

Life Out There:

**Designing a Strategy for the
Autonomous Facing of Depression**

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Designing a Strategy for the Autonomous Facing of Depression

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a.a. 2018/2019

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Introduction

Mental health presents a complicated discussion nowadays. While the advocacy for it has welcomed an open conversation on the many disorders there are and the way they impact hundreds of millions of lives worldwide, it remains a shaming issue covered in taboo, misconceptions and social penalty. Depression in particular claims victims by thousands everyday, many of them fatal. Depression is not only a disorder on the rise following a growing epidemic since the last four decades, it is also one of the most common and rapidly spread illnesses for millennials worldwide, who are experiencing depressive episodes due to the high expectations set for them and the stressful, crumbling economic and political environment we are living today.

That's the starting point of this thesis. I am myself a depressed person, suffering from recurrent depressive episodes for most of my life. Having lived through it, I've learned to coexist with this disorder, to counteract its attacks and manifestations and have become aware of its existence in my life and others surrounding me. Don't get me wrong: I'm fully aware that I am not over it and probably never will; the nature of depression makes it a looming threat over people's lives, knowing that there isn't currently any cure for it and it may come back anytime.

It is because of the danger depression represents that this thesis is developed. Design has shifted its focus in recent years from a mostly product-oriented craft to a solution-oriented discipline, revolutionizing several industries and shaping the way we experience the world around us as users, customers and creators. Applying design thinking and tools to a problem like depression could result in a set of insights from a different perspective that can be transformed into a comprehensive, integral and empathetic strategy for supporting people suffering from depression.

With this goal in mind, this thesis is divided in six phases that allowed me to dig into the subject in a broad manner, covering both the scientific and the human side of depression, and develop a strategy that might integrate both perspectives. In the first chapter of this thesis the reader will find the theoretical framework of the project understanding what depression is, how it behaves and manifests and what the available treatments are at the time of writing. In the second chapter the research developed is presented, both the planning and the results of it, as well as a review of different cultural products that cover mental illness from different, unconventional communicational styles.

Next, the third chapter contains the tools used to analyse the information collected in both previous phases where it is mapped out in affinity diagrams to find insights, personas are developed to visualise the experience of living with depression and “how might we” questions are stated to provide a clear goal for the project. In the fourth chapter, the reader will find a proposal that structures the concept of the strategy, the value offer and the core areas that it must cover to provide a complete option to people. The fifth chapter introduces the proposed materialization of the strategy in the form of a toolkit, explaining its contents and implementation. Lastly, the sixth chapter will review the conclusions obtained from the thesis and the possible future scenarios for it. †



THEORETICAL FRAMEWORK

What is depression?

To say that depression is an epidemic is anything but an exaggeration. More than 300 million people live with depression at the time of writing, and close to 1,5% of the world population die of suicide, one of the most relevant consequences of depressive disorders. Depression, and mental illnesses and disorders in general, collect their fair share of victims in any community due to lack of diagnosis, resources, assistance and understanding.

Mental disorders have been historically unexplored in medicine. Psychiatry and neuroscience are relatively modern disciplines exploring unknown ailments of humanity happening in a complex organ that just started being studied a handful of decades ago. Because of this particular situation, there is not much shared understanding of depression.

The common, shared concept of depression between professionals defines it as a “mental disorder, characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks” ([World Health Organization](#)). While we often think that depression is a deep and constant sadness, it is better understood as a lack of vitality and

purpose in life, when emotions are numbed and activities seem pointless. People suffering from depression struggle to find motivation in life to do the most basic activities, have a flawed and unforgiving perception of themselves, carry an enormous sense of guilt and shame and feel detached from their context, their connections and their reality.

[WORLD HEALTH ORGANIZATION 2018](#) →

The World Health Organization estimates that, in 2017, approximately 322 million people worldwide suffer from depression, making it “the leading cause of disability worldwide.” This number increased since 2005 by 18.4%, which is consistent with the increase in world population and the age demographics in which depression is more present. In the United States, it is estimated that 11% of the population suffer from depressive disorders yearly and 19% will suffer from a depressive disorder at least once in their lifetime.

[CHIBANDA 2017](#) →

Most of the cases of depression are diagnosed in low- and middle-income countries, which means that fewer than half of the people affected receive proper treatment. For example, Dixon Chibanda, a psychiatrist in Zimbabwe, developed a program that offers training in Interpersonal Psychotherapy to grandmothers, so that they can cover a broader range of

patients in communities that are not receiving proper, conventional treatment.

Depression doesn't have an agreed cause, due to the nature of the disorder. It is estimated that depression presents a genetic predisposition of 33% to 66% when one of the parents suffers from the disorder and 60% of the people interviewed in a study mentioned the presence of a stressing factor within the last nine months preceding their depressive episodes.

← [LEAHY 2016, 20](#)

← [LEAHY 2016, 23](#)

Without a clear cause of the disorder, depression is a difficult concept to define and understand. However, it is agreed that it manifests when there is a disconnection or miscommunication between the pre-frontal cortex (the thinking, rational part of the human brain) and the limbic system (the emotional part of the human brain). As explained in the [figure 01](#), these two systems in the brain are a compilation of circuits that control our understanding of the world around us. Depression can manifest when these systems (and the circuits that form them) fail to communicate and interact with each other, be it because of the low amount of neurotransmitters released, the reduce synapses within the systems or the presence of neurotransmitter absorbents in the brain. Many of the existing medications and treatments cover

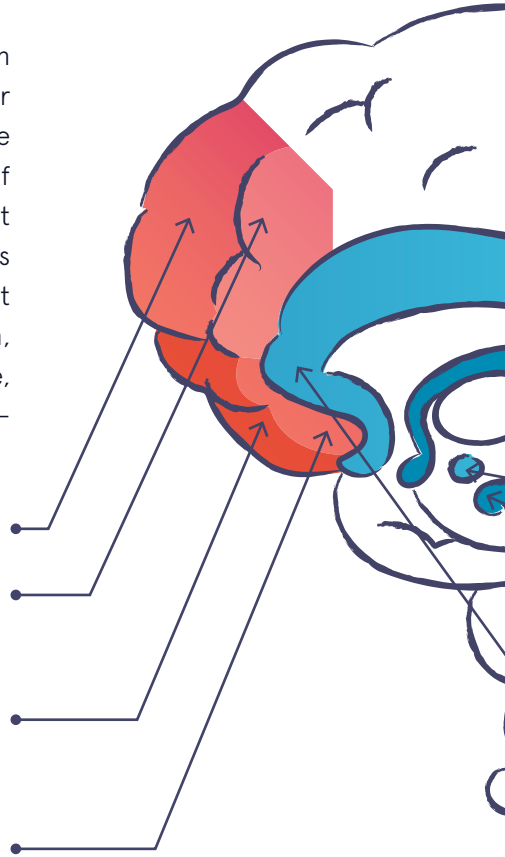
FIGURE 01

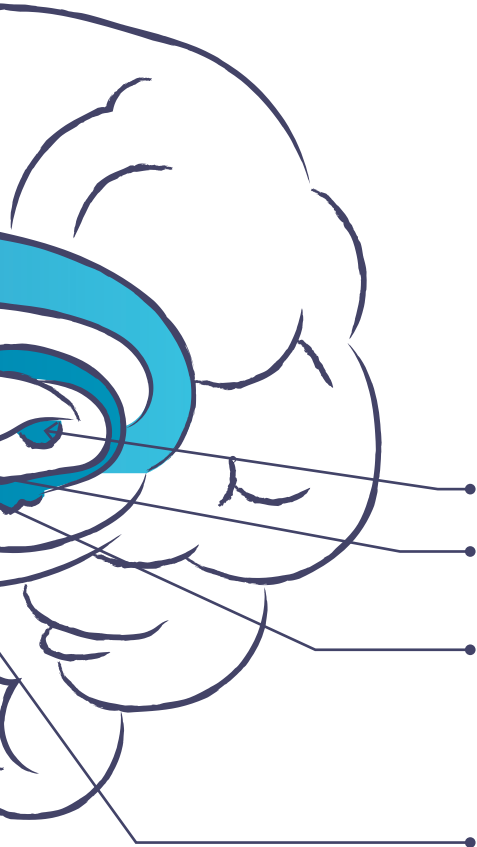
The Frontolimbic System

Pre-frontal cortex

Center of planning and decision making circuits. It is also responsible for controlling impulses and motivation. The pfc is the most recently evolved part of the cortex and humans have more of it than any other animal. Our big pfc gives us a huge evolutionary advantage but it can also cause problems. In depression, it is responsible for worrying, guilt, shame, problems with thinking clearly and indecisiveness.

- Dorsomedial: Self focused / Thinking
- Dorsolateral: Focused on the outside world / Thinking, responsible for planning and problem-solving
- Ventromedial: Self focused / Emotional, important in motivation and controlling impulses
- Ventrolateral: Focused on the outside world / Emotional





Limbic system

It's an ancient collection of structures located much deeper in the brain. Even early mammals 100 million years ago had limbic systems. The limbic system is the emotional part of the brain and is responsible for things like excitement, fear, anxiety, memory and desire. It is primarily composed of four regions: the Hypothalamus, the Amygdala, the Hippocampus and the Cingulate cortex.

- Hypothalamus: Controls stress
- Amygdala: Key to reducing fear, anxiety and other negative emotions
- Hippocampus: Responsible for creating long-term memories and, because its neurons are very sensitive to stress, it often acts as the canary in the coal mine of depression
- Cingulate cortex: Controls focus and attention, which is of huge importance in depression because what you focus on, whether by automatic habit or willful choice, makes a huge difference to your mood

Neurotransmitters



Serotonin

Willpower, motivation and mood



Norepinephrine

Enhances thinking, focus & dealing with stress



Dopamine

Increases enjoyment and it's necessary for changing bad habits



Oxytocin

Promotes feelings of trust, love & connection, and reduces anxiety



GABA

Increases feelings of relaxation & reduces anxiety



Melatonin

Enhances the quality of sleep



Endorphins

Provides pain relief and feeling of elation



Endocannabinoids

Improve your appetite and increase feelings of peacefulness & well-being

these neurological issues, while others can be addressed with proper self-care habits and a stable and healthy lifestyle.

Of course, this doesn't mean that depression can be easily solved with exercise, sunlight and meds. Depression has as many potential causes as interactions within the brain systems. Researchers have found that depression is caused by more than just the lack or excess of a specific neurotransmitter and that the brain's wiring has a bigger impact on its development when influenced by external factors like genetic predisposition, trauma, lack of social interaction or even gender norms.

While this list presents an overall understanding of what the professional community considers symptoms of depression, it is not a valid diagnosis. If you think this might apply to you, please consider contacting a professional who can assist and diagnose you adequately. →

When people experience depression, it is hard to diagnose the disorder since there isn't an actual definitive cause. Several factors are considered in the diagnosis to determine if a person is suffering from depression or not. A person is diagnosed with [depression](#)* when, for at least two weeks and affecting normal performing levels, they experience five or more of the following symptoms: Depressed mood most of the day, almost everyday; noticeable diminishment of interest or enjoyment in their activities; significant weight loss or gain, or lack or excess of appetite; insomnia or hypersomnia; psy-

chomotor distress or slowdown; fatigue or lack of energy; feelings of worthlessness or excessive or inappropriate guilt; reduction of concentration, attention and memory; or recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan or a specific plan to commit suicide (DSM-IV).

← [FORNEY 2012, 42](#)

People fitting this diagnosis might suffer from a depressive disorder, which can vary in its intensity and treatment. Different types of depression have been identified according to the duration and recurrence of the episodes and the manic behaviours that people experience. This classification of depressive disorders includes:

- **Dysthymia:** Chronic recurrent depressive episodes of moderate intensity.
- **Major Depressive Disorder:** Also known as clinical depression, it consists of chronic recurrent or isolated depressive episodes without any manic manifestations, often happening for an extended period of time.
- **Cyclothymia:** Alternating experiences of light depressive episodes and hypomanic episodes.

← [FORNEY 2012, 53](#)

- **Bipolar disorder II:** Alternating experiences of hypomanic episodes and intense depressive episodes.
- **Bipolar disorder I:** Alternating experiences of manic episodes and intense depressive episodes.

[LEAHY 2016, 24](#) →

These different types of depression have a clear impact on the lives of the people suffering from them. While it's commonly said that mental illnesses and disorders are *invisible*, their consequences aren't. A study reviewed the daily activities of people dealing with depression and 80% of them stated that "they fail at conducting a normal lifestyle." Depression in particular affects the way people interact with their environment and conduct themselves outside of their own safe spaces. It has been proven that depression has a visible impact on working life, increasing the risk of disability claims, reducing the working days for employees and a reduction in productivity; all of this leads to unemployment, which in time further causes depression as the loss of work means uncertainty, lack of belief in future opportunities and loss of identity.

Depression is a disorder that can take over people's lives very quickly. Many of its symptoms are interconnected within each other and the way they manifest in real life further expand its impact, making depression a downward spiral that pulls people away from their own realities. Given the constantly growing number of people suffering from it, depression is one of the biggest and most relevant epidemics in recent years all over the world. Neuroscience and psychiatry can only do so much to find a solution to an illness without a cure, but the rise of alternative treatments has created a sea of information, both correct and wrong, that people don't know how to navigate. People need to be able to understand and identify their own experiences to be able to actually deal with depression in a safe and healthy way. ‡

How does depression manifest?

There has been a growing focus in studying depression in recent decades, identifying it as one of the most proliferant disorders due to the rapid increase in population suffering from it and the impact that modern routines and customs have in the overall state of mental health. Part of these studies have focused on the interactions and repercussions that depression has on people, determining how the depressed brain works differently from a healthy brain and what purpose it might have in shaping our actions and decisions.

Humanity has evolved and progressed incredibly in comparison to other species and the overall timing of nature. It has been a very short time in which we've gone from discovering tools to exploiting resources and changing the morphology of our environment. However, research seems to point to a delay in physical evolution, specially when we consider that our social and technological progress hasn't stopped. Several parts of the human brain are still primitive and their functions are mostly instinctive, making it harder to determine when and how mental disorders started actually manifesting.

Considering this, neuroscientists are considering that depression might fulfill a role in preserving a species

and making sure that we survive in a dangerous, primitive environment. Clearly, anyone would be less likely to die if their instinct told them to be aware of their surroundings, to limit activity to conserve energy or to avoid possible danger. If depression actually had a purpose in our survival, it makes sense that it (and other mental disorders) still exists nowadays; yet, in an entirely different context, its effects are harmful and debilitating and people are at a higher risk because of it.

It isn't easy to set boundaries to this risk because depression is a shapeshifting illness in its nature. While its neurochemistry seems to follow a pattern of miscommunication within the brain, outside of it depression has as many shapes and symptoms as people suffering from it. Add to this the whole stigma of mental disorders and the misconceptions that we as a society have of how depression looks like and it will be absolutely clear that this is a threat occurring right in front of us without being recognised.

The many manifestations of depression change according to the specific diagnosis of the single person. While some people experience an isolated depressive episode because of stressors and triggers in a specific situation, many others expe-

[INSEL 2013](#) +

On reevaluating the
understanding of
depression and the
correlation between

Mental and Brain disorders

rience recurrent episodes through their lives of varying intensity. These episodes look different based on routines, habits and traumatic events that might happen around the same time, and the outcomes are different since people deal with them in a different way.

The most common occurrence of depression are the isolated depressive episodes. These are characterised by a sudden shift of mood, the lack of motivation and struggling with basic tasks, reduced concentration and overall difficulties with tasks such as paying attention, following conversations or activities that require motor dexterity.

Isolated depressive episodes are often missed or ignored because its symptoms don't last as long as people expect depression to last and because they can be easily excused as having an "off day" or a "hard time". Most of these isolated episodes can be categorised as mild, but when an intense one presents it's a very dangerous manifestation because it can turn a person's life upside down, inciting anger management issues or intrusive thoughts of death, suicide or self-harm. People suffering from intense isolated episodes feel lost and deprived of their identity, failing to recognise themselves and going

+ [YAPKO 2002](#)

On how depression begins and how to overcome the lies it tells us

into a downward spiral that increases the risks of depression.

When people experience episodes on repeated occasions or for longer periods of time, it can be considered a recurrent depression. Usually people suffering from recurrent episodes become accustomed to the most noticeable symptoms, easily passing them as bad habits or personality traits.

