inquiries of the project.

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# Keywords

*[Mental well-being]*

I understand the term mental well-being from a specific six-factor model of mental health developed by Carol Ryff(1989). In Ryff’s theory, self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relations with others, are the six factors that contribute to one’s contentment and happiness.

In this research, I’m taking the broader meaning of the term psychological well-being to indicate a healthy, self-contained state of mind and the awareness of how to maintain this state. I’m also including another model of mental health, the continuum model (Scheid, 2017), to introduce the well-being of the mind as a constant, fluctuating, and conscious process in our daily living.

*[Stigma and stigmatization (of mental illness)]*

Stigmatization of mental illness is the process of disapproving of or shaming people who suffer from mental illness or distress.

Cultural factors affect the way people perceive mental illness and therefore lead to various forms

of stigma and stigmatizing processes. In addition to looking at universal stigma, I focus on stigma that specifically comes from Chinese culture.

*[Somatization]*

Psychiatrically, to somatize means to manifest psychological distress through physical symptoms (“somatize”, 2021). Somatization in this research is discussed as a Chinese cultural tendency.

*[Cultural discourses]*

Discussion, communication, and opinions around mental well-being vary within different socio-cultural environments. My inquiries are within the context of Chinese cultural discourses, which include some very specific somatized forms of communication.

*[Discursive scenarios]*

Discursive scenarios are scenarios that set up a situation for different perceptions and discussions. They each feature speculative objects or actions, and reflect my observation on culturally specific expressions about mental well-being.

## Acknowledgments

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Thank you to my brilliant friends, Jinglan Ge, Danni Li, Ying Cao, Zi Wang, and Xi Gong, for their support and every sweet moment. Finally, thank you to my family. Without them being my backbone, I would never have gone through the hardest time.

## PART 1. CONTEXT FRAMING

## 1.1 Introduction: The beginning of inquiries

### *Personal Conversations*

One winter day in 2018, I crouched beside a fridge on the balcony of our studio – to hide from the sight of my peers working in the rest of the apartment – and picked up a phone call from my closest friend’s family. At that point, my friend Z had been absent from our school for a month, due to depression.

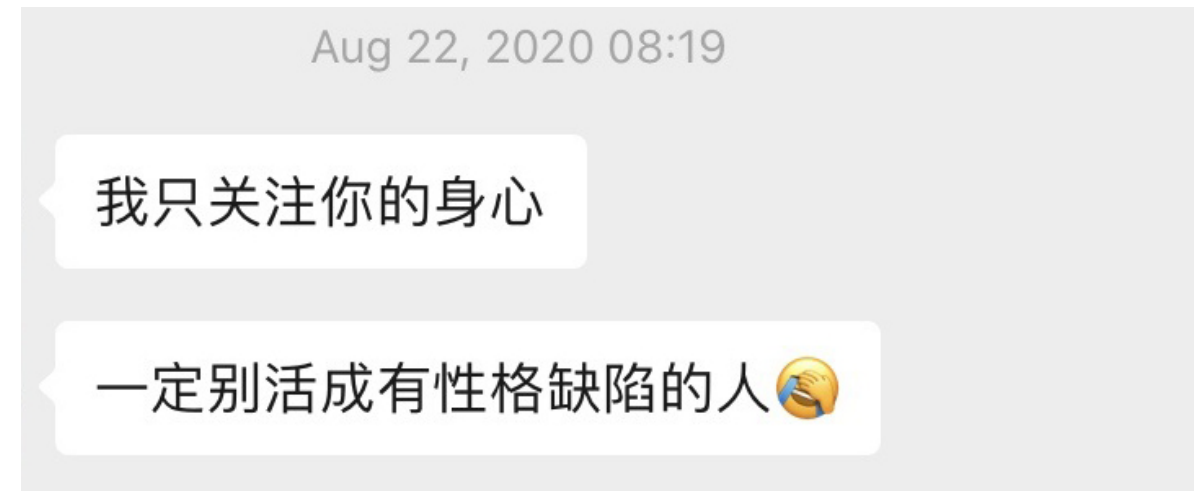
They wanted her friend to cheer her up a little bit and bring her back to the college, to finish the degree. I kept silent for a moment and finally told them that I had tried. Z had cut herself from any communication for quite a while, and I was out of methods.

“You may try to convince her to align with the others,” said her parent desperately, “if everybody could overcome the same stress, why couldn’t she?”

Another day, I leaned against that fridge again and answered a call from my mother. As my graduation neared and things began to bustle, she worried about me a lot.

As soon as she knew that someone close with me was struggling with serious depression, she was frightened.

“Stay away from that one,” her voice got intense, but softened only a second later. “Don’t get influenced by her. I knew you are not that vulnerable.” (personal communications, 2018)



**Figure 1. Personal communication.** Translation of the upper sentence: I just care about your own state of mind. The lower sentence: Please don’t become flawed in personality(emoji). I remembered having complex feelings about how much this person cared about my mental state but still described it as “flawed in personality”. This is an example of stigma I encountered in daily conversations.

Unresolved discussions and harsh voices like this motivated me to embark on a research project about mental health. At first, I was angry with the way people judged my friend. I believe that having mental problems is neither something to be blamed for, or something to be afraid of.

I wanted to know why and how people talk about mental illness with fear. Fear contributes to the creation of negative stigma about mental illness. I wondered if there was any element of stigma that was specific to my culture. And most importantly, as a designer, what can I do about this kind of stigma?

I started to investigate this topic with quick studio explorations. I made some low-fidelity objects and had small-scale discussions with peers. In this process, I noticed how these objects opened up conversations about mental well-being.

Inspired by these conversations, I found myself working with discursiveness in my research. Discursive artifacts contain intended dissonance, which is productive for engaging discussion (Tharp & Tharp, 2015). They leave space for open discourse. I attach much importance to the openness of discourse, and see this as a way to reduce stigma about mental illness.

The methods used in this research include mapping, drawing, journaling, writing in different styles, and iterative designs of physical objects. I took time to specify the scenarios of the objects and locate the scenarios in cultural contexts such as relationality and somatization. The process of exploration might be presented in chronological order in this thesis, but the exploration itself did not have a linear structure. I worked around the cluster of my several research keywords and jumped back and forth in this process, in the hope that some of the uncertainties I encountered could become new resources to shift or de-stigmatize the discourse around mental illness.

## Research Questions

*How might discursive artifacts open the discourse around mental and emotional distress in Chinese culture?*

*Can discursive artifacts challenge the somatized language used in Chinese culture, to lead to a more open conversation about emotions and mental health?*

## 1.2 Mental well-being

### *Mental well-being in this Research: A Hybrid Definition*

In this research, I refer to two models that define mental well-being. One of them is Carol D. Ryff's (1989) Six-factor Model of Psychological Well-being. According to her, psychological well-being consists of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

The ability to maintain mental well-being varies among individuals according to factors such as their educational background, familial history and social environment. While including many dimensions of our day-to-day life, Ryff's model mainly focuses on the psychological definitions of a healthy mind. Her work influenced me to use the word well-being instead of health in this thesis.

Moreover, mental well-being in this research refers to long-term, lasting states rather than transient states. With this in mind, I also refer to the Mental Health Continuum Model (Chowdhury, 2020). The mental health continuum is a range, with mental health and mental illness at the two extreme ends. Depending on the internal and external faculties of a person at any time, one

can lie at one point of the continuum and shift position as one's situation improves or deteriorates (para. 8). It indicates that our mental state is not limited by a dichotomy of absolutely healthy versus ill(diagnosed). Within the hybrid definition of mental well-being in this thesis, any single point on the middle of the spectrum of well-being deserves attention and care.

### *Stigma Theories and Conversations*

Stigma is an important topic when discussing psychological distress and mental difficulties. Generally speaking, what happens in the stigma process is that a label that is initially linked to behavior comes to be attached to the person (Yanos, 2018, p32). For example, in the case of Z mentioned in the introduction, people with depression are easily labeled vulnerable or even flawed in personality because they have difficulties in dealing with daily life.

I investigated general theories of stigma as well as the specific Chinese cultural context of stigmatization. Frequently, a lack of knowledge and the habit of ignoring mental well-being as a basic aspect of personal wellness leads to stigmatization (Sun, 2014). Further, as humans, we inherently categorize everything so that we can interact with different circumstances efficiently. This natural cognitive process of categorization may create stereotypes and therefore can lead to stigmatizing (Yanos, 2018). Sometimes, specifically in Chinese traditional society, a person is viewed as relational being and individuals feels pressured to maintain a communal condition of "emotional harmony" of a community. Therefore, they stigmatize those who may damage this harmony (Lin, 1985).

Overall, the roots of psychological/mental health-related stigma are intertwined, multifaceted, and vary according to different socio-cultural environments. In Western history, the history of stigma is compounded by eugenics (the belief that insanity was biologically determined, immutable), institutionalization, and isolation (Yanos, 2018). This kind of fear also appears in Chinese culture. Additionally, the ambiguity within traditional psychiatric theory and the power of communal social philosophy inherited from the traditional cultures (Tien, 1985) adds another dimension to stigma and stigmatization in Chinese culture. Details about Chinese perspectives will be introduced in the next section.



The impact of stigma goes beyond those variables in culture. Stigmatization of mental illness exists universally in social media and online communications. One recent case is Chinese actress Reyizha. When commenting on South Korean actress Sulli's suicide, she shared some of her experiences of depression on social media. She was quickly mocked with aggressive comments like, "everybody on the web got mental problems nowadays" (Zhang, 2019). When Reyizha and her fans defended the reality of depression, others joined the debate with drastically malicious comments. A large scale of discussion heated up on the internet very soon, demonstrating the level of emotional investment people have around stigmas associated with mental illness.

This single discussion focused on the legitimacy of a public figure openly bringing up conversations about mental illness. By engaging in the environment of discourse, we allow our knowledge to flow and repeatedly adjust our perceptions according to the messages we deliver and receive. In the case of stigma, open conversations have the potential to facilitate empathetic social perspectives and knowledge sharing. The roots and manifestations of stigma are entrenched in its related social discourses, and discourses are oriented by the perception of that specific form of stigmatization. They interplay with each other.

