



of a *Fairytale*



JClarke

#1

Anatomy of a Fairytale: Wendigo Psychosis

Understanding the connections between the beautiful, the grotesque and the obscene

Senior (Integrative Project) Thesis

Magdalena (Lonny) Marino



Once upon a time there was a small child (Fig. 1). This small child didn't exactly know how to act her age, and didn't know how to properly respond to people in an appropriate manner. Because of this she didn't have a whole lot of friends.



Fig. 1

That never really bothered her though, because the more time she was left alone, the more time she had to read. She learned to read

early and never stopped. At home she read all sorts of books from Japanese horror folk tales to Greek and Roman myths. At school she read the dictionary. And when she was in the car, she would find Scientific America, Natural Geographic, old Grimm fairytales, and other notes her mom made on the prescriptions she had to fill. Once during the second grade, while waiting for her mother to pick her up

from school, she read the entire section of medical paraphernalia throughout the dictionary. She had seen an illustration of the aortic valves in the hearts muscular system and the image fascinated her. She had a knack for remembering images and words so she stored that snippet in her memory. And when the teacher approached her with her mother, the little girl looked the teacher and her mother dead in the eye and said, "I want to be a surgeon".

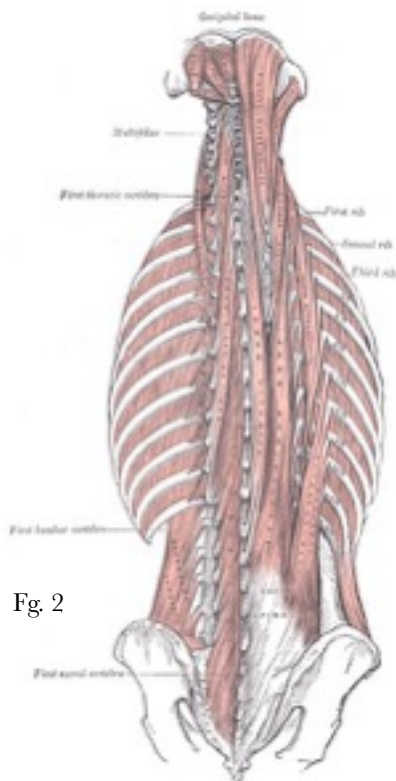


Fig. 2

This all stemmed from the fact that this small girl was raised by a mother who had become a pharmacologist, researcher and then a pharmacist for the better pay. The small girl often had access to medical journals and a copy of Grey's Anatomy (Fig. 2) that she loved

to read and look at, even if she didn't understand the words. When her mother worked at the hospital,

she would often take her daughter with her because the small girl had another knack for picking out key words and sorting writing and prescriptions in record time. On top of this, she would count the pills to fill child-proof containers and talk to the customers while they waited for their medicine. They all seemed to enjoy the small child's presence and she felt comfortable talking to them about their medications. She was also raised by a father who is still a very talented artist. He was also fascinated by grotesque, eerie epidermic anomalies, skin deformities, and protrusions. For a time, he had even worked as a Nurse Technician in the psychiatric ward of the hospital where her mother worked. Both her parents would talk about things that other people may deem eccentric; from tissue preservation to the space continuum, and from medical discoveries to horrible epidemics. And the small child soaked it all up.

The small girl, who didn't act much like a girl, could write elegantly and found she could tell stories quite proficiently. Her older sister was bad at reading and thought it too boring to try, so her mom would often read to them at night. Her sister disliked horror and would often get nightmares. But she much preferred the Grimm Fairytales, the Ogre of Oe-Yama, and many other unsettling fairytales. To make matters worse, her older sister was afraid of the dark and would often cry if the light was left off. In an attempt to help, the small girl came up with her own fairytales to tell her sister once the light was out, until her older sister fell asleep. She spun fantastic tales of fairies turning into flowers, evil bears coming out of holes in the garden and the journey of a small girl and a boy scarecrow. But those stories would only put her sister to sleep. Instead, she would quietly tiptoe down her creaky stairs and crawl silently into the old embroidered chair behind the couch and angle herself so she could watch the Tales of the Crypt with her parents. She loved the stories and fantastic frights that they showed on the screen. Her parents would always find her asleep, dangling off the chair, and carry her up to bed.

