Invisible Ink

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Abstract

Invisible Ink investigates the potential of typography to act as a vessel for emotional expression and as a means of conveying the experiences of someone living with chronic autoimmune illness. Rooted in personal narrative and informed by autoethnographic reflection as well as practice-based research, this project draws on semiotics and form, embodiment and affect theory, fragmentation and trauma theory, and disability studies. It examines how typographic form can communicate what verbal or written language alone often fails to articulate, particularly experiences that are internal, unstable, or unseen.

At the center of this thesis is the creation of an original set of letterforms shaped by the fluctuating states of chronic illness, including fatigue, flare, fragmentation, and remission. The work translates non-verbal, embodied experience into a visual language that resists clarity and permanence.

The theoretical and practical strands of this research culminate in a thesis exhibition, which invites viewers to witness what is so often hidden about autoimmune disorder, and consider how typography can assist in making this legible. Ultimately, this thesis will contribute to the field of design by challenging the boundaries between form and feeling, research and storytelling. It suggests how typography can be more than a carrier of words—it can be a witness to pain and a tool for making the invisible visible.

Keywords: typography, expressive type, autoimmune illness, embodied experience, emotional legibility, autoethnography, practice-based research, affect theory, disability studies, typeface design.

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To my family, thank you for your patience, your care, and for standing beside me even when you didn't fully understand what I was going through. Your support, whether spoken or

quiet, gave me the stability I often lacked within myself. I know these years were difficult for you as well, and I am profoundly grateful for your endurance.

To my family here away from home, you helped me settle into a new country and a new life. You transformed an unfamiliar place into a home and made this journey possible.

To my friends back home and those I have made along the way, especially in the studio, thank you for staying, for believing me, and for never making me feel like I had to justify my experience. You created the rare spaces where I could simply exist without the exhaustion of performing normalcy.

Lastly, I'd like to thank my body—the very thing that made this work necessary. For years, it has been a site of confusion, frustration, and resistance, but also one of incredible endurance. This project is, in many ways, an attempt to listen to it more closely, to understand it differently, and to give form to what it has been trying to say all along. To that soft voice in my head that reminded me why I was doing this: I am proud of how we have found our way through.

For everyone who has learnt
to live inside bodies that are not always
understood and felt
unseen,
this is for you.

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Chapter 1:
Flare Up: “But You Don’t Look Sick.”

"But you don't look sick..."

A sentence that seems harmless at first, almost reassuring. But for someone living with an autoimmune disease, it might be interpreted as a quiet form of erasure. Autoimmune illness causes the body to destabilize in ways that are often invisible to others. The immune system, that you rely on to keep you healthy, starts attacking your healthy tissues. Imagine living your best life, and your body turns on you — slowly, and without any warning. The illness hides beneath the skin, unfolding in cycles of exhaustion, inflammation, and pain that often leaves no visible trace, which makes them unreal to other people. Just the quiet betrayal of a system meant to protect you, now working against you. As a result, the experience of autoimmune disease lies somewhere between being seen and being invisible, articulation and silence.

But who am I to talk about any of this? I was diagnosed with psoriasis and fibromyalgia at seventeen. One condition marked my skin. The other lived beneath it. One visible. One invisible. I'm almost twenty-four now, and still have days when I feel like I'm living in my worst nightmare. I felt extremely alone when I was first diagnosed. Nobody could understand me or what I was going through. I missed school for 3 months, only to come back to my closest friends sitting away from me in class because they thought I was contagious. Later people said that I was making all this up, and it wasn't real. Over time, I began to understand that the most difficult aspect of autoimmune illness wasn't the pain or the fatigue, but the inability to communicate its fluctuating nature. There are days of

complete normalcy, followed by collapse. Remission and flare do not come with any warning, and they don't follow a schedule.

Autoimmune illness stripped away my ability to relate to others and to be seen for what I am experiencing by the people closest to me. This thesis is a response to the internal silence that this experience produces; the loneliness and the loss of identity that comes with it. The loss is not dramatic or sudden. It accumulates over time. First, you lose your reliability, the version of yourself that could be counted on to show up, to keep up and to follow through. Then follows your independence, as the body begins to require negotiation before every movement and commitment. Then, your voice. Explaining the same condition to the same disbelieving faces becomes more exhausting than staying silent. And lastly, the version of yourself that existed before the diagnosis, that did not need to calculate the cost of every decision in units of energy. That person does not disappear overnight, they fade. And the person who replaces them is someone you did not choose to become, living in a body you did not choose to have.

And yet, the world still expects us to explain ourselves. But what if language, as we know it, can't hold the shape of what's happening inside us? Often, even silence feels more honest than words.

Rather than illustrating illness or relying on clinical terminology, this research explores the possibilities for how the Roman Orthographic alphabet can function as a structure that carries and translates the bodily experience of remission and flare-ups within autoimmune conditions. We learn the alphabet when we are young. We use it to

construct words which convey what we want to say. When your body stops following its rules, language soon follows. Words start to lose meaning, and terms like ‘pain,’ ‘fatigue,’ and ‘flare-ups’ become abstracted like a word repeated ad nauseam. They become placeholders for something that can’t be named. Letters are the building blocks of language, but they are also shapes, textures and structures. They can carry the weight of emotion, even when the words themselves are failing. This research postulates how the body and words aren't all that different. Both rely on structure, and both can fall apart.

The resulting work will serve as a visual proposition, a tool for empathy-building in a world where this is lacking, suggesting that letterforms can hold emotional weight and serve as a language for unspeakable experiences.

In this thesis, it is important to distinguish between *typography* and *letterform*, as the two are often used interchangeably but operate differently within this research. *Typography* is traditionally understood as the system or application of arranging type for communication, governed by rules of legibility, hierarchy, and reproducibility. It is often mechanical, systematic, and optimized for clarity across contexts. In contrast, letterform refers to the individual construction and expressive potential of a letter as a visual and material object. A letterform is not only a carrier of linguistic meaning but also a site of gesture, texture, and embodiment.

This project positions itself within the realm of letterform rather than conventional typography. The work does not aim to produce a standardized, neutral type system, but instead explores how letters can operate as expressive structures shaped by bodily

experience. In this sense, the letterforms function as artifacts of process—each one carrying traces of instability, pressure, and fluctuation—rather than as fixed units within a typographic system.

Context

According to a comprehensive analysis based on the Global Burden of Disease (GBD) Study 2021, the global landscape of autoimmune disease has shifted dramatically over the last three decades. Researchers found that “The global age-standardized prevalence rate of autoimmune disorders nearly doubled from 1990 to 2021. We observed a notable increase in type 1 diabetes, downward trends in inflammatory bowel disease, multiple sclerosis, and psoriasis, and stable trends in alopecia areata, rheumatic heart disease, and rheumatoid arthritis” (Xiao et al., 2026). As autoimmune conditions affect an increasingly large proportion of the global population, the gap between their rising prevalence and the world's understanding of what it means to live inside them widens. This project is a response to that gap.

Although the mechanisms of immune system malfunctions has been studied and expressed in medical literature, there are aspects of autoimmune disease which are difficult to detect and categorize (Chiavolini, 2024). As a result, it is probable that current statistical understandings of autoimmune affliction is severely underestimated (Murray, 2024). Additionally, research has shown that the emotional and mental dimensions of illness tend to be deeply personal, and can often feel isolating (*Managing Mental Health with an Autoimmune Disease*, 2021). These factors mean that there is not only a need for

further research into the biological realities of autoimmune disease, but there is also a gap in understanding the lived experiences of autoimmune disease. The gap between visible and invisible aspects of autoimmune disease can have a further emotional toll on individuals whose lived experiences do not match expectations of illness. It is precisely this gap between what the body experiences and what the world is willing to see that this project seeks to address through the language of typographic form.

Research Problem

Autoimmune illness is contradictory. Your immune system protects but also attacks. The body feels strong, but collapses. Language such as ‘flare’, ‘remission’, and ‘chronic’, capture the clinical states. But what about the phenomenological impact? Why is there little to no representation of what living in such a body feels like? As Donnelly et al. (2021) observe in their paper *(In)Visible illness: A photovoice study of the lived experience of self-managing rheumatoid arthritis*, “Data and information obtained through interviews alone may miss some of the nuances of lived experience that either may be less salient in a person’s mind or cannot easily be expressed by verbal means alone”. This disconnect between language and experience is where my research comes in.

One aspect of autoimmune illness that I have faced is that it's a constant negotiation between being seen and being misunderstood, between hiding and explaining, and between craving normalcy and needing compassion. With this thesis, I seek to create a space where these contradictions are not just acknowledged but also visualized through typography, transforming type to be a mirror of the states that language

fails to explain. *Type* is defined here as the visual manifestation of language, acting as a system of characters that functions simultaneously as a functional tool for communication and a medium for expressive, sensory articulation. In doing so, the project moves beyond personal reflection and becomes a tool for building empathy, challenging norms of legibility and reimagining communication. Empathy here is understood not merely as sympathy or awareness, but in its original aesthetic sense. The term Einfühlung, first theorized by Robert Vischer in 1873, describes an act of projecting oneself into another body or environment — an imaginary bodily displacement aimed at understanding how it feels to exist within that other body or environment (Ganczarek et al., 2018). It is this quality that this project seeks to activate through typographic form: not to explain autoimmune illness to those who have never lived it, but to make them feel something of what it is like from the inside. The lack of this empathy — the failure of the world to imaginatively inhabit experiences it cannot see — is not incidental to the problem this thesis addresses; it is the *part* of the problem.

In the end, it all comes down to raising this question: *What does it mean to be visible? And how can design intervene where the world falls short?*

Research Questions

At the core of this thesis lies one central question:

“How can we use typographic form to articulate the internal, often non-verbal, experience of living in a body under attack by its own immune system?”

By creating visual skins that can be employed as texture for type, this research postulates the emotive potential of typographic design for creating a tool for supporting greater understanding between experiences of autoimmune illness and those who do not have first-hand lived experience with autoimmune illness. The project originates from my own personal experience of psoriasis and fibromyalgia — two specific conditions with their own specific textures, rhythms and emotional realities. It does not claim to represent all autoimmune illness, nor all invisible illness. What it proposes instead, is a framework: a method by which a designer, working with their own embodied experience, can develop a visual language that translates the internal, non-verbal dimensions of that experience into typographic form. The specific visual outcomes of this project belong to my body and my history. But, the process that produced them: the autoethnographic documentation, the analog making and the iterative translation of lived experience into formal decisions, is transferable.

It is an invitation for others whose experiences may be wholly different, but whose relationship to invisibility and misunderstanding may be the same, to develop their own visual skins and their own letterforms and typographic language for what their body knows and language cannot hold, this suggesting a template for others to use in supporting communication between experiences and knowledge.

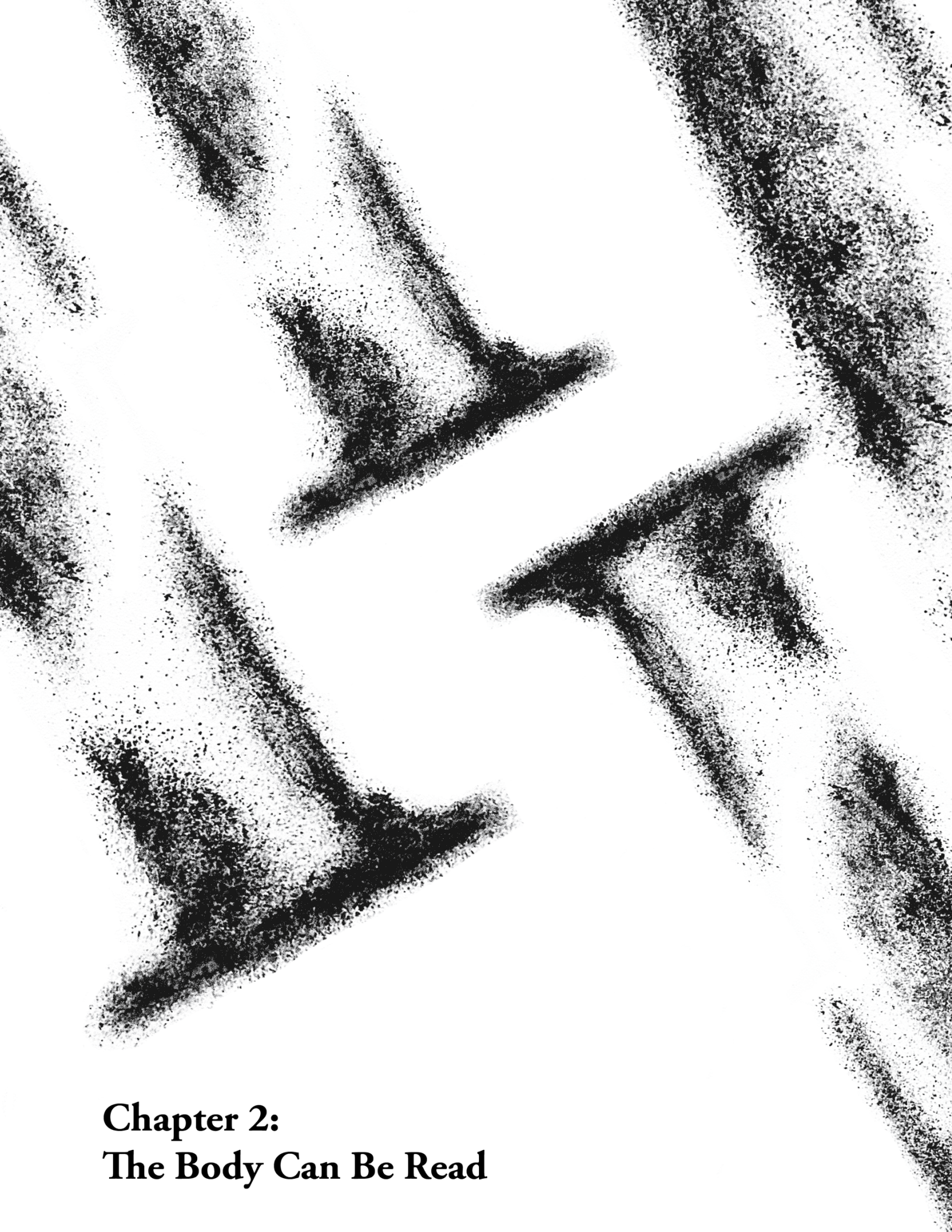
Scope

I began this work with a clear intention: to translate the internal, emotional experience of autoimmune illness into typographic form. What emerged instead was an

ongoing negotiation with instability. Not one kind of instability, but several, layered on top of each other. There was the instability of the illness itself: the unpredictable cycling between flare and remission, where the body refuses to stay in one state long enough to be understood. Then came the instability imposed from the outside: the social pressure to appear well, to perform normally and the disbelief that follows when you fail to do so. And of course, the instability that I carried within myself: the expectation that I should still be the person I was before the diagnosis, and the slow realization that I could not be. These three forms of instability did not separate. They bled into the process, the making and finally into the forms themselves.

In undertaking this research, I understand the accountability that I have to the communities whose experiences resonate with this work, the audiences who may resonate with the typographic forms I am developing, and to those I hope will come to empathize with these experiences. Given the already often misunderstood experiences of those experiencing autoimmune illness, this accountability demands care and openness in representation and interpretation of what design can convey. It is therefore important that I state at the outset of this work that I'm not striving for objectivity, but for emotional honesty, attentiveness and understanding. Ultimately, the scope of this thesis is not to explain what an autoimmune disease is, but to create a system of legibility, that offers a new visual language to navigating the complexities of illness.

