

Creating a *Sanctuary*

GD 462 | Alexa Knapp | Design Report

TABLE OF CONTENTS

INTRODUCTION	02
RESEARCH	03
CONCEPT DEVELOPMENT	27
FINAL ITERATION	37
CONCLUSION	46

INTRODUCTION

I knew from the start that I wanted to make my project about mental health in some form, due to my own personal struggles. I've had depression for over a decade and I've always been an advocate for bringing more awareness and support to the topic. Initially, I wanted to explore therapy as

as a tool for treatment. I wanted to research the different techniques therapists will often employ and how efficient they are for treating mental illnesses. The human psyche fascinates me greatly and I love getting to explore how the brain functions psychologically. As someone

who has tried therapy but found it incompatible, I thought it would be a good topic to research for the sake of this project and for my own personal improvement as well.

Research Question/s

“How might we make therapy tools/techniques more accessible to the average person?”

Why aren't therapy tools easily accessible?

Why do/have people quit therapy?

What tools/coping mechanisms are there?

What can human psychology teach us about coping?

How does stress affect one's mental state?

How can stress be managed?

RESEARCH

Primary Research

- Personal experiences
- Experiences of friends
- Surveys / Interviews

Secondary Research

- Academic research
- Internet research
- Content Analysis

My research started off with a Youtuber called [Euro Brady](#). He's a licensed therapist who plays video games while analyzing the characters and themes through the lens of therapy and human psychology. As a gamer and a lover of psychology, I've always enjoyed his content. I think his discussions and explanations of therapy techniques were perfect for this project's intentions.

I combed through a handful of his videos, writing down any notes I thought were relevant or interesting. Each video sort of had its own theme due to the nature of the games he played having specific themes or characters that would showcase different sides of the human mind. I'm going to be going through all of these notes for the sake of documentation.

If you have no interest in these, jump to page 13, where I delve into the rest of my research.

RESEARCH (EURO BRADY)

https://youtu.be/r09FL86_vTc?si=eqQR7k9KyKwdUDOV

Coping is some kind of productive response to distress, usually a redirection of emotion. You're trying to change the situation or change how you feel in a productive way.

Compensation is an *unproductive* response to distress. Compensation behaviours are often extreme and become their own stressor.

We immediately suppress compensation behaviours when we become aware of them.

The Stress Bucket

Picture a bucket. Water (stress) fills the bucket. Coping is going to lower the water (stress) level over time. Compensation is going in and scooping the water out in a panic. It doesn't lower the stress and just adds a different kind on top.

“Don't be so willing to discard your values just because someone else has different ones.”

<https://youtu.be/nj3NAdLAHFk?si=t7YMjXLKrxG5MTyr>

People pleasing is a *compensation* behaviour, brought on by feelings of inadequacy. People pleasing worsens one's impostor syndrome as it builds a false narrative about who you are to someone else. Eventually it becomes about maintaining that narrative until you crash. It reinforces one's fear that they will lose someone if they don't agree on everything.

Compensation becomes a feedback loop of stress.

Self-isolation, lashing out, high agreeableness, eating disorders, addiction, self-harm

RESEARCH (EURO BRADY)

<https://youtu.be/xs5c8mXUDRM?si=9D8fxN0aLixs84kP>

Levels of Distress

There are 10 levels of distress, with 10 being the highest. Our decisions are affected by our level of distress.

Crisis territory

10
9
8

Decision making becomes extreme. Thinking becomes urgent and impulsive. People often describe knowing they are not in their right mind.

Cope-worthy behaviours

7
6
5
4

Decision making becomes impaired. Coping mechanisms start to come out. Compensation behaviour starts to occur.
Diet slipping, showing up late, poor sleep, etc.

Daily life stressors

3
2
1

Decision making is consistent. It is uncommon for compensation behaviour to come out.

Stress management is about lowering one level at a time, not jumping ranges. When people are in the upper threshold, they want to shortcut their way down to a lower one via extreme measures. During a crisis, stress management becomes about leaving the crisis zone; aka stabilization.

72 hours is the time frame for someone to come down from the crisis zone.
This is why a psychiatric hold lasts 72 hours.

RESEARCH (EURO BRADY)

<https://youtu.be/aiPhQ589JQQ?si=QN-CsoXAYiMVKNU->

Welcome stress comes from something you have chosen to do. These are stressors you hope add some value that outweighs the mental/physical/emotion cost. It isn't that you *want* it, but that you accept the consequences.

Unwelcomed stress comes from anything that was not on purpose. Accident, injury, death, job loss, bills—anything that does not add value and is not expected.

People only have a certain amount of bandwidth for either kind. Once the stress crosses the bandwidth, physiological and mental deterioration will start to happen (panic attacks, depression, suicidal ideation, anxiety).



The visual bandwidth from the video.

Most people are aware of how much stress they can handle before it becomes too much (usually around the halfway mark). Stress cannot be eliminated entirely. No matter what, there will always be stress in your life.

You can experience real stress from imaginary stressors. Your nervous system, which handles stress, does not know the difference between an *idea* and *reality*. The physical impact remains the same and is felt the same.

It gets dangerous when one welcomes too much stress because if an unwelcome one happens, it can push them past the threshold. People will often welcome as much stress as possible in the pursuit of an accomplishment. We justify living in this state or beyond until it becomes normalized.

RESEARCH (EURO BRADY)

You can increase your tolerance to stress but it is a slow process, often done via preventative measures such as physical activity, meditation, a good diet, etc. But it's also dangerous to become *too* tolerant to stress, as it can lead to normalizing risk-taking or harmful behaviour.

Fight or Flight Response

A well-known response to stress or a threat is fight or flight, but there are actually two more responses that are less known: freeze and fawn.

Fawning is submitting to the threat and trying to appeal to it/them.

“You are more stressed than you need to be”

Take inventory and ask yourself these questions:

- *Is the way I'm responding to stress causing me more harm than it needs to?*
- *Am I setting my standards too high for myself?*
- *Am I putting more pressure than is realistic?*
- *Am I surrounding myself with the wrong people?*
- *Am I neglecting some outlets that could lower my stress?*

You may be going so fast through life that you can't see there are solutions. We often think we don't have time for them or don't need them. Taking a break is always pushed back (“I'll take a break after this assignment—no, after this semester—no, after this year” and so on).

The first and most important thing you need to do is *slow down*.

RESEARCH (EURO BRADY)

<https://youtu.be/ao9Z8TfPf0o?si=sV8kKVuvNdok2wmZ>

Changing paradoxically is when people try to suddenly reverse a behaviour or belief. Someone who is lazy may tell themselves that today they're going to be productive. Someone who is negative may suddenly decide they're going to be positive from now on.

But humans cannot just invert their behaviour. Think of an airplane; when it has to turn, it must make a wide berth.

We like when things agree. So when they don't, we **force** them to.

We will come up with cognitive distortions, delusions, self-deceit, and even minor bending of our perception to force an agreement when one doesn't exist. We will make incompatible behaviour make sense when it doesn't. Rather than actually change the behaviour, we change our perception to make the behaviour make sense retroactively.

Someone who keeps a very clean room may have a dirty and messy car.
They'll justify it by saying *"Well, I don't live in my car."*

Someone who is trying to change their diet will decide that *"I worked out really hard today so I can have a big dessert."*

Someone who cares a lot about wellness but also smokes.

Instead of exploring why we have this incompatible behaviour, we will take half-measures in order to protect our egos from reality.

RESEARCH (EURO BRADY)

<https://youtu.be/MN7lIFn1tp4?si=T3KEi5swohvID2Rx>

Choice Theory

Choice theory, created by William Glasser, is a theory that states humans make choices based on the following needs in an hierarchal order.

