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Journey Through Psychosis

A thesis presented in partial fulfilment
of the requirements for a Master in Design
at Massey University, Wellington,
New Zealand

Annabelle Schurhammer

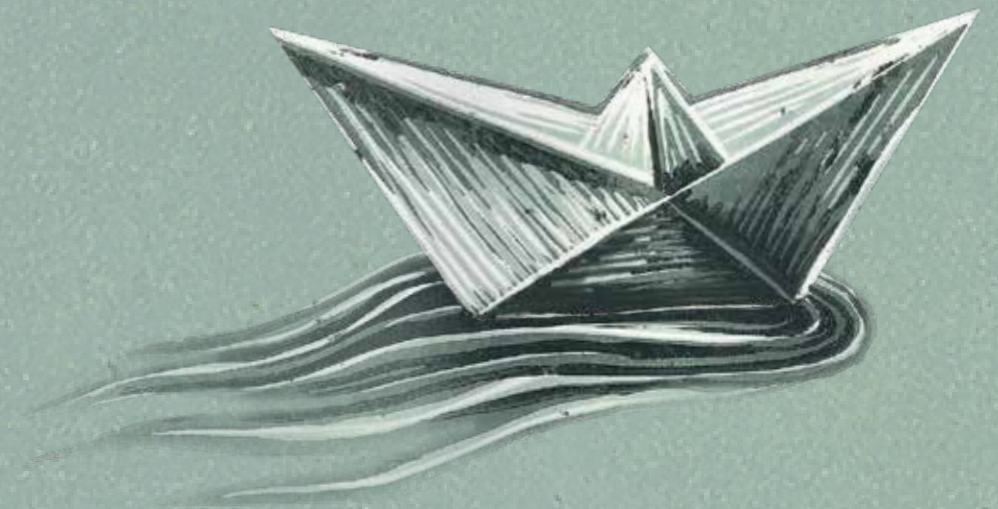
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Abstract

Psychosis can be a difficult journey, not only for the person experiencing it but also for their loved ones. A lack of accessible information, misconceptions, and limited resources often leave families and friends feeling confused, helpless, and overlooked. Yet, these individuals play a crucial role in recovery, as they often become informal caregivers and are the first to recognize behavioral changes that may signal worsening symptoms.

This project aims to create an online resource that enhances loved ones' understanding of psychosis. Using Orygen's "A Shared Understanding – Psychoeducation in Early Psychosis" as a foundational guide, it provides evidence-based knowledge, practical insights, and strategies to support a loved one through their experience.

The research explores how structuring the content around the Hero's Journey can create a compelling narrative that parallels the transformative nature of psychosis. It integrates traditional relief print woodcut illustrations of a mythical world, which are adapted and animated for a digital space, creating an immersive and visually rich experience. By incorporating user experience (UX) and user interface (UI) design methodologies, the project ensures that information is accessible and easy to digest. The final output takes the form of a Figma prototype and an accompanying video.

This project is inspired by both my own lived experience and my role as a support person for a loved one navigating psychosis.

How can design facilitate access to useful and engaging information for loved ones of individuals experiencing first-episode psychosis?

Tūtawa mai i ruka
Tūtawa mai i raro
Tūtawa mai i roto
Tūtawa mai i waho
Kia tau ai te mauri tū
Te mauri ora kite kātoa
Haumi ē, hui ē, tāiki ē

The above karakia was shared with me by Simon Gaier, a member of the New Zealand Early Intervention in Psychosis Society National Executive team. It is used to open our Executive NZEIPS meeting. The original author is a well-known Māori language advocate, Professor Scotty Morrison of Massey University. The Karakia is used to call on energy and vitality from the universe for the wellbeing of everyone and to strengthen unity and connection.

Sensitivity Warning

Please be advised that my project *Journey Through Psychosis* included sensitive topics on mental health.

I have taken steps to reduce unnecessary trauma exposure by using the ‘Low Impact Debriefing’ technique outlined by Françoise Mathieu for in The Compassion Fatigue Workbooks to share my project. This technique was developed for ‘helping professions’ — for example mental health nurses, police officers, ambulance workers and anyone who may experience difficult and traumatising situations at work. Debriefing, talking to someone about what you have experienced or witnessed is a totally normal and necessary thing to do when seeking support from others. The goal is to make debriefing with colleagues or family a safer experience, to not cause secondary trauma when retelling events.

The technique follows four steps. The first step, **Increased Self-Awareness**, is asking yourself why, to who and where to debrief. This is followed by **Fair Warning** and **Consent**, which is making sure the person you are talking to knows you want to talk about something not so pleasant and is willing to do so. And for the last step, **Limited Disclosure**, think about how much detail you need to go into to successfully debrief and avoid mentioning explicit traumatising details, names and other identifying information that is not necessary. Following these steps will lessen secondary trauma exposure when talking about difficult events and topics. (Mathieu, 2015)

Acknowledgements

I would like to express my heartfelt gratitude to all those who have supported, contributed to, and inspired me throughout this journey.

A special thank you to Massey University School of Design, my MDes supervisors Anna Brown and Tim Turnidge, and MDes Coordinator Deb Cumming for their guidance. I am also deeply thankful to the Massey staff and all my MDes peers for their encouragement and feedback during critique sessions.

Additional support and inspiration have come from Mark Pope, my friends, NZEIPS, and everyone whose story has shaped this work.

Most importantly, I am forever grateful to my family and loved ones for their unwavering support.

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My Backstory and Role:

This section highlights my background as a designer and the unique perspective I bring as someone with lived experience.

Ko wai au?

Why am I the person to create this piece of work?

Kia Ora, I'm Annabelle. I'm originally from Germany, and have been fortunate to call Aotearoa my home since intermediate school. While growing up, like many teenagers, I struggled with my mental health.

While studying towards my Bachelor of Design in my early twenties I experienced my first episode of psychosis. I'm thankful to have had relatively early intervention on my journey, which has no doubt helped in my long-term well-being.

As a design professional, I have a background that includes visual communication design, branding and advertising, with some dabbling in web design, animation and fine arts. My work has featured themes of mental health and psychosis more than a few times over the years, including a variety of acrylic paintings, etchings and my Bachelor of Design Honours

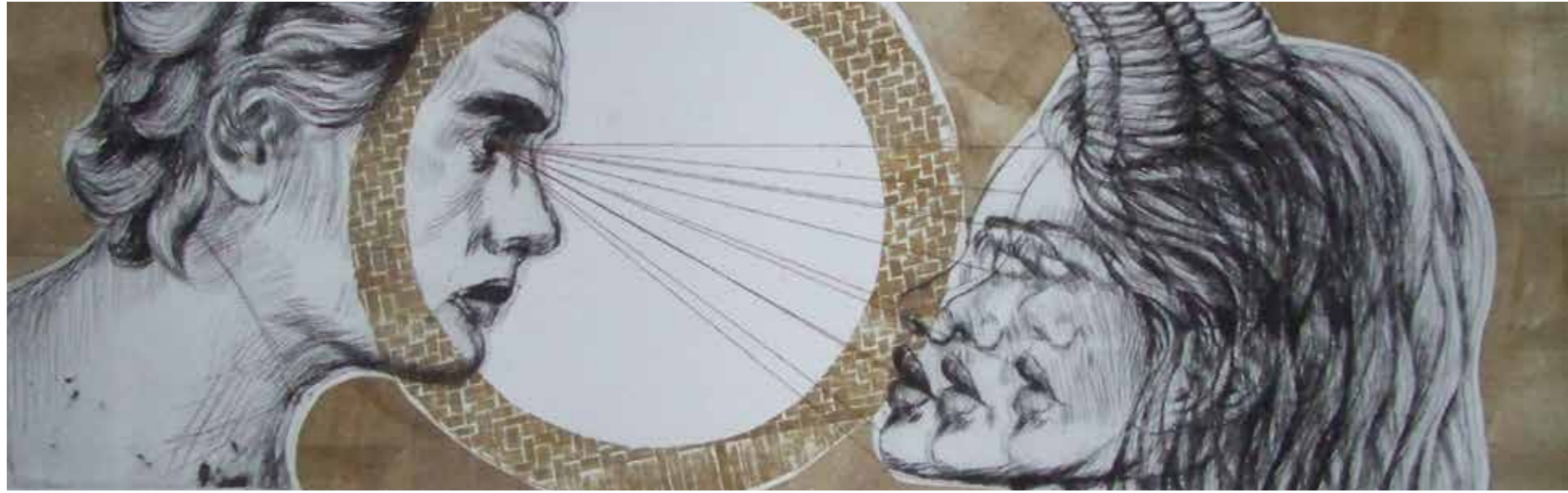
project Radminds (Figure 4). This project revolved around creating a peer support platform for young people experiencing psychosis including resources to track wellbeing that is shared with their clinician.

The catalyst that inspired me to start this Masters of Design project was very personal – a loved one getting unwell with psychosis. Even with my prior lived experiences, this situation took me and my family by surprise – and we didn't see it coming. Our loved one spent time in an inpatient care facility after which they came home for further recovery. We were unprepared, worried and did not know how to best support them while they were going through this difficult time. Unfortunately there was little support, advice or communication given to our family once our loved one was discharged back into family care. We couldn't find many resources

online to guide us, especially information aimed at the family who is supporting someone through psychosis. And there was little to none Aotearoa New Zealand focused information. This is where the idea for my Masters project began.

About half way through this research I joined the New Zealand Early Intervention in Psychosis Society National Executive team (NZEIPS) as a lived experience representative. This national organisation, made up of clinician, researchers, consumers and whānau, aims to promote and develop strategies for early intervention in psychosis throughout Aotearoa New Zealand. Being a part of the executive has given me some insight into how early intervention services are developed, the challenges faced by mental health professionals, and the importance of integrating lived experience perspectives into clinical practices. I hope to continue contributing to this mahi in the future.

1.



2.



3.



4.



5.



6.



Figure 1:
Dry point etching print

Figure 2:
Acrylic painting

Figure 3:
Visual research collage

Figure 4:
Radminds
Bachelor of Design Honours
project

Figure 5:
Visual research collage

Figure 6:
Dry point on plastic etching
plate with monotype

My Lived Experience Story

The following piece of writing has been submitted for inclusion in NZEIPS’s ‘Our Stories’ project, with the working title ‘Ngā Kōrero Tūmanako: Te Ara Whakamua’ (roughly translated as ‘Voices of Hope: Steps Forward’), due to be published later this year. It includes two pieces of artwork that will also be published alongside the book.

I chose to include my story in this project to educate others and provide an example of how the experience of psychosis can manifest. I aim to challenge society’s stigma against people with mental health struggles by being open and honest. I hope that others with similar experiences feel less alone by reading this. Lastly, I want to reclaim the power around the mental health narrative by telling my story on my terms and asserting that lived experience is both valid and valuable knowledge in the academic field.

The Reality I Choose – A’s Story

I’ve always had a big imagination. As a child, I played in an imaginary world filled with fairies, princesses, and talking animals. But I also experienced terrifying nightmares and sleep paralysis, which continued into high school. During my teenage years, I struggled with anxiety and later depression. When I moved away from home to study design at university, I found myself in a difficult relationship and made some questionable—but also normal— young adult choices.

In my first year, I began feeling paranoid that someone was after me. Over time, sleepless nights became more frequent, and I started hearing whispers in the background and seeing shadows. These gradually transformed into vivid visions of mythical creatures, spirits, and demons. I believed I had tapped into something others couldn’t see—that I had access to ‘the other side and that my actions could influence

time. Though I was struggling, I couldn’t shake the feeling that I was ‘chosen’ in some way.

I kept these experiences to myself, becoming very good at ‘acting normal’ while maintaining reasonable grades and a part-time job. That worked for quite a while, but things slowly took a darker turn. People’s faces began distorting, becoming demon-like, and I started believing the world had been taken over by dark forces. Everyone around me seemed to be a demon hiding in human form. It became harder and harder to ‘act normal.’ The fear was so overwhelming that I stopped attending university classes. I couldn’t understand the material anymore—following conversations was difficult, and reading became impossible, as if the words on the page were scrambling before my eyes. I couldn’t make it through a full shift at my part-time job without feeling completely overwhelmed or having a panic attack. My pulse was constantly raised.

The hardest part came when I went to see a medical professional for the first time. I was so paranoid that I believed everyone around me was a demon in disguise. But at the same time, I knew I couldn’t go on living that way. I was terrified of being ‘put away’ or that the demons would somehow find out I knew their secret. So, I only admitted to having hallucinations, panic attacks, and trouble keeping up with university work, never revealing the full extent of my beliefs.

I was referred to an Early Intervention Psychosis Service (EIPS) team, but again, I kept quiet out of fear. They sent me back to my GP. Although I never fully disclosed what I was experiencing, my GP did his best with what I shared. He explained my medication options in a way that made sure I understood how they worked, checked in with me regularly, connected me with a counsellor, and most importantly, always gave me choices and listened to my concerns. Looking back, I wish I had been more open with

my GP, the EIPS team, and my family—I could have received the support I truly needed.

Getting better was slow and sometimes frustrating. Part of me wanted to heal, but another part feared losing my ‘special abilities.’ Even after the hallucinations and unusual thoughts faded, I still struggled—focusing was hard, reading felt impossible, my memory was unreliable, and my mind seemed jumbled, like nothing was connecting the way it used to. Letting go of the ‘other side’ came with a sense of grief, as I realised how much time I had spent chasing a reality that, in the end, wasn’t healthy for me. But being able to breathe freely, without the weight of paranoia or the constant fight-or-flight state? That was 100% worth it.

It’s been a few years now, and I’m so proud of how far I’ve come. But I also understand how important it is to maintain balance in my life. Getting enough sleep, surrounding myself with people, activities, music, and art that bring

me joy, knowing when to take a break, and not putting too much pressure on myself—these things make a world of difference. I wouldn’t wish the inner turmoil of psychosis on anyone, but at the same time, I’m grateful for what I’ve learned from it. I’m more confident in who I am—resilient, creative, kind, and still a dreamer. I’ve come to realise that having the ability to feel deeply and empathise with others is truly a gift.

It still blows my mind that I experienced a different reality so vivid, immersive and unexplainable. If the mind can create entire worlds, what does that say about the line between what’s ‘real’ and what’s imagined? Is reality simply what we collectively agree upon— a social construct—or is it fluid? I believe no one’s reality is more or less valid than another’s; we all see the world through different lenses. I still have many questions, but I remember a counsellor once asking me something that truly helped: “What reality do you want to live in?” Every time, I choose

the reality where I can live peacefully with my thoughts, free from constant fear, and surrounded by my family and loved ones.

Some words of wisdom I wish I had known earlier: Don’t be afraid to tell someone what’s going on. You won’t be dragged away to a facility or labelled as ‘crazy’ for the rest of your life. Be kind to yourself—psychotic experiences take a huge toll on your mind, body, and soul. Take all the time you need; there is no deadline for when you have to be ‘recovered.’ Life is not a race. Be kind to yourself.

Parallel Journeys

When I was living overseas during COVID, I got a call—a loved one had experienced their first episode of psychosis. It was sudden, and none of us had seen it coming. Not long before, I had been through something similar myself, so being far away made me feel helpless and guilty. I called and tried to stay connected, but

the distance made it hard.

After COVID, I returned home. Some time after, a family member passed away. Looking back, I suspect this loss, combined with other stressors triggered a second episode in my loved one. This time, I could be there, but that didn’t mean I always knew what to do or how to help. Seeing someone I care about struggle stirred up a mix of emotions—frustration, sadness, even anger when they refused to accept medical help or try medication. But I remembered how it felt—the confusion, the fear, the resistance.

So, I focused on what I could do—being patient, offering reassurance, and sharing what had helped me, without expecting the same to work for them. Since that last episode, things have improved. But if there’s one thing I’ve learned, it’s that healing—both theirs and mine—is never a straight line. I hope we will always remain connected in the reality we share.

Mad Pride and Mad Studies

Please note that in the next section, I, as a person with lived experience, will be using terms that may be considered inappropriate when used in a derogatory manner.

However, my intention is to reclaim these words and use them in a way that empowers and reflects lived experience.

Throughout history, mental health care and narratives have been shaped by those in power—institutions, governments, researchers, and media—resulting in stigma, marginalisation, and even abuse of ‘Mad’ individuals. (The Importance of Mad Pride, 2024)

The Mad Pride movement combines activism, community building, and artistic expression to shift the narrative around mental health. It reclaims the word ‘Mad’ as something to be celebrated. The movement encourages individuals to reclaim or refuse other labels like psychotic, bipolar, psychiatric survivor, lunatic,

service user, or consumer—however they choose to identify. Lunatic, crazy, psychotic, inmate, mentally ill, patient, consumer, person with lived experience, psychiatric survivor, service user, disabled – MAD. All these words have been ‘given’ to us by others rather than chosen by us. The movement encourages individuals to reclaim or refuse these labels—empowering individuals to choose how they want to identify. (Archibald, 2021)

‘Mad’ experiences are seen as enriching the human experience and offering valid knowledge about life. It rejects the idea that madness must always be treated, especially involuntarily, and insists on the right to autonomy and self-determination. Some in the movement reject psychiatric models of mental illness altogether, viewing madness instead as a different way of understanding and being in the world. They call for an end to the pathologising of human emotion.

“The language of psychiatry ... is a monologue of reason about madness”

(as cited in Lukoff, 1985)

Mad Studies is an academic field that emerged alongside the Mad Pride movement. It focuses on reclaiming public and academic conversations around madness. The field critiques traditional psychiatric models. These define the criteria of who is considered mentally ill and who is in need of treatment to return to a so-called ‘normal’ state. (Russell, 2023)

While some mental health services now include lived experience roles and voices, these are usually still operating within traditional psychiatric models and systems. Mad Studies calls for mad people themselves to be the leaders, researchers, thinkers, and decision-makers—shaping knowledge, services, and policy on their own terms. (Beresford et al., 2022)

The Mad Pride movement has influenced this project, as I, too, am reclaiming the narrative around mental health and emphasising the transformative potential of these experiences. This project also contributes to the Mad Studies movement, as I am a researcher and designer with lived experience, directly creating for my peers, including their loved ones. At the same time, I am informed by clinical frameworks, particularly the Orygen model of psychoeducation, blending these two approaches to provide a balanced narrative.

Building Understanding

This section will walk you through what psychosis is including why and how it is experienced and treated. Following by a brief history and current systemic and cultural context in Aotearoa New Zealand. This leads into how lived experiences are being redefined and reclaimed through movements like Mad Pride and Mad Studies.

Psy–What? Psychosis.

Definition

Psychosis is a collection of symptoms that affect the mind. Altering the perception of reality. It makes it difficult for the person to distinguish between what is real and imagined in the world around them. Three out of every 100 New Zealanders will experience Psychosis in their life. The first episode of psychosis most often occurs in a person’s late teens to mid–twenties. (New Zealand Early Intervention in Psychosis Society, 2025)

Causes

Psychosis can be triggered by a combination of genetic, health, and environmental stress factors including work or study stress, relationship issues, trauma, physical illness, and substance use. When these factors combine and reach a certain threshold, a psychotic episode may occur. (BC Early Psychosis Intervention Program, 2025)

The loved ones of the person experiencing psychosis often have little to no prior knowledge about psychosis. This makes recognising early warning signs difficult as they may get misinterpreted as being normal struggles of growing up.

