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## The Reality of Bipolar Disorder: A Dance Film to Bring Awareness to the Misconceptions of Mental Health

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THE REALITY OF BIPOLAR DISORDER:  
A DANCE FILM TO BRING AWARENESS TO THE  
MISCONCEPTIONS OF MENTAL HEALTH

A Capstone Experience Project Presented in Partial Fulfillment  
of the Requirements for the Degree Bachelor of Arts  
with Mahurin Honors College Graduate Distinction  
at Western Kentucky University

By

Julia Eileen Woolums

May 2023

\*\*\*\*\*

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## ABSTRACT

For my project, I researched bipolar disorder to create a dance film highlighting the associated symptoms and emotions of hypomanic and depressive episodes. The purpose of this research is to bring awareness to and educate on the reality of these mental health symptoms to reduce mental health stereotypes and stigma. I researched academic texts and peer-reviewed articles about bipolar disorder written from the perspective of those diagnosed with it and used the symptom criteria in the Diagnostic and Statistical Manual of Mental Disorders to compose, choreograph, film, and edit my dance film. The completed film showcases what daily life could look and feel like to those with the disorder. The film highlights pedestrian activities and symptomatic behaviors as well as the internal thoughts and emotions expressed through modern dance choreography. This film was presented in two Western Kentucky University Dance Program student choreography shows; *Last Chance to Dance* and *The Dance Project*. This dance film will also be uploaded on the internet for public access, creating a research archive and allowing the message to spread beyond its initial release.

I dedicate this thesis to my parents, Missy and Greg Woolums, who have made me who I am today. Thank you for always being in my corner.

## ACKNOWLEDGEMENTS

I would like to thank my academic advisor and CE/T chair, Professor Meghan McKinley, for guidance through this project, countless opportunities to explore my artistry, and constant encouragement when I was sure I would fail. I would also like to thank Dr. Matthew Woodward for jumping into this project and the time you have put into helping me. I also thank Professor Amanda Clark for forcing me to submit a FUSE grant proposal, this project could not have happened without your push.

I am eternally grateful to my dear friend Sarah Price for letting me spend hours discussing every tiny detail of this project with you and for making yourself entirely vulnerable to the process. I would have never gotten through this without you. Additionally, I thank my cast for their patience and enthusiasm. Thank you for bringing my vision to life.

To my friends, family, and Tyler, the Creator – you are my inspiration.

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## INTRODUCTION

There are many mental health organizations whose goal is to advocate for those struggling with mental health and mental disorders in order to provide accessible treatment options. It is necessary to advocate for mental health because many mental disorders are followed by stigma. One of these organizations, the National Institute of Mental Illness (NAMI), talks about the impacts that stigma can have on their website. NAMI identifies that stigma makes individuals feel alone and incapable.<sup>1</sup> This stigma can make living with a mental disorder very challenging. NAMI follows by explaining that stigma exists because of harmful and misleading stereotypes.<sup>2</sup> Another mental health organization, Mental Health America, has identified that one of the best ways to eliminate stereotypes is by providing the public with accurate information about mental health in ways that everyone can understand.<sup>3</sup>

One way to share accurate information is to show a realistic depiction of mental disorder symptoms through modern dance movement and dance film. Dance is a universal language. Gestures, body language, and facial expressions can typically be recognized and understood by most everyone, if not all, regardless of dance knowledge. When it comes to dance film, Katrina McPherson, a renowned artist in the world of video

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1. “Stigmafree Me,” National Alliance on Mental Illness, Accessed October 11, 2022, <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me>.

2. National Alliance on Mental Illness, “Stigmafree Me”

3. “Education and Outreach,” Mental Health America, Accessed October 11, 2022, <https://www.mhanational.org/education-and-outreach>.

dance states in her book that “Video dance... can create fresh and compelling visual and aural experiences; it can challenge perceptions; it can illuminate concepts.”<sup>4</sup> Showcasing modern dance choreography through film allows the artist to bring the viewer inside the experience of the dancers and highlights the message of the film with powerful visuals. Dance film also creates a digital archive of work that can be shared and rewatched by anyone at any time. This preserves the message of the film. Digital works of art go beyond the original audience, extending the research beyond initial release.