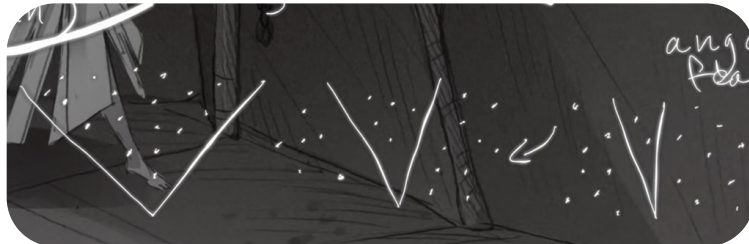
1. Survival
2. Love and belonging
3. Power and meaning
4. Freedom
5. Fun

When we feel our survival is not in question, we move on to love/belonging, then so on. When there isn't harmony in this order, that is when decision making becomes impaired. Disorders can be considered a miscalibration of this order.

- *An addiction convinces someone that they need the substance for their survival.*
- *An eating disorder, which often stems from instability, becomes a method of exerting some kind of control over one's life, pushing power and meaning above other needs.*
- *Pursuing self-harming behaviours is in direct violation of the survival need, meaning that need is not the priority.*

RESEARCH (EURO BRADY)

*Imagine those dots are all your emotions
(happy, sad, angry, excited, depressed,
disappointed, elated, worried, scared, etc.).
When we're stressed, our range shrinks and the
emotions outside become harder to access.*



Through all those ranges, your needs remain the same. So when your emotional range is wide, you can fulfill those needs through various different means.

Your fun need can be met through going somewhere exciting. Your love need can be met through a deep conversation.

When your emotional range is small, those same needs have to be met through limited avenues, most often fear or anger.

Your need need is met through causing problems or threatening others. You perceive everything as a threat to your survival.

Expanding a shrunken emotional range is difficult and long because you don't have easy access to the emotions required to do so in a healthy manner.

H.A.L.T

Stands for **H**ungry, **A**ngry, **L**onely, **T**ired. If you're hungry, angry, lonely, or tired, your emotional range is small. That's why it's important to check in with yourself and satisfy those needs, which can expand your range slightly for free.

From there, you can work towards reaching those long-term emotions.

RESEARCH (EURO BRADY)

<https://youtu.be/ao9Z8TfPf0o?si=sV8kKVuvNdok2wmZ>

A *parataxic distortion* is an expectation based on a fantasy that does not update with new information. It happens most often in romantic relationships, where someone will get into a relationship with ideals about their partner.

These ideals (they're the smartest, they're the most beautiful, they're the funniest) are challenged by reality. Instead of stopping and realizing their partner is just a normal person, they will look at these contradictions and decide that their partner has changed.

"You used to be perfect," they'll say.

It ruins relationships because people like that fantasy and they feel cheated when it doesn't line up with reality.

"Someone else's love cannot replace love for yourself. It can be a nice addition. But it can't be the same thing."

<https://youtu.be/MN7IIFn1tp4?si=T3KEi5swohvID2Rx>

Confirmation bias is when you decide there is a negative quality in someone. You are actively invested in finding this quality and you exclude evidence that shows the contrary. That is the only conclusion you can see so that you can feel vindicated if it comes true.

We privately collect these biases as ammunition and keep score, unleashing it all as a defense when we feel cornered.

This is how toxic relationships form.

RESEARCH (EURO BRADY)

<https://youtu.be/xbe7nrhlLdU?si=zp8FJF5t2bM1b056>

Language is the stuff we actually say (verbally or in text).

Paralanguage is the subtext behind that. It is subjective and thus it is easy for communication to break down due to the wrong things coming across via paralanguage.

Language: "You don't really want to talk to me right now, *do you?*"

Paralanguage: There's anger and a sense of injustice. It's accusatory.

A *partial message* may include accurate information but the way it's being conveyed is leaving blanks. When there are blanks, we will fill them in ourselves. The more blanks you have to fill, the more you start to build your own idea of what is happening.

A *whole message* is as it sounds. Trust can be lost when someone isn't confident they're being given a whole message. There are 4 essential aspects to a whole message.

- *Observation*
- *Thoughts*
- *Emotion*
- *A need*

An example of a whole message

"I noticed that we haven't been speaking a lot lately." *Starts with an observation.*

"I'm worried that I did something wrong." *Explain your thoughts.*

"I'm feeling pretty upset about the thought that I *did* hurt your feelings." *Share your emotions.*

"I really hope we can work this out." *End with your need.*

RESEARCH

My research continued by verifying the things Euro Brady discussed, as well as looking further in depth into psychology and mental illness. A lot of the research and theories involved or were created by Sigmund Freud or William Glasser.

Defense Mechanisms

Defense mechanisms were officially theorized by Sigmund Freud in his book “[The Neuro-Psychoses of Defence](#)” (1894). Anna Freud then expanded on this in her own work “[The Ego and the Mechanisms of Defence](#)” (1936) by naming 8 different types.

Repression

An *unconscious* tactic by the mind to prevent disturbing thoughts and memories from surfacing to protect the brain from distress. Hysterical amnesia is an example, where someone experiences a traumatic event and then forgets it even happened.

Denial

The *conscious* refusal to perceive the pain of reality by acting as if it doesn't exist or didn't happen. For example, denying that a loved one has passed out of grief.

Projection

When someone attributes their own negative qualities or emotions onto someone else then perceives that as a threat. For example, if you're angry at someone, you may accuse them of being mad at you.

Displacement

The redirecting an emotional response from a threat onto a safer target. For example, someone who is upset with their boss (a threatening/intimidating target) might take it out on their family (the safer target) instead.

RESEARCH

Regression

When the mind subconsciously reverts to earlier stages in development (basically mentally regressing in age). For example, someone who has outgrown wetting may start doing it again if they're being bullied.

Sublimation

The conscious effort to channel a socially unacceptable impulse or desire into something acceptable. It is one of the few defense mechanisms that can be seen as healthy or mature. For example, expressing your anger through art.

Reaction Formation

The subconscious way the mind will replace someone's feelings about something with the complete opposite. For example, someone who harbours anger and hate may act overly kind and affectionate to counteract those feelings.

Rationalization

When the mind creates a reason or justification for one's wrong or shameful actions or desires instead of acknowledging the truth. For example, justifying an unhealthy habit such as eating fast food by saying "life is short so I should enjoy it" instead of acknowledging their unhealthiness.

Talk Therapy

In the 1880-1882 case study "[Anna O and the Talking Cure](#)", Josef Brauer and Sigmund Freud explore the very first documented case of talk therapy, when they relieved a woman (Bertha Pappenheim) of her (what was then referred to as) hysteria symptoms.

Brauer observed that talking through her experiences helped relieve her of her symptoms. He then concluded her "hysteria" was the result of her childhood sexual abuse, which Freud disagreed with (this subsequently led to the two parting ways).

RESEARCH

Choice Theory Cont.

On page 9, the fundamentals of Choice Theory are explained, so please refer to that before reading further or you will be confused.

The axioms of Choice Theory, taken from Choice Theory: A New Psychology of Personal Freedom by William Glasser, M.D.

1. The only person whose behavior you can control is our own.
2. All we can give or get from other people is information.
3. All long-lasting psychological problems are relationship problems.
4. The problem relationship is always part of our present lives.
5. What happened in the past that was painful has a great deal to do with what we are today, but revisiting this painful past can contribute little or nothing to what we need to do now: improve an important, present relationship.
6. We are driven by five genetic needs: survival, love and belonging, power, freedom, and fun.
7. We can satisfy these needs only by satisfying a picture or pictures in our Quality Worlds.
8. All we can do from birth to death is behave. All behavior is Total Behavior and is made up of four inseparable components: acting, thinking, feeling and physiology.
9. All Total Behavior is designated by verbs, usually infinitives and gerunds, and named by the component that is most recognizable.
10. All Total Behavior is chosen, but we have direct control over only the acting and thinking components.

