Reflections on the Boom of Graphic Pathography: The Effects and Affects of Narrating Disability and Illness in Comics

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Gesine Wegner

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The Effects and Affects of Narrating Disability and Illness in Comics

Gesine Wegner

Technische Universität Dresden

Over the past decade, autobiographical comics that focus on experiences of illness and disability—a genre also known as "graphic pathography"—have not only received increasing recognition from literary critics and scholars but have also sparked an unprecedented interest in comics by health professionals. This article contextualizes and critically reflects on the increasing popularity of autobiographical comics and their frequent engagement with experiences of illness and disability. What effect does the merging of the textual mode and the visual mode have on the affective strategies employed by graphic memoirs of illness and disability? Considering the affective strategies they employ, what cultural work is done by these memoirs? In this article, I problematize some of the cultural assumptions that form the basis for the current popularity of graphic pathographies in the US and their use in medical training. Rather than a mere critique of medical practices, graphic illness, and disability narratives not only reflect but also reinforce medicine's typical reliance on the visual mode. This analysis sheds light on, among other things, the ocularcentrism that takes effect whenever visual modes of storytelling are privileged in order to create emotional and thus supposedly meaningful responses to disability.

Introduction

"A picture is worth a thousand words." In a world marked by an ever-growing presence of images, this popular idiom seems to have become an essential premise for communication. While many of us post pictures and memes on social media, universities and other institutions extend the visual elements on their websites and companies continue to rely on visual branding as an essential means of recognition. Conveying ideas and feelings through images and icons has become an integral part of communication in a digitized world (King and O'Brien 40).[1] Dating back even further, the growing presence of

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[1] The popularity of emojis suggests that emotions and their representation are an integral part of this widespread use of images and icons.

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digital images and the scholarly interest therein can be understood as a more recent current of what W. J. T. Mitchell famously coined the "pictorial turn." In his 1994 book *Picture Theory*, Mitchell argues that "while the problem of pictorial representation has always been with us, it presses inescapably now, and with unprecedented force, on every level of culture, from the most refined philosophical speculations to the most vulgar productions of mass media" (16). Perhaps unsurprisingly, the increasing merging of the textual and visual mode in everyday life has had a significant impact on educational practices and research. While some scholars have dismissed the epistemological value of images, more recent publications have stressed the advantages of incorporating images into educational research; research that has traditionally been dominated by text (Fischman 28).

As the ultimate merging of text and image, one medium in particular—the comics medium—has especially benefited from the pictorial turn as the medium gained significant recognition from scholars in various fields over the last two decades. Research on comics is nowadays not only pursued in American Studies scholarship, with its particularly long tradition of exploring visual culture (Gessner and Leikam 533), but also flourishes across several disciplines within and outside the Arts and Humanities. As this article demonstrates, the long overdue acknowledgment of comics as an educational medium as well as a valuable research object has, however, had a somewhat unexpected side effect that has yet to be addressed. I propose that, in adopting the popular idiom, "a picture is worth a thousand words," scholars from different fields have come to privilege the visual mode in their otherwise thorough analyses of autobiographical comics. Strikingly, this observation seems particularly applicable to research pursued on comics that narrate experiences of illness and disability. Indispensable to the study of illness and disability comics, literary and cultural studies scholar Susan Squier, for instance, suggests that images add richer meaning and affective insight to representations of illness and disability (131). In the same vein, medical professionals like Michael Goldenberg assert that images influence us emotionally to greater extent. Thus, comics about illness and disability can, according to Goldenberg, "give the medical provider a different insight into the patient's emotional state" ("Comics" 205).

While I do not mean to dismiss the merits of visual representation, it seems relevant—in the manner of Ludwig Wittgenstein[2]—to note that neither text nor image, nor their merging in the comics medium, should be equated

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[2] In his groundbreaking philosophical work, Wittgenstein proposed that there is no true meaning to words but that "the meaning of a word is its use in the language" (20).

with meaning or understood as a guarantee to supposedly "true" or affective insight. As with other media, the task of analyzing comics does not only call for a close examination of images but also for an investigation of the cultural and theoretical background against which these images are produced and interpreted. Therefore, this article sets out to shed light on some of the challenges that the privileging of the visual mode poses to research on the representation of illness and disability in comics. What effect does the merging of the textual and visual mode have on the affective strategies employed by graphic memoirs of illness and disability? What cultural work is done by these graphic negotiations of illness and disability? As a devoted reader of comics, I clearly distance myself from mere reservations expressed about visual culture in general and the comics medium in particular. Instead, this article contextualizes and critically reflects on the increasing popularity of autobiographical comics and their frequent engagement with experiences of illness and disability. I question, among other things, the ocularcentrism that takes effect whenever visual modes of storytelling are privileged in order to create emotional and thus supposedly meaningful responses to disability.

