Graphic Medicine's Possible Futures: Reconsidering Poetics and Reading

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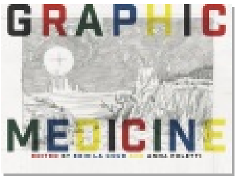

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GRAPHIC MEDICINE'S POSSIBLE FUTURES

Reconsidering Poetics and Reading

ERIN LA COUR AND ANNA POLETTI

Since its coinage in 2007 by medical practitioner and comics artist Ian Williams, graphic medicine has steadily gained traction as an umbrella term for comics that explore healthcare issues, the theoretical discourse these comics engender, and the study of comics as expressive communicative tools. Embedded within comics studies, graphic medicine interacts with the interdisciplinary medical humanities, which applies insights from the humanities, the social sciences, and the arts to the study and practice of medicine. Primarily promoted as a means of engendering compassion in practitioners in training, the goal of the medical humanities is:

> to reconceptualize health care, through influencing students and practitioners to query their own attitudes and behaviors, while offering a nuanced and integrated perspective on the fundamental aspects of illness, suffering, and healing. In Aristotelian terms, medical humanities aim to improve health care (praxis) by influencing its practitioners to refine and complexify their judgments (phronesis) in clinical situations, based on a deep and complex understanding (sophia) of illness, suffering, personhood, and related issues. In this respect, medical humanities have a more applied function than the humanities as they are traditionally defined in the academy. (Shapiro et al. 192–93)

Moving on from the use of comics in medical institutions, which predominately take the form of simple, top-down didactic infographics on posters and in patient brochures, graphic medicine aims to expand the benefits of using comics in both healthcare training and information dissemination. While the visual shorthand of infographics is easy to comprehend and can be helpful in providing patients with important information that orients them in relation to a specific illness or disability and its treatment, what they lack is an in-depth exploration of how illness and disability, as well as healthcare systems and statistics, can make one feel. Graphic medicine aims to redress this lack by focusing on how the complex affordances of the comics medium can provide subjective insights into experiences of various forms of illness and disability (Williams, "Autography" and "Graphic Medicine"; McNicol; Squier and Marks; Green and Myers). Emphasizing and examining the communicative potential of the juxtaposition of incongruent texts and images, verbal and visual metaphor, color, line, and pacing through page layout, paneling, and guttering, the study and production of graphic medicine aims to explore and expose the subjective experiences of health and healthcare systems that may be difficult for both practitioners and patients to understand or explain in either verbal or visual language alone.

The past decade has seen a proliferation of graphic medicine comics, produced in large part by individuals aiming to relay their personal experience living with a particular illness or disability. These works, along with those from the perspectives of doctors, nurses, social workers, carers, and family members, echo calls in the medical humanities for the urgent need for different understandings and expressions of illness and disability than those found in conventional medical discourse. Whereas medical institutions largely focus on diagnosis, prognosis, and treatment, graphic medicine takes a bottom-up approach that reveals how communication is not always easy or straightforward.

With its focus on the patient as an identity that is constituted by pathology and the body, medical discourse often ignores the encounter between healthcare professionals and patients as a culturally bounded and interpersonal one, influenced by factors such as cultural context, language, gender, class, and ethnicity. To counter this tendency, graphic medicine discourse promotes comics as an important medium to depict interactions between individuals, their loved ones, a wide array of healthcare workers, and the healthcare system as scenes of intercultural, interdiscursive, and intergenerational encounter. Graphic medicine focuses on "*taking* back the experience of somatic dysfunction from medical authority and *talking* back to medical discourse" (Couser 348).

Taking cues from narrative medicine, which has long advocated for the use of reading literature and writing reflectively as part of medical training and treatment (Milota et al.; Charon; and Williams, "Graphic Medicine"), a handful of medical schools have begun encouraging their students to read comics to gain insights into what their (future) patients may be experiencing. Comics about various forms of illness and disability now often appear on syllabi in medical humanities courses, and are promoted to students as helpful not only in developing empathy and an understanding of subjective experience, but also in dealing with the pressures of medical training and the urgencies of healthcare practice. Some of these schools are taking this humanities-based training a step further by encouraging their students to draw comics about their own experiences as practitioners in training, with the aim of advancing their understanding of the social and cultural influences on health, diagnosis, and healthcare systems (Czerwiec et al.).

Additionally, over the last few years, a small but rising number of medical institutions have begun to work with comics artists to produce graphic medicine comics to disseminate information about various healthcare issues and treatments to the public. A prime example is *Parables of Care: Creative Responses to Dementia Care, as Told by Carers*, a comic by Simon Grennan, Christopher Sperandio, Peter Wilkins, and Ernesto Priego about caring for people suffering from dementia. Funded in part by the UK's Tavistock and Portman National Health Service (NHS) Foundation Trust and Care'N'Share, an EU-funded project supported by City, University of London and the Skills for Care initiative, *Parables of Care* is a collection of adapted firsthand stories from dementia carers. In an interview for *The Elder*, Grennan described the impetus for adapting the stories:

> A number of years back, a group at City [University of London] had investigated ways in which they could make an app that could share good practice in dementia care—an initiative called Care'N'Share—and worked with an NHS trust to collect carers' responses to particular challenges in caring for those with dementia in different situations.
>
> This particular app didn't evolve past the pilot stage, but it left an interesting dataset written by carers themselves. We came across this and thought, "How might we make use of that to see whether the comics register can tell some of those stories in a way that affects people differently?" ("Capturing Dementia")

What Grennan and the team discovered is a clear illustration of the insights that can be generated by graphic medicine: each patient and situation is individual, and therefore there is no single "correct" way to care for people with dementia; traditional outlets for healthcare information, including experience-based carer-developed apps and message boards, are not often as widely used and disseminated as anticipated; and comics can reach a broad audience due to their interplay of verbal and visual signs that affects and engages in ways that are distinct from traditional text-based approaches.

Through its enactment of a core graphic medicine philosophy, *Parables of Care* takes as its impetus the importance of—and need for—bottom-up discussions of healthcare issues and practices that affectively engage carers by narrating dementia as a lived experience from the perspective of their peers, thereby offering a view on dementia from the position of care, rather than treatment. Moreover, *Parables of Care* demonstrates that visual information about healthcare issues can provide a means of supporting patients by empowering their carers through an exploration of complex issues relating to dementia care as a lived practice.

The title and comics style used in *Parables of Care* evoke and disrupt the association of comics and life narrative with simplification in two ways: a parable is a simple story with a pedagogical function, and the style used by Grennan and Sperandio to adapt the stories into comics is *yonkoma*, a four-panel comic strip format widely used for joke-based comics in Japan. Grennan explains that the reason for choosing this style was that it allows for both ambiguity and some sense of (non-)resolution, which he found especially appropriate for communicating both the difficulties facing people suffering from dementia, as well as the creative solutions carers come up with to resolve or abate moments of confusion that are a hallmark of living with the condition (Priego). Grennan and Sperandio's approach to adapting the carer narratives to the format of *yonkoma* produces texts that at first glance appear to be simple and concise (four panels, each with the same dimensions), but which unfold into nuanced and open-ended encounters with individual scenes of need and care.