WEBBER ALLEN 2017 +

On accepting and opening
up about depression
as part of the recovery
process

People have a blurred perception of who they are and what depression is, therefore it manifests mostly as guilt and anxiety, low self-esteem and a deep sense of shame. It's not unusual that people suffer from depression for many years without even being diagnosed and, because of this, probably won't ever get the treatment they require for it. In this kind of situations, depression actively reduces life expectancy for people and hinder their capacity to live their lives autonomously. Depression affects the way they interact and behave, leading to difficulties keeping jobs, having stable and healthy relationships, or taking care of themselves, either because they think they deserve the bad things that come their way or feel extremely unlucky and are resigned to misfortunes and failures.

Because of the shared idea society has about depression and the way it's show-

cased in media, it was broadly accepted that depression was this debilitating evil that stopped people from succeeding. But in recent years people have been diagnosed with depressive disorders who don't fit the expected image of a depressed person. People with amazing jobs, blooming social interactions and apparently happy lives were deemed clinically depressed and exhibiting many of the symptoms in a different way. This kind of depression is called [High-functioning depression](#) and it's defined by a series of internalised habits and perceptions during a long period of time. Usually starting in childhood or puberty, high-functioning depression affects a person in their core by undermining their self-esteem, their anxiety and stress regulation and their motivation circuits.

People suffering from high-functioning depression are often successful in their careers or top-of-the-class students, highly social and extroverted, and expected to go on having proficient careers and fulfilling lives. However, these successes are due to the nature of their depression, which creates an "all-or-nothing" mentality that demands that they excel at everything because otherwise they are failures, that they are liked by everyone else or they are terrible people and that anything that

+ [BREEL 2013](#)
On high-functioning depression, how it occurs and why is it dangerous

might go wrong is somehow their fault. These people are extremely indecisive and insecure, craving recognition and affirmation from others and putting other people's needs before their own.

The normalised idea of mental illness seems to be that it is an "invisible illness", but as mentioned before, depression has a lot of visible symptoms and signs. The stigma around mental health and the wrong perception of depression makes it hard to recognise and it affects people deeply because they don't look for the help they need or they feel ashamed of it, thinking they are guilty or not trying hard enough as people keep telling them to "just be happy" or "snap out of it". Depression not only stops people from living their lives but also erodes their own personalities and sense of identity. †

Depression & personal identity

One of the most fundamental mental references people have is the recognition of themselves and the experiences they go through. Who we are, what do we do and how do we exist and interact with the world outside our own bodies are key factors on the way the brain processes the information it receives and responds to it. Depression, just as many other mental issues, can affect the way the brain processes the received input and erode the correlation between what happens and what we perceive: what we think doesn't match with reality.

This mismatch happens when one of two concepts doesn't coincide with reality, the *self* or the *personal identity*. The self is defined as the reflection of the consciousness, the subjective understanding of they who understand. The self, as opposed to other concepts regarding who someone is, relates more to a person recognising their being. While mostly dissociative disorders affect the self, other mental disorders can undermine a person understanding of it, depression included.

The other concept that must be defined here is personal identity. This has been subject of discussion in philosophy as the main conception of who we are, but it is far from an agreed definition between experts, re-

searchers and scholars. For the matters concerning this thesis, personal identity shall be defined as the set of associations between a person and their surrounding environment, including people who come in contact with them. The self, for this thesis, is the entity interacting with the reality while the personal identity is the set of rules that it follows to do it.

Many of the manifestations of depression alter the way people perceive their realities, affecting their appreciation of their own experiences and the stimuli their brain receives. From a neurological standpoint, depression causes a disconnection between the stimuli and the translation that the brain requires to understand the context it is involved in. When this happens, the person suffering from depression experiences a detachment from their own subjective consciousness called Depersonalization. This phenomenon occurs when the person feels distant from their own reality as if existing outside of the world and looking into their body and actions. Depersonalization is a symptom of several dissociative disorders, particularly in tandem with derealization, but in depression it is theorised that it might have the function of removing the self from situations that might cause trauma.

When depression and anxiety alter the brain's concept of danger, depersonalization detaches people from any sort of situation, hindering their response to their own reality.

Depression, particularly in cases where people suffer also from anxiety, distorts the range that the brain processes different experiences. People with depression have a tendency to generalize situations, altering the way the brain remembers memories and focusing on the bad stuff over the good stuff, to put it simply. When people with depression generalize experiences, they convince themselves that bad things are constantly happening to them and ignore the contrary evidence. Depression poisons their perception of reality causing them to be constantly prepared for the worst and reducing their expectations.

This mindset is the result of how depression affects the personal identity. One of the most common symptoms of depression is low self-esteem. People with depression develop a sense of guilt for the things they think are wrong in their life by trying to justify why, as mentioned before, "everything goes wrong everytime." Is their mind generalizes and assumes that everything is bad, they rationalize that it

+ [LEAHY 2016](#)

On deconstructing fixed preconceptions and replacing them with healthy, conscious ideas

must be because they're bad or incompetent, that they've failed to anticipate things and if the outcomes are negative is due to their nature or their failures. People with depression are wired to think that they are not worthy, not good enough, and therefore deserving of only bad things.

Their low self-esteem, however, doesn't match the reality. In many cases, people with depression are good workers, excellent students or loving friends. They experience successes and mistakes as anyone else and are deserving of the good things that come their way. But their minds are bent on remembering the things that prove they're not good enough, so they are actually unaware of their qualities and triumphs. Their identities are distorted because they're rooted on the mistaken idea of being incompetent or flawed, experiencing even cases of imposter syndrome where they feel like they're faking their way through their lives or careers, fooling other people who don't realise that they're failures.

Social environments reinforce the impact of depression in people's personal identities. Mental health has become an important topic in recent years and several initiatives are changing the way it is discussed to avoid the taboo that so

long has accompanied the conversation. However, there still is a looming stigma around mental health and disorders in society in general. It is very complicated to talk about depression openly, since many people are still uneducated and judgmental about it. The silence around the issue further isolates people from the information they require because they keep on living with depression without proper help because they fear rejection or criticism.

The stigma implies that depression is something that can be cured with prayers, a positive attitude, healthy diets or simply by being tough. When an idea like these becomes the mainstream concept regarding the illness, people feel it's their fault that they're going through it or that they deserve to be suffering from it. Social stigma around depression hurts depressed people the most by cutting them off from their environments and causing a deep shame in them. Their identities are lost, replaced by the perception of them being failed beings ashamed of their actions.

This shame can be a debilitating factor for them in their daily lives. People suffering from depression carry the weight of their broken identities silently, trying to become better people without any

+ [BALDONI 2017](#)
On overcoming social expectations and gender norms that stop people from getting help

success because, in reality, they already are. Depression demands such a high standard for them to consider themselves “good enough” that it sabotages their actions, setting them up for failure even if in reality their experiences would be deemed good from other people’s point of view. This demanding expectations that they set from themselves are based on their low self-esteem: they fail to accept the things they do right because they focus only on the things they do wrong, and by only seeing their mistakes, they think they don’t deserve any good things to come their way and feel ashamed when anything good happens to them.

Depression has set a self-fulfilling prophecy for them. People suffering from depression struggle to see clearly who they are and what is their own personal identity because they fail to perceive reality in a clear, unfiltered way. If their brains can’t translate and respond properly to the things that happen around them, the thoughts they develop based on those reactions will be wrong. If they fail to see anything other than flaws and missteps, they assume that they are only capable of failing.

Being able to consciously distance themselves from their thoughts is a crucial skill to learn in treatment, because it allows them to question the preconceptions they've learned during the course of their time dealing with depression. This makes it possible that they might realise that depression essentially lies and sets them on a path of sabotage, and then decide to turn away from it and accept not only their mistakes and defects but also their qualities and rights. Externalizing depression and recognising that their disorder doesn't define who they are and what they think is a key step in dealing with depression and eventually overcoming it. ‡

Treatments, tools & coping mechanisms

Depression, as it has been discussed before, is a deceitful illness. It deteriorates the connections in the brain and impairs its capacity to interpret the information received, creating a situation where people sabotage their own lives due to the wrong impressions they are getting from the world surrounding them. Around the 1970s, psychologists and psychiatrists started recognising the need of an effective counteract on depression, both from a medical and a behavioural standpoint. Since then, several treatments have been conceived with mixed yet improving results and nowadays people have an extensive array of treatments, techniques and support available.

Nonetheless, many of these resources are not reaching their intended goals. More than half the population suffering from depression don't receive any sort of treatment because they are misdiagnosed, if at all. Also, due to the changing nature of the manifestations, many people get treatment that doesn't meet their needs, so they end up abandoning it. When stigma is added to the mixture, people end up avoiding treatment due to the misconceptions existing in society. If people don't receive treatment, they either deal with the illness by themselves or don't deal with it at all, placing them at a higher risk of fatal consequences.

The most common treatment available for people with depression is therapy. For the purpose of this thesis, two kinds of treatment will be reviewed, due to the empirical nature of these treatments and the positive effect they have on patients. It doesn't mean that any or both of them are the only options available, nor they offer the best results. To put it simply, these therapeutic approaches focus on depression on a broader level, encompassing different areas of people's lives with depression, and therefore represent a more complete approach.

The first treatment reviewed is [Interpersonal Therapy](#), or IPT. This treatment consists of a short-term set of psychotherapy discussions where a professional evaluates the correlation between mood disorders and life events, developing with the person suffering from depression techniques to deal with their experiences, offering a symptomatic recovery, reducing the impact of the illness and helping people resume their daily activities.

Interpersonal treatment assists people by providing a structured session where experiences are openly discussed. During IPT, people are able to externalize their thoughts on depression, their own sense of self or their relationships with other

people and their actions. These conversations allow the person to confront their thoughts and reflect on the course they're taking, while getting direct input and advice from their psychologist on how to fix or improve their situation.

The other type of treatment that has been considered in this research is [Cognitive Behavioural Therapy](#), or CBT. This treatment distances itself from the classic psychotherapeutic approach and offers instead a solution-oriented perspective where the person and the professional both focus on cognitive distortions and toxic behaviours to resolve them and develop coping strategies that improve their lives with depression.

Cognitive Behavioural Therapy has a deeper impact than IPT due to its focused approach. While IPT covers a broader set of experiences, CBT works on specific actions, thoughts or beliefs that can be considered toxic or harmful to the person suffering from depression. By solving these issues, people can go back to their lives without a major source of psychological and emotional pain.

During CBT, as mentioned before, the person works to create coping strategies. Coping is an intended coexistence with the manifestations of depression. It invol-

+ [LEAHY 2016](#)

Explores the way CBT works in a solution-oriented way, with examples of real patients

ves a conscious, voluntary effort to deal with episodes or phases of the disorder in order to reduce its impact and tolerate the stressors or triggers that are causing manifestations to take place.

However, coping can happen in an unconscious manner, particularly when people are not getting the help and companionship they should. When people deal with depression in an intuitive way, or don't deal with it entirely, they develop coping mechanisms that help them reduce the most impactful symptoms of their disorder. If a person suffers from social anxiety, their coping mechanisms will reduce their inhibition and introversion. If a person suffers from isolation, their coping mechanisms might force them to get out and interact with others. If a person suffers from low self-esteem and high expectations, their coping mechanisms will multiply the responsibilities they have in order to make them feel productive and busy.

[BROSH 2013](#) +
On the reality of living
with mental health
and alternative coping
mechanisms

Coping mechanisms are not bad or toxic per se. Many coping mechanisms are subconscious responses from the brain to the perception of stressors in the environment and can seem odd, like tics or quirks. When a coping mechanism is not harmful, it is usually an indicator or symptom of a trigger that might cause a full depressive

episode. Yet, many coping mechanisms work as cheats or shortcuts to a solution and can become damaging for people.

When a person has a mental disorder, it creates a situation when that person is prone to toxic behaviours that increment the impact and frequency of their episodes. Negative coping mechanisms can cause dependency or addiction in people, such as drinking to reduce inhibitors or self-harm to stimulate pain receptors in their brains.

Depression, as many other mental disorders, can be dealt with autonomously. People suffering from these illnesses can find ways to coexist with them on their own, but it is not possible to overcome them and actually recover without the adequate professional help, supportive companionship and a safe network that allows people to navigate their own experiences while reducing the impact that depression has on their lives. When people confront their depression by themselves, and not necessarily by choice, it can be easy to fall into negative habits that might increase the damage over time.

Conventional treatments cover several areas of depression in the daily lives of those who suffer from it, but with a medical approach focused on “solving the

+ [DELLE 2017](#)

On the importance of dealing with mental disorders both on their own and with professional assistance

[WEBBER ALLEN 2017](#) +
On accepting and opening
up about depression
as part of the recovery
process

[BROWN 2012](#) +
On how shame hinders
connection and
vulnerability empowers
people and communities

issues at hand.” Because of this, people feel observed and researched instead of being part of the solution, which distances them from getting the help needed. People avoid getting help because of stigma or shame, because they don’t feel “sick enough” or don’t want to be a subject for a researcher. People tend to deal with mental illnesses on their own because of many reasons and require the appropriate information to proceed without putting themselves in danger. People need a sense of belonging, a safe space to open up about their own experiences and to confront their depression. Only when these needs are met, people feel ready to take the next step and find professional assistance.



RESEARCH

Survey

Phase 1: Diagnostics

- Privacy clause.
- Name/Nickname
- Age
- Gender
- Occupation
- Do you suffer from depression?
- For how long have you been aware you suffer from depression?
- Do you receive any treatment?
- How did you become aware of your diagnosis?

Phase 2: Knowledge

- How would you define depression in your own words?
- How would you define a depressive person in your own words?
- How would you value your knowledge of these topics today? (brain chemistry, psychotherapy, coping mechanisms, mental illness, manifestations)
- How would you value your knowledge of these topics when you first noticed your depression? (brain chemistry, psychotherapy, coping mechanisms, mental illness, manifestations)

- Sort from the most useful (1) to the least useful (6) the following tools against depression (Psychotherapy/meds/Mindfulness/healthy habits/leisure and entertainment/social activities)

Phase 3: Perception

- How does depression appear in your daily life? How do you recognise an episode coming?
- Sort from 1 (lowest) to 5 (highest) how are the depressive episodes in your life (Frequency, intensity, duration, overcoming capacity, emotional support, companionship)
- Sort from 1 (lowest) to 5 (highest) how were the depressive episodes when you first noticed the depression (Frequency, intensity, duration, overcoming capacity, emotional support, companionship)
- Share an anecdote about depression intervening in your life
- If depression was a person, how would you describe them? What positive and negative things would you say about them?
- If depression was a person, what would you like to say to them?

Phase 4: Relationships

- Are your family and friends aware of your situation?
- Evaluate yourself (I'm a disciplined person; I'm an anxious person; I can concentrate easily on my tasks and duties; I'm perfectionist; I'm very interested in my activities; I'm empathetic and sensitive to other people; I'm a friendly person; I have a bad temper).
- Evaluate yourself from before you noticed your depression (I was a disciplined person; I was an anxious person; I could concentrate easily on my tasks and duties; I was perfectionist; I was very interested in my activities; I was empathetic and sensitive to other people; I was a friendly person; I had a bad temper).
- Which of the following positive adjectives would your friends and family use to describe you? (Kind, happy, passionate, attentive, hard-working, generous, honest, trustworthy, intelligent, reserved, fun, determined).
- Which of the following negative adjectives would your friends and family use to describe you? (Unpleasant, demanding, ill-tempered, inexpressive, liar, conceited, fearful, rude, messy, sad, negative, pessimistic).
- How does depression affect the way you relate to others?

