My Knot

Social design project for awareness of mental discomfort

Master Thesis
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Contents

1. Introduction

For my Master's thesis I have decided to embrace all my interests, thus bundling together subjects like psychology, social design and semiotic language to define an artistic product that includes clothing and textile design, video design and set design. The main objective of my thesis project is to define a social design product whose function is raising social awareness towards one of the most common issues in our society, "the mental discomfort of anxiety disorders". To do that I have first of all researched and collected data in the field of psychic pathology such as neurosis, which highlights its strong relationship with the unconscious and the dreams manifesto introduced by Freud, (Freud, 1916-17). The common features that characterize neurosis and dreams have contributed to the visualization of how internal conflicts are represented in individuals through symptoms and body-language. Moreover, after an in-depth study of anxiety disorders like Obsessive Compulsive Disorder, a representative pathology of neurosis, I could better observe and capture the relationship between psychic symptoms and bodily response.

Through this ongoing relationship between the psyche and the body, represented by symptoms, compulsive rituals and feelings, I have constructed each design project and a complete dance performance using referential codes. The analysis of body language of a symptom and emotion, drives me to identify referential codes as shapes, forms, rhymes or visual symbols that can transmit the sense of each sensation on each object/dancer/player that constitutes the thesis project. The characteristics of each product assume here semantic values of inner discomfort, defining a new referential language based on product shapes, structure and visual codes. Accordingly, each product thus contributes to confer the whole performance the referential tools necessary to establish a common language between the inner discomfort and society (the audience). The performance is translator of emotions and awareness tools for social issue like mental discomfort.

Therefore ,each field of design is then committed to conveying the inner discomfort to the modern dance performance in relation to the dancer's body language, therefore answering questions like "Can Clothing design and design in general be developed to raise social awareness?!"

Is it possible to remove the garment from its fashion role and its beauty status and confer a referential and communicative function to shape and materials?

Can a social design be transformed into an experiential product design portraying of mental discomfort therefore social awareness?

When faced with these questions, people often ask me how each singular design product directly influences the person with mental discomfort and how, for example, these clothes or textiles are used on the body to be able to solve the mental pathology?

These questions, together with the relevant social design literature, initially gave rise to a personal discovery of how often people refer to "a social design product". A social design often refers to an "object" whose ergonomic characteristics, or special technology can directly influence more often

physic or then physics, problem. Moreover, the word "product" unequivocally induces people to think about some functional and realistic object. In the special case of "My Knot" the meaning of the world "product" should be ignored and replaced by "referential design".

In fact, each performing design in "My Knot" is more important for its semantic values than for the actual "object function".

So, to clarify the level of competency of my project, "My Knot performance" my aim is to qualify it as social performance and event which, indirectly operates to solve mental discomfort, through social awareness of such hidden social concerns. With an attempt to distinguish the importance of the two separate paths of my project, I have divided my thesis into two parts, the first five chapters give an historical background, referring to social design literature and psychology, whereas the second part describes the semiotic analysis of data I have collected , to create each element of the project.

2.   Design as communication

2.1 My Knot for the social awareness/Goals of research

"Mental discomfort" is a very common social concern, often underestimated by society. The causes of it are various and have been the same for a long time. It is necessary to admit that, this particular subject is a very difficult issue to deal with for the people involved and close to it, even more when the mental discomfort regards certain psychosis like schizophrenia.

The taboo around mental discomfort has been fomented till now by insufficient assistance and lack of awareness about what mental discomfort is, what are the causes and more important and how society accepts it. The ignorance surrounding the taboo is widespread and thus an oppressing issue for those who have to live with such mental unease, as well as for their family, who, often feel powerless facing such situations. In relation to the lack of knowledge and services available to deal with this type of illness, society is in part justified for their anguish. (Gullekson, 1992, 11)

Such circumstances highlight the importance of accepting such subconscious concerns, assuming the fact that people living with such discomfort/anguish are not different to people suffering from physical illness, as the pathologies are not welcome by the sufferers, and are also somehow unconsciously rooted in them.

The common rational with regard to social problems are often acknowledged as independent issues disconnected from society, where the single person needs to have special help, a special environment, tools and day to day existence.

On one hand, it is true that people with specific needs require special help that must be given by the community's health care services. But on the other hand, this cannot be seen as the only way. When society relate to "inner discomfort", it associates it as something related only to the single person in

question, and forgets that this person is part of the same community. Therefore society must be aware of discomfort as an extended reality that implicitly crosses many people's lives. Society has a responsibility towards social issues, and their primary and most important action is to be concerned about the possibilities of acquiring knowledge in order to give support to such significant social problems.

Having re-ignited social discussion, governmental associations are now realizing the gravity of such "old indifference" towards this matter, and therefore developing focused campaigns to erase the prejudice of mental discomfort. Some relevant material is displayed online for the Italian community:

Background material of The Italian Ministry of Health:

- "Rai"_ Radio Televisione Italiana, is the exclusive association of the Italian public Radio and Tv service, which cooperates with The Ministry of Health to broadcast prevention campaigns. (Rai Radio televisione Italiana, source: http://www.segretariatosociale.rai.it/atelier/forum/forum-disagimentali.html)

- Ministero della salute_ The Ministry of Health is a department with a portfolio from the Italian government, responsible for health, prevention of and connection with international and European institutions in the field of health. (Ministero della Salute, source: http://www.salute.gov.it/imgs/C_17_opuscoliPoster_85_allegato.pdf)

Tools:

Under the coordination and monitoring of initiatives by the Ministry, the associations deal with several sectors of public campaigns:

- *TV ad awareness (UNASAM)*
- *Poster and advertising 'dynamics (USANAM)*
- *National day of Mental Health, December 5 (Idea Foundation)*
- *Local events (Idea Foundation)*
- *Information leaflets (Diapsigra)*
- *Website www.fuoridallombra.it (Arap)*

Objectives:

Inform the public about treatment options and access to services and ventures being operated in the territory, therefore overcoming the social stigma of mental illness such as exclusion, prejudice and discrimination against people with mental discomfort. These two public organizations (RAI and The Ministry of Health) often cooperate in this way, and I find it necessary to clarify that those are the most significantly informative actions for Italian public.

Although the constant progress that society have made toward collective acceptance and awareness of a existence "psychic issue", the informative actions remain quite static in their function. People should be more involved with the experience of "**what is**" the mental discomfort, to be able to face such discomfort, which has no less importance then a chronic psychical illness.

Many ways of awareness can be used to explain the mental discomfort, often Art and theater have fronted the subject in both therapeutic and awareness action. Being the art a sensible representation of inner emotions, it is also the better language to express the" indescribable emotions" of mental symptoms to common people with no psychological knowledge. Therefore the idea to develop my artistic project in a performance which aim is social awareness of mental discomfort through art and design expressions. The purpose of the project is to promote an educated attitude, carried out through engaging in multiple conversations between concerned persons, members of society, and health centers. Art and design become the tools of a re-educational process in society. Processes specialized in specific social issues would change the prospects of certain people's lives and confer to society the sense of responsibility of their capable actions.

Above all, my personal point of view about the role of social design and awareness, brings me to a final reflection that corresponds to the statement made by Amily Pilloton, "Design for social impact and social entrepreneurship are in a sense, made for each other and are so closely intertwined that they are often synonymous. More and more we are seeing design firms using social entrepreneurship models as their means for distribution, while social entrepreneurs are looking to designers to provide the physical solution to support their business models." (Pilloton, 2009, 17). Considering the communicative issue between society and mental discomfort social design could be a real approach into the palpability of both.

Wanting to encourage the use of social design in the above-named specific area prompted my presence in a group therapy session at the Mental Health Center in Santa Chiara Hospital of Trento. This session made me aware of some activities the patients were already involved in, where they formed design conception groups for bags and artistic products. It was here that the idea to create a sort of therapy to suit both parties struck me, the notion of "the healthy community" and the people with discomfort working together in teams to develop artistic and design creations. As a team work experience this small project, initiated in Santa Chiara department could grow and be suggested to the city of Trento collective laboratory of art and design where the two groups could interchange emotions and responsibility. Moreover, the state-run hospital, with the help of public and private sponsors, could become the social entrepreneur for each municipality in Italy and extend the project into the European Union.

3.   Defining terms of research

3.1 Social Design

3.1.1 Dialogue between design and Society

Since current design has preserved a functional aspect and purpose to exist, each design has its own brand style, attractive characteristics and cultural image. With this flexibility, design brands and companies have been able to create their business through a specific marketing image, addressing emotional request and functional demand rather than just promoting individual identities. However, the big difference in the field of design was brought by those who preferred to create a sustainable product.

This has been achieved   in several different contexts and using different processes which did not necessarily culminate in a final product, but in a best-case scenario eventually produced a service or established working methods such as "The Turtlefly Project" by (Urbanucci 2007), for communities I will consider this project later in the report.

3.1.2 "Design identity" or not

Before going into more depth about the role of "Social design", I would like to demonstrate the growing importance of the role of design, analysing the connotative meaning of the word "design". Very frequently people refer to objects, clothes, or anything that has a nice or unusual shape with the expression as "this is such a good design" or rather "a design object". So, I wonder how people see design, and what criteria they have to decide what is "Design" and what is not?

As far as I could understand, strong colours, unusual shapes or the original functions of the design , often gives rise to the definition of the product as fancy and fashionable , rather than estimating its functional values. The word "design", from my experience, often assumes the connotative meaning of "fashionable" and "product par excellence" often motivated by its high cost or style.

This has, in one way or another, been the most common face of design in the last few years, where designers have tended to create products loaded with "frivolous" features charged with memories of our childhood or playing characteristics. As Allan Chochinov says, "we love objects, artefacts, tools, gadgets and we surround ourselves with products that – both functional and totemic - are our way to express our identity, structure our days and prop up our built environment" (Chochinov, 2009, 6). Agreeing with the fact that people love an object as a totemic or mini representation of their self, I think a designer should not forget that the word "design" acquired value because someone in history

decided to create "great design" embracing each emotional, functional, and social attitude. Conversely, if we defined all fancy products as products of design, we would be forced to validate shoddy concepts and products.

3.1.3 Design for good must be for all

The communicative characteristics that become trapped into products, assume substantial weight in the user's purchasing choice. As I remarked before, important product and fashion brands build their image through focusing on a message they want to be directly part of.
Many designer who have understood the strong power of emotional products, have benefitted by weaving their own name into the social economy. On one hand this attitude towards the product cannot be seen as a singular aim when developing "good design", especially if we are creating "design for good". Considering Design as a social product and service, several more important elements are required like; functionality, clarity of purpose, ergonomics, accessibility, affordability, sustainability, social worth, cultural appropriateness and responsible label practice, green materials and renewable energy; those define a responsible design. Through my research on social design products I was able to understand the global philosophy and consciousness of certain designs with regards to social issues, the potential of product intention seeking the respect of individuals, communities and ecosystems appropriately, contributing to the ennobling potential of design and creative work.
On the other hand I could notice how designers should not avoid the power of "image", seeking a positive and competitive value of a social design product and service in the market. Attractive products increase the value of its purpose, generating interest in entrepreneurial businesses.

3.2 Responsible design

Consumerism is one of the reasons why the market is moving towards responsibility. There is a new kind of consumer that, beyond its aesthetics and promised performance is interested in the "product life" and focuses its attention on the production features, energy consumption, its ecologic impact, materials as well as looking into the production and disposal processes , factors which are becoming increasingly more important with regards to people's choices. The role of the buyer is also very important, in fact when we prefer to buy one specific product instead of another, that's means we, buyers, are also approving specific policy and production. Such responsible consumers also participate to the product affirmation and empowerment of a responsible social economy market, promoting it among the millions of products.
In order to support such new business, social Entrepreneurship together with designers starts to introduce new models of business practices and applications. The attempt to propose alternative

processes, methods and services to promote social activity, highlights the importance of reform of global entrepreneurship on the so called "triple bottom line: people, profit and planet", of the respect of "global well-being" (Reis, 2010, 12).

3.2.1 A-Knopf, product design

Social design can be found as a "product" in A-Knopf design, an example of design that through ergonomic characteristics can help a person with a handicap or movement reduction. A-Knopf is a button re-designed with a long-limbed shape to ease closing shirts. Proposing this small but ingenious example of social design, I wanted to highlight how even a small product like this can make a substantial difference to some people's lives. (1. A-Knopf 2009, http://athousandgreatideas.wordpress.com/)

Picture .1 (A-Knopf)

3.2.2 Hippo Roller, product design for responsible entrepreneurship

Another socially committed product is the "Hippo Roller", specifically designed to alleviate the suffering caused by a lack of access to water. The practical and durable design of Hippo enables more water to be transported more efficiently than traditional methods. Moreover Hippo provides people with a better quality of life thereby improving their health, education and economic opportunities. This project defines the design product as an object, but the real project goes beyond.
In fact the Hippo Roller has improved and encouraged corporate sponsorship into social investment, by branding the crew cap and drum with logos and advertisements. (pic .2 Hippo Roller, 1991, http://hipporoller.org/).