Contextualizing the Boom of Graphic Pathography

Since the late nineteenth century, comics have been a crucial part of American culture. First published as newspaper strips, the medium advanced with the establishment of comic books in the 1930s (Weiner 1). Frequently misunderstood as only encompassing speculative fiction and children's entertainment, comics have covered a range of content and genres ever since their emergence. Although American comics continue to be closely tied to the superhero genre in public perception, comics' artists in the US have continuously experimented with different topics, genres, and narrative approaches. The emergence of underground comix in the 1960s and 1970s is perhaps the most formative development in this regard as alternative comix helped to significantly open the market to various readerships (Adams 17; Gardner 1). At this time, comics narrated in a realist mode started to represent and reflect upon experiences of illness and disability.[3] As a pioneer of autobiographical comics, Justin Green's 1972 *Binky Brown Meets the Holy Virgin Mary* negotiates the experience of

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[3] Without a doubt, depictions of disability are also central to many comics written in the fantastic mode, with Marvel's series *Daredevil* being one of the most well-known examples. For more information on disability in superhero comics, see Alaniz.

growing up with obsessive-compulsive disorder. In the same year that Green's *Binky Brown* hit the pulse of its time, Aline Kominsky's autobiographical comic strip *Goldie: A Neurotic Woman* appeared in the first issue of *Wimmen's Comix*, providing a female perspective on the topic of neurosis (Chute 34). In retrospect, both Green's and Kominsky's seminal works helped to pave the way for numerous comic artists who have contemplated experiences of illness and disability in their comics ever since. By now more than 150 comic books and web comics that feature experiences of illness and disability as central concerns have been published in the English language ("Comic Review" n.p.). Among the list are *New York Times* bestsellers like Marisa Marchetto's *Cancer Vixen: A True Story* (2006), David Small's *Stitches: A Memoir* (2009), Sarah Levitt's *Tangles: A Story about Alzheimer's, My Mother, and Me* (2010), and Ellen Forney's *Marbles: Mania, Depression, Michelangelo and Me* (2012). Their success is indicative of a general graphic memoir boom in the twenty-first century. In the US, the so-called graphic novel, a term that denotes both autobiographical as well as fictional narratives, has, indeed, become the fastest growing category within the literary market (Fingeroth vii).

The boom of graphic illness and disability memoirs—also known as "graphic pathographies" (Green and Myers 574)—can further be understood as an offshoot of the memoir boom in general and the emergence of the "new disability memoir" (Couser, *Signifying Bodies* 164) in particular. While disability has long been, as Thomas G. Couser points out, "one of the pervasive topics of contemporary life writing" (*Signifying Bodies* 3), the late twentieth and early twenty-first century have seen a rise in disability memoirs that stand out due to their emancipatory undertone (*Signifying Bodies* 164). While these "new disability memoirs" are not necessarily innovative in their style, their stories are marked by a distinct social model approach to disability as brought forward by the disability rights movement (*Signifying Bodies* 172). Following a rhetoric of emancipation, these memoirs do not focus on the overcoming of disability but involve the formulation of a disability identity. In these narratives, *becoming disabled* is very closely linked to what Simi Linton has called *claiming disability*, a "reinterpretation of *disability* as a political category" (11).

The success of graphic pathography is based on the genre's ability to bring together two developments within the American literary market productively. Firstly, graphic pathographies thrive due to the overall popularity of autobiographical comics at the beginning of the twenty-first century. Secondly, the genre seems to further satisfy an existing interest in illness and disability memoirs. Furthermore, while many graphic pathographies critically engage with medical discourses of the body and are not shy to challenge medical practices, they also confront the flaws of a strictly affirmative notion of disability. Although they are located in the tradition of the disability rights movement as they (re)claim a voice for those most affected by the dominance of the medical discourse, graphic pathographies also further complicate narratives of disability by closely relating them to experiences of illness. As part of a genre focused on experiences of illness and disease, graphic pathographies frequently intertwine emancipatory discourses of disability with experiences of trauma and loss.[4] With many of their protagonists falling ill unexpectedly, graphic pathographies negotiate sudden and disruptive experiences of violence and pain. The disablement that the protagonists or their loved ones experience thus results from both the characters' impairments and from the physical and attitudinal barriers erected by their social surroundings. Such complex, autobiographical accounts of disability seem to echo contentions brought forward by feminist disability studies—a field that has long challenged strict social model approaches to disability in favor of highlighting personal and embodied experiences of disability (cf. Morris 10; Thomas 24).

