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DISABILITY AND METAPHOR IN THE GRAPHIC MEMOIR

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Co-orientadora: Profa. Dra. Eliana de Souza Ávila

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Renata Lucena Dalmaso

DISABILITY AND METAPHOR IN THE GRAPHIC MEMOIR

Este (a) Tese foi julgado(a) adequado(a) para obtenção do Título de "Doutora" e aprovad(o)a em sua forma final pelo Programa Pós-Graduação em Inglês – Estudos Lingüísticos e Literários

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Dedico este trabalho a minha vó Vilma.

WHEN REALITY UPSTAGES FANTASY

A GRAPHIC MEMOIR PREFACE

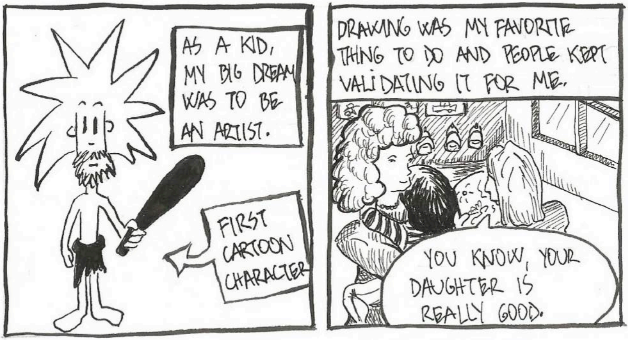
BY

RENATA LUCENA DALMASO

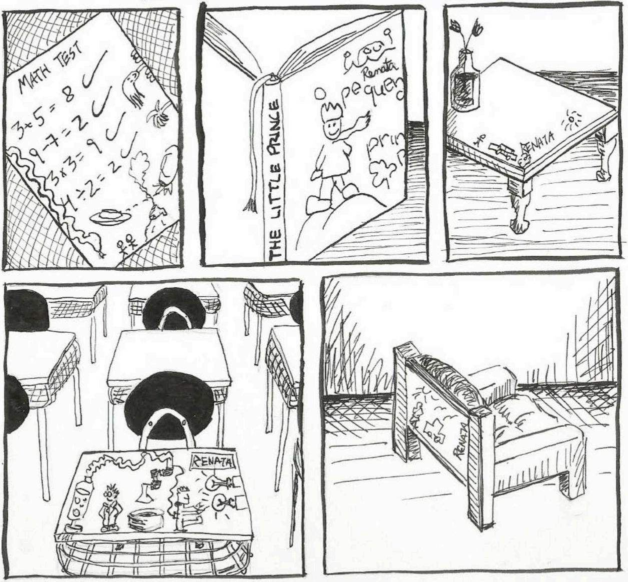

1953.
CAÇAPAVA DO SUL, RS. BRAZIL.
PUSH.
WHAAAAA


GRANDMA HAD TONS OF SURREAL STORIES
THE BIRTH OF HER FIRST BORN, MY FATHER, WAS A RECURRENT ONE IN HER REPERTOIRE.
SHE WAS A NATURAL STORYTELLER


SOMEHOW I ALWAYS ASSUMED I WAS GOING TO BE ONE TOO.
RENATA
8
OK, EVERYBODY, PAY ATTENTION. I'M GOING TO TELL A STORY.



MY PASSION FOR DRAWING WAS SO INTENSE, IT SOMETIMES OVERFLOWED




MY BROTHER HAD APTITUDES FOR MUSIC AND I FOR DRAWING. ALTHOUGH NEITHER OF US EVER TRIED EACH OTHER'S THING.
NO SEAT BELTS. FRONT SEAT
YOU CAN MEET US AT GUS' PIANO LESSON
IT WAS A MATTER OF TIME BEFORE I GOT REALLY INTO COMIC BOOKS AND SUPERHEROES.
BATMAN
IT WAS A NEW AND EXCITING WORLD AND I DOVE RIGHT IN. READING EVERYTHING I COULD GET MY HANDS ON.
LEO DICAPRIO POSTER
AT THE SAME TIME, IT FELT ALMOST TRANSGRESSIVE TO LIKE THAT STUFF. OTHER GIRLS MY AGE HAD DIFFERENT INTERESTS AND I STRUGGLED TO FIT IN.
IT WAS ALWAYS ALREADY A LOSING BATTLE
MY ATTEMPTS AT HETERONORMATIVITY WERE PATHETIC
SO, WHAT D'YA WANNA DO?
HMM, DON'T KNOW. BUY COMICS?
FIRST (AND LAST) BOYFRIEND
PERHAPS JUST AS LAME AS THE EARLY EFFORTS AT STANDING UP TO MY PARENTS.


IT SEEMED ONLY NATURAL THAT ALL THE ENCOURAGEMENT FROM MY FAMILY AND MY INTEREST IN DRAWING WERE GOING TO DEFINE MY CAREER CHOICES.
NO
IMAGINE THAT, A CAREER AS A CARTOONIST? C'MON RÊ, GET SERIOUS
HOW ARE YOU GOING TO SUPPORT YOURSELF? YOU ARE HOW OLD NOW? 13? 14?
I'M 12 DAD.
THERE! 12-YEARS-OLD, TIME TO START THINKING ABOUT **REAL** LIFE.
BUT DAD, IT IS POSSIBLE. THERE IS THIS GUY, MIKE DEODATO JR., HE IS BRAZILIAN AND DRAWS FOR DC SEE?
NONSENSE. REZINHA, DON'T WASTE YOUR TIME.

I (PERHAPS TOO EASILY) TOOK HIS ADVICE. BY HIGH-SCHOOL I HAD UPDATED MY ARTISTIC DREAM: I WAS INTENT ON BECOMING A WRITER.

NO LONGER POSSESSED OF THE NAÏVE OPTIMISM OF EARLIER YEARS, I SOON REALIZED I SUCKED.

PARAGRAH WITH CLICHÉS #1 AND #2. CHARACTER INSPIRED IN ANOTHER STORY. SOMETHING HAPPENS. BUT NOT REALLY.

NEW PARAGRAPH WITH EVEN MORE CLICHÉS.

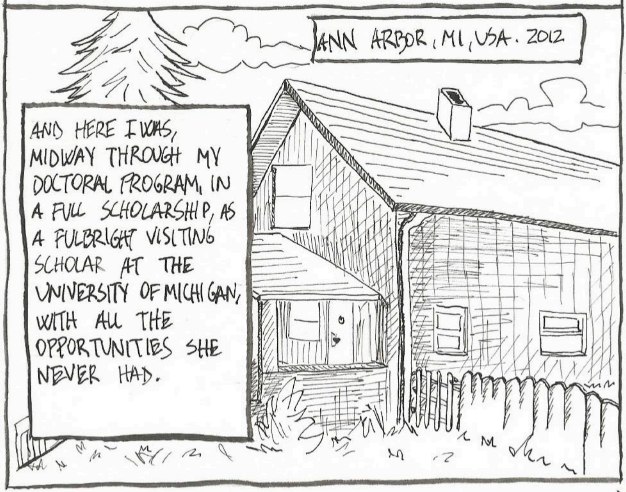
HOPELESSLY WITHOUT INSPIRATION. THE END.

DURING ONE OF THE FAMILY'S YEARLY TRIPS TO MY GRANDPARENTS' HOUSE, HOWEVER, I HAD A REVELATION.


GRANDMA VILMA WAS TELLING ANOTHER ONE OF HER FAMOUS STORIES OF HARDSHIP AND TROUBLES IN THE ITALIAN COMMUNITY IN RURAL SOUTH BRAZIL.
AS I LISTENED, I WAS IN AWE OF THE MAGNITUDE OF HER STORY. IT WAS SO MUCH MORE FANTASTIC THAN ANYTHING I COULD COME UP WITH ON MY OWN.
THERE IS A REASON MAGICAL REALISM IS STRONG IN LATIN AMERICAN LITERATURE. REALITY HAS A WAY OF UPSTAGING FANTASY ON THESE PARTS.
I KNEW THEN THAT A MAJOR PROJECT IN MY LIFE WOULD BE TO ONE DAY TELL THE STORY OF MY FAMILY.
MEU PAI
THE NEXT SUMMER I WENT PREPARED AND STARTED INTERVIEWING HER.
SONY


SHE GAVE ME PLENTY OF MATERIAL. THERE WAS DRAMA.
LIKE THE TIME MY GRANDFATHER AND HIS BROTHER ALMOST KILLED EACH OTHER OVER A PARTNERSHIP GONE BAD.
WHERE IS MY GUN?!?
I DON'T KNOW. I SWEAR!*
*LYING: SHE HID IT JUST IN TIME
AND THERE WAS COMEDY
LIKE THE ONE WHERE SHE ALMOST KILLED A NEIGHBOR WHO WAS STEALING CHICKENS.
HE ACTUALLY PRESSED CHARGES AND SHE HAD TO EXPLAIN HERSELF TO THE POLICE THE NEXT DAY.
VILMA
VILMA
BUT, ALAS, LIKE SO MANY OTHER PROJECTS IN MY LIFE, THIS ONE WAS NEVER FINISHED.

MY GRANDMOTHER NEVER GOT TO FULFILL HER DREAM OF BECOMING A TEACHER. SHE STUDIED TILL 4th GRADE AND THEN HER FATHER PULLED HER OUT OF SCHOOL.



ANN ARBOR, MI, USA. 2012

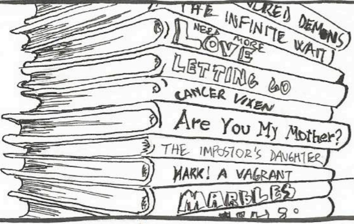
AND HERE I WAS, MIDWAY THROUGH MY DOCTORAL PROGRAM, IN A FULL SCHOLARSHIP, AS A FULBRIGHT VISITING SCHOLAR AT THE UNIVERSITY OF MICHIGAN, WITH ALL THE OPPORTUNITIES SHE NEVER HAD.

I WAS SUPPOSED TO BE WELL ON MY WAY TO WRITING A BRILLIANT DISSERTATION. BUT I WAS HOPELESSLY STUCK.

IT WAS PATHETIC, BUT I WAS STILL TRYING TO FIGURE OUT EXACTLY WHAT THE TOPIC OF MY RESEARCH WAS.

SO, OF COURSE, I PROCRASTINATED. A LOT.

BUT THEN I REALIZED THAT WHATEVER DROVE ME TO THE STUDY OF AUTOBIOGRAPHY AND GRAPHIC MEMOIRS HAD MORE TO DO WITH MY PERSONAL LIFE THAN THE ACADEMIC ONE.



I HAD BEEN READING LIFE NARRATIVES FOR THE PAST 2 YEARS AND SOMEHOW MISSED THAT I TOO HAD THINGS TO SAY.

ALL THE MEMORIES OF MY PASSION FOR DRAWING AND FOR STORYTELLING CAME TO MIND. ONCE I MADE THE DECISION TO PURSUE THIS CREATIVE IMPULSE, EVERYTHING ELSE FELL INTO PLACE.

READER, I DID IT. I FINALLY DECIDED THE TOPIC OF MY DISSERTATION: GRAPHIC MEMOIRS AND DISABILITY. WELL, THE TOPIC CHOSE ME IT WOULD BE A MORE ACCURATE STATEMENT. BUT I'M GLAD IT DID.

THE END*

*OR THE BEGINNING IF YOU STILL HAVE TO READ THE DISSERTATION. HOPE YOU LIKE IT.

A CAVEAT (OR, A PREFACE IN PROSE)

I sense I should start this text with a confession. This is, after all, a study about autobiographical writing and it is only fair that I should insert myself into the work. So here it goes: this research followed a mind of its own. Not that that is a bad thing. The more I talked to other fellow academics about my conundrum, about how my initial project had slowly but steadily turned into something completely different from what I had initially envisioned and, in a lot of ways, out of my control, the more they supported me in this regard. “This is how it should be, really,” they said. At some point I knew the most professional thing for me was to let it (the research, that is) go its own way. So I did. I let (it) go. And it was both scary and exciting at the same time. Maybe I should use the present tense here, as those feelings continue even as I write this.

It turned out that the more I tried to narrow down my research of graphic memoirs and autobiographies, the more it kept pointing to the interesting ways in which disability kept consistently surfacing in my investigations of graphic memoirs. That was not in my original plan, but it was surprising to see how often the graphic memoirs that I came in contact with dealt, in one way or another, with disability. Some of them portrayed disability as one element among many others in the narrative: such as Alison Bechdel’s *Fun Home: A Family Tragicomic* (2006); Laurie Sandell’s *The Impostor’s Daughter: A True Memoir* (2009); Nicole G. Georges’ *Calling Dr. Laura: A Graphic Memoir* (2013); Jeffrey Brown’s *Funny Misshapen Body* (2009); Lucy Knisley’s *French Milk* (2007); Julia Wertz’s *The Infinite Wait and Other Stories* (2012); Phoebe Potts’ *Good Eggs: A Memoir* (2010). Others had disability as the central point of the story, such as Ellen Forney’s *Marbles: Mania, Depression, Michelangelo & Me: A Graphic Memoir* (2012); David Small’s *Stitches: A Memoir* (2009); David B.’s *Epileptic* (2005); Harvey Pekar and Joyce Brabner’s *Our Cancer Year* (1994); Marisa Acocella Marchetto’s *Cancer Vixen: A True Story* (2006); Miriam Engelberg’s *Cancer Made Me a Shallower Person* (2006); Clem Martini and Olivier Martini’s *Bitter Medicine: A Graphic Memoir of Mental Illness* (2010); Darryl Cunningham’s *Psychiatric Tales: Eleven Graphic Stories About Mental Illness* (2010); Al Davison’s *The Spiral Cage* (2003)*;* John Porcellino’s *The Hospital Suite* (2014); Joyce Farmer’s *Special Exits* (2014); Brian Fies’ *Mom’s Cancer* (2003-04); Sarah Leavitt’s *Tangles: A Story About Alzheimer's, my Mother, and Me* (2012); Frederick Peeters’ *Blue Pills: A Positive Love Story* (2008). The sheer amount of occurrences was noteworthy, but that was not all. In a lot of works, such as *Stitches* and *The Infinite Wait*, art and illness went hand in hand in the narrative: an artistic drive directly spawned from disability. In others, such as *Marbles* and *Cancer Vixen*, disability was a catalyst to question whether it was possible to (continue to) be an artist while dealing with the effects of an illness.

As many others, I have had to deal with disability in my family, both in the past and in the present. Those experiences shaped part of my childhood and how I relate to disability today. Writing this dissertation meant confronting my past, while rethinking anxieties about the present. However, it is important to state that I, at the moment, do not have a disability, and this invariably impacts my perspective, whether I intend to or not.

On another level, the amazing works I got to read because of this research have inspired me to continue to pursue artistic endeavors of my own. After years of neglecting (or should I say stifling) this side of my life, throughout the process of researching and writing this work I increasingly found myself wanting to pick up a pencil and paper and draw again. I had forgotten how incredible the feeling of artistic creation is and, if for nothing else, I will forever be thankful that this project took an unexpected turn so I could just remember how much I enjoy making art, be it for myself or for others. The comics preface of this dissertation was the culmination of this new found artistic urge. It was composed during a week-long workshop at the Fine Arts Work Center, in Provincetown (MA), with Alison Bechdel as a tutor. Working closely with one of my favorite comics author, one whose work is included in the corpus of this dissertation, producing my own art under her guidance was, for lack of a less tackier expression, a dream come true. In sum, this research followed a mind of its own, and I am glad it did.

AGRADECIMENTOS

Por que será que sempre deixamos essa parte para o final? Detesto ter que escrever esse texto às pressas, mas, enfim, *c'est la vie*. Etiqueta sugere que eu comece essa seção com os agradecimentos ao CNPq. Realmente, burocracias à parte, sem essa bolsa dificilmente meu doutorado teria acontecido. Não poderia deixar de reconhecer também a parceria Capes – Fulbright, responsável pelo meu doutorado sanduíche na University of Michigan, Ann Arbor, sob a tutela da Profa. Sidonie Smith. Ser uma fulbrighter me fez perceber o quanto minhas ambições estão sim ao meu alcance. Além disso, o tempo em Ann Arbor me fez crescer academicamente e pessoalmente em vários sentidos.

Se estudar na University of Michigan me fez crescer muito, estudar na Universidade Federal de Santa Catarina mudou a minha vida. Sou uma cria da UFSC desde criança, quando planejava sair de Lages e vir estudar nessa federal. Comecei meus passos aqui no curso de Jornalismo, em 2001, e desde então nunca mais deixei de freqüentar essa universidade pública, gratuita e de qualidade. Vejo que a universidade pública enfrenta vários problemas no Brasil, mas não é exagero afirmar que, mesmo assim, ela proporciona muito aos seu alunos. A UFSC me acolheu em duas graduações, um mestrado e um doutorado. Parecia que sempre que minha vida chegava a um impasse, a UFSC tinha a resposta, e assim veio o mestrado, o doutorado e a segunda graduação em Letras – Inglês.

Agradeço também às minhas duas orientadoras, é claro. Susana, por ter me deixado à vontade para perseguir meus próprios interesses acadêmicos, mesmo não curtindo muito a idéia de trabalhar com quadrinhos, por exemplo. Eliana por aceitar ser co-orientadora nesta pesquisa, mesmo eu já estando na metade do caminho. As contribuições de ambas foram fundamentais para este trabalho.

No âmbito pessoal, talvez a pessoa que mais tenha contribuído para este doutorado tenha sido minha namorada Thayse. Alguém que é engraçada, mas que, mais importante ainda, se diverte comigo. Ela é a primeira pessoa que lê meus textos, que me encoraja.

Além dela, minha família tem sido incrível. Durante o doutorado, eu que já era irmã e filha, passei a ser tia e madrinha também. Muitas vezes foi a ideia de encontrar esse núcleo familiar que deu algum alívio para a minha rotina. E nenhuma desculpa para dar um tempo nos estudos é melhor do que ir visitar os sobrinhos por umas horas.

Finalmente, não me considero uma pessoa muito sociável, mas, por alguma razão que não entendo ao certo, tenho muitos (bons) amigos. Cláudia, Rapha, Andrea e Fábio foram meus parceiros na PGI. Gui, Juliana, Júlia, Manu, Deh e Marcelo são daquelas amizades que contamos já em décadas. Amy e Erin foram a minha família nos EUA.

