

# DESIGN & HEALTH

## A FIELD OF SYMPOIETIC PRACTICES

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Understanding that we live in a period marked by turbulence, in this chapter we seek to discuss the importance of thinking about health as a design problem. In this sense, in the first topic we deal with the critical thinking of design focused on social innovation and collaborative action; in the second, we bring the proposal of operating through a “sympoietic design”, dialoguing with authors who think of design as a connection between various actors, resulting in a “do with”; in the third part, we discuss the approach between design and Brazilian health, presenting the field work carried out with patients at the Clínica da Família da Penha, in partnership with the Arranjo Local da Penha. In the fourth topic, we bring some considerations that emerged from the meeting between design and health, involving the theoretical framework and the practices developed.

### SOCIAL INNOVATION AND COLLABORATIVE ACTION

In 1970, Victor Papanek wrote critically about design from a reflection more focused on sustainability, when he published the book *Design for the real world*. In the preface, the author problematized communication design that seeks to convince people to buy what they do not need, with a capital they do not have

and with the intention of impressing other people who, in reality, would not mind (PAPANEK, 1985).

Papanek (1985), understanding the 20<sup>th</sup> century as a period marked by mass production, where everything is planned and projected, saw design as a powerful tool through which man can give shape to his environments and instruments in the social and personal spheres. It is from this line of thought that the author understood that the designer must have social and moral responsibility in his performance. Papanek highlighted innovation in the designer's performance, but in a different way from what capitalism does, that is, with the "obligation to stop filling the Earth with badly designed objects and structures" (PAPANEK, 1985, p. X).

From a more contemporary perspective, Manzini (2008) brings the following reflection: what is the effective role of designers, taking into account current contexts and the nature of transformations, characterized by the author as catastrophic? Manzini understands that, as designers, we were and still are part of the problem, but that it is possible to transform ourselves into part of the solution (MANZINI, 2008).

In fact, Manzini defends the transition to sustainability through radical changes in production and consumption patterns. According to the author, these changes would be the basis for society's learning to reduce environmental and social problems (MANZINI, 2008).

The transition to sustainability, proposed by Manzini (2008), is driven by social innovation by being responsible for changes in the ways people and communities solve their problems or create new opportunities, being more related to behavior than technology. In this context, the term "design for social innovation" emerges, formulated from the definition of the interlocutor role assumed by the designer in the process of social innovation. The dialogue occurs through professional qualities as designers, through the indication of new directions focused on technical innovations and the projection of new artifacts. Manzini thus highlights the consequent development of the so-called "project networks", in which we, designers, using specific knowledge from our field, have the responsibility to actively participate (MANZINI, 2008).

Meroni (2008) complements Manzini by stating that the designer has been distancing himself from activities considered traditional in design, such as the creation of products and visual identities, becoming a "social designer", characterized by a collaborative performance. In this context, the designer, through his professional qualities, assists communities in making strategic decisions and

projections for the future. The author adds to the attributions of the social designer the function of “catalyst of project paths”, for considering that experts like to imagine and influence behaviors. According to Meroni (2008), there is also a relationship between present and future in socially oriented design, based on the notion that the present, developed in the best way, would become a paradigm shift for the future.

The designer, according to the author, through the professional point of view and her experience, makes the articulation between several techniques, disciplines and strategies for the creation of artifacts whose purposes would be to facilitate mediation (MERONI, 2008). In this sense, we understand that the social designer does not work alone, because, besides the participation of communities, it is important the contribution of different disciplines, forming the project networks proposed by Manzini (2008).

In 2020, Manzini made a reflection in face of the unexpected and transforming context of our habits, caused by the coronavirus disease 2019 (COVID-19) pandemic, affirming the need to rethink everything that has been said and done so far. The author identifies that, in times of coronavirus, interesting paths have emerged, such as reterritorialization and micro-society, elements that we must consider in the reformulations of the project networks.

