

HIV

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A FEMINIST APPROACH TOWARDS THE NARRATIVE OF THE 19TH CENTURY ILLNESS HYSTERIA FROM A MASCULINE POINT OF VIEW

LA

Hysteria was a broad-brushed diagnosis that could be applied to any women of the 19th century who didn't conform to the masculine agenda of the time. The illness was invented by male practitioners at a time where the idea around mental illness was misunderstood. Social and cultural ideologies of women informed medical research. Hysteria was a way of vaguely grouping these 'mad' women, so they could be put away and not be seen or heard by 'normal' society. It was a reflection of the gender dominance of male over female in Victorian society. I aim for my collection to visually show the dominance of men over women in the medical industry. I aim to tell the narrative of hysteria from a feminist perspective by exposing the masculine viewpoint of the illness. I aim to show the control that the male practitioners of the 19th century had over their hysterical patients. I want to display the dehumanization these 'mad' women experienced through the cultural and social views men had about women of the late 19th century. My collection comes from a personal point of view as I have had to go through various instances with health related matters where I have experienced a gender bias with medical treatment. The overall message of my work comes from an internal frustration I have myself experienced with the medical industry.

The 2012 film *Augustine* is the central influence of my collection. This story follows doctor Jean-Martin Charcot, "the french father of neurology" *Tasca, Rapetti, Carta and Fadda (2012)* and his patient turned lover, Augustine. Charcot was the doctor who housed and treated the hysterical women at the Salpêtrière hospital in Paris, France. This film is set

in 19th century France. We see Charcot's meeting with Augustine, a 19-year-old kitchenmaid. We are exposed to his methods of treatment which involve theatrical displays of his investigations into "the effectiveness of hypnosis in hysteria" *Tasca et al. (2012)* He performed these hypnotism experiments to other male medical practitioners. In private he trailed internal 'massaging' to produce an orgasm, this was thought to release the 'demon' inside of the women. The visual imagery of hysteria allowed me to see the horrifying physical impacts in a way that solely reading about the 'illness' could not represent. I was able to build a relationship with Augustine. I felt disgusted and empathetic to those women who were diagnosed with hysteria and forced to undergo unconfirmed treatment methods. I was left thinking about the treatment of women by men in the masculine dominated medical industry. This is where the foundation of my collection originated.

The first description of hysteria came from Ancient Egypt. Information that the 'illness' was linked to "spontaneous uterus movement within the female body" *Tasca et al. (2012)* dates back to 1900BC. Psychiatric knowledge emerged from Greek Mythology which was sparked by the experience of hysteria in females *Tasca et al. (2012)*. The famous Athenian philosopher Plato believed the uterus in women could wander the body. Historically the uterus has been compared to an animal-like creature "sad and unfortunate state when it is not joined with the male and does not give rise to a new birth" *Tasca et al. (2012)*. Unmarried women, virgins and widows were commonly more affected by hysteria compared to married women. Hysteria did not occur in men and

the uterus was the differentiating factor between the genders.

The 'legendary' psychologist Sigmund Freud studied under Jean-Martin Charcot in the early 20th century. Freud's further psychological research emphasizes that hysteria is a result of an internal conflict between the mind and the body to achieve ownership of human consciousness. It was believed to be brought on through trauma or repression. Freud believed individuals were unable to control themselves as something was controlling them. Female hysterics were unable to control the conflict between sexual desire and the social and cultural normalities of the Victorian period. The 20th-century psychologist concluded the female psychological damage was due to a 'penis envy'. Women were less 'human' and males were closer to God as they had a penis Freud (1899). Women were convinced by doctors the only way to be cured was to undergo treatment which was still a trial and error game. During and after the First World War, the number of men being diagnosed with hysteria was increasing. According to Kavky (2012), the male diagnosis was post-traumatic stress due to the war. According to Freud (1917), The internal conflict of the male subconscious takes place between the old ego of peacetime and the new war-ego of the soldier. Hysteria in men was accepted by society, they were viewed as heroes. Even though male and female had something in common with the same diagnosis, their conditions were viewed differently.

The interest in hysteria by medical professionals meant further analysis. The "inverse relationship between de-creasing of hysteria and increasing of depression in Western society" " Tasca et al. (2012) are representative of the rapidly changing cultural norms and the increase of medical research towards the 21st century.