Picture 4. (Hippo Roller)

3.2.3 Turtlefly, Social project

In such field of design, the role of social entrepreneurs is basically fundamental to encourage Social projects like these and many others. One of them I would like to present here, is a wonderful project I discovered because it was founded by a dear friend - Leda Urbanucci, an active industrial designer from Italy, who since 2007 has been committed to social design action. The project is called "Turtlefly", a social device for integrative programs that act in the interest of marginalized individuals or communities. Design has become more than a basic product in this situation, building an educative and formative social system. In this way, Turtlefly has developed and proposes models of design to create design product solidarity in contexts such as Voluntary Organizations (SB) and/or social enterprises whose activities are organized around a craft. The challenge is to bring out and enhance the ability of the Creative Person who lives in a temporary state of discomfort or permanent direction towards a tangible result, shareable and repeatable.

"The Turtlefly Project proposes approaches typical of the design service of people, facilitating its integration and creating business processes in virtuous areas and productive partnerships with business profit."

Actually, The TurtleFly project has been asked to participate in a larger research project - sponsored by CSV Action Chieti and continue its work in developing the Social Design projects with No-Profit and social enterprises. The Turtlefly project has worked with the non-profit organization "Anffas Onlus Ortona" towards the creation of the Social Design Product Development Laboratory (LSP) as part of the Experimenta, Laboratory of socio-occupational handmade paper.

In this context the Experimenta Creative Team was created: Social Design through design workshops start breathe life into new scenarios, where the creativity of the paper masters is combined with the plasticizing possibilities of handmade paper, creating design products with added value.

Picture .3 (Turtlefly design)

Leda Urbanucci has had structural training oriented toward social design action based on experiences like European Voluntary Service (EVS) at the Laboratory of Art & Textile Luovilla Nonprofit Organization ry Lyhty Helsinki. As an organization that supports people with intellectual and / or relational disabilities that offer services and craft products to the citizens through introductory methodology processes of creative freedom applied to team work,. Interesting links that have inspired Leda's work are the "WORLDESIGN", proposal for interdisciplinary research at the "University of Taik" in Helsinki, and "EIDD – Design for All (European institute for design and disability).
(Turtlefly, 2007, source: http://www.ledaurbanucci.com/turtlefly_project.html).

The interaction between design creativity and social themes found in these projects serves as a catalyst in the evolution of the network of experiences, where through different actions and messages it involves the whole society in a form of collective responsibility.

In line with the purpose of social design, the ever-present communicative activities in the project become an important peculiarity, therefore the first aim of socially committed designers is often recognized as the "message of social responsibility".

4. Social History of Mental discomfort

Prejudice toward mental discomfort has always been present in society in the past and only because of the knowledge of this prejudice, is it possible to understand why it has proved so difficult and taken such a long time for society to come to terms with and accept mental discomfort.

Inappropriate terms to define mental discomfort, is one of the causes that have engendered social disapprobation up till the present day. In fact even though, in the medical world, knowledge of pathology grew as scientific progress was made and superstition was proved wrong, the general public's attitude did not evolve in the same way. Diagnoses are progressively gaining more importance and demanding more tolerance since the publication of "The Manual of Mental Disorder". However, only the third edition of "*Diagnostic and Statistical Manual of Mental Disorders (DSM)*" published by the *American "Psychiatric Association*" includes a substantial definition of mental disorder. A considerable contribution towards providing a common language and improved standard criteria for the "*classification of mental disorders*" was made in 1987 with the (DSM-III R), published as an updated version of the previous manual, and overseen by Spitzer. This publication included a primary clarification of when mental disorder can be de defined as such. "Therefore Mental disorders must arise from an inherent condition and not from the manner in which society reacts to it". (Spitzer and Wilson, 1975, 829)

The slow acceptance of mental disorder in society has depended on each period's grade of evolution, cultural richness and knowledge. Social History itself has passed from a culturally 'flowering' stage like the "ancients Greek" to a period of total negation of progress such as the "Middle Ages, Inquisition". As history has progressed with such a changing attitude (lack of constancy) towards improvement and regression, the roles of persons with mental discomfort also changed with it. In fact, it is curious to see how in primitive ages persons with mental discomfort often assumed the role of Shaman or Witch doctor. The personal characteristics that would give the role of Shaman to a man or a woman, were connected to several person's habits or 'unusual' state, such as transvestism or homosexuality, being an orphan, being physically disabled or being mentally ill. In this last case, hallucinations caused by some mental pathology were often associated with the powerful capacity of the person to communicate with spirits and so being able to answer the inexplicable causes of physical and psychical illnesses. For society the Shaman would have been the only one capable to save the person from a curse by using white magic against the black magic used to make the spell. Shaman healing power was based on a ritual that permitted Shamans to enter in contact with the spirits through prayers, chants, drugs, ritual dancing and sometimes sex. In this way, the Shaman assimilates the power needed to be transferred into the ill person for him to be saved, (Foster & Anderson, 1978). So, although in primitive times, the Evil started to give explanations for inexplicable illnesses, and psychotic and neurotic persons were often recognized as important elements in society. In fact, in

primitive society the role of "Witch" carried great importance and was considered as the only person powerful enough to cure madness, even thought he was experiencing, in some cases, mental discomfort himself.

Otherwise, with the start of the Middle Age, these kinds of figures were completely abolished, condemning the shamans and their white magic to brutal death for witchcraft. (Kiev, 1972, 99) Although such primitive beliefs have not changed, mental illness was still believed to be punishment from supernatural forces of dark spirits. It is curious to see how the progressive Greek contribution to theory and therapy for mental discomfort looks like it never existed between the primitive ages and Middle age. As this last period of time was the darkest one in history, where society was being judged by the Clerical Inquisition, supernatural facts and strangeness were entirely attributed to Evil possession.

The Classical culture and progress was replaced by exorcism practices, punishment and even death to people with mental disorder, and any other would contrast the Inquisition testament. According to the latter, disorder or bizarre and irrational thinking was possibly caused by Evil possession, and only the Church Clergy's actions could extrapolate it. Such credence eventually degenerated into a procession to condemn to death every person with a strange attitude, eccentrics, nonbelievers and mentally ill people. These last groups in particular, were strongly persecuted because of the fact that Psychotics cause a lot of hallucinations containing religious references, especially at that time, rationally explained by the strong clerical influence on society. The Catholic authorities were profitably using such accusations of witchcraft to preserve the Latin Christianity doctrines from those who had different and dangerous ideas. (Cockerham,1981, 15)

The first step towards heretical trials and punishment started with the numerous accusations of high class personalities, and the attribution and declaration of mental issues as a social responsibility and the removal of decisional procedures from clerical activities. Blaming the supernatural as a reason for certain behaviour still influenced society's beliefs and destiny of mentally ill person until the end of The Middle Ages. Persecuted or isolated into custodial houses they were cured with prayer and various physical tortures under the churches' guidance. Social disdain and indifference toward mentally ill persons never radically changed until the eighteenth century when the municipal and national authorities defined the mental illness as social issues for which only the governmental status would be responsible. Consequently to the manifest of "Moral treatment", new General Hospitals were founded to hospitalize and cure the "insanity", but soon they became closes institutions, housing and restraining persons considered to be social problems. The real turning point for the acceptance of the mentally ill came with the improvement in medicine and the subsequence growing ideas and confirmation that abnormal behaviour was the result of mental disease and not manifestation of supernatural and witchcraft. (Cockerham, 1981, 21)

4.1 Psychoanalysis to comprehend mental discomfort

Social history has interpreted mental disorders in many different ways, giving many different explanations, and intuitions, the principal cause being connected to "abnormal possession". This view started to become less popular with the uprise of the "psychoanalytic approach" introduced by Sigmund Freud in the Twentieth Century. For the first time in psychiatric history, Freud, dissociated mental functions from a conscious action, supporting the opinion that "the conscious" was certainly present in mental operations, but not necessarily driving the individual's behaviour. Freud's analysis was first to associate behaviour into unconscious operations. Such an explanation suggests that "normal behaviour" does not exclude "unusual behaviour" as the former can turn into the latter. The substantial difference that Psychoanalysis process brought into the earlier therapies helped the approach of people toward mental disorders. Therefore, dialogue and listening are the only tools used by the new analytic treatment. This accounts for the controversy and scepticism in society as a reaction of these new methods, well reported in Freud's lectures at the University of Vienna, when he said, "The untutored family of our patients, who are impressed only by what is tangible and visible, with preference toward cinematographic actions, do not miss any opportunity to express their doubts about modern techniques - "*is it possible to do something about disease by speaking*". This is obviously an obtuse and incoherent way of thinking. These people are equally sure that mentally ill people, -"*simply imagine*"- their symptoms", (Freud,1915-1917, 32).

Such dialogue example between patient and doctor pushed psychoanalysts to progress towards modern treatment to contrast society's scepticism. For the first time, methods like analysis could define the ill person's thoughts and feelings as "repressed instinctual forces", dictated by unconscious psychic process. Freud's psychoanalysis established the new method based on dialogue between patient and psychoanalyst, whose function was to stimulate the patient's repressed unconscious into "free association".

What was affirmed by Freud's theory was just another reason for society's refusal. Mental discomfort was in part defined by Freud, as a reflection of external pressure from society at the time, like social-morality and sexual restriction repressing a natural instinct. Freud considered such repression as the common person's attitude toward social acceptance and respected reputation, detecting social morality as the principal cause. Taboos and people's terrible feelings of guilt at their own existence become a matter of psychoanalysis.

The success of psychoanalytic treatment in society was partly due to the slow social transgression and liberty of expression that characterized the end of the twentieth century. The rest of the credit goes to the introduction of psychoactive drugs that, working alongside Psychoanalysis responded to disease such as schizophrenia and others psychotic pathologies, reducing the numbers of patients living in the asylums.

Now a days, Asylums are replaced by Mental Health Center and Clinics which hospitalize ill people with more important psychic discomfort. The medical care has grown proportionally to the large superstition decline and society education became the real source of awareness.

4.2 Introduction to Bioenergetic theory

As a conclusion to this sociological and scientific path, I refer to Sàndor Frerenzi in Reich's contribution to literature about the history of mental discomfort, which evolves Freud psychoanalysis theory in terms of non-verbal language and expression through "Active technique", (Frerenzi, 1925, 74-86). Here, dialogue therapy is associated with the psychoanalyst's request to hear about patient's activities or inactivity as a relaxing exercise to overcome psychological inhibitions and association resistances. "A specific relationship exists between a general ability to relax the body and elicit free association", (Reich, 1969, 308).

The founder of this new analytic approach, also called "Bioenergetic therapy and analysis", was Wilhelm Reich, who described how body language goes beyond verbal expression in defining mental discomfort. Alexander Lowen, a contemporary psychoanalyst, disciple of Reich, describes the bioenergetics approach as, *"Analytic approach that not only analyses the psychological problem of the patient, as would any analyst, but also considers the physical expression of that problem as well as manifested in the body structure and movements of the patient. Furthermore, the technique involves the systematic attempt to free the physical tension of the muscles chronically contracted and spastic"*. (Lowen, 2010, 4)

Here, Lowen's definition clearly suggests how physical structure and a person's character are strongly correlated, and how positively incisive the bodily rehabilitation could be to a patient's mental behaviour.

Indeed, psychoanalytic methods and processes have a huge influence on mental disorders, and the facts that Lowen presents in his work as "Rehabilitation practice" it suggests me various ideas on how "design" can be used for such rehabilitation. The word "Interaction" also suggests the idea of multiple referential activities not necessarily based in the same field of analysis, working for one or multiple artistic solutions. Here the central idea of my thesis project where the central aim is "rehabilitating" society's attitude towards mental discomfort through social design performances and representative narration of psychophysical tension introduced by Lowen.

4.3 Psychic contents and relations

When we think about mental disorder, we mentally figure a person who acts "strangely" or out of context, sometimes aggressive or completely absent. We imagine a person that may argue absurdly giving us the impression that all he says makes no sense. At this point, Sigmund Freud, would have said that, "everything has a meaning, maybe not now, maybe not for us or for the person himself, but all of those expressions have meaning". In this way,, mental processes do not always belong to conscious aspects, where, both normal and abnormal actions or "drives" don't have a clear meaning, resulting partly in unconscious activity.