As a choreographer, I have never fully connected to making dance works for the stage. Throughout my time at Western Kentucky University, I have taken two choreography courses and found that most of my choreographic concepts are for video dances as opposed to live performance. As an artist and dance major, many of my movement ideas stem from human behavior. As a psychology major, gaining an understand for what mental health symptoms, behaviors, and emotions look like is a passion of mine. Mental disorders are misunderstood, and I recognize the importance of educating the public on the reality of mental health symptoms. One highly misunderstood mental disorder that comes with stereotyped symptoms is bipolar disorder. For my research, I wanted to connect my two majors and the interests I have within them: modern dance, video dance, informing on accurate mental disorder symptoms, and bipolar disorder. I accomplished this by producing a dance film expressing the symptoms and emotions associated with bipolar disorder.

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4. Katrina McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen* (Routledge, 2019), XI-XII.

Chapter 1 gives an overview to Bipolar I disorder and Bipolar II disorder in addition to perspectives of individuals diagnosed with bipolar disorder. Through researching the impact of symptoms, I hoped to gain insight into the behaviors and emotions individuals commonly experienced with a diagnosis. In chapter 2, the process of creating a dance film along with some methods and techniques to aid the process is discussed. This research gave me the tools I needed to complete my film and helped get the ball rolling. Chapter 3 describes the process of creating my film from start to finish through practice as research. This chapter explains how I applied the research from chapters 1 and 2 to compose the film and how I practiced varying filmmaking techniques to complete my project.

## CHAPTER 1: BIPOLAR DISORDER

Bipolar and related disorders have been identified by the American Psychiatric Association as diagnosable mental disorders. Two of the main bipolar disorder diagnoses are Bipolar I disorder and Bipolar II disorder. The diagnostic criteria for both can be found in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In Bipolar I, the individual must meet the criteria for at least one manic episode which may include hypomanic or major depressive episodes. For a Bipolar II diagnosis, the individual must meet the criteria for at least one hypomanic and one major depressive episode.<sup>5</sup> According to NAMI, an estimated seven million people in the United States are diagnosed with bipolar disorder.<sup>6</sup> These individuals face the stigma that comes with mental health symptoms making it necessary to gain an understanding for what the symptoms, behaviors, and emotions feel like in order to reduce stereotyping. This chapter gives an overview of the criteria for these three types of episodes and examples of behaviors and emotions associated with each from the perspective of diagnosed individuals.

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5. "DSM 5: Free Download, Borrow, and Streaming," Internet Archive, Accessed January 24, 2023, [https://ia800900.us.archive.org/0/items/info\\_munsha\\_DSM5/DSM-5.pdf](https://ia800900.us.archive.org/0/items/info_munsha_DSM5/DSM-5.pdf).

6. "Mental Health by the Numbers", National alliance on Mental Illness, last modified June 2022, <https://nami.org/mhstats>

## Manic, hypomanic, and major depressive episodes

There are four criteria an individual must meet for the diagnosis of a manic episode laid out in the DSM-5. The criteria are listed below in figure 1.

<p><b>Manic Episode</b></p> <p>A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p> <ol style="list-style-type: none"><li>1. Inflated self-esteem or grandiosity.</li><li>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</li><li>3. More talkative than usual or pressure to keep talking.</li><li>4. Flight of ideas or subjective experience that thoughts are racing.</li><li>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</li><li>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</li><li>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</li></ol> <p>C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p> <p>D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.</p>
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Figure 1: DSM-5 criteria for a manic episode<sup>7</sup>

The DSM-5 lists six criteria for the diagnosis of a hypomanic episode. The first two criteria and the last criteria are the same for a manic and hypomanic episode. The third criterion of a manic episode and the third, fourth, and fifth criteria of a hypomanic episode differ slightly. These three criteria of a hypomanic episode are listed in figure 2.

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7. Internet Archive, “DSM 5: Free Download, Borrow, and Streaming.”

- C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
- D. The disturbance in mood and the change in functioning are observable by others.
- E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.

Figure 2: DSM-5 criteria C-E of a hypomanic episode<sup>8</sup>

As seen in the figures, the key difference between a manic and hypomanic episode is the degree of severity. Behaviorally and emotionally, these two episodes can be extremely similar.

The last type of episode associated with bipolar disorder is a major depressive episode. The DSM-5 identifies three criteria as part of this episode, and they are listed below in figure 3.

- Major Depressive Episode**
- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
    - Note:** Do not include symptoms that are clearly attributable to another medical condition.
    - 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
    - 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
    - 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
    - 4. Insomnia or hypersomnia nearly every day.
    - 5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).
    - 6. Fatigue or loss of energy nearly every day.
    - 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
    - 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
    - 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
  - B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Figure 3: DSM-5 criteria for a major depressive episode<sup>9</sup>

8. Internet Archive, “DSM 5: Free Download, Borrow, and Streaming.”

9. Internet Archive, “DSM 5: Free Download, Borrow, and Streaming.”

## **Bipolar disorder: lived experiences**

Beyond the diagnostic criteria, a lot of insight into bipolar disorder can be gained by reading the perspective from diagnosed individuals. Learning common behaviors and emotions experienced during manic, hypomanic, and depressive episodes is a crucial part of understanding the disorder.