The methodology integrates autoethnography, practice-based research and theoretical analysis. By situating my own lived experience within established academic frameworks, this thesis seeks to balance vulnerability with rigor. And through this work, I



Chapter 2:
The Body Can Be Read

This project begins with a simple observation: the body is a field of signs. Some of these signs are visible: a rash, a scar, a limp — and are readily legible to others depending on the meanings ascribed to them. But many signs, particularly in autoimmune illness, remain invisible: fatigue, internal inflammation, pain without a visible source. These signs are not unreal, but they go unread because they never reach the surface. If typography is also a system of signs, then it might offer a way to encode both the visible and the invisible, translating the experience of autoimmune disease— the ebbs and flows of remission and flare, into form that can finally be read.

This analogy draws on interdisciplinary frameworks spanning semiotics, affect theory, trauma theory, and disability studies (including social models of disability), while rooted in visual communication and typographic practice for embodied storytelling.

Typography as Meaning: Semiotics and Form

If this thesis asks whether typographic form can articulate internal experience of autoimmune illness, then semiotics offers the first tool for understanding how that articulation might work. Semiotics is the study of signs and how they produce meaning. For this project, it provides the framework that a letterform is never just a letter. Instead, it is a sign that carries meaning through its form, texture and context, not only through the word it helps to spell.

Roland Barthes' semiotic theory, particularly his concepts of connotation and denotation establish both the foundational language of semiotics, and point towards the trajectory of semiotic thought and its influence on visual art and type design. It

establishes how signs operate on two levels simultaneously. As Barthes argues in his analysis of the image, "the literal image is denoted and the symbolic image connoted" (Barthes, 1977, p. 37). Applied to typography, this means that a letterform operates on two levels simultaneously. At the level of denotation, it is simply a unit of language – an O, a T, an S. But, at the level of connotation, its weight, its stability and instability, produces meaning that exceeds beyond the literal meaning of it. I want to understand how the visual treatment of type affects its interpretation, tone, and emotional readability, rather than treating legibility as the sole criterion of effectiveness. This analysis was completed through documentation (sketchbooks, annotated specimens), reflection writing, and peer feedback. As I will discuss in Chapter 5 'Research Through Making' and and Chapter 6 'Designing Instability', I develop letterforms not only as text but as experience.

Gerrit Noordzij extends this semiotic understanding of type into the realm of the body. In his book, The Stroke: Theory of Writing, Noordzij argues, "The first, initial, fundamental shape is the single track of a tool. Only handwriting preserves the characteristics of the single stroke" (Noordzij, 1985/2005, p. 9). This means that a hand-made letterform is not simply a visual object but is a sign of the body that produced it, carrying within its form, the pressure, gesture and the physical presence of the hand that made it. For a set of letterforms designed to communicate the experience of living in a body under chronic attack, this is foundational. The letterforms in this project are hand-made, thus making the trace legible.

Ellen Lupton's work on type as a fusion of language and image further supports this argument. As she states in *Thinking with Type*, "typography is what language looks like"

(Lupton, 2010). This seemingly simple observation carries significant weight for this project. If typography is the visual manifestation of language, then manipulating its form by making it oscillate between different states and destabilizing it changes not just how language looks, but also what it communicates.

In *Ways of Seeing*, John Berger challenges the idea that Western art is only produced by individual geniuses by emphasizing the social and economic conditions that shape its creation and reception. The book is structured through seven essays—some blending text with images—using a non-linear format that encourages readers to critically examine visual culture.

Berger argues that meaning is not inherent in images themselves, but is shaped by context, reproduction, and the viewer's position. He emphasizes that "the way we see things is affected by what we know or what we believe," highlighting the ideological dimensions of visual interpretation (Berger, 1972/2008) . This is significant to the project in the way that the meaning of these letterforms will be shaped by what the viewer brings to them. A viewer who has lived with chronic illness will read the dispersal and density of the forms differently from one who has not. The letterforms cannot control that reading. But it can create the conditions for it.

Stefan Sagmeister's typographic practice provides perhaps the most visceral precedent for the relationship between body and letterform. In his 1999 poster for an AIGA lecture in Detroit, Sagmeister had the event details carved directly into the skin of his torso with an X-Acto knife, then photographed the result. The letterforms were produced

by the body through a deliberately painful process. According to the *Museum of Modern Art,* the poster was “Sagmeister’s attempt to visualize the pain inherent in his studio’s design projects” (Museum of Modern Art, n.d.). In this piece, form and content became inseparable. This is directly relevant to this thesis as the physical act of making folds the body back into typographic form. Where Sagmeister inscribed pain onto the surface of the body, this project inscribes the internal experience of illness into the structure of the letter.

Together, these thinkers establish a semiotic framework in which type and typographic form is analyzed not merely in terms of expedience or adherence to convention, but also in terms of how it communicates experiences that resist stability, clarity and easy articulation. Semiotics, therefore, functions as a crucial tool in understanding how letterforms can embody emotional states and bodily tension.

Reading the body semiotically creates space for a vocabulary to showcase how form carries meaning. Semiotics, however, has its limits when applied to the experience of autoimmune illness. A semiotic analysis can explain how the letterforms produce meaning. What it cannot fully account for is the pre-linguistic and bodily dimension of the experience. The fatigue that precedes any thought about fatigue and the pain that arrives before language can name it. Thus, this thesis turns to affect theory and phenomenology, which together address what semiotics cannot quite reach.

Embodiment and Affect

Semiotics tells us how meaning can be mapped. Whereas phenomenology reiterates why these mappings matter. Maurice Merleau-Ponty's phenomenology rejects the idea that the body is a passive object to be examined, measured or diagnosed from the outside. Instead, he positions the body as the very condition through which all experience becomes possible. In *Phenomenology of Perception*, he writes, "The body is to be compared, not to a physical object, but rather to a work of art." (Merleau-Ponty, 2005, p. 174).

Living with an autoimmune disease is a continuous negotiation between the world and bodily sensation. When you are healthy, you don't feel your immune system, it just works in the background. But, with an autoimmune disease, a day that felt stable, can be interrupted by pain. The body ceases to be a neutral backdrop and becomes the dominant subject of every moment. If the body is, as Merleau-Ponty argues, more like a work of art than a physical object, then it also follows that a work of art, in this case: a typographic system, can mirror the body's logic. The letterforms developed in this thesis don't carry meaning through clinical description but through the same qualities Merleau-Ponty attributes to the body: form, tension, instability, and the embodied trace of the hands that made them.

Affect Theory, as theorized by psychologist Silvan Tomkins, extends this further by addressing how experience is transmitted between bodies by exploring the nine innate psychological reactions to stimuli. "The affect system is therefore the primary

motivational system because without its amplification, nothing else matters— and with its amplification, anything else can matter" (Frank & Wilson, 2020, p. 14).

Affect operates pre-cognitively; it is felt before it is understood. This framework is critical to this thesis because it articulates what the letterforms are designed to convey. The visual manipulation of typographic form: different densities of ink, texture and grain — can be understood as a way of triggering visceral, embodied responses in the viewer: a felt sense of instability, pressure or fragility. If affect is what makes experience matter, then typography that activates affect can make the experience of illness matter to someone who has never lived inside it. The letterforms are not merely a descriptive tool, but also an instrument for eliciting empathetic and physical resonance to those suffering from autoimmune disease.

Disability Studies

The social model of disability is central to this thesis because it shifts attention from individual pathology to systemic and cultural barriers. The model emerged from the political arguments of the Union of Physically Impaired Against Segregation (UPIAS), which states: "In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society" (UPIAS as cited in Shakespeare, 2006)

Traditionally, the medical model of disability has understood illness and impairment as individual problems to be treated, managed, or cured. This model makes an important

distinction between 'impairments' and 'disabilities'. "Impairments can be thought of as the functional limitations an individual might face (i.e., not being able to walk). Disabilities, on the other hand, are the disadvantages imposed on individuals by a society that views and treats impairments as abnormal, hence worthy of exclusion" (Buder & Perry, 2021).

This model is relevant, especially in autoimmune illnesses, since patients often face barriers not only in accessing healthcare, but also in being believed, supported, or accommodated in everyday contexts. The “you don’t look sick” reaction is basically a social script that delegitimizes certain experiences, effectively “disabling” the individual by denying them the social and environmental accommodations they require, and in a way, recognition. Just because some of the autoimmune conditions lack a physical marker of illness, they are deemed ‘non-existent’. The problem is not a person’s faulty immune system, but rather a society that is structured only for those with visible, recognizable impairments. Thus, it becomes clear that as much about social justice and systemic barriers, as it is about biological symptoms.

The artist Park McArthur’s practice demonstrates how disability can function as a generative position to make art, instead of being dismissed as a limitation. In her 2014 exhibition *Ramps*, McArthur collected and displayed the temporary wheelchair ramps that various institutions had built at her request by removing them from their functional context and presenting them as sculptural objects. The work made visible the infrastructure of access that is normally hidden, temporary, and treated as an afterthought. As McArthur has stated, she is "consistently interested in finding ways of understanding debility and dependency as a generative space" (McArthur, n.d.). Her

practice demonstrates that disability is a position from which form, materiality and meaning are produced.

Carolyn Lazard's work extends this further into the specific territory of autoimmune illness and invisible disability. Lazard, who lives with multiple autoimmune diseases, has described their position as one where they "pass as able-bodied," and where "the invisible nature of my disability has led me to create work that engages constructions of legibility and visibility" (*Carolyn Lazard*, n.d.). This statement articulates precisely the communicative gap that this thesis responds to. Lazard's *Extended Stay* (2019), shown at the Whitney Biennial, placed a television on a hospital mount in the gallery — connecting the boredom and temporal suspension of chronic illness to the viewer's own experience of waiting and watching.

Lazard's practice demonstrates that art can make the systemic, structural experience of autoimmune illness legible without reducing it to personal confession. Their approach of depersonalizing in order to politicize, offers an important counterpoint to this thesis, which takes the opposite but complementary route: using deeply personal, autoethnographic experience as the raw material for a visual system that aims to reach beyond the individual.

Together, these frameworks and practices establish that disability and illness are not conditions to be depicted from the outside, but should be a position from which new forms of knowledge and communication emerge. This thesis extends that principle into

the field of typography, asking whether letterform itself can make the invisible experience of autoimmune illness legible where social systems have consistently failed to.

Trauma and Fragmentation

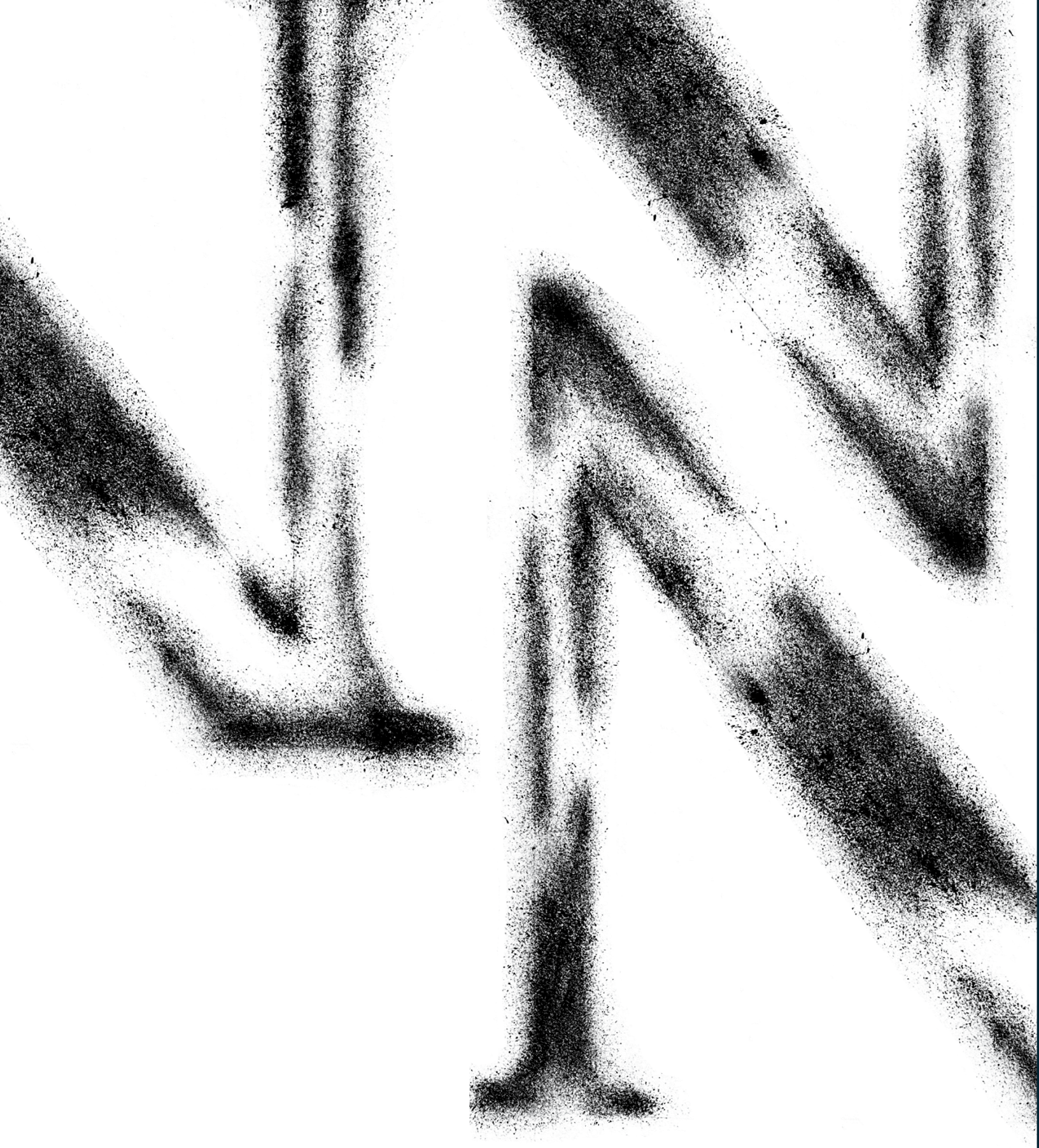
Trauma theory provides a critical lens for understanding the project's engagement with the physical and psychological impact of chronic illness. As Judith Herman argues in *Trauma and Recovery*, "In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others (Herman, 1992). This concept of the fragmented self is central to my thesis as a slow, accumulated condition. Autoimmune illness does not shatter the self in an instant. It erodes it through years of being disbelieved and through the loss of the version of yourself that existed before the diagnosis, and everything that came with it.

Although, autoimmune illness does not always conform to trauma in the conventional sense, its unpredictability produces a similar rupture. Flare-ups don't just occur, they interfere. In *Unclaimed Experience*, the writer Cathy Caruth states "Trauma is not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature—the way it was precisely not known in the first instance— returns to haunt the survivor later on" (Caruth, 1996). Unlike a single catastrophic event, autoimmune illness unfolds in parts, across time. It is structurally unstable, repetitive, and fluctuating. While remission often suggests resolution, it comes with the hidden possibility of flare embedded in it. Thus, the body and mind are never at

rest. A subtle tension always persists. Ten good days in a row do not guarantee that the eleventh will be the same. Recovery and relapse overlap. The body can never be assumed stable, thus generating embodied fragmentation through fatigue and oscillation. Thus, fragmentation is not just metaphorical, it's a systemic, structural behavior, one that shapes how the body is experienced and how meaning is made from that experience. Instability becomes so much more than just an aesthetic gesture.

This understanding of fragmentation argues: if the body oscillates between continuity and rupture, can a typographic system embody the same oscillation without dissolving entirely? And if so, how can those polarities be mapped onto the construction of a letterform?