As the little girl grew, she began to come up with more stories, and read and wrote as much as she could. She wrote plays, poems, short stories, and novels but all of them had a common theme: death or something medical, and the format of a fairytale or archaic novel. There was something about that

world that continued to fascinate her, so she learned as much as she could. And when she looked at what really fascinated her, it wasn't necessarily *being* the surgeon, but simply *looking* at the *perspective* of a surgeon: the act of dissecting objects and concepts: the heart with exposed sub-layers of muscle tissue to show the aortic valves.

The stories which dissect the psychology of a human and push the boundaries between real and unknown and the imagery that dissect anatomy into areas that are exposed and known to be real and the areas that are hidden and unknown. The girl felt that she had to peel back the layers between the two, to shed light on the subjects that fascinated her: medical and psychological anomalies. On top of both, she had always felt a gravitational pull to the eerie, grotesque and offensive side of life: she preferred



demons to dolls. And she had grown up on a farm and seen everything from diseased animals to mercy killings, even having to do a few of her own. Her grandparents had almost all died by the time she was 12, a friend's father died, a friend her age died, and had seen someone commit suicide by the time she was 19. She had seen many of the worst sides of humans as she grew up, from psychical and emotional abuse to cheats and killers. So she had developed an ephemeral appreciation for human beings, and a complacency towards death. She felt compassion, just in a different way. But she undoubtedly understood that if something was exposed and examined, there was no reason to fear it.

So the young lady, found that she had a talent: she could make the viewer feel any emotion through the images she drew (see excerpts from final project) and she could make the reader experience

Fig. 3

any emotion through the words on the page. She had picked up on a few illustrative notes from Cindy Wright (Fig. 3), Henry Clarke (Fig. 4), Aubrey Beardsley (Fig. 5), John Austen (Fig. 6), Rene Magritte (Fig. 7), Maurice Sendak (Fig. 8), Francis Bacon (Fig. 9), and DaVinci (Fig. 10).



Each of the illustrators had some sort of narration and eerie hand to their illustrations: something that showed how humans interact with each other while accurately showing the emotions within their illustrations.



Fig. 4 (top left), Fig. 5 (bottom left), Fig. 6 (above)

Their attention to detail, texture and composition helped the eye flow across the page without getting caught up in the chaos of lines and the images pieced from the text flowed seamlessly together in a graphic interpretation of words and images. And she took more notes from Oscar Wilde, Edgar Allen Poe, Emily Carroll (author and illustrator, Fig. 11), Aesop, Hans Christian Anderson, and the Grimm Brothers: each one having a knack for dissecting human fears and emotions and fluidly using them to their benefits within their fairytales and short stories. And she soon became well adapted at making people feel strong emotions: fear, anxiety, hatred, uncertainty, and hopelessness.



Fig. 11

However, the young lady's love of horror was something that is seen as taboo in Western culture, and the problem was captivating the audience long enough for them to learn and understand without intimidation. Being scared and intimidated is now seen as a thrill ride: an adrenaline rush. And modern stories read to children now are centered around purity and innocence; a story that states good will triumph over evil every day and a happy ending is inevitable. These stories depict an idealized world



and partially unrealistic, and have become popular by Disney and modern children's story books. The young lady noticed this, and when she went through the fairytales she read as a child and the children's stories produced by modern authors, she noticed a pattern. The older stories showed a pattern of struggle and strife, and even though the ending was not always happy, it showed a visceral side of humanity: you fight for life, no matter what, and innocence is always lost.