In a study on understanding the lived experience of bipolar disorder, individuals were asked about the impact the disorder has on their life. As part of the negative experience, some participants spoke on how the symptoms “affected their relationship with themselves resulting in self-doubt, insecurity, and self-contempt.”<sup>10</sup> When discussing the positive impact, “Participants spoke of an expanded world-view and some grew to appreciate the intensity of BD as a rich lived experience.”<sup>11</sup> While the direct impact of symptoms presents a mental challenge to diagnosed individuals, there can be an upside to symptoms.

One individual, Brian Adams, describes what it is like to live with bipolar disorder in his book, *The Pits and the Pendulum: A Life with Bipolar Disorder*. In the chapter on Mania, he describes the impact of being obsessed with a goal-oriented activity such as academic pursuits, home projects, or engaging in completely random hobbies. At one time, he became focused on Lego. He would spend hours of his time building Lego and imagining all the possibilities of a career in Lego.<sup>12</sup> He would think things such as

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10. Nickolas B. Moore, *Bipolar Disorder Symptoms, Management and Risk Factors*. (New York: Nova Science Publishers, 2013), 108-110.

11. Moore, *Bipolar Disorder Symptoms, Management and Risk Factors*, 108-110.

12. Brian Adams, *The Pits and the Pendulum: A Life with Bipolar Disorder* (London: Jessica Kingsley Publishers, 2002), 14-25.

“I’ll get a job with Lego and build Lego spaceships for a living... I’ll get a letter off to Lego today to tell them all about me.”<sup>13</sup> It was beyond a normal focus on an activity, every thought and became controlled by Lego. Part of having these obsessions was the loss of control he experienced while in a manic episode. “The obsession will only go in its own time and there is nothing I can do to rid myself of it.”<sup>14</sup> Many people at one point or another become focused in on a task, but in a manic episode, it can temporarily take over life.

In addition to obsessions with goal-directed activities, bipolar disorder can generate a larger than life feeling. Another individual, Cara, describes her bipolar disorder experience in the book *Family Experiences of Bipolar Disorder: The Ups, The Downs and the Bits In Between*. She explains how she lived in a state of hypomania from around the ages of 16 to 18 and the top of the world feeling she was experiencing.<sup>15</sup> She took great confidence in her abilities; “I was the person who everyone turned to... this was ‘Cara’, someone who people admired for my creativity and life skills.”<sup>16</sup> In the time of hypomania, she felt that she was flourishing in life.

There are downfalls to manic and hypomanic episodes; they can be debilitating. In the case of another individual, Tracey, she found manic episodes to be entirely

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13. Adams, *The Pits and the Pendulum: A Life with Bipolar Disorder*, 14-25.

14. Adams, *The Pits and the Pendulum: A Life with Bipolar Disorder*, 14-25.

15. Cara Aiken, *Family Experiences of Bipolar Disorder the Ups, the Downs and the Bits in Between* (London: Jessica Kingsely Publishers, 2010), 34-46.

16. Aiken, *Family Experiences of Bipolar Disorder the Ups, the Downs and the Bits in Between* 36-46.

draining. The feeling she describes is “I become restless; I talk and repeat myself a lot, and then can’t remember what I have said.”<sup>17</sup> Every experience with manic and hypomanic episodes is unique, but they all center around a power exuberance and takes over the mind and body. The wave of intense energy and focus can drain a person, but the drive to continue takes precedent over exhaustion.

In the depression chapter of his book, Brian Adams describes the times in his life where he was in a major depression. For him, depression brings up thoughts of the past; “I will relive and endlessly churn over every unpleasant thing I believe I did in my life... which everybody has long since forgotten but which still consume me in agonies of regret.”<sup>18</sup> Obsession is not only during manic episodes, is also seen in his life for major depressive episodes. Just like the obsession to complete tasks, the obsession of the regretful past consumes the mind.

For the individual Cara, her life is consumed by feeling lost during major depressive episodes. During one of these episodes, she writes “I am withdrawing from everyone as I cannot explain to anyone what is happening to me. I’m scared, so scared. I feel lost, I don’t know where I have gone, what has happened to my life?”<sup>19</sup> Major depressive episodes feel different for every individual but revolve around being consumed by negative thoughts.