In the letterforms developed for this thesis, fragmentation is not applied as decoration or visual disruption. It is built into the skeleton and structural logic of each letter. There are areas of dense clusters of ink which represent flare: the illness making its presence undeniable. And then there are areas where the form thins, disperses or nearly disappears representing remission: the illness being present but receding below the surface. The structure of the letters remain intact but their surface shifts. No letter is fully resolved, and no letter is fully dissolved. This is the typographic equivalent of what Caruth describes: that trauma is never fully known and never fully absent, bur returns in altered form. Each formal decision in the letterforms: the texture and its densities, the diagonal axis, the bitmap format; are all translations of the same oscillation that trauma theory identifies in the body: the inability to rest in one state, and the refusal to collapse entirely.



Chapter 3:
When Language Fails

When language is often assumed to be the primary tool for communication, it reveals its limitations most clearly in the context of illness. This chapter examines the inadequacy of medical and cultural language in representing the lived experience of autoimmune conditions. Through a critique of clinical terminology, visual culture, and awareness design, and an analysis of expressive typography, it demonstrates how complex, fluctuating experiences are reduced to static, simplified forms.

Critique of Medical Language

Medical discourse is designed for precision, consistency in diagnoses and intervention. It relies on measurable symptoms, standardized terminology and medical jargon. But precision in diagnosis is not the same as precision in communication. In autoimmune illness, terms such as “chronic”, “inflammation”, “flare-ups” and “triggers”, and “remission” are used as clinical shorthand, to allow doctors to classify, treat and monitor. But they do not capture what it feels like to live inside the body they describe.

In medical sociology, Leon Eisenberg draws a foundational line between disease and illness: “Patients suffer "illnesses"; doctors diagnose and treat "diseases. Illnesses are experiences of discontinuities in states of being and perceived role performances. Diseases, in the scientific paradigm of modern medicine, are abnormalities in the function and/or structure of body organs and systems.” (Eisenberg, 1977). Disease refers to the medical pathology, the measurable dysfunction. Illness refers to the lived experience of that pathology: the pain, the inflammation, the emotional toll. This thesis is concerned with

illness, not disease. It does not seek to explain what autoimmune illness are in medical terms, but only to represent what it *feels* like.

The language of medicine converts the body into mere data points. Doctors would often ask me to rate my pain and my itching on a scale of one to ten. And I tried. But I didn't understand how I was supposed to rate something that changed every hour. I noticed that the gap between what I felt and what I was able to say widened every day. I could describe the symptoms, but not what they felt like. In 1971, Ronald Melzack developed the McGill Pain Questionnaire to evaluate a person experiencing significant pain. According to the author, "'pain' refers to an endless variety of qualities categorized under a single linguistic label, not to a specific, single sensation that varies only in intensity or affect" (Katz & Melzack, 2011). In *Illness As Narrative*, Ann Jurečič further comments on this, stating "the questionnaire displaces the patient's own story, sidesteps the issue of pain's private meaning, and disrupts the potential for humane communication between patient and doctor"(Jurečič, 2012).

Gabi Schaffzin's research at York University traces this problem historically through the design of graphic pain scales. Schaffzin demonstrates that the Visual Analog Scale — a simple horizontal line used today in over half of all pain trials — was designed to prioritize efficiency and statistical reliability for the clinician, rather than to capture the subjective experience of the person in pain (Schaffzin, 2023). The scale offers the patient what appears as freedom of speech. But once that mark is made, the freedom disappears. As Schaffzin argues, "the VAS sanitizes the affect of the subject as soon as a value is noted by the physician, recorded by the technician, and smoothed by the data scientist (Schaffzin,

2023, p. 122). The result is a tool that converts the analogic, deeply felt reality of pain into discrete, manageable information which is only designed for the system's convenience. This reduces pain to simply information and not representation.

This is not only a problem specific to medicine. All language, to some extent, involves a compression of continuous, felt experience into a finite set of words that can never fully hold what they are asked to describe. But in the context of autoimmune illness, this narrowing down has material consequences. When a person is forced to narrow down "an endless variety of qualities" into a rigid numerical scale, the interior harsh realities of the illness are erased, instead of being translated, thus reducing the patient from a 'narrator' to a 'case'. Whether intentional or not, the medical gaze thus silences its object. This widens the gap between lived experience and external perceptions. Language becomes either overly clinical or metaphorical, neither capturing the instability accurately. Lived experience encapsulates ruptures of physical and emotional shifts, which end up being dismissed.

I seek to occupy this communicative gap with my thesis. Rather than reducing the body to a set of data points, I want my design outcome to serve as a visual vernacular that restores the meaning of pain and forces the viewer to confront the incalculable nature of a body that cannot fit into a scale of one to ten. I am asking the viewer to *look* and to *feel* what such a body experiences every day.

Illness Representation in Visual Culture

In the past seven years, I have been to numerous hospitals and clinics, however, autoimmune diseases are rarely represented visually beyond clinical imagery or infographics. Visual culture has attempted to render illness visible through awareness campaigns, medical illustrations and graphics, but they often rely on symbolism like ribbons and anatomical diagrams. While these often are communicative, the complex experiences that these illnesses come with, are reduced to static icons. The fatigue, inflammation and fluctuating energy remain undepicted. The lived experience is either absent entirely or reduced to metaphors that flatten what they are supposed to convey.

This gap has not gone unnoticed. Susan Sontag's *Illness as Metaphor* (1976) remains one of the earliest and most influential critique of how visual and literary culture frames illness through metaphorical language. She argues that words like "invasion" and "defenses" imposed on illness blame the patient and distort understanding (Sontag, 1978). More Recent qualitative research has recognized this gap. A study conducted by Donnelly et al. (2021), utilized 'Photovoice', a participatory research method where participants document their daily lives through photography to capture the lived experience of rheumatoid arthritis. The study found that conventional modes of representation, including interviews, miss the nuances of lived experience that cannot easily be expressed through verbal means (Donnelly et al., 2021). This finding reinforces the argument that visual methods are necessary for communicating experiences that resist verbal articulation.

However, even participatory visual methods like Photovoice rely on documentary photography, which are all images of the external, visible world. You can show a pillbox on a nightstand or a hand struggling to open a jar, but you still can't show the internal architecture of the illness and the psychological weight of not knowing when the next flare could arrive without warning. These require a kind of visual language that is specially constructed and not captured. This is where this thesis positions itself. The letterforms developed do not document the illness from the outside, but *encode* its structural logic into the form of the letter itself. This thesis proposes that typographic form can offer embodiment.

Expressive Typography and Precedents

For decades, the gold standard in design was that type should be a "Crystal Goblet". In her 1932 essay, *The Crystal Goblet, or Printing Should Be Invisible,* Beatrice Warde argues that typography should act neutral like a "crystal-clear glass" (Warde, 1932) that conveys meaning without drawing attention to itself. It should be invisible, transparent and unobtrusive, thus making good typography self-effacing. She states that, "Type well used is invisible as type, just as the perfect talking voice is the unnoticed vehicle for the transmission of words, ideas" (Warde, 1932). Good typography in this view is one that disappears. Warde's metaphor became an influential foundation for modern western type. It helped formalize the belief that typography's highest quality was its neutrality, and it is only successful when it disappears into the background.

> For the modernists, the letterform was viewed exclusively as a linguistic device. Typography was seen as an external system of signs, meant to depict speech (Abbott Miller & Lupton, 1994, p.20). Therefore, the emphasis on the letterform is not only legibility, but also the degree to which it facilitates readability (Rath ,2016, p.34). (Rath, 2020, p. 5)

In the 1950s, the rise of the International Typographic Style, also known as the Swiss style, reinforced these principles. Sans-serif typefaces such as Helvetica became symbolic of this commitment to neutrality. A *typeface* is a coordinated set of letterforms designed as a unified system, sharing consistent formal attributes such as proportion, weight, and style. Typeface design emphasizes coherence and repeatability, enabling the same visual language to function consistently across different contexts. As (Rath, 2020, pp. 3–4) , states:

> As the decades of modern type design continued, from Bauhaus to The Swiss International Style, the tendency to “abstract” and “simplify” typography (and type layouts) grew stronger. “Form followed function” as practitioners sought to empty letterforms of political and social residue to make way for a “universally neutral” type style. Although it is possible to argue that, like any visual medium, typographic forms are always politically, socially and culturally imbued, modernist typographers crafted sans-serif type specimens such as Universal and Helvetica, believing these could be beacons of international standardization. That is, it was the modernists’ view that their simplified and mathematically concise letterforms were indeed purely functional (Vignelli, 1994, p.51).

Yet, neutrality does not imply absence. It is a deliberate stylistic and ideological choice.

By positioning typography as invisible, emotion and irregularity were restrained, thus stripping typography of its voice. For those living with autoimmune illness, invisibility is rarely neutral. While illness is unseen, it is often doubted and dismissed. When fatigue and inflammation fluctuate internally, it remains unacknowledged.

From the 1980s onward, expressive typography emerged as a challenge to this myth of neutrality. Early twentieth-century-avant-garde movements rejected this idea. Later, designers such as Wolfgang Weingart, recognized as the father of “New Wave” typography, destabilized the Swiss Style by layering, asymmetry and typographic tensions. According to Lars Müller Publishers ,“he instilled creativity and a desire for experimentation into the ossified Swiss typographical industry and reflected this renewal in his own work” (*Typography*, n.d.). David Carson in the 1990s, became famous for the “grunge typography” style, challenging conventional ideas of legibility and layouts, most notably in *Ray Gun* magazine, transforming design into an expressive medium. As Carson himself stated, "Don't confuse legibility with communication. Just because something is legible doesn't mean it communicates and, more importantly, doesn't mean it communicates the right thing" (Hustwit, 2007). These experiments demonstrated that typography not only delivers meaning but also shapes its form.

More recently, designers have extended expressive typography into the territory of social and cultural inquiry. Andy Chen and Waqas Jawaid’s practice at Isometric Studio approaches graphic design and spatial experience as tools for advocating inclusion, equity

and justice, centering the lived experience of marginalized communities in their visual and strategic work (Isometric Studio, n.d.). Their practice demonstrates that design's expressive capacity can serve not only aesthetic but also ethical and political purposes. In empirical research, scholars have explored the emotional dimensions of typographic form. As Özkan writes, "typography is not only capable of conveying the literal message of a text but also able to communicate compelling or motivational messages to the target audience. The visual language emerging from typography design can evoke emotions and even elicit physical reactions" (Özkan, 2024).

However, while expressive typography rejects the idea that type should be neutral, it often replaces neutrality with something dramatic and loud. Letters are stretched, broken or glitched to create impact. But chronic illness doesn't work like a dramatic break. It is a constant cycle of explosion, collapse and remission. It is instability. Energy drops, and spikes later, but rarely in a predictable manner. And remission never means a full return to health. Any visual system aiming to showcase the experience of an autoimmune disease, should consider both tension and recalibration. The goal is not to make the letterforms visibly "sick", but to show the internal structure of a body that's under attack by its own immune system. Thus, the letter is no longer a crystal goblet, it's a body that is structured yet prone to imbalance.

Identifying the Gap

As a graphic designer, I work within the language of visual communication, where meaning is not only conveyed through words, but also through forms, shapes, textures and

structures. Across medical literature, design practice and cultural discourse, there is a consistent gap in the showcasing of autoimmune illness as it is either clinically abstracted or overly simplified. The cyclical instability remains undepicted.

What if type wasn't only a tool for clarity and function, but for *feeling*?

By reimagining the alphabet through this lens, this thesis aims to make visible what is typically invisible: pain, fatigue, grief, and the psychological rupture of losing one’s sense of self. The goal is not to explain the illness in clinical terms, but to represent its internal reality in a visual, sensory, and conceptual way. It proposes that type can function as embodied language mirroring bodily fluctuations, offering a new visual language to navigating the complexities of illness. By embedding instability within the body of the letters, the project responds to the limitations of both medical jargon and oversimplified symbolism. This work will be at the intersection of design and the human body, exploring how typographic form can carry feeling, and visual communication can bridge the gap between personal and collective understanding.

Chapter 4:
The Conversations I'm Joining

This chapter situates the thesis within its methodological and disciplinary context. It frames practice-based research and autoethnography not just as methods, but as ways of producing knowledge through making and lived experience. Rather than separating theory and practice, it positions them as mutually constitutive.

Practice-Based Research in Design

In this thesis, the design process itself is a method of inquiry. “Research that takes the nature of practice as its central focus is called ‘practice-based’ or ‘practice-led’ research. The main focus of the research is to advance knowledge about practice, or to advance knowledge within practice” (Candy, 2006).

Christopher Frayling’s seminal work, *Research in Art and Design*, further distinguishes between “research into art and design”, “research through art and design”, and “research for art and design”, proposing research through design as a category in which practice functions as a mode of inquiry rather than solely as an outcome (Frayling, 1993).

This research is done through making, experimentation and documenting the process. The letterforms developed in this project, therefore serves as an analytical instrument. In design specifically, the process plays a significant role, making different iterations and variations the playground to create a better outcome. The alphabet can embody conceptual and experiential knowledge, thus legitimizing the iterative exploration of texture, axis, and instability my letter forms display. Practice-Based Research allows the research to not only value the finished forms, but also the decision pathways, the failed experiments, and material explorations.

In this thesis, practice-based research took the form of an extended, iterative engagement with material and process. It began with large-scale analog compositions using ink, paint, toothbrush splatter on paper and canvas, prioritizing the full body's involvement over screen-based precision. It moved through phases of stagnation, abandoned directions and unexpected clarity. The most significant breakthroughs emerged through the process, instead of deliberate research. This is the core claim of practice-based research that knowledge emerges through the process and the making, and this thesis is evidence of that claim.

Autoethnography

To articulate the deeply personal nature of autoimmune illness, the thesis employs autoethnography as both methodology and theory. Autoethnography requires deep reflection into one's own self and experiences. (C. Ellis et al., 2011) explain that autoethnographers sought a shift in how academic work is conducted:

> In particular, [scholars] wanted to concentrate on ways of producing meaningful, accessible, and evocative research grounded in personal experience, research that would sensitize readers to issues of identity politics, to experiences shrouded in silence, and to forms of representation that deepen our capacity to empathize with people who are different from us (Ellis & Bochner, 2000). (C. Ellis et al., 2011, p. 274)

As Suzanne Crowley notes in *Making Visible the Invisible*,

> This discovery of combining visual arts research practice with an autoethnographic documenting process enhanced my own art practice and my knowledge of

qualitative research. It provided me with a deeper understanding of the interdisciplinary entanglements that arise out of lived experience and learning by doing and better equipped me to articulate how art practice contributes to research (Crowley, 2022).

One of the characteristics of autoethnography is that it creates room for healing. Over the past few months, I have had a chance to feel emotions and thoughts I usually bury deep within. Engaging with these raw moments and visceral responses created a pathway for me to sit with my emotions without being overwhelmed by them. The process of autoethnography acted as a mirror, it gave me the space to look inward, and reflect on how my body and my skin are what make me the person I am today.

In this thesis, lived experience informs the conceptualization of the letterforms, but it is later examined through formal analysis. In this context, the expressive distortion of type becomes a narrative device, a reflection of the fragmentation and self-redefinition of autoimmune experiences. Thus, the personal becomes a starting point to this project.

Typological Analysis

If typography can carry meaning beyond language, and if expressive typography has challenged the tradition of neutrality, then an important question emerges: which typefaces have actually succeeded in embedding conceptual, experiential, or systemic meaning into their formal structure? This section examines typographic precedents that

are relevant to this thesis, not as stylistic influences, but as structural models for how a typeface can encode instability and non-verbal meaning into its design logic.

FF Beowolf (1990) — Erik van Blokland and Just van Rossum

FF Beowolf, designed by Erik van Blokland and Just van Rossum under the collaborative name LettError, was built using PostScript code in which designers replaced the standard commands that define letter outlines with a custom command they called “Freatko”, which introduced randomization in the outline of each letter each time it was printed. No two printings of the same letter were identical (*Erik van Blokland, Just van Rossum. FF Beowolf. 1990 | MoMA*, n.d.).