Fig. 2

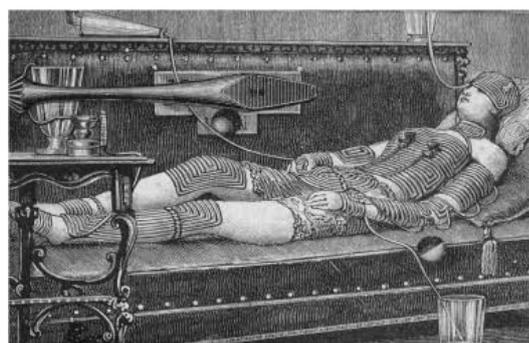


Fig. 1



Fig. 3

Surrealism, meaning 'more than real' was an avant-garde cultural movement birthed by artist Andre Breton in the 1920s. The movement was built around ideas of the subconsciousness to creating artwork as a result of chance. Surrealist methods of factual symbolism teach me the importance of symbolism when dealing visual expression of a historical concept. The Surrealist art movement will visually and methodically influence my collection in the way it links medicine, art, and literature. Max Ernst was a key artist in this movement. His work is representative of Freud's interpretation of dreams and theories around consciousness. Many works of Ernst are a representation of hysterical women. The combination of buried bodies and birds over the female reproductive system represents aspects of the 'illness'. The sectioning of woman's bodies, arms in particular "recalls the medical diagrams of hysterogenic zones that can be found in many illustrated works on hysteria" (Fig 1, Fig 2, Fig 3). Hysterogenic zones consist of areas of numbness or increased sensitivity and were characteristic symptoms" Kavky (2012) for hysterics. Surrealist imagery of birds placed near the female pelvis "perverts traditional iconography which embodies the impregnating power of God" Kavky (2012) (Fig 4, Fig 5). I intend to incorporate Ernst's practice in my work as well as a surrealist aesthetic and way of thinking.



Fig. 4

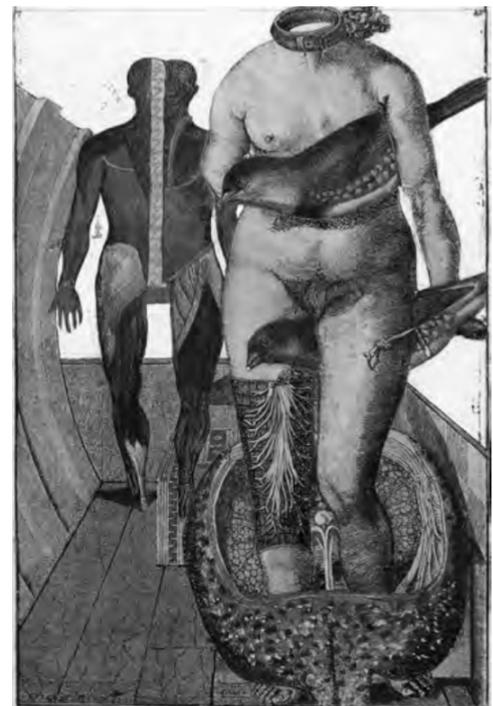


Fig. 5

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Price.....\$5.95



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**THE GREATEST MEDICAL DISCOVERY EVER KNOWN.**



**DR. JOHN BUTLER'S ELECTRO-MASSAGE MACHINE (OR ELECTRIC MANIPULATOR) FOR CURING DISEASE AT HOME.**

Fig. 6

The massage performed on female patients that 'cured' hysteria was a manual stimulation to orgasm. Doctors viewed the uncontrollable response to a massage as a demonic creature being released from the body. The Guerrilla Girls are a group of feminist female artists from New York City. The collective creates media that is aimed towards fighting racism and sexism in the art world. Their 2013 publication *"The Hysterical Herstory of Hysteria and how it was cured: From ancient times until now"* is a playful account on the 'illness' by sarcastically highlighting its absolute ridiculousness when relating it to a contemporary context. Putting these ideas into the present allows us to think deeper about the hysteria and reflect on how times have, or haven't, changed. Over a century ago, male doctors were giving female patients orgasms and got paid for it. I cannot imagine experiencing anything more ridiculous, invasive and unprofessional at a doctor's visit. The

decline in the popularity of this procedure was not due to practitioners discovering the inaccuracy of this method. The decline was due to the invention of the vibrator. The physical intensity of the procedure got too much for male doctors, so the electric motor took over. Towards the end of the 19th century, vibrators could be purchased and taken home for personal use (fig 6). This was a success as women were already tricked that this object healed them. The method was addictive, they felt great afterward which kept the visits continuing. The porn industry of the 1920s documented women using vibrators for sexual pleasure. Females expressing thoughts around this enjoyment was still an unspoken topic of this time and women were labeled filthy to want this. The medical industry was horrified which resulted in the vibrators being made illegal and taken off shelves.