*Discursive Design engages with ideas, arguments, counterarguments, and questions so as to meaningfully contribute to a topic or debate of sociocultural relevance.*

(Bruce & Stephanie Tharp, 2015, p76)

To shift the discourses around stigma, I work with discursive design methodologies and objects as the medium. In the design outcomes of this research, discursive scenarios and objects begin to bring somatized expression to the surface for further discussion. They are attempts to offer insight into the tradition of somatized communication, and to challenge the stigma that is embedded in my cultural context.

## 1.3 Cultural discourses

### *From Chinese Culture...*

This exploratory research is drawn from scholarly theories as well as my personal observations of Chinese culture. Chinese culture has its roots in traditional philosophies of relationality and familial relationship. There is a tendency to somatize psychological/mental problems. This impacts how we discuss and understand mental well-being, and how mental distress is stigmatized.

To start with, I'll define one of the most prevalent Chinese social beliefs, the idea of relationality and "He" (harmony), and its influence on social conversations and family education. Following this will be the discussion of how somatization contributes to the stigmatizing process.

### *Relationality and Harmony*

The idea of "relationality" is frequently mentioned in studies (Tseng & Wu, 1985; McLeod, 2020) of Chinese perspectives on mental well-being. Within the Chinese context, the core idea of relationality can be explained as an orientation in social norms, cultural beliefs, and communal attitudes that see society as an interconnected community, and individuals as relational beings. In such an

environment, the condition of the community as a whole is considered prior to the individual, or ego. For example, when responding to the first Covid-19 impact in 2020, many citizens of Wuhan city showed a dedicated response to compulsory lockdown. Meanwhile, there were overwhelmingly reprehensive voices toward a few cases of violation, since this was regarded as damaging to overall domestic conditions.

In Mandarin, the word "He"(和) means harmonious or coordinated. This harmony has been one of the most consistent cultural beliefs in society for centuries. Ancient sociology scholars (Confucius, 551/479 B.C.E.; Dai, n.d.; Wu, 670/749) placed great value on the harmony of society. It was (and is still) believed that a harmonious social environment, where each part works in great coordination with the others, can boost the overall well-being of the individuals residing within the society. The philosophies of relationality and harmony influence the way people perceive personal wellness and mental well-being. An aspect of this influence is unfolded in the following discussion about somatization.

### *Familial Relationship*

In Chinese culture, family is a primary social support. Social support plays an important role in developing a healthy psychological and mental balance (Sun, 2014). Social support comes first from families, and then from one's social network, which can be inclusive of family, friends, colleagues, neighborhood, and so on.

As discussed above, in a highly relational environment, harmony is not only valued in the bigger scale of society as a whole, but also reflected in subordinating communities such as families. There are positive and negative consequences of this framework.

Traditional Chinese families devote themselves to maintaining an atmosphere that is united and supportive. A well-known idiom goes ***Jia he wan shi xing*** (if the family devotes to harmony, all affairs will prosper) ("Jia he wan shi xing", 2021). Supportive attitudes, especially the offering of instrumental support from other members, are encouraged when dealing with any personal problems.

A traditional Chinese family devotes abundant instrumental support in preference to emotional support to family members. Instrumental support is tangible or physical, such as offering jobs and financial assistance. From my observation, instrumental support from the whole family network can make a large contribution to an individual's well-being.

On the other hand, within the context of relationality and communal harmony, there is pressure on individuals to not bring up conversations that may damage the coordinated atmosphere or stain the honor of the whole family. This is the disturbing subtext to the overwhelmingly relational and harmonious community. Even though there is an abundance of instrumental support, emotional support like counseling, companionship and empathy is less acceptable (Sun 2014). This leads people to respond to physical complaints more than emotional ones. The former is more appropriate or acceptable in a traditional Chinese family. For example,

*A child who complains of abdominal cramps will be given warm soup to eat and tenderly cared for, while a child who expresses fear will probably be scolded.*

(Hsu, 1985, p105)

Another aspect of familial relationships is that in some cases, intimate conversations are largely limited to the **insiders** of the family network. As I have mentioned, support and resources from the family are significant and beneficial for the individuals' mental well-being. However, a deeply relational familial environment is also a closed environment, where privacy of the conversations is valued. In that case, the therapeutic methods that focus on individual disclosure are in tension with this philosophy (Lin, 1985), and can be seen disruptive.

Some culturally specific scenarios in this research can be concluded by the following statement: the relational nature of Chinese culture establishes a communal environment that is sometimes supportive for the mental well-being of individuals, but prioritizes physical well-being which can be fostered through physical or instrumental support. This also creates the condition where stigmatization may happen due to pressures to maintain harmony of a community.

### *Somatization Due to Stigmatization*

Ideas around harmony also have physical connotations on the individual level. According to some theories from traditional Chinese medical knowledge, mental health is sometimes attributed to the inner coordination, or balance, within the human body. In that case, the relational **harmony** of different body parts is valued.

A review of the development of psychiatric concepts in traditional Chinese medicine, reflected in materials appearing in Chinese medical books of various periods, indicates that diagnostic classification and terminology (for psychiatry) suffered from lack of precision and theoretical systematization (Tien, 1985, p69). Gaps of understanding about mental health were filled in by the concepts of balance and harmony. As a result, traditional Chinese psychiatry assumed that an overabundance of emotions, physical states, and disturbing thoughts could trigger mental problems to different extents, from the slightest disorders to major mental illness.

In contemporary China, the pathology of mental diseases has developed and is now based on systematic knowledge from Western models of psychiatry and practical psychology. But the underlying ideas grounded in the highly respected conception of "harmony" still influence the approaches and attitudes of Chinese people when it comes to daily mental well-being. There is a common belief that poor physical states will combine in an unharmonious way with emotions, ultimately contributing to mental illness.

The belief in the alignment of mental and physical well-being leads to the focus of exploration in this research: somatization. Psychiatrically, to somatize means to manifest psychological distress through physical symptoms ("somatize", 2021). In Chinese language, the expression of emotions still predominantly tends to be somatic (Hsu, 1985). This means that when people try to understand their mental and emotional states, they tend to note physical uneasiness more than mental ones. They often interpret their discomfort as physical symptoms, such as headache and sleep loss, before they verbalize their emotional state. It is common for a physician to be consulted for somatic symptoms, such as headaches and general malaise, and only after physical symptoms cannot be found does one begin to suspect psychological causes. (1985, Hsu, p104)

Somatizing in language is a cultural orientation rather than a cognitive orientation because when appropriate guidance is delivered in the counseling process, individuals are able to describe their

psychological and mental condition (Sun, 2014). When the burden of stigma is prevalent, attributing the distress to the body is a safer way to find comfort. One can avoid the emotional burden and stigma of having psychological or mental problems, and consciously share their somatic versions as an individual in a relational community.

In conclusion, the discussion and exploration of stigma in this research is based on Chinese cultural perspectives about mental well-being. Within this context, humans are viewed as relational beings, and individuals are perceived within a relational community. This cultural belief is embedded in Chinese social philosophy, family education, and sets the terms for the language used in communicating mental problems.

## 1.4 Scope and Limitations

This research is a series of speculative works exploring discursive scenarios. Discursive scenarios act as a theater or a stage, and the rhetorical use (Tharp, 2019) of the designed artifacts serves as the medium for visualizing somatized emotions in a Chinese cultural context.

I hope that the outcome of this exploratory process triggers introspective questioning and prepares an entry point for further discussion about mental distress and stigma. Scenarios are presented with explanatory artifacts (descriptive text, drawings, models, and so on). These are speculative works, and are not intended to serve practical purposes in the therapeutic context.

## 1.5 Summary

The focus of inquiry in this research is stigma around mental distress, with particular attention to somatization of symptoms. Mental well-being is understood as a continuous spectrum, with healthy on one end and diagnosed mental illness on the other end. States of mind like stress and anxiety are located in the middle of the spectrum. Individuals may perceive and manage their mental well-being in different ways.

When the evaluation of one's negative behaviors is matched with stereotypical understandings of mental illness, the stigmatization appears. Stigma has different origins and forms in different cultures. There is no universally agreed theory to explain its origin.

In this research, I focus on some Chinese cultural perspectives about mental well-being and develop my research in this area. On a general societal level, Chinese education and family values are largely shaped by the philosophy of harmony, which explains people as a relational being in a connected society. On the individual level, ancient Chinese medical theories believed that good psychological/mental conditions came from harmonious balance among different body parts. Within this cultural context, somatization is not only a medical phenomenon but also reinforces stigmatization. By somatizing any mental distress in physical language, Chinese people attempt to avoid being stigmatized.

## PART 2. RESEARCH METHODS AND METHODOLOGIES

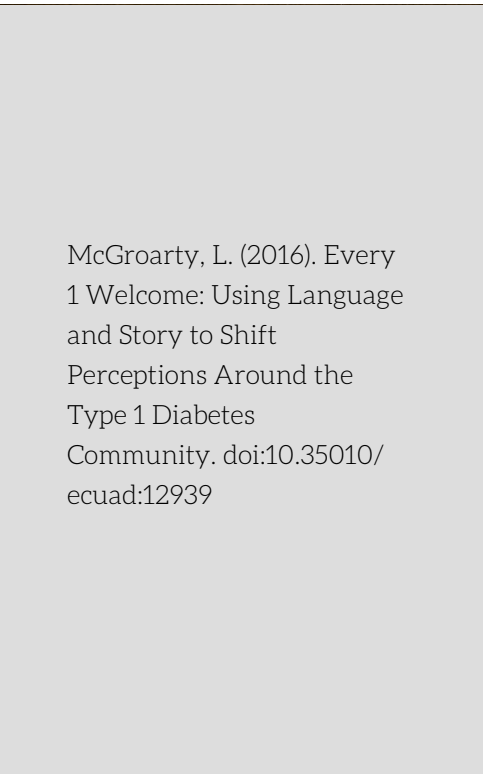
## 2.1 Discursive Scenarios

According to Bruce & Stephanie Tharp (2015), discursive design is an expanded lexicon including design fiction, speculative design, interrogative design, conceptual design, and so on. I focus on what they identify as discursive scenarios as the vehicle to explore communicating cultural perspectives about mental distress and its stigma. In the realm of discursive design, the relationship of the designer and the viewer can be compared to the playwright and the audience. The designer puts together vivid stages and scenarios of future circumstances with artifacts. The audiences, intrigued by the inherent discursiveness of these stages, reflect on their preferable or unwanted future, and participate in the discourses. In this “theatre of discourses”, both the designers and their audience are aware that the scenarios presented are speculative visions based on contemporary society.