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17. Aiken, *Family Experiences of Bipolar Disorder the Ups, the Downs and the Bits in Between*, 36-46.

18. Adams, *The Pits and the Pendulum: A Life with Bipolar Disorder*, 14-25.

19. Aiken, *Family Experiences of Bipolar Disorder the Ups, the Downs and the Bits in Between*, 36-46.

## CHAPTER 2: CREATING VIDEO DANCE

There are three main factors to capturing dance for camera. The composition work to prepare for filming, the cinematic techniques used during the film, and editing tools to create the final product. Every artist has their own methods and techniques to gathering their shots but following some general guidelines maintains a flow of production.

A great way to get started on developing your idea is asking questions you wish to answer with your film.<sup>20</sup> This can be questions such as “What if someone’s personality was captured through video dance?”, “How can I use this location to create a dance film?”, or “Can bipolar disorder symptoms be expressed through modern dance?” Once the idea is fleshed out, it is time to plan for the execution through choreographing and using filmmaking methods to create a vision of what the final product will be. One method to aid in this process is to create a storyboard. A storyboard is a detailed plan of what you wish to capture frame by frame. In Katrina McPherson’s book on creating video dance, she describes several methods to making a storyboard. This can be drawings, images, or a detailed description of each frame.<sup>21</sup> Another important component of preparation is creating a shot list which is a list of each video clip the videographer needs to capture on each filming day in terms of content, camera angles,

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20. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

21. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

and camera movements.<sup>22</sup> The artist can create either a storyboard or shot list but creating both can give the clearest vision for the film.

When a choreographer is creating video dance as opposed to a stage work, there are several components of videography that come into play. With the responsibility of showing the audience exactly what to look at during each moment, using cinematic tools such as varying camera angles and movements is crucial to the process. There are many different camera angles that are important to utilize when creating video dance. Figure 4 shows examples of different angles and what they look like.

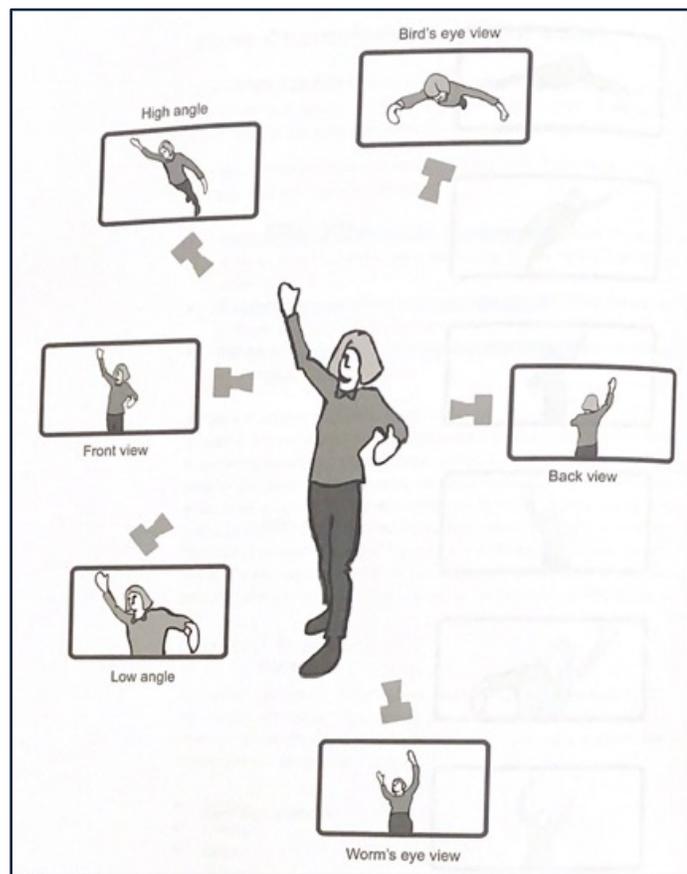


Figure 4: camera angle examples<sup>23</sup>

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22. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

23. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

Each camera position creates a different feeling and conveys the message of the film. For example, placing the camera at a lower angle, such as a worm's eye view, places the dancer in a position of power over the viewer creating a feeling of dominance. In conjunction with camera angles, the videographer must also use camera movements to capture each movement. Moving the camera while the dancers are moving transports the viewer to the location of the film. This creates a sense of empathy due to the audience member feeling they are part of the dance.<sup>24</sup>

