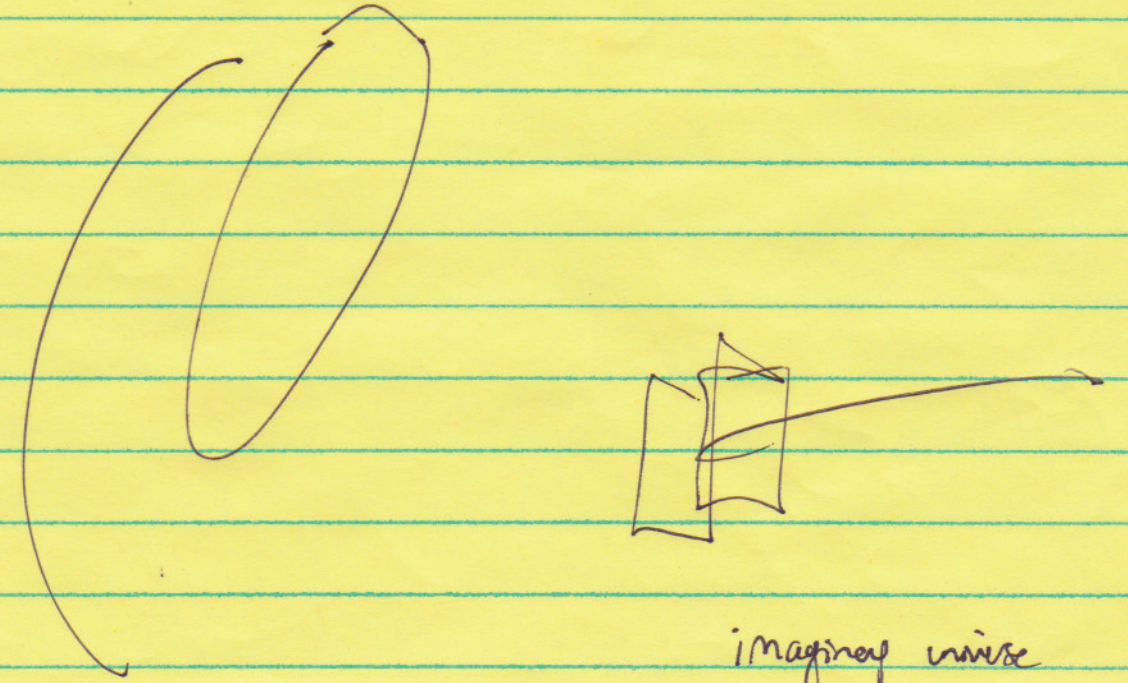
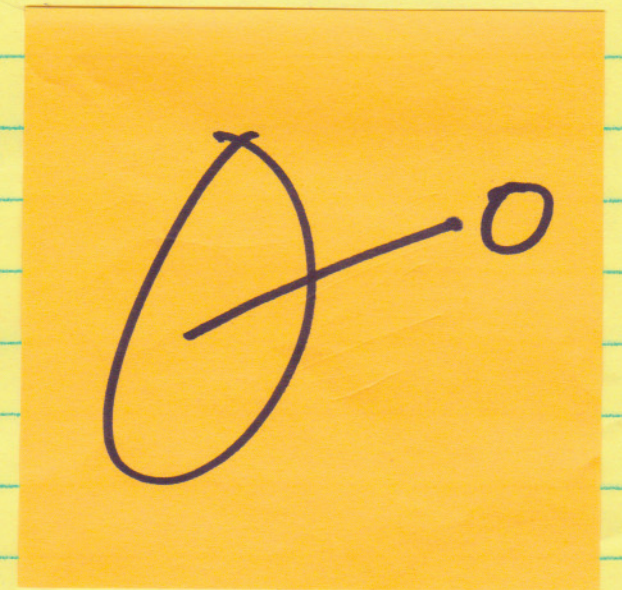
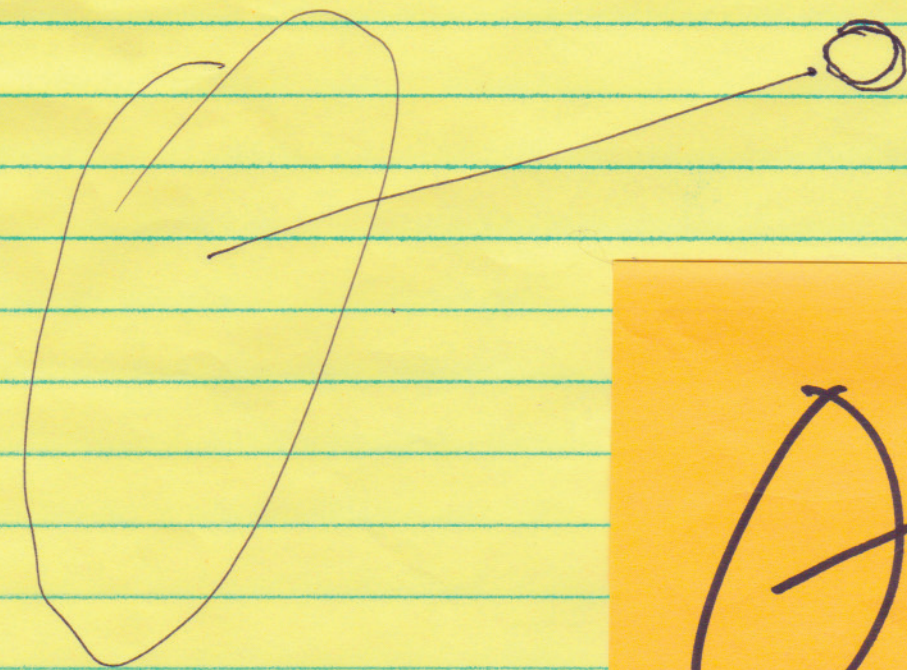
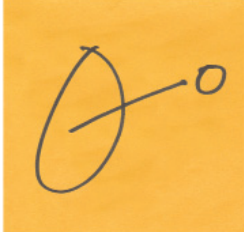