Gender bias in the medical industry was obvious during the Victorian era and still remains today. The difference in treatment between female and male patients derived from Greek mythology and Sigmund Freud's findings. Generalizations about women, particularly in terms of reproductive health, are a result of social and cultural circumstances in a particular period. According to *Lupton and Najman (1995)*, The "male 'breadwinner' and female 'home-maker'" characteristics that have continued to dominate social structures has lent its gender dominance into the medical system. Men and women treat the medical system differently, it also treats males and females differently. The saying, women get sick but men die reflects the societal ideology that men bring tougher attitudes towards illnesses. Women are portrayed to be weaker. Females tend to consult medical professionals more regularly compared to men therefore, naturally "take medicines more regularly than men do" *Lupton et al. (1995)*. This does not take into account the visits for reproductive health such as pregnancy and contraceptive related matters. Apparently females visit the doctor when "they have nothing wrong with them" *Lupton et al. (1995)*. The medical industry is also experienced differently between female and male patients. The majority of consultations occur between a male doctor and a female patient which is because of the "domination of medicine by men and the predominance of women in the nursing workforce" *Lupton et al. (1995)*. Although there is an increased number of females entering the industry as doctors, the idea that males are born to be doctors and females born to be nurses still exists. This gendering of medicine has naturally lead the

medical industry to be masculine in ideology and illness has been, and continues to be feminine.

Masculine dominance puts female patients in danger. Male practitioners do not experience therefore cannot fully understand a female illness. Why should they be allowed to treat it? The stereotype of a 'weak' female can be damaging to females' health. The "iatrogenic injury and illness, overprescribing and unnecessary surgery" *Lupton et al. (1995)* form a danger to an individual particularly when a male doctor is treating a female patient from a bias point of view. Recurring attitudes towards women's health is seen as exaggerated then causes it being undertreated by the doctor leads females to be unfairly treated by the medical industry. Misunderstanding of the female body has been evident throughout history. Greek mythology and Sigmund Freud came from a historically masculine dominated society; our world has experienced success surrounding feminism and women's power. It leads me to question why we still to look back at theories made centuries ago to lead our research. The uterus has and continues to be treated as an uncontained animal which puts women in positions where they mentally feel unstable to be female. We are making women believe that being born with a uterus is a hassle. The beauty of procreation, the ability to carry and supporting another human until birth is not celebrated, it is a source of shame.

To explore and protest ideas surrounding the dominance of male figures in the medical profession, I aim for my collection to align with contemporary conceptual designers. I aim to portray the ghastly,

soulless, gender discriminative and raw institutional aspects of hysteria through a combination of recognisable Victorian and surrealist inspired clothing that takes on over-perfected, shredded and decayed elements. The display of a hysterical female body from a masculine perspective is central to my narrative. I will focus on textures and fabric manipulation to support this message. To form a protest through a visual medium is through the distortion of an object. Deconstructing objects and merging new ideas creates an object that dictates new ideologies. I challenge myself to take advantage of materials such as latex and leather to create flesh-like elements. I see my work being displayed as a theatrical experience in a contemporary art context.

Attention around conceptual fashion is increasing and the development of technologies in the textile industry is supporting this. Au, J, and Au, Y (2018) explain that Alexander McQueen, Maison Margiela, Hussein Chalayan, and Comme des Garçon are examples of fashion houses that consistently take conceptual approaches to their collections. These conceptualists take advantage of dramatic presentations of their unconventional work to fully communicate their ideas. It is becoming increasingly common to see designers displaying their works in non-traditional and emergent fashion spaces such as galleries and museums. Designers are using their collections to highlight social issues to shift cultural norms. I want my collection to provide experience and raise questions in regards to the history of the medical industry.