Boewolf’s significance for this thesis is structural, not aesthetic. The designers embedded instability into the system itself. The skeleton of each letter remained the same, but the surface changed. Van Blokland explained that the standardization of letterforms was a product of mechanical typesetting, not a requirement of legibility: a historical convention rather than a perceptual necessity (“LettError,” n.d.). This distinction between a stable skeleton and an unstable surface is directly relevant to the letterforms developed in this thesis. Beowolf demonstrated that a typeface could refuse uniformity without losing coherence. This project extends this principle by grounding the refusal not in computational randomness, but in the lived experience of a body that cannot produce the same state twice.

KACHI-BUWA (2020) — Emi Takahashi

Emi Takahashi's KACHI-BUWA, developed as her bachelor's thesis at OCAD University, is a conceptual variable Katakana typeface that maps Japanese onomatopoeic expressions onto typographic form (*Kachi Buwa*, n.d.). The project is built on the Kiki-Bouba effect — a well-documented cognitive phenomenon in which people consistently associate sharp, angular shapes with the word "kiki" and rounded, soft shapes with "bouba." Takahashi translated this into two variable axes — a Kiki-Bouba axis and a Contrast axis — allowing each glyph to shift formally to reflect the sensory and emotional quality of the onomatopoeic expression it represents (Ong, 2020).

In Kachi-Buwa, the movement along each axis is not arbitrary decoration, it carries experiential meaning. Takahashi's project demonstrates that a typeface can function as a system of embodied meaning, where formal variation maps directly onto sensory experience. This is structurally parallel to this thesis because the letterform surface maps between the states of flare and remission, another form of experience that resists verbal articulation. While KACHI-BUWA maps sound onto shape, this project maps bodily states onto typographic texture.

The letterforms developed in this thesis bring these principles together by embedding instability of autoimmune illness into a system that remains legible and mapping the experiential cycle of flare and remission onto the typographic texture of the letterforms.

Chapter 5:
Research Through Making

This chapter traces how knowledge in this project emerged through the act of making. It outlines the iterative design process, showing how experimentation, failure, and material engagement shaped both the conceptual and formal direction of the work. Here, design operates as a mode of inquiry rather than execution.

Practice-Based Research – Design as Inquiry

E.M. Foster's aphorism, "How do I know what I think till I see what I say", articulates the principle that design is a mode of investigation, conducted by means of creative practice. Understanding does not precede making, it emerges through it. Thus, the act of writing (or in this case, making), is how I discovered my own thoughts. In the context of type design, form became my thinking tool.

In this thesis, practice-based research was the condition under which the work became legible to me. The project moved through stages of complete stagnation, abandoned directions and staggered clarity. I also learnt that the weeks of productive nothing are also part of the process.

The letterforms developed are where ideas were tested, revised and clarified. Ideas about instability, regulation and fluctuation emerged through drawings, testing and iterations. I had to value every small sketch, every failed experiment, and the abandoned directions equally as much as the final forms. Several early iterations were rejected because they felt too perfect, or they revealed what I was trying *not* to do. At one point, I traced the psoriasis markings on my own body, accumulated over years of flares, but that approach reduced the work to the visible symptoms of a single condition. This thesis

wasn't about psoriasis, but the broader, largely invisible experience of living in a body that is governed by fatigue and cyclical instability. Abandoning this direction wasn't a setback, but an important clarification. Design, thus, acts as epistemology.

Autoethnography as Method: Documenting Lived Experience

Autoethnography in this project meant treating my own medical and personal archives as primary source material. While the intimacy of lived experience was present, I still had to distance myself from it occasionally, in order to be able to critically analyze the work. In the process, that came through overlapping forms of documentation that I had to revisit time and again. Written journals and sketchbooks ran side by side, recording every moment that was felt, including frustration, disbelief and unexpected clarities. Personal memory became my data. I treated medical records and prescriptions accumulated over 7 years of misdiagnosis, diagnosis, and treatments as proof of a body that had been examined and quantified multiple times, yet never once measured the internal experience that came with it.

Just as I rejected the psoriasis mark tracings, I chose not to allow my illness states during the process of making to determine the work's direction. Tying specific iterations to specific flare days would have made the project overly reliant on my own symptom timeline, thus limiting its capacity to speak to a broader experience. Instead, lived experience informed the conceptual and structural instability of the letter, its textural noise and fluctuation between flare-ups and remission, rather than its moment-to-moment execution. I didn't want to produce medical data from my records; I wanted to identify the

patterns of oscillation. I extracted visual and affective cues that informed the design of the letterforms. The work draws on the experience of illness as a pattern.

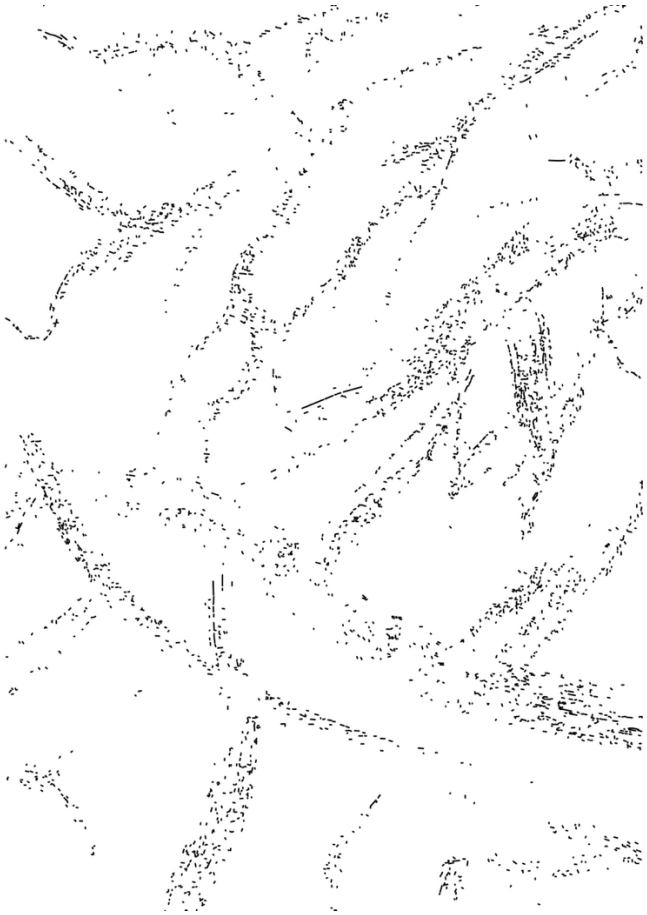
The Shape of the Iterative Design Process

The project began with considerable uncertainty. The research question existed, and the personal urgency was real, but whether this project would become anything or not was not clear. The design process in this thesis unfolds across five overlapping phases: analog exploration, material observation and found form, reflection, and iteration.

Analog Exploration

I found that working large and gesturally really gave movement to my forms. I began by making large-scale compositions using ink, paint, and toothbrush splatter on paper and canvas, to make use of my full body to express this invisibility. Prioritizing this over screen-based pixels returned design to its pre-digital roots, where all forms were made bodily. Working at scale changed what was possible and helped reveal patterns I had not consciously planned, but also missed when I was working on a smaller scale. The full arm and weight of the whole body, along with the unpredictability of the splatters produced textures that a screen could never. I found that a diagonal axis recurred across every composition, even the smaller ones. This structural pattern later became a core formal principle of the typeface.

Figure 1
The Diagonal Axis I found In My Work



Material observation and found form

The most significant turning point in the project did not come from deliberate sketching or screen-based research. It came from a cup of tea. Tea has become a quiet structure of continuity in my life, particularly after moving to Canada. In my family home, the day always began with a shared cup of tea, regardless of season. After relocating, this ritual re-emerged in an unexpected way. Despite rarely drinking tea while living in India, I now begin each day with it, while sitting on a video call with my mother. This small, repeated act

creates a sense of proximity to home and provides me comfort everyday. This association between tea and comfort became significant within the design process.

Working late in the studio, sick, stuck and without any direction, I made myself a cup of tea, and sat in a single spotlight pointed at my desk. When I put the cup back down and looked at it, the tea leaves had settled into a circular form at the bottom of the cup. An ‘O’. The grain, the clustering and dispersion of leaves all mirrored the stippled dots I had been working with for weeks in my sketchbook. I photographed it from every angle adjusting its exposure and contrast, and then drew the outline of the base on a large sheet of paper hung on my wall. I used a toothbrush and black paint to recreate the texture that the tea leaves revealed. As soon as I stepped back, everything became clear. This ‘O’ now became the seed glyph, the conceptual origin from which the rest of the letterforms flowed seamlessly. Its texture became the visual language of the typeface.

At a point of creative stagnation, the cup of tea did not resolve the problem, it created a pause that allowed me to observe the material more closely. It provided me comfort yet again, in a moment of distress.

Figure 2
The Residue of the Tea Leaves Shot by Increasing the Brightness and Exposure

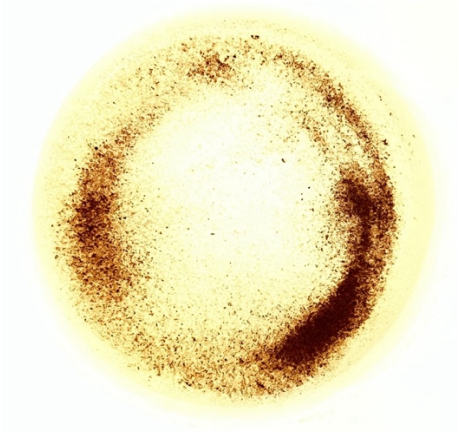
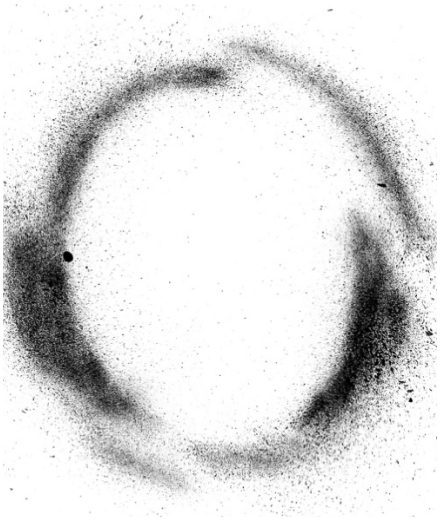


Figure 3
The Seed Glyph 'O', Made by Replicating the Texture and Position of the Tea Leaves, While Following the Structure of Venetian Typefaces



This is methodological evidence. This moment showcases the possibilities of practice-based research. In the end, it wasn't weeks of research and analysis that led me to a concept, but attention to detail and material and most importantly, the process.

Reflection and iteration

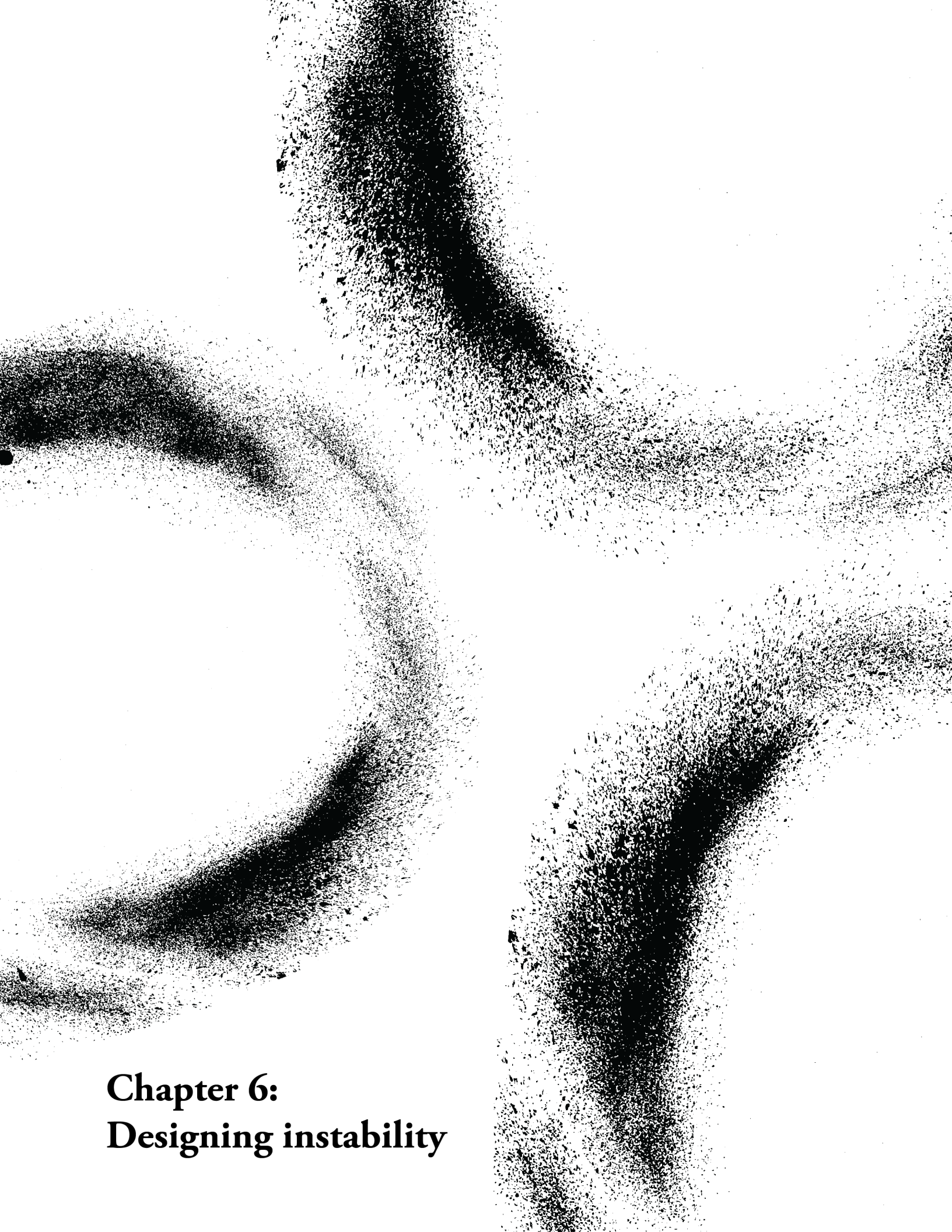
Throughout the making process, I maintained records of everything I did and thought of. These documents functioned as autoethnographic data as well as design tools which recorded what was made and felt. Several iterations were shaped by peer and supervisor feedback. I had to constantly question what legibility and instability meant in this context. A fully legible and stable letter communicated the wrong idea. The work lived between the tension these poles created. Several letters didn't come out right in the first go, I had to make several iterations to be able to capture the idea correctly, while making it look cohesive as the rest of the letterforms.

Design Thinking Framework

The nature of this project was chaotic and uncertain. But the design thinking framework provided a structural scaffolding to keep the work moving even when I was stuck. There were five iterative and overlapping stages. The process began with *empathizing*, drawing on personal experience, medical archives and facing the emotional and harsh realities of autoimmune illnesses. This was followed by *defining* the communicative goal - to build a typographic system that structurally behaves as an unstable body. The *ideation* phase explored a range of expressive strategies such as stroke decay and controlled erosion, irregular weight distribution, textural noise and grain, fragmentation of form, legibility shifts where the letter asserts itself in some places and disperses in others, and the embedding of a diagonal axis to encode movement and imbalance directly into the skeleton of each letterform.