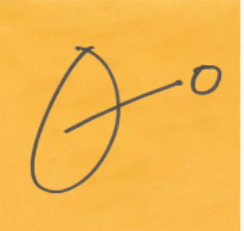








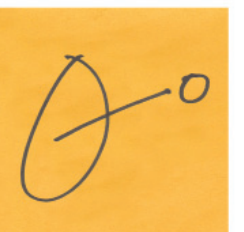
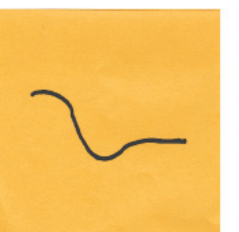

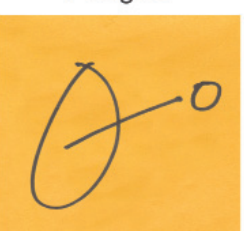
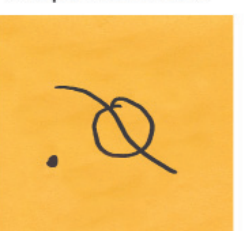


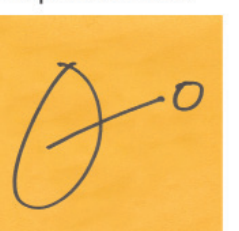
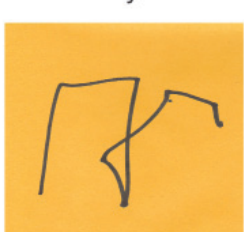







