TARTAR TARE 38

Resignation Syndrome



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NORA KOBRENIK Editor in Chief

BIAGIO BLACK Creative Director

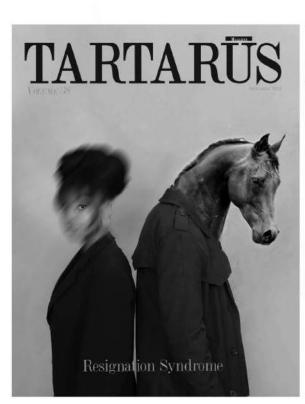
ELEONORA QUIZMOLLI DIRECTOR OF PRODUCTION AND EDITORIAL CONTENT

WRITERS

Cassandra Harris, Laurie Silvey, Tiana Brooks, Jen Ruane

Photographers

MARK GEIGER, TWINBRTHRS, ALVA BERNADINE, STANISLAV STARCHENKO, STONEY DARKSTONE, BADE FUWA, CONSTANTINE ENQUIST, JOANNA GROCHOWSKA, SIME ESKINJA



Cover Coma White Photographed by BADE FUWA

Letter from the Editor



Resignation syndrome is a hypothesized condition that induces a state of reduced consciousness, not recognized by the World Health Organization as a valid psychiatric condition. The condition affects predominately psychologically traumatized children and adolescents in the midst of a strenuous and lengthy migration process. I've learned of this through a novel called "Anna O" which deals with trauma, coping mechanisms and sleep disorders. I view this disorder as something akin to a coma with no underlying conditions or reasoning for it. I imagined Volume 38 as a mind that shut down and trapped your consciousness inside itself. It's a dream world, an endless nightscape with no beginning or end that has no exit outside of awakening. It's an endless fever dream your subconsciousness creates to shield you from the trauma of the waking world. We all have a subconscious life inside ourselves. Some have an internal monologue, others only have vague sensory awareness but we all have an inner world. For some of us it is all rainbows and unicorns, a preteen paradise of meadows and sunshine. Barbie's dream house if you will.

But for the others it is a castle at storm's end, being endlessly lashed by rains and floods. A place of millions doors and dark corridors. A place where every room holds a secret, a memory, a dream. Or a nightmare. Hannibal Lecter had an eidetic memory with which he has constructed in his mind an elaborate "memory palace" to relive memories and sensations in rich detail. "... the swift slippers of his mind pass from the foyer into the Great Hall of the Seasons. The palace is built according to the rules discovered by Simonides of Ceos and elaborated by Cicero four hundred years later; it is airy, high-ceilinged, furnished with objects and tableaux that are vivid, striking, sometimes shocking and absurd, and often beautiful. The displays are well spaced and well lighted like those of a great museum. ... " This is what Resignation Syndrome means to me: it is both beautiful and terrible. Both tender and harsh. It is whatever our minds can handle and create. I hope yours is strong enough.

Welcome to the issue.

Nora Kobrenik Editor-in-Chief and Founder

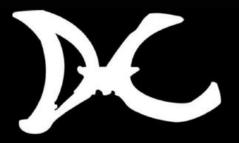


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esignation syndrome appears to be a very specialized response to the trauma of refugee limbo, in which families, many of whom have escaped dangerous circumstances in their home countries, wait to be granted legal permission to stay in their new country, often undergoing numerous refusals and appeals over a period of years. Experts have proposed multifactorial explanatory models involving individual vulnerability, traumatization, migration, culturally conditioned reaction patterns and parental dysfunction or pathological adaption to a caregiver's expectations to interplay in pathogenesis. Depicted as a culture-bound syndrome, it was first observed and described in Sweden among children of asylum seekers from former Soviet and Yugoslav countries. In Sweden, hundreds of migrant children,

facing the possibility of deportation, have been diagnosed since the 1990s. Affected individuals (predominantly children and adolescents) first exhibit symptoms of anxiety and depression (in particular apathy, lethargy), then withdraw from others and care for themselves. Eventually their condition might progress to stupor, i.e. they stop walking, eating, talking, and grow incontinent. In this stage patients are seemingly unconscious and tube feeding is life-sustaining. The condition could persist for months or even years. Remission happens after life circumstances improve and ensues with gradual return to what appears to be normal function.









































n ancient times people believed that a nightmare was an evil spirit that oppressed and terrorized a person during sleep. The word nightmare is derived from the Old English mare, a mythological demon or goblin who torments others with frightening dreams, the mare of Germanic and Slavic folklore were thought to ride on people's chests while they sleep, causing nightmares. Scientific research shows that nightmares may have many causes. In one study researchers were able to conclude that nightmares directly correlate with the stress in person's life. Those who experienced the death of a family member or a close friend or know someone with a chronic illness have more frequent nightmares than those who are only faced with stress from work or stress from social aspects of daily life. Those with nightmares experience abnormal sleep architecture. The impact of having a nightmare during the night has been found to be very similar to that of insomnia. This is

believed to be caused by frequent nocturnal awakenings and fear of falling asleep. When awoken from REM sleep by a nightmare, the dreamer can usually recall the nightmare in detail. Also a strong emotional response from the mind, typically fear but also despair, anxiety, disgust or sadness. The dream may contain situations of discomfort, psychological or physical terror, or panic. They may also awaken in a heightened state of distress, with an elevated heart rate or increased perspiration. Nightmare disorder symptoms include repeated awakenings from the major sleep period or naps with detailed recall of extended and extremely frightening dreams, usually involving threats to survival, security, or self-esteem. The awakenings generally occur during the second half of the sleep period.





