Phase 5: Metaphors

→ Sort the following pictures from 1 (best represents Depression) to 4 (worst represents Depression)



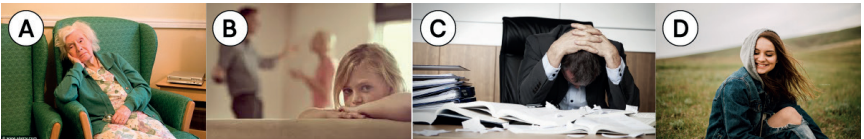
→ Sort the following pictures from 1 (best represents Depressive episode) to 4 (worst represents Depressive episode)



→ Sort the following pictures from 1 (best represents Emotional support) to 4 (worst represents Emotional support)



→ Sort the following pictures from 1 (best represents Future) to 4 (worst represents Future)



→ Sort the following pictures from 1 (best represents You) to 4 (worst represents You)

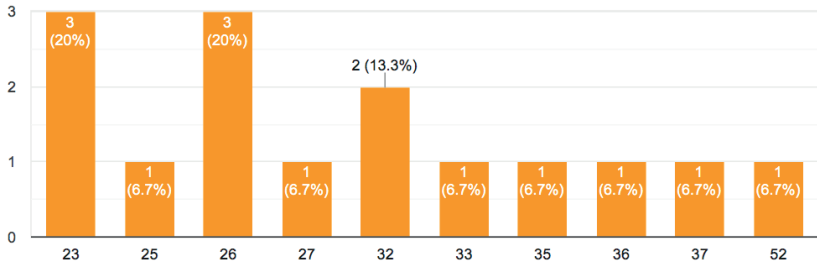


Survey Results

SURVEY IN ENGLISH

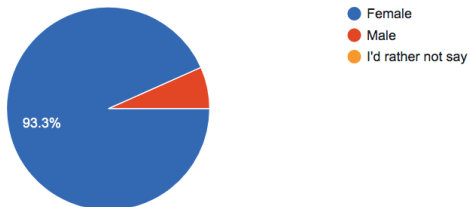
Age

15 responses



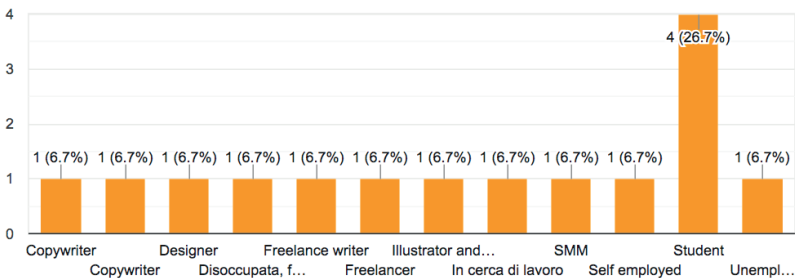
Gender

15 responses



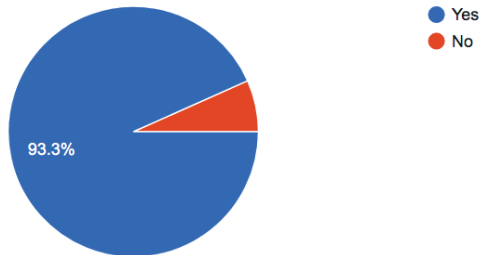
Occupation

15 responses



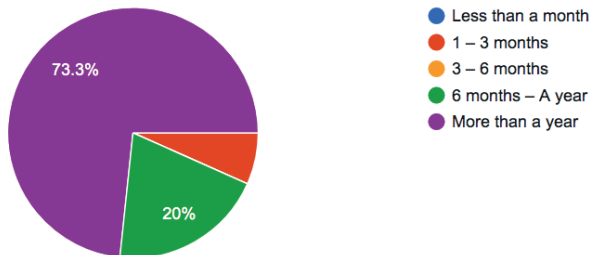
Do you suffer from Depression?

15 responses



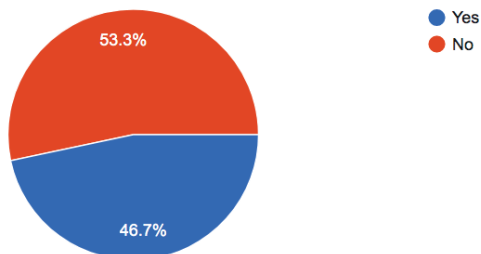
How long have you been aware that you suffer from depression?

15 responses



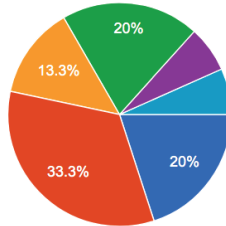
Do you receive psychological treatment?

15 responses



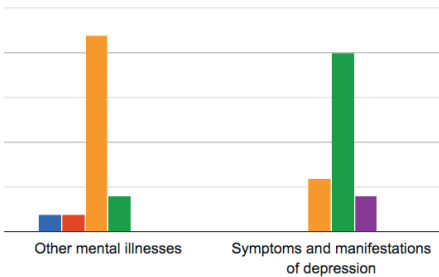
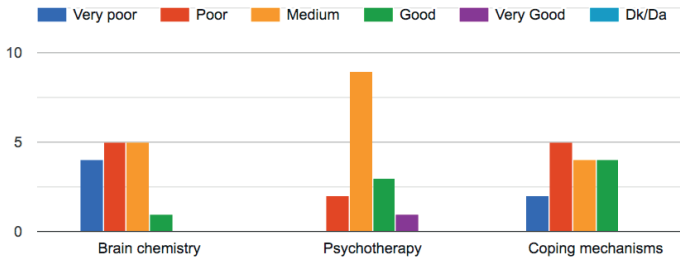
How did you first realised you suffered from depression?

15 responses

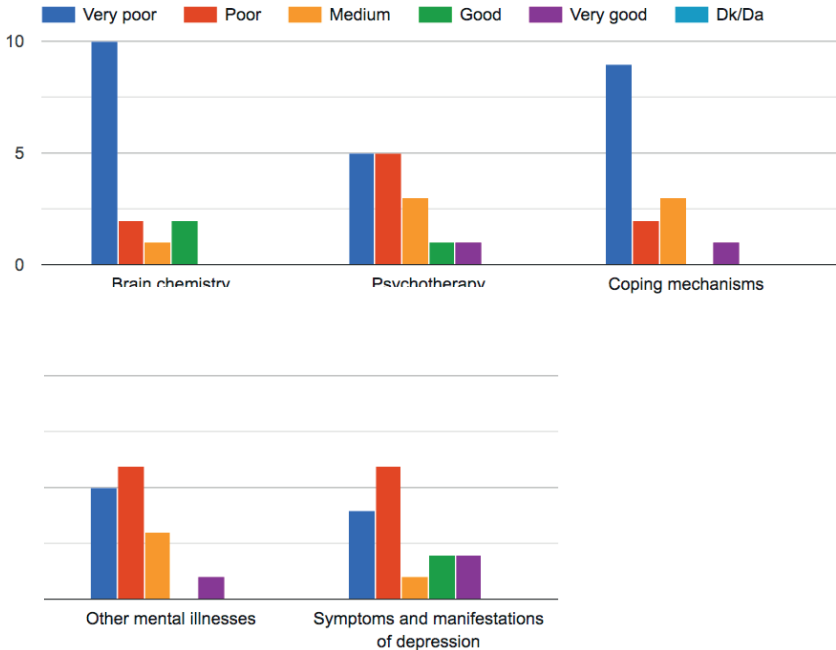


- I read about it
- I was diagnosed by a professional
- Someone close to me suffered from the same symptoms
- I knew about depression via series/films/radio/podcasts
- I am not actually sure that I suffer from depression, but I experience s...
- I am like all writers I read who suffered from depression

How would you value your knowledge of these topics today?

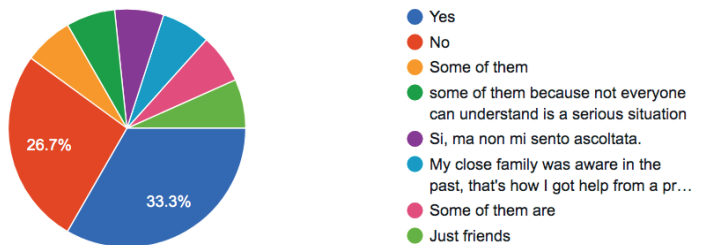


How would you value your knowledge of these topics when you first noticed your depression?

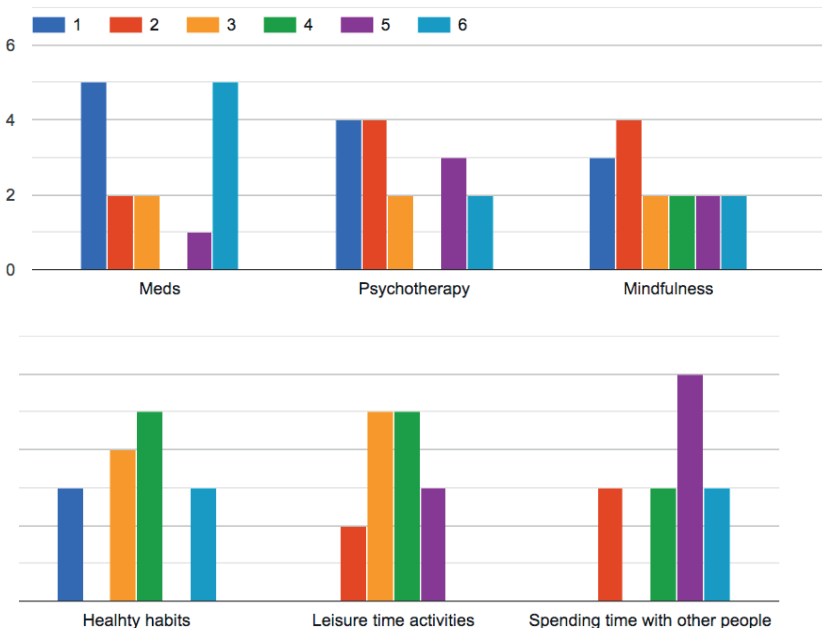


Are your family and friends aware of your situation?

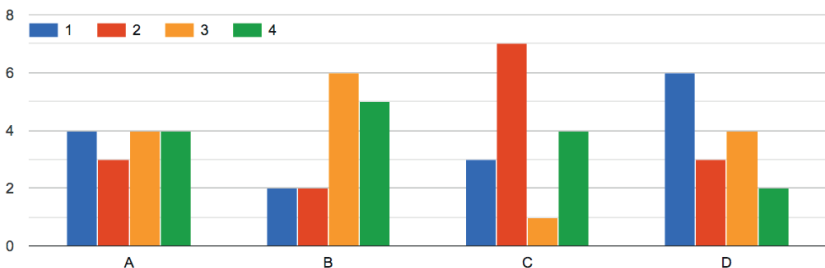
15 responses



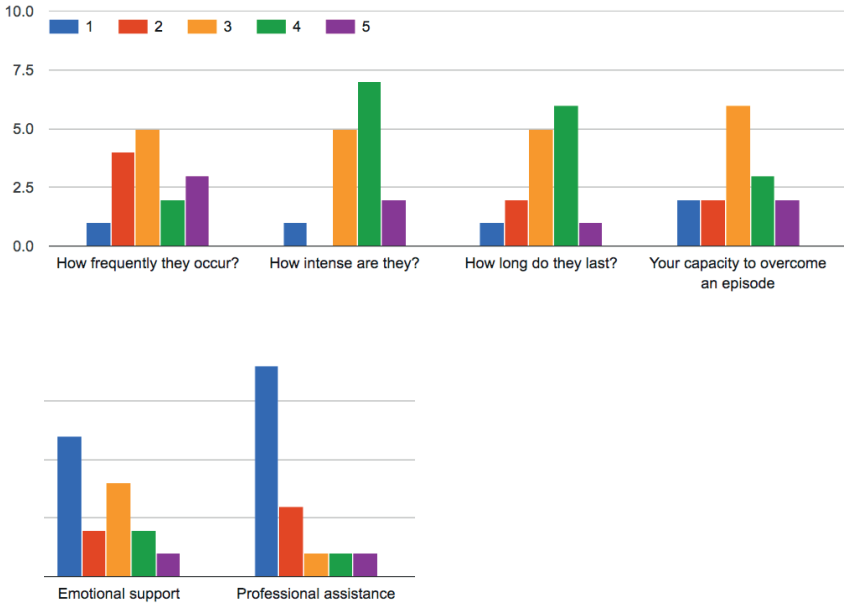
Sort from the most useful (1) to the least useful (6) the following tools against depression



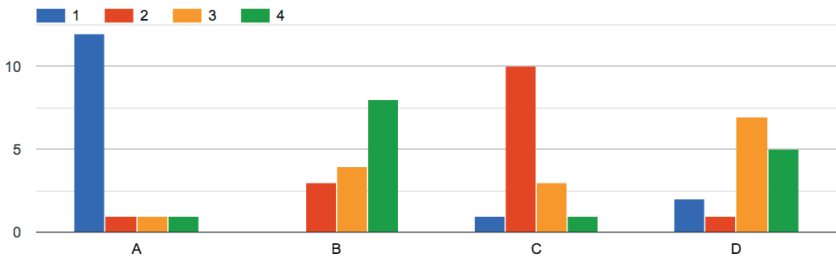
Sort the following pictures from 1 (best represents You) to 4 (worst represents You)



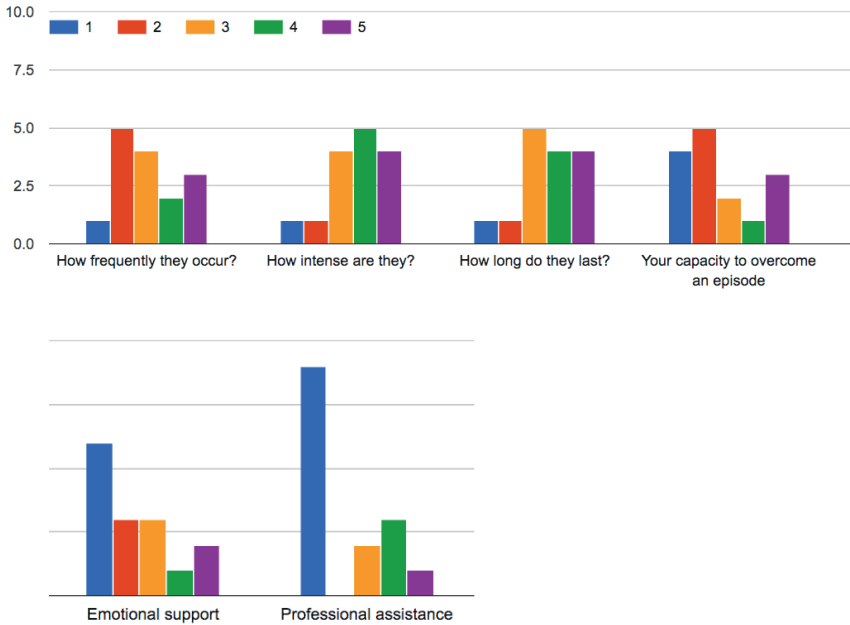
Sort from 1 (lowest) to 5 (highest) how are the depressive episodes in your life



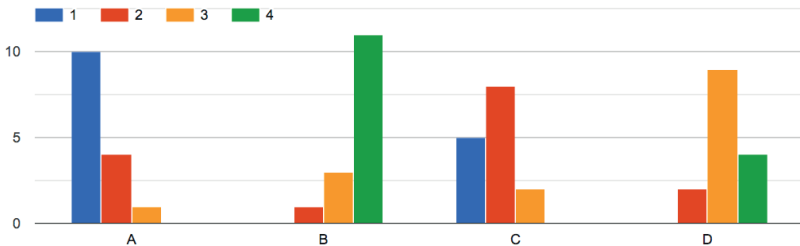
Sort the following pictures from 1 (best represents Depression) to 4 (worst represents Depression)



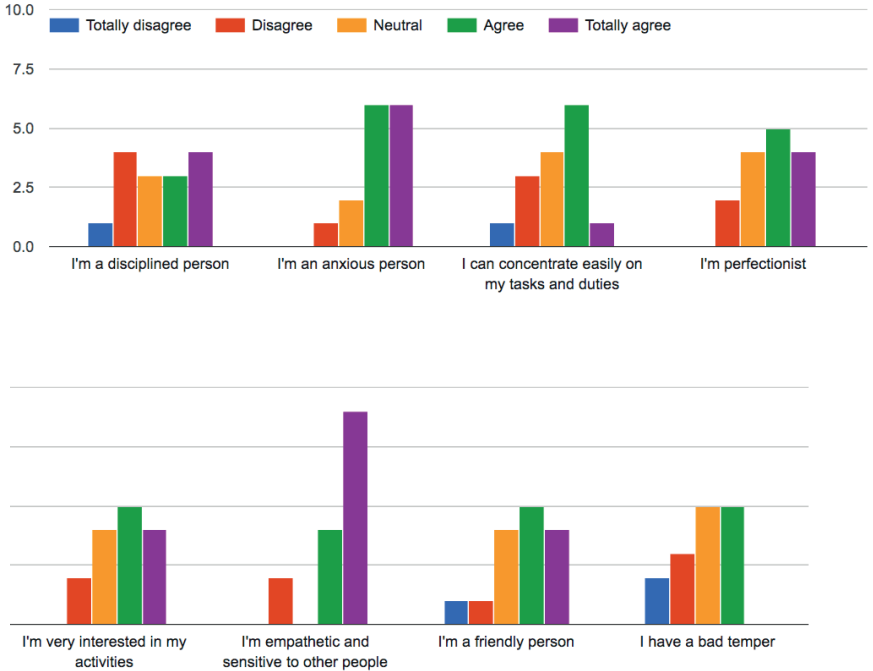
Sort from 1 (lowest) to 5 (highest) how were the depressive episodes when you first noticed the depression