Because of its speculative nature, discursive scenarios can contribute to finding a friendly path into a serious or unsettling topic. Mental problems are difficult topics to bring forward, and the theories about relationality in Chinese culture are not comprehensive enough to cover the entire nature of stigma. Discursive scenarios allow its audience to step back from the real-life context and react from outside of the whole story.

Opening up the conversation about mental well-being and stigma may bring up both resonance and feelings of absurdity in the audience. The discursive scenario is a method that offers a standpoint for the audience to playfully contemplate stigma, somatization, and the awareness of a spectrum of possibilities along the continuum of mental well-being.

## 2.2 Precedent Research: to investigate the intangible with tangibility



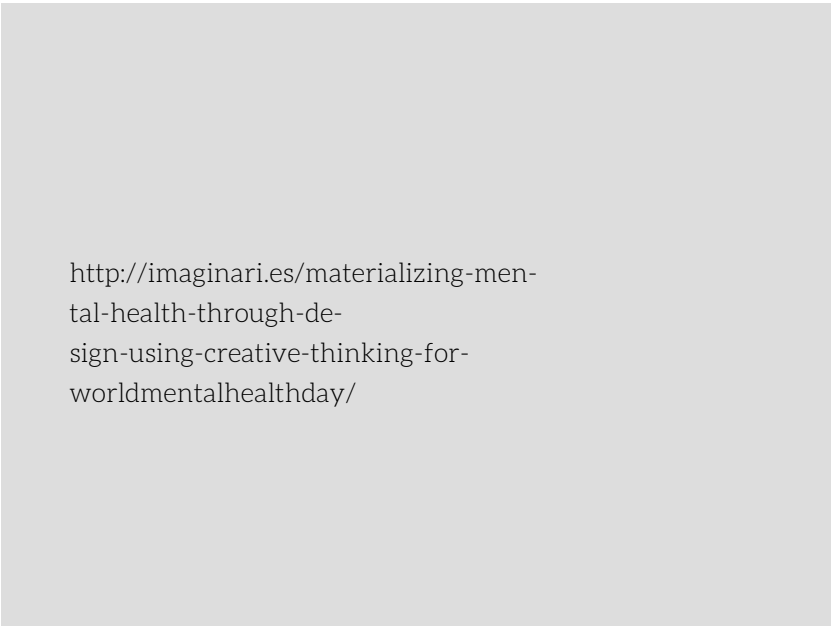
I was inspired by Lucinda McGroarty (2016)'s thesis project as an example of working within a stigmatized community. As a Type-1 Diabetic(T1D) herself, Lucinda developed research to introduce the mental and emotional benefits offered by participating in a T1D community. Type-1 diabetes requires long-term self-management that consumes great mental effort. Engaging in the T1D community is helpful to develop resilience to “diabetes burnout” and live with the disease with a healthy perspective. Throughout the exploratory research and making processes, Lucinda created a series of storytelling artifacts as well as delicately polished language as the catalyst for changing perceptions of the T1D community. For example, instead of the diagnosis letter, a **club membership letter** (see **Figure 2.**) was used as a medium to inform the individual of the existence of a **secret community** that was exclusively for Type-1 diabetics.

Figure 2. Every 1 Welcome.

Another example can be seen in a participatory workshop, *materializing mental health through design*, conducted by the School of Design, CMU in collaboration with Imaginaries Lab (2018). It features a series of participatory projects that aim to help people grasp the qualitative dimensions of their inner experiences and make them tangible. The facilitators and the participants use both physical and verbal engagement to externalize the intangible aspects of mental health and stigma. In this project, objects were produced as the outcome of translating internal processes that relate to mental states.

Lucinda’s project inspired me to think about the use of stories and the power of the storytelling approach in shifting perceptions. The emotional warmth and the underlying notion of *living with the problems* resonated with me. Meanwhile, *materializing mental health through design* provided me a basic understanding of how people perceive and describe their states along the spectrum of mental well-being with physical objects in multiple ways.

Figure 3. Materializing mental health through design.



## 2.3 Journaling Practice

In the early stages of research, I used a journal as my reflective practice. I wrote once every two days, for at least 20 minutes each time. This practice lasted for 7 months, and I changed the frequency of writing from time to time. I journaled in a mix of Chinese and English to keep the writing process spontaneous and intuitive.

Journaling is one of my intentional actions to organize the information from my investigation, while retaining a sense of *spontaneous self-reportage* (Hyers, 2018). Since my research method is non-linear and loose in structure, journaling gathers the fragmented elements and builds connections between different parts of my exploration. Journaling is also the recurring action that reinforces the presence of what I practice and introduces reflectiveness in my daily life. In the early stage where my research inquiries were still obscure, I used this introspective process to observe and document elements about daily life, emotions, and the introspection itself - things that I felt were relevant to discovering my future research topic. The journaling practice laid the foundation of immersive reflection and helped me map out the cultural elements that I want to include in this thesis.



# 2.4 Speculative Drawing

Each object and scenario are developed from a series of speculative drawings. My drawings include sketches of specific objects, storyboards, or illustrations of scenarios. When the core messaging of a scenario begins to take shape, I usually start with low-fidelity drawings, and later follow up with ideas of iterated plans, storyboards, or renderings.

Like writing, doing these speculative drawings is also a process that allows me to ruminate about what I want to say, and integrate the fragmented messages into a visible form. I followed my intuition on selecting the **main actor**-the principal object of a scenario, so it is important to have a glance at what it looks like and evaluate if the messages are well conveyed in the middle of concept development. Speculative drawings retain a status of mediation in my design-making process by providing a space to work between intuitive and analytic.

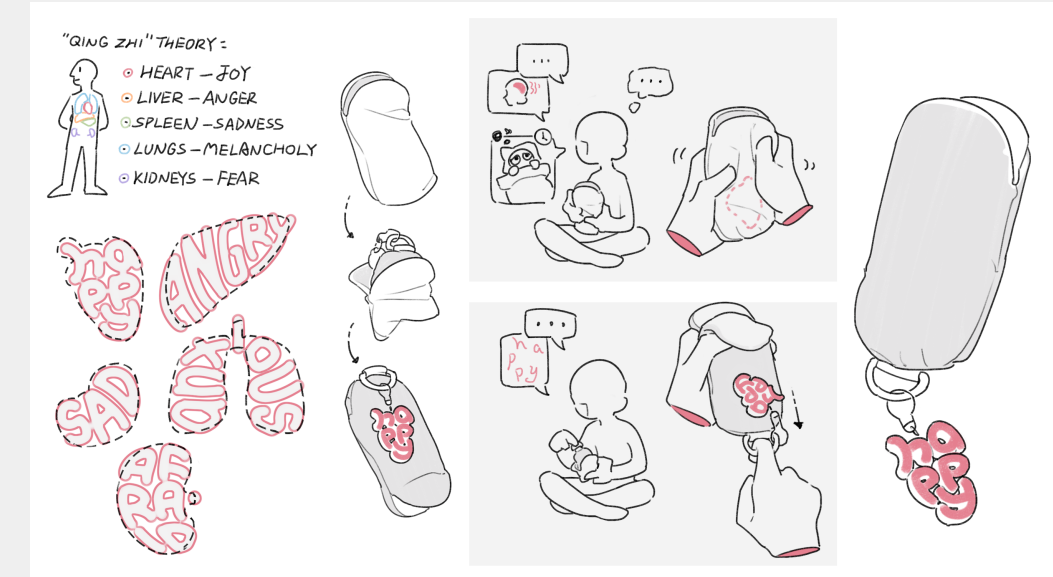


Figure 5. Previous speculative drawings#2.

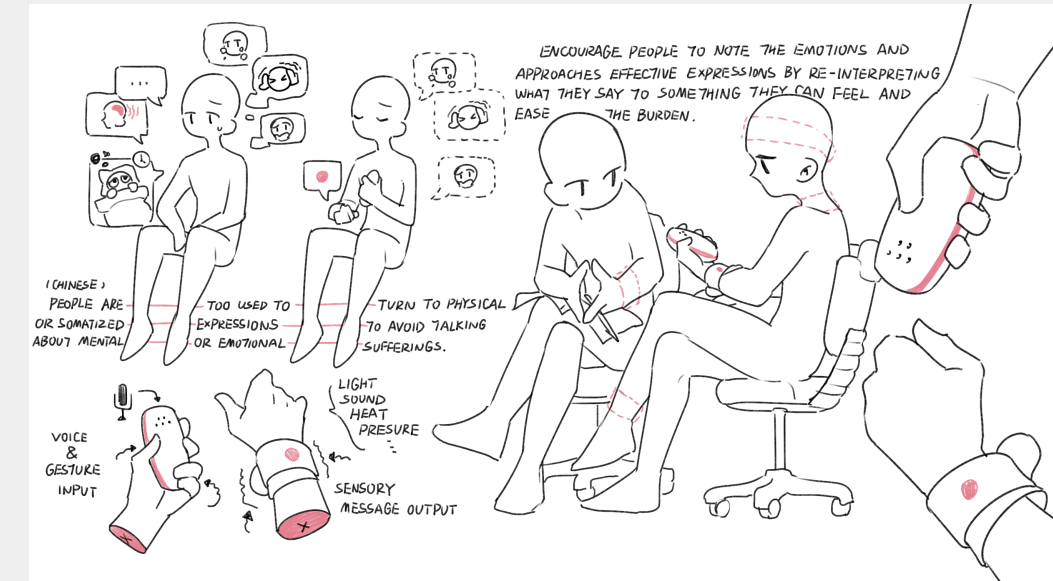


Figure 6. Previous speculative drawings#3.