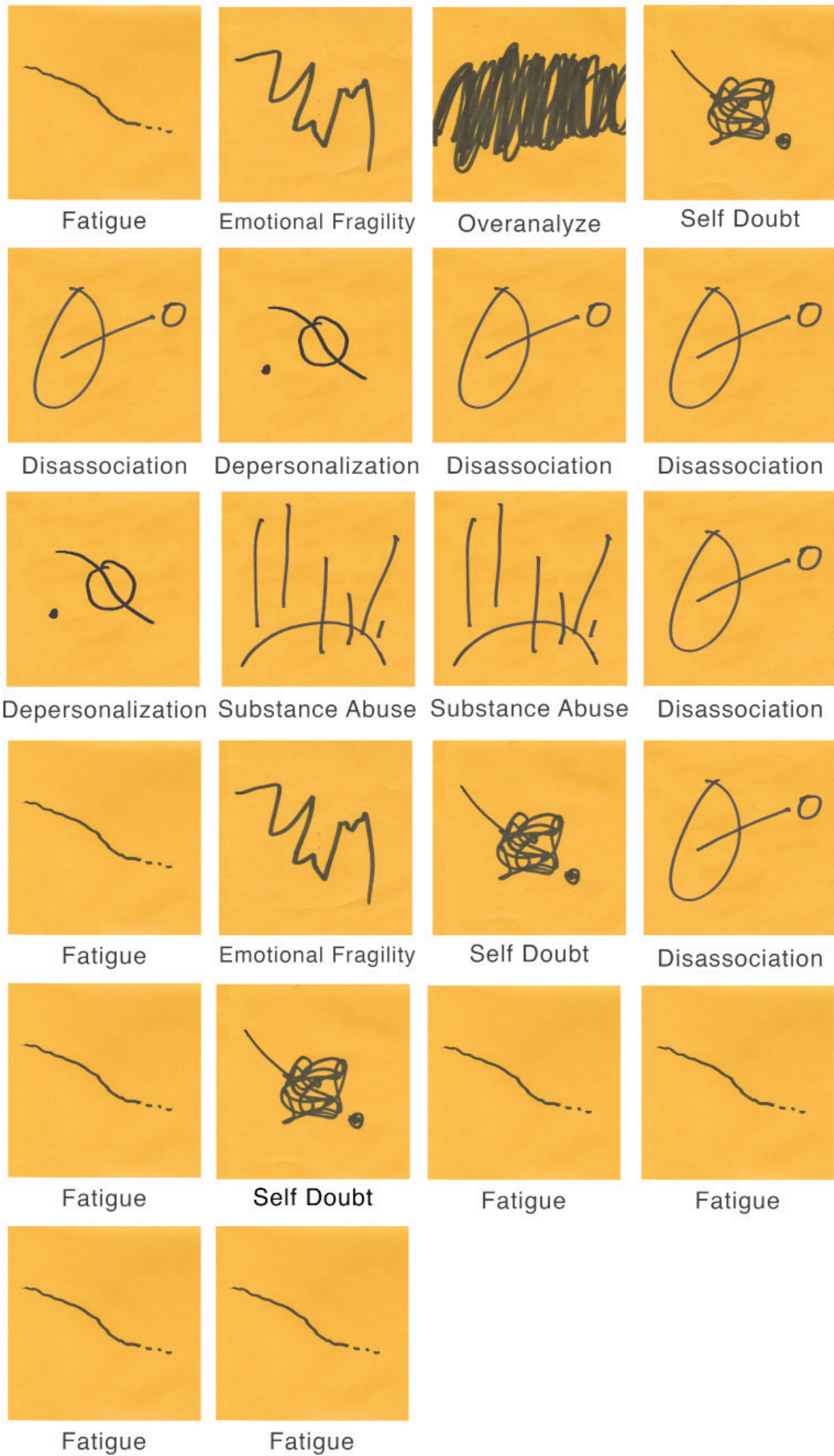
DISASSOCIATION



imagine universe
outside of your brain



					
Disassociation	Memory Loss	Memory Loss	Memory Loss	Memory Loss	Memory Loss
					
Memory Loss	Disassociation	Disassociation	Memory Loss	Fatigue	Memory Loss
					
Memory Loss	Fatigue	Hopelessness	Hopelessness	Disassociation	Hopelessness
					
Memory Loss	Disassociation	Depersonalization	Fatigue	Depersonalization	Disassociation
					