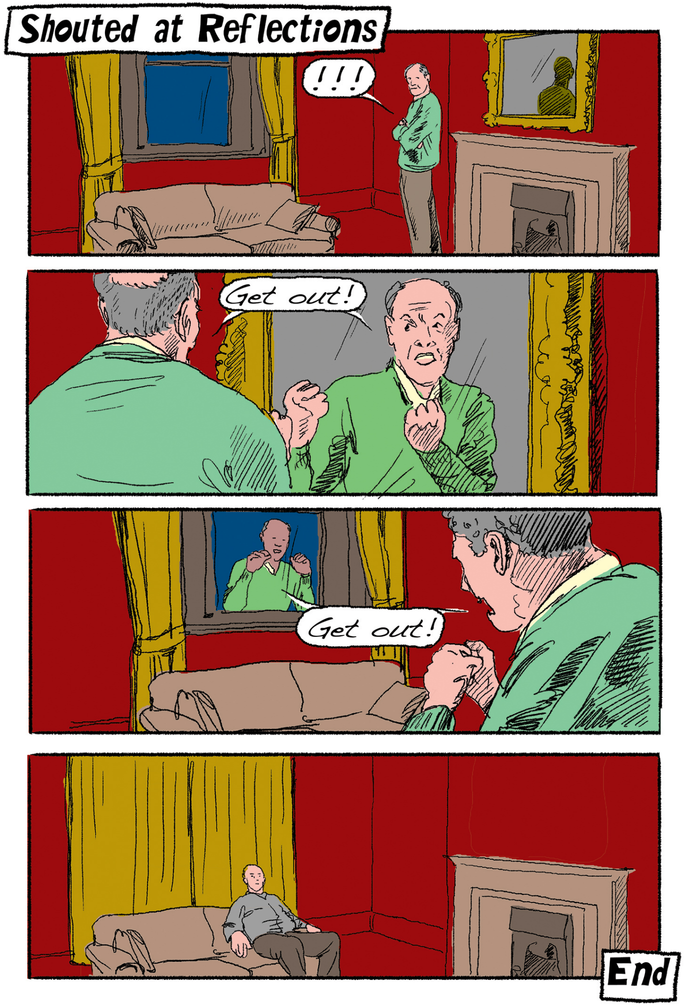

Figure 1. © Simon Grennan, 2017. "Shouted at Reflections." *Parables of Care: Creative Responses to Dementia Care, As Told by Carers*, drawn by Simon Grennan with Christopher Sperandio, edited by Simon Grennan et al., City, University of London.

In the first panel of the last comic of the collection, "Shouted at Reflections" (fig. 1), we see a man, dressed in khaki pants and a green sweater, clearly annoyed by the object of his gaze, as indicated both by his crossed arms and the "! ! !" in his speech balloon. In the second and third panels, the man's annoyance turns into anger directed towards objects we can see: his reflection in the mirror above the fireplace mantle and in the darkened windowpane, both of which he reads as intruders in the space he occupies rather than reflections of himself. In the final panel, the non-resolution to the sequence, we see the same man, in different clothing, relaxing undisturbed on the couch. That the mirror has been removed and the curtains have been closed, along with the man's change in clothing, lead us to understand not only that time has passed, but that some action has been taken to address the events in the previous panels. It also suggests a possible counter-reading of the first panel—we are positioned as the possible object of his gaze and surprise. His forward-facing position in the first panel is a gaze *at someone* (possibly his carer), who subsequently acts to resolve his anger at being intruded upon by real and phantom presences. What we might also notice in reading more carefully—and perhaps particularly if we are dementia patient carers ourselves—is that the redness of the room underscores the pervasiveness of the man's unease. Like the paint on the walls, his discomfort is always on the surface—it's just a matter of time until we must again abate his confusion, which seems imminent given his expression in the final panel that signals his lack of recognition.

This short comic demonstrates how graphic medicine comics artists make use of the medium to find aesthetic strategies for recording and reflecting experiences of illness and disability relationally and ethically. Several essays in this collection offer perspectives on this uniquely complex issue by considering specific examples of how the ethical relationality between carers and people with intellectual disabilities is understood by comics artists, while considering the unique affordances of the comics medium for staging encounters with scenes of relationality and care that expand and trouble our understanding of what giving and receiving care—caring as an action—looks like and by whom it is done. In their essays, JoAnn Purcell and Susan Squier examine how the comic artist responds to and reflects on their relationship of care with a person (or people) diagnosed with an intellectual disability (ID). Purcell writes from the perspective of an artist and mother who collaborates with her daughter Simone on a daily four-panel comic, and Squier offers close readings of three comics about caring for people with ID. Erin La Cour takes a different yet complementary approach to considerations of relationality and care in directly addressing the most difficult elements of David B.'s renowned *Epileptic*, a narrative about the artist's experience of growing up alongside his brother, Jean-Christophe, who struggles with the effects and affects of epilepsy. All three essays demonstrate the necessity for graphic medicine comics to build on the insights of disability studies in terms of the deep connections between illness and disability and taboo. They eschew heroic narratives by exposing the shock, anger, and frustration of those experiencing illness or disability and/or of carers, and how making comics functions as a means of seeing and narrating differently. As comics and disability scholar Irmela-Marei Krüger-Fürhoff notes, in standing against "cultural expectations of the 'positive narrative arc,'" such comics make clear that pervasive narratives of "overcoming" or "winning the battle" do not apply to all illnesses and disabilities, and moreover, can serve to underpin neoliberal medical discourses (111). Krüger-Fürhoff explains:

> We like to think of both literary illness narratives and graphic medicine as emancipatory and subversive *per se*. However, it might also be useful to look beyond the presumed "logic of empowerment" and investigate how stories of illness and health tie into recent efforts of bio-medical self-management, e.g. discourses on how to become a healthy subject within neoliberal societies that favor a logic of individual accountability, prophylaxis, and prevention. (113–14)

Krüger-Fürhoff underscores a need for graphic medicine not to assume that all narrative accounts of the lived experience of illness and disability will produce new knowledge, and that a more critical understanding of how and when depictions of conceptions of the (non-)healthy body and mind can convey embodiedness, embeddedness, and an understanding of crip time, which at least temporarily, and often permanently, negates recovery and instead emphasizes the experience of "living with." In this collection, a number of the contributions explore the variety of ways illness or disability is an experience of fundamentally changed living, rather than a separate narrative episode organized by illness or disability, treatment, recovery, and a return to "normal life." Essays by Nancy K. Miller and Jared Gardner, and comics by Safdar Ahmed, John Miers, and Suzy Becker all explore ideas of the chronic, time, and a sense of "living with," which provide insights into how life writing about illness and disability in comics can offer new ways of understanding the temporality of embodied caring and living.