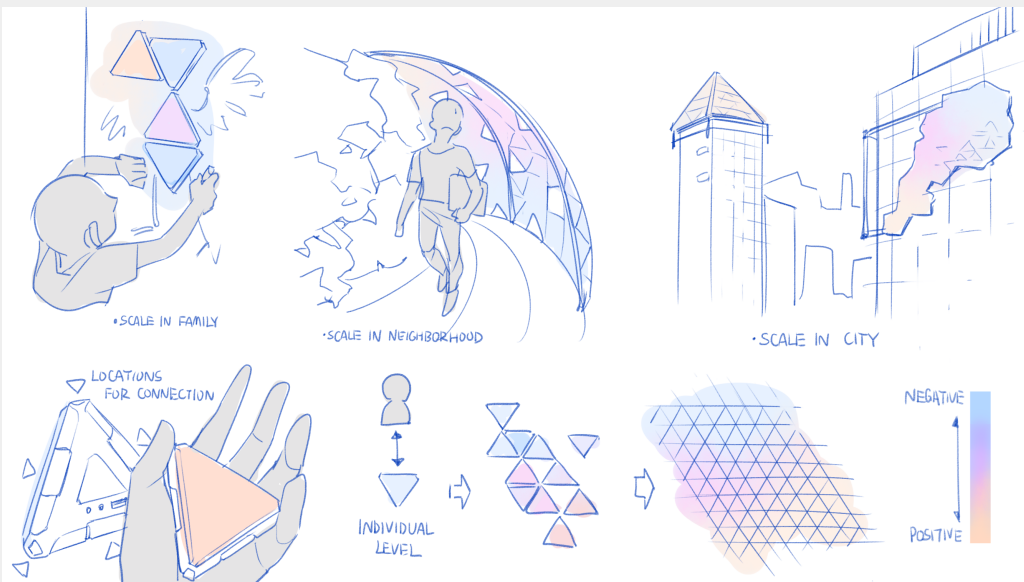


Figure 4. Previous speculative drawings#1.

## 2.5 Storyboarding & Video Sketches

I use storyboard and video sketches to show the dynamic of a discursive scenario. Presenting the scenario is the key in discursive design methodologies, especially the implicit scenarios.

*Using a narrative gives the audience the opportunity to experience an event empathically, and to translate real or imagined scenarios into a flow of time, giving them an understandable representation.*

(Galbiati, 2016)

In the scenarios where the designed objects hint at implicit messages and may not appear familiar to the audience, the dynamic performance of the scenario can make things clearer. Storyboards and video sketches illustrate how discursive objects work in a discursive scenario. I also used the storyboard to trial ideas before producing physical prototypes. This allowed for a rapid iteration process.

## PART 3. DESIGN OUTCOMES

### 3.1 Exploratory Process

*The Mind Ray* is a video sketch I made in the first-year studio. It featured a speculative object called “The Mind Ray” (an analogy to X-ray), with threads of wool that represented one’s mental distress.

In the video, when people are “mind-rayed”, they became aware of what’s happening inside their mind and react to it. If we broke a leg, we would go to the hospital for an X-ray examination. What might happen if we had a chance to get a “Mind-ray” test?



Figure 7. Video sketches of *The Mind Ray*.



Figure 8. *The Mind Ray*.



Another object, ***The Chain***, is a paper band printed with a repetitive list of names of mental disorders and diseases. I wrapped it around my body during my peer review session one week.

The band stands for the identity of a patient with mental illness. As I walked around with this object dangling from me, others immediately noticed it. It restrained my limbs, so I had to stop and adjust a few times during that period, and kept noticing its existence.



Figure 9. *The Chain*.



Later, during our Fall 2019's Open Studio, I was lucky enough to have a short conversation with a therapist. One point extracted from the talk is, many people suffering from mental health problems are stigmatized by themselves. They can't accept the negative dimension of their inner world and struggle to reach the absolute standard of "healthy" throughout their life.

After this conversation, I made a change to the object in the following week. I cut it into shorter sections and folded each section into a more decorative shape inspired by some childhood origami techniques that came to my mind. This allowed it to keep the original look of the band with minimal trimming. I wore it again during the final peer review section.

There were two points about this renewal. On one hand, I realized my research interests were about the awareness of mental well-being, not about medical assistance. I reflected on my understanding of stigma and decided to investigate it in my following research.



Figure 10. Renewal of The Chain#1.



Figure 11. Renewal of The Chain#2.

The discursiveness of these two preliminary attempts was unintended at that time. When I wore *The Chain* and had scattered conversations with my classmates, I was told various opinions. Some mentioned the anonymity of therapeutic communication. Some read the list on the band closely and expressed astonishment about a few diseases they've never heard of. As I developed more objects, I started to learn more about the methodologies of engaging conversations and initiating discourses.

Personas in the discursive scenario are called rhetorical users (Tharp & Tharp, 2015). They experience what happens in the scenario, and have direct contact with the speculative artifacts. Rhetorical users are different from the audiences: the audiences view the scenario. They are the ones who encounter the story from outside of the scenario.

Scenarios in this research are intended for audiences from Chinese cultural backgrounds. When the scenario is built upon a cultural context, some of the messages it carries can only be decoded by people who have cultural knowledge. This resonance may contribute to understanding the concept, but it does not necessarily mean agreement. Some of the cultural elements are processed with exaggeration, and the definition of mental well-being used in this thesis is not universal in my culture. Audiences are welcomed to have different interpretations within their relatively familiar context.

Nevertheless, mental health stigma widely exists in various cultures. At some future point, I hope that discursive scenarios can be used to involve stakeholders who were previously not involved (Hamers, 2016). It might be helpful to explore perspectives from audiences that are outside of my cultural knowledge.

## 3.2 Discursive scenarios: Storyboard, Prototyping and Video Sketches

Somatization as a form of stigmatization is grouped into two types here. One type is at the individual scale. A person makes use of somatized expressions to protect him or herself from being exposed to negative stigmas about mental illness. Another one is on a social scale. This grouping contains accepted somatized expressions that are embedded in Chinese language (Mandarin).

As mentioned above, on the individual scale, stigmatization is introspective, internalized by its speaker. Therefore, this kind of somatization can sometimes be seen in the therapeutic communication or one's introspection about one's emotions or feelings. The speaker is likely not aware of this cultural tendency during a conversation about mental well-being.

I unfold this condition in the following discursive scenarios to expose and reveal what might be hidden in these conversations.



### 3.2.a *Neuro/Shen Jing*

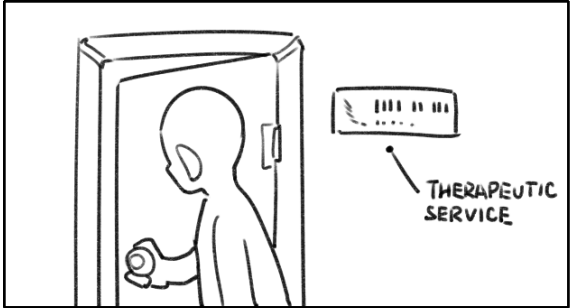
**Neuro** is a speculative implantable device that simulates an organ of a human body. It consists of an electronic chip as the central unit for delivering visual messages and an external device for interpreting the visual messages. When using **Neuro**, the user and the therapist both know that the user has obtained an artificial organ named “**Neuro**” (Shen Jing), that can manifest somatized information about the user’s mental states.

The chip can be implanted into any body part the user chooses. The chip can create a series of blood-vessel-like visual patterns on the surface of that body part. These patterns are called **Neuro** (Shen Jing in Mandarin Chinese) and are triggered by the biological messages, that are normally somatized inside the user’s body. The user’s general psychological condition is easily interpreted. For example, when the Neuro shows a pattern, one goes to see a therapist that can understand the pattern’s meaning and diagnose it as distress, frustration, etc.

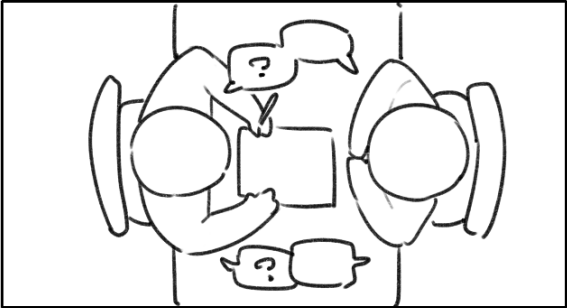
The visual messages of **Neuro** can be picked up and interpreted by an attendant device, which is used by therapists and therapeutic institutions. When the patient is receiving therapy, instead of the traditional consulting process, the therapist will first check the user’s **Neuro**. This is similar to diagnosing physical discomfort. Questioning and consulting are then only supplementary diagnosing methods since most of the information needed will be provided by **Neuro** patterns.



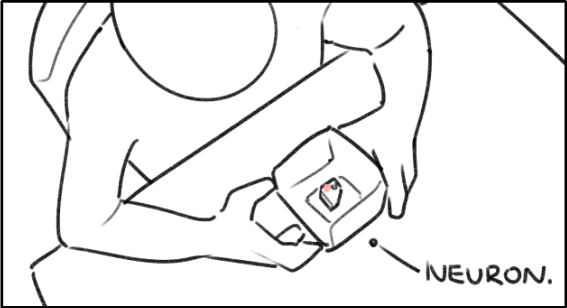
Figure 12. Storyboard of scenario#1, *Neuro*/Shen Jing.



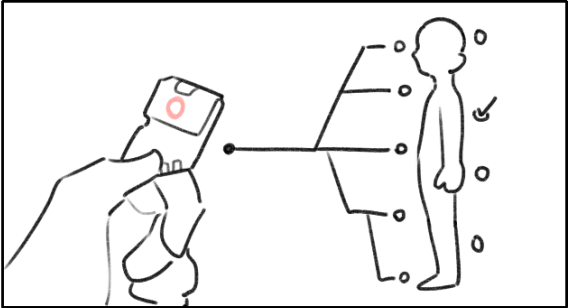
#1. A person goes to see his therapist.