Your *quality world* is your mental palace where you store the mental representations of the things that you want. Everything that's important to you resides there. If you could live in your quality world, life would be perfect, but unfortunately you cannot as it doesn't physically exist.

Everyone experiences the world through their perceptual system. Your *perceived world* is your reality, but everyone has a different one because we all have unique experiences and lives.

RESEARCH

There are 7 connecting relationship (or caring) habits and 7 disconnecting (or deadly) habits.

Supporting

Being there physically, mentally, and emotionally for another person and sharing in their pain.

Criticizing

Comes from a place of feeling superior or wanting to control another person through making them feel insecure enough to change

Encouraging

Reminding someone of their strengths, successes, and positive qualities.
Encouragement is most effective when it is authentic.

Blaming

Placing the responsibility solely on another person, often in a self-righteous manner. You can communicate when someone genuinely is responsible for something/their behaviour but it's not through blaming.

Listening

Providing someone with your entire presence by fully listening to them and receiving their messages.

Complaining

Comes from not wanting to take responsibility and results in the other person feeling pressured to fix what you're complaining about.

Accepting

This does not mean accepting behaviours that are harmful or that you do not approve of but rather accepting that they are worthy of love.

Nagging

Trying to control someone through negative reinforcement (when the other person stops the behaviour, you stop nagging).

Trusting

Trust goes both ways in a relationship.

Threatening

Having power over someone and wanting to scare them into doing what you want.

RESEARCH

Respecting

Mutual respect is essential to a healthy relationship. Treating one another with dignity, respecting their boundaries, and affirming their worth.

Punishing

A negative condition or stimulus is introduced as the consequence of behavior that you do not like and want to stop. It just becomes a source of fear and control.

Negotiating Differences

You have to communicate what you are and are not willing to compromise. Mature relationships are when both partners cannot have all their needs met all the time and they accept that.

Bribing

Rewards can still be a form of control.

Information first passes through your 5 senses (sight, taste, hearing, smell, touch). Afterwards, it passes through your perceptual system, starting with your *Total Knowledge Filter* which is everything you have experienced in life. When it passes through this filter, 3 things happen:

1. You decide that the information is not meaningful to you and the perception stops there.
2. You do not immediately recognize the information, but believe it may be meaningful, so you have some incentive to investigate further.
3. The information is meaningful to you and therefore passes through the next filter, the Valuing Filter.

When information passes through the *Valuing Filter*, you place one of 3 values onto it.

1. If the information is pleasurable, you place a positive value on it.
2. If it is painful, you place a negative value on it.
3. If it's neither positive nor negative, then the information remains neutral.

RESEARCH

Reality Therapy

Another of Glasser's proposals. It's a method of counselling based on Choice Theory, written about in his book "*Counseling with Choice Theory: The New Reality Therapy*" (1965). Since the source of almost all human problems is due to unsatisfactory or non-existent connections with important people, the goal of Reality Therapy is to help people reconnect.

- Focus on the present and avoid discussing the past because almost all human problems are caused by unsatisfying present relationships.
- Avoid discussing symptoms and complaints as much as possible since these are the ways that people choose to deal with unsatisfying relationships.
- Explain the concept of Total Behavior, which means to focus on what the person can do directly –act and think. Since every behavior is a Total Behavior, when people change their actions and thinking, their physiology and feelings also change.
- Avoid criticizing, blaming and/or complaining and help people to do the same. By doing this, they learn to avoid some extremely harmful external control behaviors that destroy relationships.
- Model non-judgmental and non-coercive behavior. Teach and encourage people to evaluate their choices by asking the Core Question: "Is what I am doing getting me closer to the people I need?" If the choice of behaviors is not working, then the counselor/mentor assists the person to identify behaviors that lead to a better connection.
- Teach people that, legitimate or not, excuses stand directly in the way of their making the connections they want.
- Focus on specifics. Find out as soon as possible who people are disconnected from and work to help them choose reconnecting behaviors. If they are completely disconnected, focus on helping them find a new connection.
- Continued on the next page...

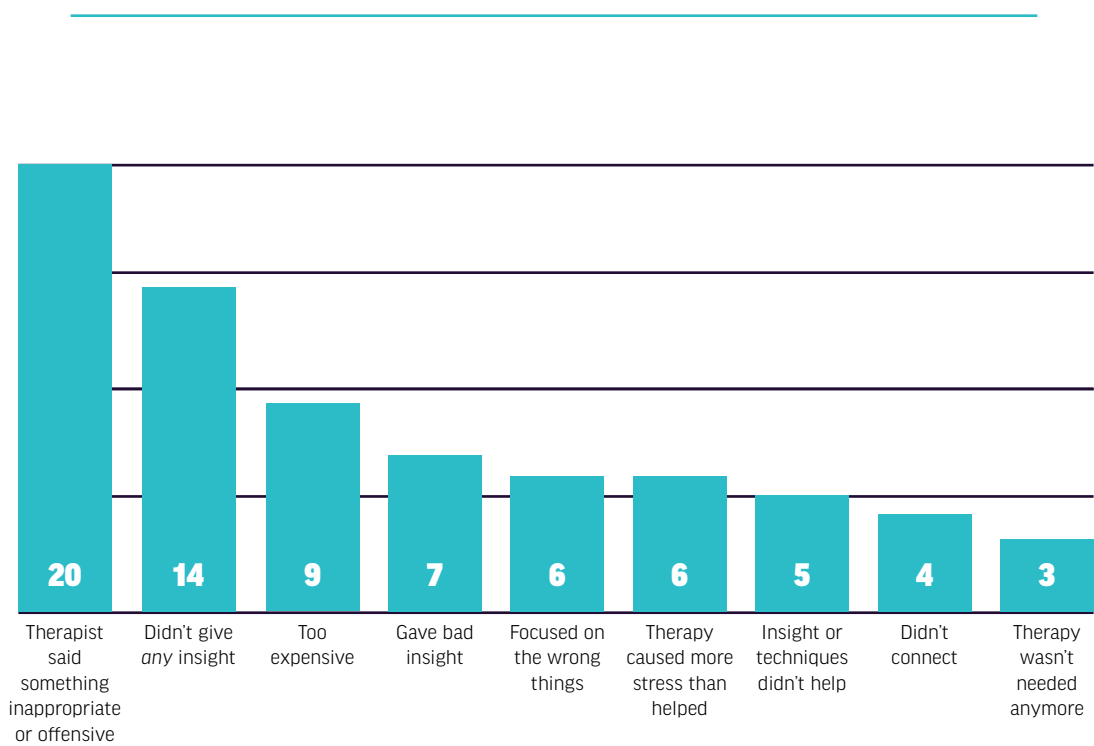
RESEARCH

- Assist them to make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate their progress. Based on their experience, counselors/mentors may suggest plans if the people are unable to create one of their own. They should be careful to communicate that there are almost always more options than one to solve problems. A plan is always open to revision or rejection by the person who will be implementing it.
- Be patient and supportive but keep focusing on the source of the problem – the disconnectedness. People who have been disconnected for a long time will find it difficult to reconnect. Choosing to remain consumed with the symptom results in this disconnection. Whatever their complaint, reconnecting is the best possible solution to their problem.