Symptoms

Key symptoms of psychosis include hallucinations, delusions, and disorganised thinking, speech, or behaviour. It’s important to note that not everyone will experience all of these symptoms, and their severity can vary, which means every individual’s experience with psychosis is unique.

Hallucinations involve hearing, seeing, smelling, tasting, or feeling something that isn’t actually present. To the person experiencing them, they can feel overwhelmingly real.

Delusions are strong, false beliefs that are held despite evidence to the contrary. The person experiencing them genuinely believes they are true, even when evidence suggests otherwise. An individual experiencing psychosis may exhibit out of the ordinary behaviour, disorganised speech and unusual thoughts (Cleveland Clinic. 2025)

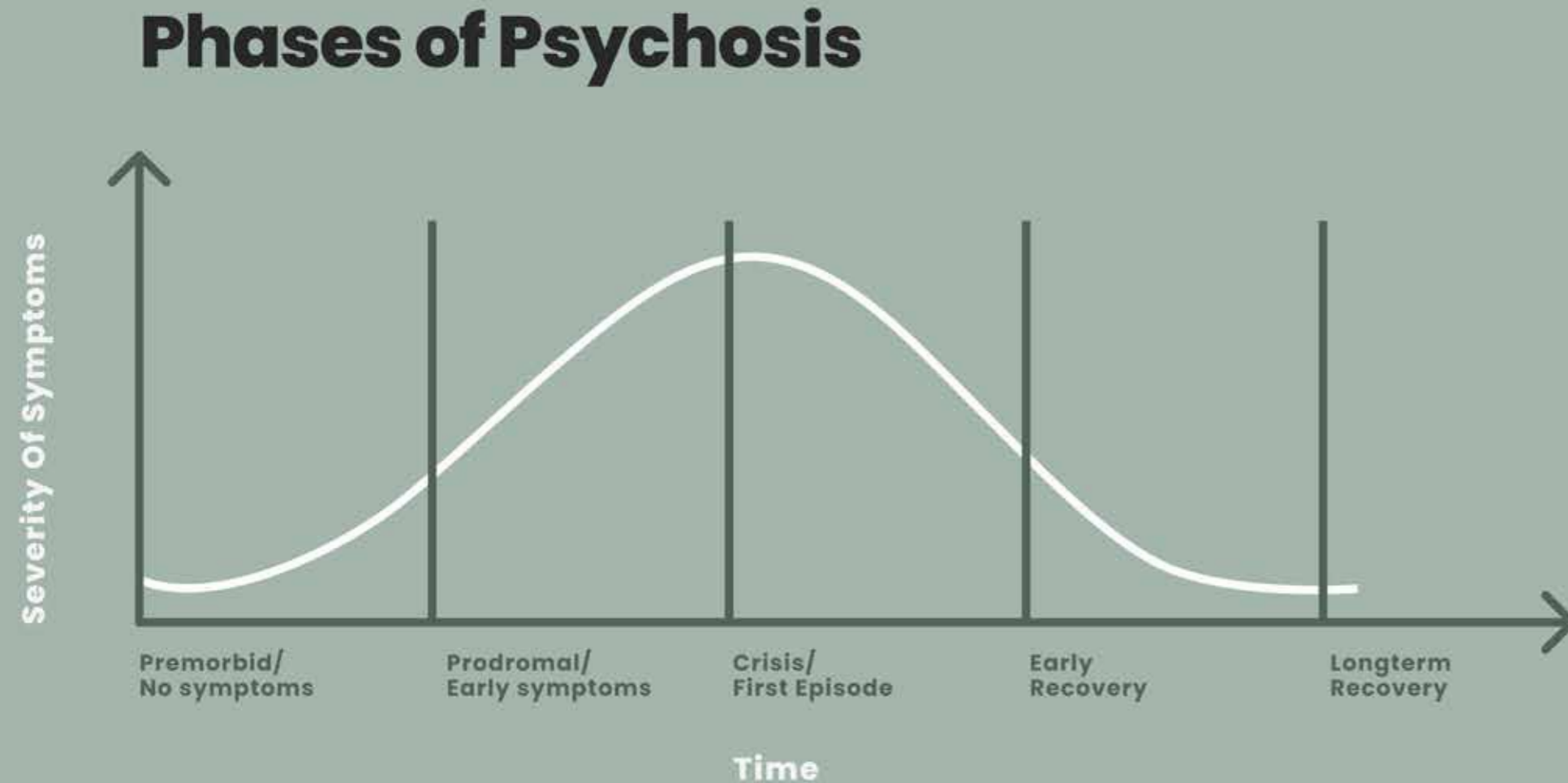
The loved ones of the person experiencing psychosis often feel overwhelmed about what is going on and confused why this is happening to their family member. They may feel frightened when the person is displaying symptoms and frustrated at their reduced functioning.

Path To Wellbeing

Recovery from psychosis is possible and requires a holistic approach beyond just medication. It often includes therapies like cognitive–behavioral therapy, peer support, and lifestyle changes. For loved ones, family counseling, housing support, and financial aid can be crucial in supporting recovery.

Because of the nature of psychosis, people experiencing it often do not realise they are unwell, making it difficult for them to seek help. Sometimes people require inpatient treatment in a dedicated mental health facility with 24–hour care. Otherwise, the treatment is outpatient, in which the individual meets with medical professionals on a regular basis but lives at home. (New Zealand Early Intervention in Psychosis Society, 2025)

Figure 7:
Phases of Psychosis
Adapted from Orygen's 'A Shared
Understanding – Psychoeducation
in Early Psychosis'



Psychosis in Aotearoa New Zealand

History

Please note in the next section I will be using terms as they were used historically but many are now outdated and inappropriate.

In 1854 the first 'lunatic' asylum was opened in Karori, Wellington. Here the 'lunatics' kept away from society, made to perform manual labour with no medical treatment. Mental illness was thought to be incurable. In the 1910s 'mental hospitals' took over the asylums. 'Inmates', as they were called at the time, received 'treatments' including insulin injections to induce coma, prefrontal leucotomy and electroconvulsive therapy. In the 1950s, the development of new drugs and psychotherapy as well as new staff positions like social workers led to shorter stays in 'psychiatric hospitals', but many 'patients' faced recurring admissions.

Deinstitutionalisation began in the 1970s, following concerns over living standards and ethics of institutional care. Moving towards

community care models, patients were discharged from hospitals to receive outpatient care but the lack of proper planning, funding, and support, led to many patients falling through the cracks. This was the catalyst for the 1996 and 2005 inquiries into mental health service which meant the first time 'consumer' voices were heard, listened to and used to better the services. The 2018 government established an inquiry into mental health and addiction services. This highlighted ongoing failures in meeting the needs of 'consumers'. (Warwick, 2025)

It's important to understand the history of mental health care in Aotearoa New Zealand because it highlights the severe past stigma and exclusion from society people experiencing mental illness, along with their families, faced. These effects still linger today. This knowledge also highlights systemic challenges and ongoing gaps in services.

A Current Study

A recent study, *An Overview of Early Psychosis Care (EIP) in New Zealand*, published January 2025, investigates current Early Psychosis Care in New Zealand. Research shows 11 out of the 20 Te Whatu Ora district health boards around the country have dedicated early psychosis care services. This leaves 9 without, particularly in rural areas of New Zealand. It is important to note that these services are only available to young people ranging from early teens up to 30 years old, leaving anyone above that age without this vital intervention. Each of these services has different criteria to get into the service, as well as differing quality and range of care and they follow a range of different EIP models. The study also states that there is a

lack of cultural support staff, kaupapa Māori services and bicultural training for non-Māori staff. Furthermore, less than 10% of the services have families participate in an evidence-based family education and support programme.

These inconsistencies are largely due to limited funding and resourcing allocated to this space. Currently, there are no national guidelines for the treatment of psychosis, and the study strongly advocates for the creation of frameworks that reflect Aotearoa New Zealand's unique sociocultural needs (Grattan et al., 2025). For this project, I want to specifically highlight the clear gap in family-based education and support.

Matakite

Matakite is a Māori concept defined by Ronald Spencer Ngata as 'A Māori cultural term for an experience of heightened intuition'. For example, a Matakite can communicate with ancestors, knows things without being told, has 'second sight' and/or is someone who can see the mauri—life force, seen as an aura of radiating light. Many other cultures around the world have recognised similar experiences for example in my home country, Germany, the term 'Seher/in' or 'Schauweib' was used to describe people, often women, who can see beyond the surface into the spirit world. In Highland Scottish tradition someone described as being 'fey' has the gift of 'second sight' or otherworldly knowledge. In Tibet the word 'kuten' can be translated to 'medium'—someone who can reach remote spiritual information through trance. The 'Nechung State Oracle of Tibet' is a 'kuten'

that is often consulted by the Dalai Lama on matters of the government. It is important to note that no English definition or comparative explanation will fully convey the experience of matakite as it is unique to Māori.

Before colonisation, matakite were valued and guided by tohunga, experts in esoteric lore, but the loss of traditional knowledge, accelerated by laws like the Tohunga Suppression Act—has left many without the spiritual support needed to understand their experiences. This mismatch of understanding between taha wairua (the spiritual side of health) and western biomedical understanding can lead to misdiagnosing Matakite experiences as psychosis resulting in inadequate cultural support for Māori during these experiences. (Ngata, Ronald Spencer. 2014)

Why Bother?

This section unpacks the important role loved ones play in the recovery of people experiencing psychosis. It highlights the gap in knowledge and support, and introduces the design opportunity and research questions.

The Role of *Loved Ones in Psychosis Intervention

A strong family support network is proven to have positive treatment outcomes for people experiencing psychosis, including a faster recovery and lessening the likelihood of recurring episodes. With the deinstitutionalisation of mental health care, people experiencing psychosis are often being cared for at home by their loved ones in collaboration with their medical professional team.

This puts a lot of stress on the loved ones who become unpaid informal caregivers. Caregivers of people experiencing psychosis report with higher rates of anxiety and depression, as well as feelings of grief, hopelessness and confusion. They have expressed the need for trusted information about what psychosis is and how to support their loved one. (Onwumere, 2018)

One of the important roles of loved ones is that they are often the first who can recognise early warning signs and symptoms, which is crucial to getting early intervention. Loved ones also increase the likelihood of treatment adherence as well as offering emotional support, however, if loved ones are themselves overwhelmed, under-informed, and struggling with their own wellbeing, this critical support system can begin to break down.

*By loved ones, I am referring to family members, whānau, and close support networks who play a crucial role in the care and recovery process.

“Family support is like a security blanket”

By Judy.
From the book *The sun will shine again* which tells personal stories of living with psychosis from the greater wellington region.

What’s out there

As Grattan mentioned in the 2025 study, less than 10% of EIP services have families participate in an evidence-based family education and support programme. This leaves the majority of loved ones to seek education of psychosis elsewhere. Due to the stigma that still surrounds mental illness, many are unlikely to turn to their community for advice and instead rely on the internet to try and make sense of what’s happening.

Loved ones seeking Aotearoa New Zealand-based information about psychosis online may come across several websites including The Yellow Brick Road, Healthyfy, Te Whatu Ora, and the Mental Health Foundation. These sites provide useful factual medical information on psychosis but are not specifically designed with the needs of loved ones in mind.

There are currently two New Zealand websites dedicated solely to psychosis information.

The New Zealand Early Intervention in Psychosis Society’s website highlights the important work the society does, offering in-depth information, personal stories, and a page for family experiences. Similarly, the Talking Minds website, co-designed with young people experiencing psychosis, aims to help users understand psychosis and share lived experience stories. Both of these websites are rich with Aotearoa New Zealand-specific content, offering important insights into psychosis.

However, these resources typically present information in text-heavy formats, with little supporting visuals. This is where the idea of a visual narrative comes in: creating a more dynamic, empathetic, and interactive experience designed specifically for whānau, where information is presented in a more engaging, structured and supportive way. By using design elements like metaphor, animation and storytelling, my goal is to make this crucial information feel more relatable and empowering for those supporting loved ones through psychosis.

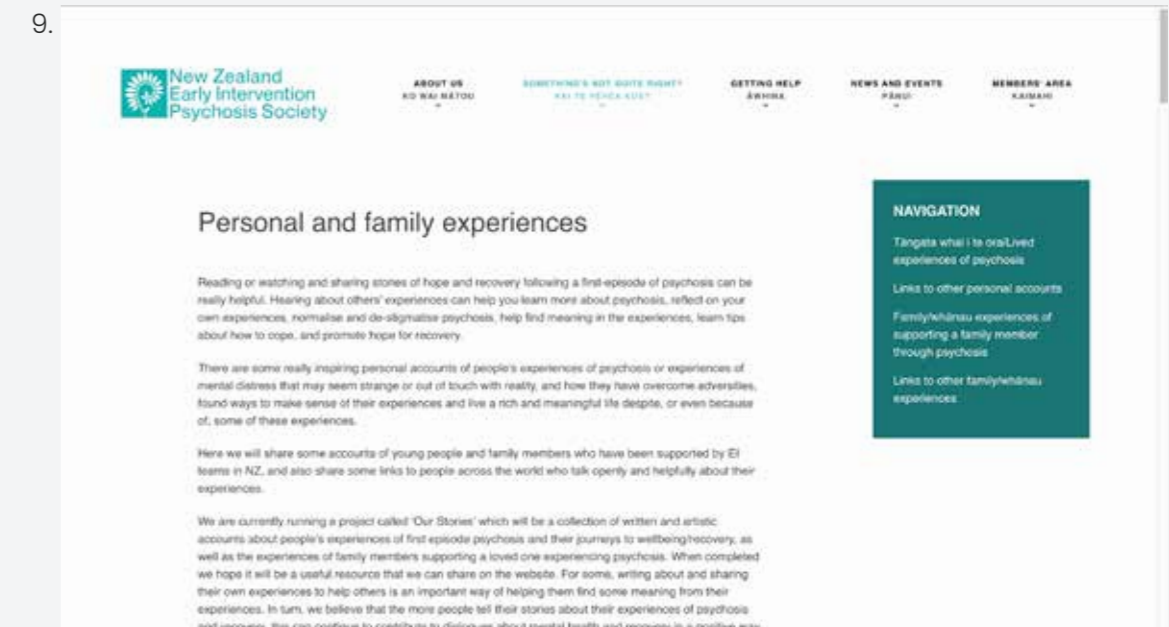
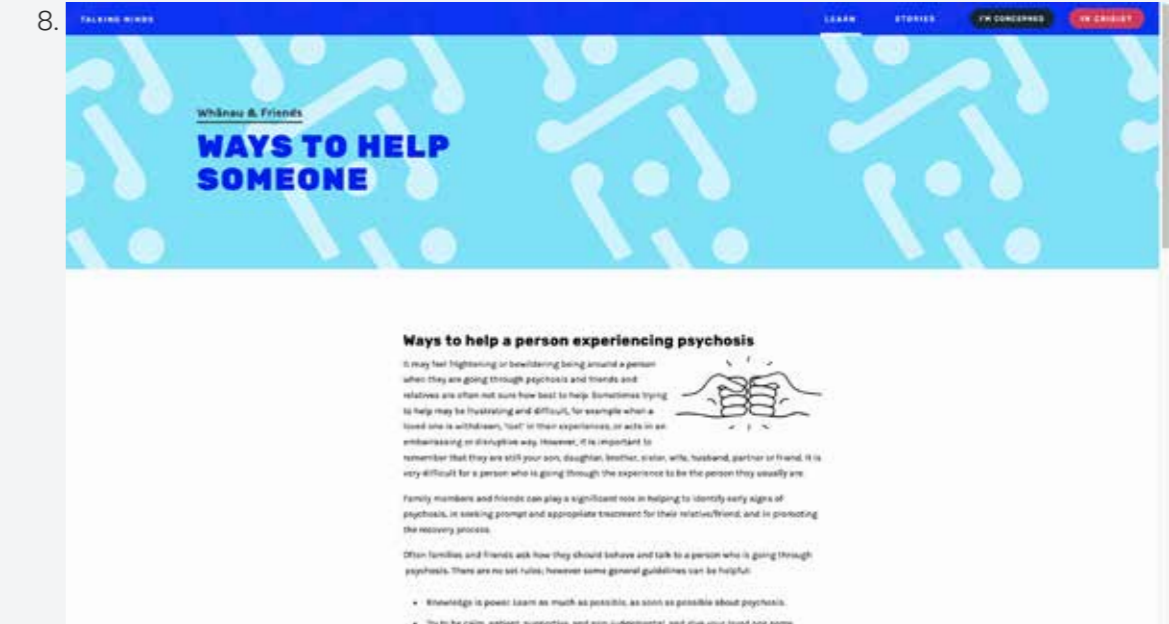


Figure 8:
Talking Minds Website
A screenshot of the “Ways to help someone” page

Figure 9:
New Zealand Early Intervention In Psychosis Website
A screenshot of the “Personal and family experiences” page

The Opportunity

There is a clear gap between the needs of loved ones and the resources currently available, presenting a design opportunity. While medical information is accessible, there is a lack of resources specifically tailored to loved ones.

This project addresses that gap by reimagining how psychosis education is delivered. A Journey Through Psychosis uses the 'Hero's Journey' as a narrative framework combined with lived experience knowledge. It utilises the double diamond design framework and integrates traditional woodcut relief printing into a digital space to create a guided educational experience.

Design

Useful and engaging information

Loved ones of individuals experiencing first-episode psychosis

Primary Research Question:

How can design facilitate access to useful and engaging information for loved ones of individuals experiencing first-episode psychosis?

Secondary Research Questions:

How can personal lived experience of psychosis be integrated into the design process to inform the creation of empathetic, engaging, and accessible educational content?

How can the Hero's Journey be adapted as a visual narrative framework to reflect the transformative nature of psychosis?

How might woodcut relief printing be adapted to a digital space?

Literature Review

This section provides a literature review and scoping of the current resources and models in the educational space for caregivers and loved ones of individuals experiencing psychosis.

Psychoeducation Increasing Knowledge and Understanding

Definition:

“Psychoeducation can be defined as the education of a person with a psychiatric disorder regarding the symptoms, treatments, and prognosis of that illness.” (Zhao, 2015)

Psychoeducation embraces a shared decision making approach; it emphasises collaboration between the patients, family and health professionals therefore protecting the patients autonomy. It can take different forms: one on one counselling, classroom style learning, digital tools or family education. The aim is to increase knowledge about a specific psychological issue so that the patient understands the steps needed to improve their health and well-being and feels empowered to engage in their treatment. (Zhao, 2015)

Family psychoeducation is proven to reduce relapse rate, the number of emergency department visits and symptoms. It improves family members’ attitudes towards psychosis

by building empathy and understanding for them to be able to relate to their loved ones. It can provide practical tips on how to communicate and problem solve. Furthermore it helps them recognise early warning signs that their loved one may be getting worse. (Creek, 2015)

The findings in Rebecca Grattans recent study that only 10% of the services in NZ have families participate in an evidence based family education and support programme, show that there is a significant gap in psychoeducation for loved ones in Aotearoa New Zealand. The proposed online resource developed through my Masters of Design project seeks to meet a part of this need by providing evidence-based information with empathetic guidance but it can never replace face to face psychoseducation that is tailored to each individual.