Fig. 12

Horror stories and fairytales were communicated to highlight human responses: they were not pretty, and often represented an array of human emotion, from concern to selfish greed, and delight in pain to purity, happiness, and triumph. The main reason for this, is because in the past, people were *taught lessons* through stories because it is easier to explain with examples. Lessons are learned through



Fig. 13

strong emotions. Fear, one of these strong emotions, causes us to be cautious of the moral, and forces us to stop and realize the repercussions for our actions: fear is our brain telling our body to be cautious and alert. The young lady grew to dislike how pristine the modern stories seemed because all offered the same moral: be good, kind, and respectful, and you will always have someone to help when times get tough. To the young girl, it seemed the stories became so concerned with offending

someone, that they became offensive by drawing attention to the eggshells that might be stepped on. And because people have become complacent and afraid to be offensive, many would rather ignore medical anomalies, deformities or upsetting news because it is something they see as grotesque, unnatural and foreign: a myth because it's not happening to them.

Fig. 13: excerpt of Wendigo Psychosis

The young girl didn't see it that way. She saw them as beautiful, unique and fascinating from a biological standpoint. Furthermore, she learned that there are some medical anomalies that are so rare that they are like a myth or some fairytale. These were the anomalies that truly fascinated her, so she wrote stories based on their diagnoses and how they work over time. One called Wendigo Psychosis fascinated her greatly, which is a psychosis developed from thinking you are turning into a mythical cannibalistic monster. She decided to highlight how the person is affected by the anomaly, and how that person is perceived by others. On top of that, she also created a dialogue to highlight the explanation of the psychosis along with the fairytale: so there is a real-world explanation and a fairytale which shows the nature of the psychosis.

The frame narrative she developed shows a relationship between a child and her parents, in a similar scenario to her own, but instead of reading her own stories, her father is telling her the fairytale. In a sense, she became the father, telling the fairytales to her daughter. Jeremy Clarke, the father in the frame narrative, is an artist and incorporates what her mother is learning as a med student and tries to explain it to their daughter, Aubrey (Fig. 14)



Fig. 14

The daughter within the frame narrative the young lady created, is also a fan of fairytales and horror stories, and often encourages her father to add more horror. So, the creation of the fairytale is a tool to explain the medical anomalies her mother is researching, like the old fairytales. When the young lady stood back and looked at her work, she realized that her own moral was to understand where your fear stems from and learn about it, the unnatural and grotesque that you perceive, and realize that in high-stress situations, you can make irrational and often wrong decisions. And in the

end, she created fairytales that can be used under a new pen-name - Jeremy Clarke, the father in the story she created - that highlight medical anomalies, create a new set of morals, and explain those medical anomalies so that the reader can understand them. The story is a fairytale, but through explanation, it is pulled into the light and forces people to understand a scope of human reactions and how medical anomalies function.



Fig. 14 and 15

Fig. 14 and 15: excerpt of Wendigo Psychosis

Works Cited:

Aesop. Aesop Fables. Franklin Center, PA: Franklin Library, 1984. Print.

Andersen, H. C. Hans Christian Anderson. (Bloemfontein).: n.p., 1967. Print.

Carroll, Emily. "Emily Carroll Art & Comics." Emily Carroll Art & Comics. N.p., n.d. Web. 24 Apr. 2015.

Da Vinci, Leonardo. Head of Girl. Digital image. N.p., n.d.