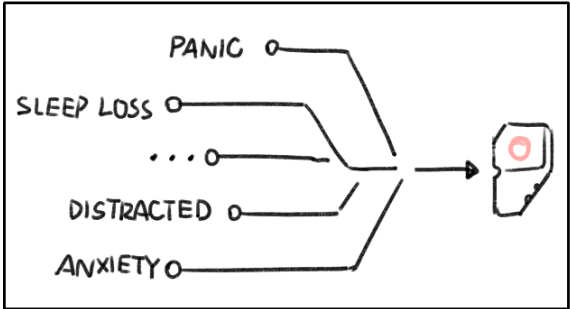
#2. Before the therapy process starts, he has a brief conversation with the therapist and agrees on the use of *Neuro*.



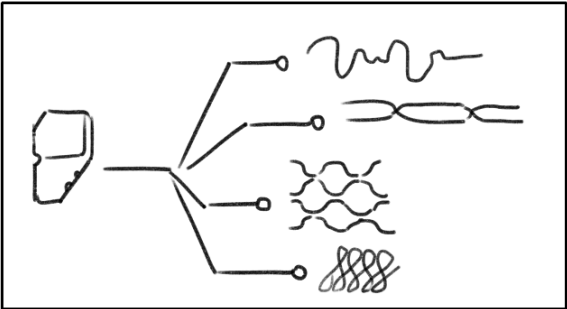
#3. After the consent, the therapist takes out a chip-the central unit of the *Neuro*.



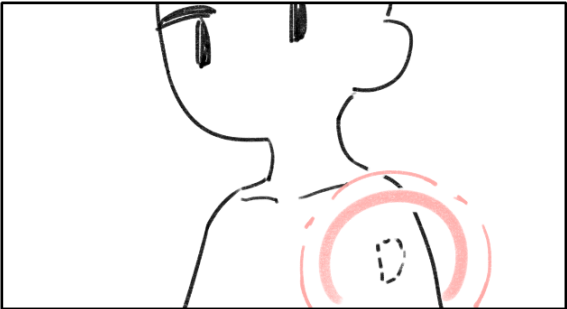
#4. This electrical chip is an implantable device that can be implanted into any body part the person chooses.



#5. The chip can translate the bio-messages that indicate the mental state of its users inside the human body...



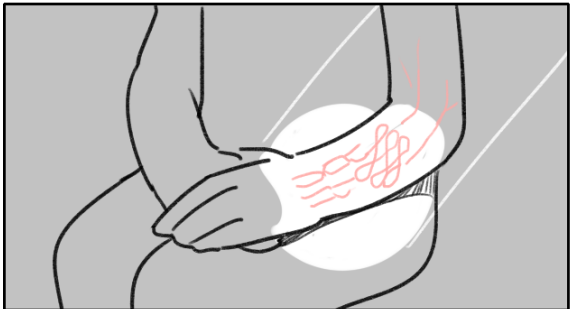
#6. ...into different graphic patterns that will emerge on the surface of the skin.



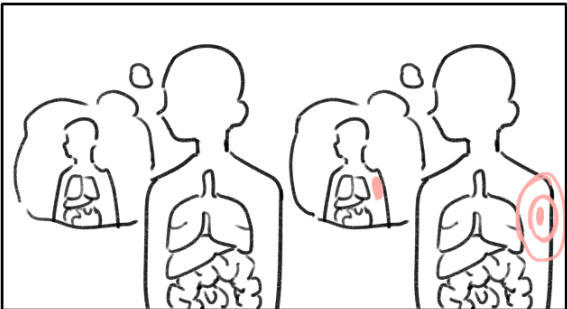
#7. Once implanted, the *Neuro* begins to work as an artificial organ quietly and invisibly, just like any other human organ.



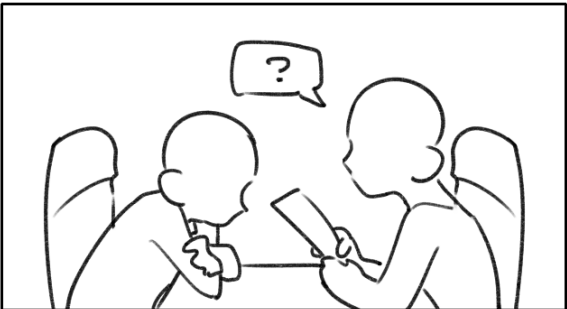
#8. Usually, the *Neuro* and the bodily messages it collects are concealed in the body parts related to it.



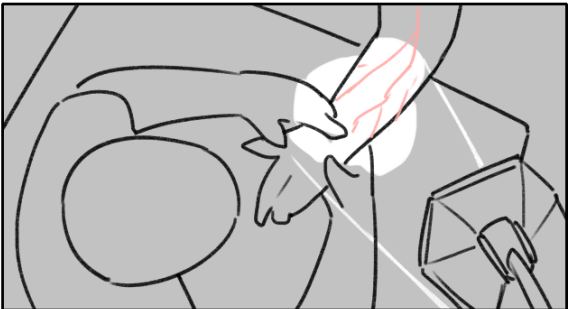
#9. The *Neuro*'s status can be checked by its responding external devices that read the visual messages.



#10. Choosing to use a *Neuro* means the user wants to perceive it as an internal organ that can somatize his mental states.



#11. When he goes to the therapists again, they don't talk much...



#12. ...but instead choose to have his *Neuro* checked by the therapist, and decides the further treatment according to its messages.

The concept of **Neuro** comes from a Mandarin Chinese idiom, **Shen-Jing-Bing**. As a frequently used verbal expression in daily life, it refers to people with illogical or irrational behaviors. This word is an accusation and is used as an abusive expression. If translated literally, **Shen-Jing-Bing** originally means neuropathy, or neurological disorder (the word **Bing** means disease, illness, or disorder, and **Shen-Jing** means nerve).

The correct word referring to mental illness, however, is **Jing-Shen-Bing** (**Jing-Shen** means mental, or spirit). If you observe it along with the word **Shen-Jing-Bing**, you will find that the first half of them is a reverse of each other. The reason for their confusion in daily language can be traced back to the first half of the 20th century. China was going through rapid economic and industrial development, and an optimistic, productive atmosphere was needed. The word **Shen-Jing** was widely used in naming mental illness at that time.

Referring back to the idea of society as a relational being discussed in Part 1, Chinese people tend to perceive that poor psychological condition might come from the poor condition of the whole community, which apparently ran counter to the country's challenge of building a prosperous, healthy, and productive society at that specific time. Individual fulfillment lay in the active and optimistic expression of life as a constructive participant in social and economic development. Hence, people were not supposed to show their mental vulnerability and were stigmatized when overwhelmed by mental problems.

At that time, both the medical system and the patients preferred to the term **Shen-Jing** as a way to explain mental problems. The cause of mental illness was attributed to disorders in the nervous system – the illness therefore could be interpreted as physical. By doing this, Chinese people avoided damaging the reputation of individuals, and avoided challenging prevalent social values. This practice corresponds well with the society of the time and is limited to that specific time only. In contemporary China, psychiatry has developed greatly, and people no longer stick to the imprecise naming of mental diseases as with the word **Shen-Jing**. The correct expression for mental illness, **Jing-Shen Bing**, has taken the place instead. But **Shen-Jing-Bing** remains an abusive idiom in the verbal language of Mandarin Chinese even today.

The idiom **Shen-Jing-Bing** is a clear example of somatizing psychological/mental problem to avoid stigma. While most Mandarin speakers may only take its accepted meaning as an idiom, it still

conceals a somatized message related to mental well-being. In this scenario, I abstracted the literal meaning of **Shen Jing** (as body tissues) to be a conceptional organ of the human body. By intentionally playing on somatization, this scenario aims to convey the underlying messages of an accepted expression. It invites the audience to directly contemplate mental distress and, more importantly, stigma. The objective of this design is to challenge the way people talk and think about stigmatization that is embedded in the language. Implanting a device in human body, which is a relatively radical action with regard to the ethics of contemporary technology, may also provoke different feelings, depending on the audience's receptivity.

### 3.2.b *The Flesh Talk/Fei Fu*

*The Flesh Talk* consists of a set of cards and a piece of clothing with multiple pockets distributed around the body. The outline of the card resembles the outline of the plane figure of a human organ. A descriptive word about an emotion or mental state is written on one side of the card.

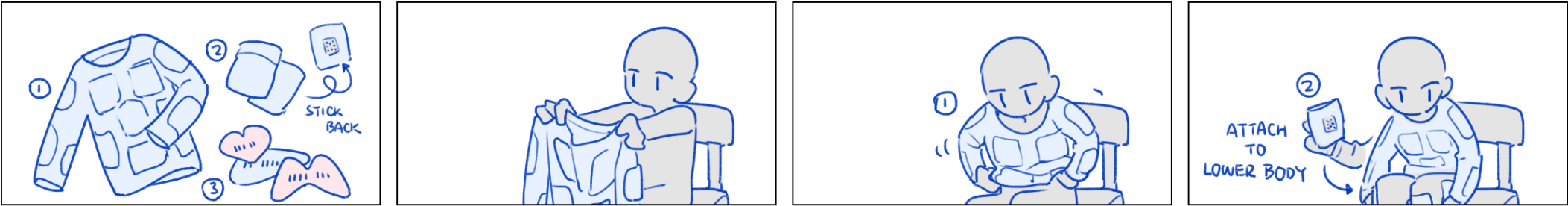
The scenario starts with someone trying to describe his or her psychological/mental state. In the beginning, the cards are randomly distributed into different pockets. Some of the pockets may hold no card in them, and some may have multiple cards, so one needs to make an effortful search around the whole body to search for cards with his or her desired description.



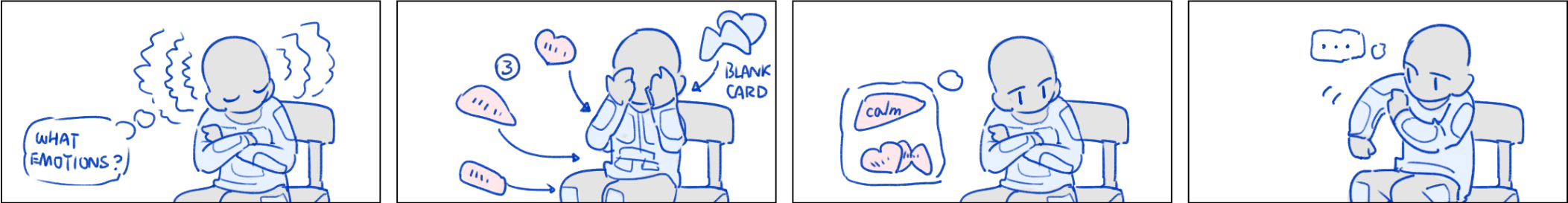
Figure 13. Performing *The Flesh Talk*.