Orygen

A shared understanding: psychoeducation in early psychosis guide

Orygen is a trusted Australian mental health organisation made up of researchers, clinicians and educators. They offer valuable guidelines and other resources that some New Zealand early intervention in psychosis services use. They have also partnered with the NZEIPS in the past.

Orygen has created a practical guide to psychoeducation intervention which has informed a large portion of my resource content. It identified four main topics that psychoeducation should cover: service information, understanding of psychosis, treatment options and wellbeing planning. Furthermore, the guide includes ‘case scenarios’ between patients and case workers that showcase the correct language to use when talking through the topics, as well as information specifically for families. (Creek, 2015)

I have used the information in this to inform the written content of the website to make sure the information is evidence-based.

In this together: family work in early psychosis guide

This is another very useful resource from Orygen that has informed this project; a guide for EIP service to incorporate family work into their overall approach. It considers the needs and feelings of families during the different stages of psychosis as well as case scenarios between family workers, the individual experiencing psychosis and their loved ones.

Bloom's Taxonomy

A person cannot teach another person directly; a person can only facilitate another's learning."

(Rogers, 1951)

Bloom's Taxonomy is a concept originally created by Benjamin Bloom in 1950. The concept divides learning into six hierarchical stages. It can be useful in the study of education and learning and can be used as a method to guide the design and evaluation of educational courses and resources.

For this project, Bloom's Taxonomy gives me a way to measure the level of learning my online resource has facilitated. "Our role as educators may be as simple, and as complex, as helping our students to access that place of learning." It is important to remember that the process of learning cannot be forced—while we can provide guidance, tools, and supportive environments, it is ultimately up to the learner to engage with and carry out the stages of learning themselves. (Williams, 2017)

Bloom's Taxonomy

+ Family Psychoeducation

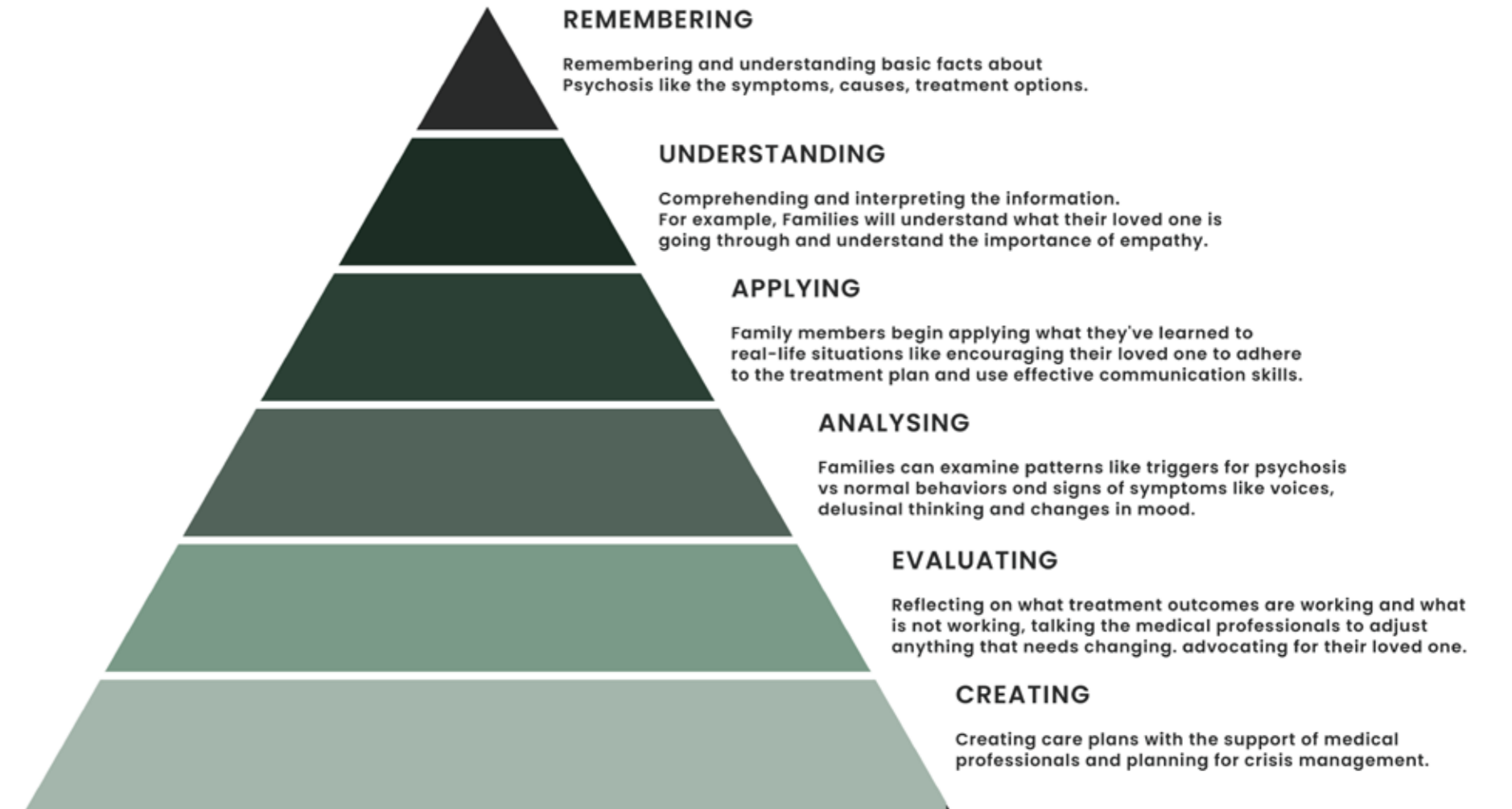


Figure 10: Bloom's Taxonomy + Family Psychoeducation
Adapted from Benjamin Bloom's original graphic, edited to explore how each stage applies to psychoeducation for families.

Digital Psychoeducation

Systematic Review – Digital Technology for Caregivers of People With Psychosis

This study, conducted by Juliana Onwumere from the Institute of Psychology, Psychiatry and Neuroscience, London, evaluates a range of studies of different digital psychoeducation interventions made for informal caregivers of people experiencing psychosis. These intervention types include web-based, telepsychiatry and e-mail or bulletin board from Europe, Central and North America, Asia, and the Middle East. The majority of studies mention psychoeducation as a need that is often not met by their local services, hence the creation of digital interventions. Onwumere indicates that digital psychoeducation does facilitate

caregivers' understanding and knowledge about psychosis. Overall, the opportunities for digital interventions to address caregivers needs of information and support need to be studied further and can at this moment not fully replace face-to-face professional services. (Onwumere, 2018)

A key takeaway from this research that is useful for this project is that it highlights the significant lack of psychoeducation, not only in Aotearoa but globally. It also validates that online psychoeducation can be effective, while cautioning against using it as a substitute for professional, face-to-face psychoeducation. Instead, it should be seen as an additional tool to complement and enhance traditional support.

Figure 11:
iPep
A screenshot of the iPep website
A Web-Based Psychoeducation
Program for Caregivers of
First-Episode of Psychosis in Hong
Kong

iPep – A Web-Based Psychoeducation Program for Caregivers of First-Episode of Psychosis in Hong Kong

This is a Hong Kong-based website that showcases a successful psychoeducation resource. It was led by Dr. Sherry Chan in collaboration with several Hong Kong non-government organizations, clinicians and multidisciplinary clinical teams. It has been user-tested by caregivers of people experiencing first-episode psychosis. Caregivers were interviewed after using the website with 85.2% reporting it enhanced their knowledge of psychosis, 74.7% feeling supported and over 80% of users interviewed reporting they would recommend the resource to others. Participants highly valued that the website was easy to operate, information was easy to understand and that they provided voiced over video to learn information. (Chan, 2016).



The iPep website has a number of features that are of specific interest to my research. The website is available both in English and Cantonese, has a large readable font size and also has options to listen to the information in youtube video formats rather than sole text-based information. These options help make it accessible to a larger audience. The website contains a wealth of information that is easy to navigate with each chunk of information taking 1 to 5 minutes to read/listen. This is great for someone who has the time to click on each section but may be overwhelming for an individual who needs information fast. Furthermore, although the information is clear to read and videos are clearly spoken with some infographics, the clinical tone and lack of images makes the learning process dull.

Narrative Framework

This section explores the narrative structure that underpins this project, drawing on the Hero's Journey framework and its parallels to the experience of psychosis, while also highlighting the power of storytelling to reshape identity, meaning, and societal narratives around mental health.

The Hero's Journey

The Hero's Journey, also known as the monomyth concept, is a universal narrative structure found across cultures and throughout time. The word myth comes from the Greek word for 'speech' or 'story'. The hero's journey, therefore could be seen as the 'one story' or the universal story that is shared by the world. (Lukoff, 1985)

The structure was first recognised by Joseph Campbell, who noticed that many myths, stories and legends appear to follow a similar narrative structure in which the central hero character goes on a journey with three distinct phases. Traditionally, the hero was often portrayed as male; however, for this project, I am purposefully using gender-neutral terminology to include all identities in the narrative.

- 1. Phase One—the departure**, the hero who is living in an ordinary world receives a call to action but initially refuses before accepting to go on the journey to the unknown world.
- 2. Phase Two—the initiation**, where the hero has to face challenges and enemies that they need to overcome. With the help of allies and mentors they undergo a significant transformation and are able to overcome challenges and enemies and start their return from the unknown world to home.
- 3. Phase Three—the return**, where the hero finds their way back to the ordinary world bringing back some form of treasure, power or knowledge for their community, hereby completing the circular journey. (Campbell 1949).

The Hero's Journey

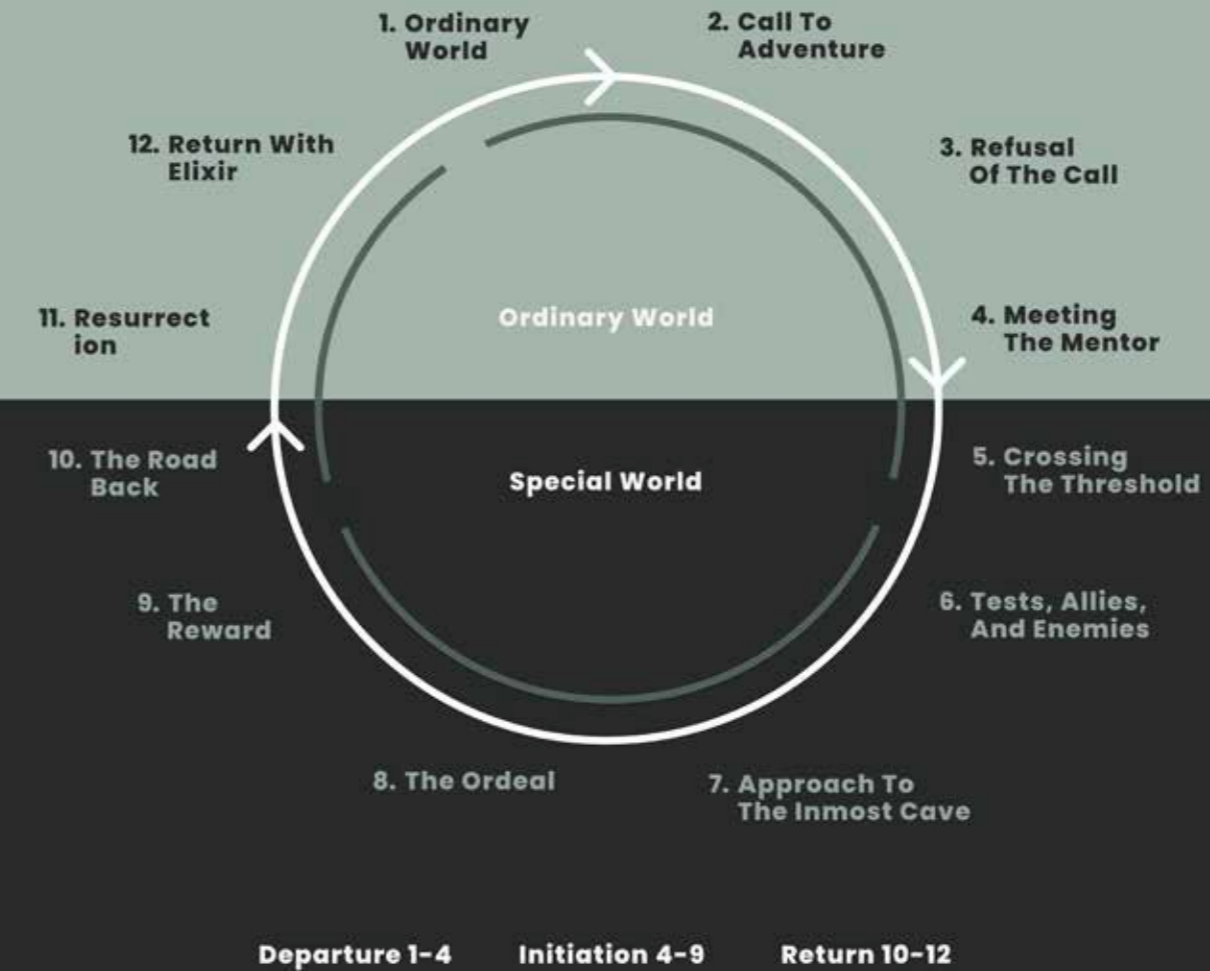


Figure 12:
The Hero's Journey
Adapted from a graphic in
the Winning The Story Wars
book by Jonah Sachs

to take the user through a familiar narrative arc. Framing the journey through psychosis as the Hero's Journey empowers the person experiencing it, as well as their loved ones, to think of themselves as heroes and better understand that the phases of struggle lead to growth. This creates hope for the eventual return to the 'ordinary world.'

Mapping the Hero's Journey and Psychosis

For this project I have chosen to map the hero's journey and psychosis as a linear experience rather than the traditional circular map as I don't want to give the idea that psychosis is a never ending cycle. Figure 13 clearly illustrates how the two follow a similar narrative arc—beginning in the ordinary world (before psychosis), descending into the special world (the experience of psychosis or altered reality) and then returning back to the ordinary world (reality).

seembles te influential author Kurt Vonnegut's 'Man in Hole' story structure. Vonnegut theorised that most of the world's stories follow an emotional arc that can be graphed on a simple X-Y axis—with the horizontal axis representing time and the vertical axis representing fortune, from good fortune at the top to bad fortune at the bottom. He

highlighted five main story structures, with the 'Man in Hole' arc being the most common. It follows a protagonist who starts off okay, falls into a deep hole, but eventually climbs out and ends up in a better place than before. This structure parallels both the Hero's Journey and the Journey Through Psychosis. Notably, the protagonist transforms and emerges with new knowledge and skills—fostering a sense of hope and purpose. (Troilo, 2021)

The Hero's Journey

+ Phases of Psychosis

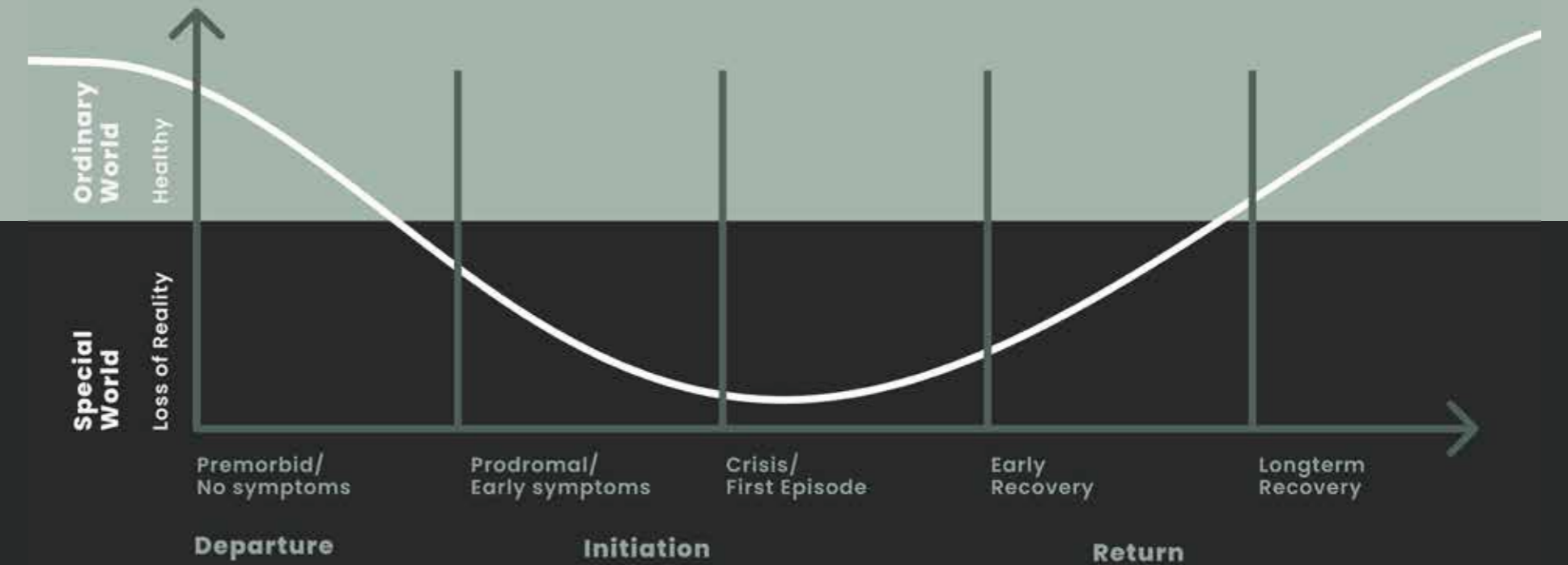


Figure 13:
The Hero's Journey +
Phases of Psychosis

Narrative, meaning and identity

A narrative is a story—a written or spoken connection of events. It is through narrative that humans create meaning and identity. (Hyland, 2018) We tell stories about our experiences to ourselves, loved ones, coworkers and strangers—this creates a narrative identity. We choose which parts of our story to highlight, and in doing so, we give meaning to those aspects. By selecting specific elements, we actively define ourselves through our narrative identity. In other words, the way we tell our story shapes how we see ourselves and how others understand us. (Bruner, 1990)

Groups of people, communities and countries also share collective narratives. These can include religious stories, family history, ancient myths, historical events and current news. Our individual narrative identity is influenced by

social and cultural narratives that surround us. This helps us to create a sense of belonging within groups and the wider society. (Murray, 2003)

The hero's journey, a universal way to construct narratives, creates meaning through transformation. It acts as a powerful framework for creating personal and collective narratives that create meaning and identity. Chances are you have unknowingly used it in your own narrative when you have undergone a personal transformation, maybe you have struggled with mental health, had to leave home to go to university or ended a long standing relationship. Similarly, there are endless examples of the hero's journey narrative in collective New Zealand narratives. Some examples are the 2011 Christchurch Earthquake, The Fight for Women's Suffrage, The Legend of Māui and the Sun, Sir Edmund Hillary and The Hobbit movies.

By telling my own story of experiencing psychosis and being the creator of this work, I am actively shaping my narrative identity—choosing how I see myself and how I want to be seen by others. The creation of this project is influenced by the wider societal narrative around psychosis: that it is untreatable, that it makes someone dangerous, or that it is something shameful. In turn, this work aims to be a small part of reshaping that narrative—offering one that is grounded in facts and filled with hope.