Sort the following pictures from 1 (best represents Depressive episode) to 4 (worst represents Depressive episode)

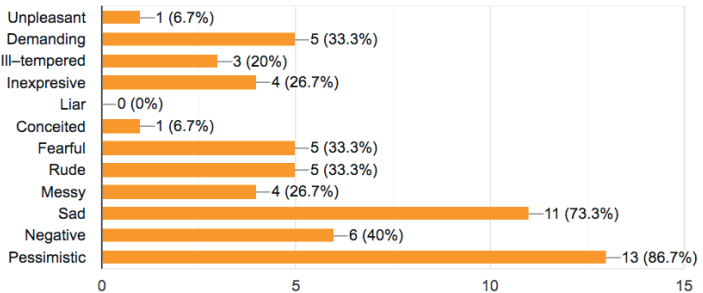


Evaluate yourself

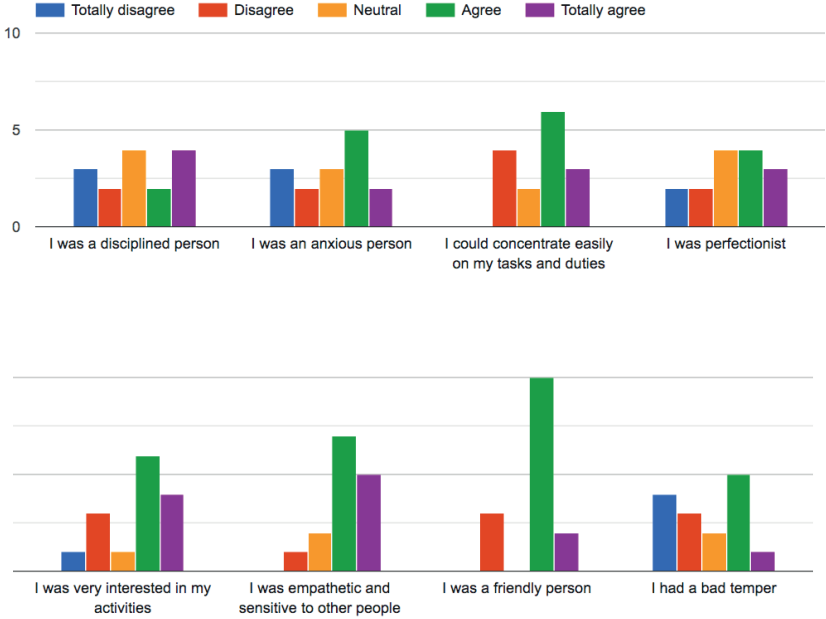


Which of the following negative adjectives would your friends and family use to describe you?

15 responses

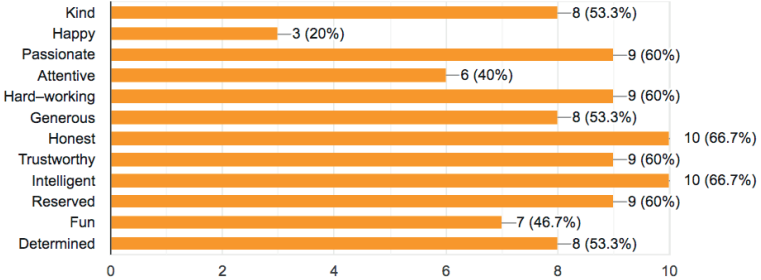


Evaluate yourself from before you noticed your depression

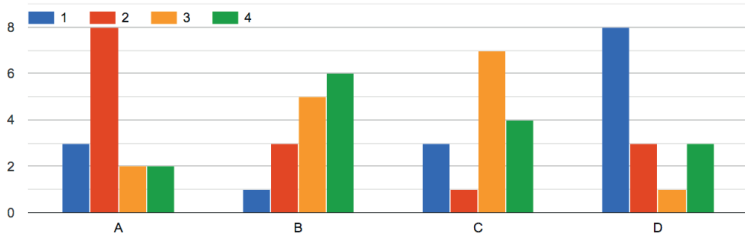


Which of the following positive adjectives would your friends and family use to describe you?

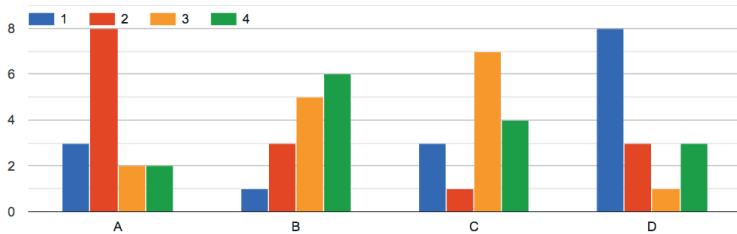
15 responses



Sort the following pictures from 1 (best represents Future) to 4 (worst represents Future)



Sort the following pictures from 1 (best represents Future) to 4 (worst represents Future)

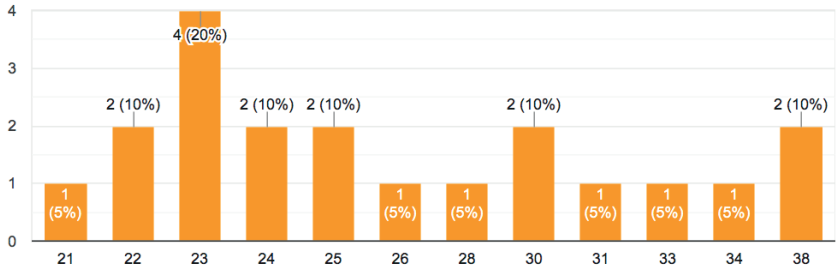


Survey Results

SURVEY IN SPANISH

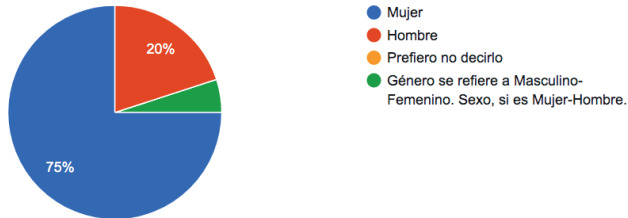
Edad

20 responses



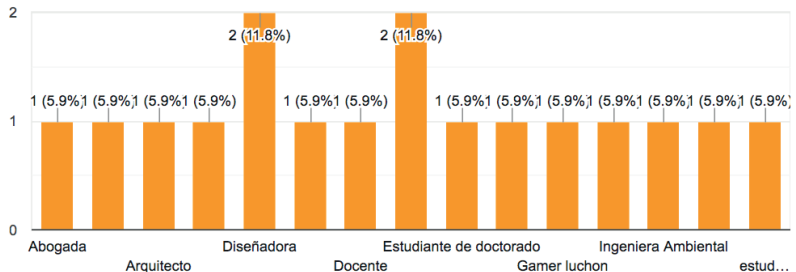
Género

20 responses



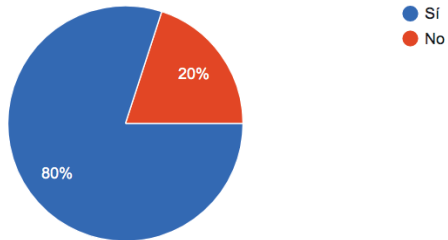
Ocupación

17 responses



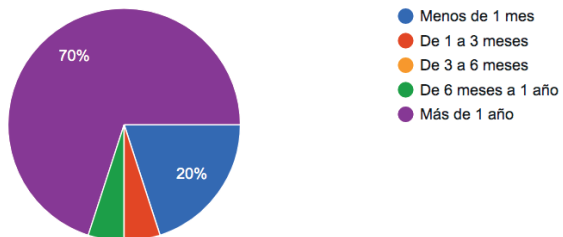
¿Sufre de Depresión?

20 responses



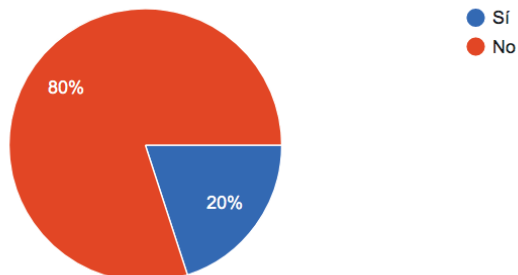
¿Desde hace cuánto tiempo es consciente de sufrir de Depresión?

20 responses



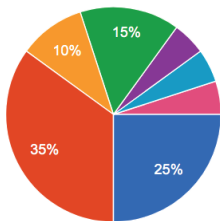
¿Recibe tratamiento psicológico/psiquiátrico?

20 responses



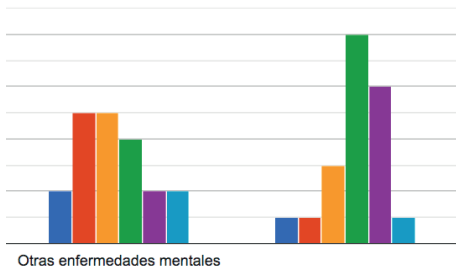
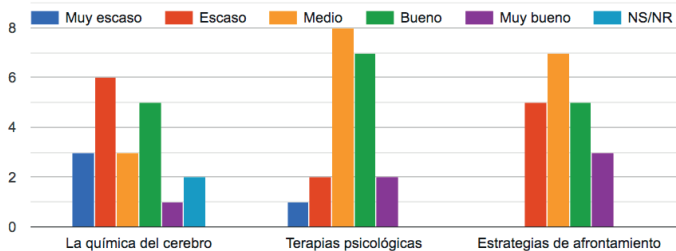
¿Cómo notó por primera vez que sufría de depresión?

20 respuestas

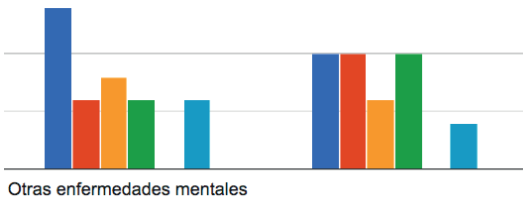
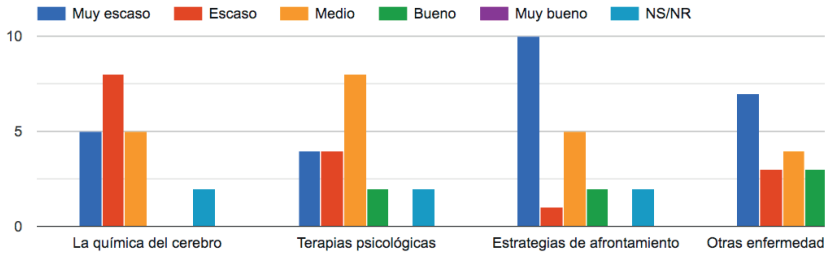


- Leyendo al respecto
- Recibí un diagnóstico de parte de un profesional
- Alguien cercano a mí sufre de lo mismo
- Supe de cómo se manifiesta depresión a través de series/películas...
- Twitter y series/películas
- Porque interviene en mi rutina diaria
- NO sufro de depresión, pero conozco...

¿Cómo calificaría usted su dominio de los siguientes temas?

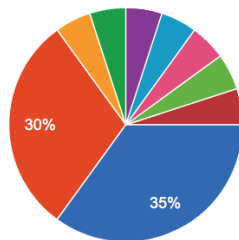


¿Cómo calificaría usted su dominio cuando notó por primera vez la depresión?



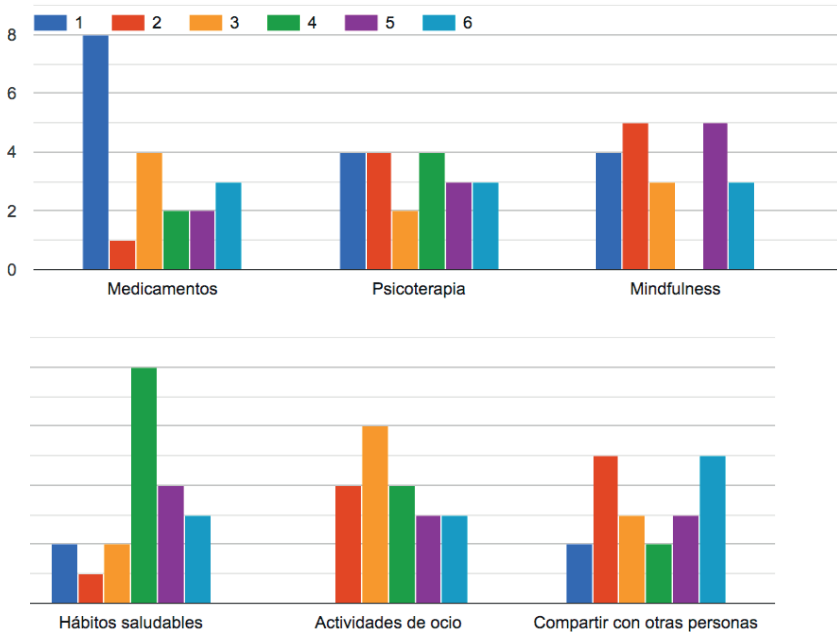
¿Sus amigos y familiares saben de su situación personal que vive con depresión?

20 responses

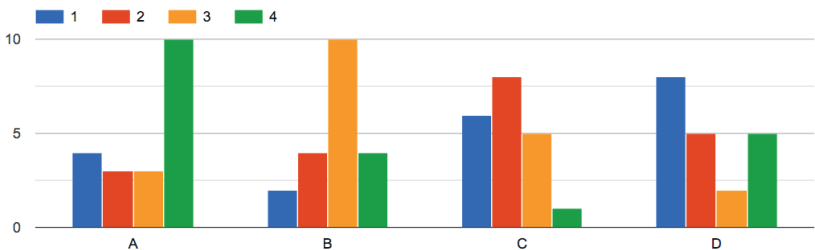


- Si
- No
- Nah, pero creo que quien la sufre puede reconocerla (más bien quien...)
- Algunos si.
- Algunos
- Algunos, los más cercanos.
- Solo 1 persona
- Pues no es algo que actualmente e...
- NO sufro de depresión, pero las per...

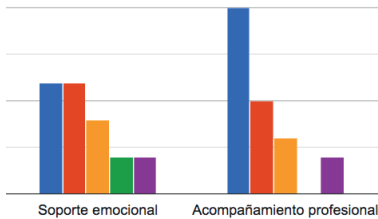
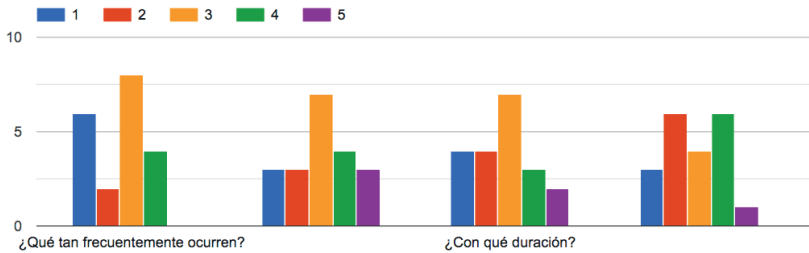
Organice del más útil (1) al menos útil (6) las siguientes herramientas para enfrentar la depresión



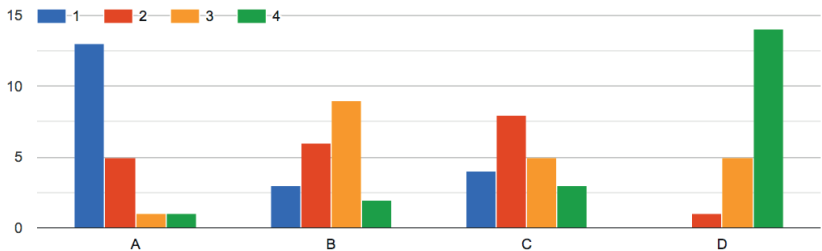
Clasifique de 1 (la que más lo representa a usted) a 4 (la que menos lo representa a usted) las siguientes imágenes.