ABSTRACT

This research focuses on the representation of disability and embodiment in the contemporary generation of graphic memoirs, starting in the mid 2000s till present day 2015. These I call "graphic body memoirs." This dissertation is divided into two larger sections: the first section is dedicated to the investigation of the graphic memoirs *Calling Dr. Laura: A Graphic Memoir* (2013), by Nicole Georges, and *Fun Home: A Family Tragicomic* (2006), by Alison Bechdel, and what Sharon Snyder and David Mitchell define as "narrative prosthesis." In their definition of the term, disability works in literary discourse as a narratological device that functions as a metaphor for a given character's unconventionalities in literary works. The questions I ask in this section are: how does this concept work within the non-fictional context of life narratives and, more specifically, of graphic memoirs? How is it that this metaphorical use of disability functions in texts where the disabled body is not necessarily a narrative ploy to convey the uniqueness of a character? In which way is the materiality of the disability metaphor affected by the dual visual and textual discourses of the comics medium? The analyses carried out throughout this section suggest that metonym appears to be a much more suitable trope as one looks at graphic memoirs and disability. Metaphor is just one of the ways in which disability is presented in these graphic memoirs, but it does not account for how it is also constitutive of the self that narrates it. Metonym, on the other hand, works through repetition and it does not provide the directness between signified and signifier entailed in metaphor. Disability as metonym can be seen as a process, rather than a direct association of signifiers. The symbolic meaning of disability has to be read as part of a larger system of construction of meaning and subjects in autobiography. Instead of the closure of metaphor, I propose the continued open-endedness of metonym in relation to disability and autobiographical narratives. The second section of this dissertation is dedicated to the analysis of visual metaphor in *Tangles: A Story about Alzheimer's, my Mother, and Me* (2012), by Sarah Leavitt, *Epileptic* (2005), by David B., and *Bitter Medicine: A Graphic Memoir about Mental Illness* (2010), by Clem Martini and Olivier Martini. Visual metaphor is understood here mostly through George Lakoff and Mark Johnson's theory of conceptual metaphor, as a figure speech that evokes sensory effects on the body. Whereas the first section deals with narratives where the narrator is the character with a disability, in this second section I focus more on graphic memoirs that represent disability in others. My questions here are: how does the portrayal of disability in others complicate the idea of *self*-representation and disability? How does visual metaphor impacts the experience of representing others with disability? In what ways is visual metaphor employed to reinforce the stigmatization of those characters and in what ways it is used to subvert it? What the analyses of *Tangles* and *Epileptic* suggest is that graphic memoirs that deal with the representation of disability of someone other than the narrator run the risk of appropriating that person's story in the process of telling their own. Visual metaphor, with a few exceptions, emphasizes the spectacle of disability in others, adding to an already alienating process of stigmatization related to the representation of that disability. *Bitter Medicine*, conversely, serves as an example of a narrative in which the representation of disability cannot be characterized by an ableist gaze. In *Bitter Medicine*, the narrative offers some insight into the potential of graphic memoirs as a genre wherein one can represent disability polysemically and not just as a narrative device in the establishment of able-bodied autobiographical subjects.

Keywords: autobiography; disability; comics; metaphor

RESUMO

Esta pesquisa se concentra na representação de deficiência e de corporificação na geração contemporânea de graphic memoirs, com início nos anos 2000 até a presente data em 2015. Chamo essas obras de “graphic body memoirs.” Esta tese está dividida em duas grandes partes: a primeira parte é dedicada à investigação das graphic memoirs *Calling Dr. Laura: A Graphic Memoir* (2013), de Nicole Georges, e *Fun Home: Uma Tragicomédia Familiar* (2006), de Alison Bechdel, e o que Sharon Snyder e David Mitchell definem como “prótese narrativa.” Na sua definição do termo, deficiência funciona em discurso literário como um recurso narrativo que funciona como uma metáfora para a não convencionalidade de um dado personagem. As perguntas que faço nessa seção são: como esse conceito funciona no contexto não ficcional de narrativas de vida e, mais especificamente, de graphic memoirs? Como o uso metafórico da deficiência funciona em textos onde o corpo deficiente não é necessariamente uma tática narrativa para demonstrar o lado único de um personagem? De que maneira a materialidade da metáfora da deficiência é afetada pela dualidade discursiva dos quadrinhos? As análises realizadas nessa seção sugerem que metonímia parece ser um termo mais apropriado quando se olha para graphic memoirs e deficiência. Metáfora é apenas mais uma das maneiras em que deficiência é apresentada nessas graphic memoirs, mas não dá conta da maneira em que é também constitutiva do eu que as narra. Metonímia, por outro lado, trabalha através da repetição e não proporciona a relação direta entre significado e significante da metáfora. Deficiência como metonímia pode ser vista como um processo, ao invés da direta associação de significantes. O valor simbólico da deficiência precisa ser lido como parte de um sistema maior de construção de significados e sujeitos na autobiografia. Ao invés do fechamento da metáfora, eu proponho a contínua abertura da metonímia em relação à deficiência e narrativas autobiográficas. A segunda seção dessa tese é dedicada à análise da metáfora visual em *Tangles: A Story about Alzheimer’s, my Mother, and Me* (2012), de Sarah Leavitt, *Epiléptico* (2005), de David B., and *Bitter Medicine: A Graphic Memoir about Mental Illness* (2010), de Clem Martini e Olivier Martini. Metáfora visual é entendida aqui, em sua maior parte, através da definição de George Lakoff e Mark Johnson e sua teoria da metáfora conceitual como uma figura de linguagem que evoca sensações e produz efeitos no corpo. Onde a primeira seção lida com narrativas em que o narrador é o personagem com deficiência, nessa segunda seção eu foco mais em graphic memoirs que representam deficiência em outros. Minhas questões aqui são: como a representação de deficiência em outros complica a idéia de *auto*-representação e deficiência? Como metáfora visual é empregada para reforçar a estigmatização daqueles personagens e como é usada para subvertê-la? As análises de *Tangles* e *Epiléptico* sugerem que graphic memoirs que lidam com a representação de deficiência de outros que não seus narradores correm o risco de se apropriarem da estória dessa pessoa durante o processo. Metáfora visual, salvo algumas exceções, enfatiza o espetáculo da deficiência em outros. *Bitter Medicine*, por outro lado, serve como um exemplo de narrativa em que a representação da deficiência não pode ser caracterizada como tendo um olhar capacitista. Em *Bitter Medicine*, a narrativa oferece um novo insight sobre o potencial de graphic memoirs como um gênero onde se pode representar deficiência polisemicamente e não apenas como um recurso narrativo no processo de estabelecimento de sujeitos autobiográficos não deficientes.

Palavras-chave: autobiografia; deficiência; quadrinhos; metáfora

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THE FRAME(WORK)

“[. . .] metaphor is never innocent”
(Jacques Derrida)

“The concept of disease is never innocent”
(Susan Sontag)

In broad terms, this research focuses on the representation of disability and embodiment in the contemporary generation of graphic memoirs, starting in the mid 2000s till present day 2015. These I call “graphic body memoirs.” In the following pages I will first try to define the terms of “autobiography” and “graphic memoir,” and then I will situate how disability, in my view, figures in that context.

1.1. Autobiography and its discontents

The term “autobiography” was first used in the eighteenth century, in the preface to a collection of poems by Ann Yearsley, although, according to most critics, the anglicizing of the three Greek words was done as late as 1809, by Robert Southey (Smith and Watson *Autobiography* 2). Taken literarily, *autos* means “self,” *bios* means “life,” and *graphe* means “writing” in Greek, which amounts to “self life writing.” Incidentally, that definition can be somewhat misleading as, it turns out, “life writing” and “autobiography” are today two related but different things. Sidonie Smith and Julia Watson differentiate between them as such: life writing > life narrative > autobiography. For them, “life writing” is a broad term that refers to several forms of writing that focus on life as its subject; “life narrative,” on its turn, “is a somewhat narrower term that includes many kinds of self-referential writing, including autobiography” (*Autobiography* 3).

Generally speaking, the starting point when discussing autobiography in any circle is the assumption that it is a narrative connected to veracity, or real life events, particularly the author’s own life events or the author’s own perspective to a series of real life events. That is in fact how some scholars choose to define the genre, such as G. Thomas Couser, who specifies the memoir primarily by what it is not, i.e. fiction (*Memoir* 15). Couser chooses to focus more specifically on the memoir, citing the latter as a modern day version of autobiography, at least in the understanding of the editorial market: “we have not experienced an autobiography boom, but a memoir boom,” he claims (18). For him, both the memoir and the autobiography are forms of life narratives, their main difference lying in the cultural contexts in which they are employed. He argues that, nowadays, the memoir “has eclipsed ‘autobiography’ as the term of choice for a certain kind of life narrative” and, in this sense, the two terms can be used interchangeably (3). On the other hand, he notes, sometimes “memoir” is also used on the other end of the *auto*biography/*bio*graphy spectrum, indicating then that it is a work about someone else’s life, and not the author’s (18). This type of discrepancy advances the political debate around the terminology concerning life narratives. My goal in this section of the chapter is, therefore, to approach and delineate the setting of this debate, point out some of the implications of the terms and illustrate why some of the critics that I will make reference to throughout this dissertation use different terms to refer to the same works.

Couser chooses to place the term “memoir” somewhere in the middle of a continuum with autobiography at one end and biography at the other, and concludes that most of the times it is the context that will clarify its use (18). According to him, in the simplest terms, “memoir is not fiction. Memoirs are not novels. As a nonfiction genre, memoir depicts the lives of real, not imagined, individuals” (*Memoir* 15). Although there is some consensus around that definition, such supposedly clear-cut lines can (and will) be questioned, both by authors themselves and by critics.

The problem with this type of definition is that it commits not only to a delimited subject matter–the “real, not imagined, individual”—but also to a certain way of narration and narrative techniques. For Couser, this limitation on both content and how it can be presented is precisely what makes the genre of the memoir stand out and, subsequently, make an impact in the world (16). Whereas such definition certainly works within the tradition of autobiography and its canon, it can be rather limiting when discussing works that challenge those traditions in the first place. Those works are particularly relevant to this study, but first it is important to clarify what exactly constitutes this tradition of autobiography being challenged by them.

If “life narrative” is a somewhat more fluid term that stands for a series of “self-referential practices that engage the past in order to reflect on identity in the present,” “autobiography,” on the other hand, has been established since the Enlightenment as a specific form of life narrative, focused on one particular individual, the epitome of the sovereign self (Smith and Watson *Autobiography* 3). As Leigh Gilmore argues, the writers that became the basis for the definition of autobiography comprise "a set of 'exemplary' literary, political, and military men; they have been seen (and this view persists) as singular figures capable of summing up an era in a name: Augustine, Rousseau, Franklin, Henry Adams" (11). Those writers embodied what early scholars of autobiography—such as Georg Misch, in his influential work for the field of autobiography studies, *A History of Autobiography in Antiquity*, published originally at the turn of the century—deemed a *representativeness* of their time, a rather crucial characteristic that defined autobiography as a genre (Smith and Watson 113, Misch 12). For Misch, these subjects of autobiography were not only known personalities in their time period, but they were also a part of the public sphere in a broader sense: they had themselves "played a part in the forming of the spirit of [their] time" (13). This definition of the subject of autobiography upgraded its status as a work of art and supported the claim that the genre was, in reality, a part of high culture. In contrast to the high culture status proposed by Misch to the autobiography, the memoir was relegated to a more common denominator: the latter was the product of "mere observers" of history, who could only watch passively in the sidelines as the action unfolded (15). The memoir, for Misch, is a genre of witnesses of events in history, whereas the autobiography is a genre made up of protagonists (15). Those "mere observers" would eventually step out of the margins and become protagonists themselves, through postcolonial, feminist, Marxist, psychoanalytic and poststructuralist lenses. This is yet another example of how the terms "autobiography" and "memoir" can be used in contradictory ways by different scholars at different times, such as seen in Misch's and Couser's definitions. Despite the fact that Misch himself states that the boundaries of autobiography are more fluid than those in other genres, such as poetry or drama, he is categorical when assigning authorship of autobiography exclusively to those that are "representative of their time period," intellectuals and people of influence (12).

In the context of autobiography studies at the turn of the twentieth century, marginalized writers who were not seen as prominent people in their time, but were nevertheless engaged in different forms of life narrative, did not have their work valued or understood as part of the autobiography tradition. How could they, after all? Since the status of the autobiographical subject was, evidently, not easily conceded (or at all) to writers who were not of the "proper" gender, class, race, and political ranking. The idea of being representative of a particular time is invariably linked to normative and naturalized assumptions about that particular society. Consequently, life narratives of women, colonial subjects, sexually "deviant" individuals, or slaves, just to name a few examples, were seen as "lesser" kinds of writing. Of course the value granted upon the life narrative is directly subjected to the value granted upon the individual, which is "necessarily enmeshed with the politically charged and historically varying notion of what a person is" (Gilmore 17). In dealing with the limits of autobiography, thus, one must assess in what ways value is given to the autobiographer and in what ways the discourses that both produce and reinforce identities work within the autobiographical text and within a given context.

In recent years, a number of postmodern, postcolonial, and feminist critics have been challenging the history of the term "autobiography" and its celebration of the autonomous Enlightenment subject in favor of a broader understanding of life narrative (Smith and Watson 4, Gilmore 11). The field of autobiography studies has, since then, expanded to encompass not only works that deal with master narratives of sovereign individuals, but to how the technologies of self-representation function in the construction of identity, authority, and truth. The notion of a sovereign subject, adopted by early critics within the field of autobiography studies, was challenged throughout the course of the twentieth century due to influences of theories such as Marxism and psychoanalysis, for instance, which questioned the autonomy and unity of the individual in society (Smith and Watson 124). On another front, the assumed uncomplicated relation between language and what it seeks to represent became increasingly problematized by linguists such as Saussure and the Russian Formalists, which led to the questioning of the supposed equivalence of truth and self-representation (124). These questionings collaborated to put pressure on the idea of the autonomous autobiographical individual and its connection to telling and representing of the truth of the self.

Eventually, critics, in what Watson and Smith refer to as the second wave of autobiography studies, began to problematize the idea of truthfulness and, instead of a monolithic definition of autobiography, saw "life narrative [. . .] as process through which a narrator struggles to shape an 'identity' out of an amorphous experience of subjectivity" (125). Scholars such as Georges Gusdorf, who published "Conditions and Limits of Autobiography" in 1956, and Francis R. Hart, who wrote "Notes for an Anatomy of Modern Autobiography" in 1970, challenged the idea of autobiography as a historical writing of the past and turned their attention to the artistic and creative features inherent to life narratives, thus allowing them to recast autobiography as a literary genre (128). But despite having revisited the conception of truth in autobiography, those critics still retained much of the ideas around the autonomous self and its representativeness that informed the previous generation (128). Additionally, as they favored works that best embodied the idea of autobiography as a literary genre, life narratives that did not fit into the proposed definition of "high" art were mostly sidelined (128). The consequence was again, as with the first generation of critics in the Autobiography Studies field, a marginalization of life narratives of disenfranchised writers such as ex-slaves, women, or colonial subjects.

In response, a third wave of critics—influenced by the theories of poststructuralism, deconstruction, postcolonialism, feminism, queer, and cultural studies–sought new ways to explore the field of autobiography and encompass other modes of life narrative (137). Gilmore, for example, proposes the term "autobiographics" when dealing with the limits of autobiography within a feminist context. For her,

> a text's autobiographics consists in the following elements in self-representational writing, or writing that emphasizes the autobiographical *I*: an emphasis on writing itself as constitutive of autobiographical identity, discursive contradictions in the representation of identity (rather than unity), the name as a potential site of experimentation rather than contractual sign of identity, and the effects of the gendered connection of word and body. (42)

Gilmore's proposed term is emblematic of the shift within autobiography studies, from an understanding of autobiographical writing as a representation of the self to a practice of discovery (and concomitant construction) of the self. The ontological status of the autobiographical *I* is, thus, called into question by this third wave of criticism, as the self is regarded as an effect of autobiographical discourse, instead of a starting point (Smith "Performativity" 109). In a reframing of Judith Butler's theories on the performativity of gender, Sidonie Smith, for instance, argues that the "autobiographical speaker becomes a performative subject" (108). If reiteration is key to the construction of the subject, the autobiographical discourse works as a reiteration of a reiteration, which effectively subdues and/or confirms identities through performativity.

Those are just two examples of the type of criticism involved in contemporary Autobiography Studies. Overall, this generation is engaged primarily with issues around performativity, positionality, and heteroglossic dialogism in the rhetoric of life narratives (Smith and Watson 143). Smith and Watson sum up the theoretical approaches of the critical writing that makes up the third wave of autobiography studies in the following manner:

> Theorizing performativity contests the notion of autobiography as the site of authentic identity. Theorizing positionality, with an emphasis on situatedness, contests the normative notion of a universal and transcendent autobiographical subject, autonomous and free. And theorizing dialogism contests the notion that self-narration is a monologic utterance of a solitary, introspective subject. All of these concepts enable more flexible reading practices and more inclusive approaches to the field of life narrative. (146)

Of course this is a rather broad summary of a vast range of studies, some of which will definitely figure into more detail throughout this dissertation, but the goal at this point in the text was merely to pave the way for these further explorations. Suffice to say now that this small detour into the history of Autobiography Studies was necessary in order to situate this study within an understanding of life narrative that views the autobiographical subject as a being constructed through the practice of self writing. At the same time, as we enter further into the field of the graphic memoir, it will become clear that the initial conception of the representativeness necessary to define the autobiographical writing, as seen by the first and second waves of Autobiography Studies critics, does not apply to the writers responsible for the majority of life narratives in comics.

1.2. Life narrative gets graphic

We turn now to the graphic memoir, another genre that is as diverse as the myriad of terms used to define it. In basic terms, the graphic memoir could be seen as the comics version of the memoir. The specificities of the genre, such as the duality of visual and written language of comics, undoubtedly allow for its own reading of the construction of the autobiographical *I*. First, however, it is important to understand a little of the history of graphic memoir and its rise in popularity, both among the general public as well as among critics in academia.

The precursors of graphic memoir most commonly cited belong to the generation of underground comics artists of the 1960s and 1970s in the United States, most notably Justin Green (*Binky Brown Meets the Holy Virgin Mary,* 1972), Robert Crumb (*Zap Comix,* 1968-1978), Harvey Pekar (*American Splendor*, 1976-2008), and Aline Kominsky-Crumb (*Wimmen's Comix*, 1972-1974; *Twisted Sisters*, 1976, 1994, 1995) (Beaty 230, Chute 20).[1] The early underground comics were part of the counterculture of San Francisco. They were mostly "self-published or published by loose collectives, and [were] distributed through nontraditional channels for an exclusively adult audience" (Chute 14). They were crude, deeply personal, and, more often than not, sexually explicit. In sum, they were everything that the mainstream comics of the time, and their compliance to the Comics Code Authority,[2] were not.