These contributions highlight an important area for future development in the field of graphic medicine: an in-depth consideration of the unique affordances of comics as a non-time-based medium characterized by syntactical and visual pacing, which allows it to suture, rupture, and/or abstract experience and expression. The specific temporality of comics clearly resonates with key theories in disability and lifewriting studies, as well as broader theories of narratology, aesthetics, affect, and reading, that reconsider time and narrative. With its focus on narratives of illness and disability, graphic medicine begs further consideration of where these theories cross-pollinate, which could promote a paradigm shift necessary for the advancement of the field. This collection offers some possible future directions for work in creative and critical graphic medicine derived from deeper forms of engagement with lifewriting, disability, and literary studies.

This shift is already underway amid the COVID-19 pandemic, as care workers and national and multilateral health agencies have fought a pitched battle regarding information about safety measures to prevent the spread of COVID, the realities of the disease, and the safety of vaccines. During the first year of the pandemic, infographics returned as an important mechanism for intervening in public behavior to try to curb the spread of the highly contagious virus. In the US, NPR (National Public Radio) commissioned comics for a special series titled *Coronavirus, Illustrated* that provided informational comics for adults and children on the virus, the wearing of facemasks, and how to support a loved one who has caught the virus.[1] In India, cartoonists became active proponents of evidenced-based approaches to controlling the virus, making comics that responded directly to misinformation (Upadhye). As the months wore on, infographics were supplemented by comics told from the perspectives of frontline healthcare workers, especially nurses, which depicted dire conditions in busy hospitals, and the dissonance many healthcare workers experienced when faced with members of the public who appeared skeptical about the severity of the virus and its impacts (Kellman, Rott, and Seliger; "COVID-19 Comics: By/About Caregivers"). These narratives appeared in mainstream media outlets and on the social media accounts of health professionals who published comics directly on platforms such as Instagram. So far, there appear to be few comics told from the perspective of patients ("COVID-19 Comics: By Patients"), which in part reflects the severity of the illness and the emerging picture we have of its lasting physical and psychological impact.

While autobiographical comics about contracting COVID-19 have yet to emerge, we can safely assume that collaborations between artists and patients, and artists' reflections on their own experience of the disease and its effects, will be of interest to both the general public and health professionals.

Graphic Medicine, Life Writing, and Disability Studies

As the above overview establishes, graphic medicine emerged through the extension of the principles of narrative medicine to comics. This extension had two purposes that will be familiar to scholars of life writing. The first was to advocate for the role of illness and disability narratives told in comics as a form of knowledge *and* as a communicative medium within the discipline and practice of healthcare (in the training of medical professionals, in interactions between these professionals and patients, and as a form of communication that could facilitate knowledge sharing between patients) (Williams, "Graphic Medicine" 21). The second purpose was to critically integrate patient perspectives, in the form of comics pathographies, as sources of knowledge about the practice of healthcare and specific illnesses and disabilities, and about the role of narrative as a practice for making meaning about illness and disability in the social field. Indeed, by expanding the principles of narrative medicine and insights from science studies, graphic medicine insists that medical practice is inherently social. At the same time, it draws on insights from disability and science studies that emphasize the social dimensions and implications of medical practices.

Thus, proponents of graphic medicine argue, wider production and engagement with narratives of illness, disability, and care in comics form could lead to changes in the understanding of specific conditions (Williams, "Graphic Medicine" 22), inform physicians' dispositions towards their practice (Green and Myers), and encourage reflection on medical and literary training in relation to the construction of identities based on specific knowledge and skills (Green 72–76; Squier 55–59). In the graphic medicine framework then, narratives about medical care written by patients and medical professionals are identity work that is both a practice and a product (Poletti and Rak 8–9) that can be studied, analyzed, and taught. Understood this way, these narratives hold the potential to transform the everyday doing of medicine and what counts as consequential knowledge within the medical field, while also expanding our knowledge of an area where life writing plays a vital role in sociality, survival, care, and dying. Thus, graphic medicine shares with lifewriting scholarship the challenge of accounting for the impact of personal storytelling on specific discourses (medicine) and the diversity of roles it plays in the social field more broadly. Key to this interest is the recognition that personal storytelling is a unique form of knowledge production, along with attention to the forms of speaking and listening this requires.

In early work establishing the principles of narrative medicine, Rita Charon articulates the importance of narrative as a unique epistemological practice by juxtaposing it with "logicoscentific knowledge," the dominant form of knowledge within medicine:

> Unlike its complement, logicoscentific knowledge, through which a detached and replaceable observer generates or comprehends replicable and generalizable notices, narrative knowledge leads to local and particular understandings of one situation by one participant and observer. Logicoscientific knowledge attempts to illuminate the universally true by transcending the particular, narrative knowledge attempts to illuminate the universally true by revealing the particular. (1898)

A reader from the field of life writing familiar with the arguments of feminism, postcolonial theory, and poststructuralism may find such an appeal to "the universally true" an uncomfortable (or even impossible) starting position. Such a reader might prefer to begin with the more familiar claim about the dangers of claims to universal knowledge, despite Charon's attempts to resituate such truth as resulting from a revelation enabled by attention to the particular, rather than produced by transcending it. Notwithstanding different points of departure regarding epistemology, graphic medicine's extension of Charon's founding argument for recognizing narrative as both an inherent form of communication (we tell stories to each other to tell each other things) and a form of knowledge resonates with the founding arguments and perspectives of lifewriting studies, particularly work from the mid-1990s by Anne Hunsaker Hawkins and Arthur W. Frank that delineated the literary genre of pathography and argued for the importance of narrative to the experience of illness and healing, respectively. Indeed, scholarship on graphic medicine from the perspective of health practitioners renews and expands this earlier work that examined the transformative potential latent in personal stories and storytelling about illness and care. It also provides opportunities for those of us with humanities training to contribute to discussions of ethics within the medical field (Gardner, "How"). But as lifewriting studies and graphic medicine scholarship also consistently argue, this potential can only be activated when readers (whether they be doctors or other medical professionals, patients, loved ones, or anonymous members of the public) adopt a perspective of openness to being transfigured by the story (Warner). Which forms of information about the world matter, and how that significance is registered in the world, is at the heart of lifewriting studies and graphic medicine as scholarly fields and creative practices.

It is unsurprising then that lifewriting scholars have begun to engage with graphic medicine explicitly. For example, G. Thomas Couser, a leading critic of life writing and disability, has turned his attention to comics ("Is There a Body"), and Nancy K. Miller has continued her uniquely important mode of feminist criticism by reflecting on her own turn to cartooning in response to her diagnosis with stage 3B lung cancer in 2011 within the larger context of comics memoirs about cancer ("The Trauma"). Both essays focus on narratives of illness or of care by loved ones and exclude narratives by medical professionals that reflect on the identity of the healthcare worker, and both demonstrate that identification between the reader and the protagonist is central to the latent transformative potential of life writing as practice and product. Miller and Couser acknowledge the therapeutic power of life writing about illness by those who experience it, as well as the uniqueness of comics as a medium for exploring the complex and powerful forms of embodiment that define the experience of illness and the meanings attached to those experiences socially and within medical discourse.