Figure 14. Storyboard of scenario#2, The Flesh Talk/Fei Fu.



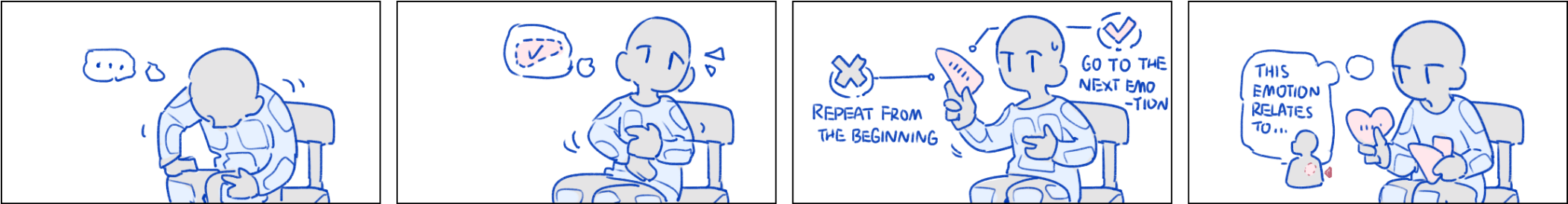
1.1-1.4 Preparation of the Flesh Talk.



1.5 Take time to feel the mental state or note the emotions before starting.

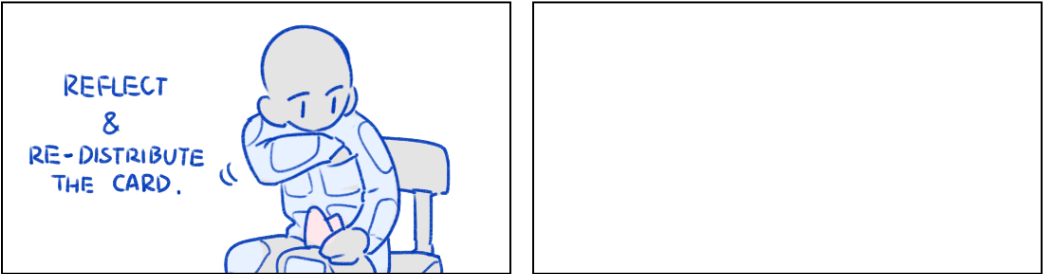
2.1 Start by putting the organ cards inside different pockets.

2.2-2.5 Seek the wanted card by touching all around the body.



2.6 Check if this is the wanted card; repeat seeking until all distributed cards are found.

3.1-3.2 End the action by reconsidering the connection of these mental states and emotions with body parts.



[Scenario ends]

The name of this scenario also comes from a Chinese idiom: **Fei Fu Zhi Yan**, which means honest and sincere words, words from the bottom of one’s heart. If translated literally, it actually means words from inside the lungs and other viscera. The idea of using the outline shape of organs comes from a theory of traditional Chinese medicine called **Qingzhi** Theory. This theory relates five internal organs with five major emotions (see **Figure 13**). People believe that when these emotions are unbalanced, it causes emotional disorders or even severe mental illness. In this theory, people can look for these matching organs to deliver corresponding medical solutions.

**Search for the content all along the body** is an attempt to translate the somatized expression of mental or emotional distress into a bodily experience. When the mental status becomes somatized by the speaker’s socio-cultural environment, it can be difficult to self-express effectively in therapeutic communication. The speaker has to search through the body but has no guarantee of getting a desirable result.

The audience may appreciate different aspects of the performance of this scenario according to their own focus. They may relate to the movement of touching the body, the appearance of the card and clothing, or the stumbling search displayed in the scenario. Hopefully, their different understandings and interpretations of the scenario may contribute to an open conversation.

[lungs] Fear	[liver] Anger	[heart] Joy	[spleen] Sadness	/ Neutral
vulnerable / 脆弱感 stressed / 压力 insecure / 不安全感 powerless / 无力感 nervous / 紧张 ashamed / 惭愧 worried / 发愁 humiliated / 丢脸 anxious / 焦虑 defensive / 自我防卫	annoyed / 恼怒 frustrated / 沮丧 angry / 生气 furious / 盛怒 envious / 嫉妒 hateful / 憎恨 impatient / 不耐烦	happy / 快乐 contented / 安心 alive / 活跃 excited / 激动 proud / 自豪 hopeful / 希望 optimistic / 乐观 peaceful / 平和 confident / 自信 connected / 联系感	sorrowful / 悲伤 heartbroken / 心碎 despair / 绝望 lonely / 孤独 nostalgic / 想家 depressed / 抑郁 melancholic / 忧郁 shame / 自厌 disappointed / 失望 discouraged / 挫折感	confused / 迷惑 empty / 空虚 lost / 迷失 uninterested / 无兴趣 astonished / 惊讶 calm / 平静 lazy / 懒散 balanced / 安定感

**Figure 15. A list.**  
A matrix of descriptive words about mental state related to five internal organs of the human body.