The underground comics of those times inspired a future generation of comics artists that delved further and further into autobiographical narratives. That generation included Art Spiegelman, author of the celebrated *Maus: A Survivor's Tale* (1980-1991), a landmark work that would set the tone for much of the graphic memoirs that followed it. *Maus*, a two-volume book that is usually regarded as part biography and part autobiography, tells both the story of Art's father as a survivor of the Holocaust and of Art's process of retrieving this part of his family's history while creating a graphic memoir about it. One cannot overstate the importance of *Maus* for the genre of graphic memoir: it was the first comics work to win a Pulitzer Prize (1992) and to receive critical acclaim outside the context of the comics industry.

In Europe, cartoonists were also influenced by the underground comics movement of the 1960s in California (Beaty 230). Their interest

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[1] In that select list of often cited "forefathers" of the graphic memoir, Hillary Chute, in *Graphic Women* (2010), points out the frequent absence of women, despite the fact that a lot of women artists were involved in the underground comics scene at the time. A number of titles came out during the 1970s, accompanying the second wave of feminism (*It Ain't Me Babe: Women's Liberation*; *Wimmen's Comix*; *Tits'n'Clits*;*Twisted Sisters*), as women cartoonists strived to create their own space within the underground comics scene of the time.

[2] A set of regulations self-imposed by big comics publishers during the 1950s that worked similarly to Hollywood's Production Code. Among other things, the Code forbade the depiction of sex, nudity, graphic violence, and homosexuality.

in life narratives can be seen by the number of autobiographical works published by the collective publishing house *L'Association*, for example, which includes Marjane Satrapi's *Persepolis* (2001-2003) and David B.'s *L'Ascension du Haut Mal* (1996-2003, published in English under the title *Epileptic* and a part of the corpus chosen for this dissertation). Bart Beaty suggests that the influence of the 1960s underground comics and their ventures into autobiographical storytelling provided the European artists with the means to legitimate their work within a larger context. Beaty claims that "the insertion of the self into the aesthetic and business practices of the underground movement suggested new possibilities for the promotion of the field of comics as an art movement" (230). In Europe, while the debate in literature was focusing on the death of the author, a debate sparked by poststructuralists Michel Foucault and Roland Barthes, what was happening in the comics context was in fact the opposite: the birth of the author, the comics author (230). It was precisely the use of autobiographical writing that helped legitimate both comics as a serious medium and their creators as established and respected authors (230). Despite the fact that Beaty centers his argument on Europe and uses mostly French examples to support it, it is fair to say that a similar, though most likely less organized, process of legitimation of comics through self writing also occurred in other countries, such as in the Unites States with the publication of *Maus*.

I have just used the term "self *writing*," but in reality what happens in comics goes beyond the level of written language. A defining feature of comics is the dual discourse of the narrative, one that takes place through the conversion and tension of images and words. Scott McCloud, in his influential *Understanding Comics* (1993), defines comics as a "dance of the seen and the unseen. The visible and the invisible" (92). In this dance, McCloud claims, both the creator and the reader must actively participate (92). Although groundbreaking in a lot of ways—the entire work is composed in the comics format, for example—one cannot help but critique his claim of an exceptionalism of comics in terms of reader participation. Regardless of that, McCloud's work was instrumental in viewing comics as more than a "mere hybrid between graphic arts and prose fiction. What happens between these panels is a kind of magic that only comics can create" (92). It is interesting to see how, in a possible Freudian slip, he conflates "prose" with "fiction" as though the two were intrinsically tied. It is perhaps revealing of how in the early 1990s, when *Understanding Comics* was written, little attention was being given to non-fiction comics works. It was only in the following decade that the number of graphic memoirs published would soar and a number of academics would focus on the peculiar characteristics of comics in terms of memory and storytelling.

I choose to use the term “graphic memoir” to describe those and other works throughout this dissertation, even though there is a heated debate around terminology in this context as well. A lot of the times, book length works in comics are referred to simply as “graphic novels,” regardless of whether they are fictive or non-fictive, biographical or autobiographical. Thomas Couser, for example, is appalled at the fact that, apparently, graphic novel “has come to be the accepted term for any narrative, fictional or not, that is drawn in the manner of comic book” (*Memoir* 16). He points out that even a volume of essays by the Modern Language Association has adopted “this misleading usage” of the term (16). The confusion is understandable though, once one looks into how the term came to be popularized.

Will Eisner’s *A Contract with God* (1978) was the first comics work to be labeled a “graphic novel,” and its wide commercial success may be a reason why the term would later be used to refer to any book length graphic work as well. Similarly to the movement of Autobiography Studies scholars to lend legitimacy to the term “autobiography” at the turn of the century, the term “graphic novel” began to be employed by marketers and publishing companies to validate comics as a medium. The subsequent rise in popularity of comics marketed as “graphic novels” in the mid 1980s has led to some interesting scenarios. Under the category of “graphic novels,” you may find titles as diverse as Alan Moore’s *Watchmen* (a take on the superhero story that is revealing of cold war tensions), or one of Frank Miller’s *Sin City* volumes (a gritty crime noir series), right alongside Alison Bechdel’s *Fun Home: A Family Tragicomic* (a graphic memoir about Alison’s relationship with her father, his alleged suicide, and their sexualities). The bundling of all sorts of “more serious” comics works under the “graphic novel” umbrella is favored by publishing companies, but, at the same time, it has generated criticism among some of the writers. Alan Moore, for example, is a harsh critic of the term:

> It’s a marketing term. I mean, it was one that I never had any sympathy with. The term “comic” does just as well for me. The term “graphic novel” was something that was thought up in the ‘80s by marketing people [. . .] The problem is that “graphic novel” just came to mean “expensive

> comic book" and so what you'd get is people like DC Comics or Marvel comics - because "graphic novels" were getting some attention, they'd stick six issues of whatever worthless piece of crap they happened to be publishing lately under a glossy cover and call it *The She-Hulk Graphic Novel*, you know? (Kavanagh)

But if the term "comic" did just as well for Moore, the adoption of "graphic novel" to differentiate between serialized and book length comics is something very much to be desired by others. In 2003, Art Spiegelman, the author of *Maus*, and Chris Oliveros, publisher of *Drawn and Quarterly*, managed to get the BISAC (Book Industry Standards Advisory Committee), a committee that decides on subject headings for the book industry[3], to officially adopt the "graphic novel" category, with various subsections (graphic novel/literature, graphic novel/humor, graphic novel/science fiction, etc) (McGrath). It was a victory for them in terms of recognition, but it only increased the confusion of readers and critics in the case of autobiographical comics. As a result, the term "graphic novel" continues to be used, even when its inaccuracy is almost oxymoronic, such as when works are described as "non fictional graphic novel" or "autobiographical graphic novel."

Some authors choose to simply acknowledge the shortcomings of the term, while continuing its use. In the cover story for the *New York Times Magazine* dedicated to the "graphic novel," Charles McGrath conceded that "the term 'graphic novel' is actually a misnomer," since a lot of most famous works, such as Satrapi's *Persepolis* and Spiegelman's *Maus*, are nonfiction. McGrath concludes the issue in the following manner: "but for want of a universally agreed-on alternative, the graphic-novel tag has stuck," citing the resolution of the book industry committee as an "official sanction".

Hillary Chute, on the other hand, chooses to call the comics works she studies in *Graphic Women* (2010) "graphic narratives," as she deems the term "graphic novel" to be somewhat "less-inclusive" (2). Initially, she defines "graphic narrative" in the same terms as the "graphic novel": "a book-length work composed in the medium of comics" (3). Chute's reservation with "graphic novel," however, is not its widespread use. Her problem is that the works she focuses on,

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[3] It is nowadays known as the BISG's (Book Industry Study Group) Subject Codes Committee.

> the most riveting comics texts coming out right now—from men and women alike—are not novels at all. Instead, even as they deliberately place stress on official histories and traditional modes of transmitting history, they are deeply invested in their own accuracy and historicity. They are texts that either claim nonfiction status or choose, as Lynda Barry's invented term 'autobifictionalography' well indicates, to reject the categories of nonfiction and fiction altogether in their self-representational storylines. (3)

Although I do agree with Chute's problematization of the term "graphic novel," I am not particularly partial to her choice of "graphic narratives" as a replacement. While the latter does work better than the former in referring to works dealing with trauma and testimony, it, nevertheless, still suggests a rather broad and somewhat vague range of texts and my focus on this dissertation is specifically with works that do claim a nonfictional status.

Gillian Whitlock chooses to coin a new term for the number of autobiographical narratives written in the medium of comics. She calls them "autographics," an expansion of Leigh Gilmore's "autobiographics" cited previously in this chapter. Whitlock defines her choice of term as such:

> By coining the term 'autographics' for graphic memoir I mean to draw attention to the specific conjunctions of visual and verbal text in this genre of autobiography, and also to the subject positions that narrators negotiate in and through comics—features of discursive frameworks that Leigh Gilmore discusses in terms of 'autobiographics'. (966)

In *Autobiographics,* Gilmore analyzes the discourses that produce truth and identity in autobiographical writing and the representations of selfhood in works that push some of the boundaries of the traditional autobiography. Whitlock's view is that Gilmore's considerations are specifically relevant in the context of autobiographical comics, and the particularities of the medium justify the need for a terminology of their own. I do not disagree with her.

Despite the fact that those other terms, and their justifications, are perfectly valid, throughout this dissertation I will simply use "graphic memoir" to describe autobiographical works in the comics medium. My choice is grounded on a couple of reasons: first, it is the choice term for a number of authors and a frequent subtitle to their works (*Marbles: Mania, Depression, Michelangelo and Me: a Graphic Memoir; Calling Dr. Laura: A Graphic Memoir; Need More Love: A Graphic Memoir*). Second, I feel the term "graphic memoir" simply and aptly describes both the genre, "memoir," and the medium "graphic," i.e. comics, and, therefore, fulfills its epistemological duty. Not only does it favor the term "memoir" over "autobiography," a choice that underlies a less canonical approach within Autobiography Studies, but it also emphasizes the peculiarities of the narrative in comics form.

1.3. Disability and the deviant body

As with the other concepts in this research, the term "disability" requires some defining. As a starting point, Lennard Davis claims that "to understand the disabled body, one must return to the concept of the norm, the normal body" (3). Actually, as Davis's text shows, one must return even further, one must look into the concept that preceded the "normal," i.e. the "ideal": an unobtainable characteristic or body that goes back as early as Greek mythology (4). In this context, the ideal would belong exclusively to the gods and mythological figures, while the rest of the population would always be less than that ideal. And this was fine, because the ideal was never meant to be achievable anyway. The common people belonged much more to the sphere of the grotesque, with its transgressively democratic attributes (4).

In comes the notion of "normal" in the nineteenth century. And, soon afterwards, the "normal" becomes "norm*ative*". The concepts of "norm" and "average" spurred with the development of the science of statistics and its impact in terms of population control (4). As Michel Foucault recalls, it was the cataloguing of citizens and their illnesses, births, deaths, height, weight, etc, that provided a way for governments to manage their populations (*Sexuality* 118). Indeed, it provided them with the larger concept of a "population," something that was more than just the sum of its citizens and represented the future of the nation (Davis 6). This "normalization," as Foucault calls it, was not about making people "normal," it was about assessing individuals against a set of "norms," transforming it in "one of the great instruments of power at the end of the classical age" (*Discipline* 184). This technology of power, or biopower, was intrinsically related to the medical institution and its view of the body. The instrument of examination and its "normalizing gaze" helped classify, hierarchize, and rank bodies according to their degrees of normalcy (184). So, if through the course of the nineteenth century bodies began to be classified according to their degrees of normalcy, what of the ones that fell outside the curve?

In comes the so-called deviant body. In a society where the concept that regulates the body is that of the "norm," those that do not fit in are considered a problem. A problem that has to be resolved, for the "good of the nation." It is interesting to note that the spread of the normalization of the body went hand in hand with the rise in popularity of eugenics as well. Davis calls the relation between eugenics and statistical science "symbiotic," for "both bring into society the concept of a norm, particularly a normal body, and thus in effect create the concept of the disabled body" (6). People with disabilities were, then, in the way of the betterment of the nation, in the eugenicists' point of view (9).

The "problem" in terms of a national fitness, for the eugenicists, was not restricted to people with disabilities, however. The eugenicists project in the nineteenth century, Davis points out, tended to group together all sorts of "undesirable" traits besides the deviant body that included pauperism (low income was related to feeblemindedness and inefficiency), certain ethnic groups (specifically the ones typically associated with pauperism), criminal activities, sexual license, and so on (9). One of Davis's points is that, because of the eugenics discourse, for a long time people with disabilities were associated with those other categories, particularly with depravity (9). The idea of a "defective class" that hindered the progress of the body politic was comprised primarily of disability and depravity (9). Davis maintains that, since then, disabled people have been trying to separate themselves from the legacy of that association.

As the deviant body was categorized in relation to the "norm," a number of terms were used to describe it: "crippled," "handicapped," "disabled" (Linton 161). As the debate around disability rights emerged in the 1990s, the latter term has gained support in relation to the others. Simi Linton points out that despite the medical origins of the term "disability," it is used today as a "marker of identity" (162). The process of appropriation of the medical term helped reclaim a status of community for people with disabilities, Linton explains (162). The coalition of people that subscribe to this identity is incredibly diverse. It is comprised of individuals with "significant impairment, people with behavioral or anatomical characteristics marked as deviant, and people who have or are suspected of having conditions, such as AIDS or emotional illness, that make them targets of discrimination" (162). There is no easy answer to the question of who falls into the status of disabled. In a lot of the times it is through the performative process of self-naming that a subject can claim their status as a disabled person and *re*claim the status of disability as a marker of identity. Of course, this recasting of disability can only occur due to the historical circumstances that made that term a site of contestation in the first place.

One of the contexts that made such recasting of the category of disability possible was the advent of the social model of disability, which began in the 1970s in the United Kingdom through the work of the activists in the *Union of Physically Impaired Against Segregation* (UPIAS) (Shakespeare "Social Model" 197). In their view, "it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society" (qtd in Shakespeare *Disability Rights and Wrongs* 12). Their focus on the socially constructed aspects of disability was a departure from the previous medical model that relied primarily on the medicalization of disabled people and on the individual aspects of disability ("Social Model" 197). This British social model became later known, through the works of authors such as Michael Oliver in the 1990s, as the "strong social model," for it proposed a stark distinction between disability and impairment—disability being a result of social exclusion and oppression, part of the public sphere, and impairment being a biological disadvantage, part of the private sphere—and the prioritizing of social transformation, such as the removal of barriers, over rehabilitation strategies (*Rights* 12). Critics of this model, such as Tobin Siebers, claim that social constructionism does not account "for the difficult physical realities faced by people with disabilities" (Siebers "Disability in Theory" 175). Tom Shakespeare also argues that by reinforcing the binary of disability/impairment, the strong social model artificially divides the social and biological aspects of the experience of disability, relegating impairment, in turn, to an essentialist biology (*Rights* 23).

Another, more moderate, version of the social model is what Shakespeare terms Cultural Disability Studies (47). This model follows some tenets of the social model, such as the emphasis on the social oppression of people with disabilities, focusing, however, on the cultural representations of those people and the ways in which that representation cements inequality (47). Critics belonging to this model investigate the discursive construction of disability in areas such as cinema and literature and argue that the symbols and connotations they convey are central to the experience of people with disabilities across different cultures (50).

If the strong social model reinforces dichotomies and relegates physical impairment to the periphery, according to Shakespeare, Cultural Disabilities Studies scholars rely too often on the discursive features of disability while neglecting to pay attention to its material impact on people's lives (52). In response to the shortcomings of these models, Tom Shakespeare suggests an approach based on the social *mediation* of disability. Shakespeare defines what he calls Critical Realist Perspective as a way of thinking that

> accept[s] an external reality: rather than resorting to relativism or extreme constructionism, critical realism attends to the independent existence of bodies which sometimes hurt, regardless of what we may think or say about those bodies. (73)

Similarly, Tobin Siebers calls for an approach that takes into account the bodies that hurt, that feel a real pain which cannot be reduced to social oppression or discursive constructions (*Disability Theory* 61). Pain, for Siebers, is at the crux of the challenges for Disability Studies today, not because it is synonymous with disability, but because of the "few images of pain acceptable to current body theory, [. . .] none of them is realistic from the standpoint of people who suffer pain daily" (61). Siebers' realism of the body understands it as an entity capable of influencing and changing social perspectives and discourse in a reciprocal manner (68).

The reader will notice that a lot of the authors brought forth in the theoretical discussions that will follow in the upcoming chapters (such as Sharon Snyder and David Mitchell, Robert McRuer, Fiona Kumari Campbell, Rosemarie Garland Thomson, and Lennard Davis) are situated within the Cultural Disabilities Studies spectrum. According to Shakespeare, the most important contribution of that school of thinking is the notion that the way a given society perceives disability is heavily informed by "cultural imagery" and, as such, representation should be a major concern (49). That is also, ironically, its most striking shortcoming, for, in his view, these authors are "more likely to write about representations than they are about material conditions" of people with disabilities (52). Shakespeare concedes that the lack of empirical research among Cultural Disability Studies authors is primarily due to the fact that they are, for the most part, in the humanities and not in the social sciences, a factor for which they cannot be considered at fault (53).

As a humanities scholar myself, I cannot help but abide by his criticism and acknowledge that this research is also mostly interested in matters of discourse in relation to disability. This dissertation is, after all, concerned with representation. I do wish to point out, however, that I have tried to keep the material implications of disability mentioned by Shakespeare and Siebers in sight throughout this research, particularly through the choice of investigating graphic memoirs that focus precisely on those material implications. However, I do take some solace in Shakespeare's advice to scholars such as myself, when he suggests "academics who want to make comments about the impact of impairment [. . .] might do well to base their analysis on empirical evidence about how disabled people feel about their embodiment" (67). Within the realm of literature, autobiographical writing seems optimal if one seeks to investigate how people with disabilities feel about their embodiments from their own perspectives. The visual component of graphic memoirs adds to that scenario, as people with disabilities are in charge of representation about their own embodiments in visual as well as in written terms.