As a designer, I am continually inspired by the dramatic and victorian aspects through the collections of Alexander McQueen. Particularly collections of the '90s that were extremely controversial regarding the unspoken social and cultural norms of this period. His collections always seemed to represent this grotesque, "shockingly surreal" *Arnold (2015)* but somehow beautiful energy about them. I am heavily inspired by the emotions he can portray through his clothing than any collection in particular. His aesthetic, similarly to my continues question "concept of taste" *Arnold (2015)* by intertwining unusual and otherworldly aesthetics in his collections (*fig 7, fig 8*).



Fig. 7



Fig. 8

I see my collection aligned with Comme des Garçon's as I am heavily inspired by the use of Rei Kawakubo's odd silhouettes and skewed proportions. She allows her audience to see another world by the story of her work. An explanation by Kawakubo that I associate to my method of designing is when she once defined the tailcoat as having a "historical shape" that allows you to create "something that is totally new" whilst having "the authenticity of being old" *English (2011)*. The way she demonstrates disruption of traditional

garments and ideal body types by using clothing as shape and silhouettes motivates me to think outside of the box with my designs and method in a lateral manner instead of being so literal. Kawakubo inspires people to reconsider their Western ideals of beauty" Fukai (2010) which comes from a similar place as my hysterical argument. This is because hysteria developed from historical discrimination and idealizations of women. The brand's clothing displays a sense of imbalance, individualism and unconventional energy but a sense of familiarity and historic reference remains obvious. Her methodology encourages me with my collection to think about the emotional feeling of each garment rather than just the way aesthetically it seems. (fig 9, fig 10)



Fig. 9

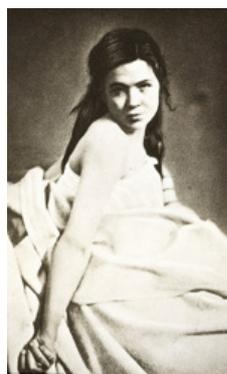


Fig. 10

# **METHODOLOGY**

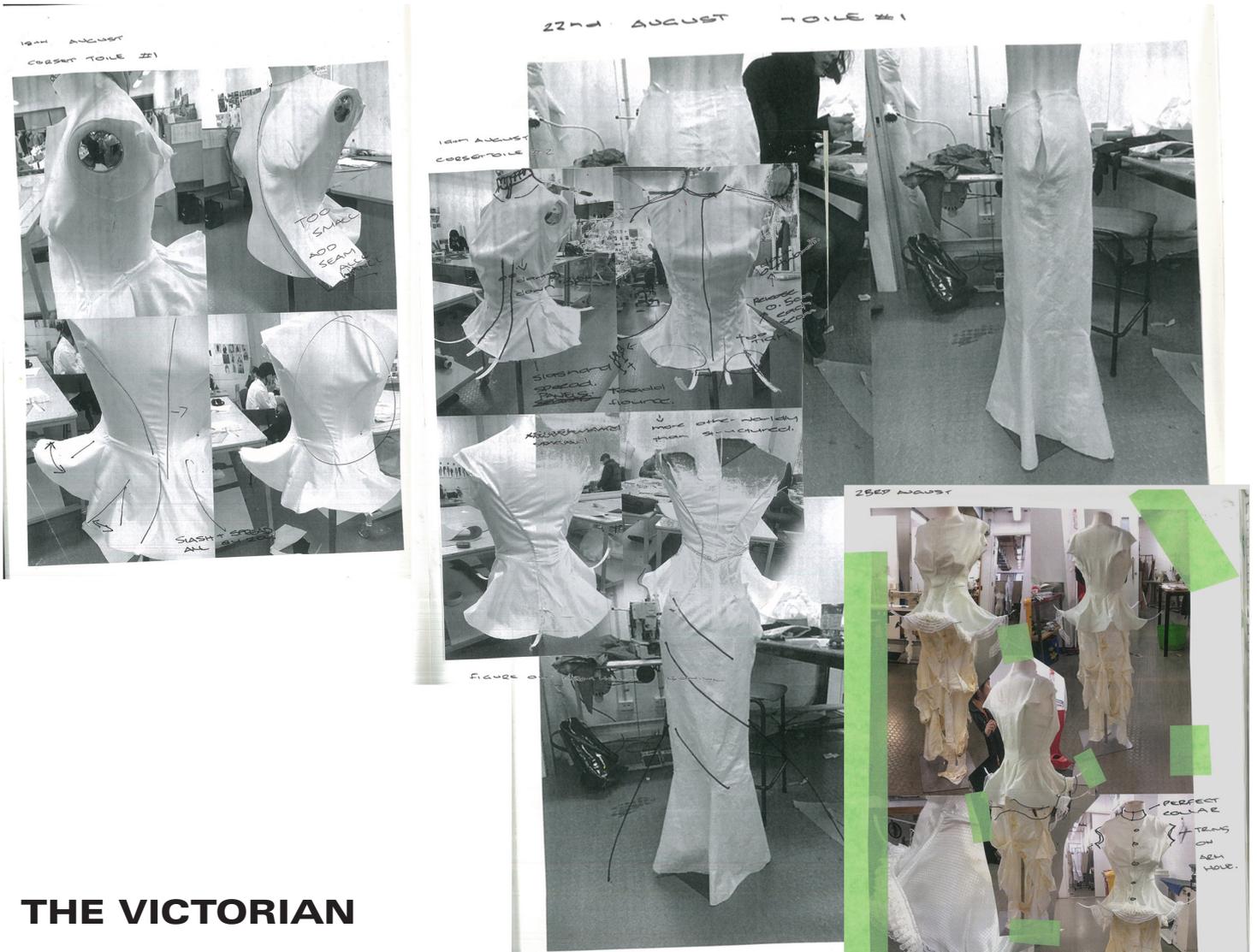
*ALL IMAGES IN MY METHODOLOGY ARE MY OWN OR A  
COMBINATION OF IMAGES BELONGING TO OTHER ARTISTS THAT  
HAVE BEEN OF INFLUENCE TO ME TO CREATE SOMETHING NEW.*