Memory Loss	Fatigue	Fatigue	Fatigue	Fatigue	Fatigue



How To Hold A Changing Face

by Katie O'Neill & Adam McVicker

This performance for the camera is the final step of a collaborative process that demands transparency, compromise, and patience. We began this project by identifying the symptoms of our disabilities, often times discovering shared variables. Utilizing the methodology of labanotation—a codified system for analyzing human movement—and practices derived from art therapy, we translated symptoms into symbols and interpreted these symbols through our bodies.

This silent language permits us to isolate a volatile episode for dissection. It offers a corporeal voice to the imperceptibility of madness.

Double Depression

- Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years, accompanied by occurrences of Major Depression.
- Symptoms include: Poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness.
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Generalized Anxiety Disorder

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- Symptoms include: restlessness, feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance.
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

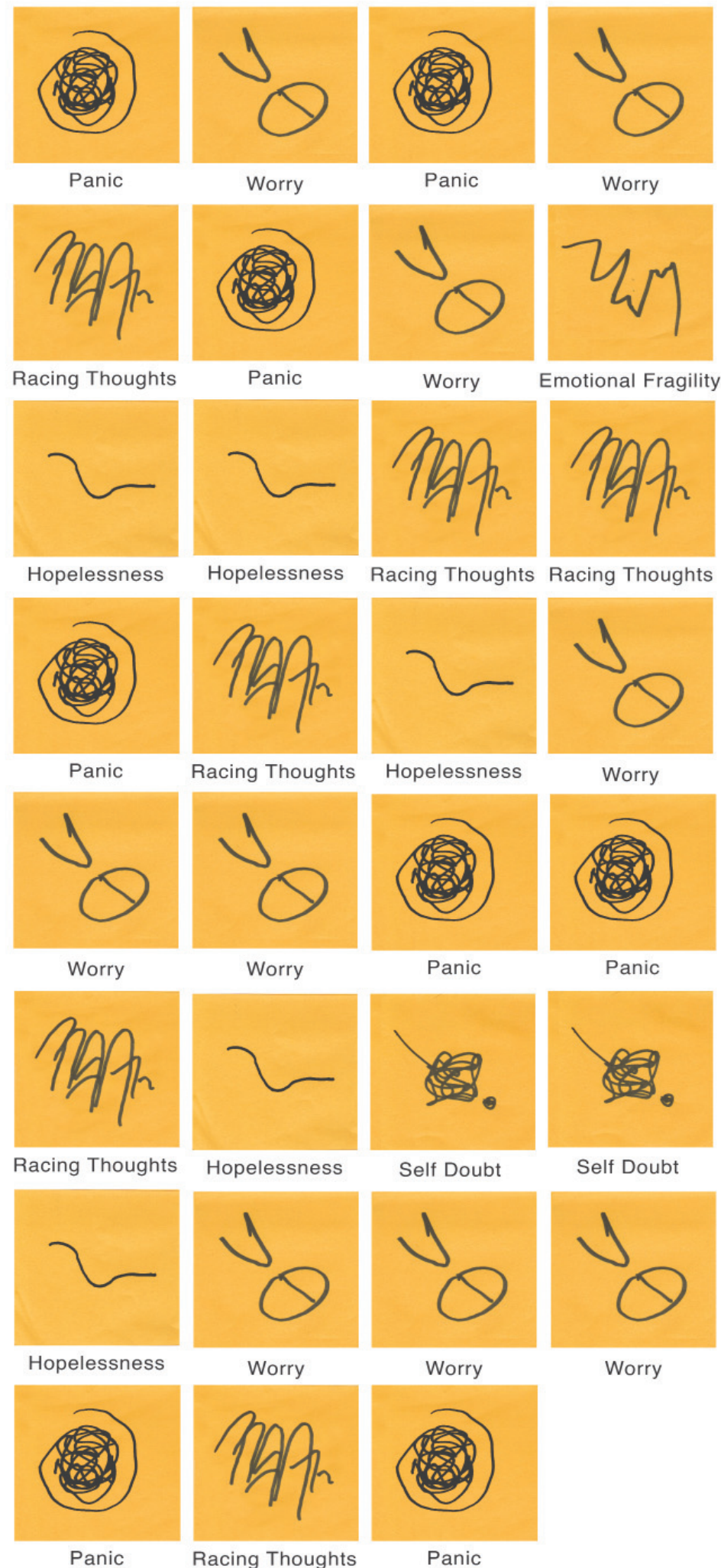
Attention Deficit Hyperactivity Disorder