Couser and Miller's overall agreement, however, is accompanied by quite divergent positions regarding the potential of comics as a unique form of personal storytelling that combines linguistic and visual signs. Couser positions comics within his existing theory of memory (advanced in *Memoir: An Introduction*) as the "most accessible literary genre" ("Is There A Body" 347), agreeing with graphic medicine scholars who argue that the linguistic simplicity of comics may make the medium suitable for readers who may not read prose life writing (Green and Myers 576). Yet the very power of comics to amplify meaning through visual simplification is positioned as a threat to its effectiveness because, Couser argues citing numerous examples, visual simplification risks sanitizing the experience of illness, and could weaken the power of life writing to communicate bodily reality and its meaning ("Is There A Body" 353–63). Miller's essay, on the other hand, is informed by her longstanding attention to life writing as a relational and feminist practice, and is a continuation of her own feminist scholarly praxis. Reflecting on her turn to comics and collage in response to her diagnosis, Miller focuses on the affordances of the comics medium to render (a more complex process than communicating) the unique tensions and ambivalences that characterize the life world of the cancer patient, which she characterizes as "living with the prospect of death, suspended between the unbearable present of treatment and the unknowable future, the fear of recurrence, triggered and retriggered by constant testing" (221).

In the next section, we discuss how these differing approaches illuminate the ongoing tension scholars and practitioners face when seeking to reconcile life writing as a claim to knowledge that thus requires a certain level of intelligibility, representativeness, and transferability, and the reality that life writing demands aesthetic innovation because it is a cultural practice that responds to the need to establish forms for speaking about experiences and identity practices that are not widely acknowledged or easily integrated into existing knowledge regimes (Gilmore, *Limits* 9). As fields, graphic medicine and lifewriting studies share the task of advocating and accounting for the importance of narratives of individual lived experience as a source of knowledge that is consequential for future forms of action on issues of shared importance (such as medical care), while also critiquing the terms under which personal experience becomes intelligible and is acknowledged. In what follows, we outline some of these points of overlap, exploring these tensions as constitutive of the very potential of life writing to be a disruptive and transformative practice and archive within established discursive regimes. We also hope to demonstrate how the fields of graphic medicine, life writing, and comics studies benefit from close dialogue on these issues, which is also the motivation behind this collection.

The Poetics of Comics

That comics is not a literary genre but rather a medium in its own right, composed of complex images that have to be read—rather than perceived—to be understood by readers both juvenile and adult, while well established in comics studies, has been overlooked by many of our colleagues in literary studies, as well as those further afield, who tend to focus their inquiries on the textual narratives of the comics they explore, at times relegating the images to mere qualifiers. In such cases, logophilia and iconophobia go hand in hand, as does, at least for some literary scholars who turn their attention to comics, an imperative to stick with what they know (words) when interpreting comics, lest they fall into W. J. T. Mitchell's trap of "literary scholars moonlighting in the visual arts" (84). As comics artist and scholar Will Eisner reminds us, comics

> presents a montage of both word and image, and the reader is thus required to exercise both visual and verbal interpretive skills. The regimens of art (e.g. perspective, symmetry, brush stroke) and the regimens of literature (e.g. grammar, plot, syntax) become superimposed upon each other. The reading of the comic book is an act both of aesthetic perception and intellectual pursuit. (8)

As Mitchell and Eisner establish, writing criticism about comics requires interdisciplinary skills in the close reading of words and images and their interplay, a skillset still not regularly taught in literary studies programs. This is apparent in the widespread adoption of the term "graphic novel" to refer to particular comics as a genre of literature. Originally coined by Richard Kyle in 1964, and later popularized by Will Eisner with the publication of his 1978 *A Contract with God and Other Tenement Stories*, the term "graphic novel," despite signaling fiction, has largely been used to describe works of memoir and autobiography, with Art Spiegelman's *Maus*, Marjane Satrapi's *Persepolis*, and Alison Bechdel's *Fun Home: A Family Tragicomic* serving as the trifecta of its unofficial canon. "Graphic novel" is a misnomer for such works on two counts (form and content), and reflects the move to incorporate comics into the literary canon by subsuming them into the existing schema of high culture (Baetens; Labio; La Cour; Gardner, "How"). As scholarship on these canonical texts in lifewriting and memory studies has developed, the term has begun to lose its impact within comics and literary studies, despite still being widespread in other areas of academia and popular culture. By recasting "graphic novel" as "autographics" (Whitlock, "Autographics"), "graphic narrative" (Chute and DeKoven), and various similar iterations, lifewriting studies has carved out a new space for the study of comics that eschews claims to the importance of "literariness" in favor of a focus on representation, expression, and narrative—that is, how the poetics of the medium contributes new insights into the study of life writing. Yet the questions of how the close reading practices taught in literary studies can be adapted to the comics medium and what the adaptation requires in terms of scholarship and teaching remain open (Gardner, "How").

Comics narrate stories through the combination of sequential, often paneled, images and text that are often set apart from each other by gutters of space on the page, which from the outset shift how we understand the role of representation in life writing. As comics scholars Hillary Chute and Marianne DeKoven write:

> the diegetical horizon of each page, made up of what are essentially boxes of time, offers graphic narrative a representational mode capable of addressing complex political and historical issues with an explicit, formal degree of self-awareness. (769)

Clearly, these "boxes of time" present a different means of representation than strictly textual forms of life writing. Held within the panels are images of a particular moment of the author's life, each one a box of time set apart by gaps, which work to visually depict the author's fragmented expression. In the exclusionary frames and the blank space of the gutter, there is a discourse on the limits of representing the self in life writing, as these formal elements simultaneously point to the subjectivity of personal experience and the disjointedness of memory. In the comics medium we see the author's dis-membered experience re-membered in an attempt to tentatively create a narrative of recovery. A number of the contributions to this collection demonstrate how this affordance of comics makes it possible for artists to render the profound shifts in time that accompany illness, treatment, and care. Nancy K. Miller considers how cancer's shift from a terminal to a chronic illness challenges traditional understandings of narrative progression, while Jared Gardner reflects on the fundamental questions the experience of chronic disease raises for narrative and aesthetics by examining the "excruciating boredom" and uneventful circularity of being immunocompromised.

As Gardner and Miller show—in keeping with media theorist Marshall McLuhan's adage that the medium is the message—the "boxes of time" that are a basic feature of comics further alert readers to the poetics of comics by offering a wealth of visual information within the frames, while visually reminding them of what is excluded from the images and what is missing between the panels. As Marianne Hirsch elaborates, "comics highlight both the individual frames and the space between them, calling attention to the compulsion to transcend the frame in the act of seeing" (1213). While the panels limit the reader's visual scope, the gutters further highlight that vision is blocked by marking the gaps in events between the panels. The medium thus makes readers constantly aware that they are only able to see what they are being shown—that is, what the author remembers and chooses to reveal. Because of their limited vision, readers are positioned to question what is outside and between the frames, to consider if there is more to the story, and to actively participate in re-membering the boxes. They must work to keep pace with the narrative, though there are pieces missing, bridging the gaps in information for themselves. As comics scholar Thierry Groensteen explains of the gutter, "More than a zone on the paper, it is the interior screen on which every reader projects the missing image (or images)" (113). Thus, readers are further prompted to question how memory, narration, and the creation of images work, and to ponder the possibility of the experience being represented in other ways.