Prototyping translated these strategies into letterforms, and ultimately, into the exhibition context of *Invisible Ink*. And finally, *testing,* through self-reflection, peer feedback, and the exhibition itself – evaluating whether the letterforms indeed convey what I want them to. Do they hold what language alone cannot say?

These five stages did not always proceed in order. They overlapped and occasionally collapsed into each other. But that is the beauty of a design process. Returning to older questions with new information and evidence is proof of learning. Just as the research question was modified multiple times, so were the letterforms and the exhibition display. Each iteration was one step closer to the finished answer.



Chapter 6:
Designing instability

project does not follow that logic. It fluctuates, interrupts, and resists pattern. This chapter translates concept into form. It details how the fluctuating states of autoimmune illness—flare and remission—are embedded into the structural and material logic of the typeface. The focus shifts from process to resolution, demonstrating how instability is formalized within a coherent typographic system.

Concept formation - How remission/flare became structural logic

The central design challenge of this thesis was never aesthetic. It was epistemological. How do you build a visual system that captures the essence of a body under attack by a system that is meant to protect you, as a living structure that oscillates between states? The answer could never be found in research alone. It had to be fleshed out of months of making, through a slow, iterative realization of what the work was trying to do.

The conceptual logic of the letterforms is grounded in the two defining conditions of an autoimmune illness: flare and remission. In medical language, these terms describe the cycling of symptoms, and how they intensify and temporarily retreat. Clinically, flares are defined as “episodes of more noticeable or more severe symptoms” that recur unpredictably across the lifetime of the illness, while remission is described as a “a long period of time between symptom flares”. It is also explicitly noted as something that “isn’t the same as a cure” (Cleveland Clinic, 2024). However, the clinical explanation doesn’t do justice to actually how unsettling these experiences are. Remission never means recovery. It just means the illness is quiet. Still present, still moulding every decision about the body’s energy levels, exertion and risks, but just momentarily invisible to everyone else. A

body in remission looks like a normal, well body. And that is what I want to show people is not true.

This duality becomes the structural principle of the letterforms. The parts of each letter that are absent — where the form dissolves, disperses or fails to fully materialize, represent remission: the illness that is present but unseen. The parts that are dense with texture and dark with sprayed pigment, represent flare: the illness asserting itself and making itself felt. Every letterform holds both states simultaneously. This operates through what Gestalt psychology terms of the law of closure: the perceptual tendency of the human eye to complete incomplete forms and read them as a whole (W. D. Ellis, 1999). Where the letterform disperses or thins to near-nothing, the viewer's eye fills in the missing structure, reading the letter as whole even when it is not. The illness is present in the gaps, in the parts the viewer unconsciously fills in. This means the experience of reading the typeface mirrors the experience of living with invisible illness: you are always filling in what cannot be seen, always constructing a whole from fragments that refuse to fully cohere.

Figure 4
The Handmade Letter 'B' Showing Both Flare and Remission

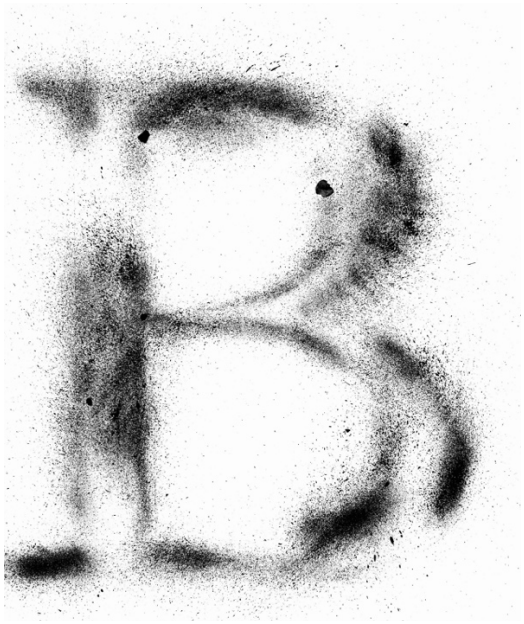
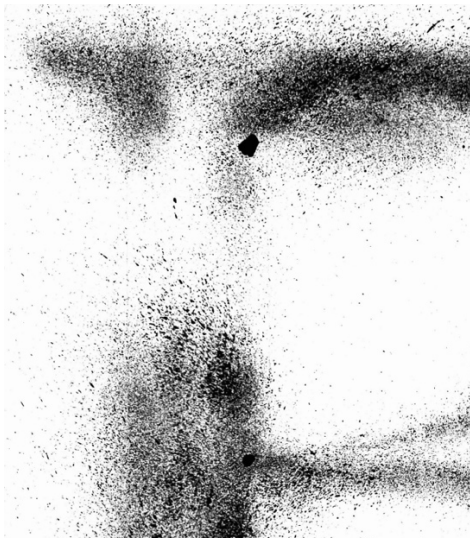


Figure 5
A Close-Up of the 'B', To Show Flare and Remission



The structure of the letter is always present, but the form changes, it is never fully there and never fully gone. Meaning that the skeleton of the letter comprising of its proportions and the humanist logic remains intact, but what we see on the surface shifts. Every

letterform thus replicates the map of the body in constant negotiation with itself. This is the logic of an autoimmune illness translated into typeface design.

The Typeface System

The typeface developed in this project operates through a defined system of constants and variables, establishing a rubric that governs how emotional states are translated into form. The constants include the underlying skeletal structure of each letterform: its proportions, baseline alignment, and humanist typographic logic—which ensure legibility and coherence across the alphabet. The *variables* are the elements that shift in response to the conceptual states of flare and remission. These include texture density, distribution of ink, edge stability, and areas of dispersion or erosion. Flare is represented through increased density, clustering, and visual weight, while remission appears as thinning, fragmentation, or near disappearance of form. The positioning and intensity of these variables were determined through iterative material experimentation, where patterns of accumulation and dispersal were observed, documented, and translated into repeatable visual behaviors.

The letterforms developed in this thesis were translated into a bitmap format. This was a deliberate decision to retain the handmade texture and grain of the original letterforms. Each letterform was made entirely by hand on paper; I wanted to use my whole body to showcase this experience. The skeleton was drawn first, followed by the toothbrush splatters, then the sheet was scanned and brought into Photoshop, where it was converted to pixels and refined. The pixels did not compromise the handmade quality, but instead

preserved it. A vector would have smoothed the edge and restored the stability that this work is defying. The bitmap format captures the softness and the uneven dispersion of ink, thus providing evidence that a human body made this and the making process wasn't clean or perfect.

Figure 6
The 'B' converted into a bitmap format and cleaned up

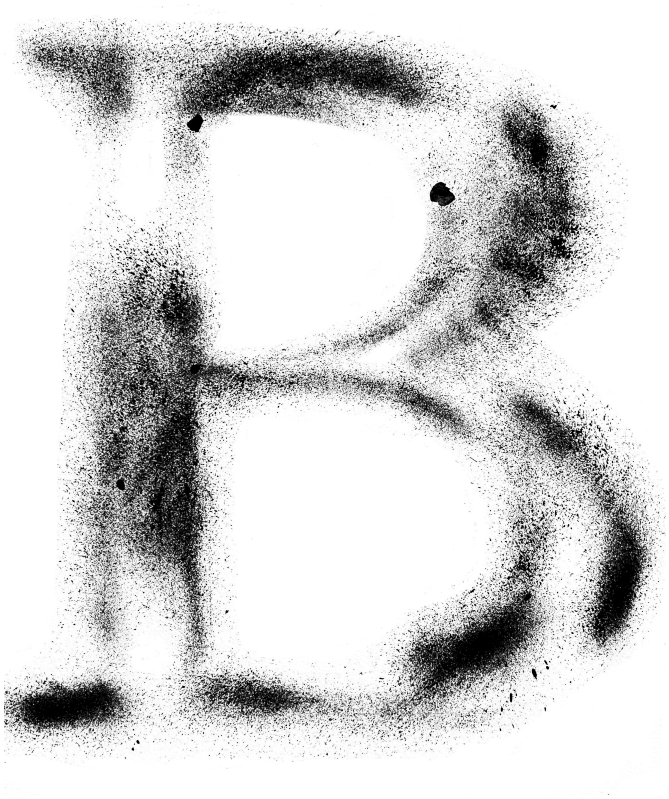
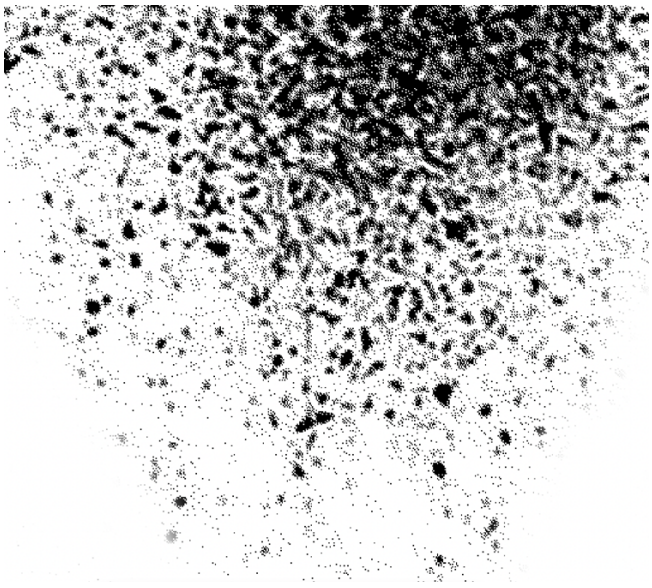


Figure 7
A Close-Up of the Pixel Texture of the 'B'



The resulting letterforms draw from the Venetian (humanist) classification of type, one of the oldest typographic tradition. As Karen Cheng writes in *Designing Type*, “Venetian typefaces have the clearest relationship to pen-formed writing: the oblique axis is severe, the contrast is low and the letter components (serifs, bowls, etc.) display abrupt modeling of a broad-edge pen (Cheng, 2006, p. 14). This lineage was chosen deliberately as it aligns with the emphasis on the body, hand and gesture. Noordzij’s theory of the stroke argues that at its origin, “a stroke is the uninterrupted trace of an implement on the writing plane”, that every letterform begins as the physical “imprint” of a body making contact with a surface (Noordzij, 1985/2005, p. 20). Of all typographic classifications, Venetian type is the one that most naturally preserves the trace. In my understanding, it carries the body within it already: the axis is the angle of the hand, the difference in weight is the pressure applied and the serif is the mark of the pen lifting from the paper. A set of letterforms arguing that

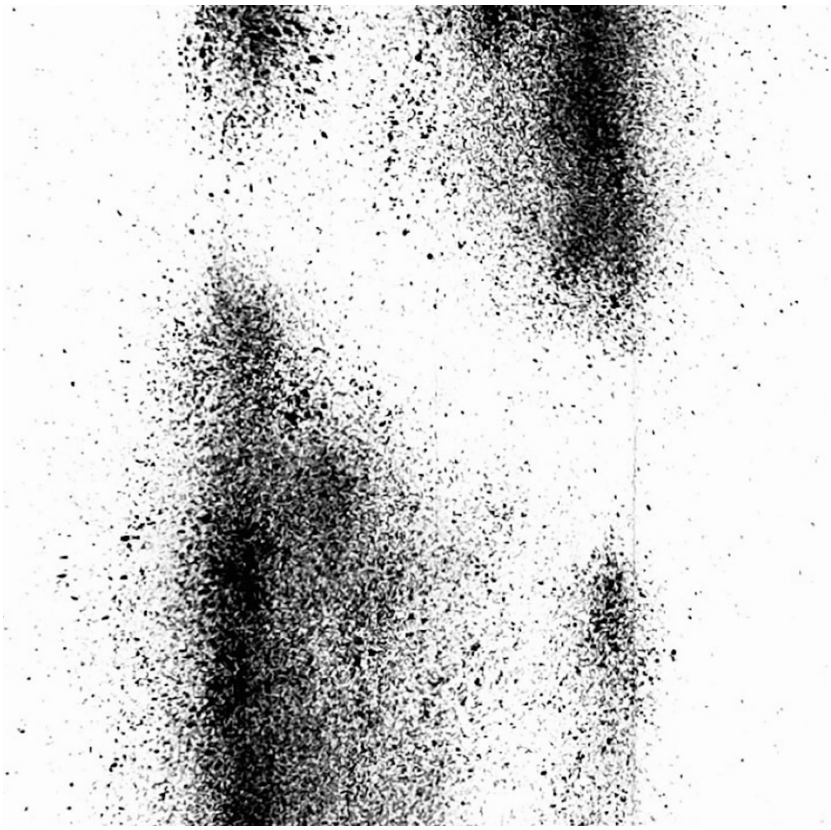
illness leaves its trace on the body needed to be built on the understanding that letterforms leave traces too.

To develop the skeletal structure of the letters, I studied several Venetian typefaces like Centaur, Bembo and Jenson, in order to understand the proportions and structural logic of this type classification. However, the final forms also deliberately destabilize the tradition by introducing textural interruption, irregular weight distribution and controlled erosion, pushing the classification towards conceptual and expressive type.

The decision to use serifs was not conventional. In expressive typography, serif are often abandoned to provide a cleaner, more geometric form. But the serif here is the part of the letter most connected to human touch. In a typeface about a body that is there but not fully visible, the serif confirms its presence. For a body living with autoimmune illness, the insistence on leaving a trace is the point.

The soft, granular texture of the letterforms was chosen because it creates the quality of an impression and not a mark. An impression is suggestive of the fact that a surface was affected, and that there was real contact even if it is no longer visible. This replicates the experience of an autoimmune disease. A mark might not always be dramatically visible, but a slow, accumulating pressure leaves its trace on the body.

Figure 8
A close-up of the soft, granular texture of the 'I'.



Formal Decisions

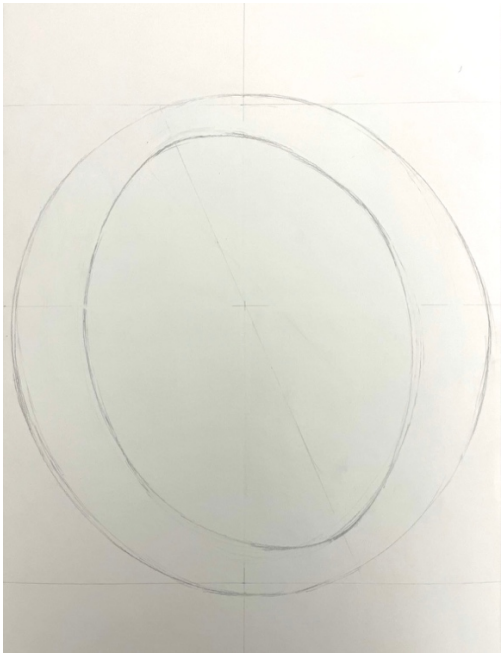
Several formal decisions were made in order to capture the essence of what I was trying to do.

About the typeface:

The diagonal axis, which emerged during the analog making process, became a structural principle of the letterforms. It recurred across every composition and was eventually understood as something that the work kept insisting upon. I came to realize

that it encoded a sense of movement, imbalance and emotional tension that I connected to the experience of instability. It was a tilt that suggested the structure is upright but not entirely steady. For someone living with autoimmune illness, that tilt seemed accurate.

Figure 9
The Structure of the 'O', Showcasing the Diagonal Axis



The decision to physically make the letterforms was also part of the formal logic. Each letter required multiple rounds of spraying. With every spray, I had to repeatedly flick my wrist and thumb to produce a fine splatter of pigment across the paper. And after every few letters, the fingers began to hurt. But, the pain folded the body back into the making in a way that no digital process could replicate. A set of letterforms about the experience of a body under chronic physical pressure, was in the making, in itself a process of chronic physical pressure.