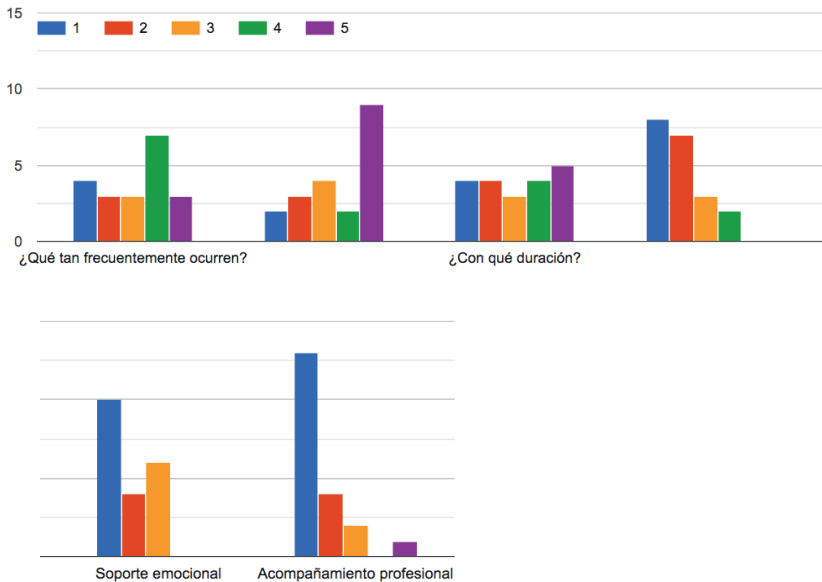
Evalúe de 1 (más bajo) a 5 (más alto) cómo son los episodios de depresión en su vida diaria



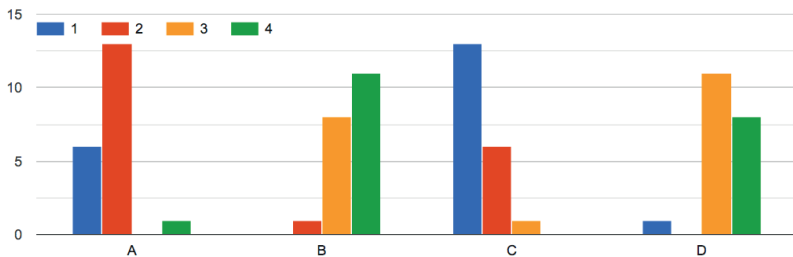
Clasifique de 1 (la que más representa Depresión) a 4 (la que menos representa Depresión) las siguientes imágenes.



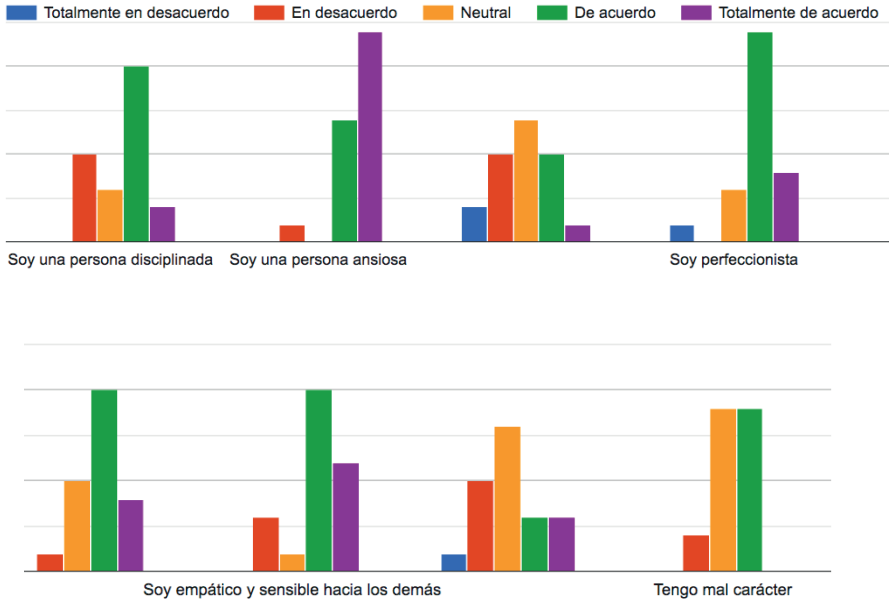
Evalúe de 1 (más bajo) a 5 (más alto) cómo eran los episodios de depresión cuando la notó por primera vez



Clasifique de 1 (la que más representa Episodio depresivo) a 4 (la que menos representa Episodio depresivo) las siguientes imágenes.

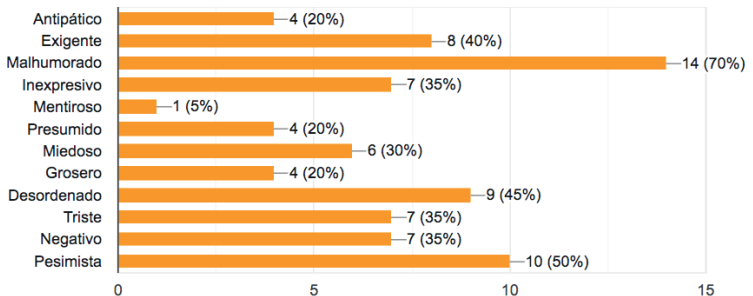


Evalúese usted mismo

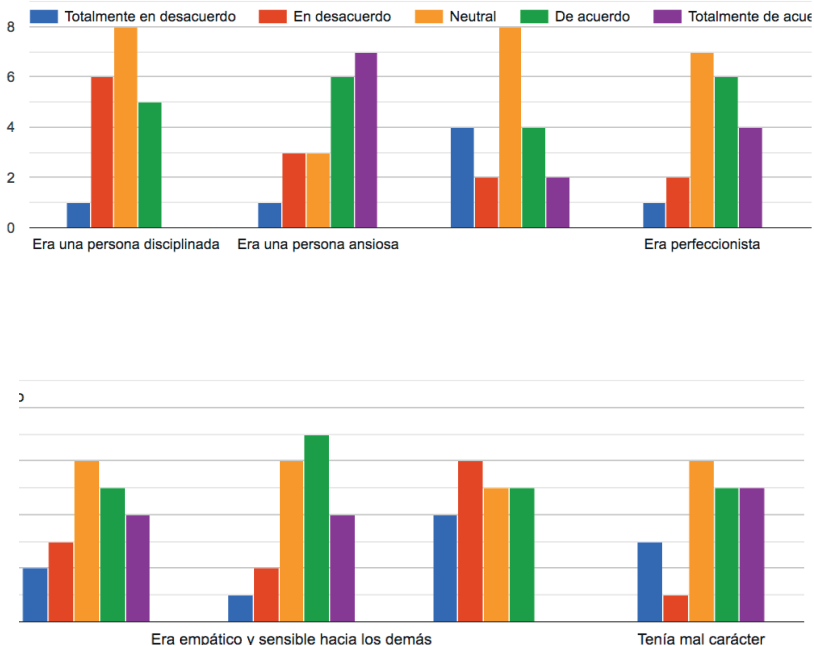


¿Cuáles de los siguientes adjetivos negativos usarían sus amigos/familiares para describirlo?

20 respuestas

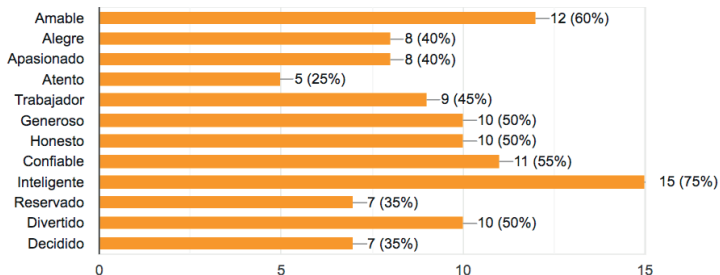


Evalúese usted mismo antes de saber que vive con depresión

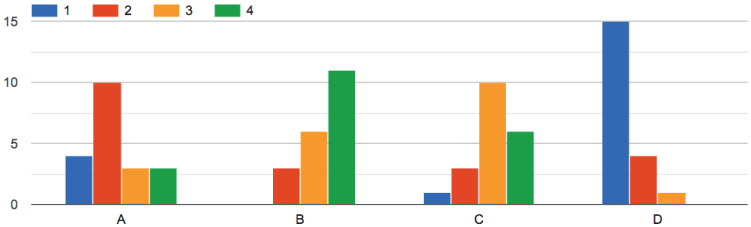


¿Cuáles de los siguientes adjetivos positivos usarían sus amigos/familiares para describirlo?

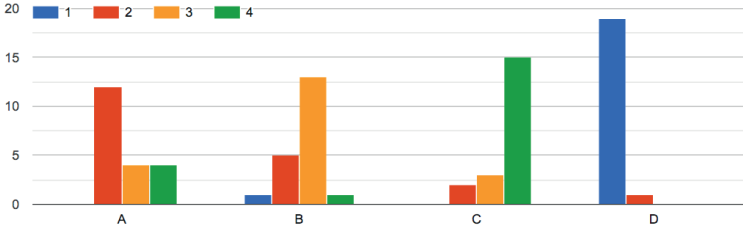
20 respuestas



Clasifique de 1 (la que más representa Futuro) a 4 (la que menos representa Futuro) las siguientes imágenes.



Clasifique de 1 (la que más representa Apoyo emocional) a 4 (la que menos representa Apoyo emocional) las siguientes imágenes.



Quotes

- ROSA → Now I feel corroded, as in some kind of “no return”
- ANGELA → I was convinced I was about to die
- MATTEA → [Depression] wants to keep you to themselves, so cuts you off from everyone else
- VALENTINA → A sad but romantic and deep person
- ROBERTA → A bit sadistic and ironic family friend that you don't really understand deep down
- ELENA → Depression is my mother. Too close
- RUYA → It does not have any positive sides for me
- ANGIE JOYA → Thanks for teaching me so much but I don't want it back

...it shows itself as your friend,
giving you a hand but when you
least expect it, it makes you fall
again

← [LAURA](#)

...but it has an extraordinary
capacity to feel both the good
and the bad, and then learning
how to deal with the illness bring
a high interpersonal intelligence

← [JULIANA](#)

Positive, that it is necessary

← [KIRA](#)

It's thanks to that person that I
fight to move forward

← [MELISSA](#)

It's a part of me. But to tell the
truth, I would be better without it

← [JAYNER RINCÓN](#)

I think you've fulfilled your mission
in my life

← [MARCELA](#)

Let's Talk About Mental Health

Jessica Walsh



Topic

Mental Health, stigma, shame, acceptance

Media

Website + Instagram

Duration

Since January 2016

Tone

Personal, sincere, uses plain language, empathetic.

Goal

To overcome the social stigma of mental illnesses and issues and to provide a platform for people to share their thoughts and experiences.

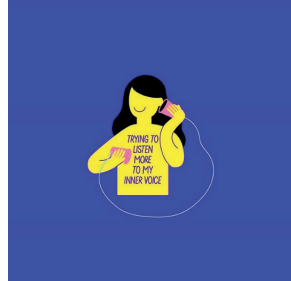
Strategy

On the website, *Let's Talk About Mental Health* presents a compilation of stories shared by different users, some anonymous, others public. These stories are voluntarily published and meant to produce empathy and belonging, making people feel they're not alone.

On Instagram, there's a selection of quotes from the stories or people close to the creator, designer *Jessica Walsh*, to create engagement. Also, the account shares illustrations to keep the users active and informed, sharing quotes from authors talking about mental health.



My anxiety knows all of my worst fears and insecurities, and it plays them on repeat as I lie awake each night.



There were a million reasons to be happy and love my life, but instead I found myself going over the million reasons why I wanted to die.

LET'S TALK ABOUT MENTAL HEALTH

SHARE YOUR STORY

JOIN US ON INSTA

LEAH GOREN

This is my biggest secret. I don't try to hide it as much as I used to, but I'm certainly not going to bring it up. I'm afraid that everyone will think they understand it, but I know that they have no idea. I'm even more afraid that I don't understand it—as hard as I've worked, as much as I've tried to... [READ MORE](#)

DEBBIE MILLMAN

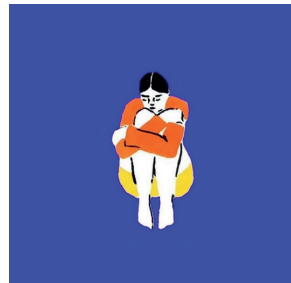
I was wearing my yellow coat, back when I wore yellow. I brought B with me—B, the bodybuilder and the boy from high school whom I loved-to protect me. How ironic, given that I would have to get a restraining order to protect me from him just a few years later. [Anyway... READ MORE](#)

MARGARET JACOBSEN

At 28 years old, I've learned a lot about myself with depression. I have existed with it every day for the last 14 years. Some days are easy—I'm able to jump out of bed without any fighting with myself—while others are battles. They are uphill battles, battles that I know I'll lose, but I fight... [READ MORE](#)

!

"I had no idea that in the years to come, B would become a



Cosas que piensas mientras te muerdes las uñas

Amalia Andrade



Topic

Mental Health, anxiety, fear

Media

Book

Publication

Published on 2017.

Tone

Personal, friendly, informational, comedic, relatable, interactive

Goal

To empower readers by explaining fear and anxiety as a normal part of life.

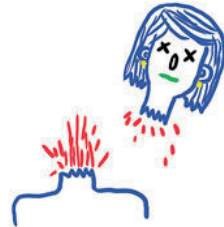
Strategy

Cosas que piensas mientras te muerdes las uñas (Things you think when you bite your nails) is a book by Colombian author Amalia Andrade where she discusses her own experiences with fear and anxiety as a part of her life since her childhood.

Andrade shares stories from herself, close friends, illustrators and artists, where fear is presented as an obstacle for living life. She shifts the narrative during the progress of the book questioning the function of fear as a motivator to act and explaining the different ways that anxiety is experienced, from mild inconveniences to panic attacks.

Using relatable connections and language, Andrade is able to involve the reader in the process, requesting their participation in the development of the content of the book itself and sharing playlists, quotes and inside jokes.

NUNCA SÉ SI LO QUE
TENGO ES HAMBRE,
MIGRAÑA, MAREO, O
UN ATAQUE DE ANSIEDAD



PÁNICO Y PARÁLISIS



SENSACIÓN DE IRREALIDAD

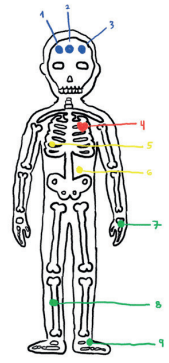


DEPERSONALIZACIÓN
(SEPARARSE DE UNO MISMO)

Queridos millennial babies,
este es Freddy Krueger

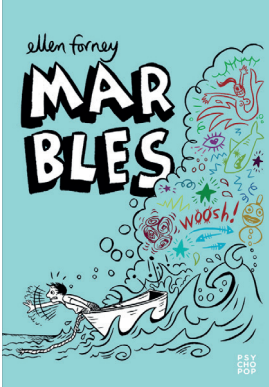


MIEDO AL MIEDO



Marbles: Mania, Depression, Michelangelo and Me

Ellen Forney



Topic

Mental Health, treatment, therapy

Media

Graphic novel

Publication

2013

Tone

Outspoken, metaphorical, hyperbolic, reflective

Goal

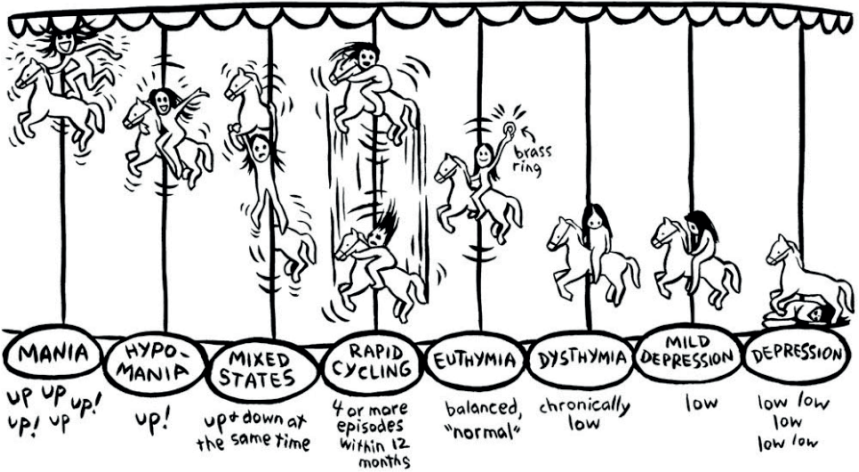
To share the personal story of the author while also providing commentary on the progress she experienced.