The paneled images and the gutter space within comics thereby reveal the nature of trying to both represent and comprehend the untenable and unreconcilable. The spatial layout of comics works as a diagram of this problematic, revealing parts of the equation, parts of the experience, but never a complete image or final account. In this way, the medium materializes a perspective on lived experience that emphasizes that it cannot ever be accurately or completely represented because of its inability to be fully grasped. Like all life writing, it suspends the categorical distinction between truth and falsehood, and offers instead a point of view on lived experience that suggests that fragmented pieces of information *and* the gaps in between, but never a fully re-membered story, are as close as any account of life can get. The spatial layout of comics therefore not only works as a commentary on our efforts to understand experience and to reconstruct memory through narration and visual representation, it also serves to tie the two ideas together: through restrained vision and gaps, comics calls the reader to the space where we confront the difference between seeing and not seeing, of knowing and not knowing—the very fundamentals of remembering, reconstructing, and making sense of experience.

This confrontation is central to how comics work with affect. Through the use of images, comics incite an affective experience in readers by drawing them into the story while at the same time prompting them to consider how feeling influences their interpretation of experience. Art critic Jill Bennett notes:

> [While] words can be put into the service of sense memory, vision has a very different relationship to affective experience, experience which whilst it cannot be spoken as it is felt, may register visually. The eye can often function as a mute witness through which events register as eidetic memory images imprinted with sensation. (28)

As Bennett discusses, not only is vision engaged in the process of experiencing and registering memory, but the creation of images is also a means of recounting experiences and memories distinct from textual language. Comics employ images for both of these reasons—to explore how life is experienced, and how to effectively and affectively recount it. For example, in a conference presentation in 2002, comics artist Joe Sacco spoke about an interview he conducted with a Palestinian former detainee of the Israeli military for *Palestine*, a journalistic account of his own and his interviewees' experiences of the ongoing Israeli-Palestinian conflict. After hearing one detainee's descriptions of his torture, including being forced to wear a hood soaked in urine, being tied up in uncomfortable positions, and being sleep-deprived for days, Sacco felt confronted with the decision of how to visually depict not just the external, but also the internal torture to which the man was subjected and which he had recounted (figs. 2–5):

> At a certain time, he began to hallucinate and imagine things and he was almost beginning to lose his mind. . . . So, as I was drawing I was thinking how am I going to emphasize this to sort of add some impact. So, what I started doing was, as the story moves along, you can advance the frame, I started putting some more panels on a page, basically to make his situation more claustrophobic, to sort of reduce him and reduce the world he's in, reduce the box. ("Presentation")

Sacco's reflection on his method illuminates how comics can effectively use the visual to represent experience. What he accomplishes in these panels goes beyond mere visual representation of the trauma of this man and his country. His drawings of the hooded prisoner seek to elicit an affective response by creating a more condensed reading experience (negotiating more panels on the page), which produces in the reader a non-identical feeling of claustrophobic entrapment parallel to the subject's in the panels.

Such complex interactions between the page and the reader's affect are explored in this collection. Crystal Yin Lie and Julia Watson examine how the use of the page—in panels, collages, and borderless images—can bring the reader, as a "mute witness," into contact with the body as a site where intergenerational trauma is registered and expressed. Their readings of Dana Walrath's *Aliceheimer's: Alzheimer's Through the Looking Glass* and Miriam Katin's *Letting It Go*, respectively, demonstrate how embodied memory shapes the lived experience of child survivors of genocide (the Armenian genocide in the case of Walrath's mother Alice, and the Holocaust in the case of Katin) in the present, and presents the next generation with opportunities to confront and understand their own relationship to the past. In both cases, Lie and Watson show, the reader is drawn into a dynamic scene of reading that attends to how traumatic collective events of the past resonate in everyday bodily practices such as eating and sleeping.

Similarly, the text in comics works to further materialize and personalize the nature of lived experience and its representation.

Figure 2. © Joe Sacco, *Palestine*, Fantagraphics, 2001, p. 103. Reproduced with permission of author.

Figure 3. © Joe Sacco, *Palestine*, Fantagraphics, 2001, p. 105. Reproduced with permission of author.

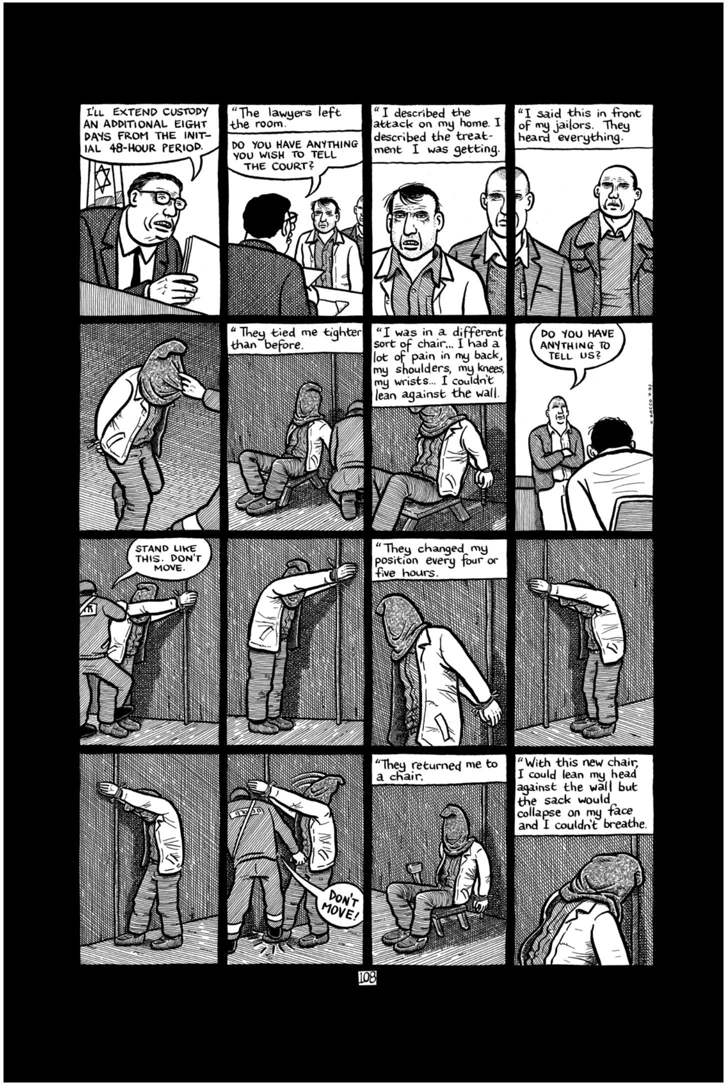

Figure 4. © Joe Sacco, *Palestine*, Fantagraphics, 2001, p. 108. Reproduced with permission of author.