Glasser's ideals weren't perfect, as he attributed this belief that all behaviours are a choice to every aspect of life—including mental illness or disorders.

RESEARCH

From there, I began to do some primary research alongside the secondary research by looking into the reasons why people have stopped going to therapy. I did a survey of some friends and relatives and checked forums, keeping a tally of each different kind of reasoning.



This graph was created with data collected from Reddit threads discussing why people quit therapy or changed therapists. Of course, it should be taken with a grain of salt as anyone can say anything on the internet but I am inclined to believe most of the messages.

More answers (had 2 or less)

- Scheduling conflicts
- Therapist was hostile
- Talked about themselves more
- Focused on medications too much
- Patient was attracted to the therapist
- Interrupted a lot
- Kept repeating themselves
- Patient didn't want to keep going
- Would compare to other patients
- Patient couldn't be honest
- Blamed it on weight
- Brought religion into it inappropriately

RESEARCH

Survey Question:

“Why did you quit therapy or change therapist?”

Most of the times I quit therapy or changed a therapist, I felt that I wasn't making much progress by not being listened to.

My last therapist wanted to focus on my work stress, rather than the situation that was weighing more heavily on me at the time.

I later learned that just talk therapy isn't as effective for me, due to a diagnosis. Now I'm in a therapy that's more productive for helping me rewire my reactions.

Had to drop insurance and therapist did not cover new insurance and felt too burnt out to find a new one that did

I quit because my therapist wasn't... actually helping? She asked me rude questions and she got annoyed at my answers. All in all she kinda sucked as a therapist

Just a lack of connection. When I spoke, it felt like they weren't listening, or focused on things that didn't feel that important to me. I feel like it's important for me to feel like I'm leading the session and am able to talk about the things that are actually having an impact on me, not just what the therapist views as important.

There were more but I do not feel comfortable sharing them as they are quite personal and vulnerable.

RESEARCH

At this point, there was a shift in my project's goals. I was personally struggling a lot mentally and was in a very bad place. So I then decided that I wanted to focus on a specific aspect of mental health, which is self-harm and suicide. That way, I could use this project as an outlet for myself alongside its new goal of suicide prevention.

New Research Question/s

“How might we use design to help someone who is undergoing a mental health crisis?”

What does a mental health crisis look like?

What typically helps during a crisis?

What tools/coping mechanisms are there for a crisis?

How accessible are these coping mechanisms?

All my prior research could still be used, thankfully, as a lot of the information was relevant to generalized mental health and stress management—both of which are useful for suicide and self-harm prevention. It's just that now I could zoom in towards specifics.

RESEARCH

I did another survey, but due to the nature of the question I do not feel comfortable sharing the answers verbatim so I will be summarizing the information to maintain the privacy of those who participated (thank you again to those who did).

Survey Question:

“When experiencing self-harm or suicidal ideation (or during a crisis), what does it physically feel like?”

It's painful. It can be burning hot or freezing cold. It can cause nausea. It can feel like something is writhing under your skin or building in your chest. Your heart is racing, you're shaking.

Survey Question:

“When experiencing a crisis or ideation, how do you handle it?”

Some reach out to a trusted person. Most try to find some kind of distraction and ride out the misery until it passes. Some try to sleep.

Survey Question:

“During a crisis (or just when experiencing ideations), what do you wish you could have in that moment?”

Most just want a friend to help them or comfort them.

Survey Question:

“Have you tried texting or calling your local crisis hotline? If so, how did that go?”

Most did not.

RESEARCH

Cognitive Behavioural Therapy (CBT)

There are 3 principles of CBT, a type of therapy that emphasizes becoming your own therapist.

1. Psychological problems are based, in part, on faulty or unhelpful ways of thinking.
2. Psychological problems are based, in part, on learned patterns of unhelpful behavior.
3. People suffering from psychological problems can learn better ways of coping with them, thereby relieving their symptoms and becoming more effective in their lives.

The CBT model is built on a two-way relationship between thoughts (“cognitions”) and behaviours. Each can influence the other.

There are 3 levels of cognition.

1. **Conscious thoughts:** Rational thoughts and choices that are made with full awareness.
2. **Automatic thoughts:** Thoughts that flow rapidly, so that you may not be fully aware of them.
This may mean you can't check them for accuracy or relevance. In a person with a mental health problem, these thoughts may not be logical.
3. **Schemas:** Core beliefs and personal rules for processing information. Schemas are shaped by influences in childhood and other life experiences.

Strategies for changing thinking patterns:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
- Gaining a better understanding of the behavior and motivation of others.
- Learning to develop a greater sense of confidence in one's own abilities.

Strategies for changing behavioural patterns:

- Facing one's fears instead of avoiding them. Exposure therapy is a form of CBT.
- Using role playing to prepare for potentially problematic interactions with others.
- Learning to calm one's mind and relax one's body.

RESEARCH

Dialectical Behavioural Therapy (DBT)

Dialectical means “the existence of opposites.” In DBT, people are taught two seemingly opposite strategies: acceptance (i.e., that their experiences and behaviours are valid), and change (i.e., that they have to make positive changes to manage emotions and move forward).

DBT is divided into 4 stages of treatment.

1. The person is often miserable and their behaviour is out of control. The goal is for the person to move from being out of control to achieving behavioural control.
2. The person may feel they are living a life of quiet desperation: their life-threatening behaviour is under control, but they continue to suffer. The goal is to help the person move from quiet desperation to full emotional experiencing.
3. The challenge is to learn to live: to define life goals, build self-respect and find peace and happiness. The goal is for the person to lead a life of ordinary happiness and unhappiness.
4. For some people, stage 4 is needed. The goal is to find a deeper meaning through a spiritual existence.

In DBT, 4 skills are taught.

1. **Mindfulness:** the practice of being in the present and acknowledging thoughts, feelings and behaviours as they happen, without trying to control them
2. **Distress tolerance:** the process of learning how to cope during a crisis, especially when it is impossible to change, and accepting a situation as it is, rather than how it should be
3. **Interpersonal effectiveness:** the ability to ask for what a person needs and to say no when necessary, while still maintaining self-respect and relationships with others
4. **Emotion regulation:** the ability to manage emotions so that they do not control thoughts and behaviours.

CONCEPT DEVELOPMENT

Concept development started with looking into how suicide, self-harm, and mental illness is portrayed visually in media and design. What kinds of solutions exist already? What kind of campaigns are out there? What kind of symbols are associated with these things?



Suicide Prevention Month

Right away, I found out about *Suicide Prevention Month*, which takes place during September and is represented by a teal and purple ribbon.

Teal is often associated with healing and tranquility, representing support and understanding. Purple stands for courage and strength in the battle against stigma towards mental health.

Originally, the ribbon was yellow as a tribute to Dale and Dar Emme who founded the Yellow Ribbon Suicide Prevention Program after losing their teenage son to suicide.

The Semicolon

The *semicolon* has been a symbol for mental health struggles, especially suicide, for a while now. I have a tattoo of one myself.

In English grammar, the semicolon means that a sentence is not over yet. Thus, it was co-opted to represent how someone's story has not ended yet because they have chosen to keep living.

Meaning of the Semicolon Tattoo



The Semicolon has become a symbol for those who have battled depression, anxiety, addiction and other mental health issues; it is a reminder that even though their story could have ended there, they chose to continue on.

CONCEPT DEVELOPMENT



Hope Box

I had only discovered the existence of a *Hope Box* through research for this project, but I think it's a wonderful concept.

A box (or any kind of container) filled with reminders of the things that give you hope, or that have given you hope in the past. It can be a photo, a note, a small object, a piece of clothing, or anything else that makes you want to keep living.