Freud was the first to consider "*mental processes as unconscious activities, and just singular acts and parts of the entire psychic life performing as conscious". Thanks to Freud,*, psychoanalytic theory became the only discipline that considered psychic alteration as the cause for disorders of somatic functioning. Psyche assumes the dynamism and movement of image, where all processes and mental contents are functionally connected between each other according to their conscious or unconscious task. (Freud, 1915-1917, 35)

Mental contents were identified as contributing to a "Psychic structure" by Freud. Such a structure soon became fundamental in characterizing psychic and physic development and growth. Such elements were divided into three major groups, the "ID, Ego and Alter-ego". Each component defines its own role in relation to another regarding the internal and external impulses determining psychic processes and functions. (Brenner, 1973, 48)

Finding what each component's relation is with the impulses also showed the collective collaboration between ID, Ego and Alter-ego, but also found the limits of such collaborative habits. In fact, the most interesting psychoanalysis is famous for such limits, commonly called "internal conflicts" that constitute the essence of Neurosis. (Brenner, 1973, 51)

The collaboration or conflicts then depend on the role of each component, as the Ego differs from the ID, the Alter-ego remains outside of the Ego activity. Therefore Freud also affirmed that "since the individual birth, the ID comprehends the entire psychic system and that the Ego and Alter-ego would be originally parts of ID which in the course of growth, would differentiate at the point to be considered separate functional entities". In this way, the ID is the best psychic representation of impulses; the Ego comprises all the functions connected to the individual's relation with his environment and experiences. And lastly the Alter-ego embraces all the moral perceptions and each ideal aspiration. The instinctive impulses that are previously characterized as the ID occur at an adult age and relate to external influences assuming different satisfaction interests.

At this point, it is clear that the ID impulse satisfaction is strongly influenced by the Alter-ego which establishes the limits and aim of impulse satisfaction through the Ego. Individual behaviour is then determined by multiple influences under the control of the reality function of Ego, which exploits its experiential knowledge towards an ID and Alter-ego compromise in the individual's existence.

Scientific credibility on such a new theory about the psychic system were not easy to acquire due to

the difficulty in obtaining social trust toward psychoanalysis treatment. In one of his lectures Freud expressed such social scepticism and scientific perseverance, *"If some of you would be interested to commit his study and treatment in a durable relation with the psychoanalysis theory, I would caution him from doing so. According to how things are currently, such a professional choice would destroy any possibility of university success, and should he choose to live as a medical practitioner he would find himself in a society that would not understand his effort, and treating him with indifference and hostility"*. (Freud, 1915-1917, p.31)

4.4 Between dream and neurosis

Dreams in particular, became a psychoanalytic subject of research, with the claim that, "the study of a dream is the best training for the neurosis, and the dream is itself a neurosis symptom, precisely a symptom that has the precious advantage to be present in all healthy people. Rather, if all people were healthy and were only dreaming, we could obtain almost all the conceptions which drove us to neurosis studies" (Freud 1915-1917, 5. lecture, 81). Considering dreams as psychic phenomena, Freud defines dreams as psychic activity remains from waking that disturb the sleeping state. From the relationship between the sleeping state and the dream, it is deductible that the latter is created by the disturbing stimulus of sleep. Dreams have a defensive function, characterized by convulsive activity necessary to release such stimulus. Dreams are then studied and sectioned by psychoanalysis therefore establishing what defines such unconscious reactions that function as stimulus satisfaction. Analytic techniques like "hypnosis, artificial sleep" and other experiments based on stimulus suggestion, affirm that dreams can be influenced by external stimulus like sensorial feelings and sound, represented in dreams by the individual interpretation. The unconscious connection between the dreams and the external stimulus varies, and can assume memorial function returning to realistic situations, sensations experienced in both recent and distant past. In fact during sleep, dreams appear to us like a realistic life, whereas in reality it is experienced only by the disturbing stimulus reproduced as hallucinatory satisfaction. Here, it is useful to underline that the negative adjective "disturbing" is not referring to an unpleasant dream, but to the external stimulus itself. According to this and the dreams being an unconscious activity of the stimulus which are essentially characterized by visual images, feeling expression and thoughts, the association between the impulses that characterize the dreams and the ones in neurotic disorders come naturally, both impulses in fact are defined as "Intrusive" (Freud, 1915-1917, 5. lecture, 81).

That is why the methodology of psychoanalysis, can be used to study both the dreams and neurosis disorders, which have essentially the same reason to exist. Dreams and neurosis in fact, functions as release valve for all conscious or unconscious emotions accumulated. Therefore the intrusive impulses characterize both healthy and unhealthy people, establishing that we all have intrusive impulses.
"The human beings have many thoughts both when they are awake and when they are asleep.

Therefore we can expect that sometimes our brain generates also meaningless or bizarre thoughts ("mental noise"). Often those thoughts are provoked by realistic situations, like the view of a knife, a bathroom, the driving or religious icon. Those can instantly generate various scenarios - some more pleasant than others. Sometimes our "thoughts generator" produces thoughts relating to danger also when there is not any menace". (Abramowitz, 2010).

Here the scientists acquired what Freud claimed at the time, that "*there are unconscious thoughts and an unconscious desire".* Since then, scientists have conducted numerous studies on such intrusive thoughts of healthy persons and persons with specific disorders like Obsessive-Compulsive Disorder (OCD) confirming that all thoughts have the same typology. Being the OCD the principal interest of analysis in my project, I will later focus on it, and invest now a few other words about the unconscious and conscious psychic activities in relation to dreams and mental discomfort.

Another important aspect of dreams is their assumption by our conscious activity in the wakening time. The dreams, in fact, are assimilated with different importance, certain dreams leave us indifferent, others are visualized as manifesto (also called Dreams manifesto, for their detailed memory), and other dreams bring with them the reality of the emotional state of either happiness or distress. In some cases dreams can assume characteristics of anxiety to the point of sudden awakening. Freud defined dreams as the only place where impulses can act undisturbed. This, probably explain the fact that our dreams are often interrupted by our awakening when the feelings assume an excessively pleasant or disagreeable valence. It is also true that such situations which often happen with disagreeable dreams, could be like this so that dreams are interrupted by the "Io conscious", which recognize such dreams as a danger and reacts ~~as~~ in self-defence by setting limits. Accordingly, Freud defines dreams as "residues of Psychic activity", such activity structured on both unconscious and conscious parts which have internal and external influences. Could such wakening be part of the so called "oneiric censure"?

What it is possible to state is that dreams are characterized by various forms of censorship which become a very important matter in psychoanalytic theory. Before briefly explaining what has just been said about dreams and a few other characteristics, it is necessary to underline that the psychoanalytic theory of dreams and dreams interpretation is clearly visible as the fundamental analytic method used towards mental discomfort. Accordingly, it is possible to compare this characteristic that surrounds unconscious impulses, dreams, oneiric censure and resistance acquired by psychoanalysis, with neurosis features. Dreams are the residue of psychic activities clearly charged with unconscious impulses. During sleep it happens that those impulses (sensorial sensation, impressions, etc), stimulate their discharge through the hallucinatory image (oneiric elements) which is nothing more that our personal interpretation of those impulses based and constructed on the personal conscious references, knowledge and experience of our "Ego". Such visual elements then become a substitutive component of the unconscious impulses.

We could assume that when those substitutive elements construct a clear dream manifesto, the

hallucinatory satisfaction of the desire, a complete discharge of impulse has made. Inversely, when the dream manifesto is incomplete, deformed and incompressible the hallucinatory satisfaction does not occur. Such Oneiric deformation is part of what is called "oneiric censure" that also defines omissions, modifications and emphasis displacement of what the real impulses, hidden by what the unclear, blurry and incomplete dreams manifesto, really are (Freud, 1915-1917, 97-104).

It is interesting to see how, at the moment, psychoanalysis seeks to translate such oneiric deformation using the technique of "free association"; the dreamer produces another censure by "resistance". Herewith, when the dreamer is driven by free association technique to interpret the unconscious association of his oneiric elements into some spontaneous ideas, often, being those ideas recognized as an embarrassing or disagreeable, those are rejected or even "repressed" by the dreamer. Therefore, oneiric censure and interpretation resistance are both defined by the same repressive purpose of such unconscious impulses recognized as improper (Freud, 1915-1917, 97-104).

The psychoanalytic theory of dreams briefly reported here was intended to highlight the closer identity of resistance and censure that characterize our dreaming state with the "repressed elements," the cause of psychic discomfort. In an unconscious level in fact, all activities are instinctive, all impulses are essentially equal in their function: The pleasure principle. In specific cases like Neurotic disorder the "censure of impulses" is assumed as "fixation of libido". Precisely like in dreams, prohibitions and fixation are recognized as censure and dissatisfaction of impulses which (rejected by reality because improper) search satisfaction through other ways.

AS the range of psychic disorders is too broad to discover how that resistance is expressed in each individual discomfort, I will, from here on, focus on the so called "Neurosis", nowadays reclassified by DSM-IV-TR(American Psychiatrist Association , 2009) as "Anxiety disorders" (DSM-IV-TR, 2009).

5. Comprehension of Anxiety disorders / Obsessive Compulsive Disorder

First of all, I'd like to briefly introduce the reason why my research and artistic project have developed around psychic discomfort. Up to now I have tried to highlight the importance of internal impulses, not only how the psychic contents interact to their satisfaction in an individual's development but also how such impulses can be a cause of internal conflict. In some situations, the conflict can evolve into a real psychic pathology causing serious damage to sufferers. The reason why I decided to consider the OCD for my project is because the OCD phenomena represent the extreme end of the neurosis scale. Substantially, the internal conflict of neurosis is normally based on the individual's management of impulses and here such impulses are clearly represented by "threatening and depressing images." The impulses become mental experience in the form of (obsessive representations), with successive compulsive behavioural action (Horowitz, 1975, 32). In fact, impulses and thoughts that are strongly repeated in people with OCD are also slightly detectable in non-clinical people, which is the second reason why I embraced the theme of OCD for my project.

Rachman, claimed that obsessions are a common experience, that most people can have to some extent, but he also stated that healthy people are often only slightly affected by this unpleasant reflection of internal conflicts (Rachman, 1986, 12, 23-51).

With this in mind,, the purpose of my artistic project is to raise public awareness about mental discomfort, introducing a new type of social interaction towards mental discomfort through a "social artistic project". The social aim of the project is to convey the difficulties of people with OCD and mental discomfort in general to the general public, representing the sensitive nature of their relation with reality and investing an artistic performance and design features with the sufferers' sentiments. . Raising the general public's awareness is attempted by an explanation of OCD symptoms and how the internal conflicts of neurosis are the "normal and common" response of our psyche to certain realistic experiences.

This pathology is clearly connected to intrusive thoughts and is also present in healthy people. The project wants to direct people's attention to such similarities and highlight the fact that intrusive thoughts are normal features. Accordingly, what distinguishes pathological obsession to non-pathological obsession depends on each person's sensitivity and emotional ability to merely accept such intrusive thoughts or to consider them as a dangerous and abnormal part of the human imagination. In Freud's representation of fantasy, he describes such psychic detachment from the principal of reality as a "reserve, sanctuary" of our psychic kingdom. Its function is essentially necessary for human existence; it develops in relation with the education of the Ego towards reality, functioning as a discharge of the "libido" that the Ego is forced to repress into reality.

At this point it is useful to make an observation about the relation between an individual's stress level and imagination. In neurotic pathology, in fact, it is accepted that the accumulation of stress and

dissatisfaction increase the symptoms. As the Ego is the psychic element in charge of an individual's rationality, here it appears weak and inadequate for its task, allowing many things to stimulate the intrusive thoughts. Therefore, it is reasonable to think that intrusive thoughts assume disagreeable and unsatisfactory features in relation to distress and that it is logical that neurotic symptoms exist. Supposing that such an awakening of the Ego is partly caused by the accumulation of distress accounts for the fact that most of the people with OCD originally have an energetic character, they are extraordinarily obstinate, with strong ethics, and excessively vehement that charges the Ego with heavy responsibility. Normally people with such characteristics are also extremely exacting of themselves with big aspirations that could also be represented as a "big libido to satisfy" (Abramowitz, 2010).

Therefore it might be supposed that the weight of our "dreams and desire" or their dissatisfaction can provoke stress and Ego weakness. Consequently, the "stress" can blunt the person's rationality in this way, and encourage the surfacing of the "mental noise" which in healthy people could be called "daydreams". Furthermore, in general the "human brain is highly developed and creative which can imagine all types of scenario, some less pleasant than others. The human being has many intrusive thoughts, when they sleep and when they are awake, so it is normal to suppose that our brain also creates "bizarre" and meaningless thoughts ("mental noise"). Often such thoughts are produced by real situations, like the sight of a knife, a toilette or a religious icon"

(Abramowitz, 2010). What comes clear here is that the human psyche is very open to many implications and each person has a different level of evocative sensitivity. The level of suggestion also defines and establishes the "Insight" levels of a person's awareness or recognizing the irrationality of his/her own symptoms. The weaker a sufferer's Insight level the faster he/she is approaching "delirium", where the obsession thoughts and compulsive actions are accepted as reasonable and real. On other hand when there is strong insight, the sufferer is able to assume his/her obsession is irrational, and this is probably the best state of mind from which the sufferer can psychologically face the problem. To this end Freud said in his lecture of OCD, "Now do not try to exhort the patient to distract himself from his silly thoughts and do something else more reasonable then this little game, (here probably relating to the compulsive actions), he would like not to care about such impulses as he perfectly understands and shares your judgement on his/her own symptoms, rather it is himself to anticipate it to you" (Abramowitz, 2010).