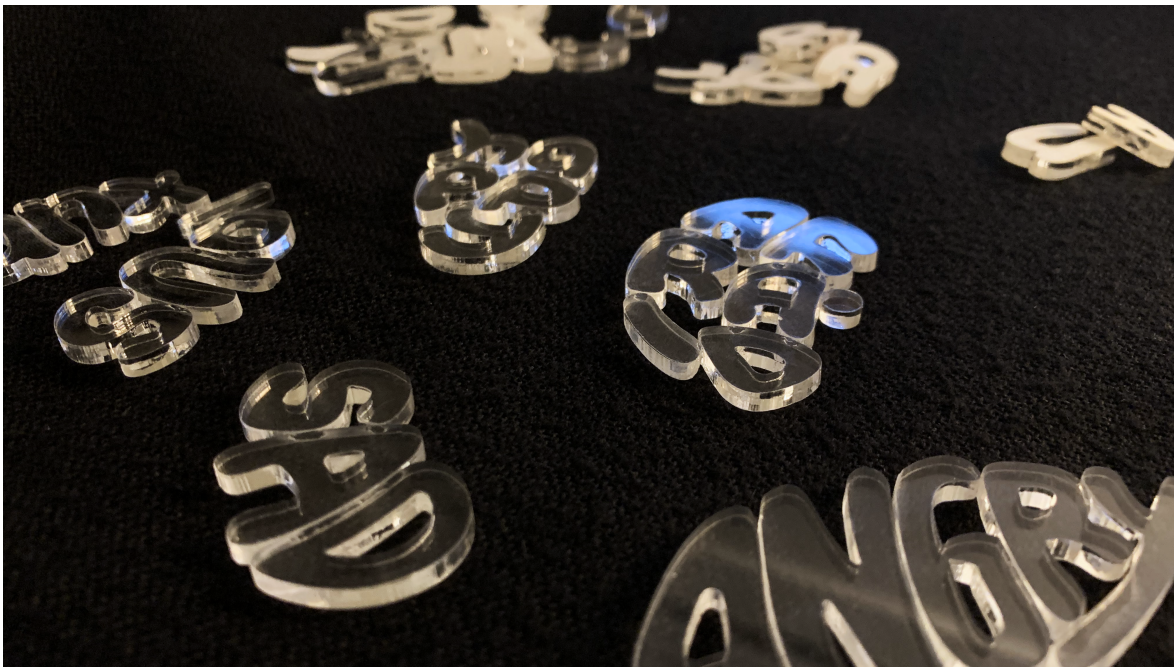


**Figure 16. The Flesh Talk.**

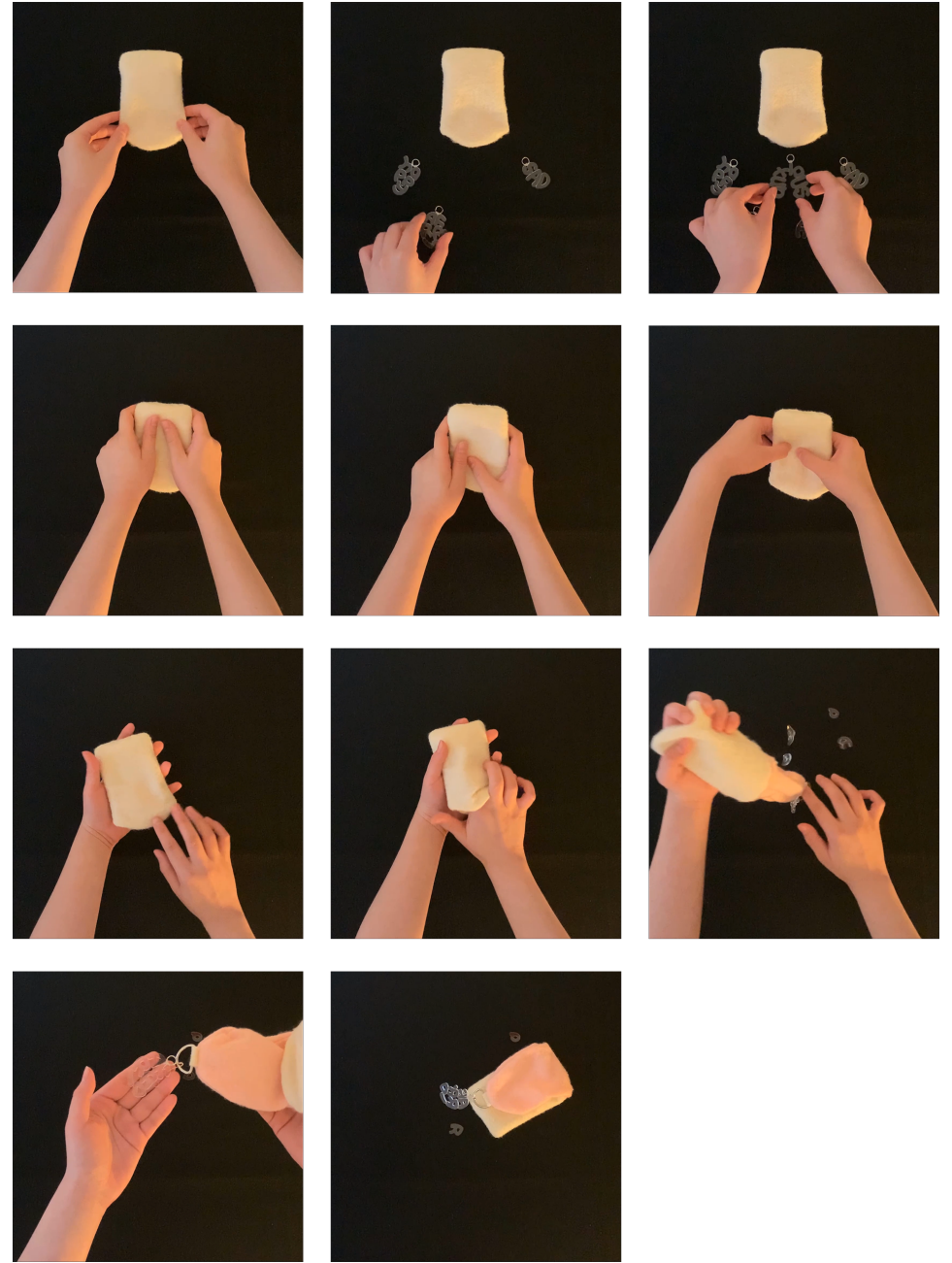




**Figure 17. Earlier version of *The Flesh Talk*: pendant and pocket.** Pendant and Pocket is an earlier version of *The Flesh Talk*. This object consists of a felt pocket and a set of acrylic pendants, which resemble the silhouette of the five main organs of the human body. When the object is handled, the pendants hide in the pocket, and the shapes feel very vague. To find out the messages carried by the pendants, one needs to pull out the inner side of the pocket and turn it over. Feeling and trying to distinguish the content with the obstruction of the pocket is an attempt to translate the somatized expression of mental or emotional distress into a tactile experience.



**Figure 18. Acrylic pendants.**



**Figure 19. Video sketch of the pendant and pocket.**

### 3.2.c *Cardimeter*

**Cardimeter** is a thermometer-like object with a cordiform cross-section. The meter has no scale but features a moveable cursor that can be adjusted according to personal needs.

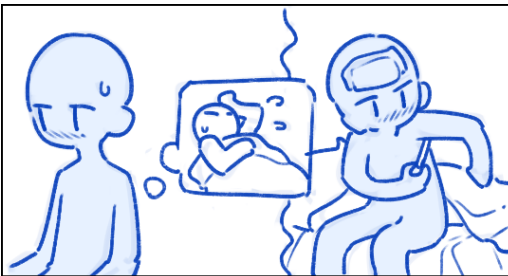
A **Cardimeter** is used during introspection or reflection about a personal mental state. It provides a customized **diagnosis** for its user. It is used like a liquid thermometer that would read oral temperature or armpit temperature, but it has no scales. The only indicator on it is the cursor set by the user.



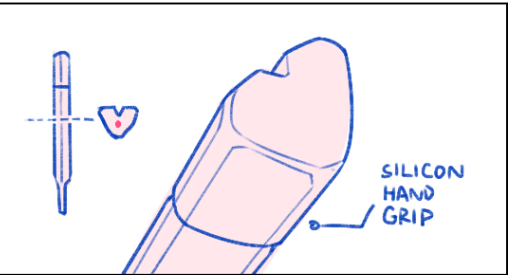
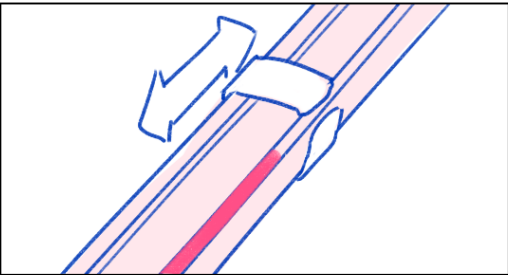
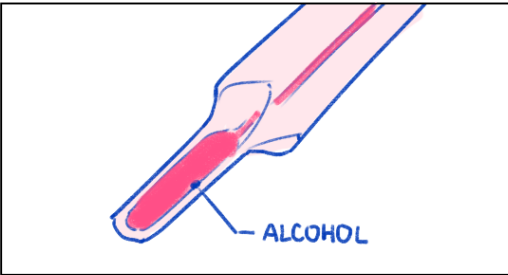
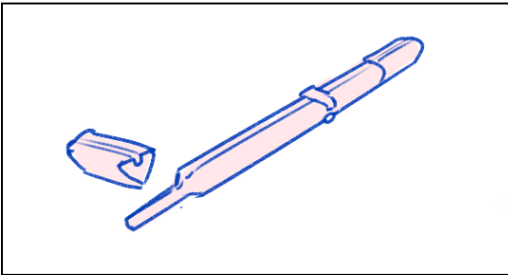
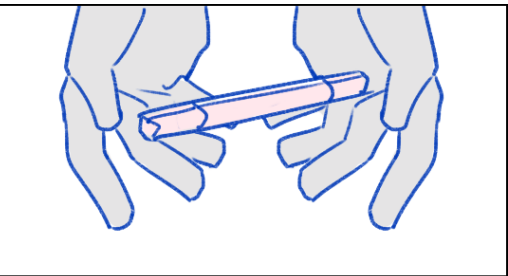
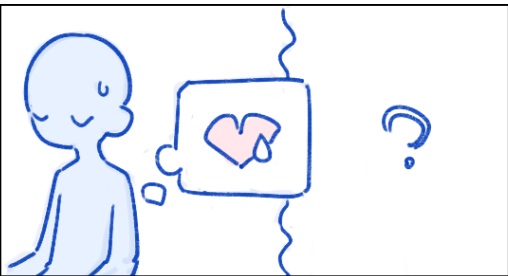
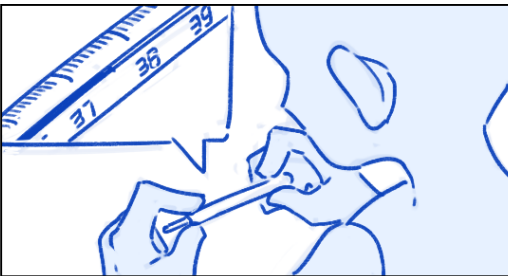
Figure 20. A prototype of Cardimeter.



Figure 21. Storyboard of scenario#3, Cardimeter.



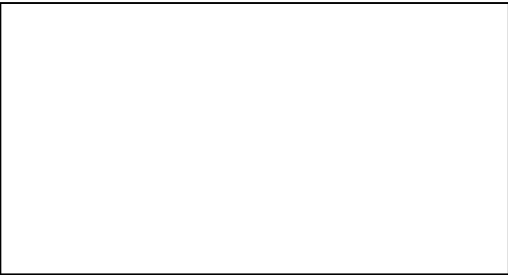
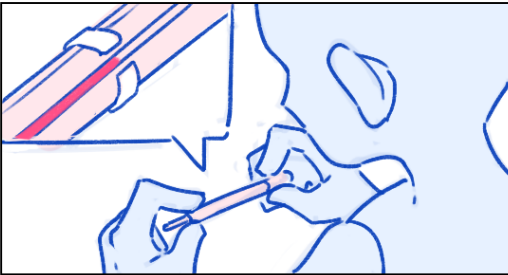
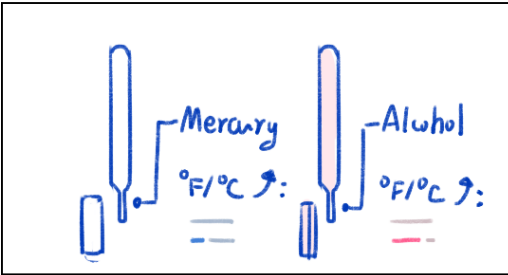
1.1 -1.2 When a person feels sick, he estimates his armpit temperature with a thermometer.



2.2-2.3 A Cardimeter is a liquid thermometer-like object with no scale on it.

2.4 It has a movable cursor to set a customizable standard of sickness.

2.5 Its heart-shaped crosssection makes it distinguishable from a traditional diagnostic tool used for physical health.



2.6 The liquid inside the Cardimeter is over-sensitive to any change in temperature.

2.7 The absence of scale is meant to offer the space for the users to reflect on their own mental states and apply the adjustable cursor to a highly personalized standard.

[Scenario ends]

Liquid thermometers made of glass are common household objects in Chinese families. They are usually a triangular prism cross-section, and mainly serve for measuring armpit temperature. I retained the triangular cross-section to keep the *Cardimeter* familiar to the Chinese audience, but put a groove to make the cross-section resemble a cordiform, or a heart. This makes the speculative object distinguishable from a traditional diagnostic tool used for physical health. The colored liquid material inside *Cardimeter* is over-sensitive to any change in temperature, so it does not reflect the accurate body temperature, but is able to provide an instant and obvious (yet unreliable) reading.

As mentioned in section 1.3, somatization in Chinese culture leads to a tendency to attribute mental distress to physical discomfort. Using a thermometer is a typical and approachable form of self-diagnosis in daily life. In this scenario, an imitative action of using a blank meter indicates the rhetorical process of paying attention to one's mental discomfort and draws the attention of the user to it almost compulsively. The absence of scale is meant to offer the space for the users to reflect on their own mental states and apply the adjustable cursor to a highly personalized standard. A fake reading can reflect the feelings of unsureness or skepticism in the introspective process.

This is a scenario where I anticipate that the identity of the rhetorical user and the audience will collapse (Tharp & Tharp, 2015, p201) if the audience gets a chance to handle a physical version of the object. It can provide the audience with an immersive somatic experience that engages bodily interaction. In this process, they are invited to question their feelings: does stigma exists in this process, and how does it feel compared with physical self-diagnosing? The reaction may also remain private to the audience members.