Thomas Couser, in *Signifying Bodies: Disability in Contemporary Life Writing* (2009), describes the recurrence of the subject of disability in autobiographies published in the last quarter of a century or so. He calls this boom in autobiographies focused on disability the "some body memoir" (3). Couser is actually expanding Lorraine Adams' definitions of the "somebody memoir" and the "noboby memoir," which distinguish autobiographies written by authors that are previously known to their audience, such as celebrities and public figures, and the ones written by unknown authors, respectively (1). Couser's argument is that the latter, the "nobody memoir," is a lot of times not just the memoir of a heretofore anonymous somebody, but more specifically the "memoir of *some body*," a work that primarily focuses on the narration of the experience of living with a certain kind of embodiment (2, original emphasis). Couser, in sum, claims that "the nobody memoir is often about what it's like to have or to *be*, to live or *as*, a particular body—indeed, a body that is usually odd or anomalous" (2, original emphasis).

Couser argues that the disability autobiography "may be regarded as postcolonial–indeed, an anticolonial–phenomenon," borrowing Mary Louise Pratt's concept of "autoethnography," in that it appropriates and subverts the colonizer's terms to create a representation of oneself as a colonial subject (7). For Couser, disabled populations, like colonized ones, are forced to live under arbitrary rules of others that claim authority over them, and, like "other colonized subjects, disabled people are beginning to produce texts [. . .] that explore the creation of identity within particular subcultures and texts that contest the way the author's community is characterized from the outside" (95). In disability memoirs this is seen most notably in the engagement of medical discourse throughout the narrative. Susanna Kaysen's *Girl, Interrupted* (1993) is one of the examples cited by Couser (8). In Kaysen's account, the narrative is composed of a non-linear juxtaposition of her experiences in a mental institution, along with those of her fellow patients, and meditations about the terminology of her diagnosis of borderline personality disorder. By using the very *Diagnostic and Statistical Manual of Mental Disorders* [DSM] to question the terms of her diagnosis, she confronts the validity of the psychiatric discourse that effectively creates her status as a disabled person.

Although not cited by Couser, another example that comes to mind is Daphne Scholinski's *The Last Time I Wore a Dress* (1997), also a memoir that narrates the experience of being an inmate at a mental institution. Scholinski, not unlike Kaysen, confronts a medical discourse that pathologizes her gender expression as an "inappropriate female" through the use of hospital records and reports of her interviews in the midst and in contrast to the narrative. The same medical tools that are used to literally exclude and stigmatize the subjects in these narratives end up being challenged through the way they are woven into the text. This is the case when Scholinski describes being raped by another patient right after receiving a favorable psychiatric report from her doctor stating that

> overall she has shown a definite and positive attachment both to her therapist and to the overall treatment program here. [. . .] She also has had some concerns with her femininity and has formed appropriate male peer relationships although she is not sexually active. (161)

The irony of the enthusiasm of Daphne's doctors in her newfound (and obviously faked to their benefit) interest in the opposite sex and the subsequent sexual violence enacted by that same opposite sex is hard to miss. Scholinski's memoir is a good example of the ways in which the construction of a deviant body is also associated with a deviant sexuality. At this point, one cannot help but recall the problematics of Davis' suggestion that disabled people are still to this day trying to distance themselves from being associated with depravity and sexual license. Scholinski's account, as well as Davis' suggestion, is emblematic of the need for an intersectional approach in studies, where issues of disability, gender, sexuality, class, and race are inextricably woven together.

1.4. The "graphic body memoir"

Taking Couser's concept into consideration, it can be said then that the same phenomenon described by him, the "some body memoir" boom, is seen in the graphic memoir genre, where a number of works showcase the experience of living with a certain kind of body. What I propose is that in the realm of autobiographies in the comics form, the graphic memoirs, the phenomenon Couser refers to could be termed the "*graphic* body memoir"—a concept that could be applied to all the works analyzed in this dissertation.

The idiosyncrasies of the comics medium justify, in my view, the need for a more specific theoretical framework in terms of graphic memoirs and disability, one that addresses how disability is figured not only in its written narrative, but also within the textual/visual tension characteristic of comics. Another question specific to the cross-discursive medium of comics would be in terms of how the visible/non-visible interaction within frames and sequences of frames causes an impact in the characterization of different types of embodiments. How, one should ask, are these bodies, which have been historically either hidden from sight or shown as grotesquely exaggerated for narrative purposes, given form through the authors' own artwork? What kind of agency is entailed in this type of control over the representation of one's own disability? As Couser warns, "visual representation of visible disability offers new opportunities but also presents new risks and potential pitfalls, because the visual images may overpower verbal cues" (49). Comics may offer even more diverse ways of representation for disability. At the same time, this cross-discursive medium can add a whole new array of dangers in terms of discursive traps. Do these graphic memoirs subvert the usual stigmatizing rhetoric of disability or do they just reinforce it? These are some of the questions to be asked in this investigation of "graphic body memoirs". My hypothesis is that in these “graphic body memoirs” the visual element of the narrative brings forth a literal visibility to disability. Not only do they literally make their disability visible, but through their drawing they also take control of the aesthetics of that disability. How each of the narratives explores that visibility is one of the main concerns of this research.

This dissertation is divided into two larger sections: the first section is dedicated to the investigation of the graphic memoirs *Calling Dr. Laura: A Graphic Memoir* (2013), by Nicole Georges, and *Fun Home: A Family Tragicomic* (2006), by Alison Bechdel, and what Sharon Snyder and David Mitchell define as “narrative prosthesis.” In their definition of the term, disability works in literary discourse as a narratological device that “lends a distinctive idiosyncrasy to any character that differentiates the character from the anonymous background of the ‘norm’” (47). Disability functions, then, as a metaphor for a given character’s unconventionalities in literary works. The questions I am asking in this section are: how does this concept work within the non-fictional context of life narratives and, more specifically, of graphic memoirs? How is it that this “metaphorical use of disability [that brings forth] the materiality of metaphor” functions in texts where the disabled body is not necessarily a narrative ploy to convey the uniqueness of a character (48)? In which way is the materiality of the disability metaphor affected by the dual visual and textual discourses of the comics medium? Both *Fun Home*, through the protagonist’s experience with an obsessive-compulsive disorder, and *Calling Dr. Laura*, through the protagonist’s account of dealing with encopresis, portray, in my view, disability as emblematic of other aspects of the narrative.

Nicole Georges’ graphic memoir is about her search for the biological father she thought dead, the complicated relationships she has with her mother and girlfriend, and her difficult childhood, which is permeated by her experience with encopresis—a difficulty in controlling bowel movements that affects children with emotional problems. The critical literature concerned with *Calling Dr. Laura* is sparse, despite its wide success and awards such as the 2014 Lambda Literary Award. The focus of most reviews is her story with her long lost father and her identification as a lesbian, rather than the experience of disability, which is rarely, if ever, mentioned. Francisca Goldsmith’s review, for example, even compares Georges’ graphic memoir with Alison Bechdel’s *Are You My Mother?*, commenting on the similarities of both lesbian narrators and their complicated relationships with their mothers, but, again, failing to even mention the character’s experience with disability as a child

(36). Other reviews, while acknowledging encopresis as part of her account, do so only in passing: “[a]s a child, Georges suffers from a stomach malady that complicates her thorny relationships with her mother and her stepfather” (Gimenez Smith). This research, on the other hand, will focus specifically on the graphic memoir’s depiction of encopresis and its many discursive implications throughout the narrative.

Fun Home is about Alison’s relationship with her closeted father, her own coming out process, and the struggles of growing up in a turbulent environment. Filled with metanarrative references, the character’s obsessive-compulsive disorder is presented as a response to that turbulent environment and as the initial spark in her autobiographical impulse. A recent recipient of the McArthur “genius” grant, Alison Bechdel has also received a number of awards for *Fun Home*: the GLAAD Media Award (Outstanding Comic Book), Stonewall Book Award (non-fiction), Lambda Literary Award (Lesbian Memoir and Biography), and the Eisner Award (Best Reality-Based Work), among others. Hillary Chute, in *Graphic Women* (2010), for example, dedicates an entire chapter to the analysis of *Fun Home*. She argues that Bechdel’s *ouvre* can be seen as feminist in the sense that it “claims a space for openly sexual female bodies,” mostly in the ways in which it focuses on subject constitution (177). Despite not discussing disability specifically, Chute places embodiment, through both theme and form, at the heart of the narrative in *Fun Home* (200). Ann Cvetkovich, on the other hand, refers specifically to Alison’s OCD as part of the process of archiving feelings, mostly through journal keeping: “Bechdel’s childhood diaries are an especially poignant document in her archive because they also show early signs of her ‘obsessive compulsive’ impulse to document or witness and its relation to creative autobiography” (120). These two examples, Chute and Cvetkovich, illustrate how critical attention has been more focused on the queer aspects of Bechdel’s text rather than its portrayal of disability.

The second section of this dissertation is dedicated to the analysis of visual metaphor in *Tangles: A Story about Alzheimer’s, my Mother, and Me* (2012), by Sarah Leavitt, *Epileptic* (2005), by David B., and *Bitter Medicine: A Graphic Memoir about Mental Illness* (2010), by Clem Martini and Olivier Martini. Visual metaphor is understood here mostly through George Lakoff and Mark Johnson’s theory of conceptual metaphor, as a figure speech that evokes sensory effects on the body (235). Whereas the first section deals with narratives where the narrator is the character with a disability, in this second section I focus more on graphic memoirs that represent disability in others. My questions here are: how does the portrayal of disability in others complicate the idea of *self*-representation and disability? How does visual metaphor impact the experience of representing others with disability? In what ways is visual metaphor employed to reinforce the stigmatization of those characters and in what ways it is used to subvert it?

Leavitt's graphic memoir tells the story of her mother's and her family's relation with Alzheimer's. Set mostly in Canada, it develops over a period of six years, from her mother's diagnosis, in 1996, to her death. The critical history of *Tangles* is meager, despite the fact that, up until now, it has been the only full-length graphic memoir published on the subject of Alzheimer's (Cornog 66). Similarly to *Calling Dr. Laura*, the parallels between Alison Bechdel's work and *Tangles* in relation to the depiction of parental relationships and loss are abundant in the criticism of the latter. David Ulin remarks, for example, that

> whereas Bechdel is interior, obsessive, always turning her story back on itself, Leavitt is more off the cuff, using a series of short, almost standalone fragments to frame a collage-like portrait of the effects of early-onset Alzheimer's. (Ulin)

Despite pointing the similarities between both authors, critics do not perceive disability as a common element in the narratives of Bechdel, Georges, and Leavitt. When critics do discuss the issue of disability in *Tangles*, more specifically, they frequently resort to the use of euphemistic metaphors ("Once the uninvited guest of illness trespasses and enters a household [. . .]") and Manichaeism ("No diagnosis is as evil as Alzheimer's"), for example, to describe Alzheimer's (Eisenstein, Thompson).

David B.'s graphic memoir, *Epileptic*, is about his experience as well as his brother's with the latter's epilepsy. Set in France in the late 1960s, it covers David and Jean Christophe's childhood, a period in which they had a strong relationship, until their early twenties when they had drifted apart. Widely acclaimed by critics and public, the graphic memoir has received the 2000 Angoulême International Comics Festival Prize for Scenario and the 2005 Ignatz Award for Outstanding Artist. A lot has been written about *Epileptic*, particularly in respect to its use of surrealism and visual metaphors. Stephen E. Tabachnick, for example, states "there is no other autobiography quite like *Epileptic* because of Beauchard's ability to meld realism and dream," whereas Andrew

Arnold claims the author “visualizes the invisible” (105, Arnold)[4]. In the graphic memoir, Jean Christophe’s seizures are the invisible, or, as Bruce Dadey claims, they are “a text the family cannot read; his seizures are visible signs without any determinable significance” (18). This dissertation focuses, therefore, on what kind of significance is attributed to Jean Christophe’s disability once it is represented through visual metaphor.

Bitter Medicine is also about two brothers and their relation with disability. It is, however, differently from *Epileptic*, written in conjunction: Clem authors the written sections whereas Olivier is responsible for the visual ones. Winner of the 2011 Calgary Book Award, the joint graphic memoir is about both their experiences with schizophrenia: first, as they deal with their youngest brother Ben’s diagnosis and subsequent suicide, and second, as they cope with Olivier’s own diagnosis of schizophrenia. Set in Canada, in the late 1990s, the graphic memoir also cover the difficulties of accessing mental health care in a failing system. As Sara Ritchie points out, “[w]hat resonates in this book is the frustration that the Martini’s feel at the hands of [the Canadian] health system and the bond that his family forges” in face of that (52). *Bitter Medicine* portrays, therefore, not just the narrators’ private accounts of dealing with disability, but also the public sphere concerning people with mental health issues in that particular society.

Although I did try to achieve a certain level of diversity in the works chosen as the corpus for this research, I cannot fail to account for the fact that they compose a white middle-class selection. Otherwise, the corpus includes works by authors within a range of disability status, sexuality, gender, age, and nationality. I have looked for works that would be emblematic of the issues analyzed here (namely narrative prosthesis and visual metaphor), and that was, for the most part, my primary concern in selecting them.

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[4] David B. was born Pierre-François Beauchard, but, as the author chooses to sign his work as David B. I have elected to refer to him through his chosen name throughout this dissertation. In *Epileptic*, the narrator explains the reasons behind this choice, and this will be further explored in the chapter corresponding to David B.’s work in this dissertation.

NARRATIVE PROSTHESIS AND THE GRAPHIC MEMOIR: *CALLING DR. LAURA* AND *FUN HOME*

2.1. David T. Mitchell and Sharon S. Snyder's Narrative Prosthesis

This chapter is grounded on the concept coined by David T. Mitchell and Sharon S. Snyder, "narrative prosthesis," which refers to the discursive reliance on disability found in literature (47). In *Narrative Prosthesis*, Mitchell and Snyder focus on the symbolic meanings of representations of disability in literature (1). According to them, if we look at some of the major works in literature, we will see that "disability pervades literary narrative, first, as a stock feature of characterization, and, second, as an opportunistic metaphorical device" (47). In their understanding of narrative prosthesis, disability oftentimes works as a narrative device to provide a distinct layer of idiosyncrasy to literary characters, in a way that effectively differentiates them from the "anonymous background of the 'norm'"(47). They argue that

> [w]ithin literary narratives, disability serves as an interruptive force that confronts cultural truisms. The inherent vulnerability and variability of bodies serves literary narratives as a metonym for that which refuses to conform to the mind's desire for order and rationality. Within this schema, disability acts as a metaphor and fleshy example of the body's unruly resistance to the cultural desire to 'enforce normalcy.' [. . .] The body's weighty materiality functions as a textual and cultural other–an object with its own undisciplined language that exceeds the text's ability to control it. (48-49)

This is exemplified and analyzed by Mitchell and Snyder in several literary works, such as *Oedipus, Richard III,* and *Moby Dick,* to name a few. The narrative device of disability is used in literature and other art forms, therefore, to convey the uniqueness of a certain character and, more often than not, as an embodiment of that character's peculiarities, they argue. In this context, Oedipus' lack of insight and reason can be seen as represented in his blindness, for example, Richard III's filmic adaptations emphasizing deformity as a testament to his character, the symbolic limitations of Ahab's prosthetic leg being intrinsically related to his demise, and so on (10, 95, 137).

My effort in this chapter is to expand the implications of the concept of "narrative prosthesis" into non-fictional works such as graphic memoirs. Some initial questions have guided this inquiry: how can one account for the metaphorical implications of disability in works that are explicitly grounded on real life experiences? Where does the metaphor of disability figure, then? In autobiographical texts, the deviant body is not necessarily a narrative ploy to convey the uniqueness of a character, as it happens in Mitchell and Snyder's theory. Life narratives deal with real life disability, something that definitely complicates an assumption of disability as a narratological device in those works. At the same time, one cannot dismiss the discursive effects of disability even in those narratives. In other words, what I propose to discuss in this chapter is: how does effective disability interrupt narrative prothesis in contexts of metaphorical disability? Furthermore, as this dissertation focuses on the genre of graphic memoirs, one important question to be posed is related to the visual component of comics within the discussion of narrative prosthesis. In what ways is the materiality of the disability metaphor transposed to the visuality of comics? Since the visual component in comics allows for a literal visibility of discourse, how is this played out in narratives about disability? My main hypothesis in this chapter, in relation to narrative prosthesis, is that to conceive of disability as a metaphor in those autobiographical contexts may be reductionist whereas working with the trope of metonymy would entail a more complex relation between disability and its symbolical and literal meanings.

To explore the implications of this concept in relation to graphic memoir and disability in this chapter, I will first delve a bit further into Mitchell and Snyder's theory of "narrative prosthesis". They start their work by discussing the ways in which the discursive creation of deviant bodies constitutes a "baseline of cultural undesirability," a mapping out of abject embodiments in society (3). One of their main arguments is, therefore, that "the tradition of negative portrayals [of disability] is tethered to inciting the act of meaning-making itself" (6). As such, Mitchell and Snyder focus their research in a myriad of literary texts that aid in this construction of disability as a sign of inferiority in itself. These texts, they argue, are immersed, then, in a dual process: at the same time that they bring disability to the fore, granting visibility to the issue, they also "produce a form of discursive subjugation," through the constant reinforcement of notions of normalized and deviant embodiments (6).

The first example Mitchell and Snyder bring up of figures with disabilities in an artistic medium is particularly relevant to this investigation as it consists of a visual one: the drawing of "Cripples and beggars" (1550-55) (Figure 1), attributed to Pieter Brueghel (1523/1530-1569) and reproduced on the cover of their book. A contemporary of artists who favored a more classical aesthetic, such as Raphael and others, Brueghel chose instead to work with subjects that were decidedly not embodiments of symmetry or nobility. The focus on peasant scenes and cripples that would later set the artist apart from his contemporaries is evident in a quick look on some of his most renowned paintings: *Mad Meg* (1562), *The Blind Leading the Blind* (1568), *The Peasant Woman* (1568), and *The Beggars* (also known as *The Cripples*) (1568) (Figure 2).

Figure 1: "Drawing of Cripples and Beggars" (Brueghel)
Figure 2: "The Beggars" (Brueghel)

Mitchell and Snyder argue that Brueghel's paintings focus on the potential of the representations of deformity and disability to highlight concealed facets of life within classicism (4). The theme of the "human condition" is, therefore, brought to the fore through the saturated display of deviant bodies in Brueghel's works (4). Instead of longing for the ideal proportions, for the ideal human figure, as his classicist contemporaries were prone to, Brueghel's paintings hinted that the singularity of human life lies within the crudeness of its form, in its perceived (and constructed) flaws. Brueghel's works appear to be an early example of disability being used as a narrative tool with which to convey particular meaning, i.e. the uniqueness of the common people, or to bestow a type of "artistic integrity" or prestige to a work of art. Defiant of classicism, Brueghel is, therefore, emblematic of a moment of transition in the artistic tradition, Sharon and Mitchell argue.