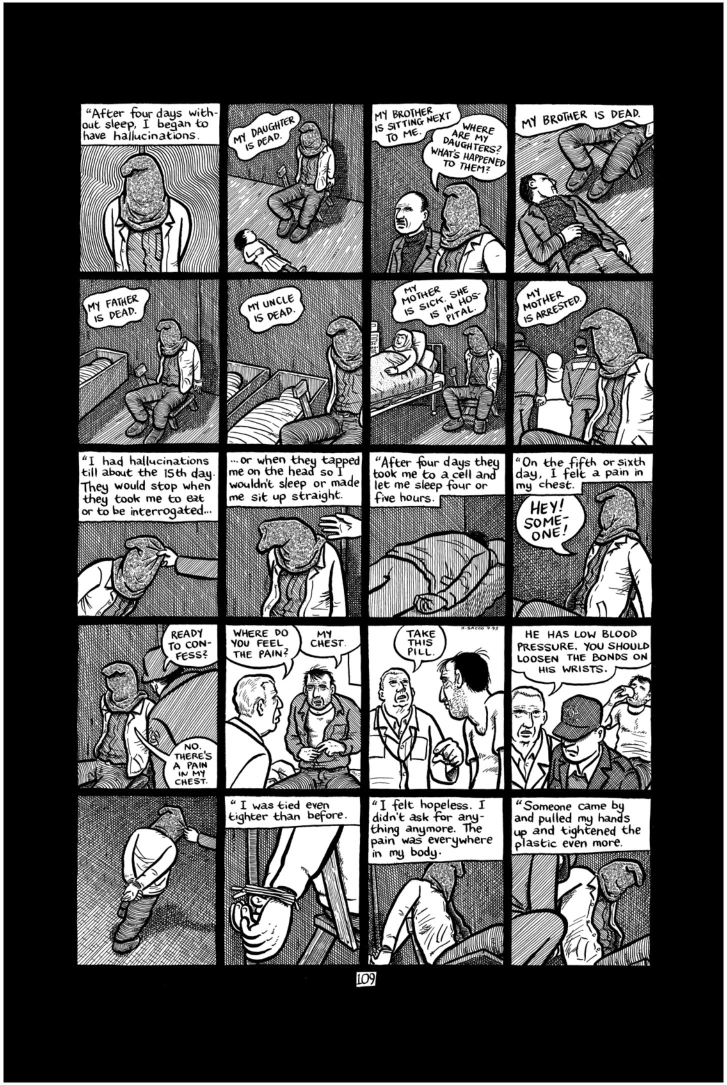

Figure 5. © Joe Sacco, *Palestine*, Fantagraphics, 2001, p. 109. Reproduced with permission of author.

Through the use of handwriting—sometimes in various styles—readers are consistently reminded of the individuality of the voices and points of view presented in the work. As Friedrich Kittler has asserted, handwriting offers a trace of the human, a “private exteriority” that lies in contrast to the “anonymous exteriority of print” (108). But the idea of the human trace found in handwriting can also be subject to self-reflexivity and commentary in comics, as handwriting is simulated on the page through a scanned image, a copy, a simulacrum of the author’s hand (distinct from a handwritten letter or personalized zine), or a typeset font created from the artist’s handwriting. So, while comics uses handwriting to suggest a closeness and immediacy, that comics are published online or in print technically demands that this closeness and immediacy is materially mediated, rather than directly presented to the reader, a key point that is central to its poetics and materiality.

But what about color, line, and style? Returning to the example of “Shouted at Reflections,” when we interpreted the red walls, we fixed the meaning of red in relation to the man’s discomfort in the service of our desire to read the comic as a story about the lived experience of dementia. Yet, as a color used and interpreted in a specific cultural context, red could also denote love, passion, rage, or murder. What if the carer the man looks toward in the first panel is his life partner? The red on the walls could denote the love fueling the care that person offers. From this perspective, the anger and rage he voices could also be read as theirs—the anger they could rightly feel as dementia has stripped them both of their shared history and a sense of a shared present. As literary scholars know, the point of an interpretation is never to claim a work has a single meaning. Yet how does this understanding of the aims of literary reading, the inherent openness of aesthetics, and the unique capacity of the comics medium to hold open the scene of reading relate to claims in graphic medicine about representations of illness and disability in comics?

Reading

As suggested by our discussion of comics poetics and the tension between Miller’s and Couser’s perspectives on comics about illness, graphic medicine provides lifewriting scholars with an important intervention by making familiar claims about the effectiveness of life writing within the broader interdisciplinary project of the medical humanities. What can lifewriting scholars add to the burgeoning interest in life writing in comics form, and how might this new field of interest provoke lifewriting scholars to think differently about life writing? It is clear that the medical humanities offers a perspective from which humanities fields can reflect on their core interests, because the medical humanities provides us with the opportunity to learn how, for example, life writing can function in the space of medical education, patient outreach, and health communication. Just as interest in life writing in philosophy (Butler), history (Caine; Hartman), and sociology (Plummer; Stanley) influences the claims literary scholars make about why life writing matters and what it can do, graphic medicine offers lifewriting scholars and practitioners a new group of thinkers, artists, and teachers to talk to. When it comes to claims about readers and reading, graphic medicine raises some familiar questions in new contexts about the possible uses and limits of autobiographical truth—“an intersubjective exchange between narrator and reader aimed at producing a shared understanding of the meaning of a life” (Smith and Watson, *Getting a Life* 16)—and, for example, claims about the value of recognition in literary reading (Felski 48–49) and compassion in ethics and politics (Berlant), which, as we argued in the previous section, must be responsive to the poetics of comics. What kinds of readers are implicitly constructed through claims about the work that reading life writing does? And how might graphic medicine’s focus on specific kinds of readers engaged in institutionally and discursively grounded contexts (medical discourse) add to thinking about the work that life writing can do?

From the perspective of advocates for graphic medicine within the medical profession, comics about illness and disability "have become powerful tools in medical education and patient care," because reading about the lived experience of illness and disability can provide medical "practitioners and trainees" the opportunity to "discover details they might not have known or fully understood about how an illness can impact a person's daily living," and patients can "learn new information from others" who have the same conditions of diagnosis by reading their stories (Myers and Goldenberg 158). But as our discussion of "Shouted at Reflections" indicated, we may be more cautious in claiming that the meanings readers glean from a given comic qualify as something as stable and repeatable as "information" that can be easily inserted into the discursive regime of medicine. At the same time, the assertion that reading life writing can enhance the reader's understanding of the world by providing new information is in keeping with foundational claims in lifewriting studies. This is echoed by Nancy K. Miller, who suggests that reading comics memoirs about cancer "can bring the solace of identification—or empathy; and one day, perhaps, in the right hands, these memoirs might make for more humane treatment from oncologists and surgeons" (221).

Yet, as our discussion of the poetics of comics above indicates, and as four generations of lifewriting scholars including Miller have shown, this desire to make claims about the representational, communicative, and informational power of life writing must be tempered with recognition of the inherently open, unstable, and deeply complex aesthetic encounter that reading entails. This is particularly relevant to graphic medicine if the field is to avoid unconsciously reinscribing the erroneous characterization of comics as a medium of simplification that has been so comprehensively critiqued and disproven by work in comics studies. And, as Kiene Brillenburg Wurth shows in her analysis of the microscripts of Robert Walser for this collection, it is not just comics, but other forms of artistic expression that explore the possible combinations of image and text and their amalgamation that disrupt a mode of reading that seeks to too quickly assimilate the meaning of the work to preexisting frameworks for understanding the lived experience of illness. Brillenburg Wurth's examination of Walser's microscripts productively expands the purview of graphic medicine beyond the form of comics to "outsider art." In so doing, she contributes to a key question motivating this collection. How does the scholarship and practice of graphic medicine navigate the impulse to affirm the meaning-making and world-changing power of life stories while acknowledging the openness of textuality, which inherently tempers the desire to fix a text's meaning and utility?