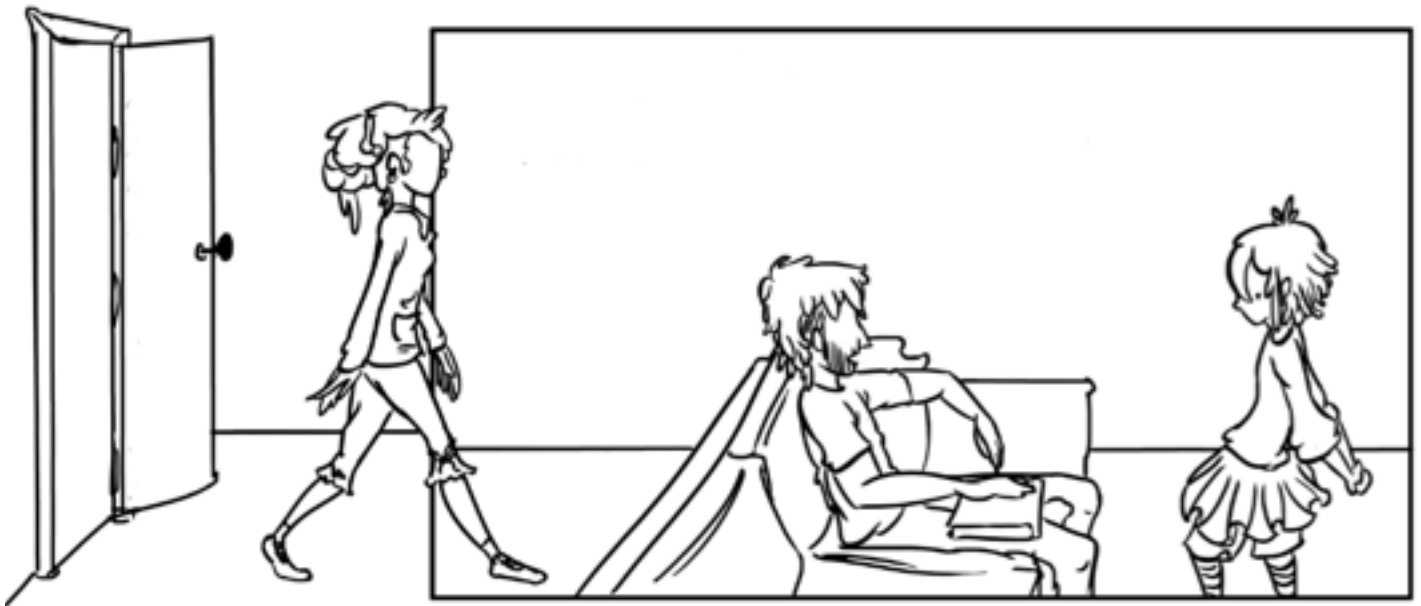
Dollerup, Cay. Tales and Translation: The Grimm Tales from Pan-Germanic Narratives to Shared International Fairytales. Amsterdam: J. Benjamins, 1999. Print.

Poe, Edgar Allan. Edgar Allen Poe: Complete Tales and Poems. N.p.: Book Sales, 2001. Print.

"Wendigo Psychosis." TheFreeDictionary.com. N.p., n.d. Web. 24 Apr. 2015.

Various Works by:

Emily Carroll, Henry Clarke, Aubrey Bearsley, John Austen, Francis Bacon, Da Vinci, Cindy Wright, Maurice Sendek, and Rene Magritte



Progress and Excerpts of Anatomy of a Fairytale:

Wendigo Psychosis



A loose dress,
clinging lightly to
her pale pile of bones
spread out with the gore.

Tearing.
Slashing. Splitting.

Shrieks filled the room.

He just wanted her to stop.

She ate him bloody raw.

And the air was thick.

HEAVY
with the remnants of
my baby brother.

And as the last bit of tissue
disappeared past her
gruesome teeth,
she fell asleep.

Mother...
Please...stop... stop...

She ate my brother raw.

Surrounded by a
mess of blood and
bone, I just watched
in horror.

And I did nothing.



DAD. IS THIS LADY CRAZY? SHE SEEMS SUPER...STRANGE. LIKE SHE'S PLOTTING SOMETHING.