Figure 10

The Physical Act of Making the Letterforms

About the exhibition:

Figure 11
Invisible Ink: Exhibition Installation

Note. Installation view of typographic panels exploring autoimmune narratives through expressive letterforms. Photograph by Simrat Singh Gandhi, 2026.

Invisible Ink ran from March 18 to April 8, 2026, at assemblage gallery in Toronto. The exhibition took the form of a window installation: three large vertical panels of translucent tracing paper, suspended from wooden dowels, and visible from the street outside. Together, the panels spelled the word INVISIBLE, in the developed typeface, at a scale large enough to read by a passerby before they fully understood the intention and meaning behind it. The centre panel was placed at a different level than the other two, to add dimension to the installation, and to showcase the different layers of an autoimmune

illness. The backdrop was a large-scale iteration of the dendritic cells of the immune system, depicted in a state of weakening, rendered in soft pastels. This backdrop placed the panels and the letters literally in front of the immune system that this thesis concerns.

The panels:

The choice of tracing paper as the exhibition material was right on various levels. Practically, its translucency allowed the layered content to remain visible through the letterforms. Conceptually, the paper behaves like skin: thin, semi-transparent and holds the impressions rather than marks. The letters and the artworks left an impression on the paper the way the illness leaves an impression on the body. Structural, but not fragile. One viewer also noted that the paper resembled the lining placed on examination tables in doctor's office. While this observation wasn't planned for, it was very accurate.

The decision to hand-make the panels rather than print them was made after an initial attempt to print them. However, it completely stripped it of its essence. The printed panels seemed too resolved and too stable. The hand-made panels on the other hand retained the evidence of their making: the sprays were uneven and there was a variation in density.

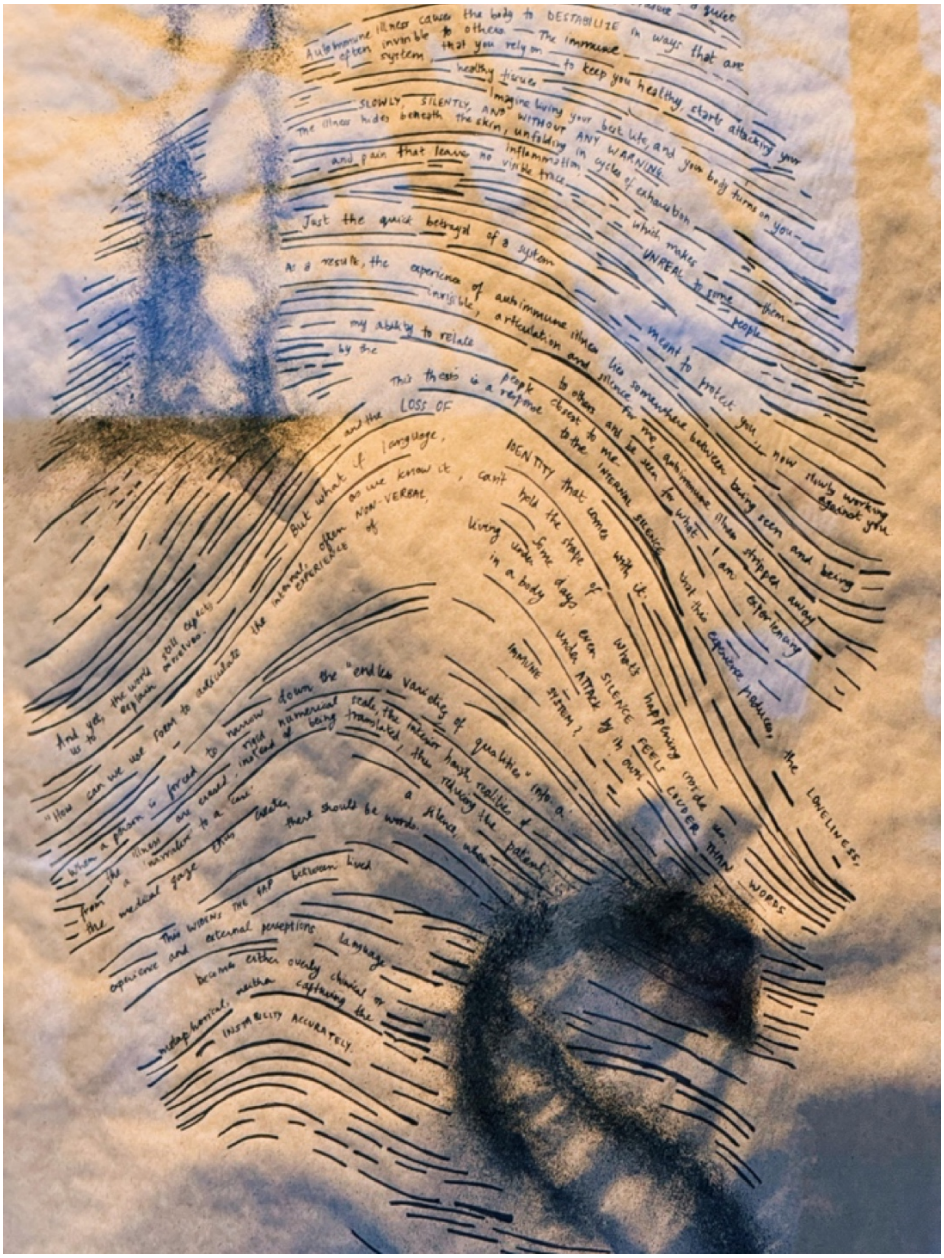
Figure 12
Process: Making All the Panels by Hand

Note. Installation close-up of the impressions created. Photograph by Simrat Singh Gandhi, 2026.

One of the most significant formal moments of the exhibition arrived unexpectedly. After the panels were hung and the space was seen for the first time in the evening light, two things became apparent that had not been visible during the making process. First, the bottom edges of the tracing paper had begun to curl upward, the material was responding to the environment, refusing to lie static. That curl suggested that even the surface of the paper resisted stability and the expectation that it would simply hold its form. And secondly, the impressions made by the letterforms and the artwork were far more stronger than they had appeared during the making process. The letters pressed through the paper

as though the forms had been pushed into the surface, rather than made on top of it, just as the disease pushes through the inside of the body.

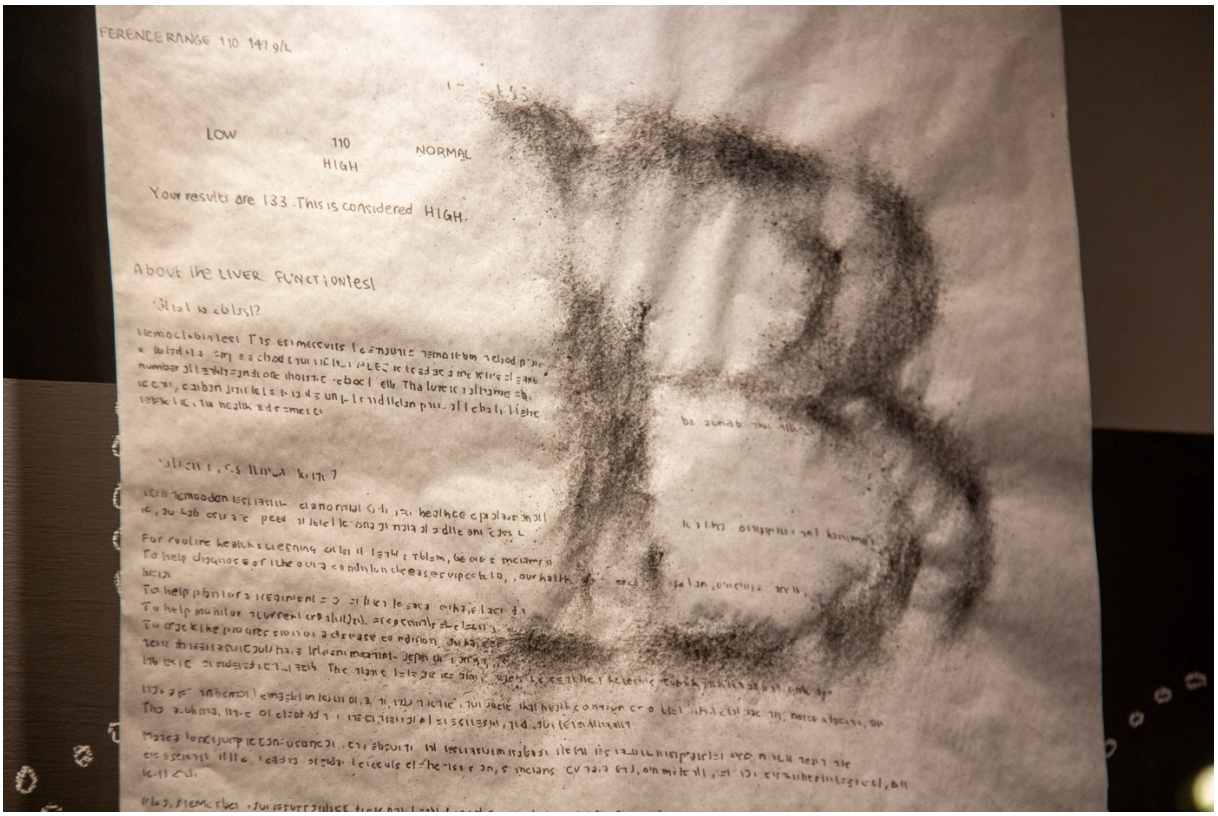
Figure 13
Fingerprint and Letterform Impressions Visible Under Light



Note. Installation close-up of the impressions created. Photograph by Aman Deshmukh, 2026.

Figure 14

Impressions Created by the Medical Reports and the Letter 'B'



Note. Installation close-up of the impressions created. Photograph by Simrat Singh Gandhi, 2026.

There are three panels but they are not separate works. The word only exists when all three of them are read together. The body is only complete when both halves of the arterial system are reunited across the panels. The content within each panel was intentional.

The first panel

Figure 15
The First Panel and its Close Ups

Note. The first panel and its close-ups. Photographs by Simrat Singh Gandhi and Yifan Wang, 2026.

The first panel — carrying the letters I, N, and the opening of the word — holds the physical dimension of illness.

The word TRAUMA, written in lines of medical gauze that intertwine to form the letters, sits at the top: the substance of wound care used to spell the wound itself. The phrase "*but you don't look sic*k", the sentence most directed at people with autoimmune illness, functioning as reassurance but also erasure. Below it, the arterial system of the human body, but only half of it to represent a body rendered incomplete. At the bottom of the first panel, the empty shells of medicine blister packs are drawn. The foil wrappers left behind after every pill has been pressed out and taken. Not the medicines themselves, but the evidence of their absence, recording a body that has been medicated repeatedly. It also renders an image of what's left when the treatment is gone. And lastly, the word "remission" occurs at the bottom of the panel to show the illness going quiet temporarily, and also directly echoing the logic embedded in the letterforms themselves.

The second panel:

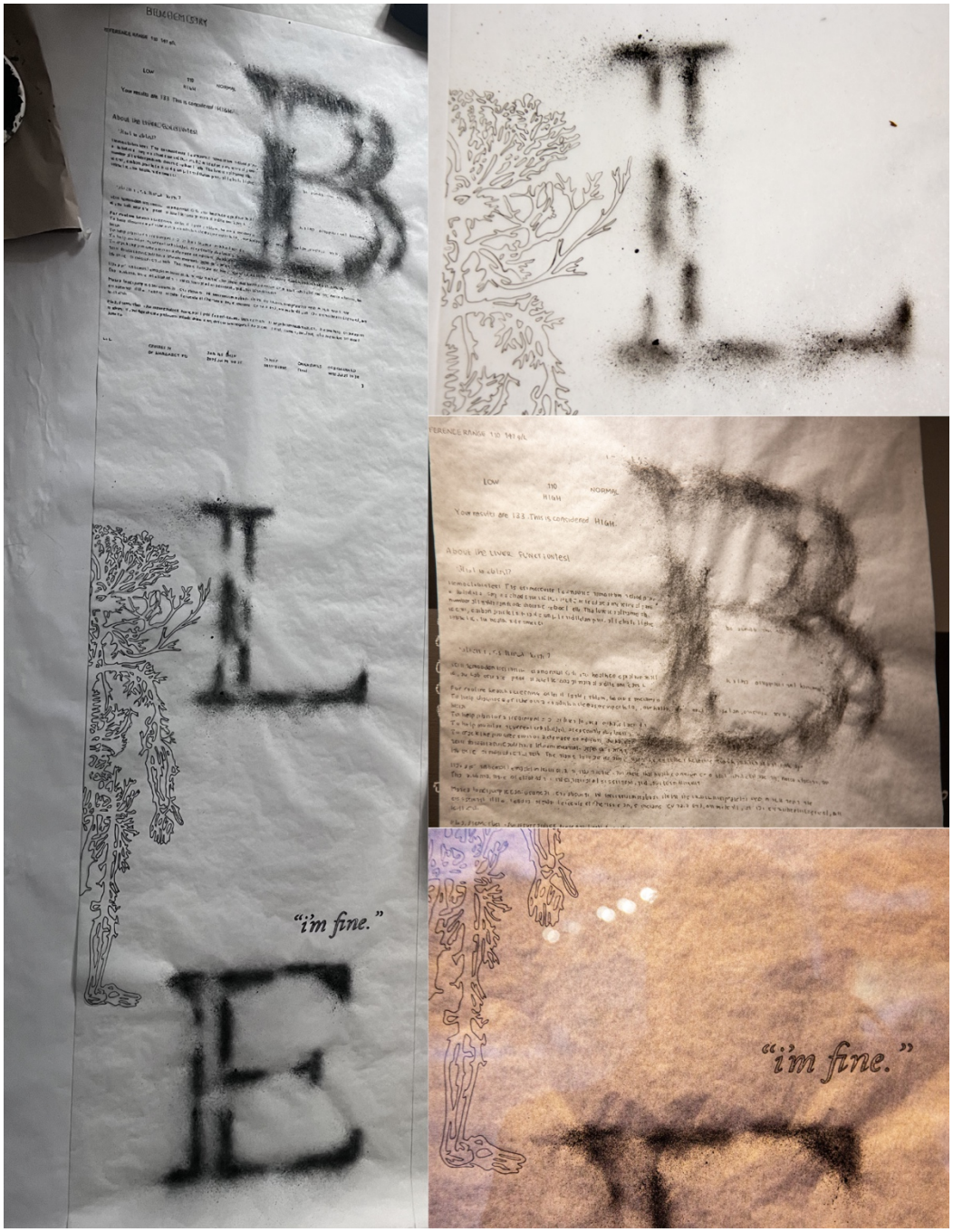
Figure 16
The Second Panel and its Close Ups

Note. The second panel and its close-ups. Photographs by Simrat Singh Gandhi and Yifan Wang, 2026.

The second panel — carrying the letters V, I, S, I — holds the psychological dimension: the interior experience of illness, that doesn't always have a visible marker. A large fingerprint dominates the centre of this panel, standing for the loss of identity that comes with autoimmune illness, suggesting that the person you were before the diagnosis is no longer accessible. Handwritten journal fragments and thesis writing are embedded throughout the layers of the fingerprint, some words and ridges missing. The word "*flare-ups*" is written to show it as a lived reality. The actual medical prescription of my first diagnosis is placed at the bottom, almost illegible, except the UHID (Unique Health Identification) number assigned to the patient. This is precisely the point: the medical reduces the body to mere numbers and data points, instead of revealing what living inside such a body feels like.

The third panel:

Figure 17
The third panel and its Close-Ups



Note. The third panel and its close-ups. Photographs by Ishgun Lamba and Simrat Singh Gandhi, 2026.