Graphic Pathographies in Medical Education and Practice

Depicting experiences of illness and medical encounters from the perspective of the patient or the caregiver, graphic pathographies are of value to literary studies scholars and medical professionals alike. Indeed, medical researchers and practitioners have shown an unprecedented interest in comics over the last decade. Their engagement in graphic illness and disability memoirs has peaked in the emergence of "graphic medicine," a term coined by British physician and comics artist Ian Williams to "denote the role that comics can play in the study and delivery of healthcare" ("Why Graphic Medicine" n.p.). First recognized and endorsed by American scholars Michael Green and Kimberly Myers, the new interdisciplinary field of "graphic medicine" highlights graphic pathography's (potential) function within medical education, patient care, and—in line with disability studies research—the social critique of the medical profession (Green and Myers 574).[5] Bringing together a network of comic

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[4] Sometimes, as in the case of Miriam Engelberg's acclaimed *Cancer Made Me a Shallower Person*, this also means that authors of graphic pathographies have by now died as a consequence of their illness. This paratextual information, included in the publication, can certainly influence readers' affective responses to the book (Miller 221).

[5] Since the term *graphic medicine* might suggest merely a perpetuating of the medical discourse,

artists, medical professionals, and scholars from literary and cultural studies, “graphic medicine” can also be understood as an ambitious movement that aims to transform the practice of medicine through the use of comics (Packer 44).[6] “In constructing new visual styles of suffering and illness,” Williams comments, “graphic pathographies might be subtly altering the discourse of health and the social mediation of illness outside the clinic” (“Comics and the Iconography of Illness” 118).

These contemplations have not remained solely theoretical; teaching and professional practice reflect them in several ways. Recent publications in medical journals attest to the fact that comics are successfully used in medical education as well as in patient care. Many of the published articles focus on or mention the affective realm that graphic pathographies attempt to navigate: from mediating the emotional state after diagnostic mistakes, to considering the emotional well-being of patients, to expressing empathy as part of medical practice (Goldenberg, “Comics” 204; Green 574). The use of comics in medicine and its documentation in different medical journals flourishes, with the official *Journal of the American Medical Association* publishing an annual “best of” list of illness and disability comics. Considering the use of graphic pathography in medical education, the interdisciplinary *Graphic Medicine Manifesto* provides further examples of how comics, for instance as part of the university curriculum, can encourage future doctors and health professionals to become more self-reflexive in their work (Myers 87ff.).

Of course, the idea that medical practice is in dire need of change and that such change might be brought about by using autobiographical narratives of patients, caregivers, and doctors is nothing new. Medical schools in the US have used autobiographical as well as fictional accounts in their curricula for the last forty years. While the medical school curriculum for most of the nineteenth and twentieth century deliberately excluded the patient perspective to manifest medical authority, the so-called literature and medicine movement reintroduced the patient perspective in medical education, starting with the teaching of solely text-based pieces of life writing in the 1970s (Aull n.p.). By now, most medical schools in the US offer classes that are firmly situated in the medical humanities. These classes incorporate not only literature but also

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it should be noted that *graphic medicine*, as Williams asserts, “is also a pun […] it’s not just about medicine as in medicine pertaining to doctors, but also medicine given on a spoon, a kind of curative for medicine” (qtd. in McMullin 2).

[6] There is, indeed, an international scope to *graphic medicine* that extends far beyond the US and the UK. The Spanish sister site of “Graphic Medicine.com” and the “PathoGraphics” network at the Free University Berlin in Germany are both indicative of this development.

film and the visual arts in their teaching to discuss different and differing experiences of illness and caregiving (Aull). Far from an isolated phenomenon, graphic medicine is part of this rich tradition of the "medicine-and-literature" movement (Squier 124). More precisely, graphic medicine can be understood as a sub-category of "narrative medicine," a practice of medicine that, as Rita Charon outlines, "includes the narrative skills of recognizing, absorbing, interpreting, and *being moved* by the stories of illness" (4; emphasis added).