Therefore sufferers are conscious of their symptoms but often the causes of it are not clear. This suggests that their sense (acknowledgement) of their symptoms originally depends on whether they are "singular symptoms" or "typical symptoms". The singular symptom in fact differs from the Typical one because the former depends on the sufferer's unique individual experiences. The more the symptoms are personalized, them more likely it is that the connection will be found. . On the other hand the typical symptoms express a typical experience, common to all humans. Such common features contribute in making it difficult to associate with a precise experience. With this

differentiation of symptoms, it is once again not only possible but necessary to underline the strong connection between the two unconscious representations of dreams and OCD symptoms. The sense of symptoms subsequently depends on how much it is individualized, in the same way that the sense of dreams also depends on the completeness of the content "manifesto". Moreover the dreams differ between typical and individuals, influencing the interpretation of the dreams, its origins and its sense in the same manner. Moreover, if the "individualization of neurotic symptoms", important to establish its origins and appropriate therapies, other recurrent features that contribute to contextualise the pathology can emerge with a specific morbid mutation as repetition and doubt in OCD. The "doubts" in fact are a very representative feature of neurotic symptoms, and obsessive sufferers somehow transform the description of their "lack of self-confidence into a self-capacity to remember the event" (Rachman, Marks, 1973, 11, 463-471). The doubt can be referred to "amnesia" in people with OCD, as it forces the obsessed people to continually mull over the intrusive thoughts and "images" that frequently appear in his mind, to assure themselves that they don't exist.

5.1 Obsessive Compulsive Disorder / diagnostic as referential subject

The obsessions that define the OCD are originally represented by normal intrusions (mental noise) that all people have, but the difference in OCD is that these are transformed into clinical obsessions. Such intrusions are presented to the sufferer in the form of ideas, thoughts, impulses or persistent images originally recognized as intrusive and meaningless. Such intrusions can be self-stimulated by external stimulus, for example, "the view of a gas handle can produce the unpleasant thought to have turned on the gas, causing in this way a terrible fire that could hurt someone". The OCD symptoms commonly appear in various ways, symptoms linked to contaminations, symptoms regarding the possibility to damage or hurt someone, symptoms related to incompleteness and symptoms connected to unacceptable thoughts. Therefore the arising "excessive sense of responsibility and arousing distress in the people" (Dèttore, 2003, 1-16).

5.1.1 (DSM-IV-TR) Diagnostic criteria to define Obsessions:

1. *Recurrent thoughts and impulses and persistent images, experienced in a moment of the disorder as intrusive or inappropriate, thus causing anxiety and discomfort.*

2. *The thoughts, impulses or images are not simply excessive concern about real life problems.*

3. *Sufferers tend s to ignore or suppress such thoughts, impulses or images, or to neutralize them with other thoughts or actions.*

4. *The person is conscious that such thoughts, impulses or obsessive images are produced by his own mind (and not externally imposed as occurs in thought introduction).*

(American Psychiatrc Association, DSM-IV-TR Manuale diagnostic e statistic dei disturbi mentali, 2001, 496-497, Milano Masson).

Here the evolution of the obsession enables us to identify the growing personal insecurity and resulting appearance of pathological doubts. The obsessions that cause distress are reinforced by doubts and this insecurity drives the person to try neutralizing them through compulsive rituals. Those can assume the form of hidden thoughts or be clearly expressed as apparent ceremonies like, passive avoidance of situations and stimulus, the compulsive rituals, mental rituals, and other slight preventative measures.

5.1.2 (DSM-IV-TR) Diagnostic criteria to define Compulsion rituals:

1. *..Repetitive behaviour (hand washing, ordering, checking) or mental acts (eg praying, counting, repeating words silently) that the person feels driven to perform are in response to an obsession or according to rules that must be applied rigidly.*

2. *The behaviour or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation, however, this behaviour or mental acts are almost never connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.*

(American Psychiatrc Association, DSM-IV-TR Manuale diagnostic e statistic dei disturbi mentali, 2001, 496-497, Milano Masson).

Such rituals are processes of self-reassurance, they instantaneously reduce the anxiety provoked by the obsessive thought. The relief experienced by this compulsive neutralization and rituals become in themselves part of the pathology, which transform into "reminders" of the obsessions that slowly increase in frequency. As a consequence the anxiety and distress appears to originate and subsequently belong to a vicious circle as rituals also contribute to anxiety development, heeding to the sufferer's consciousness about his own "silly" dependency and pathology.
Moreover in line with the level of anxiety produced by the obsession, rituals and the sufferer's self-consciousness of the situation, the transition from "passing avoidance" to being part of the person's behaviour is very high. Passive avoidance is recognizable by a sufferer's inactivity and apprehension, the avoidance here is referred to as the person's escapes from the original stimulus which he knows are

causing the obsessions and rituals. The general problem of such conscientious prevention and self-negation is often very detrimental to the person, who eventually completely withdraws into himself, avoiding any situations, social contact and emotions slowly entering into a dangerous depressive state. Although on one hand it is possible to confirm that Obsessive Compulsive Disorder has its own symptoms, obsession and rituals which cause constant discomfort, on the other hand a specific disorder like OCD in this case, hasn't been defined only by its own symptoms for a long time. OC-Discomforts originate in common emotional reactions like anxiety, anguish, insecurity, apprehension, fears and doubts; common to other mental discomforts these feelings assume a representative meaning and description of general mental discomfort.

Such common feelings and ODC symptoms are for the central data in my thesis, defining the connection between mental discomfort and the audience (general public). This project aspires to communicate such feelings which themselves divulge the emotional sense of the pathologies. The project gives a referential narration of such feelings mixed and woven together with several situations that define the Obsessive Compulsive Disorder. Throughout the project several OCD experiences will be described coupled with a referential narration of inner discomfort transformed into a non-verbal language of symbols and artistic expression.

6. Meeting at Mental Health Dept. Of Santa Chiara Hospital

Since it is traditionally claimed by the analytic approach of Bioenergetic therapy and analysis, is possible to decode the psychological problem and tension through a patient's body language and structure. I have also decided to define what are the most general and current non-verbal expressions in mental discomfort, collecting maximum data and attempt to translate the same static structure and habit into artistic tools such as textile design, costume design , choreography, etc.

Through my psychological research of what are the principal symptoms of OCD I was already aware of a very systematic description of this pathology's diagnosis and symptoms, which is apparently very common for all mental diseases. Anyway, to be able to make further observations into psychophysical reactions, I decided to attend a session of group therapy in The Mental Health Care Department of Santa Chiara Hospital in Trento. The main aim of my visit was to detect a "natural" reaction of the sufferer's tension and individual attitude. My presence there was meant to be as unobtrusive as possible, therefore I avoided collecting data through questionnaires and interviews and chose to simply observe.. This decision came from the intention to avoid embarrassment and panic into the patient's state of mind. Such a method would most likely have a more exhaustive response to my research but, considering my position of student and designer, I found it inappropriate to establish direct contact with the patients and their delicate personalities.

My presence in group was timid and as least intrusive as possible despite the fact that it raised curiosity about my role.

My experience in the Department of Mental Health Care started with an introductory meeting where I was told of what I was probably going to see or hear once inside the Department. My concern was about the possibility of getting distraught but at the same time I realized that it would be a good opportunity to get a satisfactory response to my research.

As I walked into the structure I was received by Dr. Di Napoli who showed me how the environment is meant to be very cosy and relaxing.

The patients were free to move into the Department and free to come and speak to doctors any time they felt like it. I found a very dynamic atmosphere between the doctor's attitude and patients.

Once the meeting started I was introduced to the group by the Doctor. Patients had different reactions. Some of them became very suspicious, some patients showed interest in my presence with the intention of involving me in their experiences, others were very shy and a few others were very detached and refrained from interaction with me.

This made me realize that each patient in the group had a different pathology. These varying states of mind were somehow expressed by their own attitude and the fact that the people in the group had different levels of contact with the reality.

During the group therapy, the patients answered the Doctor's questions remembering and referring to their feelings and sensations. At that point I noticed how the patients who were able to share and to explain a personal experience were also supporting their stories with non-verbal language that in the majority of cases was expressed through facial expressions to recreate a simulation of the feeling that they had experienced.

At some point a patient started to describe his personal experience as terrible while another one who previously had appeared to be very distant from our conversation, started to show a sense of anxiety clearly visible by his behaviour. The man covered his ears in order to avoid hearing and at the same time snuggling and swinging on the chair where he was sitting. The story the other man was telling us, clearly created a sense of uneasiness. The man who covered his ears became detached from the doctor's reassurance and questions. He remained quiet almost all the meeting. Since the beginning this man appeared in a way distance from us. I felt he was very fragile person, like a child. The way he reacted was somehow expected and understandable as the other patient was extremely excited about telling his experience and thoughts, which I found very upsetting myself. This moment let me understand and experience how psychic tensions and feelings can be clearly visible through the non-verbal language of body expression. Attending the meeting was invaluable to me, as it enabled me to understand how non-verbal language can be very significant to comprehend inner discomfort and how important this is for sufferers of significant discomfort, who are unable to express their feelings in words and constructed sentences. This meeting was also vital in understanding how patients are housed in a hospital ward and why people with different degrees of mental discomfort live all together. In my opinion such a choice benefits both cases: the patient who is still conscious of their mental

discomfort is aided not to minimize their problem and address it with obstinacy. For those sufferers, however, who are unaware of their problem, being somehow far from reality, the fact they are always in close contact with the other type of patients help them to commit to conscious activities and relationships. In the opposite case, the latter type of patient would remain in their unconscious and unrealistic state, without the constant stimulus they get from the mental health care ward in Trento Hospital.

7. Semiotic Analysis of My Knot project

7.1 Project introduction

All the information collected in my thesis has contributed to enrich my knowledge in two areas of special interest to me: social awareness and semiotic language. As declared by Umberto Eco, "semiotic concerns everything that can be taken as a sign" (Eco 1976, 7). The possibility of a sign to convey into form of words, images, sounds, gestures and objects, allowed me to create a sort of "sign system" to aim a social purpose. Accordingly to Pierce, Signs take the form of words, images, sounds, odours, flavours, acts or objects, but such things have no intrinsic meaning and become signs only when we invest them with meaning. 'Nothing is a sign unless it is interpreted as a sign', declares Peirce (Peirce 1931-58, 2.172). Anything can be a sign as long as someone interprets it as 'signifying' something - referring to or standing for something other than itself. From here the ideas to create a project that could interpret the meaning of mental discomfort through performing products and bodies, which shapes, colours or movements would be the signifier of such social concept. Therefore, each section of the project has been meant to be a suitable vehicle to interpret a theatrical and dance performance named "My Knot".
The entire performance is made up of different design products which by their shapes assumes on semantic symbols of obsessive symptoms. Therefore, establish a referential connection between inner feelings and the audience (society) through each design product. The project fosters social awareness of one of the most current inner discomforts, the Obsessive Compulsive Disorder (OCD).

The performance is designed to be a social service, to provoke a social conscience developing the concept of social awareness through the romantic value of art, design and body language. The OCD clearly represents the most common feelings of anxiety disorders, neurosis pathologies and of mental discomfort more in general. Therefore, under the guidance of Doctor Di Napoli, head of the "Mental Health Department of Santa Chiara Hospital in Trento" I have focused my thesis on this specific disorder, the (OCD), which also represents the much wider area of mental disorder.
As mentioned above, the entire performance is constituted by different design products which have

been developed through semiotic analysis of symptoms and feelings of OCD. As the language of symbols and signs is part of a semiotic science, I believe a design production could be the most appropriate tool for establishing the referential representation of inner feelings. Each product element or material is created to communicate, and then interact with the other products to generate a referential narration in performance. Here, materials, shapes, movements, colours, rhythm and decadence define their own interpretative and non-verbal language, being conveyed in different design products ranging from costume and textile design to video/sound making and set design. Each product has an individual identity and function in the performance structure, in relation to the dancers and the space/location; they express their representative meaning, reflecting their denotative subject. The link between product and location is then established by the performing bodies of the dancers who through their costumes, choreography and set design are restricted, as the inner discomfort changes their behaviour through body language.

All project elements have been created to externalize the general characteristic of mental discomfort and therefore convey the same feelings and limits of a person with OCD into the audience. "My Knot" is an experimental design and performance, interacting with society and the spectators and acting as a reporter of our current social issues.

This introduction to the project aims to clarify all the products' relationships with each other and overlapping roles in the performance. As each design product works together in the same performance and with the same project aim, each product analysis often overlaps with another, to explain their relationships within the performance more clearly.

7.1.1 The technical approach of the performance.

"My Knot" was part of "Design Week 2010" as a conceptual exhibition of its original modern-dance performance , which should have taken place in the "glass hallway" of The Arctic Center museum in Rovaniemi. Unfortunately, because of an unexpected eruption of a volcano in Iceland, the dancers coming from my city in Italy, couldn't take the flight to the show. The whole event was well organized to welcome the Italian dancers to Rovaniemi for three days, with accommodation kindly offered to them by the university for two nights and a make-up and hair style appointment arranged for the day of the exhibition. Naturally none of this could take place, but because I had worked so hard on "My Knot" and on the logistics of its organization, I decided to present it anyway but as artistic exhibition in The Arctic Center, where video, set design and costume collection were presented as a "referential piece of art". In order to present the project in its entirety in order to be able to appreciate its evocative power, I will describe here the original concept as a performance.