Yet Brueghel is also emblematic of the "contradictory aspect of [Mitchell and Snyder's] conceptualization of narrative prosthesis: he detailed 'crippled' differences faithfully while simultaneously metamorphosing those differences into social satires" (5). In other words, at the same time that disabled people became subjects of artistic endeavor, they were also used to convey allegorical meaning through their embodied deviance. The page dedicated to the painting "The Beggars" on the Louvre's website, for example, corroborates this reading and explicitly emphasizes the allegorical nature of the bodily deviance imagery related to the political situation at the time: "the work would be a satirical parody, with the beggars representing the different classes of society on the road to ruin" (Adeline). Mitchell and Snyder's argument is that the conflation of disability with degraded humanity, while innovative in the sense of questioning artistic tradition at the time, did little to challenge conventions about disability however much it provided a new artistic tool for Brueghel and others that followed him (5).

Brueghel's ambiguous use of disability, as an artistic novelty imbued with links to social deviance, can be seen reflected in many of the works discussed by Mitchell and Snyder (5). In terms of representation, they argue, people with disability have not experienced a lack of visibility about them in literature, film, or other forms of art (6). On the contrary, the exclusion of people with disabilities has occurred through and because of their widesapread visibility, from Brueghel's time till today (6). In Mitchell and Snyder's view, this apparent oxymoronic scenario is part of a larger process in which the narration of disability is, in fact, "an attempt to bring the body's unruliness under control" (6). The use of disability as a narratological device and metaphor is, thus, part of the ongoing process of normalizing of the body while appropriating the allegorical meanings associated with deviance.

Mitchell and Snyder's concept is grounded on the meaning of prosthesis, a term they argue is already embedded within an "unsteady rhetorical stance" (6). If a body is deemed lacking or dysfunctional, a prosthesis functions as a means to amend that, as a compensation of sorts that seeks to restore it to the closest degree of normalcy as possible. In sum, a prosthesis functions as an illusion that corroborates and reinforces the assumption of a normalized bodily experience (6). And, as an illusion, it will inevitably fail at its task to normalize differences. Of course the idea of the normal body is also an illusion in itself and Mitchell and Snyder refer to Lennard Davis' work on normalcy to reiterate that. As the normal body and the norm are unattainable, the prosthesis serves as a measuring rod from which to set apart the abnormal bodies (7). The discursive creation of disability is necessary, thus, to produce the difference that delineates the context for normalcy. Borrowing Judith Butler's work on the construction of the abject, it is the force of exclusion and the creation of these "'unlivable' zones" of existence that make it possible to regulate the normal (3). The use of prosthesis could be seen, in this context, as an identificatory practice that materializes bodily difference and reiterates the concept of acceptable normalcy and non-acceptable deviance.

The concept of a *narrative* prosthesis follows these parameters in literature. Mitchell and Snyder state that "*narrative prosthesis* is first and foremost about the ways in which the ruse of prosthesis fails in its primary objective: to return the incomplete body to the invisible status of a normative essence" (8, original emphasis). The failure of the illusion of normalcy inherent in a prosthesis works in literature in a way that discloses the purposes of that very illusion. In narrative prosthesis, the ironic outcome is primarily the exposure of difference instead of its concealment in favor of the norm.

The transgressive potential of exposing the illusion of the prosthetic relation to the body in literature is, nevertheless, unfulfilled, Mitchell and Snyder argue. The authors question the real world implications of narrative prosthesis for populations with disabilities:

> While disability's troubling presence provides literary works with the potency of an unsettling cultural commentary, disabled people have been historically refused a parallel power within their social institutions. In other words, while literature often relies on disability's transgressive potential, disabled people have been sequestered, excluded,

> exploited, and obliterated on the very basis of which their literary representation so often rests. Literature serves up disability as a repressed deviation from cultural imperatives of normativity, while disabled populations suffer the consequences of representational association with deviance and recalcitrant corporeal difference. (8)

Whilst Mitchell and Snyder state that this paradox between the artistic and the historical cannot be reconciled, I wonder if the contemporary trend in what I refer to as “graphic body memoirs” could be seen as an appropriation of this discursive use of disability that could, perhaps, unsettle this statement.

As this study is not meant to be a comprehensive review of disability in comics in general, or even in graphic memoirs for that matter—although it would indeed be an interesting research topic to be pursued in the future—two key texts were chosen for analysis. They were defined primarily on how the representations of disability within them can be looked at through an autobiographical and a narrative prosthesis lens. By that I understand texts that are inserted within the autobiographical genre, that have disability as a relevant element in the story, and that that element could be seen as constructed both literally and metaphorically in the overall narrative. The two graphic memoirs chosen to be analyzed in this chapter are Nicole S. Georges’ *Calling Dr. Laura: A Graphic Memoir* (2013) and Alison Bechdel’s *Fun Home: A Family Tragicomic* (2006). Georges’ graphic memoir interweaves the author’s troubled childhood alongside her experiences with encopresis, an illness in which the child has issues related to the control of bowel movements most likely due to stress. Bechdel’s work revolves around her relationship with her father, Bruce, and how his violent and flamboyant personality disrupted the family life. As a child, Alison went through an obsessive compulsive phase, most likely related to her unstable home environment, the narrator suggests (139). Despite the fact that both works describe real life experiences of the authors with disability, their narratives also point to disability as allegoric of problems within the family life.

2.2. *Calling Dr. Laura*: "I didn't tell you this part about the stomach pains [. . .]"

Nicole S. Georges' *Calling Dr. Laura: A Graphic Memoir,* at first sight, centers on the author's search for her biological father, whom she thought dead, but the narrative revolves around many other topics: the difficulties of growing up in an unstable home, the ins and outs of her relationship with another woman, and the implications of coming out to her overbearing mother. Throughout the narrative, the narrator repeatedly alludes to the difficulties of her childhood, more specifically to the way her mother's parade of bad boyfriends, later turned into unsuited father figures, had an impact on her early years and on their mother-daughter relationship. Most of the narrative set in Nicole's childhood years revolves around the violent repercussions of her mother's harmful relationships, for example. The narrative suggests that such lack of stability in the family life eventually takes a toll on the child Nicole, physically speaking. The use of narrative prosthesis in Georges' graphic memoir can be seen, thus, in the metaphorical implications of the character's physical illness with her unstable home environment.

As a child, the narrator tells, Nicole is frequently afflicted by what she describes as "stomach pains"—a misnomer, since the pains have more to do with the lower digestive system and the control of bowel movements than with the stomach *per se*. The need to wait out the urges to go to the toilet and the techniques Nicole comes up with to deal with the issue are the focus of many chapters:

> I didn't want to go to the bathroom. I just didn't. [. . .] It was important to wait until the feeling passed before standing up or moving around. [. . .] Because if I didn't wait and control my urge to go… My bowels couldn't control themselves. (41-44)

The issue of "stomach pains" first comes up in a homonymous chapter, with the adult narrator describing the feeling associated with going to the bathroom while the visual narrative portrays the child Nicole practicing the exercise of controlling the urge in the middle of a playdate (Figure 3).

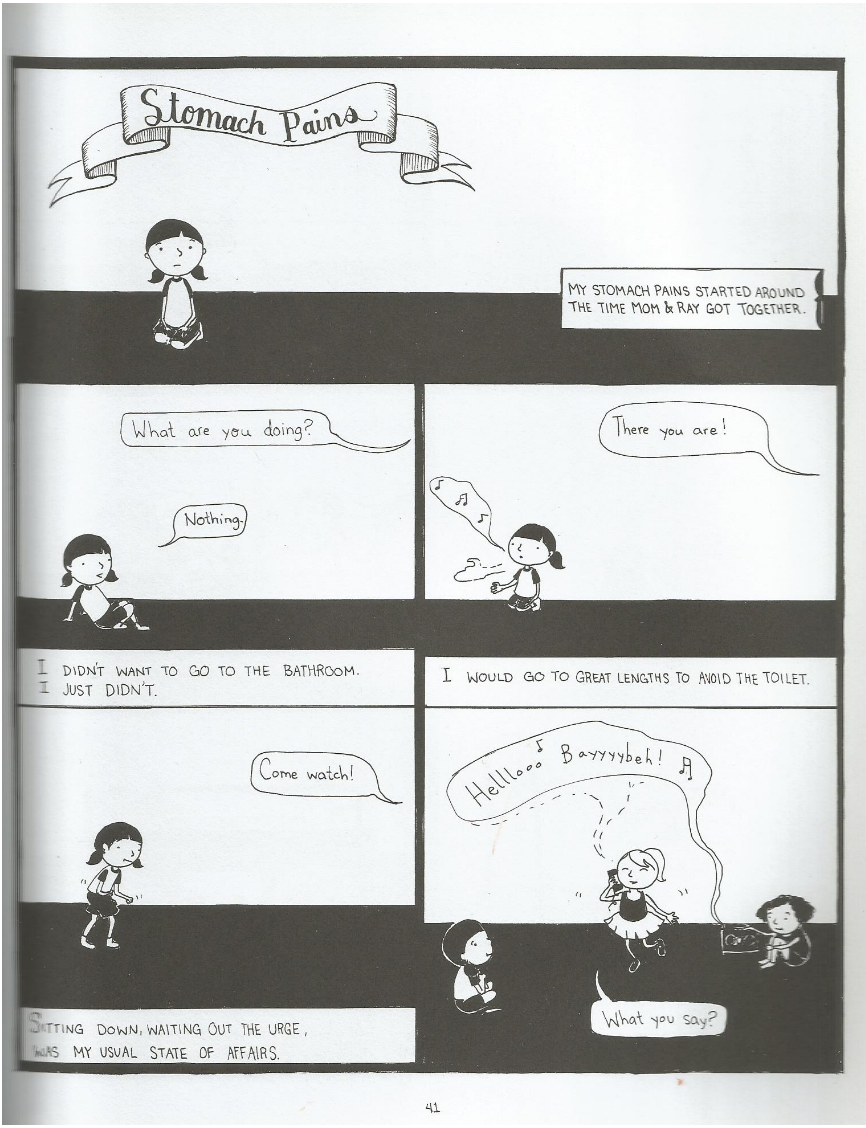


Figure 3: *Calling Dr. Laura* (41)

The subsequent pages continue the depiction of the playdate, with the girls dancing and singing along to music while taking turns wearing a tutu. The apparent joy of the scene is countered by the voice of the narrator conveying the sense of shame and guilt for soiling and ruining the "prized tutu" towards the end of the chapter (45).

The "Stomach pains" chapter is a good example of the way in which cross-discursiveness in comics works: visual and written narratives are juxtaposed in the structure of frames and pages, exposing the discrepancies of each voice. The visual narrative in this chapter is set in the character's childhood, during a playdate, while the written language on the top of the frames signals the narrator's voice, set in the "present" and radically different in both tone and style. We see in the page two versions of the narrator's self, the adult self as the narrator's voice and the child self, visually represented. Hillary Chute refers to this characteristic of autobiographical comics as the "inbuilt duality of the form," a feature in which the "double narration [. . .] visually and verbally represents the self, often in conflicting registers and different temporalities" (5). In graphic memoirs, one effect from the tension arising from the conflicting discourses in comics is the denaturalization of notions of authority in autobiography, for example. The ontological status of the autobiographical *I* is called into question as it visually splits between narrating *I* and subject *I*, with the contrasting perspectives contributing to the representation of a constructed and fragmented self. In the page shown previously (Figure 3), the plurality of autobiographical voices is evident. On the one hand the young character is represented as trying to avoid going to the bathroom. On the other hand, the reader receives this information only through the voice of the adult narrator. The constructedness of the autobiographical narrative is exacerbated through this fragmentation of representation of the narrator's self and her memories.

Additionally, *Calling Dr. Laura* makes use of another resource available to comics, such as visually differentiating the narrative set in the present and the narrative set in the past. Since all of the references to encopresis occur in the chapters set in her childhood, it is important to understand how they are differently conceived within the overall narrative. In Georges' work, the chapters set in the "present" are more realistically drawn, the characters have more nuanced features, the setting is detailed and composed of a palette of different shades and textures of grey, black and white. The scenes that take place in the author's childhood period are, on the other hand, more simple in style, almost cartoonish, and colored only in black and white. The drawing of the chapters set in the past is minimalistic, with an abundance of blank space in the frame, which further emphasizes the sense of loneliness of the character—a significant feature in the use of narrative prosthesis in

Calling Dr. Laura, as further analysis will point out. The following images (Figures 4 and 5), taken from each type of chapter, illustrate the difference between styles:

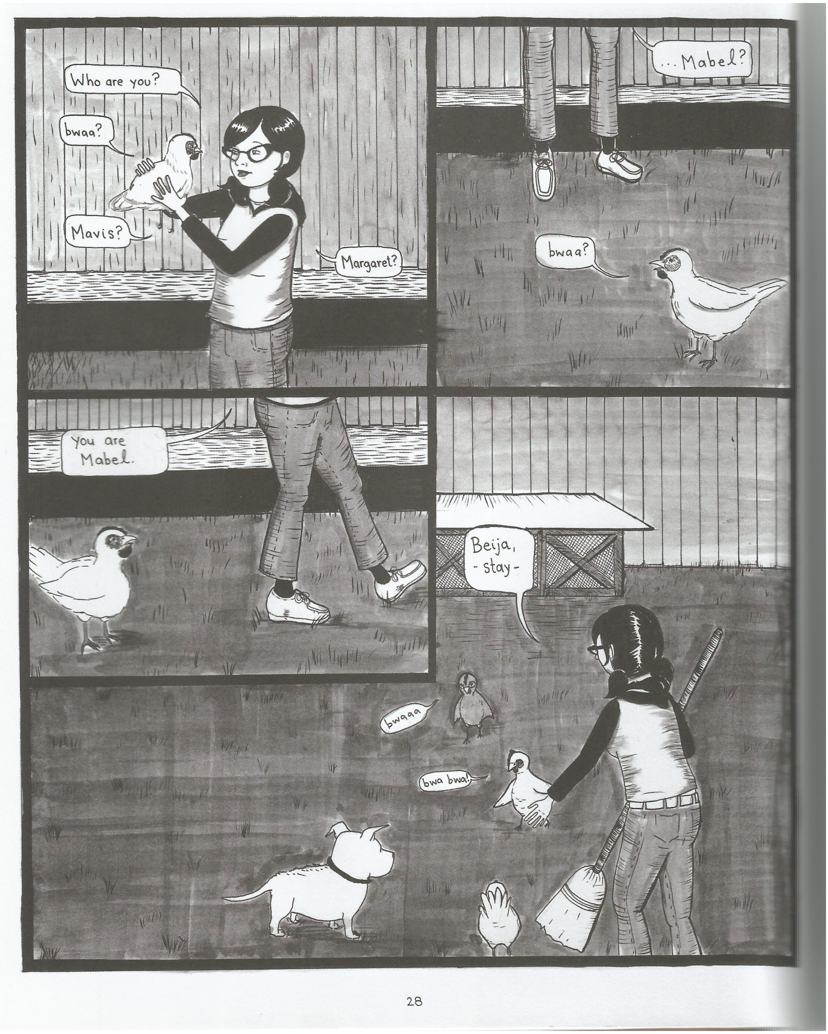


Figure 4: *Calling Dr. Laura* (28)

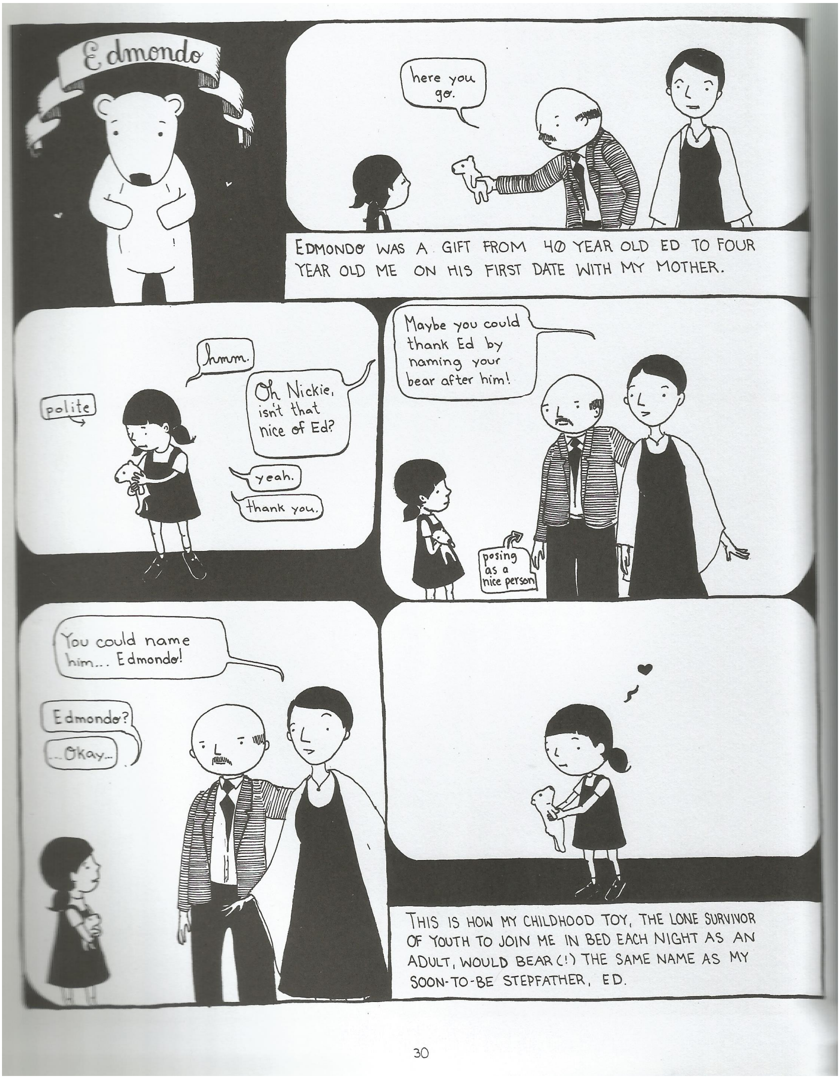


Figure 5: *Calling Dr. Laura* (30)

The discrepancy between drawing styles can also be seen as a visual indicator of the complexities of memory. As Thomas Couser argues, “memory is not a stable, static record that could ground a reliable written narrative; rather, it is itself a text under continuous unconscious revision" (*Altered Egos* 17). The further back one goes in re-collecting life events, especially traumatic ones, the more difficult it is to re-construct the minutiae about them. At the same time that memory serves as "both a source and authenticator of autobiographical acts," it is elusive in its constant re-creation of the past (Smith and Watson 16). In terms of traumatic memories, specifically, this re-construction is often more fragmented or even obsessive (21-22). Autobiographical writing is, then, used by some subjects as one method of trying to retrieve these fragmented memories and consolidate them into a (somewhat) coherent narrative (22). Graphic memoirs, on their turn, can offer unique ways to explore the nuances entailed in the process of re-creating the past. In *Calling Dr. Laura,* the difference of style between chapters illustrates the particularities of negotiating the re-creation of recent and of old memories, staging a contrast that mimics the different types of memories being recalled.