The issue of reterritorialization is related to the perception that we are immersed in a physical space. Thus, it is necessary that our proposals are focused on strategies whose objective is the reconstruction of the bonds between human beings and the places where we live in.

The micro-society, on the other hand, is the process of rediscovery of micro-sociability, which we can understand as the contact between those who live nearby: the neighborhood. Manzini (2020) understands that for social innovation, proximity, whether physical or not, has its function.

The author concludes by emphasizing that design for social innovation must be guided by the objective of supporting the construction of new forms of local community, including physical and digital spaces, human, living and nonliving entities that constitute the network of life.

## **DESIGN, CONNECTIONS AND THE SYMPOIETIC PRACTICES: THE “DO WITH”**

According to Szaniecki et al. (2019), while in the industrial economy the focus was on products and communication, the transition to the post-industrial economy emphasizes in services and conversation, thus renewing design

thoughts and practices. In this context we can situate both the social designer's performance and the project networks.

Complementing the idea of networks, Cardoso (2013) states that we live in a scenario of complexity in which the best compositions would result from teamwork or networks. According to the author, adjusting previously disconnected connections would be a designer's assignment.

Considering our complex times, rethinking our attributions within these connections dialogues with Papanek's (1985) understanding about the designer's ability to transit through all environments and using different tools, making us assume a great moral and social responsibility.

To these reflections on the connections in design, we can add those of Thackara (2008) who, when dealing with the theme of sustainability, highlights that, currently, it is necessary to think about innovations by seeking inspiration in social fiction, that means, in social practices.

Apart from the project networks, Manzini (2017) presents us with another concept related to the term connection, the "design mode", which combines critical sense, creativity and practical sense (what is the viability of doing something). According to the author, integrating among these three "gifts" allows us to imagine things that are not yet available, but that would have chances to exist through appropriate actions (MANZINI, 2017).

Manzini (2017) states that the design mode has become predominant in other areas (not only in the design field), both at the various levels of activities considered human and for individual and collective subjects. In a world with high connectivity, organizations/associations, public agencies, companies and regions are operating through the design mode (MANZINI, 2017). Thus, considering that the design mode is an already widespread operation, the design field is capable of bringing contributions to those organizations that already operate it.

Articulating Manzini's (2017) mode of design and what Pazmino (2007) understands as the attribution of the social designer, we can reflect on the formation of alliances between designers, public agencies, nongovernmental organizations (NGOs) and communities, guiding us through the mode of design and production for real social needs.

We are living in a period marked by economic, environmental and social crises, further aggravated by the COVID-19 pandemic. To reflect on this context, more specifically from where we live, at the Escola Superior de Desenho Industrial da Universidade do Estado do Rio de Janeiro in partnership with

Arranjo Local Penha, we turned to Haraway (2016) who uses the term turbulence to define the current complexity resulting from the devastating processes of ambitious human action on planet Earth. The overcoming of the catastrophic results of these actions, according to the author, comprises the dynamics of the so-called Chthulucene Age, characterized by the formation of arrangements, or kinships, that include humans, nonhuman, more than humans. It is in this context that tentacular thinking emerges, which, according to Haraway (2016), is characterized by complex and problematic tentacles, entangled in temporalities and spatialities, in addition to the formation of new relationships.

The Arranjo Local Penha is a partner network working in the region of Serra da Misericórdia, North Zone of Rio de Janeiro, with the objective of promoting actions related to urban agriculture, debating topics such as healthy food and agro-ecology, from workshops, lectures, experiences and task forces, it is a network that involves not only humans and their institutions, but also the relationship with land, plants, food. It is in this sense that Haraway becomes an important ally to think about these networks. To understand the tentacular thinking, Haraway shows that, for the era she calls Chthulucene, it is important to “stay with the trouble”, understanding that its composition is made by a tangle of temporality in which there is no elimination of the past, to consider the present and think about the future (HARAWAY, 2016). It is from tentacular thinking that the vision of a world configured by string figures, or rope figures as conceptualized by Haraway (2016), emerges. To understand this configuration, it is necessary that the practices be based on what the author calls sympoiesis, interesting and possibly effective ways to think about paths in our context.