As I already underlined above, the event is designed to have different types of art representations where each representation adheres to the major concept thus communicating unequivocally with the

viewer. On this point I decided to construct the event in a way that all artistic elements could have their own place and function in accordance with the audience's point of view. Therefore all dance costumes and set design were placed as static elements in front of the video narration and music which in this particular case would operate as the central support of evocative meaning and reference.

7.2 Clothing and textile design costume collection

The common consciousness of fashion has been significantly affected by semiotic and anthropological study since the nineteenth and twentieth century, right up to the present day. It is by anthropological and semiotic analysis of traditional and ethnic garments that is possible to understand the various signs of different cultures, meant to affirm their origin and social position. At the beginning of modern society the garment acquires more and more semantic value, assuming various roles. The symbolism of the costume does not disappear, but is certainly used in a sort of individualism game. The garment assumes narcissistic identification, projecting the person through time, status symbols and strong ideals, characterizing the clothes into a specific fashion style. Is it the clothes that assert a symbolic charge of the naked body, as "the dress humanizes the living body as it finds its own identity only through the symbolic process (Fiorani, 2004).

Eleonora Fiorani, an anthropology professor refers to the garments as an "exaltation of the physique-Ego". Yet again the psychic element "Ego" is here recognized for its narcissistic and libidinous characteristic, whose semantic values are conferred into a garment. The dressed body become exaltation of our being, where materials, textile, shapes, and colours define our inner desires and unconscious emotions in a theatrical representation (Fiorani, 2004). Once more, Barthes defines the theatrical costume as a "garment with powerful semantic values, there to be watched and read, existing to communicate ideas, information and emotions" (Bathes, 1967, 94), referring to the garment as an individual's body language narrating his/her way of being. Through these important expressive references, My Knot-Costumes are here, dematerialized and distinguished from the narcissism of fashionable garments, highlighting instead the powerful semantic features of theatrical garments, ornament and accessorize. The costumes become referential prosthesis of inner discomfort, as icons of internal conflicts, feelings, symptoms and restrictions. Such symptoms are costume shapes, materials, and textiles structure, becoming second skin and prosthesis of the psyche. The harmonious naked bodies of dancers are then inscribed and deconstructed by prosthesis, symbolizing the original psychic and physic movement alteration of people with inner discomfort. Each one of the three costumes and materials has been developed through in-depth semiotic analysis of inner feelings and OCD symptoms, reflecting some realistic psychophysical reaction into shapes. Therefore, dye, fabric structure and costume shape are here developed to be an important interpreters of non-verbal language

7.2.1 Textile and Clothing Analysis / Textile composition and technique

Each of the three costumes is characterized by different material: polyester strips (1), elastic cotton thread (2), and thread of assembled cotton filaments (3). Each tissue has been carefully chosen for its singular ductility, divided up and reduced into various size strips accordingly to their own utility to define each costume concept.

(1) *(2)* *(3)*

Picture .4 (Textiles of costumes)

In keeping with this, each costume goes on to be characterized by other complementary recycled materials like, light stones (1a), electric wires (2a), transparent spiral cable (3), which will be explained according to their conceptual utility in each costume later on.

(1a) (2a) (3a)

Picture .5 (lace knot of costumes)

Although here, each tissue is different, all of them are modified for a unique textile design texture which is achieved by hand-knotting each tissue strip, one after the other, thus creating a sort of lace all around the body. My decision to re-design the traditional lace with knots was made to create a sort of contrast between the visual lightness achieved by the lace transparency and the visual heaviness of the knotted tissues, underlining so the weight of its meaning.

Although this lace transparency harmoniously re-designs the skin from a semiotic point of view, such a contrast between skin and texture aims to convey the conflict between the corporal Ego and the unconscious ID.

The skin assumes the connotative image of the corporal Ego, as the texture is a connotative symbol of the psychic unconscious. Related to the fact that each tissue has a different brightness, size and material proprieties each structural strip of textured lace is shaped by varying degrees of knot bulkiness and thickness, in part achieved by the knotting lace directions and evolution.

Since I have started to knot the lace I have understood that the node itself can have two opposite directional shapes (picture 6), depending on the way it is made, knotted from the front (A) or from the behind(B).
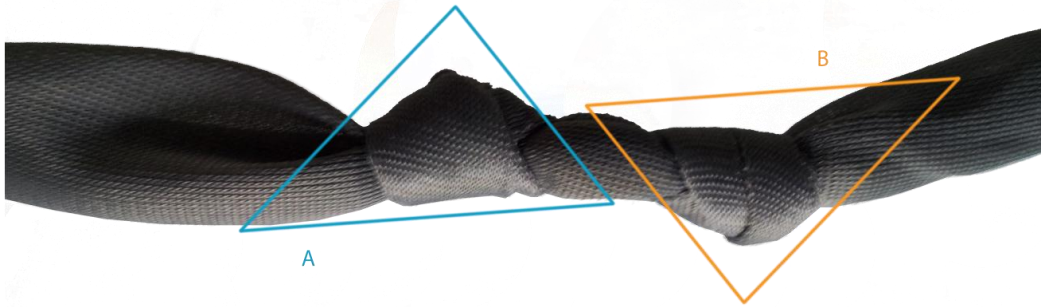

Picture .6 (directional knots)

Moreover, If we attempt to identify the node as a geometrical figure, it is possible to detect it has a right-angle triangular shape. This explains the fact that when each node is aligned one over the other it is developed in a circular direction, constructing the lace in circular shapes module (picture 7).

Pictures. 7(circular direction node lace)

Therefore, as both nodes up-side and down-side, these are positioned one after the other, producing a line with circular direction. In this way the shape of each single line direction of A and B node contribute to the lace evolution and design. (Picture .8)
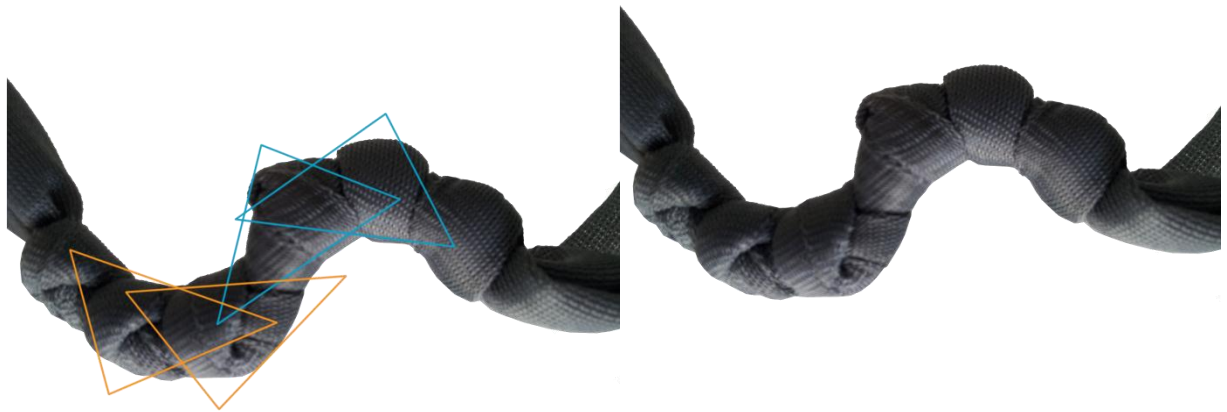
Picture .8 (opposite direction lace knot)

In line with the instinctive and natural creation of the nodes, I decided to take the same instinctive attitude while developing the texture, without following a set pattern. This decision was taken to reflect onto the costumes and the audience the same propulsion of the unconscious as its referential image. In this way each strip of knotted lace was created by hand, following an intuitive sense of harmonic shapes, defining the costume collection into a "minimalistic style" enhancing the skin texture and body shapes. To ensure a visual reaction where the body skin is indistinguishable from the texture, I previously developed the lace on a planar dimension, alternating the lace design with various nodule thickness and empty spaces. (picture 9)

Picture .9 (lace knot density)

The planar texture was adapted later on to the mannequin developing its form accordingly to the body structure and always faithful to each costume's referential concept. Before introducing all the costumes' structures and reference, it is important to highlight the reason I chose to consider a "knot" as the main 'interpreter' of my costume collection. Any knot we see has a unique functional aim to lock or tie something, storing tension. Such tensions signify here an iconic knot, which in turn signifies the tension that mental discomfort releases into the person.

"*Signs take the form of words, images , sounds, odours, flavours, acts or objects, but such things have no intrinsic meaning and become signs only when we invest them with meaning. 'Nothing is a sign unless it is interpreted as a sign', declares Peirce (Peirce 1931-58, 2.172).*"

Every individual detail of structural dimension, nodal structure, complementary material, and body movement, then becomes an orderly combination of interacting signifiers which *define the syntagmatic structure* of the whole project.

Picture .10 (feeling of heaviness on top of the shoulders)

7.2.1.2 Costumes / Referential code

To highlight the different paradigmatic signs contained in each costume more effectively, I will analyse the costumes one by one. This method of presentation also underlines each syntagmatic sign combination that define each costume concept and what is the unclose message into it. As each analysis includes a series of signs and references, I will begin by listing the whole symptomatology. The sensations that are aroused in suffers by obsessive symptoms, will then be considered as denotative signified of the connotative costumes collection.

Picture.11 (costumes, concept of heaviness)

I. *Persistent fears of doubt, to be responsible* for injury or incidental damage like a fire, a theft, a terrible error or physical injury.

II. Fear of being responsible for undesired violent impulses toward vulnerable people.

III. Concerns about being contaminated by germs, and so be potentially responsible for contamination of loved persons.

IV. Insecurity about carrying out personal acts, words and writing, fear of involuntary cause of harm, saying or writing something that could get the loved persons into trouble

   a) Panic attacks, gasping respiration, increasing distress

   b) Tension, static movements and body expression (compulsive passing? avoidance), increasing distress, growing anxiety and sense of responsibility.

   c) Repetition of the same movements(compulsive rituals)

   d) Being weighed down by overlapping obsessions and growing distress.

   e) Fragility and insecurity.

The mixture of feelings and body language that obsession provoke in the person define the defensive mechanism in this way, as compulsory rituals. I will examine the latter symptoms in depth later on in addition to defining the connotative meaning of each field of design and choreography .The obsessions and feelings listed above lead to the Bioenergetic concept of body language, which states that " body expression goes beyond a verbal expression to define mental discomfort, considering the physical expression of that problem as well as manifested in the body structure and movements of the suffers, physical tension of the muscles chronically contracted and spastic". The body language is seen here as a systematic attempt to free psychic tension. Therefore, in my project the costumes collection was

developed on conventional signs of weight and tension. In this way the costumes becomes the referential prosthesis of suffers' psychophysical tension, represented in the performance by the dancer's body movement hindrance.

### 7.2.1.3 Technical construction / Conceptual Ideas

Here, the first costume concepts summarize the feelings and body language listed above. Their shapes show the chosen areas of action, where the referential prosthesis will be concentrate. The textile of the costumes will also develop from these initial ideas, that all materials used will be replaced by the "knotted lace", already presented in the third Noir costume concept.

White	Grey	Black

Picture .12 (Previous costume ideas)

Picture .13 (Previous materials idea)
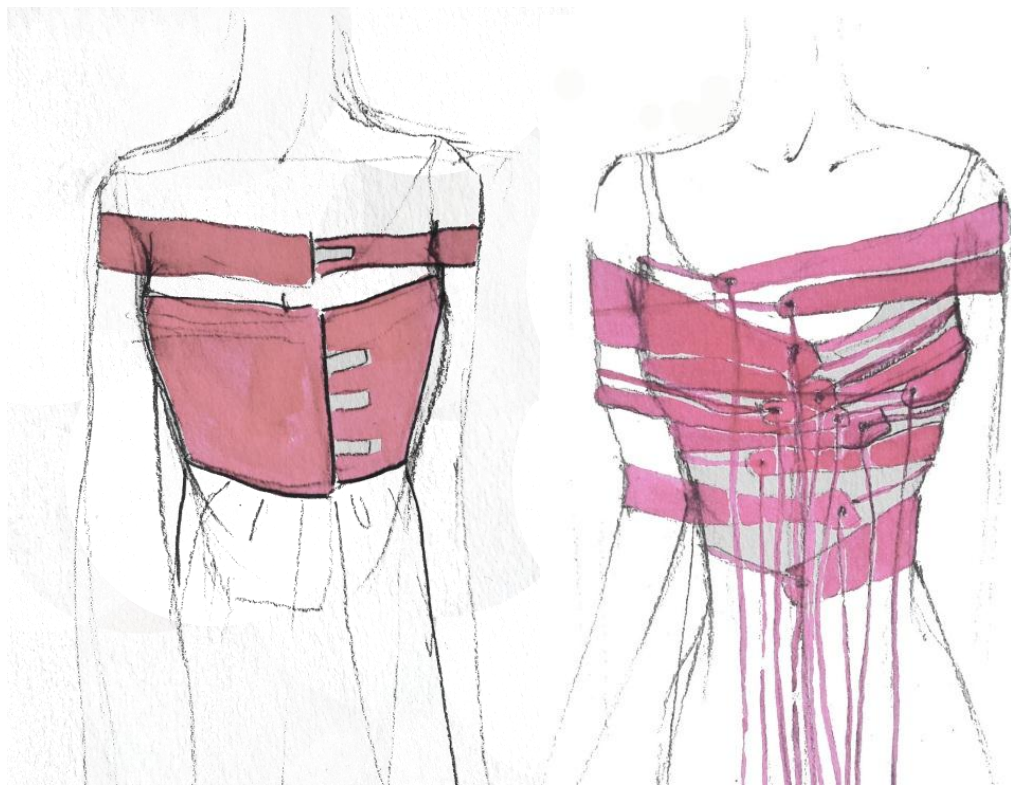
Picture .14 (previous concept of corset)

This procedure was used to highlight the central role of the first concept "White costume", which is made up of tight semi-transparent overalls whose only function is to hold in place the "corset", which is the main part of the costume. This garment was chosen for its restrictive structural function of the bust and chest. The elaborated corset, in fact, symbolizes *the* gasping respiration brought on by personal increasing distress. Such a feature is a very common symptom of panic attacks often present in anxiety disorders. The corset shape is also designed to block the arms at the bust, to emphasize the inability of the person to move, being terrified by his own symptoms, as perfect representation of psychophysics tension mentioned above.