The third panel — carries the letters B, L, E, and closes the word INVISIBLE. It holds the dimension of what chronic illness does to your sense of self over time. Blood test results written across the panel with flagged abnormalities is rendered nearly illegible at the scale of the installation. This was done on purpose. Blood tests are the medical system's most direct attempt to read a body, in order to quantify lived experience. But the results rarely capture what the person inside that body is experiencing. Thus the data becomes noise, its all there, but it says nothing. The second half of the arterial system completes here what the first panel began, and the body is made whole only when all three panels are read together. The phrase "*I'm fine*" is embedded into this panel, which had become a kind of armour for me over years of living with psoriasis and fibromyalgia. It was a phrase that required no follow-up and invited no pity. It lost all meaning and became a mask that I hid behind so others won't feel uncomfortable. It was easier than the truth, except the truth was that it wasn't true.

The backdrop wall:

Figure 18
The Making of the Backdrop with Soft Pastels

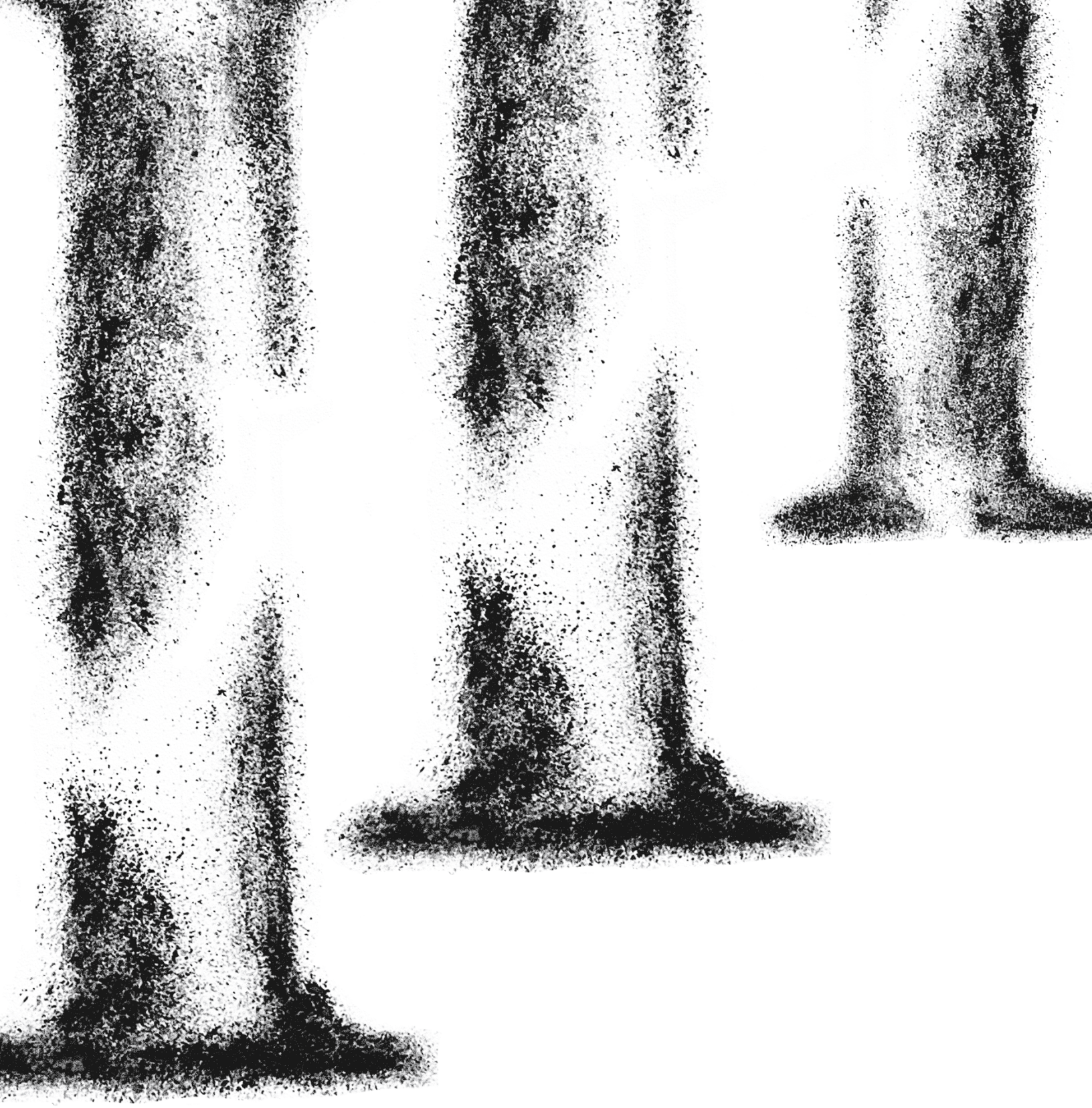
Note. The process of making the dendritic cells with soft pastels. Photograph by Simrat Singh Gandhi, 2026.

The backdrop wall was a large-scale drawing of dendritic cells, rendered in soft pastels. This choice was not primarily biological, but visual and intuitive. The branching of the fractal structures of the cells, and the way they extended outward in fragile, thread-like arms resonated with the visual logic of the typeface itself. Moreover, the dotted structures, showed the weakening of a system that is present, but not whole. Whether or not the viewer knew what they were looking at biologically, it still conveyed a structure under pressure in a network that is expansive but fragile.

Figure 19
The Backdrop Wall Completed

Note. The completed backdrop after 5.5 hours. Photograph by Ishgun Lamba, 2026.

The dust that settled at the bottom after completing the piece with soft pastels added an additional layer, subtly replicating the texture of the letters. Another unplanned happy accident was how the reflection of the tree in front of the gallery seamlessly blended into the artwork.



Chapter 7:
The Alphabet as Organism

When a form carries irregularity, variation, or trace, it begins to suggest something beyond its role as a unit of language. It starts to hold tension. But whether that tension is felt, understood, or recognized depends on how it is encountered.

Can typographic form articulate what language cannot say?

The central question of this thesis asks how typographic form can articulate the internal, often non-verbal experience of living in a body under attack by its own immune system. Having established the theoretical framework, developed the methodology, and described the formal decisions of the work, this chapter turns to the evidence of the typeface and the exhibition, to ask whether the work answers the question it set out to answer. The question is not whether type is legible in the conventional sense. It is whether it is legible in a completely different sense: whether a viewer who has never lived with an autoimmune illness, and who might have zero knowledge of it, can encounter these letterforms and feel, even partially, what the experience is like. Whether typographic form alone, without any clinical language or explanation, can carry that weight.

The O: where the non-verbal becomes visible

The O is the most fully realized letter in the system and the most direct evidence that the central argument holds. Yes, it was the seed glyph that arrived only through a moment of attention and not deliberate design, but it also means that the O was never designed to illustrate illness. It emerged from the same condition of uncertainty and attention that living with an autoimmune illness requires.

At the level of denotation, it is simply a letter. Round, recognizable and readable. However, at the level of connotation, it carries everything this thesis argues. The dense clusters of ink along the edges of the bowl of the O is the flare: the illness heavily asserting itself. The dispersal elsewhere where the paper shows through and the form thins to near-nothing is remission. The surface still present, but barely. This is the internal experience of autoimmune illness rendered as form. Not illustrated. Embodied.

The O does not look sick. And the distinction between looking sick, and being sick, is precisely the non-verbal experience that is at the heart of this thesis.

The typeface as a system of embodied language

Analyzed as a complete system, the letterforms demonstrates that typographic form can in fact function as embodied language, carrying meaning that verbal or written language consistently fails to hold.

Every letterform in the system shares the same structural grammar: diagonal axis encoding imbalance, the weight modulation mapping the flare/remission cycle, the bitmap grain preserving the trace of the body that made it. Reinstating Noordzij's argument, that trace is the argument instead of being incidental. The evidence of making: the grain of the toothbrush and the dispersal of pigment across the surface are not aesthetic choices. They are the non-verbal record of a body at work.

The system is coherent without being uniform. Each letter holds the same logic but applies it differently, because no two days of living with chronic illness are identical. For

that matter, even all three I's in INVISIBLE were slightly different from each other. They share a visual grammar but not identical states. This variability, I believe, is the most accurate feature of the letterforms. Just like the body doesn't flare and remit the same way twice, neither do the letters.

Articulating the internal: what the exhibition confirmed

Figure 20
A Viewer at the Opening Reception of Invisible Ink

Note. A viewer looking closely at the details of the installation. Photograph by Simrat Singh Gandhi, 2026.

Figure 21
Another Viewer at the Opening Reception of Invisible Ink

Note. A viewer looking closely at the installation. Photograph by Simrat Singh Gandhi, 2026.

The exhibition *Invisible Ink* provided the most direct evidence of whether the work answered its research question. The installation invited viewers to look closely. The forms revealed more the longer they were looked at. The meaning was held in the textures, density and dispersal of the letters and the artworks, rather than in the word it spelled.

Beatrice Warde argued in 1932 that good typography should be invisible — a crystal goblet that makes itself disappear so that the contents can be seen (Warde, 1932). The letterforms of *Invisible Ink* refuse this entirely. They demand to be looked at. They insist on their own texture and their evidence that a body made them. For someone living with an autoimmune illness, a condition defined by the world's refusal to look closely enough, this insistence is not stylistic.

The exhibition confirmed that the argument landed. A lot of people said that I had beautifully depicted the whole concept, and captured the essence of the experience. One viewer, encountering the work for the first time, said they had never related to art before, and this was the first time they felt truly seen. That response is the most direct answer this thesis can offer to its own research question. And even if it was only one out of maybe twenty-five people to say it so directly, it gave me a sense of accomplishment. The work made a viewer, who had never lived inside this experience feel, for a moment, what it is like to be seen incompletely, and to be seen completely, all at once.

This is what I had set out to accomplish. That typographic form can do what language alone cannot. It can make you feel.

Figure 22
Viewers at the Opening Reception

Note. Viewers looking closely at the installation, photographed from the inside. Photograph by Yifan Wang, 2026.

Figure 23
Side-angle view of the exhibit

Note. A side-view to show the details and layers of the installation. Photograph by Yifan Wang, 2026

Figure 24
Friends Reading the Didactic for Invisible Ink

Note. Friends looking at the pamphlet and didactic of the work. Photograph by Simrat Singh Gandhi, 2026.

Figure 25
A Couple of Happy Faces at the Opening Reception

Note. Friends enjoying hot chocolate at the Opening Receptionin the cold. Photograph by Simrat Singh Gandhi, 2026.

What remains open

And yet, the work is not a conclusion. It is a proposition, and like all propositions, it raises questions it cannot fully answer. I'm not sure if the numerals and the punctuation marks will be able to justify the same flare/remission logic equally as much as the letters. Or for that matter, whether the logic holds equal clarity across every letterform, across forms that have not yet been tested against the theory — remains to be seen. A system argues more convincingly when it is complete.

Most, if not all, of the audience who encountered the exhibition were open to art and design as a form of inquiry. The work needs to be tested on the people it most needs to reach: those who have said "but you don't look sick" and meant it as a form of reassurance. Whether typographic form can shift that response, and produce empathy in someone who has never considered that possibility. Even though one viewer felt seen for the first time, it is not sufficient evidence yet of the work's full communicative reach.

I don't see these as failures, but as questions it leaves open. In practice-based research, the questions a work generates can be as valuable as the answers. The exhibition offered the first evidence that typography can carry the weight of non-verbal, embodied experience. What remains is to test that argument further, with more characters, more viewers and more time.

Chapter 8:
Making the Invisible Visible

Typography as Witness

For centuries, the dominant tradition in western typography has held that the highest achievement of a typeface has its own disappearance. This shaped not only how typefaces were designed, but also how they were evaluated, In this tradition, a good typeface is one you don’t notice.

This thesis proposes a different standard. The letterforms do not disappear, instead hold their ground. They ask to be looked at rather than through. And in doing so, they suggest that typography's capacity to carry meaning extends far beyond the words it spells. The form of a latter, its density, its axis, and its texture, can communicate more than language alone can hold.

I am not trying to create an argument against legibility. Instead, I am opening the floor for a more broad understanding of what legibility means. A letterform can be legible as both language and experience, as a record of a body, a history of a condition or the visual account of what it feels like to live in an ill body. And typography has always been capable of this. This thesis just reinstates the fact and proposes it as a legitimate design strategy rather than an expressive accident.

A Visual Language for Invisible Experiences

The language available to people living with autoimmune illness is consistently inadequate. Clinical terminology: flare, remission, chronic, inflammation, capture the biological states but not the phenomenological reality. Pain scales reduce an

unquantifiable experience to a number. Awareness campaigns reduce complex lived experiences to icons and ribbons. All of this leads to a persistent gap between what is felt and what can be said or seen. This gap leaves patients feeling disbelieved, isolated and most importantly, unseen.

The project thus proposes that visual language can occupy that gap by making the internal reality felt to someone who has never lived inside it. The letterforms embodies the states of flare and remission in form through the density of ink, the dispersal of a letter's edges, and the structural instability of a system that holds together while it is falling apart.

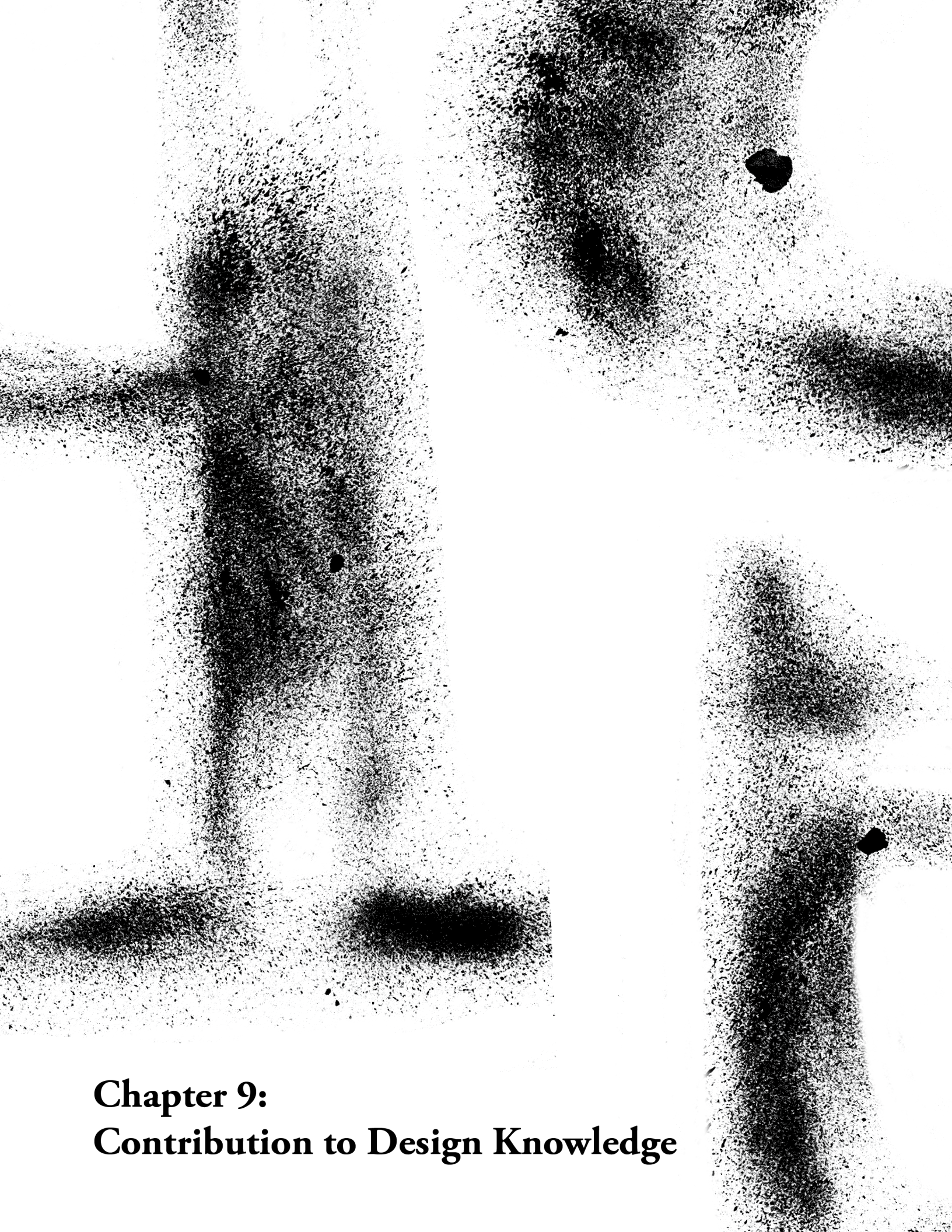
The implication for illness discourse is significant. Design can be a tool for empathy-building in contexts where clinical language has failed. Letterforms and an installation built with a visual language inspired by lived experience can do what a diagnosis cannot: it can make a person who has never been sick in this way, feel, even if just for a moment, what it is like. That feeling is in no way a substitute of medical understanding, but it is the beginning of the social understanding that people undergoing invisible experiences are so consistently denied.