AWAKENINGS

















person in a coma is said to be in an unconscious state. Perspectives on personhood, identity and consciousness come into play when discussing the metaphysical and bioethical views on comas. It has been argued that unawareness should be just as ethically relevant and important as a state of awareness and that there should be metaphysical support of unawareness as a state. Comas can last from several days to, in particularly extreme cases, years. Some patients eventually gradually come out of the coma, some progress to a vegetative state or a minimally conscious state, and others die. Some patients who have entered a vegetative state go on to regain a degree of awareness; and in some cases may remain in vegetative state for years or even decades (the longest recorded period is 42 years). Predicted chances of recovery will differ depending on which techniques were used to measure the patient's severity of neurological

damage. Predictions of recovery are based on statistical rates, expressed as the level of chance the person has of recovering. Time is the best general predictor of a chance of recovery. For example, after four months of coma caused by brain damage, the chance of partial recovery is less than 15%, and the chance of full recovery is very low. The outcome for coma and vegetative state depends on the cause, location, severity and extent of neurological damage. A deeper coma alone does not necessarily mean a slimmer chance of recovery; similarly, a milder coma does not indicate a higher chance of recovery. The most common cause of death for a person in a vegetative state is secondary infection such as pneumonia, which can occur in patients who lie still for extended periods.

























SCALES PHOTOGRAPHY BY ŠINE EŠKINJA











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SPECIAL THANKS TO : KUD SV. ROKO SV. FILIP I JAKOV





















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Art direction, style: @wwwhydee Art direction, production: @cherrrnykh Models: @val.cheerry @ylguu Make Up: @sweetiessssssss Video backstage: @valentin_okalin Light: @finzyoff yaroslavna666 Clothes: @b25.08 Loc: @kultura_photostudio













Joanna Grochowska presents Two Sisters

























IMPLANT EMPIPE PHOTOGRAPHY BY ALVA BERNADINE



















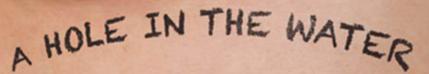












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sleep demon art by Constantine Enquist story by Jen Ruane















he original definition of sleep paralysis was codified by Samuel Johnson in his A Dictionary of the English Language as nightmare, a term that evolved into the modern definition. Such sleep paralysis was widely considered the work of demons, and more specifically incubi, which were thought to sit on the chests of sleepers.

Although the core features of sleep paralysis (e.g., atonia, a clear sensorium, and frequent hallucinations) appear to be universal, the ways in which they are experienced vary according to time, place, and culture. Over 100 terms have been identified for these experiences. Some scientists have proposed sleep paralysis as an explanation for reports of paranormal and spiritual phenomena such as ghosts, alien visits, demons or demonic possession, alien abduction experiences, the night hag and shadow people haunting. Several circumstances have been identified that are associated with an increased risk of sleep paralysis. These include insomnia, sleep deprivation, an erratic sleep schedule, stress, and physical fatigue. It is also believed that there may be a genetic component in the development of RISP, because there

is a high concurrent incidence of sleep paralysis in monozygotic twins. The main symptom of sleep paralysis is being unable to move or speak during awakening. Imagined sounds such as humming, hissing, static, zapping and buzzing noises are reported during sleep paralysis. Other sounds such as voices, whispers and roars are also experienced. It has also been known that one may feel pressure on their chest and intense pain in their head during an episode. These symptoms are usually accompanied by intense emotions such as fear and panic. People also have sensations of being dragged out of bed or of flying, numbness, and feelings of electric tingles or vibrations running through their body. Sleep paralysis may include hallucinations, such as an intruding presence or dark figure in the room. These are commonly known as sleep paralysis demons. Episodes generally last no more than a few minutes and can recur multiple times or occur as a single episode.











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drube via Anna Sherri, ShowRoomPlus, Naked Wolfe, Balenciaga, Nuth







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HEARTMADE PRINTS



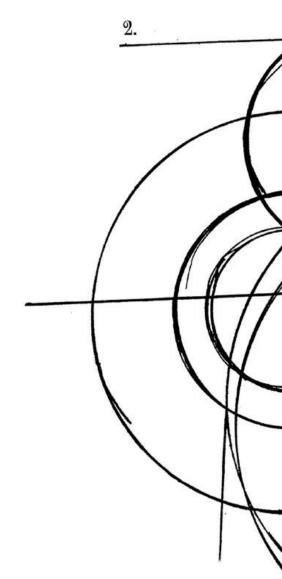












- 1. Bottega Veneta chain-detail gown
- 2. Balenciaga cat eye sunglasses
- 3. Visit: Barcelona, Spain
- 4. Food for thought: Batea 5. Antoni Gaudí
- 6. Sailing
- 7. Givenchy scarf 8. 37th America's Cup
- 9. Norma Kamali Swimsuit
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