After the videographer has captured all the shots, the final step is edit clips together. This is the point when the final product with text, titles and credits, and music or sound comes together. There are several different editing software ranging from amateur software with an intuitive interface to professional software that take a lot of expertise to use. Just like other components of video dance, it is all about artists finding their preference and developing a distinctive editing style. One effective editing tool video dance creators use is transitions between video clips such as jump cuts or dissolves.<sup>25</sup> Transitions introduce the audience to each clip and can alter the feeling of each image. When a dance piece is created through the video medium, transitions are used as choreographic tool. Knowledge of choreography and dance aesthetics for stage works apply directly to the transitional element in film. Another useful tool is color correction. The editor can strip and add color to each clip to enhance the mood of each

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24. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

25. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

moment.<sup>26</sup> The editor can also layer clips on top of one another and adjust the opacity levels to communicate multiple things happening simultaneously, emphasize a mood or feeling, or show internal versus external dialogue. One of the final touches in editing is adding a title and film credits.

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26. McPherson, *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen*, 12-67.

### CHAPTER 3: PRACTICE AS RESEARCH

When it comes to creative projects, a huge part of the process is utilizing practice as research. In practice as research, doing the project is how the knowledge is gained.<sup>27</sup> According to *Practice as Research: Approaches to Creative Arts Enquiry*, a book on practice based research, it “represents a concerted attack on the institutionalized separation of the heuristic disciplines (the Sciences, broadly) from the hermeneutical ones (broadly, the Humanities).”<sup>28</sup> Practice as research is working to legitimize the creative arts in the academic setting by bringing scientific methodology into the process of creating art. Practice based research methods is an emerging field and is necessary for projects that utilize interdisciplinary research. According to the same book, practice as research uses “generative enquiry that draws on subjective, interdisciplinary and emergent methodologies that have the potential to extend the frontiers of research”<sup>29</sup> The use of practice as research was instrumental in my project to connect the textual analysis of bipolar disorder and video dance to the creation of a dance film.

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27. Schrag, Anthony, “What is Practice Research and why is it important to anyone other than artists?” Queen Margaret University. last modified October 16, 2019. <https://www.qmu.ac.uk/campus-life/blogs/staff-dr-anthony-schrag/what-is-practice-research-and-why-is-it-important-to-anyone-other-than-artists/>.

28. Estelle Barrett and Barbara Bolt, *Practice as Research: Approaches to Creative Arts Enquiry*, (London: Bloomsbury, 2014).

29. Barrett and Bolt, *Practice as Research: Approaches to Creative Arts Enquiry*.

This type of research consists of three parts in the methodology; documenting the process of a research enquiry, creating the product, and a written component.<sup>30</sup> This can help others in the field understand the process for creating such a product. For dance film, no amount of research can replace the value of getting behind the camera and practicing filmmaking methods and techniques. This chapter is the written component in my practice as research project. The process for creating the dance film is described as well as a reflection of the process.

### **Episodes: a dance film**

The first step in my film's creation was creating a general structure for how I would convey my bipolar disorder research. Based on the criteria and time restrictions, I decided to base my film on Bipolar II disorder. I felt the best way to convey this would be to take a 'glimpse into the life' approach. The combination of a person living their day-to-day life to convey external symptoms and dance movement to convey the internal symptoms gives a full picture of hypomania and depression. My film begins by showing symptoms of a hypomanic episode and transitions into major depressive episode symptoms. To fund my dance film, I submitted a Faculty Undergraduate Student Engagement Grant proposal requesting the camera equipment, editing software, and *Making Video Dance a Step-by-Step Guide to Creating Dance for the Screen* by Katrina McPherson. I was awarded up to \$3000 to purchase the materials necessary in completing this project.

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30. Clare Lidbury, "I'm Gonna Shake and Shimmy' or May Be Not: Choreographing Hairspray – a Practice as Research Project," *Research in Dance Education* 21, no. 1 (2020): 3-17.

After generating a general film structure, I selected the music. The film uses selections from Tyler, the Creator's album, *Igor*. I knew using rap music would be a risk, but I felt the lyrics and instrumentation pushed the narrative and aligned with my bipolar disorder research. A metaphor was also created; the particular verses featured in the film are talking about the nature of a toxic relationship, reflecting the nature of the toxic relationship one with bipolar disorder might experience with themselves. I also knew I wanted to use well-known music to highlight the juxtaposition between how underrecognized mental health is despite the prevalence of mental health symptoms. Carefully casting the dancers and protagonist for the film was also an important part of the process. The senior dance majors at Western Kentucky University who were choreographing works for *The Dance Project* hosted an audition, and this is when I selected my cast. It was important for me to select highly-trained dancers who could express strong emotions and adapt to performing for the camera. Once my cast of seven dancers was determined, it was time to choreograph, rehearse with the dancers, and create a plan for filming.