# MOOD



When creating a mood board, I found it difficult to discard elements of my visual research. I found that no image references were now irrelevant to my concept as the history of hysteria is so large. The time limitations of the project meant I wasn't physically able to represent the five groups I broke hysteria into. This stage of my process was challenging, as this was the condensing state of my research. This would lead me to what fabrics I could use, what my color palette would be and what fabric techniques I could develop. I wanted to include both Victorian and surrealist silhouettes in my designs whilst developing shredded and flesh-like textural elements. My mood board helped me understand my fabrications would be simple such as white and cream traditional cotton, silk and wool. This encouraged me to think early on about what kind of manipulation would give my garments more depth and unconventional aspects.





## THE VICTORIAN

I wanted this look to intensify the idealisation of Victorian women and highlight the ridiculousness of these pressures. I have created unusual proportions by contrasting a bizarre but distinct historical silhouette with the exposure of skin. Initially, I wanted to create a structured skirt but, this appeared extremely statuelike. The leggings then came from a Victorian undergarment reference. The overuse of bow detailing was inspired by the depiction of victorian women being dressed in large bows tied around their necks. Bows also commonly being referenced as part of the 'girly' aesthetic.

I have achieved these odd proportions through boning which enabled the bottom of the garment to flare out at the waist, appearing like it was floating. This allowed the bodice to reach an otherworldly appearance. The strangeness of this look formed an over-intentional idealisation of Victorian women which made the wearer resemble quite a strange, 'girly', but historical character.



LOOK AT FINAL TOILE PRESENTATION



## THE DOCTOR

Throughout the process of this look, I found it difficult to produce a masculine silhouette on the female body. I attempted to drape a tailored vest, however; at final toile fittings, it was obvious that the garment needed a greater historical influence. I was yet to make anything for the bottoms by this stage, but the wide-leg shape of pants the model was wearing informed the next stage of my design process. The draped vest had potential, but to achieve cohesiveness in the collection, I knew I re-starting was required.