Adhering to this primary concept, the white costume develop a new concept, which simplify the corset, freeing the arms and concentrating the whole thing into the breathing feature and growing knots on a naked body.

Picture .15 (White knotted corset)

Picture .16 (White costume lace design and shape)

The corset material is then replaced by thick white cotton thread used to made thick knots developing a three dimension lace in a sort of prominence on the dancer's chest, conveying the sense of rigidity. In this new concept the design also involves plastic cables positioned on the front of the corset out-coming from the lace reinforce the sense of compressed air. The fact that the plastic design creates a sort of bulge of air in the chest part of the corset, is interpreted by a rhythmic compression movement mimicked by the dancers hands, emphasizing the gasping breath into the choreography.

Picture.17 (The Arctic Center, My Knot costumes Exhibition)

Here the body is overburdened by the mental state of heaviness and powerlessness resulting from the pathology symptoms. Such distress is growing so much inside the sufferer that he/she perceives it as a physical burden that grows on his/her shoulders and back. The obsession and compulsive rituals can in fact overlap becoming unmanageable. Here the "Grey costume" is designed to recreate such feelings by placing the prosthesis on the back of the costume. So, while the prosthesis concept in the White costume took over the dancer's chest area, here the back is plagued by "fake" bags of weights.

Stone covered of padding
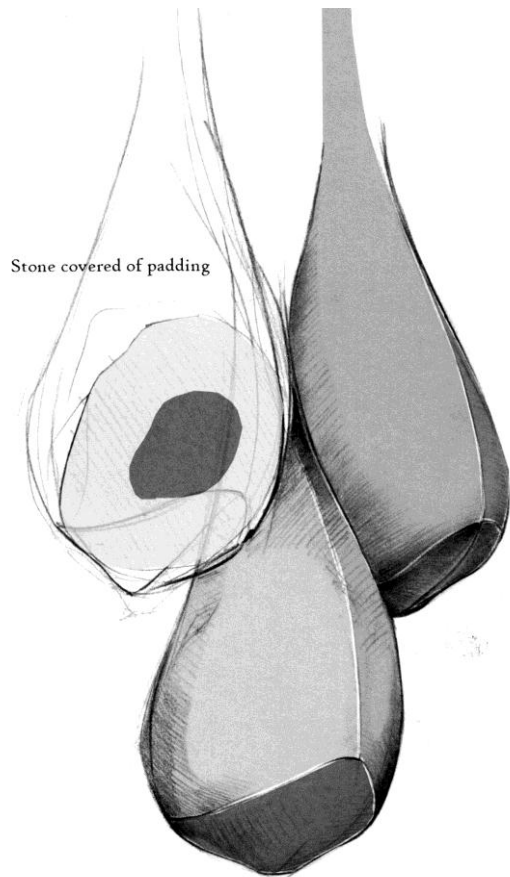
Picture .18 (Previous Grey concept of feeling of heaviness)

In this first concept the putting together of weights was very complicated. In fact, the bags would be made of semitransparent fabric and "pumice-stones" (very light stone) that the dancer have scooped up during the choreography. As the stones were highly visible through the bags, a realistic impression of body compression is produced, overburdening the dancer during his/her stage performance. In accordance with the intention to use the knotted lace as the principal

textile, the same prosthesis concept is converted into different costume shapes. While in the White costume the knotted lace leaves space for the additional plastic material, in the Grey costume the same knotted lace dominates the whole bust forming once again the shape of a corset. The corset is designed to have a planar textile on the chest, going on to develop into a three dimensional structure all over the back of the body. The multiple waved chain of knots gives us the impression that the pattern/design is growing into a sort of organic tangle all over the skin.

Picture .19 (Grey prosthesis costume and tridimensional lace design)

Picture .20 (Grey costume prosthesis)

Picture .21 (Grey costume, prosthesis)

The bulge symbolizes the heaviness of mental discomfort which affect any suffers' action in life. The three dimension nodes bugle, assume perfectly its role of growing state of anxiety. In fact the node structure looks like to extend its size to the infinite, as suffers' discomfort increases with the time.

Moreover, the concept of investing the costume with a sense of burden by including the pumice-stone has been kept, casting the stones inside the organic structure. The organic aspect of the design is also reminiscent of the brain anatomy, the centre of our internal conflicts. Here, the perfection of the conscious part is knocked down and modified by the unpleasant obsessive "stones" defining a new chaotic image, emphasizing the loss of person's lucidity.

The costumes are invested with the emotions of mental discomfort and conceptualize certain common symptoms and feelings of anxiety disorder through their individual features and shape. The latter restricts the dancers' movements considerably and thus has an impact on their body language.

Such body constriction and mobility tension strongly defines the last costume I am about to analyse.

The first idea of the "Black costume" in the image (picture .22), conceptualizes the restriction in the body language as clumsy coordination of movement. The costume is designed to have arms and legs attached by a long sleeve of a full body semi-transparent overalls. The textile that partially covers the sleeves and defines a sort of body garment is the knotted lace. In fact the first costume where the knotted lace originates is "Black" and will later replace all the other costume textiles.

Picture .22 (Previous Black costume concept)

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Picture .23 (Black costume, prosthesis)

Picture .24 (Black costume, prosthesis of psychic tension)

Picture .25(Black costume)

In the final "Black" design the costume is simplified, the overalls disappear thus letting the skin acquire more importance in relation to the costume. The knotted body of the garment then evolves into a bust that develops irregularly as far as the neck and right shoulder. Long strings come from the right shoulder attached to the right side foot by a sort of a sock made out of the same black knotted lace. The sleeves are here reduced into only one right sleeve conceptualized by elastic cotton filaments all as part of the same bust. The strings correspond to the idea of limbs, nerves that, stressed by psychic tension, trap the body movements.

Picture .26 (Black costume, choreography movement)

The psychophysical tension is specifically caused by one of the obsessive thoughts that is described below.

- *Fear of being responsible of undesired violent impulses towards vulnerable people.*

Here the sufferer is terrified that this intrusive thought could unintentionally enter his/her mind , for example, when the person walks through crowded streets, his body movements appear very controlled and rigid, as the sufferer is concerned about not wanting to hurt anyone . In this situation, it is necessary to highlight the fact that all intrusive obsessions are somehow producing body responses, expressed in the video as rhythmic movements, staring gazes etc. The other essential detail of the costume is located on the front, in the heart area. Here the textile lace becomes thicker and tangled .The knotted bulge (Pic.27) is in fact partially made out of coloured electric wires. This power plant is designed right upon the heart to symbolize the palpitations provoked by the obsessive thoughts and anguish. Once again the tension is symbolized by electric wires which take the upper hand over emotions. The latter are then represented by soft, white woollen fluff imprisoned inside the bulge as reflecting the sufferer's person's mental condition.
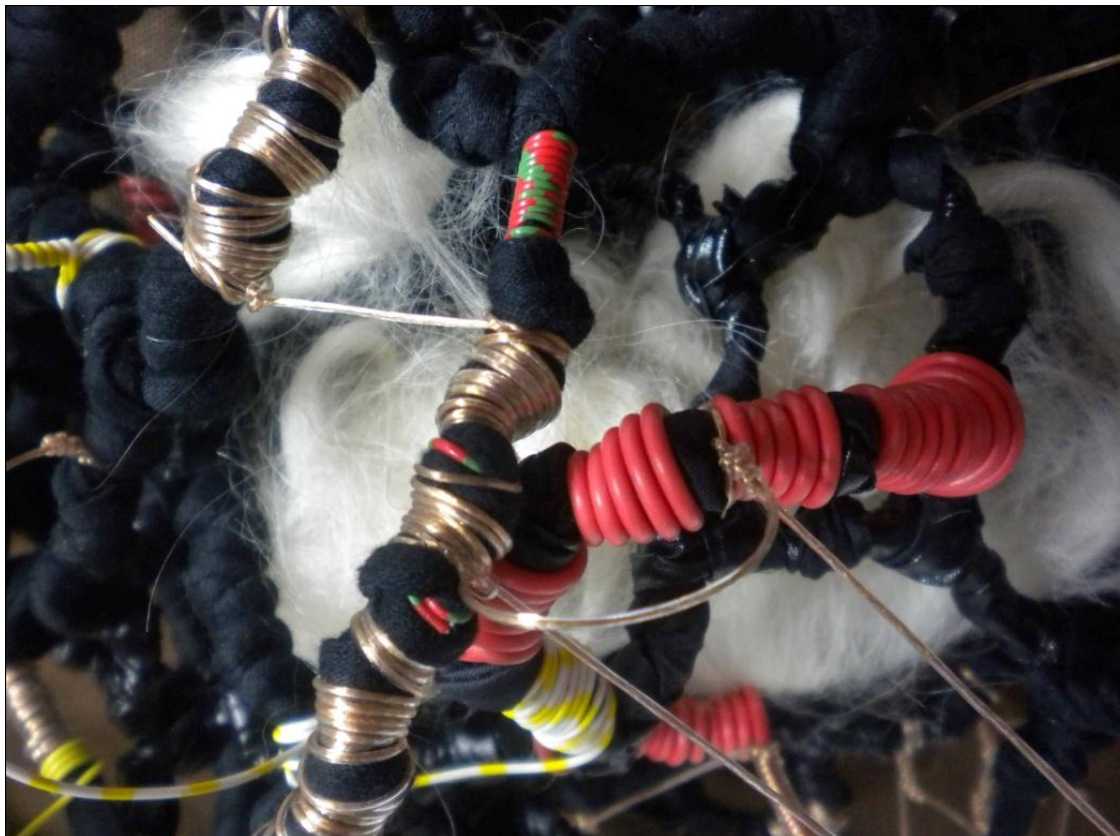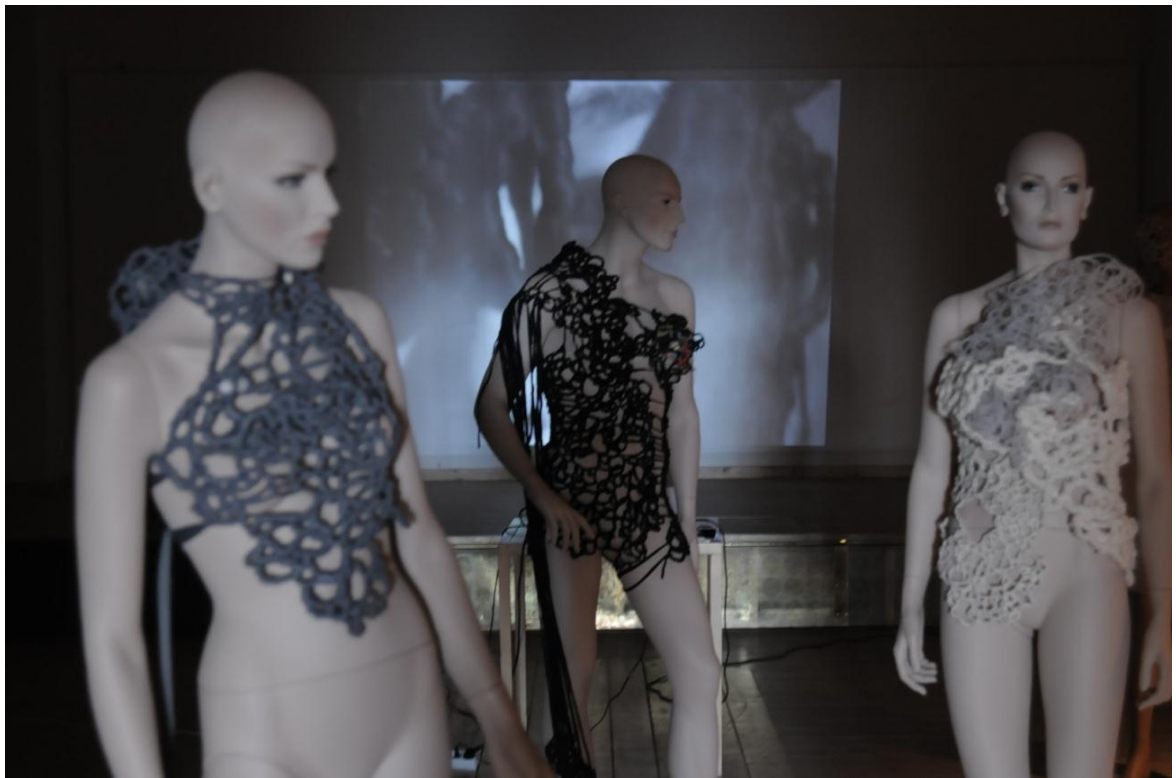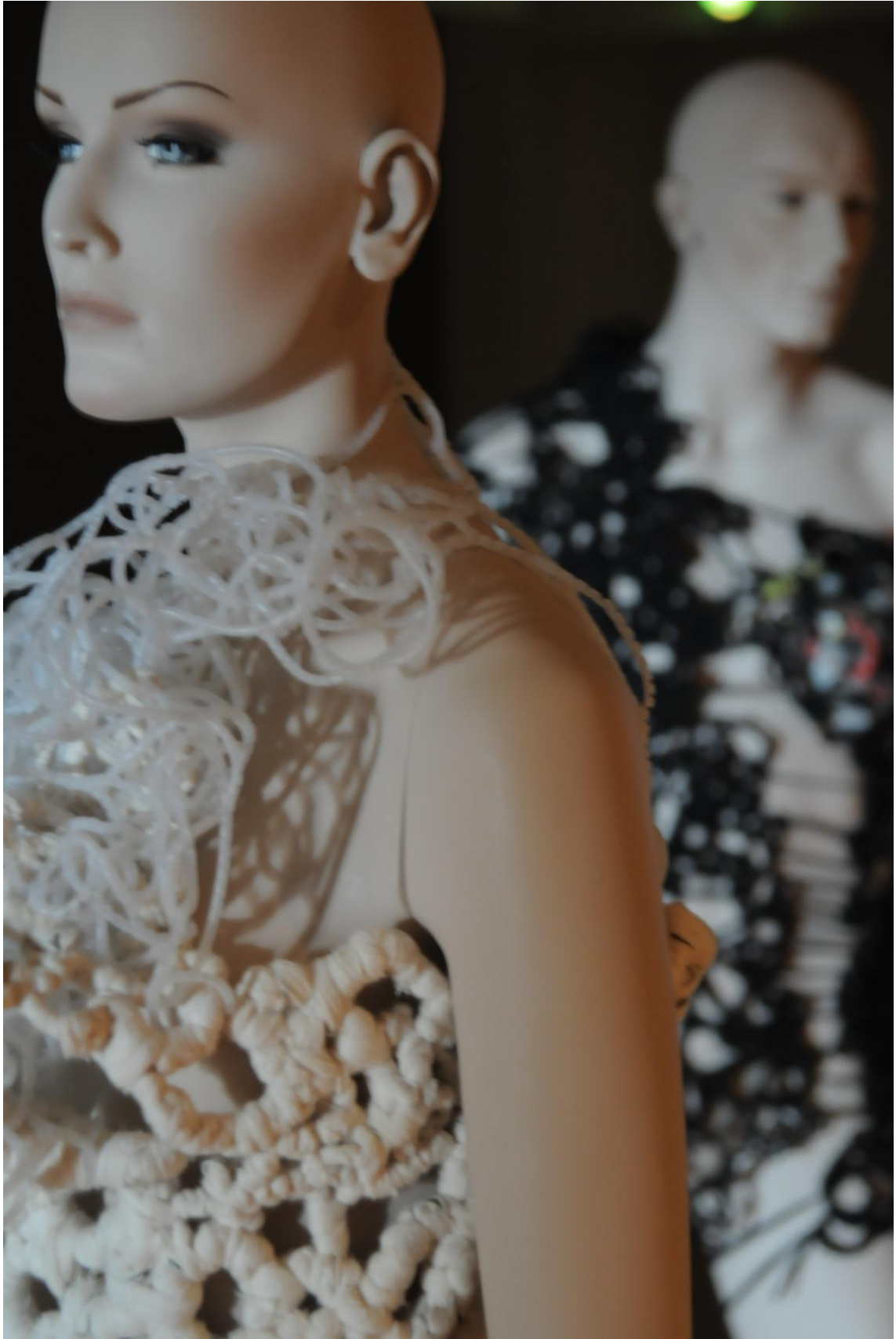