- Inattention: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities
 - Often has difficulty sustaining attention in tasks or play activities
 - Often does not seem to listen when spoken to directly
 - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
 - Often has difficulty organizing tasks and activities
 - Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
 - Often loses things necessary for tasks or activities
 - Is often easily distracted by extraneous stimuli
 - Is often forgetful in daily activities

Post Traumatic Stress Disorder

- Criterion A:* You were exposed to one or more event(s) that involved death or threatened death, actual or threatened serious injury, or threatened sexual violation.
- Criterion B:* You experience at least one of the following intrusive symptoms associated with the traumatic event:
 - Unexpected or expected reoccurring, involuntary, and intrusive upsetting memories of the traumatic event
 - The experience of some type of dissociation (for example, flashbacks) where you feel as though the traumatic event is happening again
- Criterion C:* Frequent avoidance of reminders associated with the traumatic event, as demonstrated by one of the following:
 - Avoidance of people, places, conversations, activities, objects, or situations that bring up memories of the traumatic event
- Criterion D:* At least three of the following negative changes in thoughts and mood that occurred or worsened following the experience of the traumatic event:
 - Persistent and elevated negative evaluations about yourself, others, or the world
 - Elevated self-blame or blame of others about the cause or consequence of a traumatic event
 - A negative emotional state (for example, shame, anger, or fear) that is pervasive
 - Feeling detached from others
- Criterion E:* At least three of the following changes in arousal that started or worsened following the experience of a traumatic event:
 - Impulsive or self-destructive behavior
 - Hypervigilance
 - Difficulty concentrating
 - Heightened startle response





Borderline Personality Disorder

-The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:

-Significant impairments in personality functioning manifest by:

-*Identity*: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive selfcriticism; chronic feelings of emptiness; dissociative states under stress.

-*Self-direction*: Instability in goals, aspirations, values, or career plans

-*Empathy*: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.

-*Intimacy*: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal.

-Pathological personality traits in the following domains:

-*Emotional lability*: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events.

-*Anxiousness*: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.

-*Separation insecurity*: Fears of rejection by – and/or separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy.

-*Depressivity*: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behavior

-*Impulsivity*: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behavior under emotional distress.

-*Risk taking*: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger

-*Hostility*: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

Schizoaffective Disorder

-Schizoaffective disorder is characterized by the presence of a generally continuous psychotic illness plus intermittent mood episodes. Mood episodes are present for the majority of the total duration of the illness, which can include either one or both of the following:

-Major Depressive Episode

-Manic Episode

-The psychotic illness criteria resembles Criterion A of the schizophrenia diagnosis, requiring at least two of the following symptoms for at least one month:

-Delusions

-Hallucinations

-Disorganized speech

-Grossly disorganized or catatonic behavior

-Negative symptoms (e.g., affective flattening, alogia, avolition)

-The occurrence of the delusions or hallucinations must be in the absence of any serious mood symptoms for at least 2 weeks. The mood disorder, however, must be present for a significant minority of the time.

-In schizoaffective disorder, occupational functioning is frequently impaired, but this is not a defining criterion (in contrast to schizophrenia).