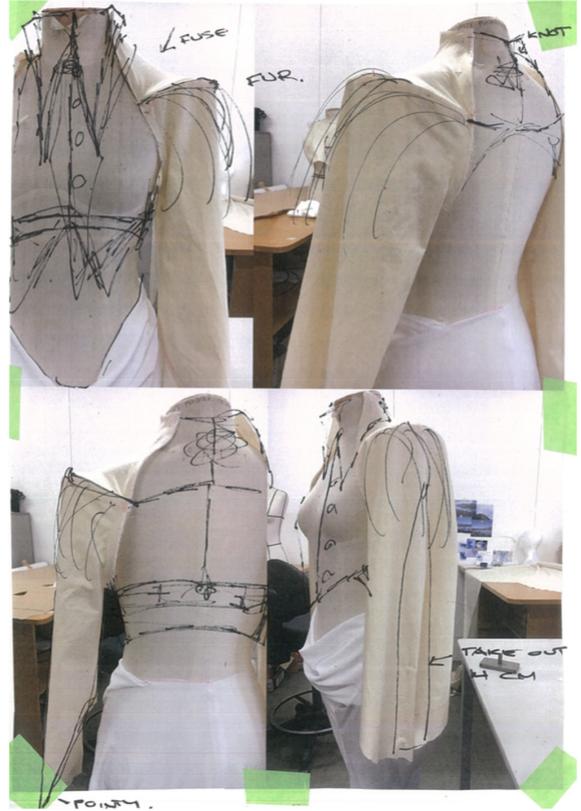




LOOK AT FINAL TOILE PRESENTATION

## THE HYSTERIC

The 'hysteric' felt the most successful design-wise, the way I approached this garment felt comfortable with how I would subconsciously design. The clear reference image and the franticness I wanted this garment to portray supported an experimental design process. This look, alongside 'The Victorian' was the most successful in the final toile presentations due to the balance of exposure and concealment. The diagonal skirt panels, high slit and a-symmetric drapery of the apron dress balanced the constraint and madness of the hysteric female patient.



## THE EFFEMINATE LADY

The look was built around the jacket, which achieved similar proportions as what I drew. This piece was to be constructed in leather for my final with the flank used for the edges of the seams. I wanted to highlight the extravagance of this piece, therefore, paired it with much simpler garments. The silk cowl neck top was formed directly from Max Ernst's drawings; he continually emphasized the stomach area of a woman to be very oval through his division of the body. The top worked successfully with the jacket however the combination of these two and the lace skirt did not. The lightness of this garment balanced with the harsh shoulder element that made the wearer look a bit strange. After final toile fittings, the next step was to create a bottom piece with a clear late 19th century Victorian silhouette.



LOOK AT FINAL TOILE PRESENTATION



# FINAL TOILE PRESENTATIONS



MAKE JACKET LABEL



SKIRT CANTOP. SHIRT APRON JACKET  
 JACKET PRINTS WAIST COAT SKIRT  
 B.B. SKIRT. LEGGINGS.

TOP SOMEWHERE ELSE TOILE PRESENTATIONS

X NO CARDI



WALST COAT + VEST



WALST COAT

## THE DOCTOR

After an unsuccessful draping attempt, I decided I needed to work in a traditional 2D pattern making method to achieve the structure this look needed. The biggest struggle with this garment was achieving a balance between the elements as it already had a ridiculous looking bird-inspired lapel. Keeping the traditional aspects worked successfully. I included boomerangs in the shoulders, which made them appear broader. I also ensured I was focusing carefully on fit. I used a clear Victorian tailcoat reference at the back. I was aware of adopting a traditional process while constructing this piece, as I didn't want to risk making it look like a joke. A simple wool suiting fabrication let me achieve this. The large wide-leg pants with uncomplicated pleat detailing balanced the vest.





## THE NURSE

My initial idea to create restriction was leading to me replicating a straight jacket, a garment undeniably symbolic to the torture of mental illness. However, Gucci released its Spring 2020 collection where they sent models down the runway wearing garments directly referenced from straight jackets. Their collection got a lot of backlash, they were called out for using mental illness to sell clothing *Bloomberg (2019, September 22)*. As controversial as my collection may be towards men in healthcare, I didn't want my collection to replicate their method for sales. Therefore, I designed a garment influenced by a combination of Victorian nurse uniforms and fencing jackets. A simple pleated skirt was enough for the bottom half however; my initial first apron that was a skirt circle skirt with multiple box pleats and looked very 1950's 'housewife'. Instead, I knife pleated a length of short width silk that would wrap around the body.





## THE EFFEMINATE LADY

The production of this kilt skirt ended up being more challenging than I assumed. I experimented with pleating and how to design bizarreness-using volume whilst trying to incorporate extravagant feminine qualities. The final garment ended up being a risk. I had to replicate the shape I had gotten with a fused cotton toile by engineering neoprene, which I could only do with little seams. Cut outs formed both the waistband and pleats. Trouble occurred when I was bonding the neoprene with a tri-acetate in our small fusing press and the bonding bubbled. I then had to use a patch of neoprene to conceal this mistake. It changed the way that this pleat stood because the weight in this area was now heavier in relationship with the rest of the skirt. If I were to further develop one garment it would be the neoprene kilt, it fell flat compared to the other garments and I would like to see it in fabric with visible texture.