That Charon contemplates the ability of "being moved by stories" as a skill that doctors need to acquire reveals a relatively new understanding of the medical vocation. After all, the idea of medical professionals being moved by stories of illness runs counter to the fact that doctors are usually bound to a narrative genre that tries to erase or avoid any emotional responses—the case study. The detachment that is generated by the case study allows for an emotional and psychological distance (Coulehan 223). As a literary scholar and physician, Charon admits that to generate an alternative narrative requires the act of truly "listening" to patients—a task that can be quite demanding (4). At the same time, the patient's task of "telling" is often much more difficult as some embodied experiences and emotions are not easily, or even cannot be, verbally articulated (4). The inexpressibility of emotions experienced throughout times of illness is a crucial concern to scholars of graphic medicine. They promote the use of comics in patient care and medical education by claiming that the specificities of the medium allow graphic pathograhies to narrate precisely that which cannot be expressed by words. As one of the leading scholars in the field, Susan Squier remarks:

> Comics can show us things *that can't be said*, just as they can narrate experiences without relying on words, and in their juxtaposition of words and pictures, they can also convey a far richer sense of the different magnitudes at which we experience any *performance* of illness, disability, medical treatment, or healing. (Squier 131)

In a similar vein, Sara Birge asserts in her investigation of graphic portrayals of cognitive disability:

> comics are able to represent aspects of disability that text alone cannot, such as the crucial importance of embodiment in the lived experiences of people with disabilities. […] Comics' ability to represent complex interactions of emotions, thoughts, movements, and social relationships creates a promising opportunity for remedying the inadequacy of many contemporary representations of cognitive disability. (n.p.)

Without a doubt, the compelling analytical work of scholars such as Squier and Birge demonstrates that graphic pathologies generate a number of disability affects. On the intradiegetic level, comic artists use the multi-modality of the medium to narrate the affective experiences of illness and disability in innovative ways. On an extradiegetic level, graphic pathographies can generate emotional responses in readers, who are invited to sympathize with the ill protagonists. The claim that comics exceed the representational limits of written texts and can thus convey a richer sense of experiences of illness is a common statement made in this regard. The common phrase with which I started this paper is repeatedly used in literature on graphic medicine and echoed at respective conferences. In his thesis “A Picture Says More Than a Thousand Hurts,” Michael Goldenberg endorses the affective power of images. In his guest editorial to the *Ear, Nose & Throat Journal*, Goldenberg further writes:

> One of the benefits of using comics instead of traditional text-only print material is that images touch us differently emotionally. […] You often go to the movies and see people with tears streaming down their cheeks, but you don’t often see this reaction in libraries. (204)

Considering this statement from a literary studies perspective, the evidence of Goldenberg’s claim seems to stand on rather shaky ground. Firstly, neither the receptive situation in a movie theater nor the visual sequentiality employed by film can easily be equated to that of comics. Secondly, the affective realm of text-based literature as well as the representation of emotions linked to medical encounters in literary classics is well documented (Coulehan 222ff.). Yet, while there is certainly a specificity to the juxtaposition of images and text in comics that makes for alternative ways of storytelling (Williams, “Graphic Medicine: Comics As Medical Narrative” 25), the potential of textuality as employed in traditional narrative medicine should not be underestimated. On the one hand, as Birge rightly points out, written text has long been the privileged form through which illness and disability experiences were told (n.p.). On the other hand, medical professionals and scholars are at risk of privileging the visual mode and its merging with textuality as they overemphasize the uniqueness of graphic pathographies as an educational and epistemological tool.

Taking into account the medium’s history and academia’s reluctance to acknowledge comics as a legitimate object of studies, such an overemphasis seems more than understandable. However, by stressing the potential of graphic pathographies in an attempt to legitimize their use within medical education, a new imbalance has been created that places the value of graphic pathographies over that of textual illness and disability narratives. As a consequence, similarities between textual representations and negotiations of illness and disability in comics have frequently fallen into oblivion. And yet, examining graphic pathography's relationship to traditional illness and disability memoirs more closely seems crucial to the task of understanding the specificities of the medium and genre. Indeed, whether through their use of physical images or mimetic imagery, whether through stream of consciousness technique or different forms of focalization, both genres employ affective strategies that invite readers to identify with the characters and emotions put forward by the narrative. While differences between media and their effects should not be denied, I propose that neither comics nor text is a medium more suitable than the other to narrate experiences of illness and disability. Furthermore, the depiction of illness and disability in comics has, as I elaborate, ambiguous effects that also hint at the limits of using graphic pathographies in general and medical education.