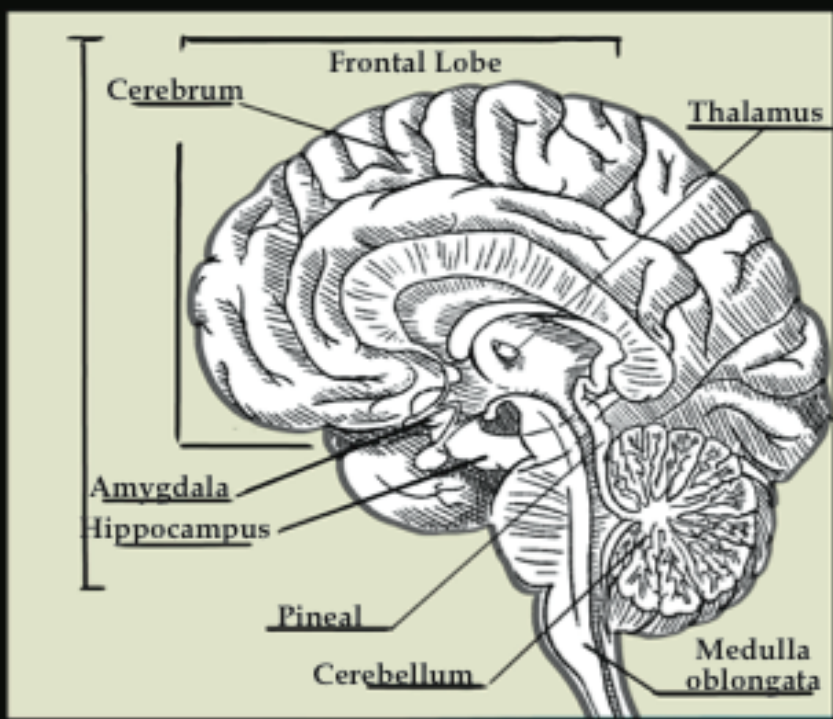
WELL, YOU SEE...WHEN INFLICTED WITH A PSYCHOSIS, THE BRAIN DOESN'T FUNCTION PROPERLY. WENDIGO PSYCHOSIS DOES MAKE YOU PARANOID, BUT IT ALSO MAKES YOU SICK AND CONFUSED.



IN THIS CASE, THE SICK BRAIN MAKES YOU VERY HUNGRY, BUT WHAT YOU CRAVE IS HUMAN MEAT, EVEN IF FOOD IS AVAILABLE. IT MAKES YOU RABID; ANGRY AND HUNGRY. AND ALONG WITH THE HUNGER, YOU ARE AFRAID OF TURNING INTO A MONSTER.



HM. BUT... DON'T THEY KNOW IT... IS HUMAN MEAT?



THAT'S WHY IT'S A "SICKNESS". NOBODY WOULD CHOOSE TO EAT PEOPLE UNLESS SOMETHING WAS WRONG. HUMANS FUNCTION BETTER TOGETHER AS A GROUP THAT WORKS TOGETHER.