Strategy

Marbles: Mania, Depression, Michelangelo and Me tells the story of the author, illustrator [Ellen Forney](#), and how she deals with her diagnosis of bipolar disorder.

Forney tells her story from the moment she started noticing mood changes and the effects her illness had on her daily life, passing through her diagnosis, her progress with therapy and medication, her coping mechanisms, her relationships with friends, family and lovers and more.

Using her own illustrations, Forney creates a language of her own to display the emotions she felt both in her manic and depressive phases, connecting with the reader and rendering visible not only the effects but the way she experiences her illness.



NOTE: "BIPOLAR DISORDER" + "MANIC DEPRESSION" ARE THE SAME THING.

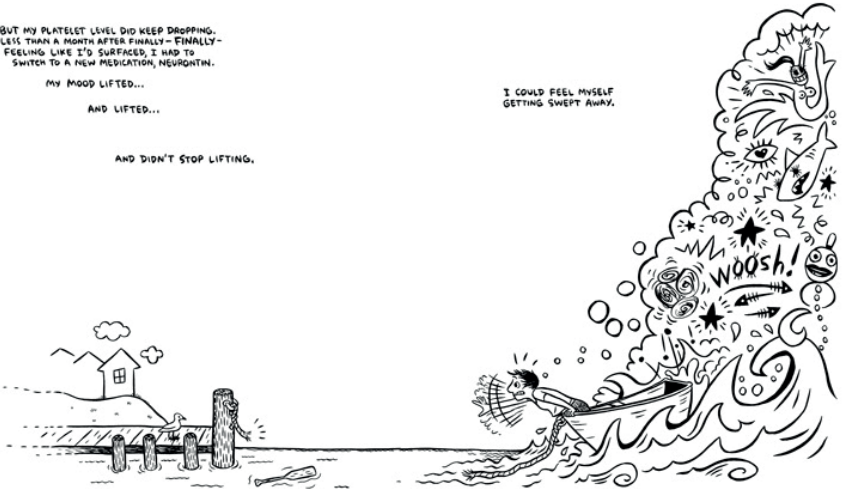
BUT MY PLATELET LEVEL DID KEEP DRIPPING.
LESS THAN A MONTH AFTER FINALLY - FINALLY -
FEELING LIKE IT'S SURFACED, I HAD TO
SWITCH TO A NEW MEDICATION, NEURONTIN.

MY MOOD LIFTED...

AND LIFTED...

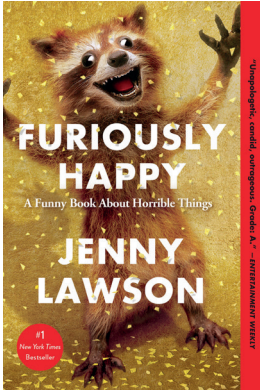
AND DIDN'T STOP LIFTING.

I COULD FEEL MYSELF
GETTING SWEPT AWAY.



Furiously Happy: A Funny Book about Horrible Things

Jenny Lawson



Topic

Mental Health, daily life, relationships

Media

Book

Publication

2016

Tone

Honest, personal, humorous, outspoken

Goal

To share anecdotes about living with severe depression.

Strategy

Furiously Happy: A Funny Book about Horrible Things is a compilation of stories and essays by comedian Jenny Lawson. In the book, she shares with the reader the many encounters she's had with severe depression, medication, anxiety and dissociative disorders where she is convinced she's missing both of her arms or dealing with insomnia by taking pictures of taxi-dermy mounts at 3 AM.



Gemma Correll



Topic

Mental Health, depression, social anxiety

Media

Books + Web comics + Instagram

Tone

Relatable, comedic, parody, honest

Goal

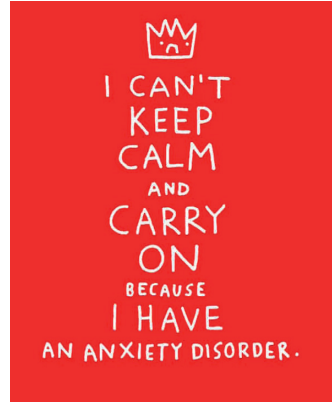
To represent the realities of social anxiety and depression.

Strategy

Gemma Correll is an illustrator and web comic artist who focuses her work on mental health, pets and feminist issues. Her work is parodic of many other media, mocking billboards, shows, book covers or more to represent in a humorous way many of the issues that affect her daily life.

Specifically, her mental health comics focus on shared experiences and manifestations, commenting on issues as fear, procrastination, stigma and others in a way that touches the reader and makes them feel like they share the perspective of the author.

SELF CARE REWARD STICKERS



Headspace



Topic

Mindfulness, awareness,
alternative techniques

Media

App + Video

Tone

Friendly, calm, informative,
relaxing

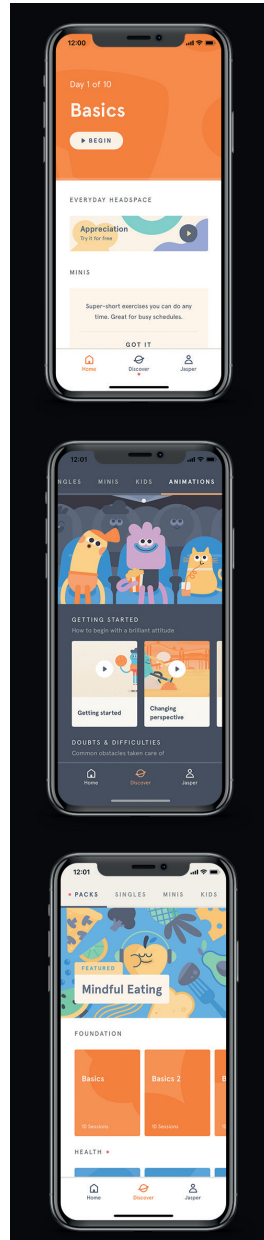
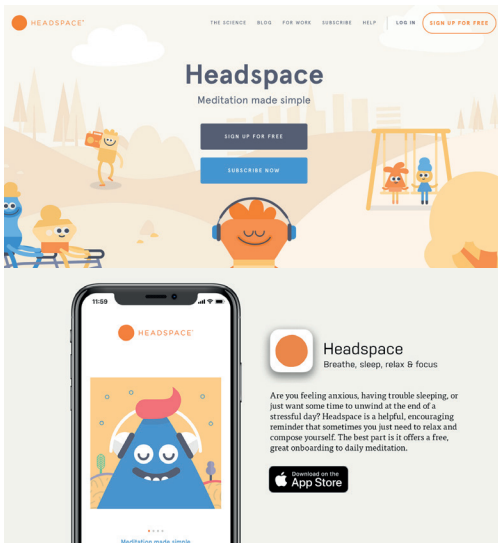
Goal

To reduce stress and anxiety during the regular daily activities.

Strategy

Headspace is an app designed to provide relaxation and mindfulness techniques during the day so that their users reduce the impact of stress and anxiety on their daily activities.

Using different content, such as guided meditations, animations, articles and videos, Headspace promotes a culture of happiness, health and self-care in any situation. Crafting the content so it can be accessed and applied no matter the time or attention available, Headspace tailors its experience according to the need of their users, facilitating the exploration and application of the techniques they share.





ANALYSIS

Affinity diagrams

Life Sentence

People are forced to live with an illness that consumes them.

Insight

- "Cancer of the mind"
- "Bacteria"
- "Paralyzing"
- "Debilitating illness"
- "Exhaustion"

Learning & command of the subject

People who are aware of their illness are capable of weathering it better.

Existing information is not effectively communicated according to the sick person's needs.

Insights

- Conscious and unconscious depression
- There isn't access to appropriate information
- Almost half of the people have been diagnosed, the other half recognises themselves from reading or watching it
- Mild episodes are frequent. People face them by themselves but don't have the adequate tools
- The more awareness, lesser the impact

Internal perception

- "I didn't think I had the right to be depressed"
- The negative triad: I feel bad about myself, which in turn makes me feel bad about my experiences, which in turn makes me feel bad about my future
- "We think that depression is part of us"
- Not belonging
- "I am a burden"
- Not being "enough"
- Guilt
- "I don't like feeling like people feel sorry for me"
- The more the person generalises, the less merits they perceive, the more they use negative terms to define themselves
- People isolate because they don't want to hurt anyone else, they don't want to deal with anyone else while dealing with their depression, or they feel they don't deserve connections

People think their depression is a part of who they are.

The negative perception of themselves entails a constant sense of guilt.

Insights

External perception

Other people mistake depression for bad habits.

Close people don't understand the inner fight that depressive people have to go through.

Just because the illness is invisible doesn't mean it doesn't exist.

Insights

- "Fragile"
- The person is blocked in a negative thought/feeling
- Irritability/aggressive
- The negative weighs more than the positivity
- "Isolated"
- "Pessimistic"

Denial of self

Depression creates scenarios that might seem "safe" but aren't.

Insight

- "Dry"
- "Not valid"
- Incapable of being/acting
- No possibility to try
- Without any reason

Setting high standards & expectations

- “The «pending» tasks”
- Over-pressed
- There’s a set of self-imposed rules
- “Being strong is killing us”
- Unlike the mainstream representation of depressed people, they see themselves as strong fighters who are unfortunate to have to face depression
- “When we deny our humanity, it leaves us feeling empty inside, searching for ways to self-medicate in order to fill the void. My drug was high achievement”

People set such a high standard for themselves they end up sabotaging their own actions.

Insight

Positive lessons

- “Teachings for the rest of your life”
- Depressive symptoms protect you from imminent privations
- Resilience
- “High interpersonal intelligence”
- “Value the good things”

Depression entails a deep personal learning.

Insight

Abusive relationship

People perceive depression as an unpredictable, capricious and demanding illness.

Insight

- “Liar & manipulative”
- Insistent
- “Magnet”
- Inopportune
- Invisible
- Toxic
- “Faceless person who comes without warning”
- Changes in intensity
- It’s not invisible: it has physical and social consequences on a daily basis
- “Forced me to take some choices”

Disconnection from the world

People feel the need of faking the emotions that are being suppressed by the depression.

Insight

- “Faking it”
- No emotions
- Restricts other feelings and reactions
- Difficulty to process emotions creates sadness, fear and frustration
- Depersonalization

NECESIDADES FISICAS

NEEDS PARA SOBREVIVIR

NECESIDADES DE SEGURIDAD/COMUNICACION

SENTENCIA DE VIDA

CANCER DE LA MENTE

FACTORIA

PAPRIKUZAR

ENTRENAMIENTO DE BULTOS

CANSADO

APRENDIZAJE Y DOMINIO DEL TEMA

DEPRESION CONCERNIENTE A LOS ACCIDENTES

TRANSICION DE LA LECTURA VISUAL

ESTRATEGIAS PARA EL MANEJO DE LA ANSIEDAD

ESTRATEGIAS PARA EL MANEJO DE LA ANSIEDAD

PERCEPCION EXTERNA

PERCIBIR

IRRITABLE

PESEA MAS DE LO QUE LO ES

ISOLATED

PESSIMISTA

AGRESIVO

LA DEPRESION CONSIGUE ESTABILIZARSE MAS RÁPIDO EN PERSONAS QUE EN PERSONAS QUE NO LA TIENEN

NEGACION DEL HECHO

DRY

NO VALIDO

ACEPTAR DE BUENA VER

NOSE POSIBILIDAD TO TRY

SIN MOTIVOS

ESOS "PROBLEMAS"

SOBRE CUALQUIER PROBLEMA

INFORMACION DE ALGUN EXPERIMENTOS Y ESTADISTICAS

LA PERSONA QUE SUFRIRIA CAMBIOS EN SU FORMA DE PENSAR

RELACION ABUSIVA

MENTORIAS & MENTORIA

INCIDENTES

NEUMAS

INFORMACION

INVIDIA

DESDEQUE NO TIENE SUAS CREENCIAS

CAMBIO DE INTENCION

PERSONA SIN BOSTRO

TEORICA

LECCIONES POSITIVAS DE VIDA

ENSEÑANZA PARA LA VIDA

RESILIENCIA

BIEN INTERPERSONAL

VALORAR LAS COSAS BUENAS

DESVALORACION CON EL MUNDO

LA PERSONA QUE SUFRIRIA LA ACCESION DE PENSAR EN LAS EMOCIONES QUE HACE LA SUFICION

DESVALORACION CON EL MUNDO

LES PERSONAS SIEMPRE LA ACCESION DE PENSAR EN LAS EMOCIONES QUE HACE LA SUFICION

FINGIR

NO EMOCIONES

COMIDE CARIOSO DE SENTIMIENTOS Y REACCIONES

DIFICULTAD PARA PROCESAR EMOCIONES

DEPENDENCIA

TRETA HIERO FRUSTRACION

PERCEPCION INTERNA

LAS PERSONAS QUE SUFRIRIA LA ACCESION DE PENSAR EN LAS EMOCIONES QUE HACE LA SUFICION

LA PERCEPCION CONSIGUE ESTABILIZARSE MAS RÁPIDO EN PERSONAS QUE EN PERSONAS QUE NO LA TIENEN

NO EN SUFICIENTES

CULPA

NO SE OLVIDA TRATAR DE SER MAS TIENEN PESAR

NO REACCIONES

SON UNA A CARCA



“Either I spend an unending time doing a certain task so that I don’t make any mistakes; or I avoid it entirely : there isn’t any middle ground for me.”

Maya

28, *Writer.*

Maya has always been excellent at everything. However, she keeps feeling like a failure. She's under constant pressure to do well, to be the best at everything and she's terrified of making mistakes.

Maya is blocked and is wasting her potential by being afraid of taking risks and doing the things she really wants to do.

Motivation

Maya wants to feel good with herself & enjoy her activities. She wants to get rid of the pressure that others put on her and learn to be happy by taking her own decisions and having her own opinions.

Behavioural Patterns

Maya is incapable of making choices and taking action. She's constantly busy with her many activities. She tends to put others before her, so she feels selfish and rude whenever she needs to take time for herself.

Goals

- Find a healthier lifestyle.
- Improve her self-esteem.
- Abandon her self-criticism.

Need

Maya wants to feel good with herself & enjoy her activities.

People set such a high standard for themselves they end up sabotaging their own actions.

Insight

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
<u>PAIN POINTS</u>	Doesn't give herself credit External approval	High standards External Recognition	Solitude	Unreasonable expectations
<u>DOING</u>	Maya has very low self esteem defined by the high standards she sets for herself	She has a lot of self criticism and insecurities because she doesn't recognise the merit of the work she does	She lives by herself, so her life at home makes her feel lonely and her insecurities make themselves present	She puts everyone else before her and goes further than she can to help anyone, so her relationships exhaust her but feels incapable of saying no
<u>THINKING</u>	<i>"I'm not average: I'm chasing a higher standard"</i>	<i>"You don't understand. I have to be the best. My parents must think I'm a failure"</i>	<i>"How will I meet other people? They'll be sad for me, that makes me pathetic"</i>	<i>"When others discover who I really am, they will reject me"</i>
<u>FEELING</u>	<p>High emotional intensity ↕ Low emotional intensity</p> <p>⦿ Before becoming aware of their depression</p>			

Love Life	Housework	Emotional Stability	Social Media
Unbalanced relationships	All or nothing: there's no middle ground	Masking emotions	Flawed perception of reality
She doesn't have many relationships because she puts her duties and others before her. She gives her all in a relationship but never asks anything in return	Cleaning and organising puts a lot of pressure on her because she struggles with her own standards	She seems to have everything under control, but in reality is constantly tired and hiding her emotions	Social media is an important trigger for her, because she's constantly comparing herself to others and justifying her insecurities
<i>"I struggle with being with somebody else because I think I don't have anything to offer"</i>	<i>"When I do anything I don't enjoy it because I immediately think I'm doing it wrong"</i>	<i>"I'm sad and beaten down because I don't think much of myself"</i>	<i>"I keep comparing myself to others who are doing better than me and the comparison is not good"</i>
<p>○ After becoming aware of their depression</p>			



“Up to this point I didn’t know this was depression, I just thought it was part of my personality.”