Now, whenever you're feeling down, anxious, or hopeless, you can go to your hope box and take something out to remind yourself of the good things in your life and the reasons you have to keep going.

Safety Plan

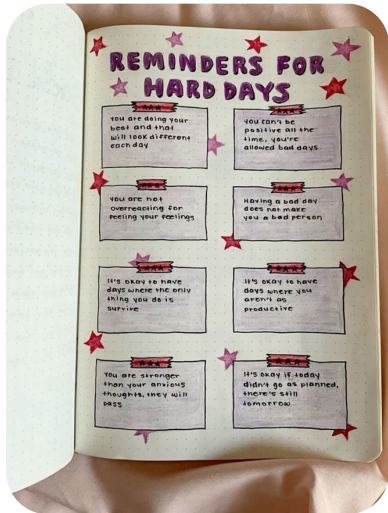
A *safety plan* is a document that someone fills out. It starts with strategies the individual can implement by themselves at home and ends with 24/7 emergency contact numbers that can be used when there is imminent danger or crisis.

It helps identify and document personal warning signs, coping strategies that have worked, sources of support, and how to keep yourself safe.

Safety Plan	
Early warning signs (thought, image, mood, behavior, situations) that a crisis might be happening	1. _____ 2. _____ 3. _____
When things are really breaking down (list things you do, what is happening around you)	1. _____ 2. _____ 3. _____
Things I can do that can distract me and take my mind off my problems	1. _____ 2. _____ 3. _____
Internal coping strategies: ways I can take my mind off problems and feel calm (e.g. prayer, affirming quote of mantra, relaxation strategy)	1. _____ 2. _____ 3. _____
People I can call to ask for help (name and phone number)	1. _____ 2. _____ 3. _____
Professionals I can call to ask for help (names and phone numbers)	1. _____ 2. _____ 3. _____
Things I need to do to make my environment safe	1. _____ 2. _____ 3. _____
My two biggest reasons for living	1. _____ 2. _____

National Suicide Prevention Lifeline 1-800-273-8255
agoodplacetherapy.com

CONCEPT DEVELOPMENT



Journal

I knew I wanted a *journal* to be one of the outcomes, as journaling is one of the most commonly cited tools for healing. So I looked into journal designs and layouts.

I even looked into self-help books.

Symbols of healing

- Lotus flower
 - *The lotus grows in muddy water but blooms into a radiant flower, representing healing and resilience.*
- Spiral
 - *A spiral represents rebirth, the continuous cycle of life, and transformation.*
- Hamsa Hand
 - *The Hamsa is used for warding off negative energy and inviting harmony.*
- Yin Yang
 - *The Chinese Yin Yang represents light and dark and the balance between two opposites.*
- Ankh
 - *The Egyptian Ankh represents immortality, divine protection, and spirituality.*

CONCEPT DEVELOPMENT

Colour Psychology

Blue's different meanings:

- *Calmness and relaxation*
- *Stability and reliability*
- *Sadness*
- *Creativity*
- *Non-threatening*

Purple's different meanings:

- *Regal and royalty*
- *Wealth and luxury*
- *Femininity and charm*
- *Tranquility and nostalgia*
- *Creativity and individuality*

Yellow's different meanings:

- *Caution and attention*
- *Cheerful and warm*
- *Happiness and optimism*
- *Positivity*
- *Brightness*

Green's different meanings:

- *Growth and change*
- *Wealth and prosperity*
- *Luck*
- *Health and well-being*
- *Balance and harmony*

Black's different meanings:

- *Power and authority*
- *Elegance and sophistication*
- *Mystery*
- *Grief and mourning*
- *Intrigue*

White's different meanings:

- *Purity and innocence*
- *Minimalism*
- *Sterile and safe*
- *New beginnings*
- *Requires moderation*

CONCEPT DEVELOPMENT

The Plan

This project was going to have multiple outcomes. The main piece was going to be a journal that would have guided questions and information so that someone who is struggling can better sort through their feelings. Then a safety plan since I think that kind of resource is incredibly useful for anyone who is dealing with thoughts of self-harm. Finally, a hope box so people could physically have their own without needing to craft it themselves.

The semicolon is going to feature prominently for the visuals, since it resonates deeply with me on a personal level and I think its relevance to suicide prevention should not be overlooked.

As I developed this plan, I was struggling to think of how to make these outcomes unique from any other journal or even project from my class. A book is a fairly common design outcome and something about that never fully sat right with me.

I was falling behind due to a steadily declining motivation and investment once I hit this wall before proper asset creation and development.

I was asked a question.

“What if you made it a game?”

That's when the project took another drastic turn, mid-semester. I threw out all the outcomes I had planned in favour of creating a *game* instead. Now, I've coded before but I am *not* a programmer.

Despite that, I got very, very attached to the idea of creating a *digital hope box* in the form of a video game. And so, I got to work on fleshing out this concept to see what could be possible.

CONCEPT DEVELOPMENT



The foundation of this game started with the map of a floor plan. What if I made a map and each room has its own mechanic tailored to the room's general concept?

For example, one room is about giving positive affirmations.

I grabbed multiple real floor plans of a few mansions to use as references (seen on the left). I knew from the start I couldn't have many rooms but I wanted at least 5.



This was the first draft of the full map. The art style for the game as a whole uses pixel art for 2 reasons:

I love pixel art and it harkens back to retro games where it was more prevalent.

There were 5 rooms: a garden, a bedroom, a study, a lounge, and a workshop. The treasure chest in the middle was going to be a hope box.

In total, the map took about a week or so to draw. It would be refined further as I went.

CONCEPT DEVELOPMENT

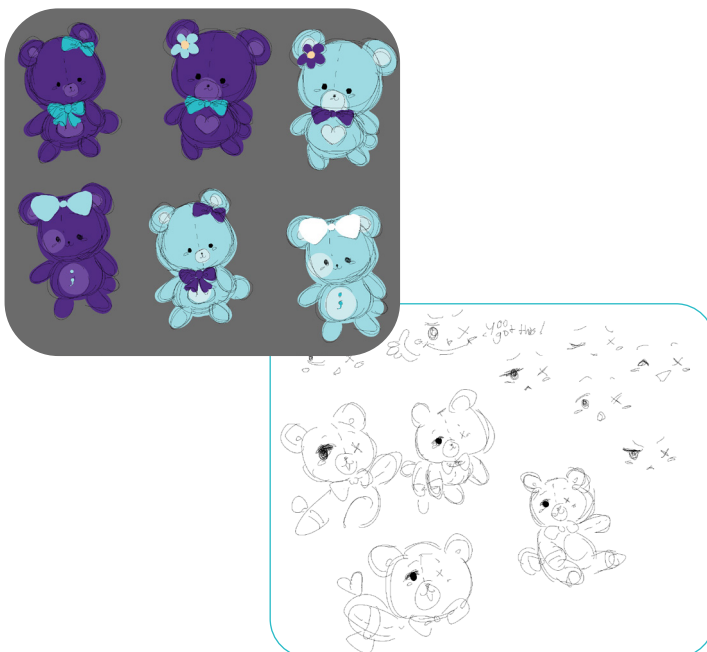
I wanted there to be some kind of mascot character that acted as a guide for the player throughout their experience. Since many people who are struggling feel as if they are alone, the presence of a guide would be able to help them feel less lonely.

This was the original design: a young woman that I wanted to give a sort of gentle beauty to. I pictured her being a goddess-like figure who had brought the player to her mansion in order to help them.



I soon changed my mind and discarded the character concept in favour of an animal mascot instead.

I asked some classmates what animal they would consider the best for a mascot and I was told a teddy bear.