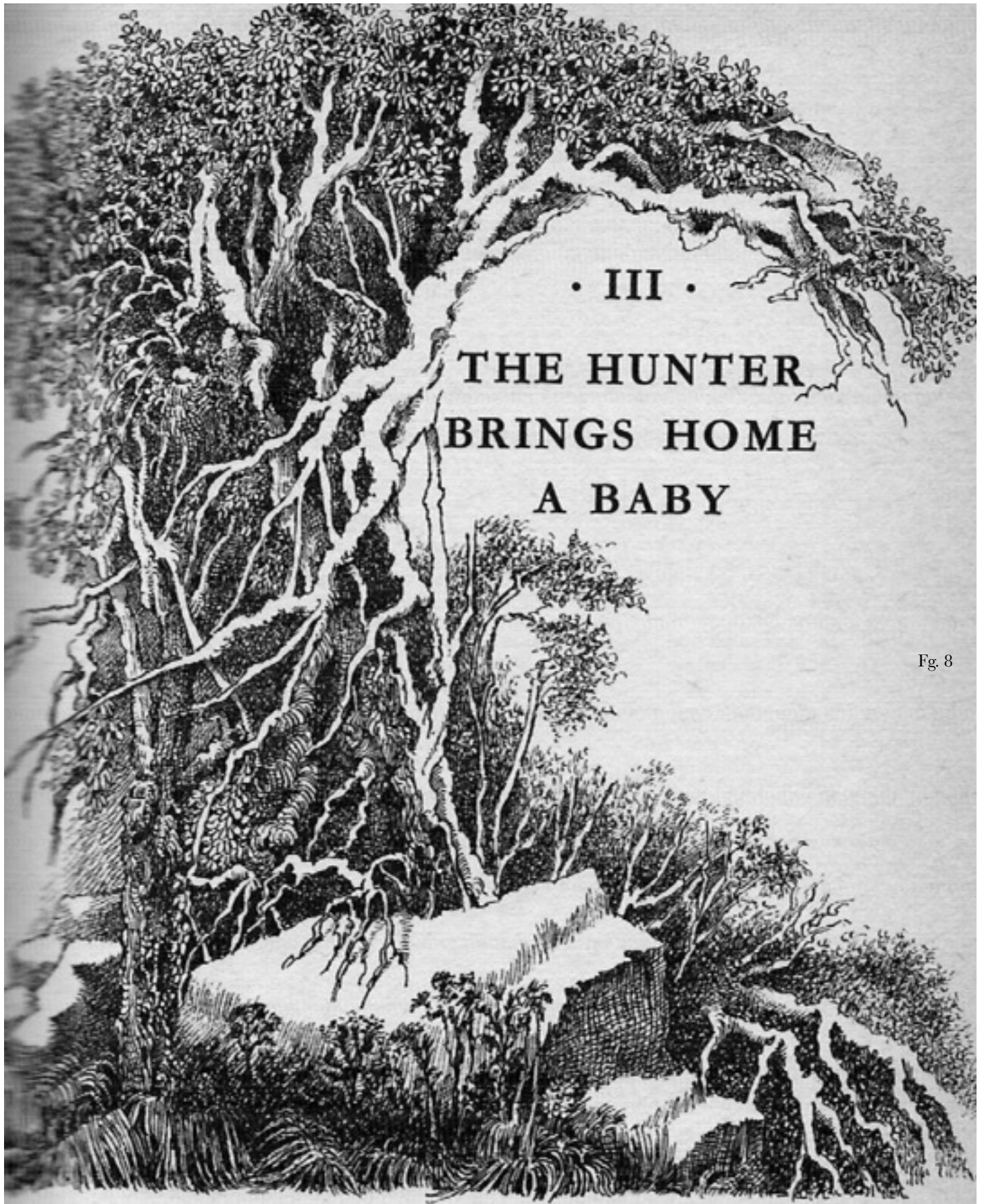
Inspiration and Reference Artists:



Fig. 7

Fig. 9





• III •
THE HUNTER
BRINGS HOME
A BABY

Fig. 8

Fig. 10





Fig. 4



Fig. 11

Wendigo Psychosis:

noun (Canadian)

:culture-bound psychosis:

1) (among Algonquian Indians and North American regions)
one who has a chronic mental state where they lose their grip on reality and believe to be possessed by an evil spirit or cannibal. Characterized by the insatiable urge to eat human meat even when other food is available, delusions, disorganized behavior, and the realization that they are "becoming" a cannibalistic monster.

Swift Runner, 1878, a Plains Cree trapper in Canada
butchered and ate his wife and five remaining children, despite being within 25 miles of
food supplies, and is the most famous and well-known case
of Wendigo Psychosis.

Brain sections affected by the Psychosis:

Labeled from front to back

○ Frontal Lobe:

The frontal lobe is the section that makes the decisions, from what you eat for breakfast to what you choose to be in the future. It is also used for speech and forms personality.