The Ambiguous Effects of Narrating Disability and Illness in Comics

Questions of accessibility are certainly among the most pressing issues that arise when using comics in any educational setting. While text-based literature can be made accessible to students with visual impairments by means of modern technology, comics are, despite some recent efforts, less easily adapted into other modes. Furthermore, the average cost of graphic pathographies exceeds that of printed text, particularly whenever comics employ extensive coloring or unique formats. In a course designed to teach a number of graphic pathographies, this can pose real financial challenges.[7] On the other hand, comics have been found to be highly beneficial for students on the autism spectrum and increase the general accessibility for learners who prefer visual over verbal forms of communication (Smetana et al. 228; Bock and Myles 310). Considering these different studies on comics and accessibility, it seems that courses focused on autobiographical representations of illness and disability might reach more students, both intellectually and emotionally, whenever the reading list includes graphic as well as text-based pathographies. Instead of teaching graphic pathographies in a specialized class on graphic medicine, such an eclectic approach can also promote further discussion about the similarities and specificities of each respective medium.

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[7] As someone who has faced these challenges while teaching comics at a public university in Germany, I highly appreciate the helpful recommendation made by Lauren E. Perry (74).

In contrast to text-based pathographies, the multimodal approach used in comics draws further attention to the visuality of illness and disability. After all, comics create a constant confrontation with the materiality of the body. It is because of this visual hyperbolism that comics are, as Garland-Thomson argues, "always graphic freak shows, filled with spectacles and thrills" ("Foreword" xiii). Taking comics' reliance on the body into account, the question arises of who is addressed by comics which center around images of the ill and disabled body. Who are the implied readers of graphic pathography and what forms of pleasure does the visuality of the genre offer its readers? After all, graphic pathographies invite their readers to witness disruptive moments in the protagonists' lives—disruptive moments either caused by war, a tragic accident, illness, or disease. Subsequently, readers frequently find themselves looking at experiences of suffering and pain. It is, among others, their autobiographical engagement with trauma that, as I have previously argued, continues to generate scholarly and public interest in the comics medium (Wegner n.p.).[8] Given the opportunity to look at the visualized trauma of others, a significant appeal of graphic pathographies lies in their satisfaction of a voyeuristic desire. While the rhetorical paradigm of the postmodern West has been defined by scholars as a "rhetoric of perfection"—a rhetoric that focuses on the individual ability to control and perfect one's body and life (Harris-Moore 2)—loss of agency has become even more of a spectacle. As Susan Sontag asserts in her 1973 book *On Photography*:

> A society which makes it normative to aspire never to experience privation, failure, misery, pain, dread, disease, and in which death itself is regarded not as natural and inevitable but as a cruel, unmerited disaster, creates a tremendous curiosity about these events—a curiosity that is partly satisfied through picture-taking. (131)

The urge to visualize and look at experiences of illness and disability is thus embedded in a discourse that uses images to distinguish the ill and disabled "other" from the normative reader it imagines. Graphic pathographies stand in a long US American tradition of representing and engaging with the (supposedly) calamitous by visual means. Far from functioning as mere entertainment, the spectacle of calamity has influenced and shaped the US for almost two centuries as Ingrid Gessner and Susanne Leikam point out with reference to the photography of war and medical discoveries, stereographs of lynching, and reports on natural catastrophes (533). The very fact that graphic

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[8] Parts of the following argument derive from a close analysis of David Small's *Stitches* that was previously published in *COPAS* (Wegner 2016).

pathographies, by building on American iconographies of the calamitous, help to further discursively construct the process of becoming ill and disabled as a calamitous event is problematic. After all, the sheer number of published pathographies does correspond to about 20% of Americans who are living with an illness and/or a disability (Brault 4). Furthermore, these numbers attest to the fact that becoming ill and/or disabled is an unavoidable part of life shared by many rather than denoting to an individual fate or unexpected misfortune. This is by no means to say that pain and suffering should not be expressed. However, as Thomas Couser remarks, graphic pathography's focus on the body runs against the main impulse of disability studies, a field that aims to redirect public attention to practices of disablement (*Signifying Bodies* 4). By drawing special attention to the omnipresence of the body, most graphic pathographies are—due to the very nature of their medium—not paying as much visual attention to the socio-constructed disablement that lies outside the body. The medium is thus not necessarily more equipped to negotiate experiences of disability than traditional text, particularly when approaching disability from a social model perspective. Such a change in perspective demonstrates perhaps one of the most crucial differences between literary approaches used in the medical humanities and disability studies. While graphic pathographies—in line with their readings in the medical humanities—are bound to push disability studies scholars further to reconsider the role of the body, a disability studies perspective can, in turn, add much critical insight to the use of graphic pathographies in the medical humanities.