“It is through narrative that we begin to define ourselves, to clarify the continuity in our lives and to convey this to others.”

(Murray, 2003)

Myths and Mental health

The psychologist Carl Jung was the first to note the connection between ‘insanity’ and mythology in his concept of the collective consciousness. He theorised that all humans are part of a shared unconscious mind, which consists of symbolic narratives and motifs like figures of the hero, the shadow and the wise old man—which are all motifs that emerge across myths, cultures, religions, time, books, media, dreams, psychotic experiences, and more. Jung also mentioned people with ‘insanity’ may be more connected with the shared unconscious and are able to use the shared motifs to transform and gain deeper insight to the psyche. (Lukoff, 1985) The narratives and motifs mentioned by Jung align with the Hero’s Journey narrative, suggesting that the hero’s journey is a part of the shared unconscious mind.

Myths are stories that have been told, passed down and written down for generations and serve as ancient ways of making sense of the world and passing down wisdom. They often feature mythical forces, creatures and unknown worlds; these narratives closely mirror the realities experienced by people experiencing psychosis. (Hartley, 2010) Perhaps in the ancient days of myths and legends a person recalling their experiences with psychosis would be seen as an extraordinary storyteller of transformative myths. In modern days the hero’s journey narrative, writing your own myth from your psychotic journey, can be used as a therapeutic exercise to help individuals organise experiences, feel empowered as the hero and challenge stigma.

Web Based Narrative Learning

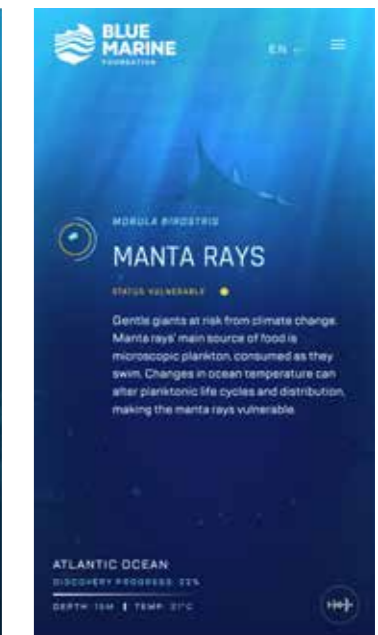
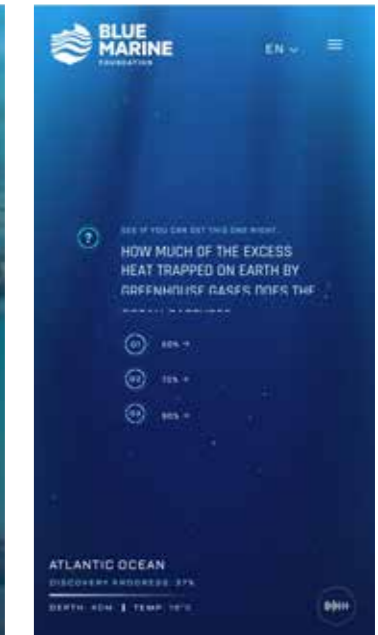
Blue Marine Foundation — The Sea We Breathe

'The Sea We Breathe' is an interactive web experience developed by the Blue Marine Foundation aimed at highlighting the importance of protecting the ocean and its impact on climate change. There are three educational journeys to choose from: sustainable fishing, blue carbon habitats, and marine protected areas. It is a fully immersive web design with a 3D animated world.

A few of the features that I thought made the journey particularly impactful and inspired my Masters of Design project include the line navigation on the side, which lets the user know where they are in the journey and how many more steps there are to completion. The chunks of educational information sometimes prompt the user to interact with the content in the form of a quiz or other prompts like 'click and hold to release carbon.' This encourages

them to stop and think about the information they have just read. The intricate soundscape, featuring a mix of sound effects, ocean sounds, music, and narration, offers an alternative to reading, increasing accessibility. The music and ocean sounds help situate the journey, and sound effects make it clear which elements are clickable. The geometric sans-serif font, along with the clean icons, thin-lined side navigation, and globe icon in the bottom corner, make it feel like a scientific navigation system—like something you might find on a submarine control panel, which is very fitting for the overall journey, as well as reinforcing the scientific environmental information of the resource. Lastly the website is fully responsive so it can be accessed effectively on any device any time.

Figure 14: Screenshots of The Sea We Breathe by the Blue marine Foundation <https://www.bluemarinefoundation.com/the-sea-we-breathe/>



Oat The Goat

'Oat The Goat' is an interactive, online storybook launched as part of Bullying Free NZ Week aimed at teaching children about the importance of empathy, acceptance, and tolerance. A few of the features that I thought made the journey particularly impactful and inspired my project include the onboarding process, allowing the user to customise their journey by choosing between te reo Māori or English, as well as options to read, have it narrated, or watch the whole thing like an animation. This makes the resource inclusive to a wider audience and learning styles.

Each 'page' of the digital storybook features subtle animation like flying birds, grass swaying in the wind, and snow falling. This allows the reader to concentrate on the words while still being immersed in animation. Between each page are longer and more intricate animations that visually tell the story and move the viewer

onto the next scene. These are created with layers of illustration in the foreground, middle, and background that all move at different speeds, creating a sense of depth in the animation.

The simple burger menu on the side lets the user see which chapter they are on, as well as skip to other chapters, access further information on the resource, and edit the customization options. It's easy to navigate and simple to get back to the storyline.

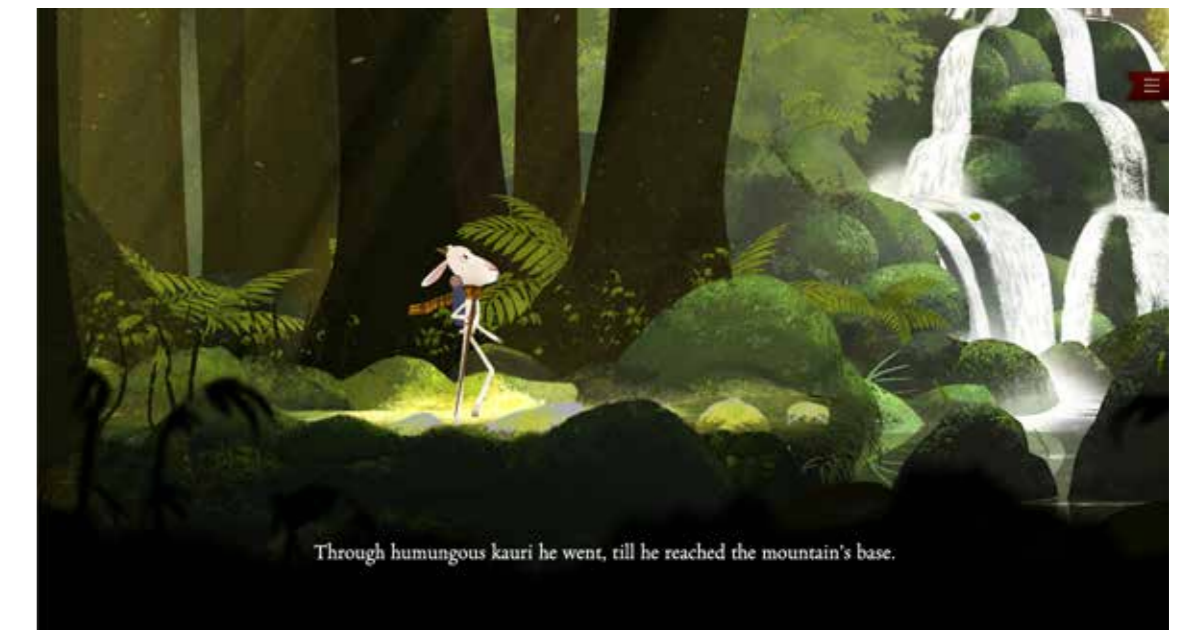


Figure 14:
Screenshots of Oat The Goat
by Bullying Free NZ
<https://oatthegoat.assemblyltd.com/>

Design Process

Double Diamond

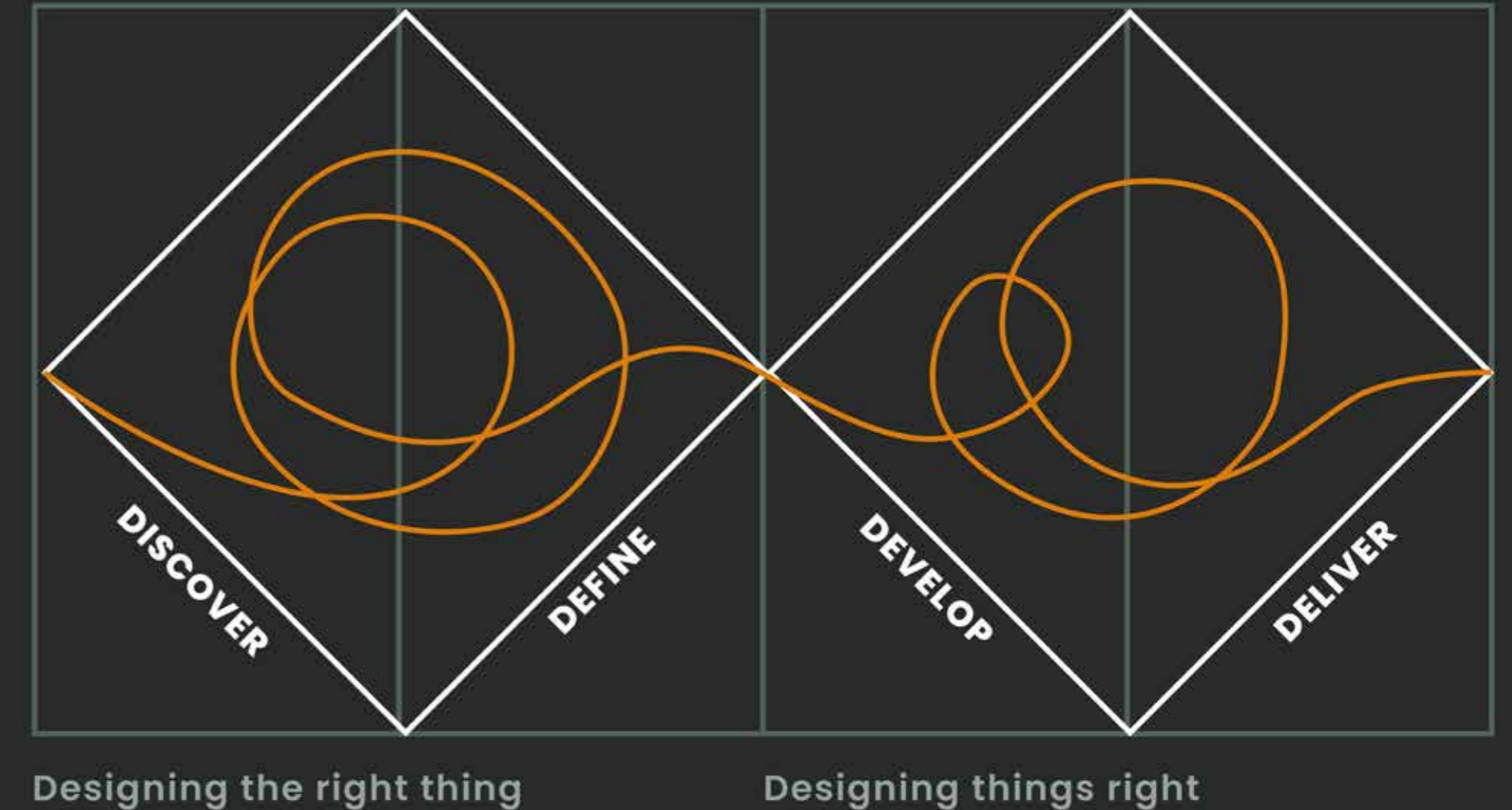
I'm following the Double Diamond model (see Figure 14), developed by the British Design Council. Each diamond represents a divergent phase, where multiple possibilities are explored, followed by a convergent phase, where ideas are focused down to a clear direction or solution. These phases can be repeated multiple times to further refine ideas.

Here's how I applied each phase of the double diamond to my project:

- 1. Discover**—In this phase, I gathered information on the broader topic of psychosis and the experiences of loved ones, through both clinical information and first-hand stories. I also explored visual methods of understanding clinical information and metaphors for representing the experiences of psychosis.
- 2. Define**—During this phase, I focused on the specific challenges faced by loved ones and decided what information to include in the resource. This phase also involved creating a visual storyboard to guide the user journey.
- 3. Develop**—This phase involved iterating on the artwork, user interface design, resource copy and animation. I incorporated feedback to refine and rework these elements.
- 4. Deliver**—The final phase focused on using all the insights gained to refine and develop the final prototype, ensuring that it met both the educational goals and the emotional needs of the users.

Figure 15:
The Double Diamond Design Process
Adapted from the British Design Council

The Double Diamond Design Process



Discover

Initial Ideas — Redirection

I initially wanted to create visual designs for public display that would create awareness of psychosis. After some informal chats with peers and friends on their initial ideas of what psychosis means and is, I jotted down a list of words and phrases that I received as a response. Most people had misconceptions and stigma about what it means to experience psychosis (Figure 15). From there I started creating posters with some of these words which would guide people to a website that would clear up these misconceptions. I was inspired by the Mad Pride Movement, a social and cultural movement that challenges social perceptions of mental illness, reclaim words like 'madness' and encourages advocacy for rights.

After receiving feedback during an early presentation session and reflecting on the work, I decided more research into my target audience was needed to truly understand their

needs and challenges. It wasn't clear who I was designing for: people experiencing psychosis, their families, or the public? Furthermore, by voicing misconceptions like 'they are unhinged,' I could be furthering stigma, as it was not clear that these are false statements. Some of the wording was too intense. Although I might be ready to reclaim words like 'mad' or 'crazy'—which are loaded with stigma—the audience for this project might not be at that stage.

The bright, cheerful colours, although uplifting, may not have been the right choice, as they take away from the seriousness of the topic. I was told that the way I presented and explained what psychosis is and why it is important—using a calm voice, easy-to-understand language, and stepping through it in a logical way—was very impactful and educational. From here, I decided I needed to narrow down the audience of my project and focus on education for family and friends directly impacted by psychosis rather than broader public awareness.

Figure 16:
Misconceptions
words gathered through informal chats with peers and friends on their initial ideas of what psychosis means and is

Figure 17:
Initial website mockups

Figure 18:
Myth Busters
Initial Poster Ideas

16. Cause harm to society - Causes homelessness
Don't blame the mushrooms - It can happen to anyone
 Kids are too soft - What's that - Madness
 Experienced craziness - **Send the nuts to the fun farm**
 Distressing - Crap - Scary - Paranoid Voices - Worrying
Like hearing voices or something?
 Discombobulated - It's not drugs - It's not bad lifestyle
Pull your fucking socks up - Drug induced - Crazy
 Out of control - Drug induced - Not functional in society
 It's a rough Life - **Unhinged**



Understanding my Audience

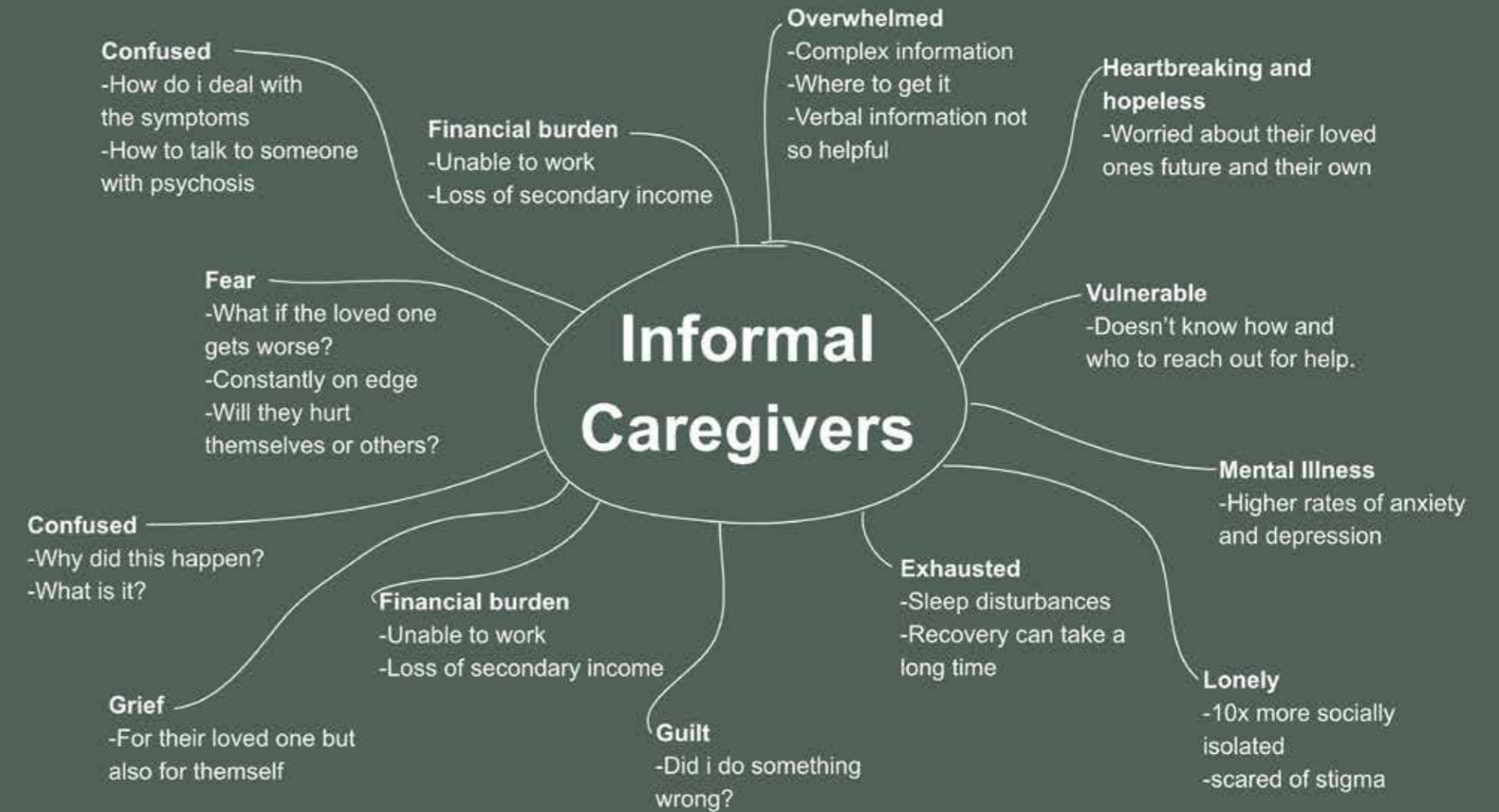
I began by gathering stories from people caring for loved ones experiencing psychosis, using sources such as the New Zealand TalkingMinds website, the NZEIPS website, The Sun Will Shine Again book by the Schizophrenia Fellowship, Wellington Branch, 1999, which showcases stories from the Wellington region, and other online resources. The majority of the stories came from New Zealand, including some experiences shared by Māori. I started processing these stories into a spreadsheet, noting the actions and feelings of caregivers at different stages of psychosis and treatment. In some cases, I was able to find both the accounts of the caregiver and the person experiencing psychosis, which meant I could gain a deeper understanding into both perspectives and how they interact with each other.