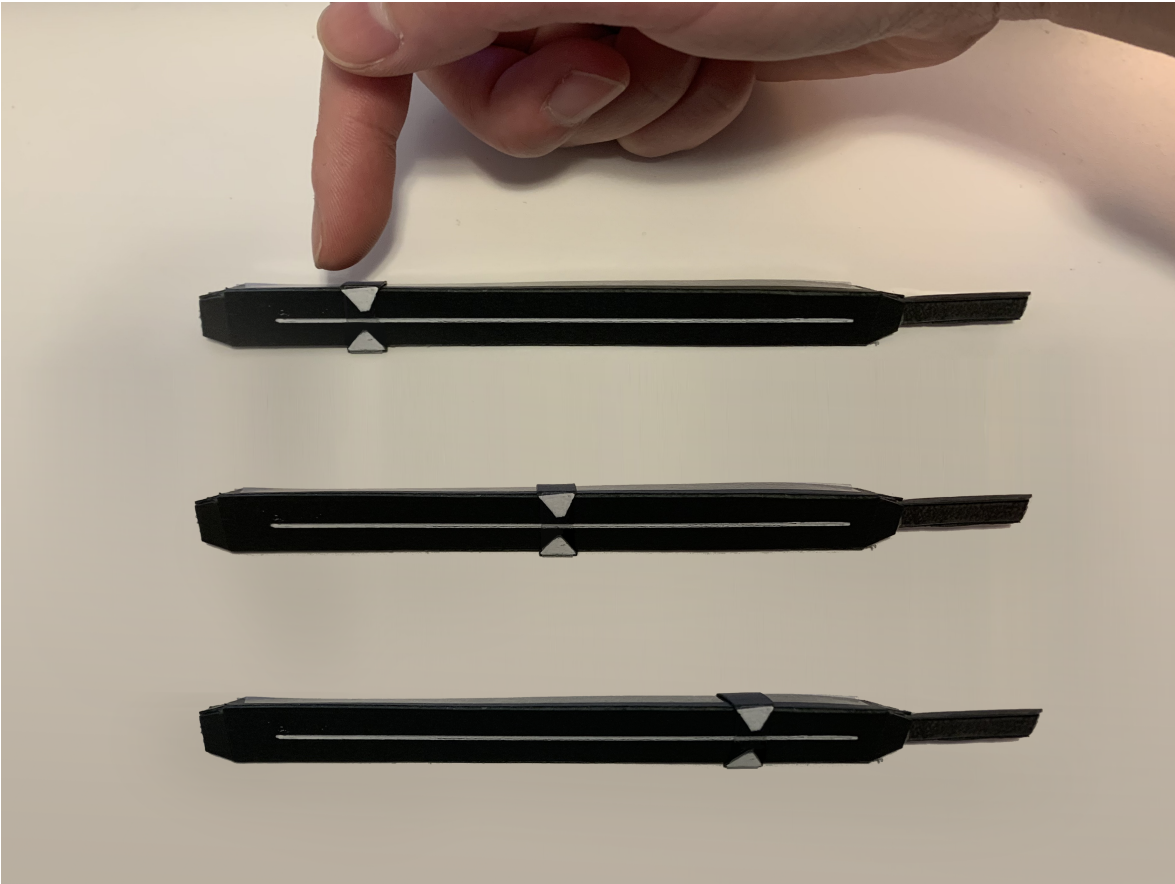
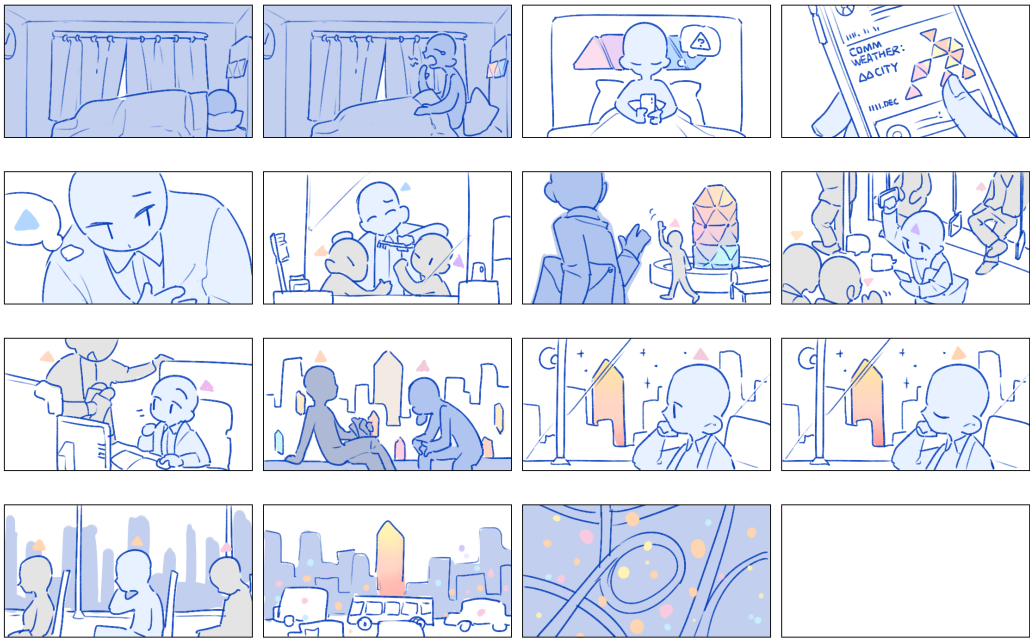


Figure 22. Movable cursor and blank scale.

storyboard#1



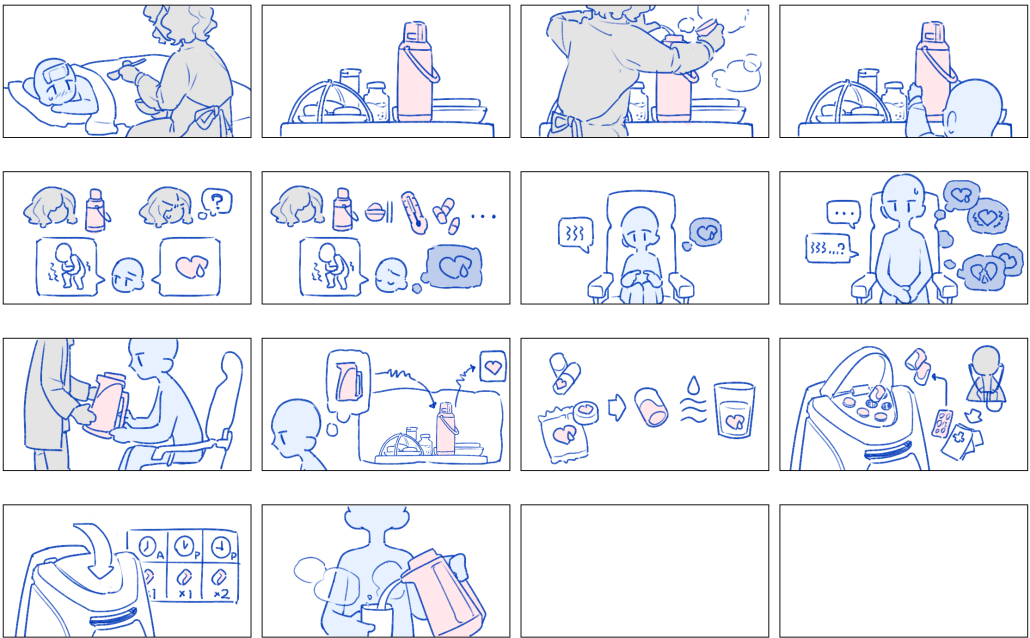
**Figure 23. Story board of an earlier scenario: The Cloud.** This scenario illustrated a technology, The Cloud, that is based on a network of objects. The connected objects vary from household objects to installations in the public space. The Cloud reflects the overall state of mental well-being in a community and thereby strengthens the sense of relationality. The inspiration for this storyboard comes from a poetry writing exercise, where I compared the relationality of Chinese culture to rainy clouds in the city.

### 3.3 Insights for future development

*Neuro* and *The Cardimeter* are both illustrated within a speculative therapeutic environment. I plan to develop these with further investigation into this specific situation by doing interviews or developing on-site versions of them. I anticipate that more scenarios may branch from the therapeutic context.

*The Flesh Talk*, as more of an action or performance piece, has shown potential for nuanced expressions through its development from the pocket model to the clothes model. In the future, I may develop the scenario by keep developing an easy-to-go form (something that can be completed with simple physical movement). This might encourage greater self-interrogation about mental and emotional well-being. Also, the concept of five viscera as different body parts may be better integrated with other forms of wearable objects.

storyboard#2



**Figure 24. Story board of an earlier scenario: Drink More Hot Water.** This scenario unfolds with a hot water kettle that also functions as a reminder of medication. *Drink more hot water* is a popular slang in the Chinese younger generation. It carries a sarcastic subtext for those who always fail to provide appropriate emotional support and rely on changing the topic to physical care. I extract hot water from this expression as the symbol of a preference for expressing instrumental support in Chinese families.

## PART 4. REFLECTION AND CONCLUSION

## 4 Reflection and Conclusion

Chinese traditional philosophy and social norms place high values on relationality. It is widely believed that the overall harmony of the bigger community will contribute to the mental well-being of the individuals. Within this context, somatization is one of the ways people avoid being stigmatized both by themselves and by the others around them. It provides people another way to talk about their mental distress, without social consequences. This tendency may come from family education, beliefs in traditional Chinese medical theories, and embedded expressions in Chinese languages.

I depicted three discursive scenarios that probe beneath the surface of physical symptoms in daily conversations and therapeutic situations. These are speculative works aiming at inviting the readers or audiences to have more open conversations about mental well-being and distress. This acts as a strategy to reduce culturally specific stigmatization.

Open conversations could potentially change the perceptions that lead to stigma and encourage the possibility of empathy. This thesis is, in and of itself, a probe to open dialogue and encourage empathy around mental illness within a cultural context. I intended some exaggeration in the scenarios, but they are still illustrated with a sense of reality. The reception of the thesis remains unknown at this stage, yet I hope I've reached an appropriate level of discursiveness that has the power to trigger reflections and render a thought-provoking conversation about mental well-being in Chinese culture. I also hope that what I practiced in this thesis project could be the starting point for further investigation around design's role in de-stigmatizing mental illness.

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