*These were the drafts for the mascot that would soon be called **Darling**. I wanted Darling to be cute and cuddly, making him feel approachable so someone can open up.*

He was going to have a stitched look to him, to enforce the teddy aspect.

I was then given the insight of giving him some kind of scar, to give him a history that a player could relate to.

I expanded on this further.

CONCEPT DEVELOPMENT

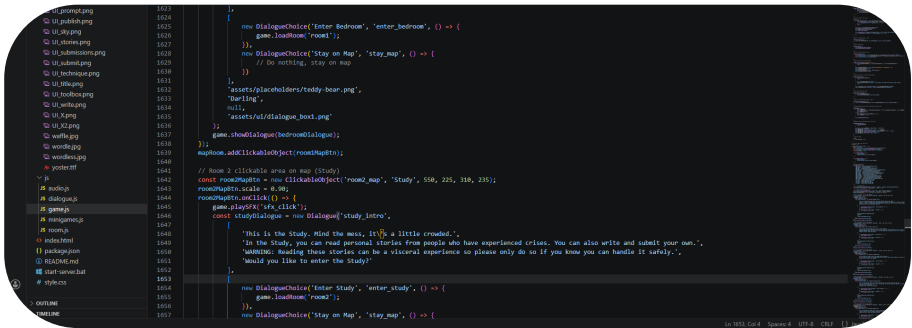


Testing out type faces for the logo

Now it was time to actually make the game. Before I could go any further with designs, I needed to make sure I could create it first. I used Visual Studio Code and had a lot of help from Copilot throughout the entire coding process.



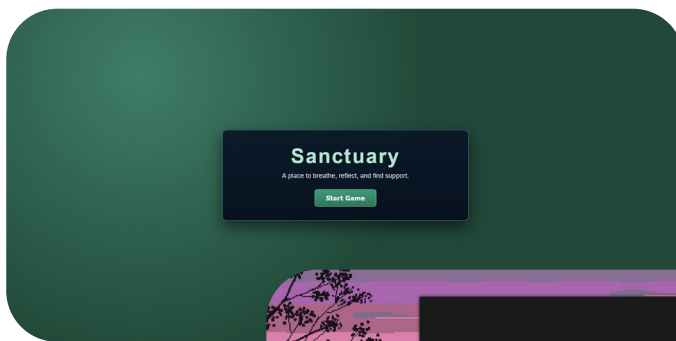
In total, this project has
5,839 lines of code!



Actual screenshot of the workspace for this project.

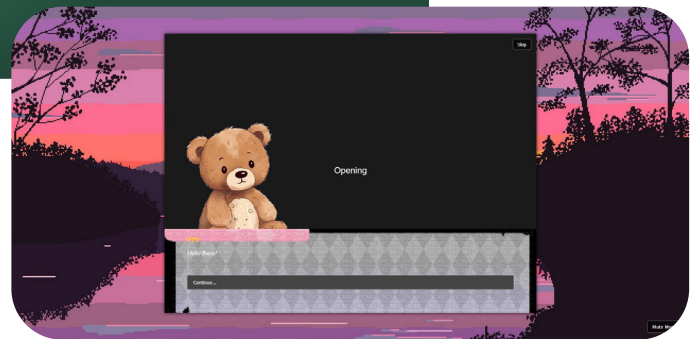
CONCEPT DEVELOPMENT

Early screenshots of the project are pretty much entirely placeholders, due to the trial and error nature of coding.

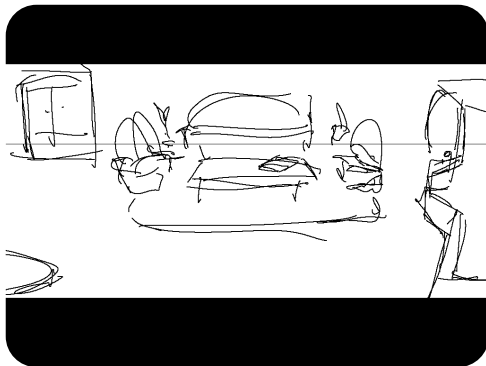


Title screen placeholder

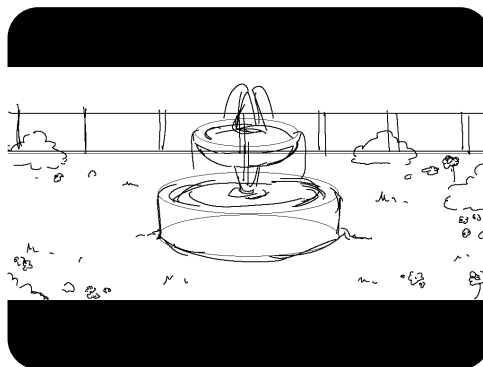
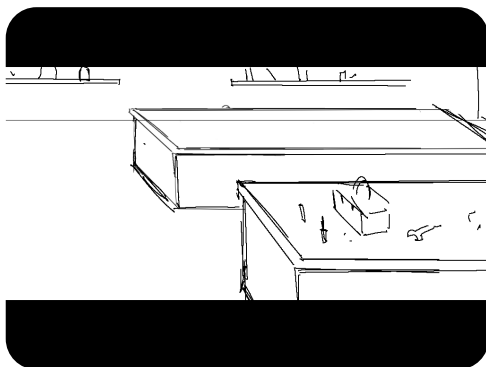
The game is a point-and-click type with some visual novel aspects such as dialogue boxes and character portraits.



An opening cutscene with placeholders introducing the game and the controls.



Since the game is point-and-click, the majority of it is interfacing with menus instead of physically exploring the map.



After entering a room, you would be greeted with a new visual of said room. From there, you can interact with certain objects, each with their own purpose and design.

Sketches for the rooms (I don't have the bedroom because I saved over it).

CONCEPT DEVELOPMENT

With this concept, who is my audience now?

I feel like, in design, there's always this subconscious drive to ensure your projects can reach as many people as possible. Cast as broad a net as possible. I was even asked if I would consider making the visuals more masculine, to appeal to more people.

It's got me thinking.

It's for me.

**And I don't care what anyone
thinks about that.**

This project is made with myself in mind. Everything about it, from the visuals to the “gameplay” to the music, appeals directly to me. I don't want to expand its appeal. I don't care to make it useful to as many people as possible. I want it to work for me, most of all.

I know there are people just like me who also fit the rather specific demographic, because they're my friends. Yes, the group of people this project can reach is small, but I'm okay with that, because to those people, it will *matter*.

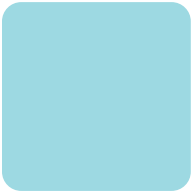
That's what I care about: helping myself and helping those like me.