The contrast between past and present is also emphasized in the overall structure of the narrative, with short chapters set in adulthood and in childhood interspacing each other. The themes of each chapter suggest how the events of Nicole's childhood relate to the ones in her adult life, without, however, indicating a direct causal relation between them. One example of the connection between past and present chapters can be seen in the way Nicole interacts with animals and sees herself as a caregiver. In the chapter "Edmondo," set in the past, for instance, the child character is shown clutching her new stuffed animal and promising to protect it from the fight between her mother and stepfather going on in the other room (Figure 6). The narrator explicitly refers to the violent environment in one of the frames: "I can't recall there ever being peaceful middle ground in Florida, only conflict" (31). The abuse described by the narrator is also perceived through the visual narrative, as some frames appear to be taken over with word balloons filled with indicators of trash talk and onomatopoeic signs such as 'Slap' and 'thud' (31). Apparently helpless, young Nicole is portrayed seeking refuge in bed, alone, and scared. At the same time, the character talks to and comforts the stuffed animal, reassuring it: "I'll take care of you" (31). This nurturing action is echoed later in the narrative, when Nicole, as a grown-up, takes care of the wounded pet chicken Mabel (Figure 7). As an adult, being a vegan and an animal lover are two characteristics of Nicole's personality that are constantly reinforced in the narrative. When finding out that her other pet chickens had hurt the newly adopted Mabel, Nicole's words even resemble the ones of her childhood chapter. She promises: "I will heal you" (74). The importance of this action can be visually perceived through the distribution of frames in the page and throughout the chapter, which is mostly about Mabel’s injury. Almost an entire page is dedicated to the scene where Nicole holds and reassures Mabel, for example, while the healing chicken occupies the final frame of the chapter and the biggest frame of the page.

Figure 6: *Calling Dr. Laura* (31)

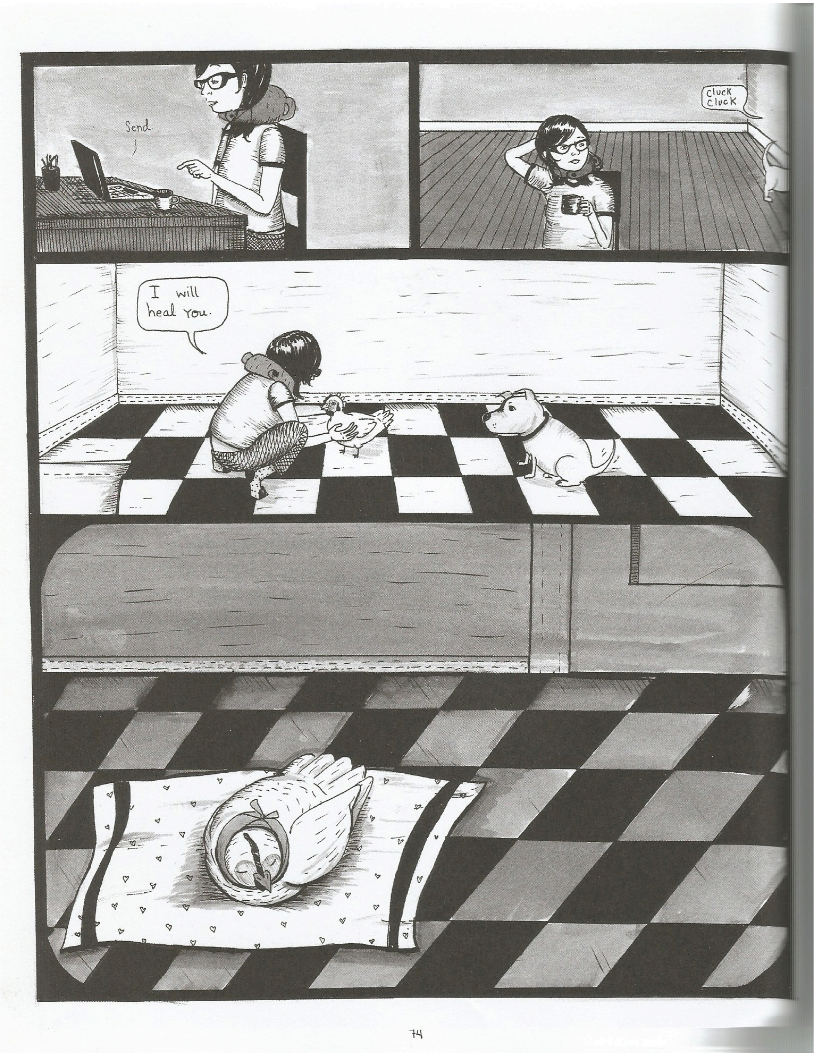
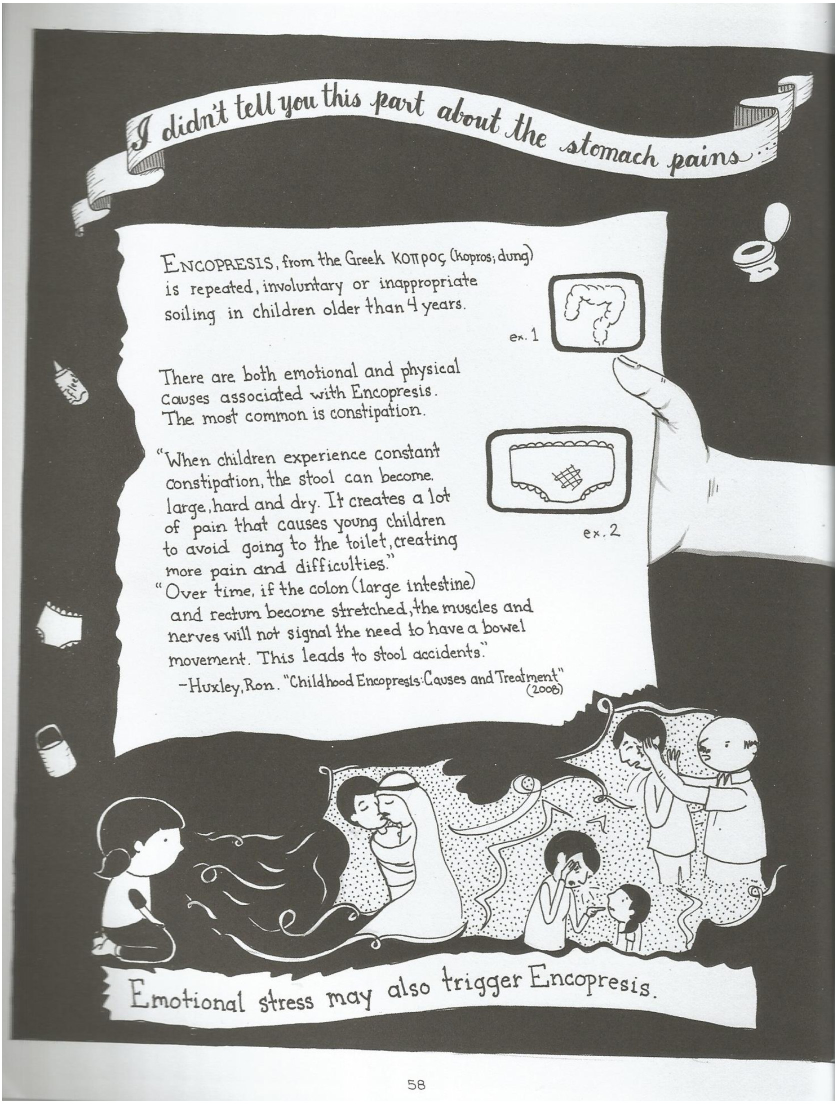


Figure 7: *Calling Dr. Laura* (74)

The dialogue between present and past, therefore, constantly informs the weaving of the narrative as a whole. Nicole's references to encopresis, although restricted to the chapters set in her childhood, influence the narrative set in the present. Through the juxtaposing of chapters, one can then infer the extent of which the issues related to the extreme need for control, associated with her stomach pains as a child, pervade the narrative taking place in the "present" time. The experience with encopresis can be seen, then, as haunting the work through its use of narrative prosthesis. Not encopresis *per se*, but the allegory of it as it resurfaces throughout the story.

The first reference to the stomach pains already points to their allegorical tone within the story: "my stomach pains started around the time mom & Ray got together" (41). The allusion to encopresis is, from the beginning, intrinsically tied to her home environment and her mother's influence on it. A few pages earlier, in another chapter about her childhood, the narrator describes the context of stress and abuse that surrounded her mother's relationship with Ray at the time (30-1). So, from the start, the narrative suggests that these pains are related to larger issues in the child's life and not something isolated. In another chapter we learn the medical term for her stomach pains, 'encopresis,' and some of the factors that may trigger it, according to medical literature (Figure 8). The chapter entitled "I didn't tell you this part about the stomach pains" begins with a full-page frame that epitomizes the use of narrative prosthesis in Georges' graphic memoir.



I didn't tell you this part about the stomach pains...

ENCOPRESIS, from the Greek κοπρος (kopros; dung) is repeated, involuntary or inappropriate soiling in children older than 4 years.

There are both emotional and physical causes associated with Encopresis. The most common is constipation.

"When children experience constant constipation, the stool can become large, hard and dry. It creates a lot of pain that causes young children to avoid going to the toilet, creating more pain and difficulties."
"Over time, if the colon (large intestine) and rectum become stretched, the muscles and nerves will not signal the need to have a bowel movement. This leads to stool accidents."
–Huxley, Ron. "Childhood Encopresis: Causes and Treatment" (2008)

Emotional stress may also trigger Encopresis.

Figure 8: *Calling Dr. Laura* (58)

The frame presents the juxtaposition of a medical definition of Encopresis and a series of traumatic situations in young Nicole's life that could be associated with the emotional stresses considered triggers.

The composition of this particular image is rather unique in relation to the rest of the narrative. The narrator addresses the reader directly through the title, for example. The black background contrasts this frame to the other ones in chapters set in the author's childhood, which are predominantly abundant with white/blank space. A hand—whose owner remains unidentified in the frame, but presumably is the adult narrator's, as it is more realistically drawn—holds a paper with clinical definitions of encopresis and illustrations of a large intestine and a pair of soiled underpants. The realistic drawing of the hand is contrasted to the more simple, almost child-like, depictions of a toilet, a bottle, a bucket, and a pair of panties in the background. Throughout the narrative, this frame marks one of the only moments in which the two styles, the minimalistic and the detailed, share space. The two contrasting drawing styles again establish the relation between past and present time in the narrative and here they indicate as to how differently perceived the stomach pains were then to the child Nicole to how encopresis is seen now by the adult narrator.

The visual elements of the past are strewn in the frame, unorganized and scattered, for example. The two pairs of panties are emblematic of this difference in perspective: they are similar and one could even presume them to be the same one, with the first being clean and the second being soiled. The one in the background is related to the childish memories, right next to the bottle and the bucket; the other one is shown inside the paper being held by the adult hand and appears to be within a photograph, not just drawn onto the paper. To further the distinction between past and present perspectives, the first is shown loose within the background while the latter appears labeled and categorized as "ex. 2" in the paper with the medical definition of encopresis.

The contrast between past and present perspectives in the subject of encopresis can be seen in the language related to it as well. As a child, Nicole is portrayed as having problems articulating the causes of her discomfort with the stomach pains or why she would choose to avoid the toilet at all. In another moment in the narrative, her mother asks her if she avoids going to the bathroom because it hurts, to which Nicole only vaguely replies with another question: "Kind of?" (59). The narrative constantly alludes to the lack of control of the character regarding her own life as a child, while also emphasizing the lack of linguistic skills to describe her situation. If as a child, Nicole has difficulty articulating her situation, as an adult, the narrator chooses to borrow medical language to communicate the roots of the stomach pains. The appropriation of a medical voice that is not her own to describe the causes and treatments of encopresis is visually emphasized through the use of a different font in this specific frame. The serifed typeface shown in this full-page frame visually distances this discourse from the voice of the narrator used elsewhere. Another, perhaps more obvious, way is the attribution of the definition to a specific medical source.

The quote from Ron Huxley's *Childhood Encopresis: Causes and Treatment* explains that children who deal with encopresis often avoid going to the toilet because of the suffering associated with it, which in turn stretches the colon and rectum (58). Constipation is, therefore, both a cause and an effect of encopresis and a common result is the loss of sensitivity to bowel movements, ending in stool accidents. In the following page, the narrator quotes yet another medical source, this time from the American Academy of Pediatrics, which explains that children who are "anxious or emotionally distraught over some aspect of [their] life over which [they have] little control, such as family conflicts [. . .]," are prone to experience fecal soiling (59). As socially taxing as the stool accidents may be, and Nicole retells several of them throughout the narrative, the child's need for control is greater, explain the several medical sources.

The image of young Nicole, crouched down, "exhaling" memories–of her mother with different boyfriends, like Faisal and Ed, of her mother being abused by those men, and of her mother returning that abuse onto her–reaffirms emblematically this feeling of loss of control mentioned by the medical literature on encopresis. Consequently, the illness is constructed by the narrative as a projection, or, better yet, an internalization of the turmoil surrounding the character's life, adding a new layer of complexity to her childhood account. It is not just that Nicole was immersed in a stressful and sometimes violent context; she embodied those conflicts.

The metaphor of that illness permeates the accounts of her childhood. Several situations of her narrative as a child revolve around Nicole having no control of her own life: she hides from her violent stepfather under a blanket, inside a closet; she is commanded to give up her dog when her mother and stepfather break up; she is forced to move several times according to the lives and jobs of her mother's boyfriends; she is "converted" to Catholicism when her mother marries a Catholic man. Her stomach pains serve, then, as metaphorical signifiers of her lack of agency as a child. At the same time, through the effects of narrative prosthesis, they provide a tangible referent to the abstract anxiety that haunts her narrative both as an adult and as a child.

The psychosomatic nature of encopresis is repeatedly suggested by the medical sources quoted by the narrator, which attribute encopredic children's fecal soiling to emotional stress and trauma in the family (58-9). The treatment suggested by that literature, as mentioned in Georges' graphic memoir, is as much about dealing with the physical symptoms as it is about working with the underlying emotional causes through therapy (59). The emphasis on the psychosomatic aspect of encopresis plays into what Susan Wendell refers to as "the Myth of Control," in which the body is seen as an unruly object in need of taming (93). Wendell argues that the Myth of Control is often associated with the idea of mind over body:

> [t]he influence of psychoanalysis on both medicine and popular culture has contributed the concepts of psychosomatic illness and imagined illness to the myth of control, and it has strengthened the older and vaguer notion that the mind can control the body. (98)

In the page quoted previously (Figure 8), the narrator claims that encopresis can have "both emotional and physical causes," the most common being constipation (58). If, as the chapter about the stomach pains suggests, constipation occurs because the character refuses to go to the bathroom, and later in the narrative she appears to do so due to emotional stress, the distinction between physical and emotional causes becomes blurred. Wendell argues that

> diagnosis of psychosomatic illness props up the myth of control in two ways. First, it contributes to the illusion that scientific medicine knows everything it needs to know to cure us [. . .] Second, it transfers responsibility for controlling their bodies to the minds of [. . .] patients. (100)

In this context, the narrative in *Calling Dr. Laura* reiterates the notion of the mind controlling the body in its representation of encopresis.

The narrative's portrayal of the stomach pains, for example, is framed by a medical discourse that categorizes the illness as psychosomatic. The "one thing" the narrator reveals to the reader, as the title of the chapter indicates (Figure 8), is precisely the emotional causes of encopresis in children, suggesting that the stomach pains were more than a child's whim of avoiding the toilet. The juxtaposition of the medical text along with images of her childhood, as discussed previously in this chapter, suggests that the emotional stress being referred to by the narrator is related to her mother. The implication is, then, that the child, in this instance Nicole, manifests those conflicts in her life by internalizing them, which culminates in encopresis. Ultimately, the unruliness of her body as a child is chalked it up to herself, as she internalizes and embodies the non-conformity of her home life. In other words, in accordance with Wendell's notion of the "Myth of Control," by establishing the psychosomatic roots of encopresis, the narrative transfers the responsibility of controlling the body, at least partially, to the young character.

Paradoxically, however, even though the adult narrator brings forth medical discourse—supported by the definition of encopresis and the recommendations of the American Academy of Pediatrics—to define encopresis, as well as implications of treatments and therapy, she acknowledges that no formal diagnosis was ever made. In the same chapter referencing the medical definition of the illness, the narrator states that "[n]o Encopresis treatment or subsequent therapy would come my way," which suggests that this understanding about her stomach pains is connected to her perspective as an adult in the process of re-constructing that experience (60). The narrative in this chapter appears to contradict itself, as the mention of there being frequent doctor's visits conflicts with the narrator's statement that there was no formal diagnosis. One is left to wonder from where the diagnosis of encopresis came, then, if not from the doctors following her case, since its repercussions, both physical and metaphorical, are put in evidence so prominently throughout that chapter. In this apparent self-diagnosis done in retrospect, the narrator "borrows" the "authority" of medical language to classify the experience of bodily deviance as a child. The evocation of medical literature is used to put into words something that had hitherto remained invisible or that was unrepresentable. Borrowing Ann Cvetkovich's term, the illustration of medical references to encopresis works as "technologies of memory," in the sense that they represent "material objects connected to lost pasts that they serve as the site of dense and often unprocessed feeling" (118). The experience of the young character's stomach pains is, therefore, re-framed and re-constructed by the adult narrator through the Myth of Control into encopresis. This process instills medical discourse with an aura of authority, despite the narrator's own indications of doctors' omissions, while simultaneously transferring the responsibility of bodily deviance to Nicole herself.