User personas

User personas represent archetypal users with different needs, abilities and levels of knowledge about psychosis, helping me to criticize my designs beyond my own experiences and perspectives (Lupton, 2017). These two qualitative user personas were inspired by the stories I gathered, reflecting the diverse yet often similar experiences of caregivers.

Figure 19: Mapping the emotional journey of loved ones through firsthand lived experience stories.

Figure 20: Qualitative user personas created from a combination of real-life stories



User Personas

Sarah

Background:

Sarah is a 42-year-old mother whose 19-year-old son has just been admitted to the hospital in a crisis state and is being referred to an EIPS team. The crisis team recommended this resource to Sarah.

"I just want to understand what my son is going through and how to help him."

Wants and Needs:

- Understand psychosis and the steps involved in the recovery process
- Clear, reliable information on how to best support her son during this crisis
- Reassurance that she is not alone and that there are ways to navigate this difficult time
- Practical advice on how to communicate with her son and manage the emotional toll of the situation.

Frustrations:

- Confused about what is going on and doesn't fully understand psychosis
- Frustrated with a lack of information and communication from medical professionals
- Unsure of how to help her son during this challenging time
- Overwhelmed by emotions: feeling scared, angry, guilty, vulnerable, and exhausted

Tech Needs:

- Comfortable with basic online research, including Google to find resources
- Straightforward, easy-to-navigate websites that are simple and clear

Luke

Background:

Luke is a 24-year-old man whose girlfriend, aged 22, has been displaying strange behaviours. She has become increasingly withdrawn, agitated, and expressing feelings of paranoia, voicing some very unusual ideas. Luke is unsure of what is going on but wants to help his partner feel better. In search of help and answers, he Googled the symptoms and found this resource.

"I'm scared and don't know what's going on with my girlfriend."

Frustrations:

- Unsure of how to approach the situation or how to help her
- Feeling overwhelmed, helpless, and scared because he doesn't know what's going on
- Doesn't know where or how to get support
- Unsure of how to talk to his girlfriend about seeing a doctor

Wants and Needs:

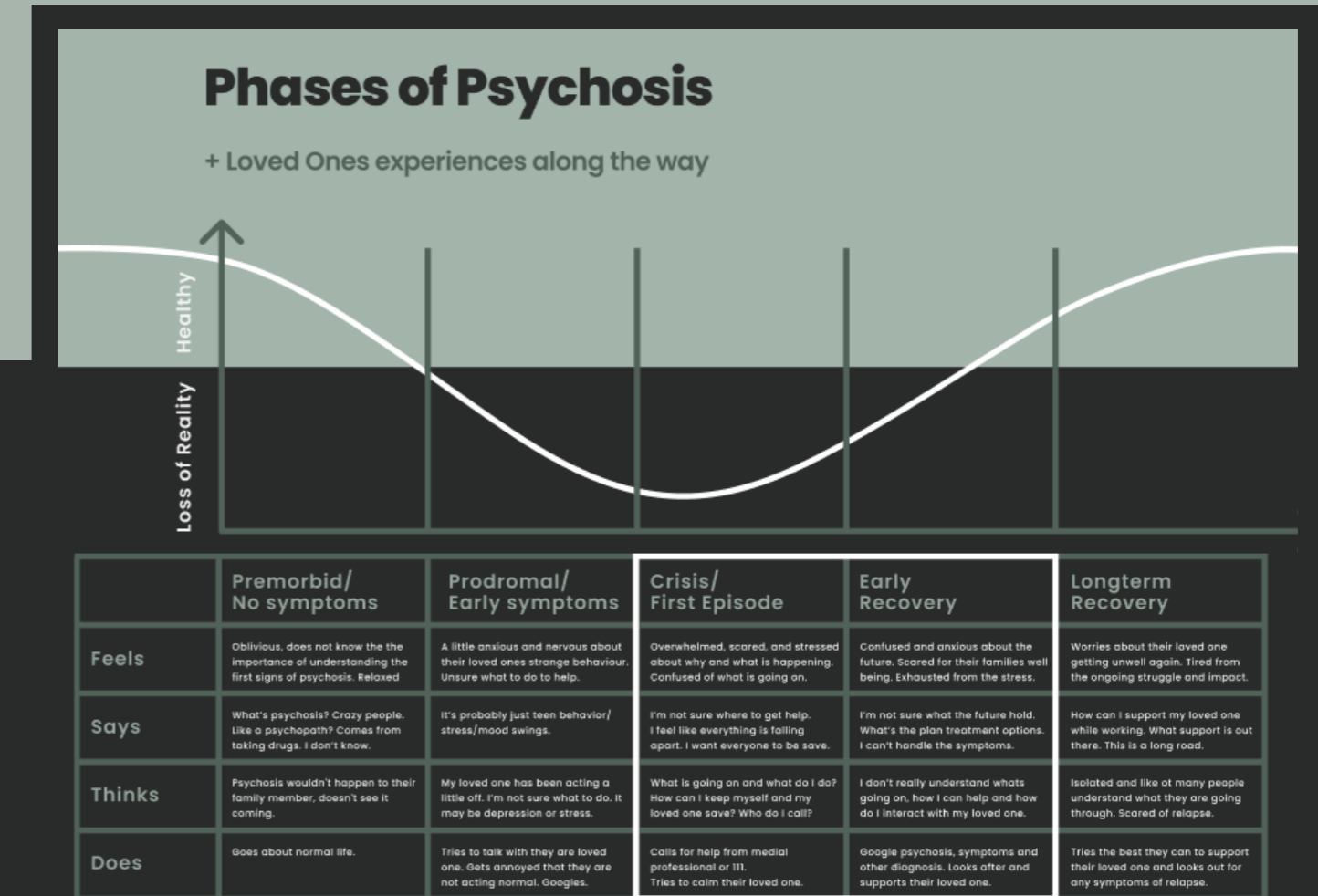
- Understand what might be happening to his girlfriend
- Clear, simple information on psychosis and how it affects people
- Guidance on how to talk to his girlfriend about her symptoms and offer support
- Information on where and how to reach out for help

Tech Needs:

- Prefers engaging, interactive content that holds his attention
- Needs information to be quick, clear, and to the point

"The needs of families during the acute phase may be dominated by a need for information, about both the disorder and their own reaction to stress"

(Orygen, Family Work in Early Psychosis)



Empathy Map in Phases: Mapping Caregiver Feelings during the Stages of Psychosis

I created a reimagined empathy map (Figure 21), which combines the core elements of a traditional empathy map—such as what users say, think, do, and feel—with a timeline that tracks the different stages of psychosis and treatment. This helped me to understand my users needs and emotional states over their time as a caregiver.

I have decided to focus on targeting my audience at the crisis and early recovery phase. My audience’s pain points, the challenges and obstacles they face during these phases, are a lack of understanding about what psychosis is, including the causes, symptoms and treatments making them feel confused, scared and anxious.

They also feel unprepared, they don’t know how they can help their loved one and how to interact with them when they are experiencing worrying symptoms. The gains, desires and positive outcomes my audience seeks is a better understanding of what psychosis is and how they can make a positive impact on their loved ones’ road to wellbeing.

Figure 21:
Phases of Psychosis + Loved Ones experiences along the way
A reimagined empathy that maps my audiences feelings, thinking and behaviour on a timeline of the different stages of psychosis

Metaphors

Metaphors help us to make sense of complex ideas as well as helping us to relate to them and conveying a deeper symbolic meaning. This connection of two ideas is prolific in our oral and visual language. Understanding a metaphor depends on our past experiences, social and cultural backgrounds. (Meehan, 2016)

The first metaphor that claimed my attention during my masters research was the Complex Disease Theory, Bucket Of Water, used by Orygen to describe the causes of psychosis (see Figure 20). From then on I noticed more and more metaphors used when describing psychosis. A few that stood out to me were ‘Family support is like a security blanket’ from the book *The sun will shine again*, and ‘He moana pukepuke e ekengia e te waka’ which roughly translates to ‘a rough sea can be

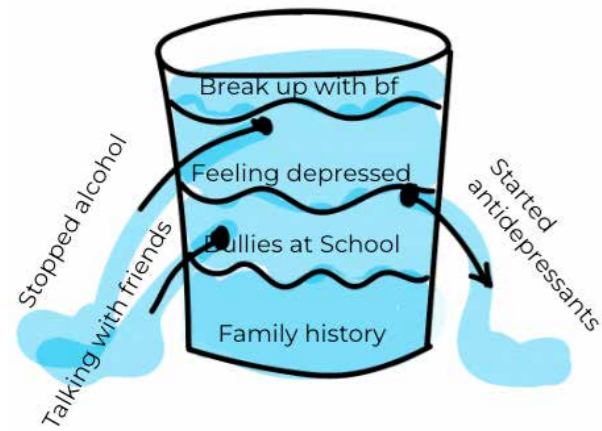
Figure 22:
The Bucket of Water - a metaphor for complex disease theory

Figure 23:
Sketching Metaphors

navigated’ from the NZEIPS website. From there I decided to gather metaphors that could be used to describe the journey through psychosis and started to sketch them (see Figure 21).

I noticed the recurring themes of water throughout many of my ideas. Boats sailing through a sea of uncertainty, rivers turning to white water before crashing down a waterfall, and anchors providing a sense of security. A guiding lighthouse appeared as a beacon of hope, while a mystical mist symbolized the confusion and disorientation often felt. I envisioned a bridge of hope, offering a way forward, and the image of clinging to lifelines in turbulent waters. Night stars guided the sailors, and rainbows and swallows of hope promised light after the storm.

22.



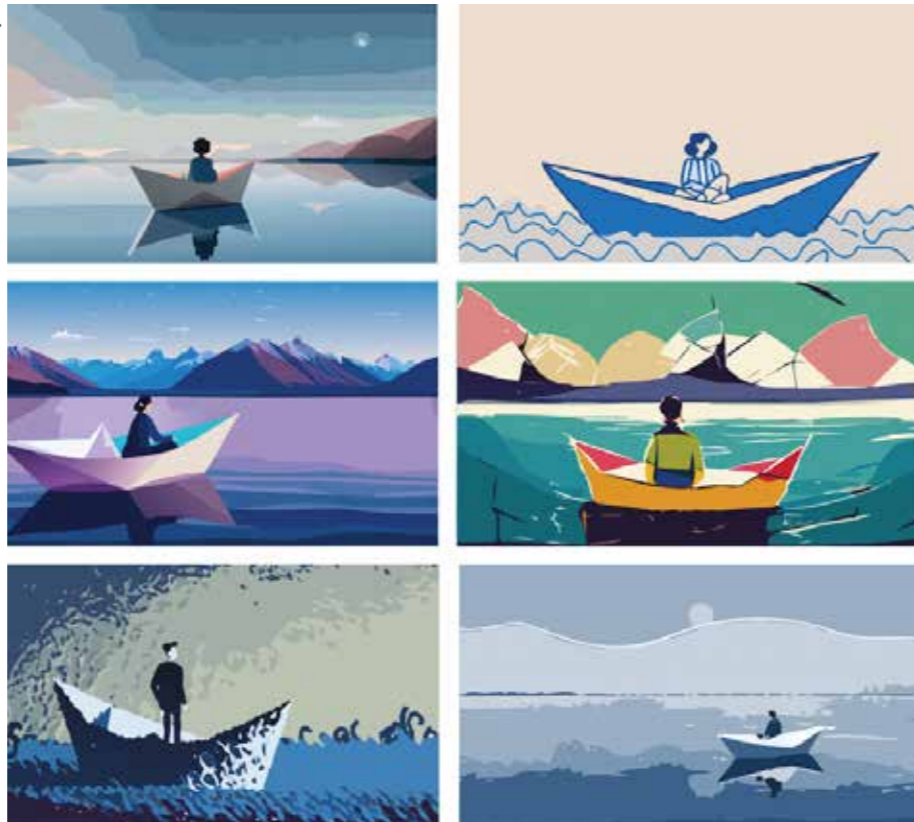
“Metaphors facilitate the understanding of an unfamiliar situation in terms of a known situation”

(Casakin, 2007)

23.



24.



25.



The Paper Boat

I grew up making paper boats, folding them, writing my name on them, and floating them in any puddle, small stream, or gutter drain. Sometimes the boat was a pirate ship, sometimes it carried princesses made from sticks, and other times it was a racing boat with a sail made from leaves or a cargo ship testing how many small rocks it could carry. Paper boats symbolise a journey of resilience and hope as well as curiosity. With the right instructions, anyone can make one from a simple piece of paper. Although made from just paper, they are surprisingly strong and able to float. It's up to the maker of the boat to decide its purpose and journey. I chose the paper boat as a narrative anchor to guide the user through this journey – it holds rich metaphorical meaning and leaves space for each person to imagine their own story within it.

Early tools for exploration

Artificial intelligence is becoming more frequently used in our daily lives. I played around with AI assistants for brainstorming, analyzing texts, and image creation. I created AI-generated vectors in Adobe Illustrator to explore a range of possible illustration styles and used these for my earliest website mockups. ChatGPT was used more often to assist with initial idea generation and for analyzing texts to quickly determine whether the text might be useful for my research or not.

Figure 24: Exploring visuals using Illustrator built in AI image generator

Figure 25: Idea generation using ChatGPT

Mockups and Iconography

Here is an example of early website ideation. Here I am thinking through what information to include and how to group it into different sections in a web environment. At this point I was planning to include a 'Learn' section with important facts about psychosis to address the need for information by the loved ones of people experiencing psychosis. As well as a 'stories' section to include first hand accounts so they can feel less alone and receive tips from other families about how they overcame challenging situations. Furthermore, I included a 'Help' button for anyone needing urgent crisis support or advice. I used iconography as a fast way to include illustration ideas that I had, without having to commit time to illustrating.



Figure 26: Screenshot of the first website mockup on Figma

The Odyssey – Many Connections

Odysseus Hero's Journey

The *Odyssey*, a story I loved in my teens, has heavily inspired the visual narrative of this project. The *Odyssey* is a poem originally written by the Greek poet Homer in the 8th or 7th century BCE. It is one of the oldest examples of the Hero's Journey that follows the Greek hero Odysseus on his sea journey home to Ithaca, where his family is waiting for him after the fall of Troy. He and his crew face many challenges along the way, including a bag of strong winds given to him by Aeolus, the God of Winds; Polyphemus the Cyclops; a giant whirlpool called Charybdis; the sorceress Circe; and the god Poseidon. Odysseus has many people helping him along the way, like his crew, his son, Athena, and Hermes. He ultimately makes it home to his family and reclaims his identity as husband and hero.

A Metaphor for Mental Struggles

The story could be interpreted as a metaphor for a mental health journey. Here are some of the challenges Odysseus faced and my interpretations through a mental health lens.

Odysseus is stuck in the land of the Lotus Eaters, a group of people who consume a plant that induces a blissful forgetfulness. This could be a metaphor for drug addiction. Odysseus realizes the danger when he sees his men being entranced; this could be seen as understanding early warning signs and looking out for triggers.

He has to face the temptation of the Siren songs, which promise to tell him the secrets of the universe if he joins them, but in reality they want to lure him to his death. He ties himself to the ship so he can not follow the calls. This could be interpreted as him hearing commanding voices and using techniques to keep himself safe in that situation.

He faces Scylla, a multi-headed sea monster. Although he tries to fight it, it eats several of his men, giving the ship time to escape. This could be a metaphor for the harsh realities of mental illness, where sometimes setbacks and compromises are necessary to move forward. Odysseus has to descend into the underworld where he seeks help from the prophet Tiresias about how to return home. This unfortunately parallels psychosis experiences, as often only once people lose contact with reality and reach 'rock bottom' is when they receive help.

Some of these metaphors, particularly the sirens, seamonsters, strong winds and rough seas, have directly inspired the illustrations used in this project's artwork. They stand in for deeper symbolism of the trials and difficulties faced by someone experiencing psychosis.

Lived Experience

On a more personal note, I recognised a connection between some of the creatures and symbolism in the *Odyssey* and my own psychosis experiences. For example, having hallucinations of sea monsters or tentacles, seeing sorceresses and witches, and feelings of being in the 'underworld.'

Narrative

The *Odyssey*, retold by Gillian Cross and illustrated by Neil Packer, specifically inspired me. It simplified the story to make it easy to read and understand, something I aimed to do with complex information on psychosis. It also added a beautiful visual narrative through Packer's illustrations to guide the reader through the book, keeping

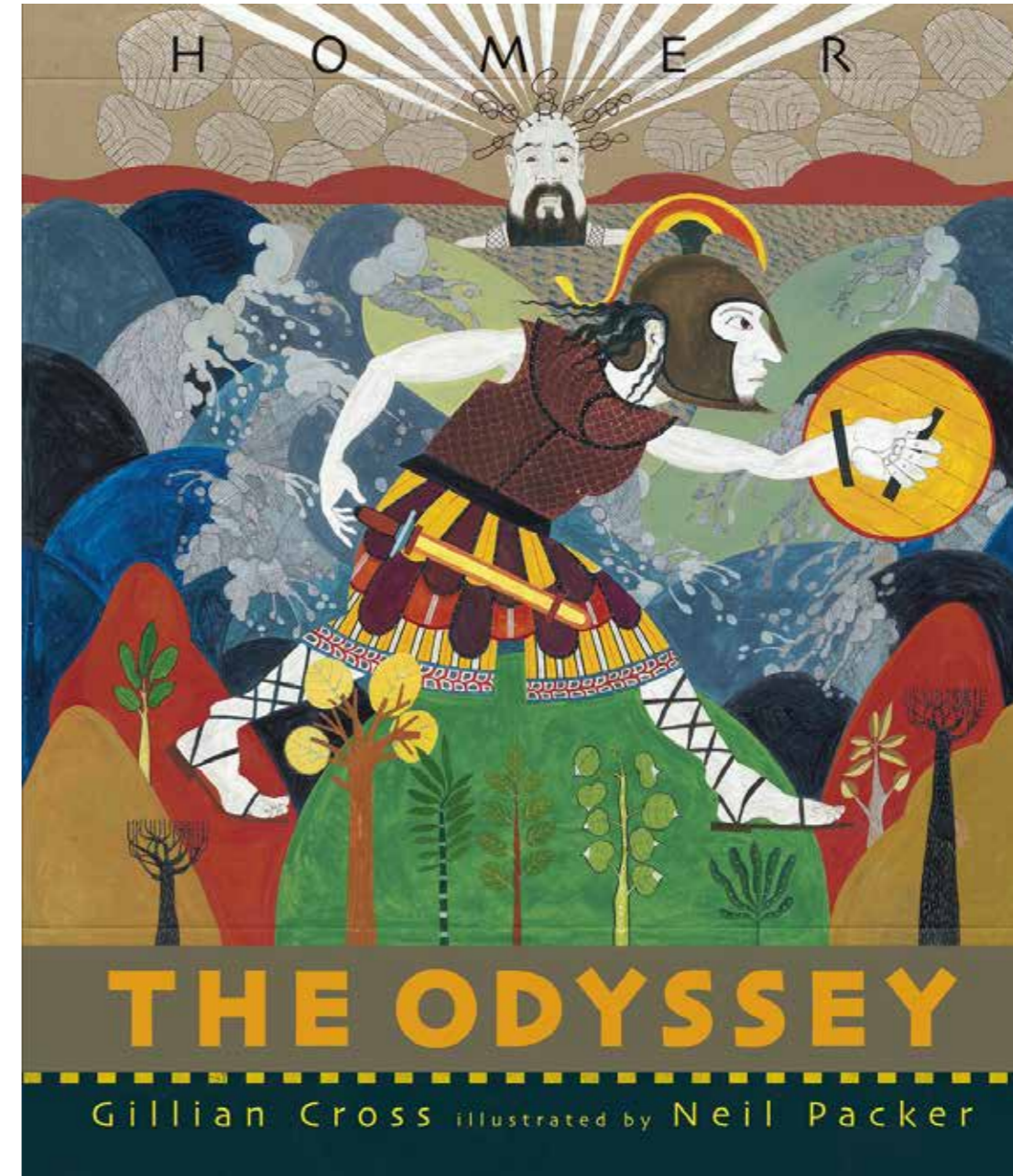


Figure 27:
The *Odyssey* by Gillian Cross,
illustrated by Neil Packer

the reader's attention and giving a breather between reading. Here came the idea to set up the website using a horizontal narrative, rather than the more common vertical scroll, inspired by turning the pages of a book and following a story. Furthermore, the *Odyssey* has many mini 'lessons' interwoven in the story, like the importance of strategy, personal growth, patience, the dangers of temptation, and the importance of family. From here, I had the idea of incorporating 'tips' into the narrative, rather than having to go to an extra section 'stories' to read through these practical tips. This turned into the 'Words of Wisdom' sections on the project.