The modern dance choreography was based on the Bipolar II disorder criteria in the DSM-5. I created three phrases; one based on the hypomanic criteria, one based on major depression criteria, and one based on the combination of all criteria that could be performed either way based on movement quality. I accomplished this by using keywords from the criteria to base the movement around. For example, one criterion identifies “flight of ideas or subjective experience that thoughts are racing”<sup>31</sup> as a symptom. Within

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31. Internet Archive, “DSM 5: Free Download, Borrow, and Streaming.”

the hypomanic choreography phrase, this translated to the dancers quickly and repeatedly reaching out their arms and extending their focus in different directions to show a ‘flight of ideas’ and ‘racing.’ A screen grab of this movement can be seen below in Figure 5.



Figure 5: hypomanic episode choreography screen grab

An example from the major depressive phrase came from the “fatigue or loss of energy nearly every day”<sup>32</sup> criterion. In the choreography, the dancers are lying on the ground and reach their arms up attempting to get off the floor but quickly fall back flat to the ground to highlight the lack of energy. The screen grab of this is shown below in Figure 6.

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32. Internet Archive, “DSM 5: Free Download, Borrow, and Streaming.”



Figure 6: major depressive episode choreography screen grab

The third phrase was based entirely on the research of lived experiences. The thing I found in common with all types of episodes was obsession. An example of how I used obsession to create the phrase is a moment when the dancers trace the outside of their head with the palms of their hands and extended their arms upward to show how the thoughts in their mind are growing and extending. The screen grab of this is below in Figure 7.



Figure 7: third phrase choreography screen grab

The dynamics and performance qualities of the phrase work expressed through the energy utilized by the dancer were determined by the case studies of individuals with bipolar disorder. In the hypomanic phrase, the dancers move percussively and hold tension throughout their limbs to represent confidence and liveliness. In the major depressive phrase, the dancers move with a more sustained quality, keeping the movement slow and continuous to represent restlessness and withdrawal. The third phrase could be performed with either movement dynamic to represent either a hypomanic or major depressive episode.

A key part to teaching my dancers the choreography and movement qualities to produce an accurate performance was explaining the criteria and emotion behind the movement. During my first rehearsal with the dancers, I explained the DSM-5 criteria and while I taught the phrases, I explained the emotions that drive the movement based on my findings of lived experiences. After choreographing and teaching the three phrases

to my cast, I picked out the filming location, set two filming dates, and created a shot list. A sample of my first shot list can be seen below in Figure 5.

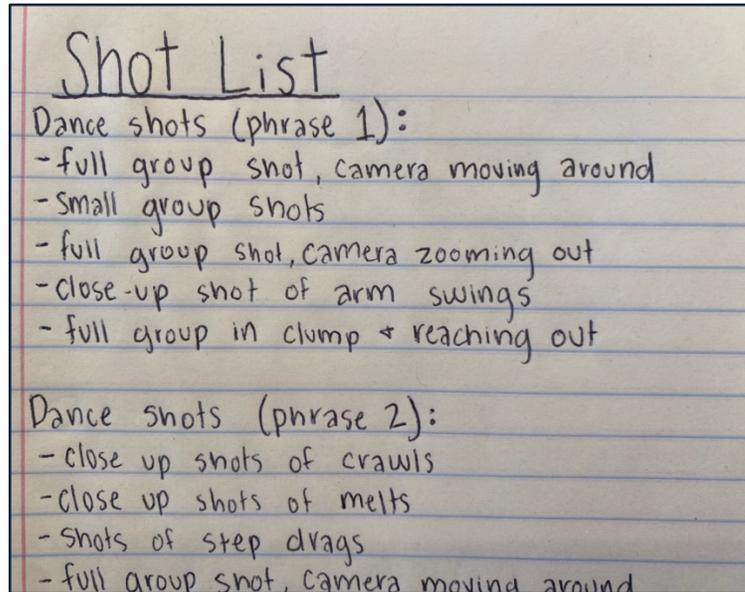


Figure 8: sample of first shot list

The first location was used to film the dance phrases with the entire cast in dance studio A of Gordon Wilson Hall on the Bowling Green Campus of Western Kentucky University. This provided a challenge because I had limited control over the lighting and limited angles of where I could shoot to avoid background objects. The second location was used to film the pedestrian movements with the film's protagonist in my apartment bedroom. The challenge of this space was simply how busy the background was - the footage felt very cluttered. My first attempt at a shot list ended up being too vague, and I was left with a camera roll full of footage that was difficult to piece together. These two rounds of filming were done on an iPhone 7, utilizing a tripod and hand-held shots, and edited using iMovie on my personal MacBook Pro. This was part of the practice as research process and a trial run film.