● Amygdala:

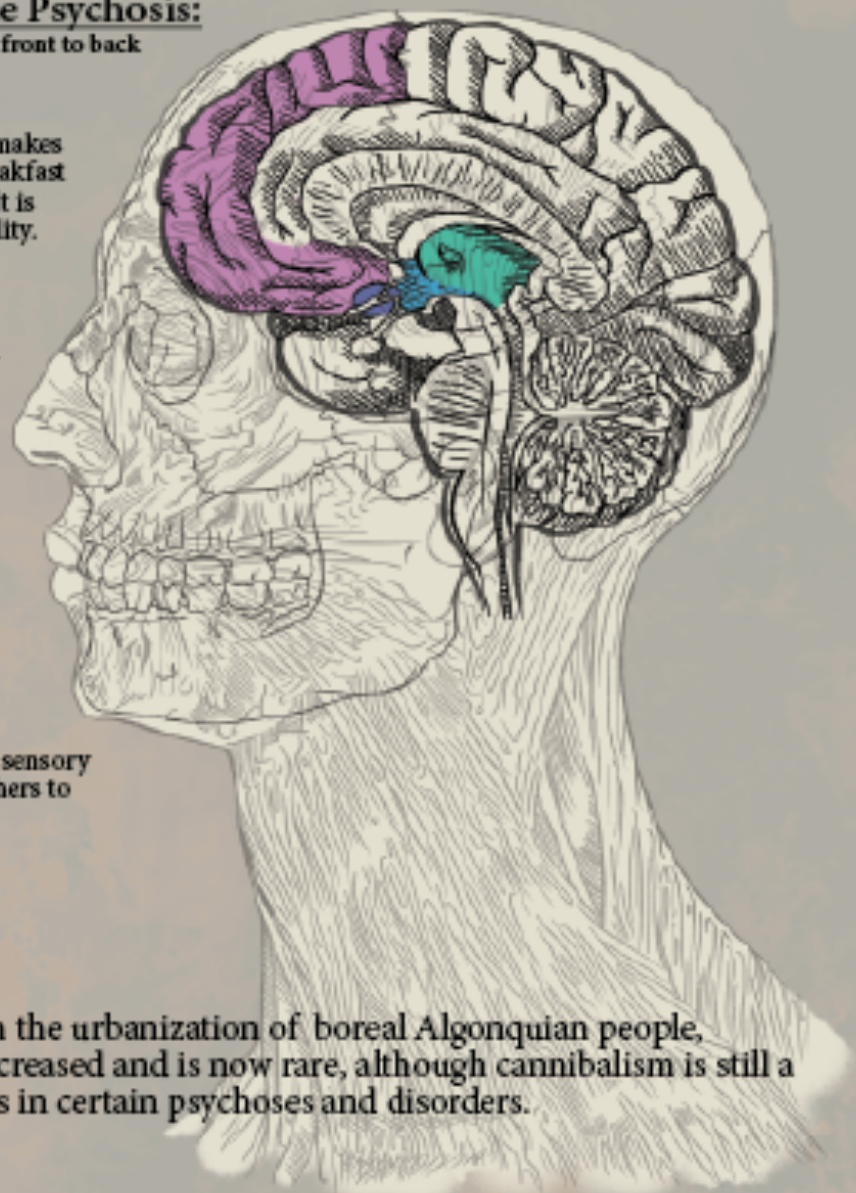
The amygdala is an almond-shaped piece that handles our responses, memories, and emotions, especially fear.

● Hypothalamus:

The hypothalamus handles a lot of functions, especially behaviors such as hunger and thirst.

● Thalamus:

The thalamus is the relay station of the brain: it takes information from the sensory glands and sends the information it gathers to the correct parts of the brain.



In the 20th Century, with the urbanization of boreal Algonquian people,
Wendigo Psychosis sharply decreased and is now rare, although cannibalism is still a
mental illness in certain psychoses and disorders.