Define

Reverence Photos

I had decided on a visual narrative anchor, the paper boat, and a visual storyline, a journey through rough waters. This left me questioning: what does a paper boat look like? How does it float on water? What does the New Zealand coast and water look like? To aid in creating a sketched version of the visual narrative, I decided to take reverence photos. These include photos of the steps it takes to fold a paper boat, the light and shadows created by the folds, placing the boat into pools near the ocean to see how it floats and looks against the water, as well as photos of the surrounding seaside around Wellington and Petone.

While spending time in the harbour, I saw the Interislander come and go. I came up with the idea that the journey could mimic the sea route Te Moana-o-Raukawa (cooks straight) between Te Whanganui-a-Tara (Wellington Harbour) and Picton. See if you can spot the island at

the beginning of the journey inspired by Matiu (Somes Island). As well as the conclusion of the story that is roughly inspired by the Tōtaranui area (Queen Charlotte Sound).

All along the coast I saw Harakeke (New Zealand Flax) growing. Which inspired me to use it as a symbol to anchor the story in Aotearoa New Zealand. It is a recognisable plant that many New Zealanders associate with home. For Māori it is a valuable resource as well as a powerful metaphor for whānau bonds and human relationships, a fitting symbol for this educational resource created for the loved ones of people experiencing psychosis.

I draw inspiration from two Māori Myths that are situated around Te Moana-o-Raukawa, Te Whanganui-a-Tara and Tōtaranui area are:

‘Ngake and Whātaimai the taniwha of Wellington Harbour’

The story of how Te Whanganui-a-Tara was formed. Two taniwha, Ngake and Whātaimai, lived in the peaceful lake that is now Wellington Harbour, cut off from the sea. Ngake wanted to break free to the open ocean, and with its mighty tail, they smashed through the cliffs to reach the ocean. The force of its tail created some of the dangerous rock formations found around the entrance to the harbour. Whātaimai tried to follow but got stuck between the lake and the sea. Eventually, a great earthquake lifted him high above sea level, where he died and turned to stone, earth, and rock, while the water flooded the space where he

lay, creating a passage between the ocean and lake. It is believed Ngake still lives in Te Moana-o-Raukawa; when the waters are rough, he is said to be swimming around to satisfy his taniwha appetite. (Grace, n. d.)

‘Kupe and the Giant Wheke’

The story of how Kupe discovered Aotearoa. Kupe, a fisherman who lived in Hawaiki, discovered that a giant octopus, ‘Te Wheke o Maturangi,’ was stealing and eating all of the fisherman’s bait and fish. Kupe and his fellow sailors and warriors set out to kill the octopus. The pursuit led them all the way to the waters of Totaranui, where Kupe battled and defeated the octopus. Its eyes were laid on a rock, Ngā Whatu (The Brothers), which later started the tradition that when passing the rocks, people should shield their eyes because seeing the islands was considered bad luck. (Grace, n. d.)



Figure 28: Photographs taken around Te Whanganui-a-Tara to use as references for future artwork

Written Content

Writing the educational content for this resource was a crucial part of the work. I was informed by A shared understanding: psychoeducation in early psychosis guide (Orygen) which identifies four main topics of psychoeducation:

Topic 1: Service information

Topic 2: Understanding psychosis

Topic 3: Psychoeducation about treatment

Topic 4: Wellbeing planning and relapse prevention

As well as the Mental Health foundations Media Guidelines: Portrayal of people living with mental distress or illness in Aotearoa which gives helpful tips on using respectful, accurate, and non-stigmatising language when talking about mental illness to reduce discrimination towards people experiencing mental distress.

I worked on extracting the key information for each section and simplifying the language and ideas into easy to understand shorter sections. I ended up with 14 key sections, each consisting of two distinct parts.

Part one: Factual information about psychosis, including the causes, symptoms and treatments of psychosis. Written in a clear and friendly medical voice to help build a strong foundational understanding.

Part two: The 'words of wisdom', which offers practical tips, reassurance and insights drawn from lived experiences of caregivers and clinicians. It's written in a warm conversational tone as though a trusted counsellor is giving emotional and practical guidance directly aimed at the loved ones.

Storyboard sketches

Using the sections outlined in the resource copy and drawing on the metaphors and myths I explored earlier along with inspiration from the Hero's Journey narrative structure I started to sketch out the visual narrative using a drawing pad and Adobe Illustrator as seen in Fig xx.

Below is a section by section of how the written content relates to the visual narrative and my thoughts behind it:

1. Landing Page: This is the beginning of the journey, inspired by the landscape of Te Whanganui-a-Tara. The boat is in the harbour, it's a peaceful day, ready to go on its journey. It centres the narrative in Aotearoa New Zealand with both the visuals as well as text.

2. Definition: The paper boat sets off towards the open sea, it's the calm before the storm. It's a gentle lead into what psychosis is and how the visuals work. As well as introducing the 'words of wisdom' symbolised by guiding stars.

3. Causes: Dark clouds gather at the horizon, foreshadowing the journey is about to turn more treacherous. Symbolising all of the different stress factors that build up to cause psychosis.

4. Symptoms: The storm hits, confusion surrounds the boat. This reflects the disorienting nature of psychotic symptoms.

5. Hallucinations: Out of nowhere, jagged rocks rise from the sea. These rocks represent the things sensed that aren't really there—voices, sights, smells—hallucinations.

6. Hallucinations 2: The tentacle sea monster rises on all sides of the boat. It represents the variety of hallucinations and how overwhelming or all-consuming they can feel.

7. Delusions: Siren songs the ship astray their sweet songs and promises of things that aren't real. This echoes how delusions can be seductive, believable, and deeply real to the person experiencing them.

8. Delusions 2: A sea serpent like sea monster weaving in and out of the water. Showing how delusions weave themselves into the reality of the person experiencing psychosis.

9. Other Symptoms: A tornado spins across the sea. It symbolises how psychosis can jumble up thoughts, feelings, motivation, speech, and behaviours.

10. Treatments: The storm begins to settle and the light shines through. Symbolising the effectiveness of treatment and hope on the journey to wellbeing.

11. Inpatient: Mist hangs around rocks, visibility is low. This represents an often confusing time where to person experiencing psychosis is caught between their internal reality and our shared external reality

12. Outpatient: The skies brighten and land in sight. Symbolising the journey of treatment and focus on getting back to wellbeing and a safe place.

13. Other Treatments: The boat travels through the sounds navigating in and out of channels. Symbolising the different different factors that lead into recovery.

14. Ending: The boat returns to land—not necessarily where it started but back to reality, transformed and well.

The overall visual journey mimics the Hero's Journey, starting in the ordinary world, diving into the extraordinary world with mythical creatures and challenges to overcome followed by the return back to the ordinary world returning with new wisdom.

Inspired by Myths:

I was inspired by the ancient wisdom and symbolism of myths, which have influenced the visual narrative. The jagged rocks encountered in slide 5, just outside Wellington Harbour, draw inspiration from the rocks created by Ngake's powerful tail. The tentacled sea monster on page 6 was inspired by my own mythical experiences with psychosis, as well as being linked to Te Wheke o Muturangi, the giant octopus slain by Kupe. On page 7, the sirens are directly inspired by the sirens in the *Odyssey*. The serpent-like sea monster on page 8 was inspired by Scylla from *The Odyssey*,

as well as mimicking the taniwha Ngake. The storm on page 9 was inspired by the many storms faced by Odysseus. Page 11 depicts the brother rocks located just before heading into the Tōtaranui area, on which Te Wheke o Muturangi's eyes lie, covered by fog to protect from looking directly at them. These connections use history and ancient knowledge to help make sense of the here and now.

1. Landing Page



2. Definition



3. Causes



4. Symptoms



5. Hallucinations



6. Hallucinations 2



7. Delusions



8. Delusions 2



9. Other Symptoms



10. Treatments



11. Inpatient



12. Outpatient



13. Other Treatments



14. Ending - CTA



Figure 29:
Storyboard Sketches
made on illustrator

Develop

Artwork Exploration

I experimented with different visual styles using traditional mediums such as woodcut relief printing, drypoint etching, watercolour, acrylic paint and digital illustration to find the right fit for my project. I was drawn towards traditional physical ways of creating art visuals because it has been a way for me to make sense of my experiences with psychosis in the past. The act of traditional ways of making art, painting, etching, carving is inherently messy and time consuming just like the journey through psychosis. The tactile nature of traditional art also adds a connection back to the 'real' physical world.

Figure 30:
A collection of artwork exploration



Early Figma Prototyping

I used Figma as a design tool for prototyping this digital resource. This was my first time working with Figma, and it was a learning curve, but it proved to be an incredible tool for creating an interactive prototype.

Initial mockups

Once the resource copy and story board were on a clear path I combined them into Figma to see how they would interact together.

Finding a visual style

I played and experimented with the text, layout and artwork to combine them in different ways. During one of the feedback sessions with my peers and supervisors we discussed these explorations. The digitally created artwork felt impersonal, too clean and lacked the emotional depth to connect with psychosis. The drypoint etchings mixed with monotype were striking and emotive but caused feelings of unease. The acrylic painting allowed for more detail and a semi realistic feel to the visuals. The watercolour connected with the themes of a journey over water with soft layers. Ultimately I chose woodcut relief printing to move forward with because of the simplified but striking visuals it created through this technique.

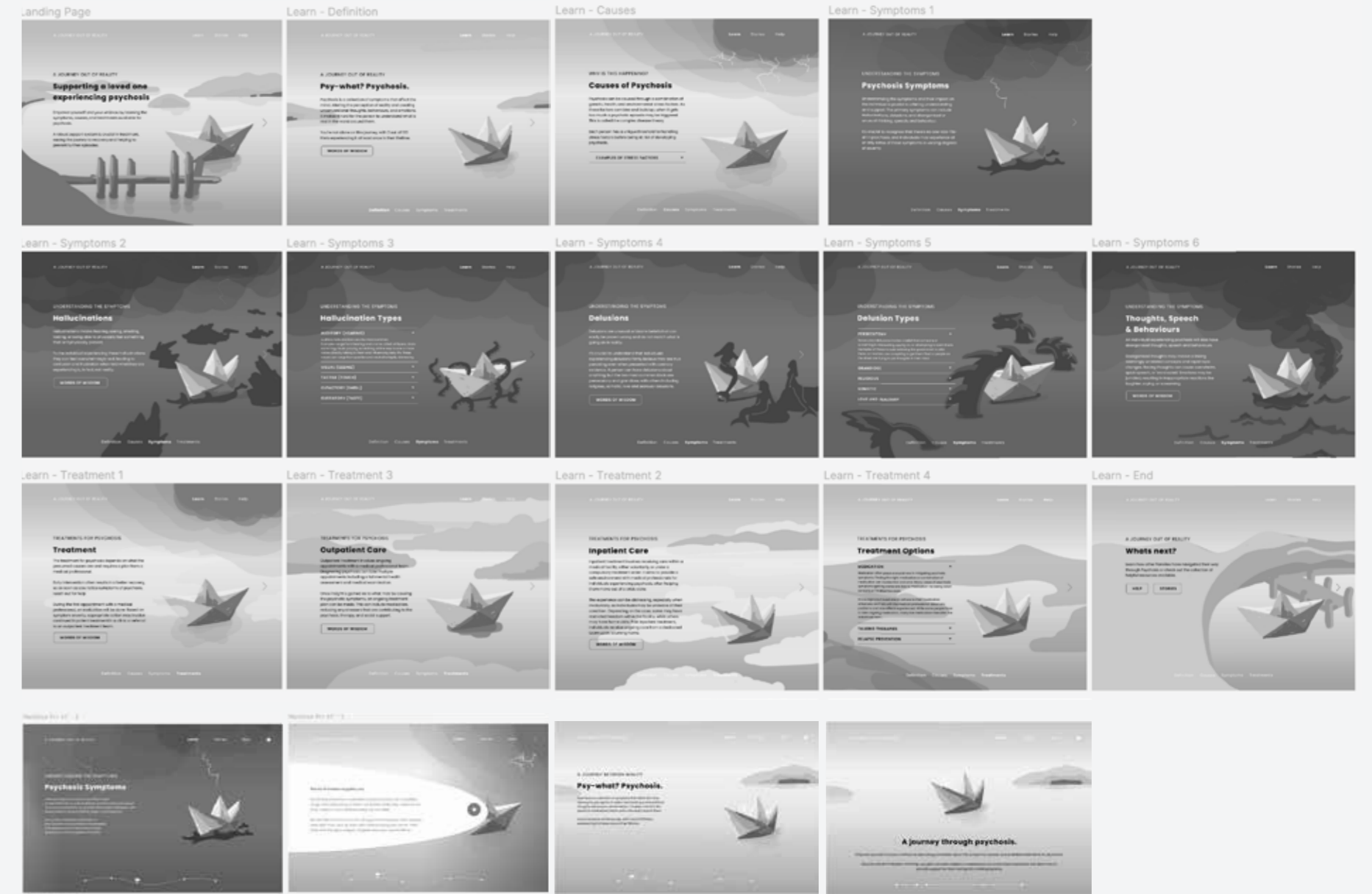


Figure 31: Initial figma mockups exploring the relationship between text and visual narrative.

MacBook Pro 14" - 11



MacBook Pro 14" - 12



MacBook Pro 14" - 13



MacBook Pro 14" - 6



MacBook Pro 14" - 7



MacBook Pro 14" - 8



MacBook Pro 14" - 22



MacBook Pro 14" - 23



MacBook Pro 14" - 14



Woodcut relief printing

Woodcut relief printing originated in China and gained popularity in Europe during the 14th century. Its bold aesthetic and ability to produce hundreds of copies from a single carved block made it a powerful tool for protest and activism. I have been inspired by expressive woodcut styles from artists including Antonio Frasconi, Erich Heckel, and Nic Tucker, characterised by visible chisel marks, uneven lines, and intentional imperfections.

In my first batch of prints, I chiselled the entire composition into one MDF board. When I processed the artwork to prepare it for use in a digital environment—cutting it out in Photoshop to be animated in Figma—I realised it would be more efficient to carve and print each part of the composition individually. This approach made it easier to digitise the artwork and re-layer the individual elements in Figma.

Using traditional ways of making visuals creates an intimate, personal feel to the work; it puts humanness into the digital space. The connection with the materials on a personal level creates a co-relationship between designer and work, adding depth and authenticity to the overall experience.

My process included three layers of printing. First, I sketched the designs—adapted from my earlier digital sketches—onto MDF boards. Using different-sized chisels, I carved out the first layer, which represents the white space, and applied the lightest colour using a roller before running it through a printing press. I repeated this process twice, each time carving out more of the design, rolling on a darker shade of ink, and printing the new layer on top of the previous one using the press.

Figure 32: Initial figma mockups exploring visual styles and layout.

Figure 33: Woodcut relief printing process

Figure 34: Completed Prints

33.



34.



Accessibility & Usability

Onboarding

I used an onboarding process to help new users quickly understand the core functionality of this online resource.

When a new user lands on the landing page, the welcoming text clearly states the purpose of the website and what to expect. It is described as a 'journey through psychosis'—a guided educational experience designed to help whānau understand. I experimented with alternate titles like Journey Out of Reality, Navigating the Unknown, and Navigating Psychosis, but settled on Journey Through Psychosis because it clearly communicates that this is a structured journey with an end, and that it is specifically about psychosis. I also included an estimated time commitment so the user can decide whether now is the right time to begin and doesn't feel rushed. To reinforce the

resource's trustworthiness, I included the line: "Developed in partnership with experts from the Orygen Research Institute and NZEIPS." Lastly, a clearly visible In Crisis? button is included in case the user is in immediate need of support.

Upon leaving the landing page, sound settings appear, allowing the user to customise how they would like to receive the information—narrated and/or with soundscape. These settings can easily be modified later on. On the first informational page, the Words of Wisdom pop-up is automatically triggered after a short delay, introducing the user to this core feature of the journey.

Language and font

I focused on simple, friendly and easy to understand language throughout the resource which breaks the information up into one idea per section, making it easier for people with varying levels of understanding to use the resource. The font 'Poppins' is used, which

is a geometric sans-serif typeface that is known for its readability across screen sizes and large range of font weights. This creates a good contrast to the textured visuals in the background. The clean, friendly and approachable feel to this font compliments the language used.

Contrast

I have checked that my text-to-background contrast aligns with the Web Content Accessibility Guidelines (WCAG) created by the World Wide Web Consortium, Web Accessibility Initiative. To achieve a greater contrast in specific areas with text, I have used gradient layers as needed. I have used drop shadows and bold font on all orange buttons to create clearer visual distinction and to ensure they are easily legible for users with varying visual abilities.