Due to their visuality and their content, graphic pathographies are by their nature concerned with and bound up in the politics of representation, challenging and/or enforcing the normalizing stare of their implied readers (cf. Whalen et al. 4). On the one hand, the visual overdetermination of disability in comics allows a predominantly non-disabled audience to stare at "the Other" in order to manifest its own normative status. On the other hand, as Goldenberg with detour to Scott McCloud comments, graphic pathologies (seem to) enhance the emotional connection to protagonists by exploiting the icon (204). An image used to represent a person, place, thing, or idea, the icon conveys information as well as emotions because, by simplifying, it provokes identification in the reader (McCloud 27f.).[9] While their use of iconic

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[9] In a recent contribution to the field, Couser challenges this claim by arguing that the body ought to be recognizable as that of an individuum to create an emotional response in the reader ("Is There a Body in This Text?"). While praising the general embodiment in graphic pathographies, Couser argues that, "in memoir generally and in graphic somatography particularly, 'universality' is not the point" (*Signifying Bodies* 10). The universal icon erases markers of Otherness while memoirs let

abstraction can enhance the reader's bond to the protagonist, graphic pathographies also make use of abstraction to invite the attention of readers who, with regard to the content, might feel reluctant to stare directly at overtly realistic images of the ill and disabled body. Such potential restraints are loosened by the fictionality that a more cartoonish style of drawing achieves. Because acts of staring are highly regulated, people are generally reluctant to stare overly at a disabled person in everyday encounters (Garland-Thomson, *Staring* 63). I propose that the abstract nature of representing disabled characters in comics functions to free readers from such restraints.

Unlike photographs, which are frequently perceived as witnesses themselves, the images of comics are, first and foremost, bound to the realm of fiction. However, paratextual information given about the status of a book as "a memoir" (e.g. *Stitches*) or "true story" (e.g. *Cancer Vixen*) as well as added statements from or about the respective comics artists are frequently used to function as paratextual witness and thus as means of authentication. At the same time that the aesthetics of graphic pathographies ease readers into looking at images of disability, readers are also invited to further derive pleasure from the fact that what they are reading is somehow also a "true" story about disability. In doing so, graphic pathographies profit from the unsteady line between fictional and non-fictional world that the genre itself blurs. While it is suggested through the titling as graphic "memoir"—and thus through an "autobiographical pact" (Lejeune 12) with the reader—that the protagonist's story can be traced back to "real life," the visual fictionalization allows for a safe distance.

By employing these strategies, graphic pathographies, particularly those that visualize a number of traumatic experiences, offer their readers a feeling of exemption. Such a feeling initiates, as Sontag argues, an interest to look at painful images as much as the mere look at them reinforces the notion of exemption as such:

> The feeling of being exempt from calamity stimulates interest in looking at painful pictures, and looking at them suggests and strengthens the feeling that one is exempt. Partly it is because one is "here," not "there," and partly it is the character of inevitability that all events acquire when they are transmuted into images. (131)

The popularity of graphic pathographies thus also relies on a reassurance that the genre holds for non-disabled readers. Readers are culturally trained to

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us engage with the Other—a particular Other. Based on this claim Couser goes on to criticize the abstract depiction of disabled bodies that is commonly used in graphic pathography (11ff.).

derive pleasure from looking at pictures of pain, disability, and illness because these images reassure non-disabled readers that what they are looking at does not, at least not yet, directly affect them. In doing so, the images used in graphic pathographies cater to what Nicholas Mirzoeff calls a feeling of the sublime. The sublime, as Mirzoeff defines the term, is “the pleasurable experience in representation of that which would be painful or terrifying in reality, leading to a realization of the limits of the human and of the powers of nature” (16). The potential of falling ill and becoming disabled is real and yet, at the same time, reading about these experiences while being not (yet) affected by them generates such a feeling of the sublime.