## SCREEN PRINT PROCESS

Through my research process, I came across images of artworks by patients who were receiving treatment in psychiatric hospitals in the early 20th century Europe. The symbolism used in these artworks is visually similar to surrealist work. The emotive aspects of these works signify patients' experiences of facing a mental illness.

I see their emotions comparative to those women diagnosed as hysterical. I wanted to include screenprinting to recreate a mood that expresses the artistic creativity and mental disturbance of hysteria patients to form a protest towards the dominance of masculine in medicine.

Mental asylums encouraged some of their patients to represent their emotions through visual representations.

"Women were not brought up to express themselves spontaneously" *Brand-Claussen, Jádi, Douglas (1996)*. Only twenty percent of the artists included in the *Beyond Reason: Art and Psychosis* were female. To achieve the emotional energy from my screen print that I was after, I wanted to collage a series of text that highlighted the bias in medicine. I took font styles that were both formal and informal and that when combined appeared chaotic.

I consider my screenprint visually and contextually representative of the information given to the hysterical women and their experience of a mental asylum. I enjoyed working with this process as it allowed me to



FIG. 11

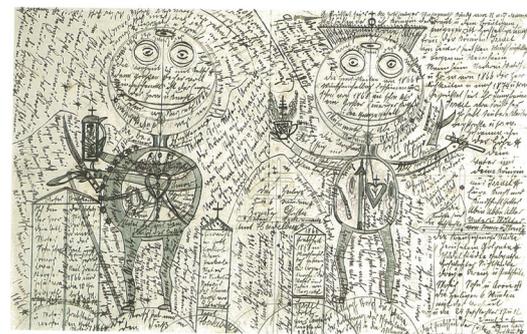


FIG. 12

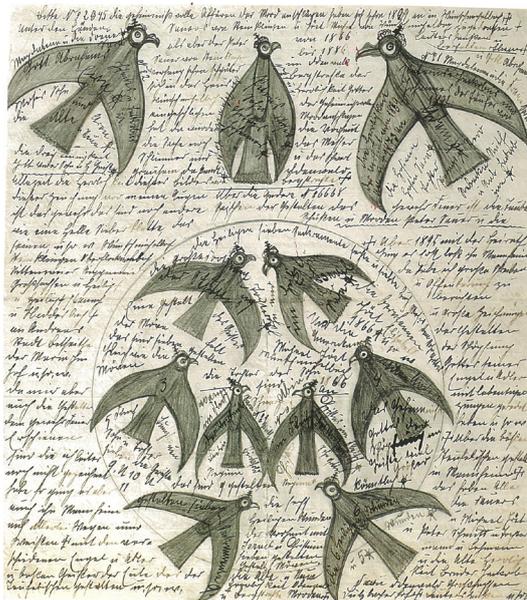


FIG. 13





## LATEX PROCESS

I ended up pushing the latex elements of my designs further back until it got to a stage where I nearly didn't have time to use the material. After the completion of my 'Lady' look, I knew the addition of latex onto the leather would add an extra dimension that would complement the raw edges and the 'perfectness' of the kilt. This jacket now portrayed an unsettling and flesh-like element to my collection, an element I did not include enough of even though there were a variety of grotesque visuals in my mood board. I performed this process intuitively, by putting the material on leather with my hands. Firstly only focusing on the front and back. I combined this with black leather paint on the seams. I ended up adding more to the sleeves, as they then looked weak being extremely flat. I work well making organically however, this process was still very controlled as I knew the mood I wanted to create when performing this process. This ended up making this garment more absurd and artistic than what the plain leather accomplished.