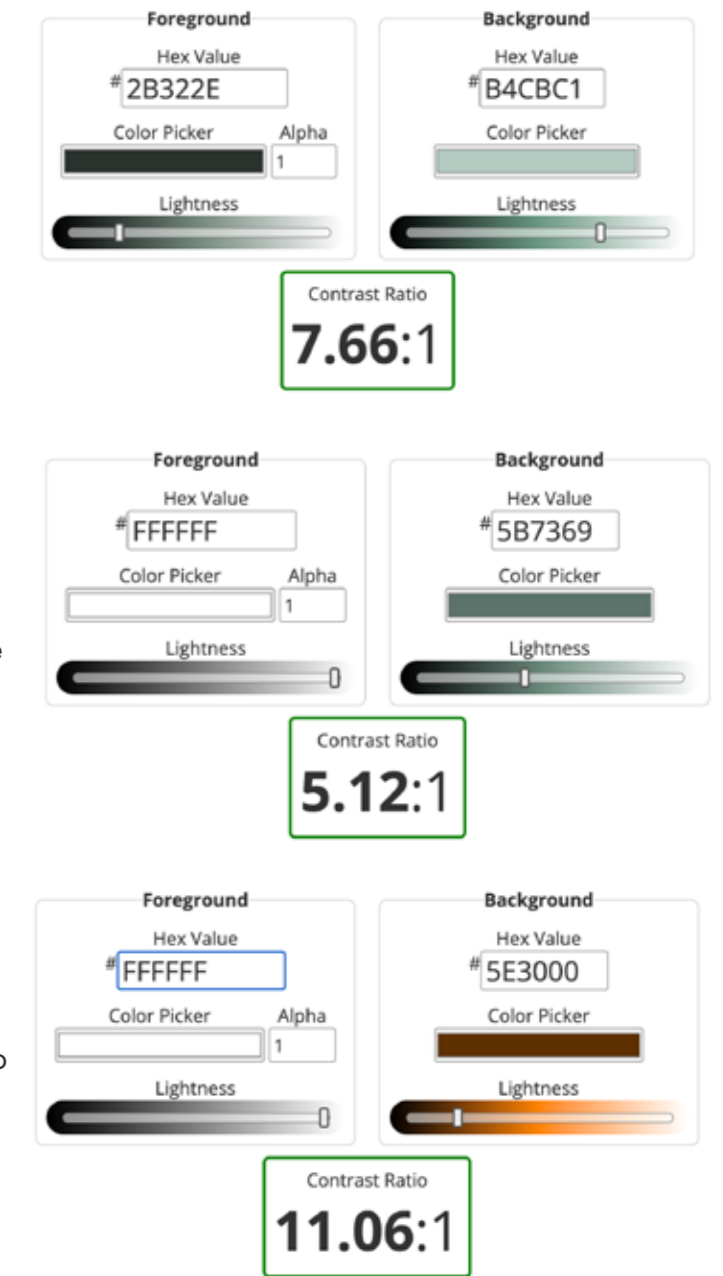


Figure 35: Contrast - Screenshots of the me using the 'webaim' contrast checker tool, <https://webaim.org/resources/contrastchecker/>

Hover

I have made sure that hover states of buttons, arrow navigation, and clickable elements like the cluster of stars are not just indicated by color changes but also have additional visual cues as well as sound effects. For example, buttons are underlined or expand to reveal arrows, the navigation arrows become bold, and the cluster of stars pauses its animation. This ensures accessibility for users of different abilities, fostering a more inclusive and user-friendly experience.

Sound

The background soundscape, featuring waves, wind, and seagulls, helps to situate the narrative and create an immersive experience. This auditory environment enhances the user's engagement with the content. Additionally, sound effects on hover reinforce the clickable elements, offering users a clear indication of interactivity. The narration provides an

alternative way to understand the content, offering an auditory option for users who may prefer listening over reading. Sound settings can be easily turned on or off at any time via the Sound Settings menu, allowing users to customize their experience according to their preferences. By integrating sound into the design, the experience becomes more accessible, inclusive, and adaptable to different user preferences and abilities.

Testing & Feedback

I used five peer critique sessions to receive feedback during the different iterations of the project. I set up one user testing session with my peers and guest lecturers to test specific aspect of the designs

Words of Wisdom

These sections is written in a warm, conversational tone as though a trusted counsellor is giving you advice. Some examples are:

- “Acknowledge their feelings but don't engage in or join their hallucinations. Instead, focus on comforting them by asking how they feel and what would help them feel more at ease in that moment”
- “Distraction can be an effective technique to help someone dealing with hallucinations. Consider playing loud music, changing the scenery by going outside, or engaging them in a different activity, like drawing or walking”
- “If communication becomes difficult, try using simple, clear, two-option questions. For example, instead of asking ‘What do you want to do?’, ask ‘Do you want to call your counsellor or rest?’”

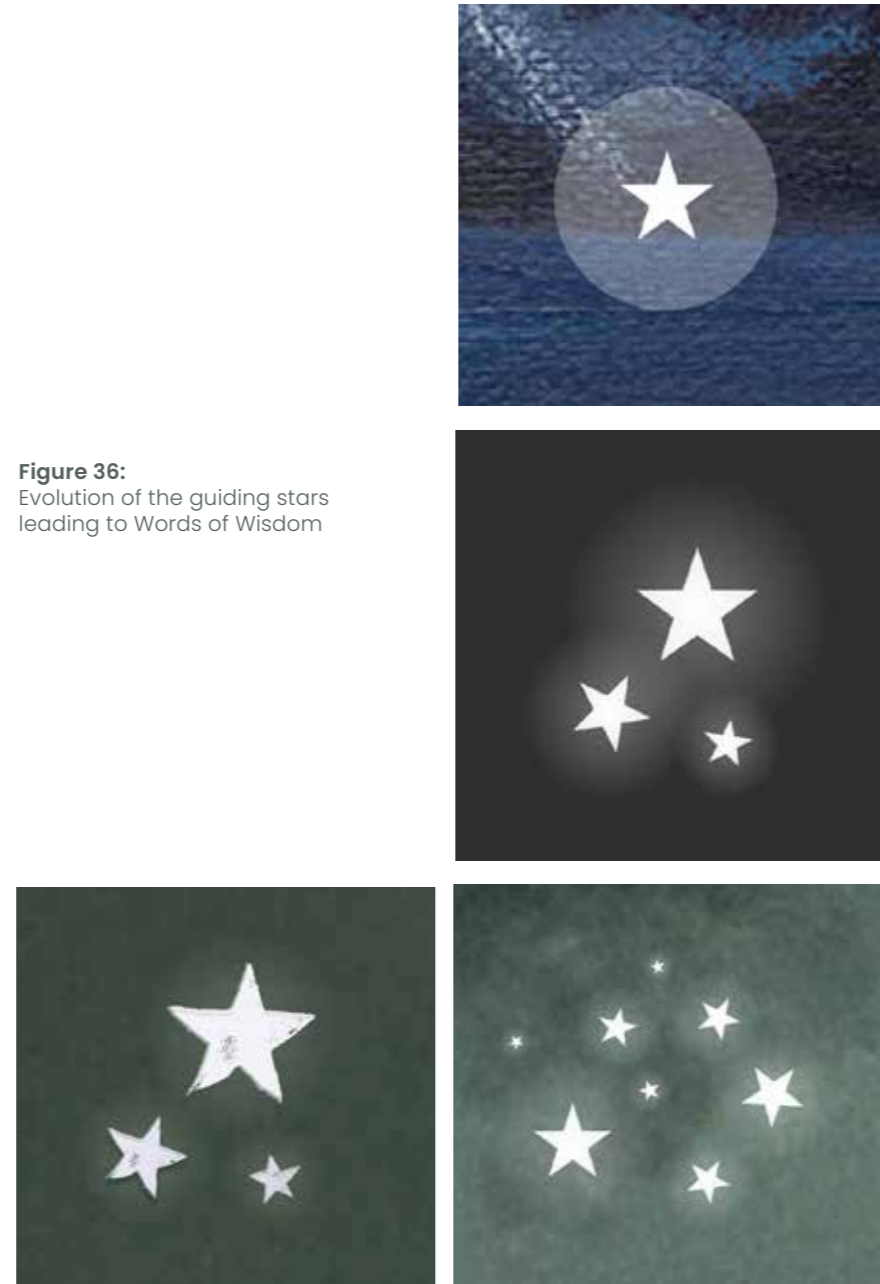
This section gives the audience reassurance, builds confidence, and hope. It shows them that they are not the first to go through this journey and that others have successfully navigated it before. The metaphor of ‘guiding stars’ is a visual and emotional symbol for direction, hope, and clarity, just like sailors using the stars to guide them in the darkness.

The visual evolution of the guiding stars began as a singular digital star with a round transparent background. From there, I changed the background to a more natural glow and experimented with creating different-sized star clusters. I wanted to create a balance where the star cluster integrates with the overall layout and style but still stands out, is easy to find, and the user knows to click on them to receive ‘words of wisdom’.

To make the stars integrate into the overall layout, I decided to create them using woodcut. I animated them to twinkle and glow orange when hovered over, enticing the user to click on them. Furthermore, during the onboarding process in the first section, the 'words of wisdom' pop up automatically, with a short explanation: "Click on the cluster of stars on each page to discover helpful tips from health professionals on how you can support your loved one through psychosis."

The decision to place this information behind a click is deliberate, as the user first needs to understand the factual, medical information on the main page before being able to fully understand the practical guidance hidden in the stars. It also forces the user to slow down and process each piece of information they receive, as well as adding a hint of gamification to keep them interested and wanting to discover more along the journey.

Figure 36:
Evolution of the guiding stars leading to Words of Wisdom



User journey

Entry to the Website

The user accesses the website through various pathways: a recommendation from a health professional, a link from associated sites like NZEIPS, or a Google search such as "psychosis help for family NZ".

The Website Experience

Once on the site, the user navigates through educational content about psychosis, complemented by personal support through the Words of wisdom sections. They deepen their understanding and gain practical advice for supporting their loved one.

Next Steps

After or throughout their journey on the website, the user can choose from several options:

Deeper Understanding: The user leaves with a stronger understanding of psychosis, feeling empowered to support their loved one and better equipped to advocate for them when engaging with mental health professionals.

Further Information: The user may choose to download a PDF version of the resource, which offers a more in-depth look at the topics covered on the website. This document can be saved, printed, or shared with others.

Seek Help: The user may choose to contact crisis help if needed, or take the first step toward seeking support by contacting a GP or Early Intervention in Psychosis (EIP) team to express concerns and receive assistance.

Figure 37:
Top menu and extra pages

Navigation

Navigation is a crucial part of any website guiding users through the content and enabling users to find the information they need easily. My resource uses two types of navigation.

Info Access Navigation

In Addition to the main journey of the website, I also included four extra pages: 'In Crisis,' 'I'm Concerned,' 'More Information,' and 'Audio Settings.' I experimented with different ways of showing these pieces of information. Starting out with different designs of a permanent top header bar that would navigate the user out of the story to the individual pages, I ultimately decided on a burger menu that expands to make these four sections visible as clickable tabs. When closed, it returns the user back to where they left the journey. The burger menu allows for a cleaner interface, so the user can focus on the journey and learning, but it is always readily available when needed.

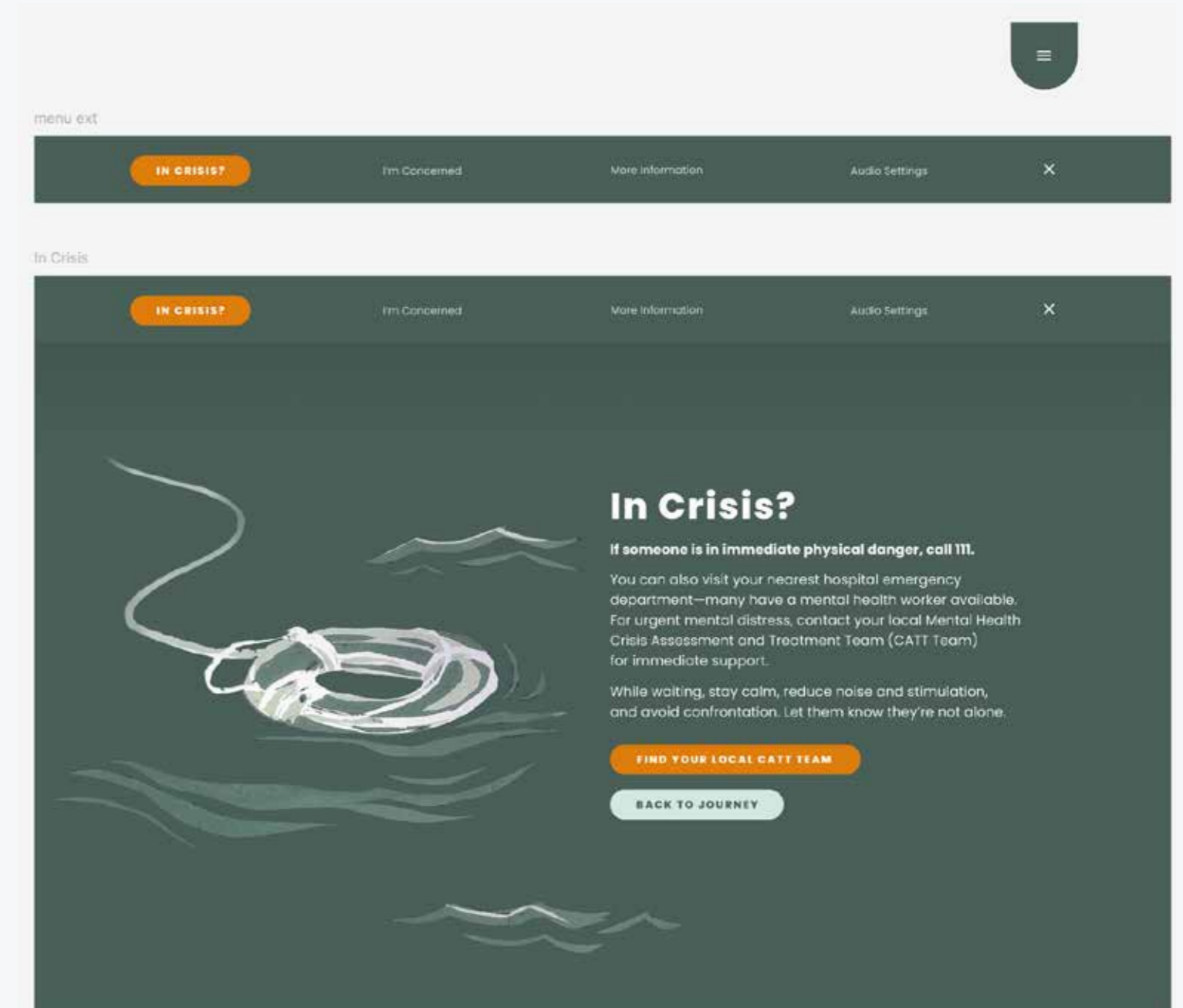
Hers is an overview of why I included these extra pages on the website:

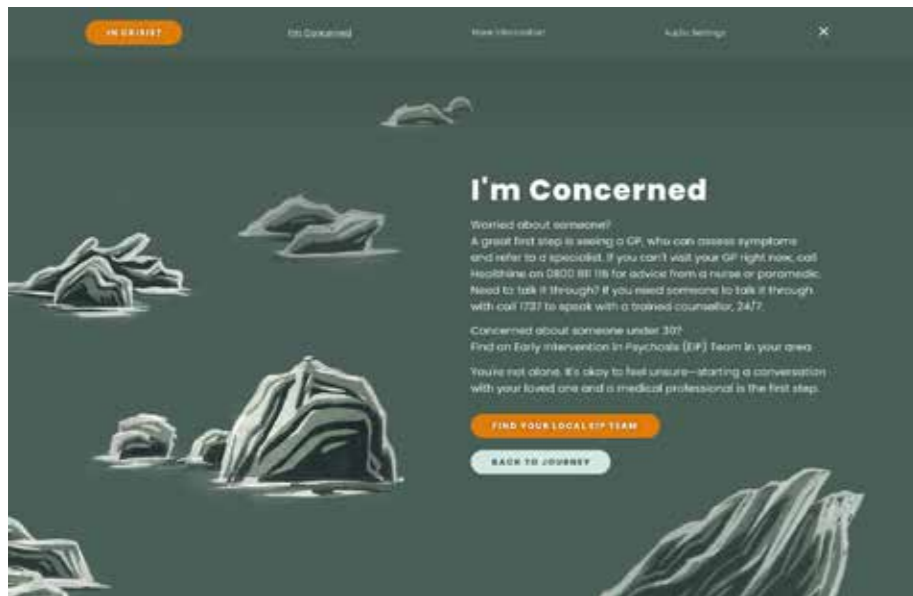
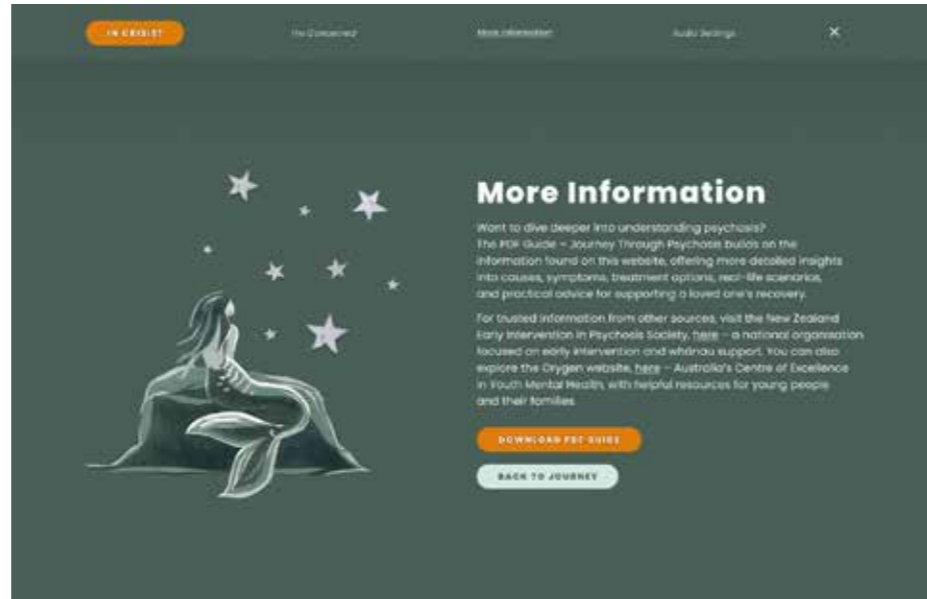
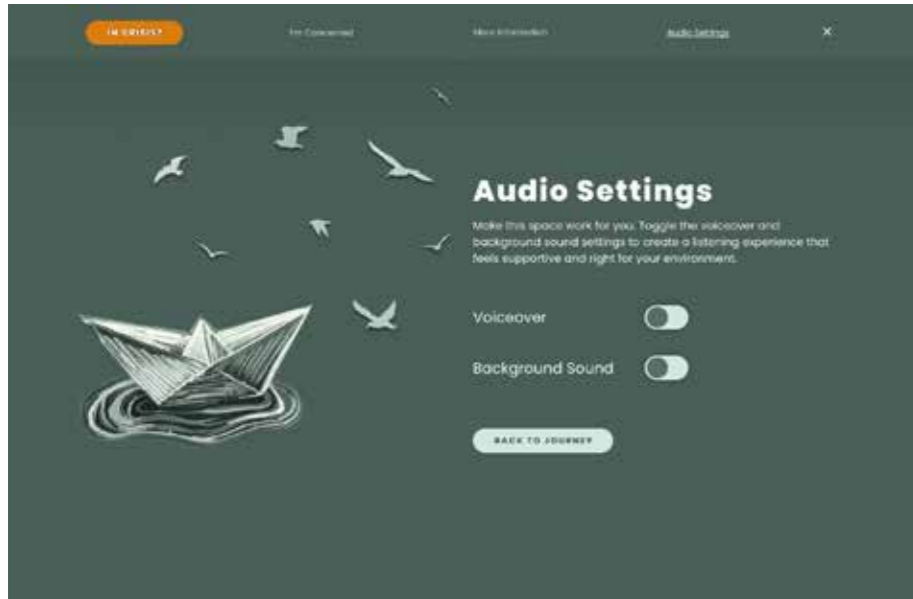
In Crisis: I highlighted this section using an orange button and bold font to make it easy for someone who is 'in crisis' to quickly find this information. It contains advice and suggestions on where to find immediate help.