Negotiating this question has been central to the study of life writing, to queer and feminist scholarship on reader's engagement with popular culture, and to recent work on reading such as Rita Felski's in *Uses of Literature* and *Hooked*. In lifewriting studies, we are equally concerned with everyday forms of speaking about the self and lived experience, such as the CV (Stanley; Smith and Watson, *Getting a Life*); social media (Rak, "The Digital Queer"; Maguire); juridical contexts where testimony to lived experience serves the course of justice (Gilmore, *Tainted Witness*; Kennedy; Franklin et al.); and aesthetic practices in visual art, literature, and film that advance the cultural and social understanding of why and how life writing matters (Gilmore, *Limits*; Whitlock, *Postcolonial*; Poletti). Balancing these interests with the fact that narrative (in text or images) shapes the very process of having an identity, as well as being the way that identity is communicated to others (Butler; Eakin), requires a constant shift in attention between the social, and for lack of a better term, the textual. Added to this is the question of the economic: as Julie Rak argues in her study of the memoir boom, lifewriting scholarship must also contend with life writing as a product produced within the print cultural industries—something also true of comics, which has its own distinct political economies (e.g., the auteur and the commercial). As Rak has shown, acknowledging the role of industrial or artisan production necessarily complicates any claims we may wish to make about who reads memoir and why—a claim echoed by Jared Gardner in his discussion of Hillary Chute's *Why Comics?*, in which he observes that her text largely ignores popular forms of comics read by young people, the future students and scholars of the field:

> the students new to comics studies entering my classes will have encountered one (Art Spiegelman's *Maus*) and maybe another (Alison Bechdel's *Fun Home*) of the texts central to *Why Comics?* But if they are already regular comics readers, as roughly half of them will be, their experience will have been dominated by comics—*Calvin and Hobbes*, Web comics, young-adult comics, manga—that are largely unacknowledged by this book and by comics studies as a whole. ("A Nice Neighborhood" 595)

For Rak and Gardner, lifewriting and comics scholarship are highly attentive to the discourses and aesthetics of their chosen areas but have been less concerned with texts marketed to "ordinary readers" (preferring instead to focus on critically successful works) (Rak, *Boom!* 3).[2] Readers, these scholars make clear, are engaged in personal, social, and political work when they read life writing or comics—or life writing in comics form. Rak's introduction to *Boom!* works in the vein of personal criticism to situate the memoir boom as a commercial practice that appeals to "ordinary readers." These are "readers who are interested in the world around them but who also want to read about places and people that are not accessible to them in their immediate lives" (3). Similarly, Gardner strikes a personal note as he contemplates how the elevation of comics within the academy via the artisanal and more literary uses of the medium can be reconciled with the comics that are more widely read ("A Nice Neighborhood" 595–96). These debates in comics and lifewriting studies have something to offer graphic medicine, given the centrality of claims about readers and reading to its mandate. Are "ordinary readers" the same readers imagined by graphic medicine? Yes, and no. In the context of medical training, graphic medicine posits a different kind of reader, one more complexly motivated than Rak's grandmother, who enjoyed biographies and Camel cigarettes on the porch of her summer house, or Gardner's future students, who have read manga or comics for young people. Kimberly R. Myers and Michael D. Goldenberg, key proponents of the role of comics in medical training, characterize the reader of graphic medicine as follows:

> The two key goals of medical practice are competence and compassion. In order to be competent, one must understand illness in all its complexity—that is, both its pathophysiology and its impact on the patient on a social and emotional level. Physicians must come to know and comprehend a patient's story, perhaps especially how the patient experiences illness when she is not in the doctor's office. An awareness of this lived experience of illness helps physicians help their patients to manage disease and its sequelae. (158)

When positioned squarely within the discursive regime of medicine, graphic medicine, like narrative medicine, is framed as a practice that will *enhance* certain elements of medical practice as it is currently understood, taught, and undertaken. Thus, the imagined reader of graphic medicine is oftentimes a doctor or other medical professional who has a professional relationship to stories of illness and disability and who is in a uniquely powerful relationship to the storyteller constructed through the power/knowledge dynamic of medicine and its social status (Charon 1900). The doctor in training as reader is in the process of being trained in a professional identity that holds unique forms of power and responsibility. "Fundamentally," Michael J. Green writes in his chapter advocating for the use of comics in medical education in the *Graphic Medicine Manifesto*, "medical education is concerned with teaching students how to think and act like doctors" (72). Broadened to consider that doctors are only one kind of health professional (alongside nurses, technical staff, researchers, and others), Green's claim is representative of the repeated insistence in graphic medicine scholarship on medical training as identity work.

As Green explains, the attainment of professional competence through medical training is also the acquisition of an identity (that of the physician or other healthcare worker) holding a unique position within society that requires proficiency in listening to and reasoning from "scattered bits of information elicited from patients' stories (the medical history) and their bodies (the physical exam)" to make a diagnosis and treatment plan (72–73). Thus, graphic medicine imagines a reader constituted by their professional identity, with a job to do, as well as an ethical responsibility to be a listener capable of discerning the relevant information about the impact of illness or disability on the patient's body and living. Yet, as a number of contributions to this collection that explore the intersection of graphic medicine and disability studies demonstrate, this creates a tension regarding what ramifications reading patients' stories can or might be imagined to have on medical professionals and their practice. There is a stark difference between the medical professional who reads to enhance their narrative medicine skills in order to elevate their diagnostic competence and ability to communicate with patients (Myers and Goldenberg; Green) and the professional who reads in such a way that the question of their competence and the limits of their knowledge is opened up through the insights offered by the patient's story (Whalen, Foss, and Gray). "With narrative competence," Charon argues in her foundational article on narrative medicine, "multiple sources of local—and possibly contradicting—authority replace master authorities; instead of being monolithic and hierarchically given, meaning is apprehended collaboratively, by the reader and the writer, the observer and the observed, the physician and the patient" (1898). Scholars of life writing and graphic medicine might become more interested in how this radical repositioning of the physician's knowledge of illness or disability can be taught within the necessary development of trainees' ability to think and act like medical professionals.

And What about the Artist as Patient as Reader?