An important aspect of practice as research and creating my first film was exercising the components of creating a film separately. The focus of the first film was camera angles, camera movements, and editing techniques; it gave an idea of what sorts of shots would be included in the version filmed with a professional camera. Utilizing camera and editing equipment already familiar to me on the first attempt made the process more manageable. This first cut was submitted to the Western Kentucky University dance faculty for approval and feedback as part of the first adjudication for the formal student choreography production, *The Dance Project*. Overall, this first attempt was unsuccessful and produced a film with an unclear storyline and an unclear depiction of bipolar disorder symptoms.

Using feedback from the dance faculty and conversations with my project mentor assisted in the planning and preparation of the next two filming dates and yielded significantly better results. The main feedback I received focused on a lack of connection between the pedestrian movement and the dance movement. The connection between these two was vital to the film, so creating a new plan of attack was essential. For the second filming, I created a storyboard along with a new shot list. The forming of a storyboard produced a clear storyline where each of the shots felt connected to the research. Samples from the storyboard and second shot list can be found below in Figures 6 and 7.

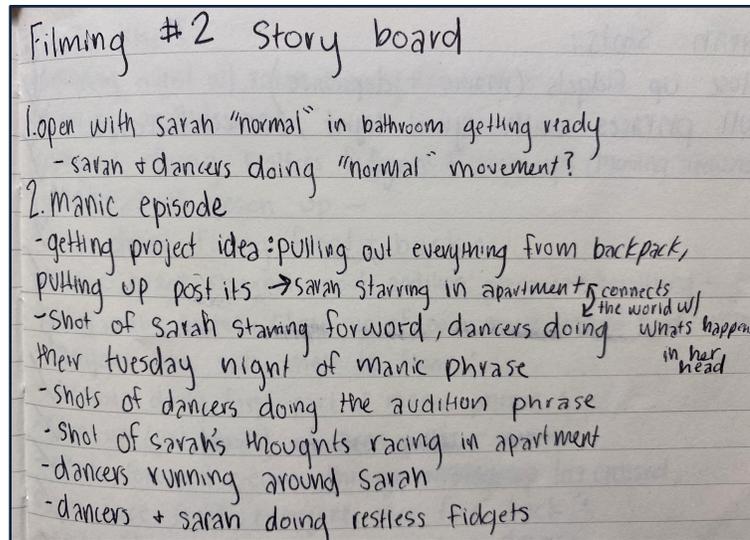


Figure 9: sample of storyboard

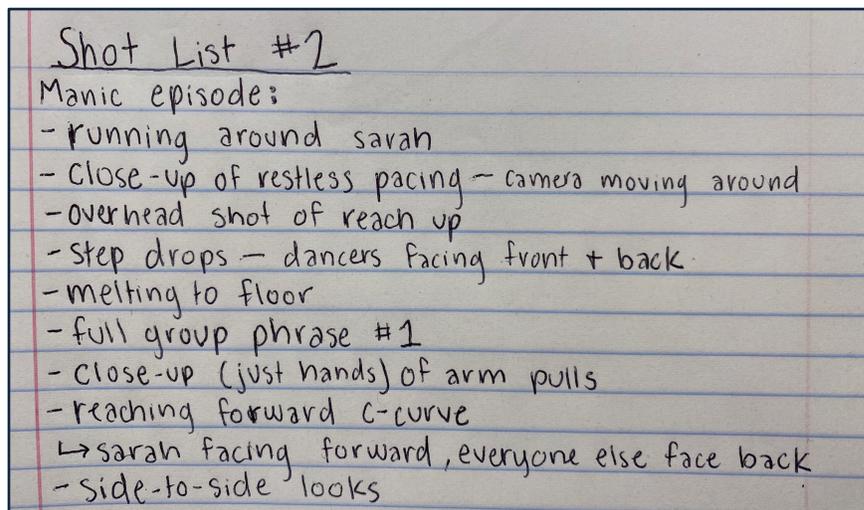


Figure 10: sample of second shot list

The locations for both sections of the film; dance movement and pedestrian life, changed for the second round of filming. The dance movement was filmed in the Gordon Wilson Lab Theatre, a Blackbox theater where I could fully control the lighting and had very minimal objects in the background. This created the look of the dance shots having no location to reflect the internal thoughts and feelings of the protagonist. The second