Patrick

33, Pharma representative.

Patrick has lived with depression longer than he can remember. He feels that his illness is part of who he is as a person and doesn't know himself without depression.

Patrick is tired of the loneliness, the guilt and the weight that depression puts on him.

Motivation

Patrick feels like he doesn't know himself. He wants to find himself in his life and to realise where the depression ends and Patrick begins.

Behavioural Patterns

Patrick has a lot of bad coping mechanisms. He drinks and does drugs occasionally to get rid of the social anxiety, but feels guilty for it. He is ill-tempered and demanding, which alienates him from his friends and colleagues.

Goals

- Make enriching social connections.
- Change his understanding of success.
- Overcome desperation and bad coping mechanisms.

Need

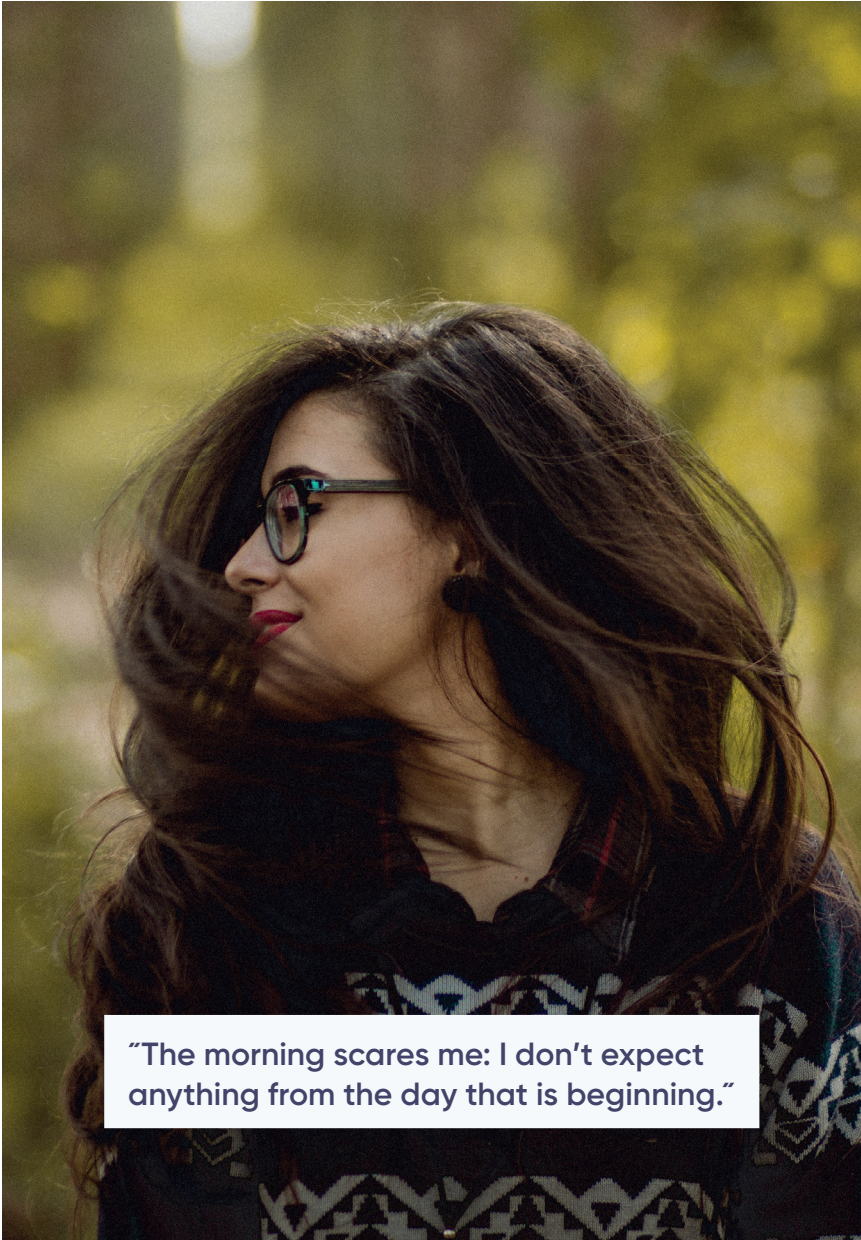
He wants to find himself.

People think their depression is a part of who they are.

Insight

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
PAIN POINTS	Doesn't recognise his own qualities	Lack of motivation/ interest	Bad coping mechanisms Lack of self control	Shallow relationships Isolation
DOING	Patrick has always had low self esteem. He doesn't think much of himself because he generally sees his failures instead of his successes	He works dutifully, but he's usually unmotivated and lazy, because for him his work is just part of the routine	He lives alone because of his temper, but this means he doesn't take care of himself and develops bad coping mechanisms	He isn't close with any of his friends. He usually makes friends when he's drinking or doing drugs, but his anxiety stops him from keeping his friends
THINKING	<i>"I feel like a loser, a failure"</i>	<i>"I can't make myself do anything, I don't have any motivation"</i>	<i>"If I give up, nothing could ever hurt me again"</i>	<i>"Nobody wants to see you when you're down"</i>
FEELING	<p>High emotional intensity ↕ Low emotional intensity</p> <p>○ Before becoming aware of their depression</p>			

Love Life	Housework	Emotional Stability	Social Media
<p>Anger issues</p> <p>Intimacy issues</p>	Lack of intent	<p>Numbness</p> <p>Apathy</p>	Lack of ambition and willpower
<p>He struggles to be in a relationship for long because of his anger issues. He can be very confrontational</p>	<p>He doesn't do much housework. His house is messy because he doesn't feel capable of doing an effort</p>	<p>He's had to deal with depression almost all of his life, so by now he feels numb to it. He doesn't react much to negative things, but doesn't react to positive things either</p>	<p>Social media is a way to kill time for him. He feels he doesn't deserve to be better because he feels he's stuck in his old ways and unwilling to try</p>
<p><i>"She says she's going to help me, but then she doesn't"</i></p>	<p><i>"To do anything, I must be in the mood for it"</i></p>	<p><i>"I just want to have one type of emotions at all"</i></p>	<p><i>"I won't try anymore, I've learned my lesson"</i></p>
<p>○ After becoming aware of their depression</p>			



“The morning scares me: I don’t expect anything from the day that is beginning.”

Elizabeth

23, Student.

Elizabeth was always such a lovely and joyful person. She was always willing to help and to brighten the day with a smile. But lately she started to feel broken, as if something is wrong in her life.

Elizabeth is afraid of waking up to this darkness again & doesn't know how to get out of it.

Motivation

Elizabeth wants to get rid of the depression that suddenly overtook her life. She's afraid of all the things she doesn't know and doesn't know how to get help.

Behavioural Patterns

Elizabeth has become lazy and her pace has slowed. She struggles with basic tasks and has problems concentrating and talking, she feels her brain is disconnected. She stopped talking to her friends and is having issues at uni because she's unable to leave the house.

Goals

- Get back on her own feet.
- Improve her lifestyle.
- Open up to her family & friends.

Need

She's afraid of all the things she doesn't know and doesn't know how to get help.

People are forced to live with an illness that consumes them.

Insight

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
<u>PAIN POINTS</u>	Reduced capacities Lack of confidence	Lack of productivity Stagnation	Lack of energy and motivation	Disconnection
<u>DOING</u>	Elizabeth feels she lost her true self because she's been struggling with her daily activities. She doesn't recognise herself anymore	She doesn't feel capable of doing stuff, so she abandoned her responsibilities altogether	She doesn't leave her home but doesn't take care of it either. She spends her days in bed feeling sorry for herself and afraid of doing anything	She stopped any contact with her friends. She feels ashamed of what she's going through and avoids other people so they don't see her like that
<u>THINKING</u>	<i>"I'm not average: I'm chasing a higher standard"</i>	<i>"You don't understand. I have to be the best. My parents must think I'm a failure"</i>	<i>"How will I meet other people? They'll be sad for me, that makes me pathetic"</i>	<i>"When others discover who I really am, they will reject me"</i>
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<p>○ After becoming aware of their depression</p>			

How might we...?

- **How might we** help people recognise the manifestations of depression and can counteract?
- **How might we** design a more appropriate communication for depressed people?
- **How might we** help people to establish a healthier relationship with themselves?
- **How might we** raise other people's awareness of depression?
- **How might we** help people shift their attitude and dynamics with depression from a passive victim to an active fighter?

How might we
empower people
so that they
can deal with
depression
on their own?



PROPOSAL

Design an experience-driven strategy that empowers people to deal with depression on their own according to their needs, expectations and awareness.

Design Opportunity

CONCEPT → The strategy is a set of experiences that support the user when dealing with Depression. These experiences cover several core areas of life with depression (i.e. personal understanding, awareness, knowledge, communication, relationships, self-care) that intertwine and affect the person in a particular way. By compiling these experiences, the strategy can be used and adjusted to the needs of a specific moment, working as a *master weapon* to deal with depression in its many manifestations.

The experiences are designed based on the theoretical research and the insights found during the phase of analysis of the project. The intent of the experiences is to provide support and resources that might be used by the user according to its current capabilities and needs.

As observed in the research, many of the users avoid looking for professional help and others look to their friends and family for support or guidance, but they can't help them. Unfortunately, people suffering from depression end up facing the illness alone and without any knowledge that might be useful to them. The strategy meets their needs in this particular instance, offering them support to go through their progress on their own terms until they are ready to take the next step and look for professional assistance.

Value offer

The strategy offers support to the people suffering from depression by providing information, tips and resources that will make their illness easier to deal with. It is not a cure or a treatment to the depression because it isn't conceived from a medical perspective but from the point of view of people who are dealing with depression too. Therefore, the strategy presents an empathetic approach for its users, not oriented towards "fixing" or "curing" them but being a companionship and a source of support and belonging in time of need.

End benefits

- People will learn to recognise the different ways that Depression manifests in their lives.
- People can find information that will help them respond to their illness in a healthier and more effective way.
- People will have access to the information they need in a clearer language.
- People can relate to other experiences by recognising their illness and their progress.
- People will develop a better relationship with themselves by distancing themselves from their depression and its effects.
- People can identify their changes in energy, mental capacity and emotional availability.
- People will have the appropriate language to communicate with others and get help.

Core Areas

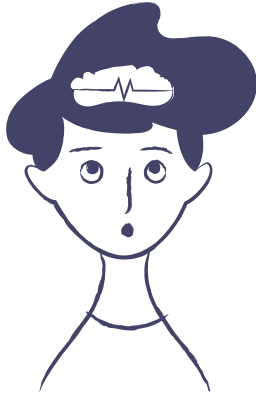


Personal understanding

Having a clearer idea of who they are and distance themselves from the depression

People suffering from depression go undiagnosed and unaware of their illness for a long time, as seen in the research. Most of the effects that depression might have on them are wrongly perceived as bad habits or personality traits that are hurting them and, on top of it, they have to deal with the guilt and shame of the consequences of their depression.

Helping them distance from depression and understand it as a separate entity means living with a healthier sense of what it means to be depressed.

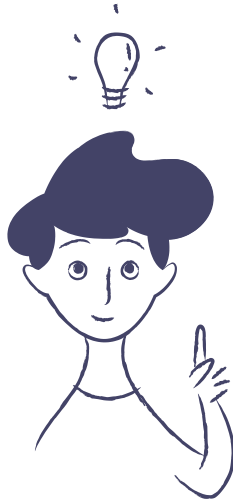


Awareness

Recognising depression in their day-to-day activities empowers them to act before the illness has an impact

Depression acts constantly on people's lives, most of the times without them even noticing it. Therefore, people think that it's an invisible illness.

However, depressive episodes have signals that can be identified before the episode becomes harder to deal with. Helping people recognise these signals by checking up on their emotions and their physical responses can reduce the impact of depression in their interactions and activities during the day.



Knowledge

Understanding the illness reduces the fear they experience

Depression, as most mental illnesses, was identified recently in medicine. Because of it, many of the complexities of depression and living with it are still unknown to most people.

When people become aware of their illness, they fear it because they don't know what it does, how it does it and what can they do to "fix" it. Getting accurate information in a language that is easy to understand is necessary to overcome the fear that allows depression to take over the life of people.



Communication

Being able to express appropriately about the illness helps people start a conversation and look out for help

Mental health has become a popular topic in recent years due to the many campaigns that advocate for it and challenge the taboo that still surrounds mental illnesses.

However, there are still many mistakes being made when discussing depression, which in turn affect the way people understand it. Improving their communication, not only in terms of language but reflecting on what they hear/see/read, helps them speak about their illnesses and how it affects them and also raising other people's awareness of the problem of depression.



Relationships

Understanding their own behaviours helps them strengthen their connections to their loved ones

Depression isolates people from others because it affects their self-esteem and the way they perceive emotional signals. As found during the research, “*depression wants to keep you for themselves, so it cuts you off from everyone else*”.

People suffering from depression benefit from their connections to other people because it provides a second opinion on their value, their actions and the idea of themselves. Helping them open up to others and speaking about their experiences is relevant to their needs.



Self-care

Habits to take care of themselves and improve their lifestyle

Several manifestations of depression have physical effects. Bad coping mechanisms create compulsive and addictive behaviours and sometimes people don't feel capable of doing essential tasks that might help them overcome their experiences of depression.

Presenting a set of habits that might help and explaining how and why they do it can motivate people to improve their lifestyle and reduce the impact of depression.



Everything you will need to face your depression

Life Out There is a strategy designed to help people face their depression on their own terms. This strategy gathers different content and techniques that offer relief, support and stability to the users in their time of need. By recognising the shifting manifestations of depression and the obstacles that people face on their own due to the strain that the illness puts on their lives, Life Out There works as a lifehack that fills the gaps that they find empowering them to deal with depression on their own terms and pace.

The strategy is materialised in an innovative way. It is meant to be an all-in-one kit that makes depression easier to deal with and life more enjoyable for people suffering from this illness, with tools that can be used according to the needs of the person and that provide emotional support and a sense of direction for them. The idea of developing a toolkit is to design a set of experiences that can adapt to the changing needs and skills of the depressed person and that will create an integral journey to explore as many aspects of living with depression as possible.

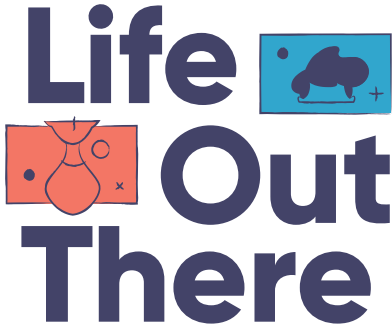
Life Out There is the only toolkit for people suffering from depression that empowers them to face their illness by helping them hack their experiences of depression.

[Onliness Statement](#)

Naming & Branding

Life Out There is essentially a reminder. As explored in the theoretical framework, people suffering from depression are constantly trapped in their own minds due to fear, fixation or isolation. The idea of being disconnected from reality, even going as far as suffering from depersonalization or derealisation, is a common symptom of depression and builds a wall around the person, who feels incapable of living their own lives. People suffering from depression usually prefer to mull over things, thinking over and over again instead of acting because they truly believe that this is a much safer approach.

That's why the strategy has been named **Life Out There**. The name carries an emotional meaning to the users, telling them that there is a life outside their own minds waiting for them to live it. Since the strategy is expected to motivate and empower them to face their illness on their own, the name must incite them to shake things off and call them into action, chasing the lives that are waiting for them out there.