> *Most of the cancer comics I've read—almost all—have a comedic structure, by which I mean a happy ending. The horrors of treatment are rewarded by recovery: the model put in place by Harvey Pekar in one of the earliest graphic cancer memoirs, Our Cancer Year (1994). Cancer free. "Not a trace!" Now, hold on, you may well say, what's wrong with that? Do I wish my fellow cancer sufferers to die narratively, which is also to say die from their cancer? That's not it. And it's not only about cancer. What about a story that would trail off at some point à la Beckett, or Chekhov? "I can't go on, I'll go on."*
>
> —NANCY K. MILLER, *"Is this recovery?" in this collection*

> *I first encountered the power of graphic medicine before I knew it had a name. In 2006 I had been sent to the Mayo Clinic in search of an elusive diagnosis during what would prove a practice tour on the merry-go-round. For a week, I sat in the clinic's waiting rooms with the duffel of comics I had brought with me, almost all of which turned out to be stories about medicine, the body, and illness.*
>
> *At the time, I thought it was a coincidence, or the result of my own unconscious attraction to narratives about the search for pathways out of the dead end of a few years of undiagnosed pain and physical decline. All I knew for certain was that these comics were growing increasingly important to me with each new specialist, each new test, each new failure to produce from their increasingly expensive machines the "objective data" that would match up to my own narrative of my pain.*
>
> —JARED GARDNER, *"Out of Sync" in this collection*

Figure 6. Page from Safdar Ahmed's "Graphic Confessions and the Vulnerability Hangover from Hell" in this collection.

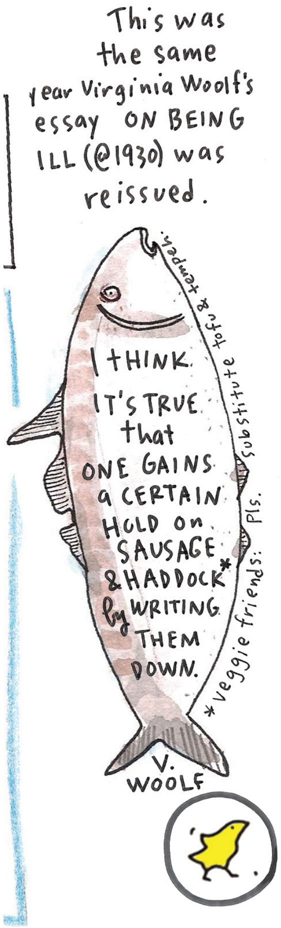

Figure 7. Detail from Suzy Becker's "If That's What You Want to Call It: An Illustrated Rx-ay" in this collection.

Figure 8. Detail from John Miers's "Conflict or Compromise?: An Imagined Conversation with John Hicklenton and Lindsay Cooper about Living with Multiple Sclerosis" in this collection.

In their contributions to this collection, Nancy K. Miller, Jared Gardner, Safdar Ahmed, Suzy Becker, and John Miers offer us insights into patients' reading and listening experiences that expand our understanding of what precisely might happen when people coming to terms with illness or disability encounter their condition and recovery narratives of others in comics, in life writing, or in lectures. Each speaks from the position of their own condition and its effects on their body (Crohn's disease, brain surgery, multiple sclerosis, myalgic encephalomyelitis, and lung cancer that is categorized as a chronic illness), their sense of self and the life they are leading, and as artists and readers. From the tangential (Becker), to the self-reflexive (Miers), the confessional (Ahmed) to the literary-critical (Miller and Gardner), and in varying degrees of detail, these reader-patient-people-artist-thinkers reflect on the diverse and dynamic forms of reading that the patient as "ordinary reader" of graphic medicine brings to the illness and disability narratives of others. As their contributions vividly illustrate, some people do read the illness and disability narratives of others in order to understand the ramifications of conditions, diagnosis, treatment, and prognosis, and how they intersect with the sense of self, the capacity to live, and their relationships.

From the perspective of theories of reading in literary studies, a wide variety of reading styles are depicted, unpacked, and theorized in these contributions. These pieces give a rich and complex account of the role of identification and disidentification, the movement between paranoid and reparative reading strategies, and how reading functions as a balm for the affective intensity of illness and disability and produces its own vast array of affective responses. Individually, and taken together, the contributions demonstrate the unpredictable nature of opening oneself up to the perspectives and experiences of others when undergoing a profound, and profoundly destabilizing, experience that one is also trying to communicate to others. Such accounts of reading and listening to others—indeed our own experience of reading, for example, the final page of Miers's comic in this collection—complicate claims in graphic medicine that "for a patient and family member who wants to learn about a disease," life writing about illness (whether in comics or other forms) "can be disarming—an inviting, nonthreatening way to familiarize oneself with a condition that is perhaps itself inherently threatening" (Myers and Goldenberg 159). Each of these contributions suggests that far from allaying feelings of hostility or suspicion, when patients encounter the accounts of illness or disability by others, the experience can be deeply ambivalent or overwhelming, or it may amplify the patients' fears, questions, anxieties, and frustrations. Acknowledging this allows us to consider graphic medicine (where the "medicine" is understood as the therapeutic value of reading about others' experiences in order to speak about one's own) as medication that will interact with each person differently, to be prescribed with due care and follow-up.

The prospect of being unsettled by the depiction of lived experience of illness is also central to the work of the artist whose original artwork is on the cover of this collection. Grant Gronewold, also known as HTML Flowers, was born with cystic fibrosis in Illinois and migrated to Australia with his mother and brother at age eleven (Cartwright). A prolific artist working across zines, comics, and music, Gronewold's work speaks about the lived experience of disability with an explicit rejection of the position of advocacy: "I'm not really trying to promote some message about disability or whatever, I'm just trying to be complicated as a disabled person, which is something we're denied" (Trimboli). Working in comics and single images (sometimes drawn directly on forms or other types of paperwork associated with his healthcare), Gronewold's artwork rejects the explicitly confessional or testimonial mode of life writing. The protagonist of his zine about a chronically ill young queer person named Little works in the space of autofiction rather than the autobiographical,[3] posing additional challenges for theories of reading in graphic medicine that rely on an explicitly referential relationship between the lived experience of the artist and the stories they tell. Gronewold's autofictional images, comics, and music speak through personas that share some key features—youth, genderqueerness, recreational drug use, sexuality, and a plain-speaking rejection of the platitudes commonly used to frame chronic illness. Gronewold's art does not seek to translate the experience of chronic illness; rather it gives audiences the opportunity to learn the language—verbal, visual, and sonic—that Gronewold has developed to describe his world:

> I started to talk about what it means to be disabled because I just wanted to accept myself. I'm an angry person. I have to be. It's a way to survive when you have to live like I live. And I think for a long time I was really ashamed of that anger. (Trimboli)

As the artists and scholars in this collection demonstrate, the complex and not-always pleasant encounters with the narratives of others are, perhaps, the hallmark of graphic medicine. Indeed, each of the contributions ultimately establishes how a willingness to be discomforted by the stories of others leads to new insights, forms of acceptance, and the enhanced ability to speak to others about the lived experience of illness and disability. It is this ability to generate a diverse range of encounters that can influence individual and collective understandings of illness and disability that we believe lies at the heart of graphic medicine as a practice, and makes it a vital new area of life writing.

Notes

1. See also “COVID-19 Comics: Educational.”
2. See also Gillian Whitlock’s discussion of the display of life writing from Afghanistan in the Melbourne airport in 2003 and her analysis of the commercialization of women’s life writing from Afghanistan in the context of the War on Terror (*Soft Weapons*, 45–68).
3. See Gronewold’s online store for examples of *No Visitors* and other zines about chronic illness (HTML Flowers).

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