However, as much as encopresis is featured as a metaphor, the materiality of the stomach pains is just as significant in Nicole's account. As the narrator tells of extremely painful experiences resulting from encopresis, for example, the tangibility of the autobiographical subject is brought to the fore (64). A different passage (Figure 9) illustrates the concreteness of Nicole's disability in the narrative. Unlike Figure 8, where the symbolic status of encopresis is emphasized, in Figure 9 the narrator focuses on the reality of pain that resulted from the illness.

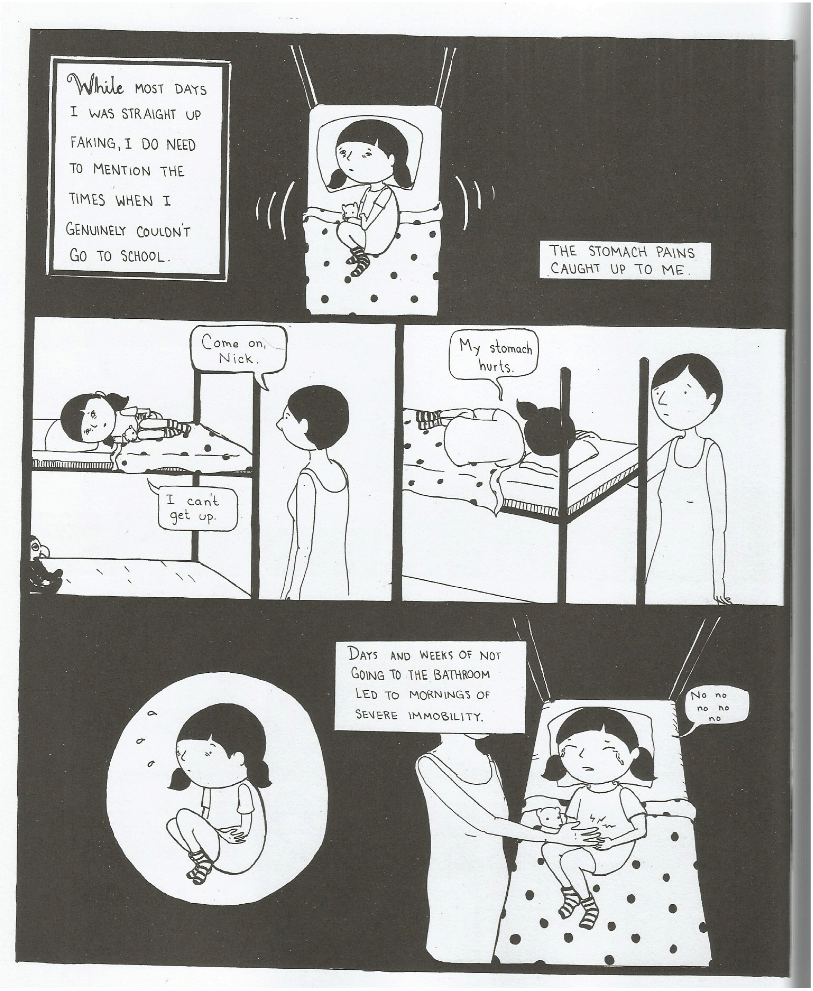


Figure 9: *Calling Dr. Laura* (64)

If in previous pages the narrator mentions having used the stomach pains as an excuse for missing school, in the quoted passage she concentrates on the times in which the pain was actually debilitating (63, 64). The first frame of the page starts with this distinction, in the narrator's view, between fictional and real pain: on the one hand were the pains the young character created ("while most days I was *straight up faking*"), on the other were the pains that could not be discursively controlled ("I do need to mention the times when I *genuinely* couldn't go to school") (64, my emphasis). This passage works as a reminder of the materiality of the experience for the protagonist, even as that experience may be imbued with other symbolic meanings within the narrative.

Here lies the paradox concerning the concept of narrative prosthesis in non-fiction works: Nicole's deviant body both is and is not a narrative ploy to convey the nuances of the story. Encopresis is represented in the narrative as a metaphor for the unruliness of her home life; framing it only as such is, however, reductionist, as it fails to account for the material implications of her disability as a child. As shown in the previous paragraphs, *Calling Dr. Laura* conveys the polysemic characteristic of the representation of disability in the narrative through the continuous contrast between symbolic and material implications of encopresis. This back and forth of signifiers continues as each new depiction stresses a different aspect, in a process that reverberates throughout the narrative without ever achieving closure for the reader.

2.3. *Fun Home*: “It was a self-soothing autistic loop”

Alison Bechdel’s graphic memoir tells the story of the author’s relationship with her father, of coming out as a lesbian, and of how the discovery of the father’s closeted homosexuality may or may not have led to his suicide. The fragmented narrative goes back and forth to retrace her parents’ relationship—how they met, got together and eventually started a family in a small town in Pennsylvania after the Second World War—and the narrator’s realization of her own queer sexuality and gender identity. Throughout the narrative, the presence of her father, Bruce, is prominent, both as a main character and as an influence in her life as a child.

Bruce is described throughout the narrative as a volatile person, prone to tantrums and violent outbursts directed at anyone or anything in the proximity. He is depicted as someone obsessed with details, focusing most of this energy in renovating and refurnishing the historical home they live in (9). Throughout the narrative, the “Gothic revival house” works as a metaphor of the haunting presence of the father in their lives (8). The house seems to reflect the personality and characteristics of Bruce—it is excessive, labyrinthic, enigmatic, and oppressive to the other inhabitants: “His shame inhabited our house as pervasively and invisibly as the aromatic musk of aging mahogany. In fact, the meticulous, period interiors were expressively designed to conceal it” (20). The narrator retraces its history back to 1867, when the house was built in the brief economic boom of their small town in Pennsylvania (8). When Alison’s parents bought the house, the narrator states, it was only a shadow of its original self, something that Bruce spent the following 18 years trying to restore (9). This historical restoration was not a job or even a mere hobby, “it was his passion [. . .] in every sense of the word. Libidinal. Manic. Martyred” (7).

Figure 10: *Fun Home* (17)

In the quoted page (Figure 10), the narrator, however, warns the reader against the simple metaphorical reading of her father and his relation to the house: “It’s tempting to suggest, in retrospect, that our family was a sham. That our house was not a real home at all but the simulacrum of one, a museum” (17). The metaphor is there; the house is represented as a trope within the narrative, “yet [they] really were a family, and [they] really did live in those period rooms” (17). The narrator’s metacomment relates to the discussion about the implications of such metaphors in non-fiction works. The visual discourse accompanying the text on Figure 10 is emblematic of the narrator’s metacommentary, for example. The page is divided into four frames illustrating scenes of the family’s domestic life: going to church, taking a family picture, and sitting at home. Throughout the frames, the conflict of appearances versus reality stands out as the images of a picture-perfect family are undermined by the text. The questioning of the idea of the “*picture*-perfect family” is specifically emphasized as they are portrayed, in the second frame, posing for a photograph, with the narrator’s voice describing how it would be tempting to suggest that the “family was a sham” (17). Jennifer Lemberg suggests that the contrast between staged family photo and the mess of their actual daily lives, seen in the last frame of the page, “reminds us of the ability of comics to depict the life behind formal pictures” (133). As the visual narrative stages the staging of a photograph that, on its turn, pretends to capture the (deceptive) idea of that family, (perceived) reality and (alleged) illusion become inextricably intertwined.

The following frame on the page portrays a close-up of the interior of a room in the gothic revival house, with shining furniture, a candlestick, a mirror, and some paintings on the wall, in a composition almost resembling a still-life work of art. The stillness of the image is contrasted with the frame directly below it, showing a wider shot of the same room, only now populated by the members of the family going about their daily lives. As Lemberg points out, the latter image, “which invites the reader to linger over its length and assorted details, stands to counter several others preceding it, where the family presents a more perfect appearance” (133). The two frames visually represent the conundrum brought forth by the narrator: in a lot of ways the house could be seen as a simulacrum, a flamboyant sign with no referent; in others, however, as the actual home the narrator grew up in. They are both images of the same situation, only from two different yet coherent perspectives: the stillness of the house versus the lively family routine within that same house. The third frame is a section within the fourth one, indicating that even though there were many layers to their lives, the need to appear perfect at the surface was somehow integrated to the imperfectness of everything else. In the narrative, thus, this sequence of frames underlines the ambivalence of tropes, such as the Gothic revival house, within autobiographical works.

Alison's questioning of the reality/façade of her family resonates Jean Baudrillard's words on simulacra: "it is no longer a question of imitation, nor of reduplication, nor even of parody. It is rather a question of substituting signs of the real for the real itself" (167). What would be the real in this case, then? The perfect stillness of the house in one frame is as real a sign as the messy day-to-day lives of the people within it in the other. The perspectives of both frames are valid and yet, somehow, conflicting, which suggests that they are "*signs* of the real" within the narrative (167, my emphasis).

In contrast, the narrative points to Bruce Bechdel as someone obsessed with recreating signs of the real and not the real itself. Baudrillard argues that "[t]o dissimulate is to feign not to have what one has. To simulate is to feign to have what one hasn't" (167-68). The narrator states, in a previous page, that her father "used his skillful artifice not to make things, but to make things appear to be what they were not" (16). Creating the illusion of the ideal family living in the ideal house seemed important to him, as that would, in theory, steer people's looks away from his hidden queer sexuality. He is portrayed as simulating to have the perfect family, while, at the same time, dissimulating a non-normative sex life. The matter is, however, more complicated than that, as Baudrillard contends when questioning the ontological real and defending that "only simulacra exist[s]" (169). If, as the French theorist argues, "[t]he transition from signs which dissimulate something to signs which dissimulate that there is nothing, marks the decisive turning point," Bruce's attempts at simulation and dissimulation only really convey that there is no perfect family to imitate from and that there is no model of normative sexuality to begin with (170).

Just like Alison's family in the period rooms of the Gothic revival house, at one point in the narrative an illness experienced by the protagonist can be seen through the ambivalence of narrative prosthesis in autobiography. The narrator describes how, at one point, the need for control, a characteristic extensively attributed to Bruce in the narrative, becomes an issue for the child Alison as well: at the age of 10 she develops an Obsessive Compulsive Disorder (OCD)—"my actual obsessive-compulsive disorder began when I was ten" (135). Alison's OCD is characterized as an extrapolation of the family's intrinsic propensity to isolation and creative introspection. In a previous page, the narrator comments on the resentment she felt towards her parents' "creative solitude" and the way they would immerse themselves each in their own craft, leading to a perceived feeling of neglect for her as a child (133). Her response was to emulate that behavior and find her own way of immersing (Figure 11).

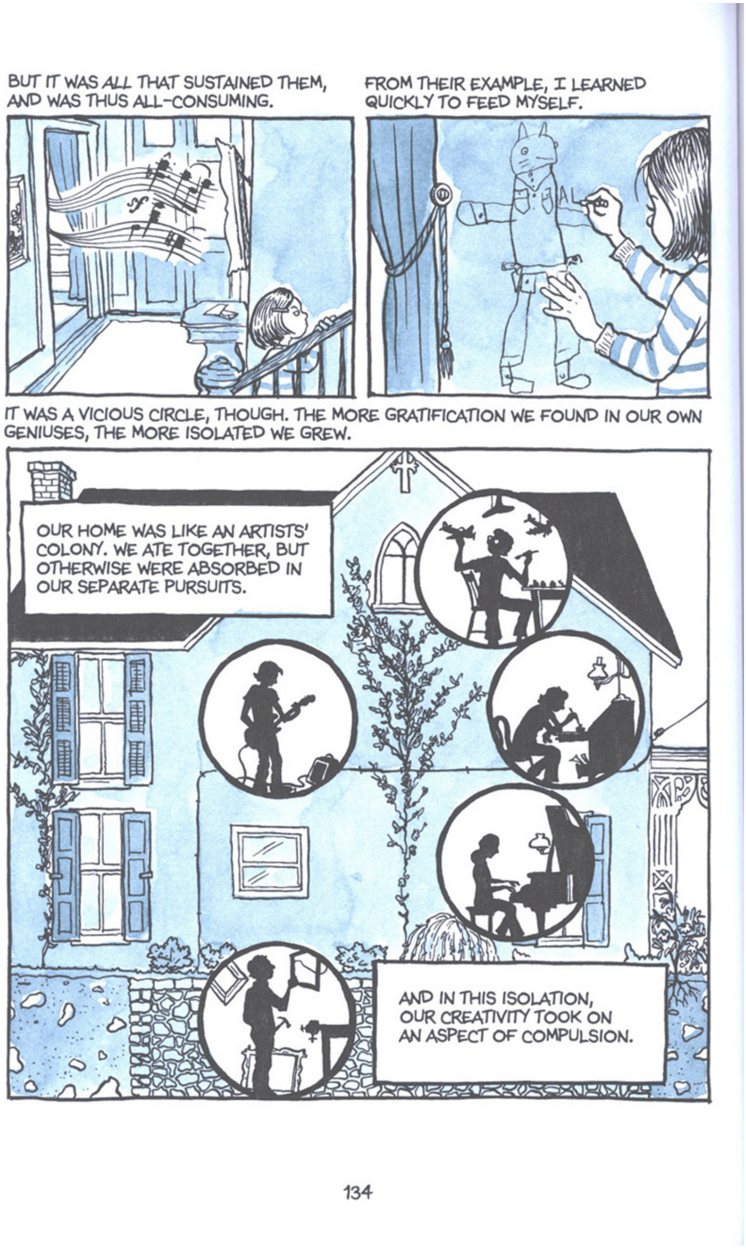


Figure 11: *Fun Home* (134)

In the "artists' colony" that is her house, as the narrator points out, she learns to relate creativity with isolation and compulsion (134). The time lapse from the top two frames, where the protagonist appears to be a small child, to the last frame, where Alison and her brothers seem to be in their teens, indicates isolation as an ongoing factor while the character was growing up. The third and larger frame of the quoted page (Figure 11) depicts the recurrent motif of the house, now as the space that encapsulates the family members in their solitary endeavors (134). They are distributed like separated units in the house, each assigned to a different room and each dedicated to a different activity: miniature modeling, guitar playing, drawing, piano playing, and decorating. The characters in the frame are portrayed as silhouettes against a white background, as if when immersed in their creative projects they would be mere shadows of their selves, as absorbed one-dimensional artists. The caption in the frame states that "in this *isolation*, our *creativity* took on an aspect of *compulsion,*" further emphasizing the connection between art and solitary obsession, in the narrator's perspective (134, my emphasis).

As the adult narrator recalls, the first signs of her OCD involve lots of counting, such as the number of times a faucet drips, or the number of edges and lines in a threshold (135) (Figure 12). The compulsive behavior eventually escalates: "then came the invisible substance that hung in doorways" that had to be avoided at all costs, mostly through the repetition of gestures and rituals (135). The narrator describes how those rituals turned her life at the time into "a laborious round of chores," with exact procedures to be followed at every daily task: such as undressing in a particular order, lining up her shoes in a perfectly symmetrical position, or even the precise order in which each stuffed animal was to be kissed before bedtime (136-37). If any of those tasks was mishandled or done in the wrong order, the whole ritual had to be started from scratch.

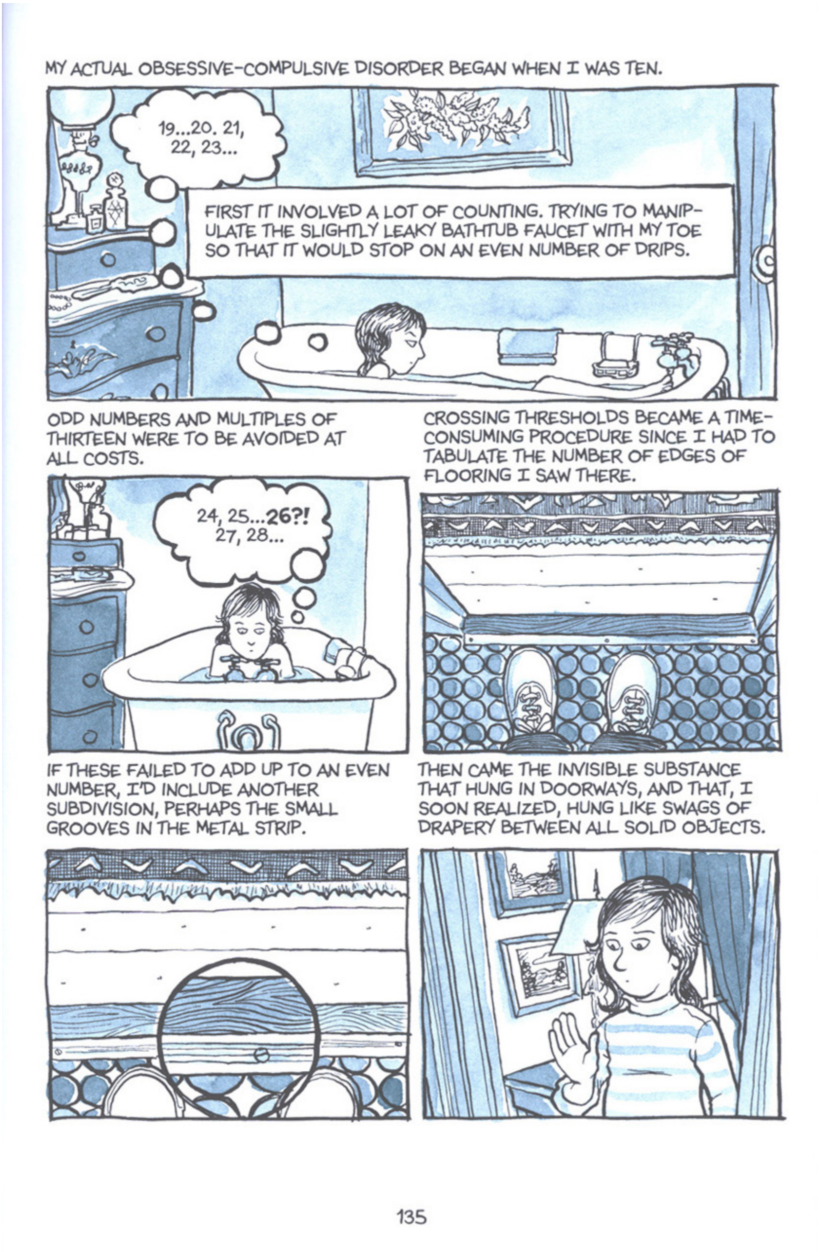


Figure 12: *Fun Home* (135)

The visual narrative portrays the dedication required to go through each of those tasks and invites the reader to focus on the details as much as the character does. The first and second frames of the quoted page, for example, depict the 10-year-old counting drops of water in the bathtub. The arranging of sequential numbers on the thought balloons in each frame directs the reader's attention to the emotional involvement of the counting of each drop, as well as the ominous multiple of thirteen mentioned by the narrator. The third frame in the page, on its turn, places the reader in the first person's perspective of the child Alison while crossing a threshold. The following frame is a close-up of the former one, showing the possibilities of subdivision within that same entrance. A frame within a frame goes even further and displays the grooves in the metal strip of the doorframe as seen through a magnifying glass. The last frame on the page references the "invisible substance," indicated through the empty space in the character's line of sight (135). Overall, the sequence of frames invites the reader, in a way, to participate in the character's compulsion. As emblematic of narrative prosthesis, Alison's desire for evenness can be seen as a reflection of her father's own obsession with order: her obsessions mirror, in a way, his obsessions. This mirroring is emphasized by the fact that the narrator uses similar wording to characterize both characters throughout the narrative—Bruce is "monomaniacal" to Alison's "compulsive" (4, 135). However, if the reader is invited to participate in Alison's experience of compulsion, Bruce does not get such empathy from the narrator when it comes to his own propensity to obsess over details.