FINAL ITERATIONS

Official Style Guide



Baby;Gold
#fbd7a3



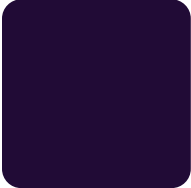
Paradise;Blue
#9edae2



Trust;Teal
#2bbcc8



Patience;Purple
#512c83



Indigo;Lullaby
#230e37

Branding

Good Headline Pro
abcdefghijklmnopqrstuvwxyz
ABCDEFGHIJKLMNOPQRSTUVWXYZ

Logo

FLEUR
ABCDEFGHIJKLMNOPQRSTUVWXYZ
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

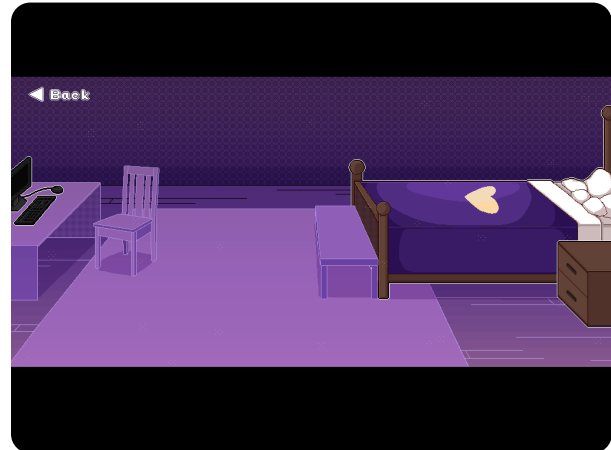
Game Typography

Press Start
abcdefghijklmnopqrstuvwxyz
ABCDEFGHIJKLMNOPQRSTUVWXYZ

Patience;Purple and Trust;Teal were both taken from the official Suicide Prevention Month's ribbon colours. Paradise;Blue and Indigo;Lullaby are there for more variety and contrast. Baby;Gold is both a complimentary colour but is also an homage to the yellow of the previous Suicide Prevention Month's colour. The palette as a whole is meant to be soft and appealing. It isn't hard on the eyes and it's welcoming, but nuanced.

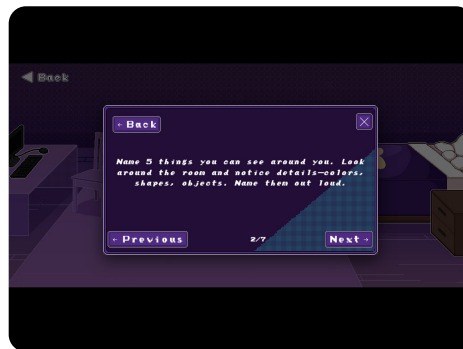
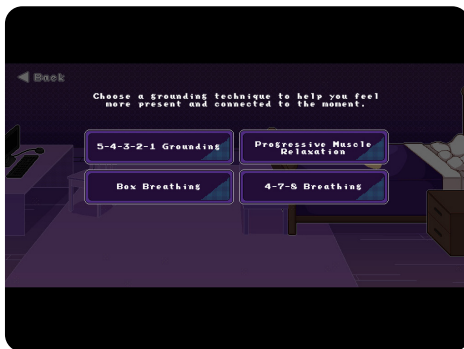
FINAL ITERATIONS

The Master Bedroom



The safe space.

A bedroom should always be somewhere you feel safe. That is why the emphasis of the Master Bedroom is safety. It is where you go if you are panicking or need to ground yourself, since there are multiple **grounding techniques** to help you stabilize yourself.



There's also a list of **resources** (situated specifically in British Columbia because I can only do so much myself).

FINAL ITERATIONS

's Safety Plan

Warning signs of a crisis

(thoughts, images, moods, behaviours, situations, triggers)

Known coping mechanisms

(what strategies work for you to calm down and ground yourself?)

Distractions

(what distractions do you have access to that can help?)

Social support

(people or professionals you can reach out to for help)

Name	Contact information

Calling or texting 998 is always available 24/7 to those in need.

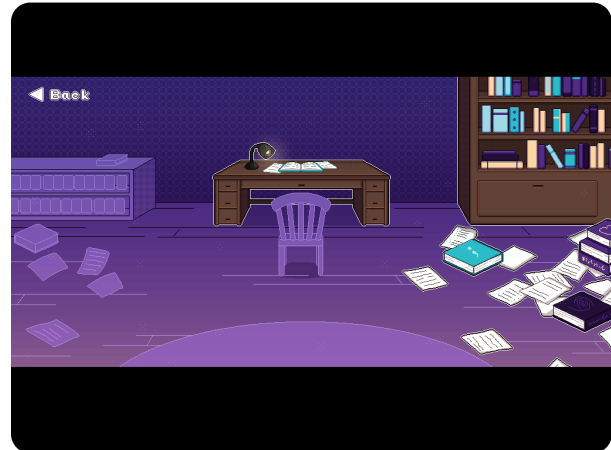
Safety

(what can you do to make your environment safe for you during a crisis?)

A **safety plan**, designed by me, can be printed out through your browser so you can fill it out and keep.

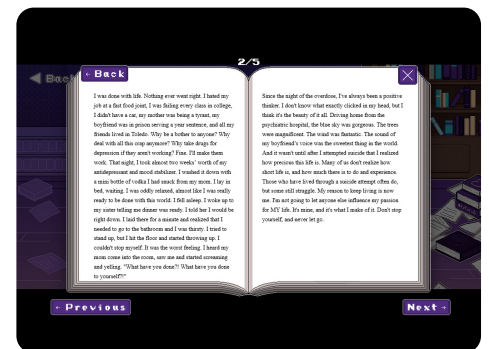
FINAL ITERATIONS

The Study



The reading and writing corner.

The study is a **digital journal** and **collection of stories**. You can write whatever you want and submit it and it will be saved to your computer's browser cache (I believe that's how it works). Your submitted entries are private but they can be uploaded and become public to any other players.



There are some stories already added by me, collected by various public resources, along with some lore about Darling, the mascot guide.

There's also a quick and simple **writing prompt game**, if you want an easy distraction.

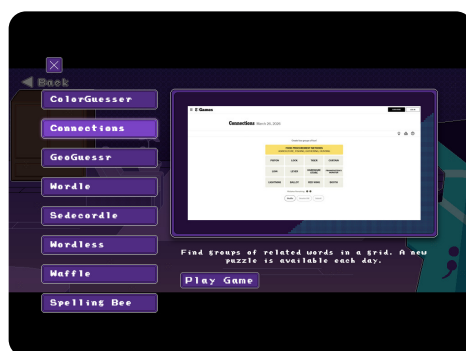
FINAL ITERATIONS

The Lounge



The game corner.

The lounge is the room for all kinds of games that can be used as distractions during a crisis. I curated a list of **daily games** which can be accessed with the click of a button. These games have a new puzzle every day, meaning someone can return to these games and know there is always something new to help distract them.

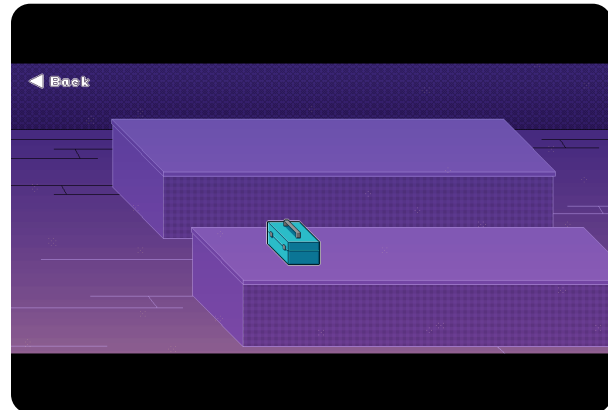


There's also links to a **daily crossword** and **Neal.fun**, which is a collection of many different kinds of web games (all of which are easy to lose time in and make for great distractions).

The jukebox machine in the floor plan is actually from an early idea to have a playlist someone can listen to. I scrapped the idea because it was too much work and was unnecessary.