The Personal as Method

Perhaps the most significant contribution of this thesis is the methodology. Practice-based research and autoethnography have each been established as legitimate frameworks in design research. However, when used together, they prove to be particularly powerful for designers working with deeply personal subject matter.

Autoethnography insists that personal experience is data and not just a bias or limitation to be set aside. It is the primary source of information. In this thesis, seven years of living with one visible and one invisible illness accumulated years of journals, medical records, emotional archives and memories of what it feels like to be disbelieved. And for the first time, these were used as research and not dismissed. The design process was the method used to arrive at the findings which were produced.

This has implications for how design research can be conducted more broadly. Especially for designers working at the intersection of personal experience and social critique, on topics such as illness, identity, trauma or marginalization. This method legitimates the subject and embodied as research. This thesis offers a critically reflective combination of autoethnography and practice-based research that treats lived experience as both the subject and the instrument of inquiry. It suggests that sometimes, the most honest design research is the most personal, and that vulnerability is not a weakness but a form of legibility.



Chapter 9:
Contribution to Design Knowledge

This thesis makes three distinct contributions to the field of design.

First, a new typographic framework. This project establishes embodied legibility as a legitimate criterion for evaluating typographic form. It demonstrates that a letterform can communicate the internal, non-verbal experience of chronic illness through its formal properties alone: density, dispersal, axis, grain, and the structural oscillation between presence and absence.

Second, a replicable methodology. By combining autoethnographic and practice-based research framework, the work establishes that lived experience constitutes as legitimate research data and that the design process can itself function as the primary instrument of inquiry. This framework is transferable to any design research context in which the designer's own experience is the subject of investigation.

Third, the work itself. The typeface and exhibition *Invisible Ink* constitute a new visual language for the experience of chronic invisible illness. It occupies the communicative gap that clinical language, awareness design, and conventional typography have consistently failed to close. It is a demonstration that design can produce empathy where language alone produces information. And, form can make visible what words cannot hold.

Chapter 10:
Remission: "I'm fine."

Figure 26
The Designer with Invisible Ink (2026).

Note. This picture is extremely special as it focuses on the text “I’m fine”, while at the same time capturing me in front of it. Photograph by Simrat Singh Gandhi, 2026.

“I’m fine.”

I have said this hundreds of times. To friends, to family, to doctors, to colleagues, to people who asked and to people who didn’t. It was never true, and it was never entirely false. It was the easiest way to close a conversation that I didn’t have the language or the energy to open. Over seven years of living with psoriasis and fibromyalgia, this phrase became less of a lie and more of a surface: smooth, legible, stable. Underneath it, the body continued to do what it had always done: flare, retreat, flare again. But the surface held.

"I'm fine" is, in many ways, the verbal equivalent of the crystal goblet. It is transparent. It carries no texture, no grain, no trace of what it cost to say. And that is precisely why it fails.

This thesis began with a question: how can typographic form articulate the internal, often non-verbal experience of living in a body under attack by its own immune system? But before that, it began with uncertainty about direction, form and whether something so personal could be translated into a visual language at all. What started as an attempt to navigate and articulate the experience of autoimmune illness, gradually became a process of listening to the body. In moving away from explanation to expression, I found a way to hold complexity without needing to resolve it. And the answer, I have come to understand, was never going to arrive through research alone. It arrived through making. Through months of failed directions and ideation, balanced between a thin line of hope that this project might just become something, and an equally thin line of fear that it might not. But there was always a slow accumulation of evidence that the process itself was producing. The answer arrived in a cup of tea, somewhere I would’ve never thought to look, had it not been for that moment of attention. The development of the letterforms became more than a design outcome: it became a method of understanding the moments of tension and fragility. In this way, the work existed as an ongoing negotiation between clarity and obscurity, and between visibility and invisibility. And then, the answer arrived again in the exhibition space, when the letterforms sprayed onto tracing paper, suspended from wooden dowels and fishing line, curled at the edges, and revealed more than I had consciously built into them. The letters pressed into the paper, creating an impression as if they had been pushed from the inside out. Just as the illness does.

From the very beginning, I was clear that I did not want to explain what autoimmune illness is. I didn't know yet the project would evolve to develop a letterform set, but I knew I wanted to express what it feels like: something visceral, emotional and difficult to articulate. And that is exactly what the letterforms ended up doing. They do not illustrate, diagnose or quantify illness. They embody it. Every formal decision, be it the density of the ink encoding flare or the dispersal encoding remission, the diagonal axis encoding imbalance or the bitmap grain preserving the trace of the body; translated the structural logic of a body that oscillates between presence and absence into the structural form of a letter that does the same. The skeleton remains. The surface shifts. The form is never fully gone and never fully there. And that is exactly how it feels.

The exhibition was the first test of whether this concept and argument hold beyond the pages of this thesis. While the work was widely appreciated, the one comment from a viewer about feeling seen for the first time captured exactly what I had set out to do. I didn't know if my work would translate the way I intended, but I hoped that it would move at least one person. And in that moment, it did. That's when you know your art and your design has truly succeeded. But the single response does not constitute proof. It only constitutes evidence that typographic form can actually do what clinical language, awareness campaigns, and pain scales have consistently failed to do. It can make someone who has never lived inside this experience feel what it is like, even if just for a moment. Not through explanation, but through form — weight, texture, and instability of the letters that are supposed to carry it. Design can thus function as a form of witnessing. It can create a

space for experiences that are often misunderstood, minimized or unseen by allowing them to be felt.

This project also opens several directions for future development. The current work focuses on a limited set of letterforms as a way to test how instability can exist within a structured system. Expanding this into a complete typeface, including numerals, punctuation, and extended character sets, would allow for a deeper investigation into how meaning is constructed across words, sentences, and longer texts.

While the outcomes of this thesis remain materially grounded, the framework also lends itself to digital and interactive applications. In a digital environment, instability could become dynamic rather than fixed, with letterforms shifting in real time in response to user interaction or input. This would extend the work from a static representation of experience to a responsive system that mirrors fluctuation as it occurs.

Finally, although this research is rooted in the experience of autoimmune illness, the underlying framework is transferable. It offers a method for translating other forms of invisible or difficult-to-articulate experiences such as mental health conditions or sensory differences, into visual language. In this sense, the project moves beyond a single narrative and proposes a broader approach to using letterform as a tool for expressing what language alone cannot fully hold.

I started this thesis because I was tired of being invisible. Not invisible in a way that goes unnoticed, but invisible in a way that gets noticed and then dismissed. The kind of invisibility that comes with a body that looks fine from the outside, but is falling apart on the

inside. The kind that makes people say “but you don’t look sick”, as though looking sick is a prerequisite for being believed. This project doesn’t resolve autoimmune illness or its experiences, but it creates a way to communicate them through design.

I might still not be fine. But I am no longer silent. The letters carry what I haven’t been able to say. And for the first time, the surface does not lie.

Figure 27
A Picture of Me with My Work, Seconds After Finishing Install

Note. I finished installing in the day, and looking at my work in a storefront gallery on the streets of Toronto made me extremely happy. Photograph by Simrat Singh Gandhi, 2026.

Figure 28

The Day of the Opening Reception of the Exhibition

Note. Photograph by Simrat Singh Gandhi, 2026.

Bibliography

Barthes, R. (1977). *Image-Music-Text* (S. Heath, Trans.). Fontana Press. (Original work published Hill and Wang)

Berger, J. (with Blomberg, S., Fox, C., Dibb, M., & Hollis, R.). (2008). *Ways of Seeing*. Penguin. https://www.ways-of-seeing.com/ (Original work published 1972, British Broadcasting Corporation and Penguin Books)

Buder, S., & Perry, R. (2021, April 21). *The Social Model of Disability Explained*. Social Creatures. https://doi.org/https://www.thesocialcreatures.org/thecreaturetimes/the-social-model-of-disability

Candy, L. (2006). Practice Based Research: A Guide. *ResearchGate*. https://www.researchgate.net/publication/257944497_Practice_Based_Research_A_Guide

Carolyn Lazard. (n.d.). Wynn Newhouse Awards. Retrieved March 23, 2026, from https://www.wnewhouseawards.com/carolynlazard.html

Caruth, C. (1996). *Unclaimed Experience: Trauma, Narrative, and History*. Johns Hopkins University Press. https://web.english.upenn.edu/~cavitch/pdf-library/Caruth_Wound_and_Voice.pdf

Cheng, K. (2006). *Designing Type*. Yale University Press. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://design.media-university.de/Cologne/F5_Typo/Designing_Type_Karen_Cheng.pdf

Chiavolini, D. (2024, July 1). *Untangling a Complex Web: How to Categorize Autoimmune Disease*. https://www.autoimmuneinstitute.org/articles/untangling-a-complex-web-how-to-categorize-autoimmune-disease

Cleveland Clinic. (2024, October 22). *Autoimmune diseases: Types, symptoms & treatments*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/21624-autoimmune-diseases

Crowley, S. (2022). Making Visible the Invisible: How Combining Autoethnography with Visual Arts Practice Unearthed More Than I Imagined. *Art/Research International: A Transdisciplinary Journal*, *7*(1), 156–185. https://doi.org/10.18432/ari29618

Donnelly, S., Wilson, A. G., Mannan, H., Dix, C., Whitehill, L., & Kroll, T. (2021). (In)Visible illness: A photovoice study of the lived experience of self-managing rheumatoid arthritis. *PLOS ONE*, *16*(3), e0248151. https://doi.org/10.1371/journal.pone.0248151

Eisenberg, L. (1977). Disease and illness. Distinctions between professional and popular ideas of sickness. *Culture, Medicine and Psychiatry*, *1*(1), 9–23. https://doi.org/10.1007/BF00114808

Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: An Overview. *Historical Social Research / Historische Sozialforschung*, *36*(4 (138)), 273–290.

Ellis, W. D. (1999). *A Source Book of Gestalt Psychology*. Psychology Press.

Erik van Blokland, Just van Rossum. FF Beowolf. 1990 | MoMA. (n.d.). The Museum of Modern Art. Retrieved March 25, 2026, from https://www.moma.org/collection/works/139326

Frank, A. J., & Wilson, E. A. (2020). *A Silvan Tomkins Handbook: Foundations for Affect Theory*. University of Minnesota Press. https://doi.org/10.5749/j.ctv182jthz

Frayling, C. (1993). *Research in art and design*. Royal College of Art.

Ganczarek, J., Hünefeldt, T., & Olivetti Belardinelli, M. (2018). From “Einfühlung” to empathy: Exploring the relationship between aesthetic and interpersonal experience. *Cognitive Processing*, *19*(2), 141–145. https://doi.org/10.1007/s10339-018-0861-x

Herman, J. (1992). *Trauma and Recovery*. Basic Books. beyondthetemple.com/wp-content/uploads/2018/04/herman_trauma-and-recovery-1. pdf.

Hustwit, G. (Director). (2007). *Helvetica* [Video recording]. Plexifilm.

Isometric Studio. (n.d.). *About*. Isometric Studio. Retrieved March 25, 2026, from https://isometricstudio.com

Jurečič, A. (2012). *Illness As Narrative*. University of Pittsburgh Press. http://ebookcentral.proquest.com/lib/oculocad-ebooks/detail.action?docID=2039279

Kachi Buwa. (n.d.). Retrieved March 25, 2026, from https://www.kachibuwa.com/about.html

Katz, J., & Melzack, R. (2011). The McGill Pain Questionnaire: Development, psychometric properties, and usefulness of the long form, short form, and short form-2. In *Handbook of Pain Assessment* (3rd ed.). Guilford Press.

LettError. (n.d.). *Frieze*, (21). Retrieved March 25, 2026, from http://www.frieze.com/article/letterror

Lupton, E. (2010). *Thinking with type: A critical guide for designers, writers, editors, and students* (2nd ed.). Princeton Architectural Press.

Managing Mental Health with an Autoimmune Disease. (2021, May 10). Global Autoimmune Institute. https://doi.org/https://www.autoimmuneinstitute.org/articles/managing-mental-health-with-an-autoimmune-disease/

McArthur, P. (n.d.). *Park McArthur*. EFA Studio Program. Retrieved March 23, 2026, from https://www.studios-efanyc.org/park-mcarthur

Merleau-Ponty, M. (2005). *Phenomenology of perception: An introduction* (C. Smith, Trans.; Repr). Taylor and Francis. (Original work published Routledge)

Murray, M. (2024, March 28). Guest Blog: A Major Health Crisis: The Alarming Rise of Autoimmune Disease. *National Health Council*. https://nationalhealthcouncil.org/blog/a-major-health-crisis-the-alarming-rise-of-autoimmune-disease/

Noordzij, G. (2005). *The stroke: Theory of writing* (P. Enneson, Trans.). Hyphen press. (Original work published 1985, De Streek: Theorie van het schrift)

Ong, J. (2020, September 9). *Kachi-Buwa is a variable Katakana typeface expressing Japanese onomatopoeic expressions*. https://www.itsnicethat.com/articles/emi-takahashi-kachi-buwa-variable-katakana-typeface-graphic-design-090920

Özkan, İ. F. (2024). Investigation of the Visual-Semantic Relations in Typography. *IJFMR - International Journal For Multidisciplinary Research*, *6*(2). https://doi.org/10.36948/ijfmr.2024.v06i02.15702

Rath, K. (2020). The rhetoric of neutrality. Again. Revisiting Kinross in an era of typographic homogenisation globalisation. *Image & Text*, 1–35. https://doi.org/10.17159/2617-3255/2020/n34a23

Schaffzin, G. (2023). *The Perceived Freedom of the Visual Analogue Scale*. https://doi.org/10.5040/9781350248649.ch-006

Shakespeare, T. (2006). The Social Model of Disability. In L. J. Davis, R. Sanchez, & A. Luft, *The Disability Studies Reader* (6th ed., pp. 16–24). Routledge. https://doi.org/10.4324/9781003082583-3

Sontag, S. (1978). *Illness as Metaphor*. Farrar, Straus and Giroux.

Typography. (n.d.). Lars Müller Publishers. Retrieved March 25, 2026, from https://www.lars-mueller-publishers.com/typography

Warde, B. (1932). *The Crystal Goblet* [Essay]. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://readings.design/PDF/The%20Crystal%20Goblet.pdf

Xiao, X.-P., Wu, M.-Y., Li, Y., Hu, X., & Qin, B.-Y. (2026). Global landscape of autoimmune diseases across different lifespan: A three-decade perspective. *Medicine*, *105*(2), e47140. https://doi.org/10.1097/MD.0000000000047140