The term sympoiesis, present in Haraway’s (2016) text, is coined by Beth Dempster to give name to a collective production system, in which there is no definition of spatial and temporal limits, and in which information and control are distributed to all components. For Haraway (2016), these are evolutionary systems from which the rehabilitation and sustainability of living systems, so damaged in recent decades by human actions, can emerge.

Sympoietic actions are part of Chthulucene, since this era has no end, only continuations, and its contact zones are omnipresent. As it occurs in sympoiesis, it is not possible to identify any beginning and its paths are all associated through the interaction between the units (HARAWAY, 2016).

The approach between the sympoiesis and the design field can be identified in the text of Szaniecki et al. (2019), from the debate about the sympoietic practices and sustainable design. In the article, the authors cite different practices,

among them the Arranjo Local da Penha, and propose to think of them as a “do with” in which living and fighting with others are also added, resulting in the reflection on a “design with” (SZANIECKI et al., 2019).

In this sense, we can reflect on the proposal of a sympoietic design focused on “doing with” that involves several fields and actors in a creative way. In this way, we orient our thoughts to the creation of bonds and to the formation of arrangements through design, seeking collaborative and creative paths. The starting point is the designer’s engagement in everyday life issues, assuming our role in a context like Chthulucene and understanding that collaborative practices would be more efficient in the current scenario, looking at the world as a rope figure.

Hence, the reflection on the sympoietic practice in design dialogues with the role of connecting the disconnected, treated by Cardoso (2013), directing this expertise to the connection of different fields and actors, with the aim of seeking and creating ways to reduce certain knots. We bring to the debate on sustainable design based on the tripod of society, economy and environment, the view of the sympoietic relationship. In it, the connections between these three elements include human and nonhuman. This view is essential for the relationships between design and the field of health.

Manzini (2020), reflecting on the moment of coronavirus expansion that has been demanding a whole reformulation of our experiences, dialogues with the sympoietic design by emphasizing that the social innovation design should aim to support the new forms of local community construction, in which they are considered human, living and nonliving entities, physical and digital spaces.

## **DESIGN AND HEALTH: AN EXPERIENCE BETWEEN THE ESCOLA SUPERIOR DE DESENHO INDUSTRIAL (ESDI) AND THE ARRANJO LOCAL DA PENHA**

Health in Brazil is a social right provided in the 1988 Federal Constitution, along with education, work, leisure, housing, food, transportation, safety, etc. (BRAZIL, 1988). Social rights are fundamental to society’s balance and the State should provide them through public policies.

It is possible to observe that there are relations between each social right, indicating that an eventual damage to one of them will have effects on the others. Thus, we can look at social rights as interconnected and essential elements for Brazilian health.

The consolidation of health as a right occurs through the Brazilian unified health system (Sistema Único de Saúde – SUS), whose operation is ruled by principles and guidelines, such as: universal access, preservation of people’s autonomy to defend their physical and moral integrity and popular participation. The SUS was implemented through Law 8,080 of 1990, highlighting Article 2: “Health is a fundamental right of human beings, and the State should provide the indispensable conditions for its full exercise” (BRAZIL, 1990).

Design and health usually meet when the subjects are services or products. In the context of the COVID-19 pandemic, which started in 2020, we can identify this meeting in the joint work between designers and health professionals to produce personal protective equipment, a “do with” that involved two institutions: the Escola Superior de Desenho Industrial (Esdi) and the Pedro Ernesto University Hospital (HUPE).