I'm Concerned: I included this section to give loved ones advice on who to reach out to if they are concerned about someone but not in immediate danger.

More Information: This section hints at a proposed next step touchpoint for this project. It encourages the loved one to download a comprehensive pdf guide so they can gain a deeper understanding about psychosis.

Audio Settings: This page allows the user to adjust and customise the audio experience at any time.





Journey Progress Navigation

The journey progress navigation, located at the bottom of the interface, situates the user in the journey, allowing them to know where they are in the journey and how many steps are left until completion. The journey is 14 pages long, which includes all page titles at once challenging. I experimented with different designs, ultimately choosing to show the titles of a few pages to either side of the current page. This allows the user to understand where they are and where they are going without the display becoming cluttered or distracting with too much information.

I used arrows on both sides of the interface to help the user navigate between pages. I wanted the user to have additional means of navigating between pages using the left and right arrow keys, as well as scrolling; however, the limitations of Figma prototyping did not allow me to build these features into the final prototype.

Animation

I added animation to emphasise that this is a journey and help guide the user through the resource. I was inspired by the in-between animation in the Oat The Goat online story. It immerses the user in the story, creates anticipation of what's going to happen next, as well as giving some breathing room to digest and understand the information they have just received.

To create these in-between section animations, I cut out each individual part of the artwork (see Fig xx). I used Figma's Smart Animate feature most of the time, which allows for automatic transitions between frames by animating changes in properties like position, size, and opacity. I used multiple 'in-between' frames to further control the animations, each frame being triggered to move on to the next 'after delay,' creating a seamless animation. I played around with the timing of the delay, duration of animation, position, size, and opacity of each individual object to create the desired effects. The guiding stars are made into a component with many variants of different sizes that are all animated 'after delay' to create a continuous animation loop.

Figure 38:
Evolution of Journey Navigation

Figure 39:
Artwork cut out ready to be animated

Figure 40:
Screenshot figma prototype showing animation process



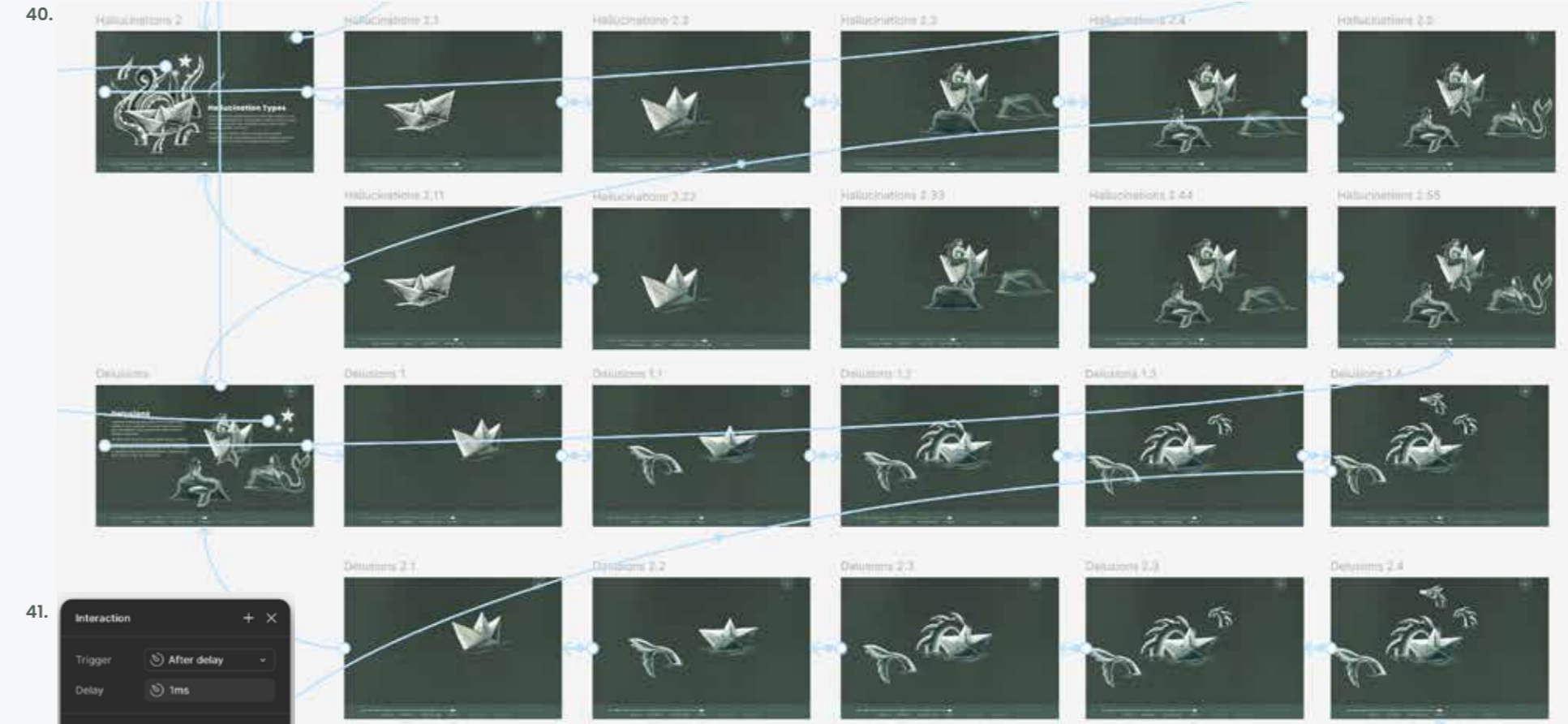


Figure 41: Screenshot of figma prototype showing animation setting

Figure 42: Screenshot of figma prototype using components and variants to animate

Deliver

Design outcomes

In this section, I will showcase the final prototype created for this project. However, it is important to note that this overview does not fully represent the depth of work that has gone into interactive prototyping and animation.

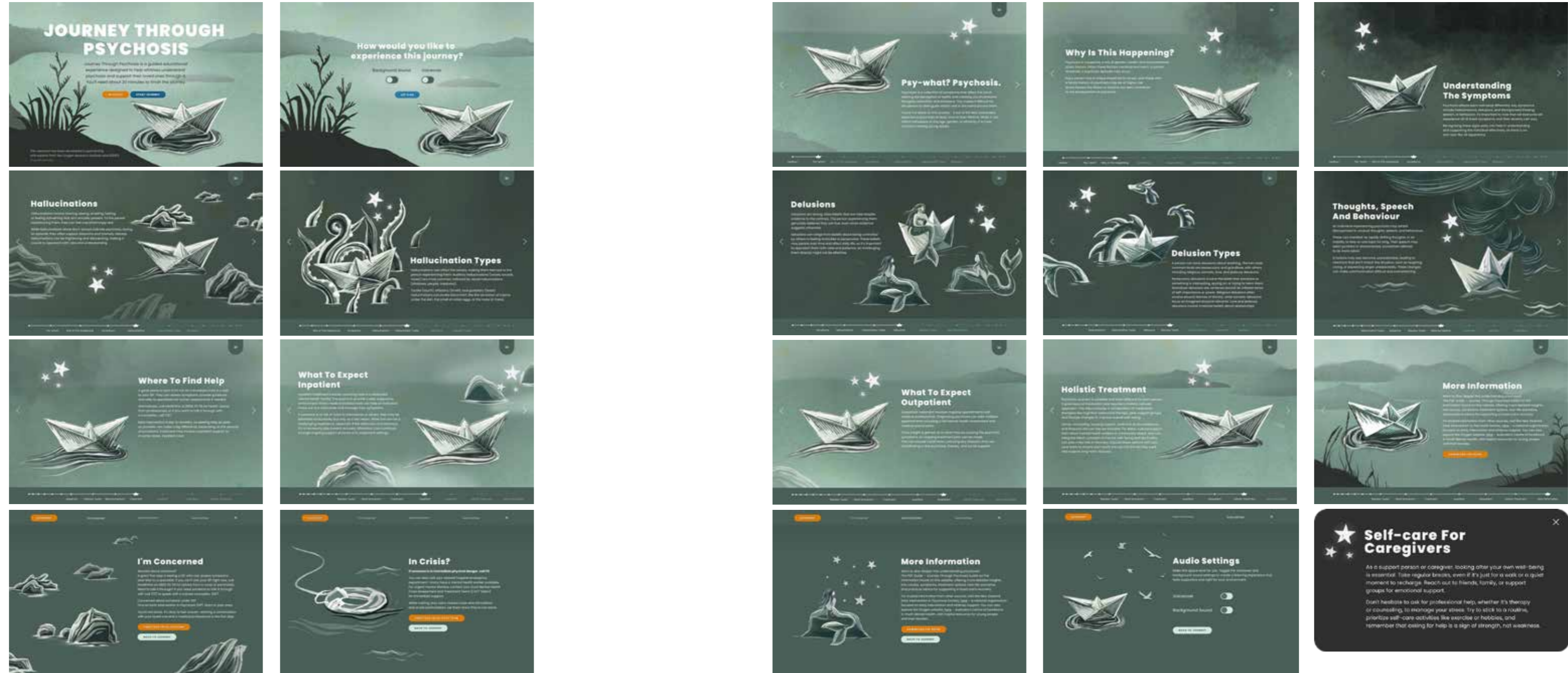


Figure 43: Screenshot of final figma prototype showing all pages

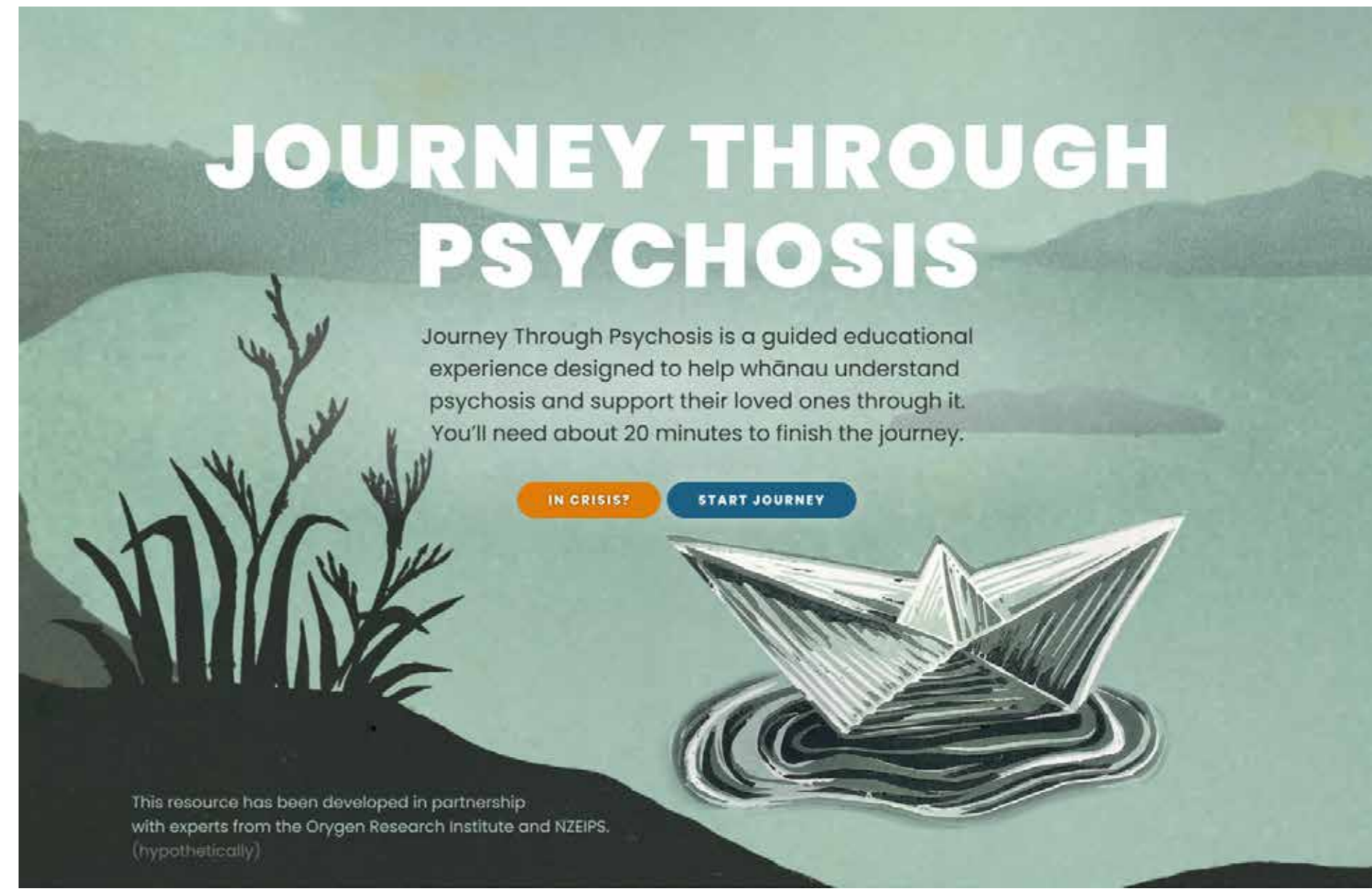
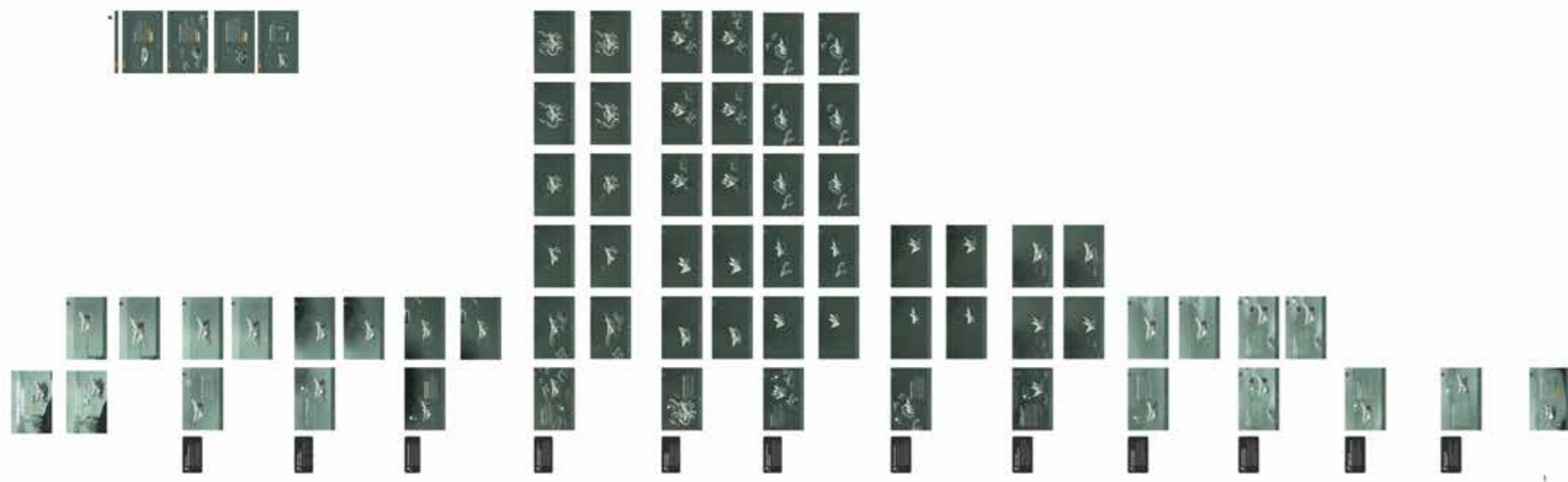


Figure 45: Screenshot of final figma prototype - Landing page



Figure 46:
Screenshot of final figma prototype - Hallucinations page
112



Figure 47:
Screenshot of final figma prototype - Delusions page

Limitations and further development

Figma to reality

The prototype created in Figma is a conceptual design. To transform it into a fully functional website, several key areas would need to be developed, along with additional ideas that require further exploration:

Responsiveness

The prototype designed in this project is not responsive. To make it a truly accessible resource, it would need to be adapted for different screen sizes.

Customisation

Including options for further customisation of the journey could benefit accessibility. Features like a 'watch' option, allowing users to experience the journey in an animated movie format, could also include sign language interpretation. Additionally, offering the ability to switch between different cultural perspectives would tailor the experience through specific cultural lenses.

Pdf resource

Creation of the proposed PDF resource, including Aotearoa New Zealand-specific stories and case studies, would complement the online platform.

Animation

The animation between sections could be refined to create smoother transitions with more detail. Exploring atmospheric and particle animations could further enhance the immersive experience.

User testing

Testing the design prototype with real users—loved ones—would create an authentic feedback loop, resulting in better design outcomes. It would be interesting to test it with Bloom's Taxonomy in mind to see which level of learning this prototype can facilitate.

Conclusion

He moana pukepuke e ekengia e te waka

A rough sea can be navigated

Navigating through psychosis, though a very challenging time, can be a transformative experience. Loved ones want to be there to support the person experiencing psychosis but are faced with a number of challenges, including: a lack of understanding of what psychosis is; social stigma and misconceptions; challenging emotions; and a decline in their own wellbeing. Loved ones often lack resources to support those experiencing psychosis in their role as informal caregivers. The proposed online educational resource is designed to offer useful and engaging information to help navigate this journey, especially at the beginning when loved ones first encounter psychosis.

‘Journey Through Psychosis’ integrates clear, medical information with emotional guidance in ‘Words of Wisdom’, alongside a compelling visual narrative and user experience design. Following the Double Diamond design process, numerous iterations were explored and refined to speak to the needs of loved ones.

The Hero’s Journey was adapted to symbolize the emotional and psychological journey of psychosis. Metaphoric symbols inspired by myths, such as monsters, storms, and mythical creatures, represent the challenges faced during the journey, while guiding stars symbolise moments of clarity and support. This narrative structure mirrors personal and collective transformation, fostering hope.

Woodcut relief printing was used to create layered, textured visuals, which were then animated in a digital space. This technique retained the bold aesthetic and emotive quality of woodcut, putting humanness into the work while enhancing it with animation to further the narrative journey.

My own personal lived experiences with psychosis and caring for a loved one with similar experiences were the inspiration for this project. This personal connection added authenticity and empathy to the resource, making it not only informative but also deeply relatable. Additionally, the range of lived-experience stories gathered, further enriched the design, helping to address the specific needs of loved ones.

This project makes a significant contribution to the field of design for mental health education. It demonstrates how digital resources don’t have to be plain and boring. They can be both informative while also being immersive, engaging and filled with emotion and symbolism.

This Masters of Design highlights the power of lived experiences as a form of knowledge that is crucial in the development of inclusive and compassionate mental health resources. It acts as an inspiration for future designers, health professionals, and organisations to not only include lived experience voices but make them a part of the process from start to finish. This empowers them to be leaders, researchers, thinkers, and decision-makers.

I plan to present this research to mental health service organisations, including the NZEIPS, in hopes that this work can inspire and inform the creation of a resource tailored to fill the gap in knowledge and support for loved ones of people experiencing psychosis, as well as other informational resources in the mental health space.

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Kia whakairia te tapu
Kia wātea ai te ara
Kia tūruki whakataka ai
Kia tūruki whakataka ai
Haumi ē, hui ē, tāiki ē

This karakia is used to close gatherings or meetings. It helps to lift restrictions so the pathway is clear to return to everyday life.