Picture .27(Knotted bugle)

Picture .28 (Black costume, choreography movement)

*Pictures .29a-b (My Knot costume exhibition in The Arctic Center)*

Pictures .29c (My Knot costume exhibition in The Arctic Center)

7.3 Set design analysis

7.3.1 Space structure

The performance is thought to be running inside a rectangular vision, where the audience and the video are situated in the opposite smaller sides of the rectangular. Here the rectangularity of the performance area is made to adapt in the "glass hallway" of The Arctic Center or in a hypothetical pedestrian area of a city centre, should the performance ever take place outside. Along the entire length of the rectangle between the audience and the projected video, the "set design" is placed, made up of white dressed dolls which are irregularly arranged and portray the role of passers-by. Between the mannequins the three dancers wearing the costumes perform the choreography and act out the inner discomfort through body-language. Accordingly, the choice to leave the video behind the set, in the background, so that the viewer can watches the dancing performance without being distracted by the video, which has only a complementary and evocative value.

Picture .30 (Location of set design, Artic Center)
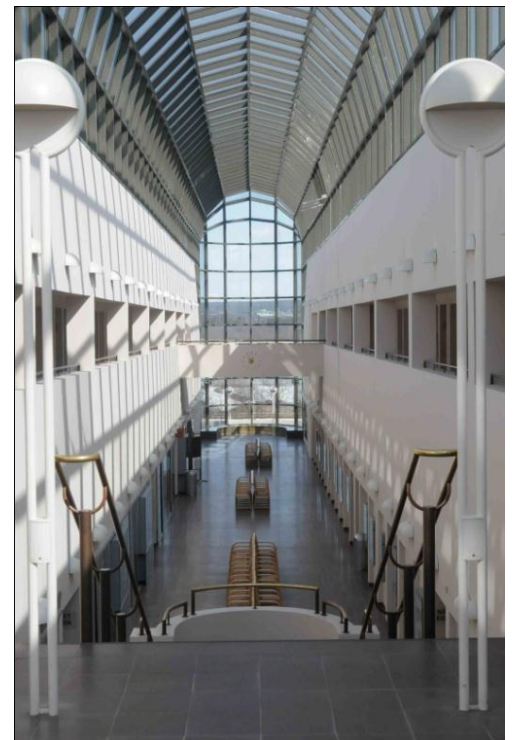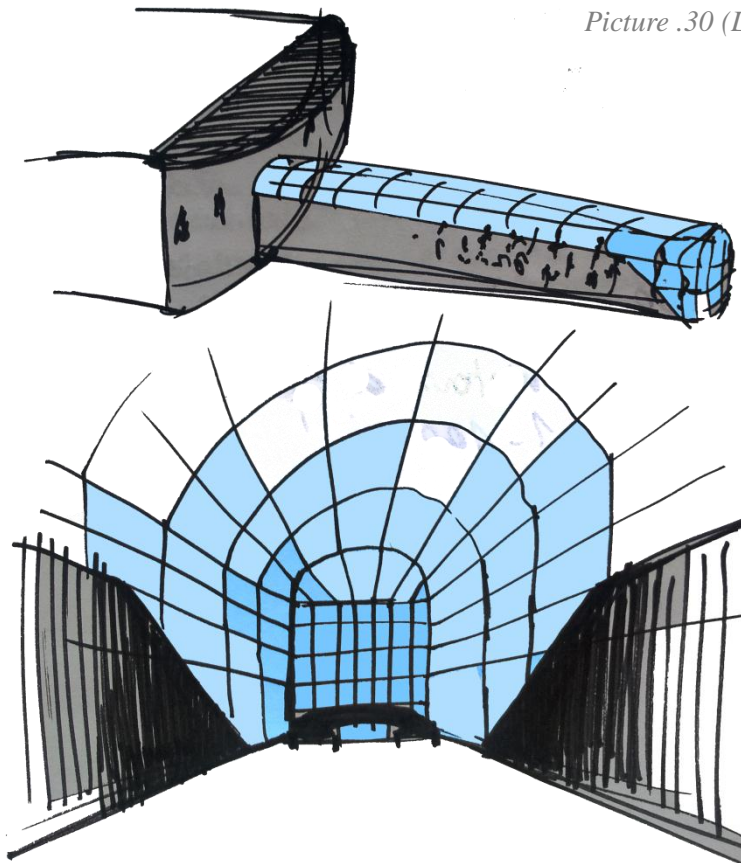
7.3.2 Visual code

7.3.2.1 Visual composition

In keeping with the semantic value of "Creative Space" (14, The potential of spaces), "building and spaces have existing character, ambience and dramatic potential, which were and are existing, offering a creative space very different from the traditional theatre building", the location of the "My Knot performance" defines the whole project narration. The length of the "corridor" characteristic and view of the outside area from The Artic *C*enter are used here to give the same impact   as a city street. The prospective of such a long space also contributes in giving the audience the impression of being projected into an open space and not in a museum. To recreate the realistic impression of a long way street, I have decided add several mannequins to the set design, dressed in white, to represent the passers-by.

"The potential of spaces for performance are necessary spaces where reality and illusion are both a simulation of the material world but also, simultaneously, real" (Oddey & White, 2006, 15). Therefore the city street is   re-created   in the Artic Center as a backdrop to the performance.

The aim of such a realistic location for the performance was an attempt to dissipate the sense of fiction. The mannequins, in fact, could be replaced by people acting as passers-by. This element could be included in the dance choreography, experiencing firsthand the referential narration of the choreography. In this way the audience who are not featured in the performance would be in part induced to identify with the passers-by role.

7.3.3 Referential codes

This particular location creates a   referential framework between set design and dance choreography. The long and crowded street aims to portray   a communal place and a situation where the person feels invulnerable towards intrusive obsession.

As I have already pointed out, one of the most common obsessive symptoms is recognized as potentially causing damage or injuring someone. The sufferer of such obsessive thought finds it very distressing to walk through such a crowded street, being very often compelled to perform some compulsive rituals on his way. The mannequins thus become referential symbols of passers-by and stimulus for obsessive thoughts.

The mannequins are clothed in white dresses to recall the actual vision of the obsessed person. Therefore when the person is terrified that they may act out the obsessive thought towards someone and thus busy themselves with performing the rituals to neutralize any ideas, he or she becomes indifferent towards other people. As I will later explain, the person's gaze here is restricted, seeing people as blurry shapes, and that's the reason why the mannequins are dresses with neutral colour. Following this, the white dress, a semi-transparent tangle of filaments also makes up the mannequin's outline.

The knotted filaments are placed on several body parts of the dolls, blocking arms, feet and visual gaze. This restriction of freedom of movement and sight symbolizes the invisible and potential inner conflict inside every person.

Pictures 31 (Mannequins –passers-by)

The aim of the choreography is to externalize both obsessive, compulsive symptoms and display the referential costume collection. Therefore, the choreography and the referential codes of dancer's costumes guide the referential narration.

Each costume feature is defined through each dancer's role and interpretative body expression in every choreography section of the performance. The dance performance lasts 20 minutes, as long as the short video. Each choreography section thus corresponds to the rhythm of the music and songs, during which, the dancers move through the entire performance area.

1. Neutral: The dancers begin the choreography standing close to the audience with the long side of the set in front of them and the audience. They are dressed in the same white costume as the dolls (The dancers embody a normal healthy person)

2. The mannequins' white garment is taken off (Embodying the loss of 'normal' mental state. Sound of "Moka": The dancer with the "white costume" (Valentina), emphasizes gasping breath through compressing the white plastic tangle with her hands.

    The "Black costume" (Simone), starts uncoordinated movements, playing/fighting with the strings of his costume.

    The "Grey costume" (Annalisa), emphasizes the heaviness embodied in the growing prosthesis on her back, the overlapping obsession and compulsion are tiring her, and her dance movements thus become weary.

    She grabs the costume prosthesis and yanks it away to imply the personal desire to freeing her psyche and body from such restriction and discomfort.

3. First vocal song: All three dancers dress and undress the mannequin with the garment to symbolize the involuntary dependence on the intrusive symptoms.

4. Repetitive sound: dancers' repetitive movements.

5. Church music: the three dancers walk through the set close to the mannequins and turn to focus their gaze on a specific area or on a doll. Proceeding down the long narrow set emphasizing their fear of touching the mannequins.