Graphic design can also be very functional for the health field, since, according to Schrauwen et al. (2017), it acts through words and images, signs and symbols, colors and formats to communicate visually, resulting in messages, projecting ideas and contributing with experiences. In this sense, the authors identify that graphic design helps health to persuade, as in the images of campaigns aimed at reducing the use of tobacco; educating, informing about the functioning of the human body as well as healthy choices; spatial guidance in hospital environments (hospitalization), helping in the transit of patients and visitors in these hospital spaces, assisting in the reduction of stress and anxiety; to provoke, working as a tool that empowers or awakens awareness for actions and behavior changes, such as campaigns; inform about contagious diseases through the design and visualization of information.

However, services, products and visual communication are not the only possible approaches between design and health. The research we have been doing at Arranjo Local Penha is an example of these different possibilities and the opening of new investigations on how design and health meet.

As already mentioned, Arranjo Local da Penha is a network formed by different partners that operates in the region of Serra da Misericórdia, north zone of the city of Rio de Janeiro. Among the social actors are: the Centro de Integração Serra da Misericórdia (CEM), Esdi-UERJ, with the participation of undergraduate and doctoral students; Clínica da Família Doutor Felipe Cardoso; Escola Municipal Brant Horta; Parque Ary Barroso (Arena Dicró); Agricultura Familiar e Agroecologia (AS-PTA, a civil law institution focused on strengthening family agriculture); Espaço de Desenvolvimento Infantil Maria de Lourdes Ferreira,



among others. The arrangement, with its hybrid composition, counts on activities mediated by designers and presents itself as a very powerful space for sym-poietic actions.

Our initial contact with this network was through Diego Costa, Ph.D. student at Esdi, member of the arrangement and one of the researchers who constitutes the network of relations between Esdi and Arranjo Local da Penha. Although the design has already participated in the arrangement through other action fronts, such as working together with a municipal school, we will focus here on health work from the Clínica da Família Doutor Felipe Cardoso, located in the Penha neighborhood and commonly called the Clínica da Família da Penha.

The promotion of health is involved in the entire project of the arrangement since it promotes a more sustainable life and values local knowledge. Activities are also worked on to promote environmental health, through practices focused on the environment, such as responsible use of soil, contributing to the reduction of problems caused by construction on hillsides, common in the communities of Rio de Janeiro, and also mental health, understanding that the actions of the network as a form of sociability and production of encounter contribute to the mental well-being of the population; however, our performance was in a space that is directly understood as a space of health.

The family clinics, and thus the Penha Family Clinic, function as a “entrance door” for Rio de Janeiro citizens to SUS, characterized by initial care, or “basic care”, according to the SUS hierarchy, working through mechanisms of prevention, health promotion and early detection of diseases. Basic care has the function of avoiding the overload of hospital emergencies, since many cases could be treated in basic care, besides having a focus on prevention, reducing or delaying the appearance of diseases.

The clinic is an important partnership for the arrangement because, through the “food and health circles”, formed by the nutritionist, a group of patients, women, and some network articulators, a bridge was built to promote health through agroecology. The circles were the spaces that allowed the development of mechanisms for prevention and control of food-related diseases involving not only food health, but also environmental and mental health.

Since 2017, we had contact and carried out some actions with the group “Food and Health Circles”; however, in October 2018, the news of the dismissal of teams in several family health clinics, extinguishing the nutrition sector of the Clínica da Penha, caused great commotion in the patients and in the arrangement. How not to let the knowledge worked in the food and health circle be lost



with the closing of the nutrition activities at the family clinic was what drove us to think how design could act in this space producing a memory and a future of and with the group.

As an initial idea, we are thinking on the production of a campaign of defense and valorization of nutrition in the region of the Penha complex. However, considering that among the objectives of the Arranjo Local da Penha was the stimulus to the group's protagonism and autonomy, to come up with a ready strategy would be a vertical process, which would be in conflict with the principles and practices of the participative design (PD), path through which all the designers of the collective sought to work. According to Robertson and Simonsen (2013), PD has no rules and also is not defined by written formulas or definitions, so to verticalize the process would be to fall into contradiction. In this sense, we started the work in November 2018, trying to understand how the group was feeling in face of that turbulence.