location showing everyday life was filmed in the protagonist's apartment which provided improved natural lighting and a less busy background. All the shots were taken using a Canon EOS M50 Mark II camera utilizing a gimbal, tripod, and handheld shots. The editing was done on a rental MacBook Pro with the Final Cut Pro trial. Using this equipment to improve the footage quality and editing capabilities made a substantial difference between the first and second film. I also established a title for the film during the second round of filming; *Episodes*. In the DSM-5, the symptoms of Bipolar II disorder are listed under two categories: hypomanic and depressive episodes. This is where the title came from; the film is an expression of these two episodes. This version of the film was presented in the informal, Fall 2022, student choreography showcase *Last Chance to Dance* as the second adjudication for acceptance into *The Dance Project*.

*Episodes* was selected for *The Dance Project* and another round of editing was done to improve the film for the formal showcase. I wanted to lean more into the emotional experience of bipolar disorder and create threads of visual metaphors. I accomplished this by overlaying clips with a lower opacity level onto the existing edit. Some parts of the film now either had the same clip with slightly different timing or dance clips that represented the internal thoughts in conjunction with the external behavior overlaid. This created the visual thread I desired and represented the distortion of reality those with bipolar disorder may experience. The color filters were also enhanced for this edit and I individually color-graded each clip to create a consistent look. I also decided to add text statements to the beginning and end of the film to inform the audience of the exact subject of the film and its significance. The text statements "An estimated 7 million adults in the U.S. suffer from bipolar disorder" and "The symptoms

are highly misunderstood and stereotyped” appear on the screen at the beginning of the film. The statement “Understanding the reality of mood episodes is the first step in reducing stigma” appears at the end. The final edit made before the film’s showing in *The Dance Project* was the addition of a title slide. I selected a font that looks similar to the text in the fifth edition of the Diagnostic Statistical Manual of Mental Disorders for both the title and text statements. The final change made to the film after *The Dance Project* was the addition of film credits at the end.

Following the completion and presentation of *Episodes*, it was uploaded publicly to YouTube under the title “*Episodes – a dance film*” to reach a larger audience. The video description includes background context, text statement references, and links to mental health web sources. This connects back to the digital archive of video dance and my overall research goal. By sharing accurate information about bipolar disorder through the universal language of dance to a public audience, stereotypes can be reduced. The digital nature of dance film will preserve the product of my research and make the information available to anyone, anywhere, and at any time.

### **Reflection of the process**

The creation of *Episodes* was a deep dive into practice as research. Through this process I learned a lot about myself as an artist and it has reshaped how I think as a dancer. The field of video dance gives me the ability to create work in ways I was never able to for the stage. Having the ability to create site-specific work using multiple locations allowed me to frame the piece in ways not possible for live performance.

Creating a film required much more preparation and research than any stage piece has needed, but it gave me a strong connection to the work I was doing.

Failure is built into the process of creating art. Trying things, hating it, and reworking is the only way to succeed. I found this to be especially true for creating a dance film. It is intimidating to be completely in charge of what the final product will look like. The variability of how the dancers will perform the choreography on stage is lost in video dance. Reshoots, new angles, and changing the way the choreography looks while editing are all factors that come into play. It gave me full control on what is being conveyed and shared with *Episodes*. I will continue to infuse video in my dance works and continue the use of practice as research.

## CONCLUSION

The biggest challenge with expressing academic research through artistry is there is always a degree of open interpretation. Even with using specific filming techniques and editing, I cannot control how the audience will make sense of the film. The goal of adding text statements to the beginning and end of the film was so the audience would know as a matter of fact that the film was about bipolar disorder symptoms and not just the life of one individual. This reduces the degree of interpretation, but by no means eliminates it.

Another personal challenge I faced with the creation of this film was selecting sorts of external behaviors to display during day-to-day life. It is impossible to generalize mental health - individuals with bipolar disorder experience symptoms differently. My film does feature behavioral examples - but it leans more into internal feelings for this reason because facial expressions are a more universal language. This project showed limited examples of bipolar disorder symptoms, and for someone else, hypomanic and major depressive episodes could look entirely different. *Episodes* is framed to showcase bipolar disorder at its lower severity, and showing all possible behaviors for mental health symptoms would be impossible in a nine minute film.

People do not commonly seek out accurate mental health information through reading research books and articles or learning about symptom criteria in the DSM-5. Mental health information expressed through creative projects shared on the internet makes the research more digestible and accessible to the general population. As researchers, we must continue to find ways of spreading accurate information with the

public using comprehensible methods. This research is just the first step in making a more mental-health friendly world.

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