FINAL ITERATIONS

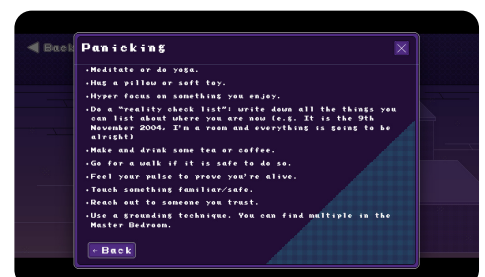
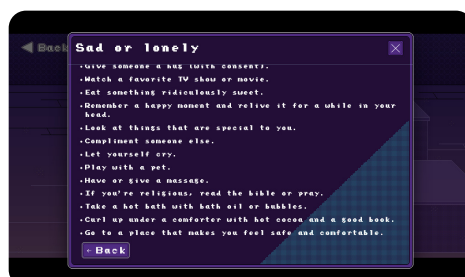
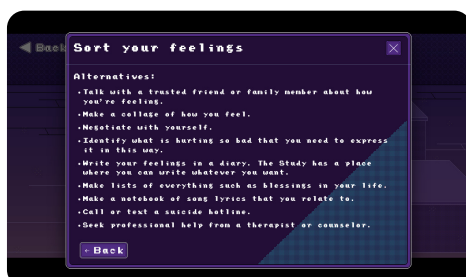
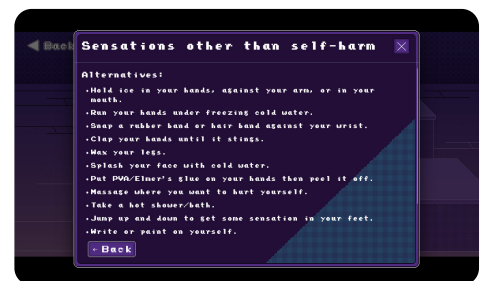
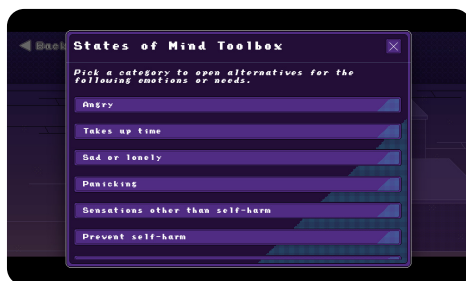
The Workshop



Do it yourself.

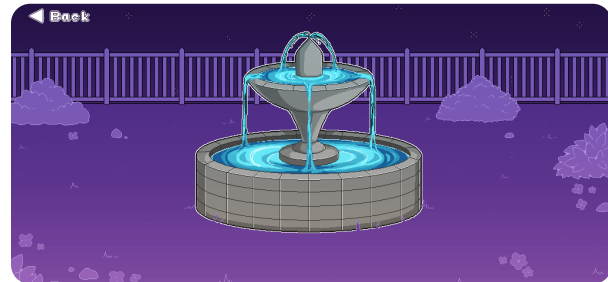
The workshop comes from multiple lists I found about different ways to cope with certain situations or emotions, and out of a need to compile all the different methods someone could hypothetically use. These lists of *alternatives* were organized and filtered.

Initially, I had some tools laid out on the workbench, but then I removed them when I remembered that anyone who is in a fragile mental state should not be exposed to weapons, just to be safe.



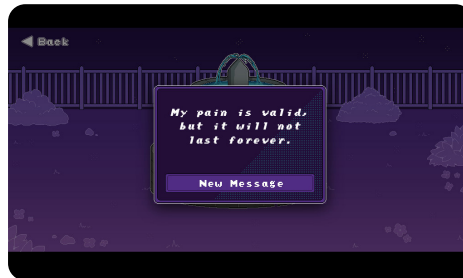
FINAL ITERATIONS

The Garden of Hope



When you need love and validation.

The Garden of Hope's sole purpose is to deliver **positive affirmations** to the player. Oftentimes, when I'm at my lowest, all I want is to hear someone tell me things will be okay. That is why the Garden of Hope is here, to do that for you by randomly picking from a list of sentences I wrote.



FINAL ITERATIONS

This is Darling in all his glory, drawn by me.

I chose blue for him so that he would stand out against the backgrounds which were a majority purple. Also the softness of that blue makes him look cuter and thus more comforting.

He now has a scar in the form of his missing eye. Who knows how that happened?

He wears a ribbon on his wrist to hide scars from self-harm. Yes I've implied the teddy bear self-harmed.



This is the final, complete version of the floor plan.

The garden was given a different colour palette since the green clashed too much. This game exists in a fantasy world so there isn't a need to stick to reality.

The treasure chest was changed so that it would look more special (and also fit the colour palette better).

FINAL ITERATIONS

SANCTUARY;

Your story isn't over yet

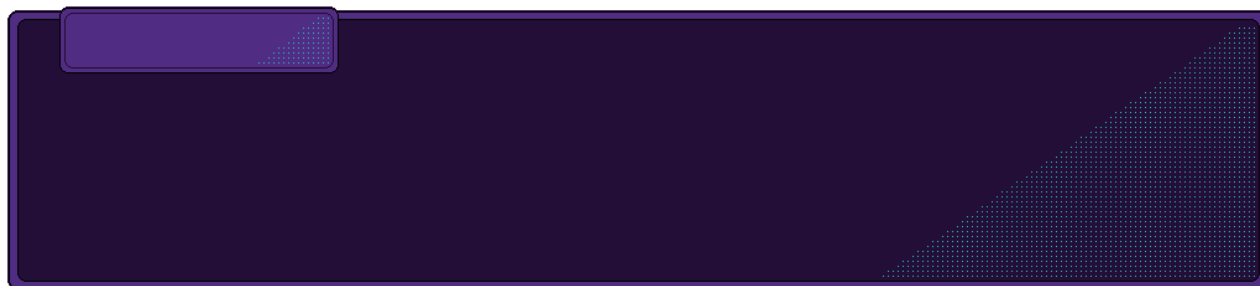
The logo for the game (and the project as a whole). The title of this project is *Sanctuary; Your Story Isn't Over Yet*, but it is usually shortened to just *Sanctuary;*.



The background art (and setting) of the game, drawn by me.

FINAL ITERATIONS

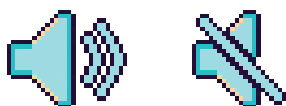
Assets and UI



The UI is centered around this design, which emulates the appearance of a visual novel's dialogue box.

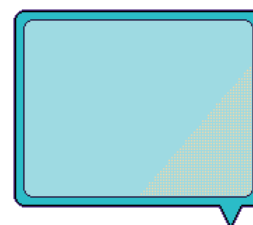


Every button was custom-made.



Mute and unmute buttons for when you're tired of listening to the music.

The boop button will spawn a text box and some encouraging text, to show you that Darling is still with you and you're not alone.



FINAL ITERATIONS



Should copyright ever be an issue, I will replace the music.

All music is from the Wuthering Waves soundtrack, as I wanted the sound to be somewhat uniform and that game has many options.

List of Tracks

- *Silent Passing (Title Screen)*
- *Moment of Respite (Map 1)*
- *Falling Stars (Map 2)*
- *Whispers on a Sleepless Night (Bedroom 1)*
- *Where Wind Whispers (Bedroom 2)*
- *I Question My Fate (Study 1)*
- *Star Falling Through a Dream (Study 2)*
- *Dreams Adrift in Coffee (Lounge 1)*
- *De Insomniis (Lounge 2)*
- *Twisted Path to You (Workshop 1)*
- *Wrecked and Stranded (Workshop 2)*
- *Measured by my Heart (Garden 1)*
- *Depths of the Dim Forest (Garden 2)*

CONCLUSION



[Play here.](#)

This was a passion project that I'm very proud of. I pushed myself harder than I've pushed before, and while it did cause a lot of stress and misery, I think I came out on top. I would like to continue working on this in the future if possible, but I am also happy letting it exist in its current state.

I'm going to share the link with my friends, in the case they ever need it as a resource. I know I am going to be using it myself whenever I'm struggling. This will forever be a project that I look back on with absolute pride in my heart, because I know I worked my ass off to get this finished.

Thank you.