To discuss in this article, we divided the activities into two phases, one of approach and the next of production. The total duration of the work with the group was seven months, occurring between November 2018 and July 2019.

As activities of the approaching phase, we carried out: collage using images and words, trying to understand how the patients were feeling after the departure of the nutrition team from the family clinic (November 2018); two meetings with proposals of fraternization, trying to stimulate the maintenance of the group (December 2018 and January 2019); mapping the neighborhood from the residents' point of view to understand a little of the region dynamics and women's habits (January 2019); conversation about what health is, aiming to identify how the participants relate it to their experiences (March, 2019); conversation about our steps during the following months we could produce together (March 2019); meeting to commemorate International Women's Day, in which the participants of the group brought recipes and images of women who inspire them (March 2019); mapping on the issue of garbage in the Penha complex, a demand that emerged from the conversation on health, relying on the leadership of another multiplier of the Arranjo Local da Penha (April 2019); picnic at Dicro Arena with the participation of the nutritionist who conducted the food and health circle, proposed by her, aiming to rescue the memories of the group (April 2019); cooking workshop conducted by one of the participants of the circle complemented the objective of the previous meeting (picnic), stimulating autonomy through getting their hands dirty and protagonism by passing on knowledge to their colleagues (April 2019).

**Figure 1** – Approaching phase activities



Source: Authors' collection.

It is important to highlight that in the first meetings the activities were proposed by us, but throughout the process the participants became more active and coauthored the activities.

From the first phase, we noticed that two very important elements emerged: recipes as an instrument of remembrance and integration of the group, and a desire to value the Penha neighborhood. Therefore, we arrived at the production phase, proposing the collective construction of a recipe book, including those learned from the nutritionist, as well as those they already used to do in their daily lives, integrating the life stories of each participant in the food and health circle. To do so, we carried out the following activities: communication workshop mediated by professionals and students linked to the communication area

of UFRJ, with the purpose of stimulating oral communication and dialogue; “my story” workshop, in which each participant tells a little of his or her story in Penha and on the food and health circle; collective diagramming; co-creation in which we took the book in development so that other Penha inhabitants, who were not participants of the circle, could contribute; evaluation of the book “doll”, when we evaluated the materialization of the concept, the colors, fonts and illustrations chosen; launch of the book in LivMundi; conversation about the book launch, in which we dealt with possible changes in the book content and other materials that they would like to develop; selection of recipes for the production of a zine of recipes to be distributed in Penha.

**Figure 2** – Production phase activities



Source: Authors' collection.

From the second phase, it is important to highlight paths that have stimulated autonomy in the group: representativeness, through the book concept definition, and the understanding of design as a tool and the process of “doing with”.

It is fundamental to highlight the concept, because the women asked that Dona Glória, the oldest participant of the group, was portrayed on the book cover, with the idea of conceptualizing the book as a recipe book of a fictional resident of the region: Dona Penha. The definition of the “character’s” name was a way of thinking this resident as the personification of the Penha neighborhood, seeking reflection on its valorization. From the identification and representativeness, we have the neighborhood of Penha emerging as an entity as woman and as powerful as the participants of the circle.

The perception of design as a tool and the importance of “doing with” became evident in the dynamics of the pre-event LivMundi, through the group’s decision to tell the other participants what we had been doing since 2018, as well as in the speech of one of the women of the circle, who said: “without you we would not have the tools for that!” The exchange of the pronoun “you” for the noun “design” allowed us to understand that the participatory process of design that we were trying to accomplish was giving results, indicating the democratic character of design as a tool capable of amplifying voices.

Other lines from the participants caught our attention. During the communication workshop, Sarah highlighted that the change from nutrition mediation to design was not a replacement, but a continuation, since the nutritionist represented the past, and the designer, the present. Already in the evaluation meeting of the work done by the arrangement during 2019, the participants stated that the “turbulence kept them stronger”.

