

# Designing healing from eating disorders: systemic and imaginative approaches

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## 1 Abstract

This abstract presents the final exploration of my Ph.D. research on Designing Healing from Eating Disorders (ED). The following wishes to be presented in the Doctoral and Postgraduate Consortium, under the theme “Organization and Policies”. The goal of the research is to develop design guidelines and methods, fabricated through participatory design approaches, that provide imaginary and socially embedded alternatives to show what it could mean to care for mental health systemically, while moving away from consequences of the biomedical model’s history, understandings, and exclusions of factors, in the construction of mental disorders and treatments. The research focuses on the experience of Eating Disorders. The first three explorations entailed interviews and probes collecting experiences of ED survivors, support networks, experts (e.g. psychotherapists, nutritionists, etc...), and environments, which analysis allowed to create a design model that delineates healing phases, and suggests which approaches in design for health and mental health could be paired and used in each phase. The final exploration aims to take a critical stance on the project: before testing the model through ethnographies of participants’ everyday life and design of prototypes, the researcher noticed that the currently developed design model seems once again to center the experience of ED and recovery as an individual responsibility and endeavor. One of the reasons is that participants interviewed recovered or were trained through the current biomedical understanding of ED and its medical language. Furthermore, one of design’s issues in health and mental health is the risk of using design instrumentally, by supporting existing practices in healthcare, rather than using design as change provoking practice to ingrained ways of doing and knowing (Koskinen et al., 2011). ED is commonly considered a stubborn condition in the mental health disciplines and services, highlighting the difficulty to recover and the risks of relapses within those experiences. Psychiatrists such as Fassino & Abbate-Daga (2013) mention how ED could be seen as a symbol of the crisis of psychiatry and the reductionists model, asking for more complex models to look at the disorder. Lester mentions ED as bodies “carrying symptoms of larger systemic issues” (2019; 84). This calls for unconventional approaches to contribute and provide new perspectives on the issue of ED, as an example of how to



rethink and care for mental disorders. The final exploration will focus on the use and integration of speculative design (Dunne & Raby, 2013), ontological designing (Willis, 2006), Designs for the Pluriverse (Escobar, 2018), and ethnopsychiatry (Nathan & Stengers, 2002) to provoke a paradigm shift in ways in which we think about bodies, bodies' capacities and boundaries, eating, and to re-describe the issue of ED through language that would allow to see it as a deeply relational, material and socio-cultural issue. Is perhaps the issue of mental health an issue of imagination and accountability? The newly developed framework should be used to propose ways to design care for ED as a social responsibility. Examples of explorations and case studies will be shown.

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