All in all, graphic pathographies are by no means radical in how they represent experiences of illness, disability, and the body. While literary scholar Pramod Nayar concludes that graphic pathography is “a radical new form of communicating disease” (161), I propose that the genre is embedded in various traditions of narrating illness and disability in American culture. Next to their compliance to certain genre conventions and traditions within popular visual culture, graphic pathographies seem to resemble the medical discourse in its very reliance on the visual mode. As medical historian Stanley Reiser demonstrates, the graphic registration of bodily processes has been fundamental for the establishment of various disciplines in modern medicine. With the invention of instruments that could render bodily functions visual, subjectively monitored functions of the human body transformed into phenomena that could be objectively measured and discussed (Reiser 91). Lisa Cartwright further reminds us that well before the invention of cinematography, photographs, and X-rays, physiologists developed visual instruments to depict the course of supposedly “normal” and pathological processes (11). Among other things, these instruments would render the pulse visible, record muscular contractions via images, or trace the heartbeat. In its endeavor to know and understand the body, the medical field indeed seems to cling on to the visual mode as epistemological anchor. I propose that the boom of graphic pathographies and their use in medical education is related to a medical fascination to understand the body through visual means. Rather than a mere critique of medical practices, graphic illness and disability narratives not only reflect but reinforce medicine’s typical reliance on the visual mode.

Instead of being a radically new way of representing experiences of illness and disability, graphic pathography is thus a logical consequence of how medicine operates and tries to generate knowledge. What these visual means of representing the body and the general enthusiasm for graphic illness and disability narratives reveal is the not so hidden ocularcentrism that underlies medical practice in general and graphic medicine in particular. The production of knowledge in both of these fields, whether relating to medical knowledge about the body or the empathetic understanding of a patient's situation, relies on the visual mode as central means of meaning making. Yet, by creating the impression that more or deeper knowledge can be gained by reading and studying graphic memoirs instead of text-based pathographies, scholars in graphic medicine seem to reinforce a false understanding of "seeing" as "knowing." Such emphasis further invokes the misconception that seeing is necessarily the normal way of gathering knowledge. This false understanding is culturally constructed and has long been manifested in everyday language. While metaphors of sight have traditionally been related to practices of knowing, the word blind has come to connote a lack of understanding, an admission of disregard or obliviousness (Bolt, *The Metanarrative of Blindness* 18; Kleege 21). The current boom of graphic pathography thus relies, to borrow from Bolt's tripartite model of disability ("Not Forgetting Happiness" 3–5), on a "normative positivism" that overemphasizes the merits of visual representations of illness and disability as much as it is based on a "non-normative negativism" which enforces the assumption that visual representation and thus vision is a necessary condition not only to understand but also emotionally relate to stories of illness and disability. I propose that such ocularnormative views and normative practices of looking and staring need to be considered whenever graphic memoirs of disability are analyzed.

Conclusion

An "image doesn't tell us everything," Mitchell aptly reminds us in *Picture Theory* (16). This simple realization is profound in that it necessarily leads to the acknowledgment that experiences of illness and disability, and the emotions involved in such experiences, can neither be fully captured in text nor in image. While it is philosophically commonplace that we will never have entire knowledge of the experience and feelings of someone else, there seems to be a need to emphasize these limits of "knowing" in academia. After all, such an acknowledgment runs counter to basic endeavors in academia to understand the world and, more profoundly, goes against the aim of medical research to understand the human body and mind. In fact, while further research on the personal and affective experiences of illness and disability are very much needed, the access to and knowledge of such experiences will always be limited. It is precisely this limitation to knowing that can, however, be made productive in scholarship on disability as well as in medical education. As disability studies scholar Ryan Parrey emphasized throughout his talk at the 2018 seminar series on “Disability and the Emotions,” embracing disorientation proves to be a helpful tool in teaching and talking about experiences of disability. In the classroom, such moments of disorientation—moments in which instructors deliberately embrace “not knowing” and purposefully leave students disoriented—are important moments of learning (Parrey). In medical education, where the acquiring of “facts” dominates the curriculum, the task of reflecting on means of meaning making can be highly valuable for students’ personal development and their future professional practice. While graphic pathographies undeniably hold high value for medical education and practice, reflecting on different ways of knowing and its limitations might, indeed, be one of the most valuable lessons that the use of comics in the medical classroom can teach students.

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