6. Piano: Annalisa, "Solo", own costume interpretation.

7. Ping pong sound: Annalisa meets Simone and Valentina they dress the doll in a white garment symbolizing a healthy state of mind and walk indifferently through the other mannequins. (To emphasize the inner discomfort of a commonly concealed mental instability situation. Drum roll sound: Empty stage.

8. End of performance and video sequence: The dancers wear the same knotted mask that the girl in the video is also wearing it.

Picture 32 (Triptych picture of choreography dancers, Valentina, Annalisa, Simone)

7.5   Video analysis

7.5.1 Tools of narration - Emotional representation

Although the "My knot" video was created without a big narrative structure, the emotional representation is ongoing.. The choice to create the video according to emotional perception rather than a narrative story is an attempt to respond to the iconography of the distress mentioned above. Moreover, if the video had a strong narrative element, it would require more attention, and this would distract the whole audience from the main element of the event and the link between choreographed dance and the costumes.

7.5.2 Audio and Screen - perceptions.

The purpose of the video is to bring the viewer to feel the same sense of dreams and unease. To fulfil this task editing video tools are required. The visual codes embrace an unusual mode of shooting, editing modes, style, colours and characteristics used to invest it with the message of certain atmospheres and problematic situations.The audio-video codes have the purpose of transporting the viewer to the unconscious state of distress experienced in dreams which are represented in the video by the icon of anxiety.

7.5.3 Technical devices

The camera used is a 16mm screen format to maintain the intimate point of view and transmit it to the receiver of the message, being projected once onto a TV frame. The frame cadence is not always the same and changes during the video together with the speed.
The introductory and End credits, following the concept of the graphical aspect in the video, have different characters. The first main title which is "MY Knot" appears on the left-hand side of the frame, the letters appear regularly one by one with the increasing volume of the music in the background, and softly disappears after 25 seconds.
In contrast the end credits appear sliding from a down-to-up direction. The first credit is the "Director name's" and then the "Artistic collaboration", "Choreography and music makers", "photographer's name" and the "Cameramen's name". After that the logos are shown statically; "Collaborator department logo" and "Happening Design Week logo".

The best way to interpret distress is by working on the visual aspect and its rhythm and re-creating the idea of a "distressed dream" through editing tools like MIRROR, FOCUS, FLASH and OVERLAP mode. When images are altered, the sense of insecurity and anxiety grows in us just like during compulsive behaviour. This explains why the video images are often unclear and blurry.
To look at the individual tools in depth; the MIRROR mode represents the conflict and coexistence between the conscious and unconscious, reflecting the mental discomfort. (pic. 33)

Picture.33 (Photo of background video)

Again the FOCUS mode is used to re-create that sense of a dream, and the FLASH mode to stress the harmony of the whole video and be representative of compulsive habits. In my opinion the OVERLAPPING mode together with the MIRROR mode are the ones that show the dream feature most clearly, especially here - (00:06:30). Consequently, four very important modes that establish a strong Visual dynamic in relation to distress, together with the SLOW or FAST motion of the images.

7.5.4.1 Visual Code / Graphic

The video also contains 2 drawings with a 2D perspective. The paintings are created with ink pen which makes the graphics very minimal and simple thus highlighting the narrative structure.
The drawings have different characters, but the same meanings. They show the person's obstacles and obstructions in their living situations.
In the first drawing the person's life destiny is represented by a balloon which is tied up to a huge bell on the ground. The bell also represents the obstacle of the sufferer that suddenly finds himself in a deep hole in the ground (the illness), having no expectations of climbing out , or up the steps in the

adjacent tunnel .

The horizon shows fields of balloons which reflect how widespread this illness is in our society. The balloons are trapped, and the only chance they have to fly away is by raising awareness and receiving help from society (image: suction pad).

The second drawing represents a balloon which is tied up on a submarine in the middle of the sea. The balloon is alive, it can hear, see and feel the sun (the lamp), but it cannot reach the lightness of the clouds and fly away with them.

7.5.4.2 Visual Code / Dynamic

The VISUAL DYNAMIC being "not – diegetic" with different angles of shooting; from close up shots to a medium-range shot, has been very important in enabling the composition image capable to transmit a certain mystery and unease. These very common compositions such as the close up image, aim to show the viewer how much the visual space is "defined" in a person, whose sense of concern and possessiveness is part of his/her "compulsive" behaviour. This compulsive, obsessional staring at content, limits the person's vision of space and people around him/herself (as the close up point of view focuses and excludes what´s around).

The SHOOTING modes are made mainly by a standing camera, where the character is moving in front of it.

Only the first part of the video was shot using the "DOLLY zoom", where the camera is moving through people in a lower position. "Dolly zoom" features helped me to realise the idea of space, people and bustle city environment, which in this case becomes the cause of anxiety. The "dolly shot" becomes the vision of the sufferer that walks among the passers-by, reflecting a certain sense of unease. The terrible obsession of hitting out at and hurting people leads the obsessed person to stiffen his body with well-defined and precise movements. Certain habits and rigidity are recreated in a specific sequence of the video, (00:04:00), where the subject is obsessed by thoughts that compel him to walk following specific forms, colours, or path as compulsive actions.

Other Shooting modes used are the zooming features.

7.5.5 Audio / Sonic code

Part of the Audio-Visual code is the sound, as NON-diegetic combinations of electronic and more classic gender. The choice of playing these very opposite types of music and rhythms in the same soundtrack aims to create the much wanted dynamism.

At the beginning, I found the electronic music rhythm very coherent with the anxiety involved in the considered disturbance. First, the electronic rhythmics overlap different sounds with different

frequencies, making the energy and tension needed in the video flow. Second, these peculiar frequencies also reflect the compulsive attitude. If we want to find even closer associations with the term "Electronic music", it can be noted that "electronic circuits, conductive wires and electric power transmission" is a perfect connotative link to the obsessive habit. The electronic songs are overdubbed and manipulated to repeat specific sounds or frequencies to fulfil the idea of frenzy, stressing the fact that people's level of agitation grows with a combination of fast repetitive movements, images and sounds. The "audio timing" (00:12:40) refers to the shown "throttle" object and to the running time spent by the person to reassure himself that it's off.

In addition, the unexpected NOISE created by cutting the music at the end of this track section, has been very useful in representing the idea of falling. The decreasing tone creates the idea of distance which increases throughout is volume and time. Here the tone aspects surface, show us that volume and pause can be also referential signals.

7.5.6 Non-chronological syntactic of video.

The chronological progress of the video reveals the arrangement between music rhythm and syntagms, resulting in a Non-chronological syntactic, where the image becomes a metaphor for the music/sound. The editing effect modes are also dependent on the sound and the character's movements. Very important is this last audio-visual coordination, where every movement is established to follow the sound and the effects mode with synchronisation and harmony at the same time. This balance keeps the frames all together offering a unique stylistic atmosphere, which accentuate the softness of the body shapes.

7.5.7 Composition / Stylistic atmosphere of video

One more impression to be evaluated is the colour scheme used. The video editing establishes the colour scheme as black and white, on a scale of grey and lightened, with varying degrees of an opaque effect colour images. These tones and strengths reflect a peaceful and melancholic felling, opposed to the frantic motions mode of the images. The colours are carefully combined together to develop a certain harmony in the whole video. Such delicate colour combinations embrace and reflect the fragility of porcelain.

The skin tone of the woman present in the video has been elaborated to achieve this impression.

The colours also convey visual dynamics, which hardly or only slightly change during the whole video. This feature expresses the survival and fluctuating relationship between the illness and the sufferer, the same as the black & white contrasting with the colours. Here the colour features can also represent a choice of STYLE that reflects the author and her way of portraying a clear message, without overloading the image and its meaning.

The video style perfectly goes hand in hand with the other elements like the clothes design and colours, set design, make-up, hair style, and dance choreography. Each shot has been edited very carefully to reflect elegance and a minimalistic style.

The video, as the other elements of my project, convey the same stylistic message of fluctuating distress, moods and fragility, s without obscuring my idea of beauty.

7.5.8 Referential narration Video

Up till this point I've mainly analysed the technical structure of the video. I will now go on to analyse in depth the image, body language and objects.

As I hope is clear, the most important objective of my whole project is the depiction of how discomfort can be represented and representative at the same time.

In the core part of the video the girls barely touch the white plastic textile, the same material used in the clothes to represent the air, and breathing. The plastic item placed to her chest and her stretching it refers to the gasping (00:06:40). The textile and cloth are the referential symbol of the illness's effect on the body, manipulating it as the mind would do. The body language as the girl's gestures and postures is a Non-verbal Kinesis which attempts to display the unconscious body reaction to the discomfort.

Another non-verbal aspect that should be explained for its interpretative value is found in the eye frames, twice represented during the video. In the first frame (00:02:30), we see the frenetic movement of the eyelids and gaze of the girl alluding to the momentary discomfort and fear of being among the people (these frames overlap with the frames of people walking past). Therefore, the hands are covering the gaze as to suggest again the appearance of the compulsion due to not see anything around her that could provoke obsession. (pic. 34)

Picture .34 (Photo of background Video)

In the second obfuscated gaze frame. (00:11:37) the eyes are covered by a "textile mask", evoking once again the sufferer's tendency to "avoid" seeing what is in front of him/her, and the obsession with external stimulus. In this regard the cloth and textile become the mental prosthesis which grows, wrapping itself around the body, (00:15:35). She is aware of her prosthesis created by her as a form of protection, but at the same time in angst because of its mysterious appearance and growth. The mystery is shown by the girl's gestures of curiosity with regards to the cloth. The same curiosity is present in the time frame - (00:19:00).

The stones symbolize the heaviness and the continuous growing feeling. The stones, like the cloth protuberance (00:14:40), are collocated on the shoulders as a symbolic carrying of the burden. Once more, a different garment is used as a message (00:09:52). A white minimal and pure cloth is used as an image of the "normal" appearance of the person while not suffering from the effects of OCD. The garment is put on and taken off, showing the image of her unconscious inner distress coming out and taking over her "normal life". Another icon of unconsciousness is the "door" (00:04:45), a referential object of the mystery of dreams.

Pictures 35(Video, Exhibition in Arctic center)

Pictures 35a (Video, Exhibition in Arctic center)

The poster has been divided into three vertical sections and the viewer is enticed into instinctively reading it from left to right with the purpose of making the viewer read the most important part first, which is the title of the project "MY Knot". In that regard, I've tried to play with the title, the possessive adjective "MY", being a word that could refer to anybody. The word "MY" is purposely repeated twice upside down, with the intention to represent the conscious and unconscious sides of the considered subject "MY". These two sides are opposed but existentially linked.. In the same section (on the left side of the poster), below the word "MY", follows - "KNOT" a "designed knot" being a signifier of the actual meaning of "KNOT" invested with the feeling of the "tension" or the "crush" as the discomfort is depicted in the subject.

The middle part of the poster reveals a picture of the dancers wearing their costumes and acting out movements that refer to the coexistence between the body and the discomfort itself (body versus the costumes equals mentally calm state of mind versus suffering mental discomfort). Finally on the right side of the poster, there is a lightened close-range picture of the dancers with the title "My Knot" superimposed over it. This is followed by a list, formed by small designed knots instead of bullet points, which features all the design events in the project.

Picture .36 (Poster of Event "My Knot")

Conclusions

The project My Knot defines a new social design activity, a visual and sound event, which aims to represent mental discomfort through a new clothing design concept, where the choreography and video became non-verbal communication of the mental discomfort to the audience.

Through design and artistic features, the entire project is able to communicate the emotional meaning of mental discomfort, reporting the most common symptoms of Anxiety disorders.

To express certain states of discomfort through my project, I have based my research on understanding and detecting psychic structure and psychic tensions that characterize abnormal behaviour.

Freud's fundamental reasoning regarding the psychic system and his Bioenergetic theory helped me to identify specific symptoms of anxiety, connected to neurosis. This enabled me to understand inner discomfort in a different light, as excessive emotionality and a social obstacle.

The whole performance project dwells on social communication and awareness through expressive language based on semantic codification of specific features and feelings of mental conditions.

Therefore, my interest in Bioenergetic theory helped me to understand more clearly which feelings and psychic tensions are often visible in people's physic structure and behaviour. This information subsequently became an object for semiotic analysis. Specific structures, shapes, spaces and images are defined by design features such as referential symbols and metaphors to describe a range of mental discomfort issues.

It is curious to see how My Knot performance uses the same analysis method, based on verbal and physic communication specific to Psychoanalysis and Bioenergetic theory, as the analysis of mental discomfort. "My knot" extends the actual means of raising awareness which currently has too little impact on society. Through my research in the sphere of Social design, I could observe that the common field of action tends to be focused around difficult situations like physical problem, where design can find a more concrete solution. Instead the "MyKnot" project and design features promote a new way of thinking about social design, where the issue is not physical issue but psychic and that awareness-raising action must be created to enable the incentive to the whole community to understand the issue and not just center around assisting the individual sufferer.

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