All these lines lead us to “stay with the problems” and the temporalities marked by the relations between past, present and future, approached by Haraway (2016). The past has always accompanied the meetings, whether in the memories, in the food theme, which was one of the most recurrent themes in the activities, and the reality of the nutritionist’s absence, which also expresses the precariousness of the health that the neighborhood receives. The present represented the period in which design came into action and we sought together to be resilient after the dismissal of the nutrition sector of the family clinic, remaining with the problems that these women live and face. The future was evident in the plans that the participants of the circle began to propose, such as the development of other materials besides the book.

## DESIGN AND HEALTH: THOUGHTS ON SYMPOIETIC PRACTICES

The experience of the Arranjo Local da Penha can be observed as a sympoietic construction. When we look at the practices of the collective from the perspective of health, we identify a sympoiesis relationship, translated by the actions focused on environmental issues related to housing, through the planting in their houses; food, through the fight for food sovereignty; and mental health, realizing that the meetings contribute to the leisure of the region residents. From this perspective, we see the sympoiesis also reflected in social rights, since health, housing, food and leisure are among them.

We can also see how the actions in the arrangement, even before the crisis caused by COVID-19, but being reinforced by it, are constituted from reterritorializations and microsociabilities placed as important by Manzini. Local actions with neighborhood partnerships and based on the land itself as a fertile and living space, as well as land of memory of other humans and nonhumans who lived there.

The design role in the relationship between the arrangement and the Family Clinic brings us an interesting reflection on the SUS reconnection with the popular movements, which were fundamental in the health system consolidation. Thus, we identified our role as designers both in the connection of what is not connected (CARDOSO, 2013) and in the “fight with” proposed by the sympoietic design (SZANIECKI et al., 2019) as a path for the reinforcement of SUS and the guarantee of health as a social right.

Regarding the more specific work with the clinic’s patients, sympoiesis was also present in the relationship that ended up forming between food health and mental health. We make this statement based on what we collected during the activities, such as the feelings that arose before and after the dismissal problem. We highlighted an emblematic speech on one occasion, in which Sarah, one of the most frequent participants of the meetings, said that the nutritionist was teaching them how to eat and the designer was teaching them how to love themselves. Considering that, even after the departure from nutrition, we continued to guide our practices by eating, and self-love was perceived by the participant, we understood that there is a close relationship between mental health and nutritional health, reflecting the care of oneself as an expression of affection.

It is not a very simple task to find a vast literature on the subject of design and health, but it is possible to find articles dealing with design productions that serve the health field through the design of products or services. In this sense,



we have the ability to contribute to the construction of a reference based on sustainable design, through the reflection that health problems are social issues, which are also related to environmental ones, therefore, real needs for which the designer is able to present not necessarily solutions, but ways or possibilities. In this sense, when Schrauwen et al. (2017) highlight the important roles played by graphic design focused on health, we have the possibility of thinking the promotion of health as one of the most important social functions for the designer, even more so in a country where health is a social right registered in the Constitution but not always guaranteed in real life.

In this text, we have observed that it is possible to rely on several authors to guide our practices, highlighting the concepts of mode of design and sympoiesis, without forgetting that practices in the field are essential, especially when we want to talk about issues related to democracy.

In this manner, we realized that design should not fit into a linear production from the response of a designer to the client's briefing, whether it is a commercial company or a government command. In the field of health, it is particularly necessary to align the linear to think and act through Donna Haraway's "tentacularities", opting for a design that is a "do with" between a multiplicity of actors and the multiplicity of the very notion of health. This perception reflects what was experienced at the Arranjo Local da Penha, not only when we verify health relationships with environment, leisure, food, and housing, but also in the role of design as a democratic tool that, appropriated by Penha dwellers, builds new ways to "fight with" social movements and SUS, for the re-democratization of Brazilian health, bringing the State and community back together through affective and territorial actions. Design in health is necessarily sympoietic.

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