← [LOGO](#)

Gilroy Bold
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789,-'?!&%

← [TYPOGRAPHY](#)

Aperçu
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
0123456789,-'?!&%



← [COLORS](#)

80-76-32-22



0-67-57-0



36-42-0-20



62-1-0-19

A Book Full of Secrets

The Book

GOAL → To provide information about the illness, what it is, how does it work, how to deal with it and tips to empower themselves

DESCRIPTION → A collection of information, tips and other tools that help the user learn and understand their illness. The book must be written with an easy-going, relatable language and a humorous tone to subvert the taboo existing around the subject without invalidating the person's experiences. Also, the book will include tools like playlists, recommended movies, podcasts, blogs, comics, books, quotes and other content that will amplify the experience and help the person migrate their learning using different media.

Core Areas

- Personal Understanding
- Knowledge
- Communication
- Self-care



Information



Playlists



Infographics



Recommendations



Quotes



Tips & Techniques



Contributors



Activities

A Commitment to Yourself

The Poster

GOAL → To establish a goal to achieve and a manifesto to remember in times of hardship

DESCRIPTION → A manifesto that serves as a commitment and a reminder for the person to improve their situation and keep going forward.

Core Areas

→ Personal Understanding

→ Self-care

Life 
 **Out**
There

- You are brave, fierce & wonderful –
 - You deserve to be happy, –
even if you don't agree
 - You get to define your limits –
 - You're not done yet –
- Good thoughts will get you through –
 - You have a right to feel –
safe and at peace
- You are not your depression –
 - There is no shame in –
living with depression
- Do things, even half-assed –
 - Be kind to yourself –
- Let people care about you –

The Voice Outside Your Head

The Toy

GOAL → **To create an external manifestation of the illness shifting the relationship between person and depression**

DESCRIPTION → A little toy that represents the person's depression to help them externalize it, subverting the notion of the depression being part of who they are and stopping the self-blaming for the impact that the depression has in their lives.

Core Areas

- Personal Understanding
- Communication

Exteriorizing ideas and perceptions is the basis of conversational therapy. By openly saying the things patients think, or fear, or expect, they get rid of thoughts that clutter their minds.

With depression, many of these thoughts are harmful or shameful and cause a sense of guilt for people. It's important to externalize these ideas so that they can detach themselves from the harm and pain depression causes.

Using a toy or a puppet is a helpful way of overcoming the shame and anxiety that comes with opening up our deepest fears and thoughts. By recognizing them in a foreign object and separating its identity from our own, we can deal more openly and sincerely with depression. As [Matthew Bernier](#) tells *Everyday Health* that "it's easier to talk or play with a puppet than it is to talk to another person, even though adults know the puppet is pretend, they can still go along with it."

← [Matthew Bernier, MCAT](#), associate professor of health professions and psychiatry and behavioral sciences in the Graduate Art Therapy & Counseling Program at the Eastern Virginia Medical School in Norfolk.

A Cuppa Filled with Care

The Cup

GOAL → **To serve as a catalyst of self-care and kindness with themselves**

DESCRIPTION → A physical object that invites the person to use it. On one hand, having a cup of something is a simple way of taking care of themselves; on the other hand, the cup reminds them of the strategy and has a personal meaning for them.

As a catalyst

The cup works as any regular cup. To use it, you simply have a hot drink, therefore taking care of yourself.

As a reminder

The cup also has the meaning of belonging to the kit. This makes it different from any regular cup, because it reminds you of the progress you're making.

Core Areas

- Awareness
- Relationships
- Self-care



Let's Take a Break

The Card

GOAL → **To provide a safe way out of situations that are causing distress**

DESCRIPTION → A card to carry with them to use on difficult/demanding situations. The card works as a Monopoly's "Get out of Jail" card, where they can communicate safely the need of removing themselves from the situation without forcing them to deal with the idea of failing to do anything.

Core Areas

- Awareness
- Knowledge
- Communication



There are situations that can be complicated for people when they're going through depression, be it because they're exhausting, stressful or maybe even triggering.

If possible, talk to someone about your needs so that they can support you when you require their help

1. Present the card to another person to excuse yourself from it
2. Tell them if you can talk to them out of the situation
3. If you can't, remember to explain later what happened so that the situation won't happen again

You're On My Team

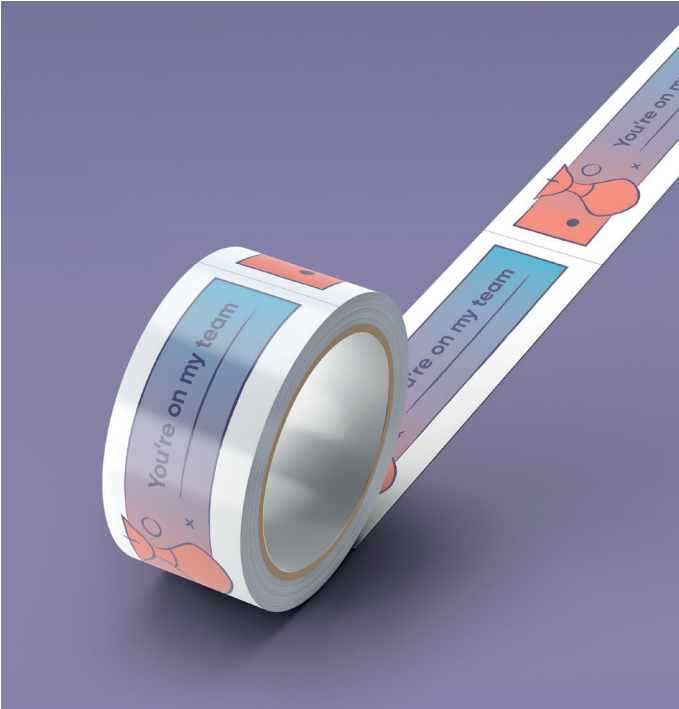
The Ally Tape

GOAL → **To start conversations about depression with their closed ones and form bonds of support**

DESCRIPTION → A roll of decorative precut sticker tape that can be used as a ritual. The tape helps the person open up to others by creating a memento where they can name someone their ally and establishing a relationship of support for them.

Core Areas

- Communication
- Relationships
- Self-care



When you open up to someone (a relative, a close friend, etc.), it's important to acknowledge the trust you have in them and to recognise them as a source of support ← [PROTOCOL](#)

1. Take a tag from the ally tape and place it somewhere where the other person can keep it
2. Write a message on it to give it a personal meaning to both of you

Talking to Myself

The Letter

GOAL → **To remind them of their positive qualities and reinforce their self-esteem**

DESCRIPTION → A blank postcard for the person to write a message when they feel fine to read when they are in the midst of a depressive episode. The letter empowers them to take care of themselves and to trust their own voice more during a difficult episode.

- PROTOCOL →
1. When you're feeling good or in a positive mood, write a small message to yourself
 2. Seal the letter and save it
 3. When you're going through a depressive episode, get the letter and read it

Core Areas

→ Personal Understanding

→ Self-care



How's Life Going?

The Stamp

GOAL → **To keep regular check-ups that form the habit of mindfulness and self-reflection**

DESCRIPTION → It can be used in any notebook or journal. The stamp has a set of emojis where the person can mark how they feel and a call to action asking about how they feel/ what's happening, so that the person can consciously check their own situation and track their feelings and emotions.

Core Areas

→ Awareness

→ Self-care



1. Use the stamp on any notebook, journal or surface you choose
2. Choose the emoji that best represents your mood
3. Write a short message describing how you feel, what's happening or why did you choose to check up on yourself at that moment

← [PROTOCOL](#)

Journey Maps

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
TOUCH POINTS	Book Manifesto Toy Cup Letter	Book Card Stamp	Book Manifesto Toy Cup Letter	Toy Card Ally tape
DOING	She has a better image of herself, placing more value in the things she does well & accepting her progress	She has learned to accept recognition for her successes and assistance when she needs it	She feels more comfortable in her own skin, so she recognizes many good qualities she has instead of focusing on her insecurities	She knows her friends accept and support her, which in turn allows to ask them for their help and be open about her progress
THINKING	<i>"It's not necessary for me to be perfect. I just have to be good enough"</i>	<i>"Of course I make mistakes. I'm a human being"</i>	<i>"I'm putting in a lot of effort, and that's a positive thing"</i>	<i>"My friends love me for who I am, with my wonderful heart & my splendid mind"</i>
FEELING				
	● Before becoming aware		● After becoming aware	

Maya – 28, Writer.

Love Life	Housework	Emotional Stability	Social Media
Book Manifesto Ally tape Letter	Book Card Stamp	Cup Ally tape Letter Stamp	Book Manifesto
She understands that she needs to be respectful and caring of her own needs in order to be in a relationship	She understands that doing anything is better than doing nothing, so she does as much as she can according to how she feels	She is open to others about her emotions, her progress and this allows her to work through her depression without shame	She learns to enjoy in a healthy way the information she gets, curating it and appreciating its value without comparing herself to others
<i>"I may not be «perfect» by an absolute standard, but I love them & they love me, and that's enough"</i>	<i>"I finished something"</i>	<i>"I am fundamentally a good person"</i>	<i>"I'm doing some progress towards my goals"</i>
<p>The graph shows three data series across four columns. The red line (Life Out There) starts at a low level, rises to a peak in the second column, and remains high through the fourth. The teal line starts at a low level, rises slightly in the second column, and then drops in the fourth. The purple line starts at a low level, remains flat through the second column, rises slightly in the third, and then drops in the fourth.</p>			
● Life Out There			

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
TOUCH POINTS	Manifesto Toy Letter Stamp	Book Manifesto Toy Stamp	Book Manifesto Cup Letter	Book Toy Card Ally tape
DOING	He has a better concept of himself. He realises he's a work in progress and not a failure, that there are good qualities in him	He values his work and puts an effort at it, recognising the things he likes and dislikes so that he has a goal to strive for	He understands that taking care of himself is important. He learns new habits and coping mechanisms that reduce his anxiety and dependency	He opens up to others and allows himself to be more vulnerable. It makes him realise who his friends are and to establish a connection with them
THINKING	<i>"It was depressing and difficult, things weren't going well back then"</i>	<i>"There is something to look up to, and that gives me hope"</i>	<i>"The world is saved one man at a time"</i>	<i>"I would like it if we speak also about you, how are things going for you. I don't want to hog the conversation"</i>
FEELING	<p>High emotional intensity ↕ Low emotional intensity</p> <p>● Before becoming aware ● After becoming aware</p>			

Patrick – 33, Pharma representative.

Love Life	Housework	Emotional Stability	Social Media
Book Toy Cup Ally tape Letter	Book Card	Manifesto Toy Cup Stamp	Manifesto Toy Stamp
He learns how to talk about his feelings and perceptions and to process his displeasure without anger or violence	He tries to be more disciplined with his housework. It may not be that big of a change, but he's enthusiastic about being responsible for it	He tries to be mindful about his emotions and learns how to identify how he reacts	He no longer consumes social media to fill his time. He values the input & stimulation it provides but now he looks for motivation in his life instead of a screen
<i>"It can be hard to listen and I know you're making an effort for me. I just want to let you know that I appreciate it"</i>	<i>"I don't want to be mediocre"</i>	<i>"I hear you, but I'm busy living my life right now"</i>	<i>"Let's think of some other activities I can plan on doing later"</i>
<p>Legend: Life Out There</p>			

STAGES	Self-Esteem	Working/ Learning	Life at Home	Friends & Family
<u>TOUCH POINTS</u>	Book Manifesto Letter	Toy Cup Card Ally tape Stamp	Manifesto Cup Stamp	Toy Card Ally tape
<u>DOING</u>	She understands what she's going through and how it affects her, so she doesn't feel lost anymore, she is in a process to bring herself back	She decides to confront her illness by going back to her responsibilities within the means of her energy and capacity	She's starting to move and take care of herself, slowly finding a rhythm that allows her to get back on her feet	She opens up to her closest friends and family, who support her and make the process easier for her
<u>THINKING</u>	<i>"The last thing I'd do is criticising"</i>	<i>"I'll act as if the situation was more promising"</i>	<i>"What's the spot I want to take in the world?"</i>	<i>"Everyday, when I wake up, I feel like I'm important to someone. Life has more sense now"</i>
<u>FEELING</u>	<p>High emotional intensity ↕ Low emotional intensity</p> <p>● Before becoming aware ● After becoming aware</p>			

Elizabeth – 23, Student.

Love Life	Housework	Emotional Stability	Social Media
Book Manifesto Letter Stamp	Cup Card	Toy Card Ally tape	Manifesto Letter Stamp
She understands that depression affects the way she sees herself, but not who she is. She recognises her qualities even if she doesn't see them at the moment	She is doing the minimum to keep her space clean. She doesn't have the energy to get everything back on its place, but step by step she's getting there	Opening up to others and learning about depression helps her overcome her fears. She finds strength in others	She understands that she's different, but that doesn't mean worse. She uses social media as a way of creating a new, stronger image of herself
<i>"I should be kinder to myself, just as I am to others"</i>	<i>"I realised that doing something today, I make some progress at the same time"</i>	<i>"I could criticise myself or I could observe how things are going and accept them"</i>	<i>"I'm making an effort, and that in itself is a positive thing"</i>
<p>Life Out There</p>			



The goal of this thesis was to understand the struggle that people go through when they become aware of their depression and propose a way of dealing with its impact in a different, unconventional way via a set of experiences. In this project, I as a designer tried to be as thorough as possible and cover different dimensions of the depressive disorder to get an integral grasp of it, despite the complexity of the matter. As of this writing, the project has reached a possible solution that might offer the necessary support to people if implemented, but there is still a lot to work on. Nonetheless, within the time and resource constraints, the resulting strategy is satisfactory and is simultaneously a complete solution and a starting point for improvements.

As established previously, Life Out There isn't a solution to depression from a medical perspective. Depression is an extremely complicated & nuanced subject that cannot be solved simply, due mostly to its many layers and its shifting nature. However, given that most treatments available from the point of view of medicine are focused on the chemical and biological elements of the problem, this project aims to provide support to people on other dimensions of the illness, particularly those

regarding social norms and expectations, communication and information struggles or interaction issues that they might experience and affect their lifestyle increasing the risk of depressive downward spirals.

This is what drove this thesis to propose an experience-driven strategy to help people overcome the fear and shock they feel when they become aware of their depression by explaining the disorder and how it behaves and highlighting the importance of a multi-dimensional approach to taking care of themselves, not only medically but also socially and culturally.

Life Out There aims to be an innovative solution to the depressive experience from a design standpoint. By putting design tools in practice and assuming a different point of view of the problem, it is possible to use Design as a discipline to empower people and help them go through their interactions with depression from becoming aware to seeking treatment, where they will be better prepared to assume a process that will help them overcome their disorder. Design allows people to deconstruct fears, stigma and misconceptions that hurt them and hinder their chances of getting better.

Of course, this thesis is constrained by the amount of work that could be done in so much time. There is still a long way to go.

Insofar, the development of the project has synthesized the research and insights into a viable materialization, but future scenarios present themselves now.

On the short term, the actual development of each of the tools present in the toolkit should take place, doing the corresponding research on what the contents would be and producing them, hopefully in collaboration with others. These contents must be prototyped and improved upon based on the feedback gathered, as it wasn't possible during the development of this thesis. Also, having an actual medical perspective in the mix is necessary for the appropriate creation of the contents, in order to make Life Out There into a "master weapon" that will prepare people as well as possible for the forthcoming challenges of actual treatment. On the long term, the project should be supported by a campaign or a communication strategy that will capitalise on the mainstream discussion of mental health and break down stigmas that perpetuate negative and toxic ideas. Also, experimenting with other possible forms that the strategy might take would be possible, specially taking into account accesibility as a factor.

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Acknowledgments

I would like to take the opportunity to thank everyone who contributed to the realization of this thesis.

First and foremost, I would like to thank my mother for her bravery, her resilience and for not giving up herself while I didn't give up at the other side of the ocean.

I would like to thank my father & sister and all of my family, whose support and love kept me working hard.

An enormous debt of gratitude to Alejandra, who provided support, ideas, hard work and honest belief in this project. It wouldn't be too much to call her the co-author of this thesis.

To Matteo Ciastellardi, *relatore* of this thesis, for his advice, his valuable input and guidance and, most importantly, his patience with a student hellbent on a difficult journey against time.

And, lastly, to the wonderful friends I've got to know during the course of these two years. You've been my family all this time.

N.

Life 
 **Out**
There