*FINAL COLLECTION - FRONT*



*FINAL COLLECTION - SIDE*

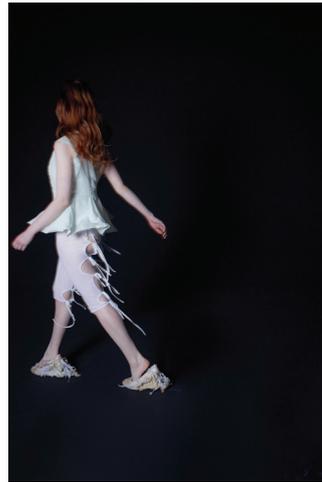


*FINAL COLLECTION - BACK*

**COLLECTION  
LINE UP**

## CONCLUSION

The experience of creating a collection to protest an idea proved both challenging and fulfilling. I consider this collection to have matured me as a designer as I had to push myself to manage my process. The combination of both of my designer alignments, Alexander McQueen and Comme Des Garçons, assisted me to achieve a conceptual collection that concentrated on traditional victorian elements and the way that they meet the body to create a narrative of hysteria. I felt my designs were a strong protest with the inclusion of recognizable influences in my designs. The addition of the fabric techniques, latex, and screen printing highlighted and enhanced the context and message. These elements added depth. I believe the considered distortion and aesthetically cohesive reworking of my garments formed my protest worked in a fashion context. This process leads me to now want to experiment with making clothing that physically distorts the body. After this project, it felt rewarding putting ideas surrounding sexism into the present. It allowed me to familiarize an audience about hysteria, an illness that many did not know about. I would like my collection to represent the fact that over a century ago, male doctors were giving female patients orgasms and got paid for it.



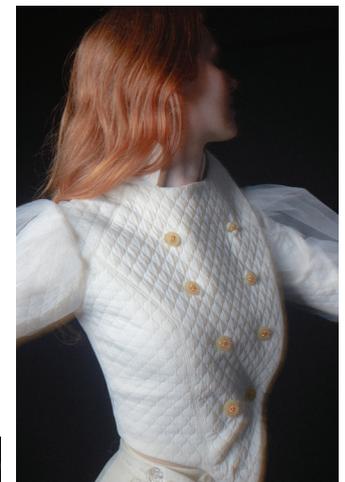
*THE VICTORIAN*



*THE HYSTERIC*



*THE DOCTOR*



*THE NURSE*



*THE EFFIMINATE LADY*

## REFERENCES

Fig. 1.

Max Ernst, *Die Leimbereitung aus Knochen, La préparation de la colle d'os (The Preparation of Bone Glue)*, 1921. Cut printed engravings on paper, 2 3/4 x 4 3/8 inches. Private collection.

Figure 2.

Max Ernst, *Jeune homme chargé d'un fagot eurissant (Young Man Burdened with a Flowering Faggot)*, ca. 1920. Gouache and ink on printed reproduction, 4 3/8 x 6 inches. Private collection

Figure 3.

Max Ernst, *Die Anatomie (Anatomy as a Bride)*, 1921. Gouache, pencil and collage, 9 1/8 x 6 3/4 inches. Musée National d'Art Moderne, Centre Georges Pompidou, Paris.

Fig 4.

Max Ernst, *Santa Conversazione (Sacred Conversation)*, ca. 1921. Photograph of a collage, 8 7/8 x 5 5/16 inches. Paris: Private collection.

Fig 5.

Max Ernst, *La parole (The Word)*, 1921. Original collage for Paul Éluard's *Répétitions*, Paris, 1922, cut printed engraving and reproduction with gouache and ink on paper, 7 5/16 x 4 3/16 inches. Bern: Collection E.W. Kornfeld.

Fig 6.

Guerrilla Girls, (2006). *Vibrator advertisements*, The Hysterical Herstory of Hysteria and how it was cured: From ancient times until now, Guerrilla Girls, Inc.

Fig 7

Conde Nast Archive. (n.d.). photograph. Retrieved from <https://www.vogue.com/fashion-shows/fall-1997-ready-to-wear/alexander-mcqueen/slideshow/collection#17>

Fig 8

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Fig 9

Marcio Madeira / FirstView.com. (n.d.). photograph. Retrieved from <https://www.vogue.com/fashion-shows/fall-2010-ready-to-wear/comme-des-garcons/slideshow/collection#19>

Fig 10

Conde Nast Archive. (n.d.). photograph. Retrieved from <https://www.vogue.com/fashion-shows/spring-1995-ready-to-wear/comme-des-garcons/slideshow/collection#58>

Fig. 11

Brand-Claussen, B. Jádi, I. Douglas, C. The Marvels the Lead-Shot to the Sporting Gun. [Pencil, pastels, body colours, pen on office paper]. In *Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection*. London: Hayward Gallery.

Fig 12

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Fig. 13

Brand-Claussen, B. Jádi, I. Douglas, C. Petition No. 2345 the mysterious affairs of the murderous attacks. [Pencil, pen, on paper]. In *Beyond Reason: Art and Psychosis: Works from the Prinzhorn Collection*. London: Hayward Gallery.

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