The character's unusual behavior eventually catches her mother's attention, as the following page indicates (Figure 13).

Figure 13: *Fun Home* (138)

Similarly to Nicole Georges' young character, Alison as a child is portrayed as having difficulties articulating the causes of her strange behavior. When her mother questions her about feelings of guilt—already assuming and suggesting they were related to her parents—the image depicts Alison blatantly denying, though allowing for the possibility in secret to herself. It is only then that she feels curiosity towards her own behavior, the narrator tells us. Much like the narrator in *Calling Dr. Laura* quoting a clinical book on encopresis, authority in terms of children's behavior comes, for the child Alison, not from her own experience but from a medical source: she is shown looking *Baby and Child Care* by Dr. Benjamin Spock, a famous pediatrician and personality at the time. Dr. Spock's book had a "section on compulsions [that] came closest to describing [her] symptoms," from the obsessive counting to the need to do things in a specific order (138). The last frame in the page depicts an excerpt from the book with a list of compulsive behaviors remarkably similar to those enacted by the young character on earlier pages. The caption in the frame—"So close, in fact, that I wonder if perhaps that's where I picked them up"—is a rather revealing statement (138). The present tense employed in "I wonder" suggests that this is a reflection being made by the narrator, as an adult re-telling her story, not one she had as a kid reading the book while dealing with those compulsions. The sequence of frames suggests that the image of the character reading Dr. Spock's book, in the third frame of the page, occurs right after the second frame, but the text suggests another possibility, as an event that could have happened earlier in her life. Visual and written discourse point to two likelihoods in relation to her symptoms: Dr. Spock's book could have either described them or the book itself could have originated them.

In the following page (Figure 14), young Alison continues to read in the midst of an argument between her parents.

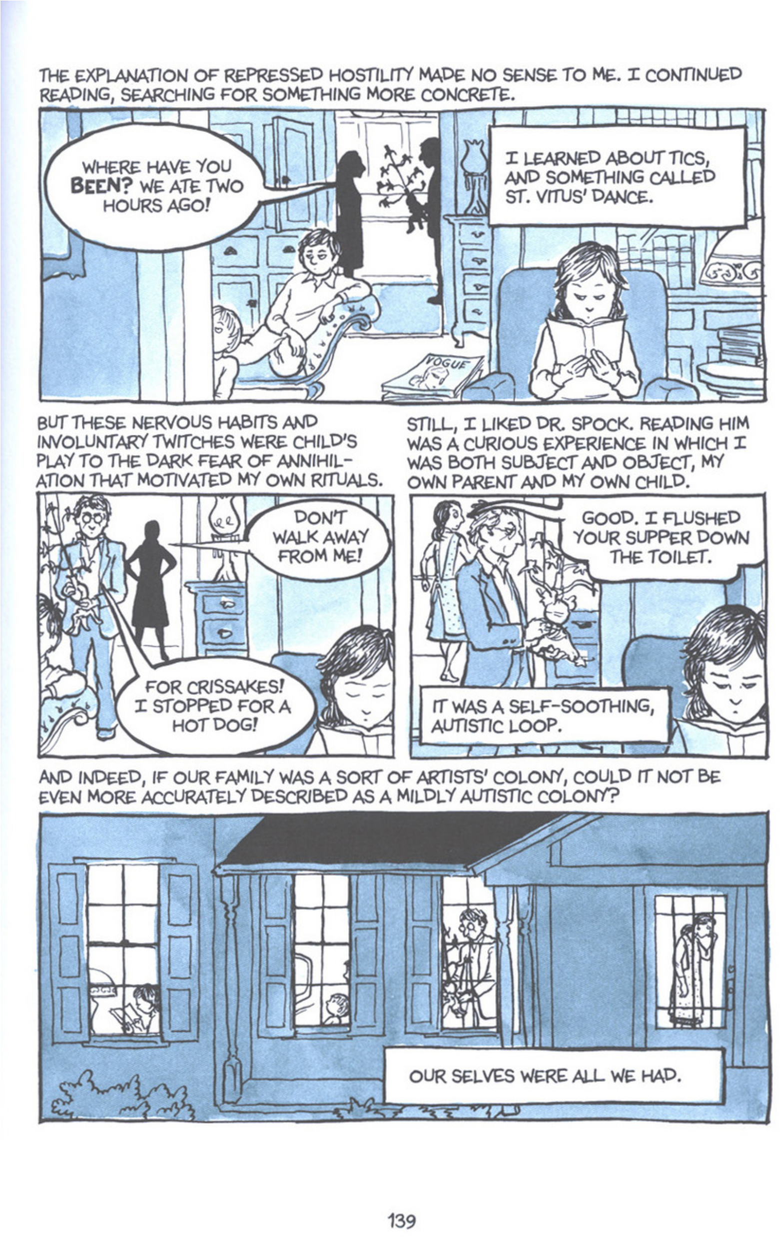


Figure 14: *Fun Home* (139)

All four panels portray her in the same position: sitting down, eyes focused on the book, clearly (trying to) isolating herself from all else. In the top three panels of the page, she is seen at the bottom right of the frames, almost out of the image in the last two of them, while in the background her mother and father yell at each other. The domestic scene that begins with Alison's mother preoccupied with her, in the previous page, is disrupted by the arrival of the father, ominously announced by one of her brothers. His presence in the house is at first indicated by a silhouette in the background and, in the following frames, emerges occupying more and more space at the center of the panels, while the mother is relegated to the back. Just as her parents' argument systematically takes over most of the space within the frames, the written narrative contradictorily states how "the explanation of repressed hostility [from Dr. Spock's book] made no sense to me" (139). As visual and written narratives conflict, the structure of the page seems to emphasize precisely what it explicitly tries to deny, i.e. the repressed hostility towards the father.

Using a narrative prosthesis lens, Alison's compulsive behaviors seem emblematic of the "lingering anxiety" of living in an unstable family environment and resenting it (149). The narrator claims to have dismissed the possibility of her compulsions being a result of repressed hostility, as though that possibility was not "concrete" enough (139). The excerpt of Dr. Spock's book portrayed in *Fun Home* illustrates the symptoms the narrator describes having, while conveniently omitting most of the section in which the author refers to repressed hostility. The following excerpt of Dr. Spock's book[5] shows the passage in full:

> Compulsions may be a response to anxious feelings. One source of anxiety might be hostile feelings towards parents. Think about the childhood saying, 'Step on a crack, break your mother's back.' Everyone has hostile feelings at times toward the people who are close to him, but his conscience would be shocked at the idea of really harming them and warns him to keep such thoughts out of his mind. And if a person's conscience becomes excessively stern, it keeps nagging about such unacceptable thoughts even after he has succeeded in hiding them away in his

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[5] Taken from the revised 9th edition (2012).

> subconscious mind. He still feels guilty, though he doesn't know what for. It eases his conscience to be extracareful and proper about such a senseless thing as how to navigate a crack in the sidewalk. (211)

The abstract language with which Spock refers to compulsion—emphasizing the play between the conscience and the subconscious, for example—fails to describe the character's very tangible experiences with behavioral issues as a child, the narrator claims. The narrator's refusal of Dr. Spock's hypothesis could also indicate the inadequateness of seeing her OCD strictly as a metaphor of her father's compulsions. Both suggestions, repressed hostility and the narratological device of narrative prosthesis, lack the concreteness of the experience for the narrator. Nevertheless, the adult narrator evokes Spock's definition of repressed hostility towards the parents, even as she attempts to dismiss it, placing that explanation of OCD under erasure, as a sign that is "inadequate yet necessary" (Sarup 33).

Unlike *Calling Dr. Laura*, where the narrator makes use of medical literature to define her past experience with illness, the narrative in *Fun Home* does not take these scientific sources at face value. The ineffectiveness of any language to define the character's experiences is underlined through the conflicted versions brought forth by past and present selves: the adult narrator supposes that perhaps the child self materialized symptoms after reading about them, even though the former claims the latter dismissed the book's hypothesis in the first place. Comparatively, medical literature is brought up in this sequence of frames more as a prop than as an authoritative source of information, unlike the narrative in *Calling Dr. Laura*.

In a metacomment that could be read as about the autobiographical effort itself, the narrator concludes that reading Dr. Spock's theories was a "curious experience in which [she] was both subject and object, [her] own parent and [her] own child" (139). The feeling of being both a subject and an object of looking is a recurring one in life narratives (Chute 2). As authors try to re-create narratives they themselves lived, they go through the rhetorical exercise of placing themselves as characters in their own lives. In the context of comics, this representation occurs also through the visual (re)creation of the self as a character on the page, a process Hillary Chute refers to as the work of "retracing—materially reimagining trauma" (2). In *Fun Home*, this "retracing" surfaces in multiple layers throughout the narrative. On one level, for example, the narrator tells us that the child Alison went through the experience of being both subject and object as she read about her symptoms in Dr. Spock's book. On another level, the experience of "retracing" also occurs throughout the narrative as a whole, as the author is involved in the pictorial recreation of the events of her own story. The narrator refers to the feeling of being both object and subject of her story as a "self-soothing, autistic loop," which again could be read as a metacommentary about the feeling associated with the autobiographical impulse that drives the production of the graphic memoir itself.

The final frame of page 139 (Figure 14) portrays the family once again encapsulated within the house, with each member solitarily framed by a window, in a re-reading of the "artists' colony" shown in the final frame on page 134 (Figure 11). The narrator explores the connection between both images: "if our family was a sort of artists' colony, could it not be even more accurately described as a mildly autistic colony? Our selves were all we had" (139). Creativity, isolation, and compulsion are reaffirmed as intrinsic to one another, in the narrator's point of view, through the play of words between artists and autistic's colonies and the similarities between both frames. The frame referring to the autistic colony, differently from the other one, does not show the characters as one-dimensional shadows of their selves. Instead, the characters here are portrayed going on about their daily lives, as if, in comparison, the autistic colony was the real place and the artists' colony indeed a simulacrum.

The narrator makes the connection between autobiographical impulse and OCD in a more explicit manner in the subsequent page: "at some point during my obsessive-compulsive spell, I began a diary" (140). The first entries, as the narrator recalls, were written on a wall calendar from one of the funeral home's suppliers, a gift she received from her father, followed by his instructions of "Just write down what's happening" (140). Some critics, such as Jared Gardner, attribute the causal relation of OCD and diary keeping to Bruce, reading his initiative to encourage her to start writing as a way to "help discipline [Alison's] mounting compulsions and anxieties" (Gardner 2). The "retracing"—now borrowing Chute's term—taking place in this section of the narrative suggests, in fact, a causal relation between the character's OCD and diary keeping, as though one were the outcome of the other. In another frame, the narrator again correlates the two: "then there's my own *compulsive* propensity to *autobiography*" (140, my emphasis). In sum, *Fun Home* characterizes the onset of autobiographical writing for the author as intrinsically associated with the onset of her obsessive-compulsive behavior.

Obsessive-compulsive disorder in the narrative can, therefore, be seen through a myriad of lenses: it can stand for a repressed hostility towards the character's parents, as Dr. Spock's book suggests and Alison's mother seems to agree with; it is representative of the family's innate propensity to creativity, isolation, and compulsion, as indicated by the artists and autistics' colonies frames and references; and, finally, it can be seen as another metanarrative element within a graphic memoir that, in a lot of ways, is about the craft of the graphic memoir in itself. *Fun Home* is particularly rich in terms of metacommentary about autobiographical writing, comics, and drawing, for, as Julia Watson defines it, as "memoir about memoirs, memory, and acts of storytelling, *Fun Home* is at all times an ironic and self-conscious life narrative" (27). The character's OCD plays a prominent role in the self-conscious characteristic of the graphic memoir, for, as I will argue next, as much as it is attributed to the spark in the narrator's autobiographical drive, it is also credited as the source for the constant questioning of the veracity of the facts being narrated as autobiographical.

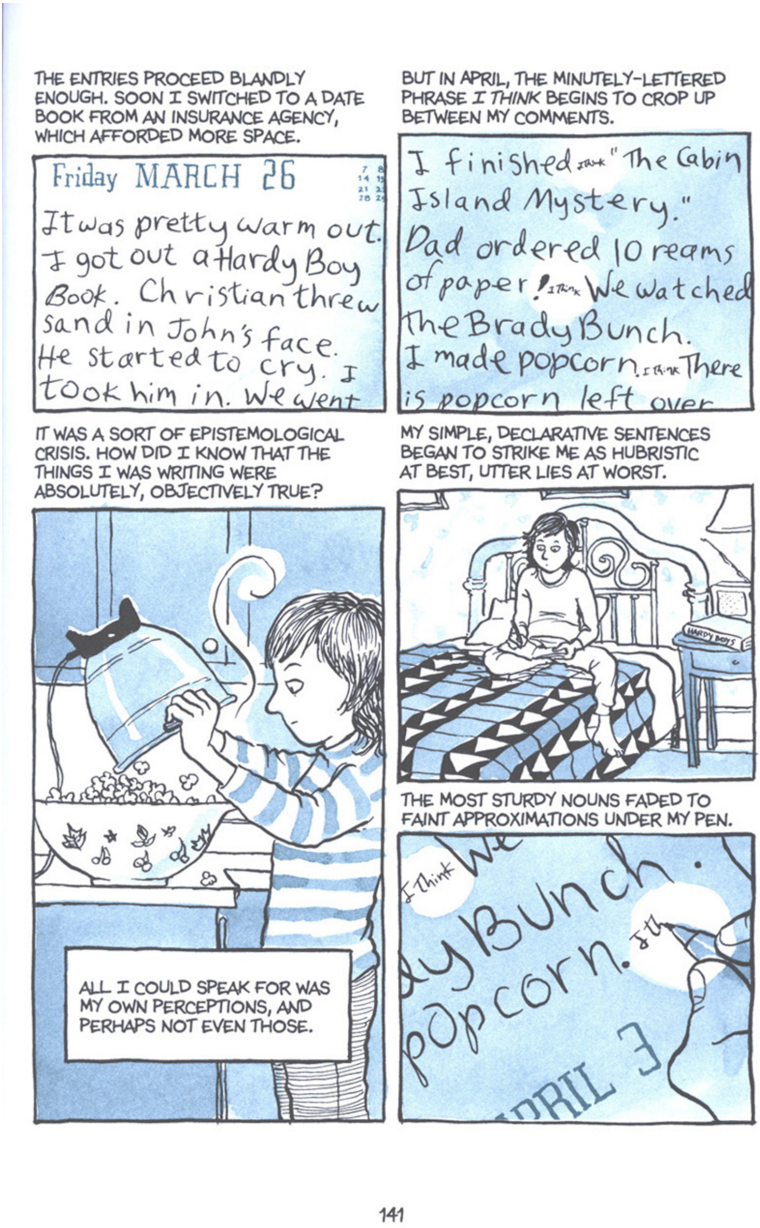

Figure 15: *Fun Home* (141)

Alison’s compulsive inclinations are also responsible for what the narrator calls an “epistemological crisis” (141) (Figure 15). At the same time that she embraces the passion to record her daily life in journals, she also embraces an anxiety towards the written record of those daily events, the narrative indicates. She describes her diary entries filled with the phrase “I think,” for around that time, the narrator recalls, she began to question the veracity of her own experience: “How did I know that the things I was writing were absolutely, objectively true?” (141). The narrator ascribes those concerns to the child Alison, as she was dealing with the symptoms of OCD, but the specter of this questioning echoes throughout the graphic memoir, as the narrator questions the efficacy of language and of her own recollection of events, even as she was writing them. OCD is signaled as the beginning of this questioning, and the beginning of a distrust in things deemed not concrete or objective. In that sense, the narrator’s metacomment could be seen as a dismissal of the symbolic significance of her experience with OCD within the narrative, for metaphor is decidedly not “absolutely, objectively true”. But then again, nothing is, as the narrator eventually realizes.

One of the facts that best symbolizes this realization, and an example of this echo of OCD in the narrative, is the open-ended account of her father’s suicide. Every time the narrator offers a version of the events that lead to Bruce’s death, one can almost feel the “I think” that follows it:

> Maybe he didn’t notice the truck coming because he was preoccupied with the divorce. People often have accidents when they’re distraught. But these are just quibbles. I don’t believe it was an accident. [. . .]
> I have suggested that my father killed himself, but it’s just as accurate to say that he died of gardening. [. . .] The truck driver described my father as jumping backward into the road ‘as if he saw a snake.’ And who knows. Perhaps he did. (28, 89)

The narrator never provides closure for the reader on that issue, but shares, through the constant questioning and revisionism, how even actual events can often feel unreal and how a person’s perspective of them cannot achieve the status of being “objective”.

Furthermore, the young character's notes in her diary question the arbitrariness of language and the stability of connections between signifier and signified: "All I could speak for was my own perceptions, and perhaps not even those [. . .] My *I thinks* were gossamer sutures in that gaping rift between signifier and signified" (141-42). The narrative suggests a repudiation of the Saussurean concept of language, as a closed and fixed system, in which there is room for a speech that could ever be considered "absolutely, objectively true" (141). The character's epistemological crisis favors, in turn, a Bakhtinian dialogic view on the heteroglossia of language, one in which "it is possible to give a concrete and detailed analysis of any utterance, once having exposed it as a contradiction-ridden, tension-filled unity of two embattled tendencies in the life of language" (Bakhtin 272). The anxiety of being confronted with the "living utterance"—defined by Mikhail Bakhtin as the way "any concrete discourse (utterance) finds the object at which it was directed already as it were overlain with qualifications, open to dispute, charged with value, already enveloped in an obscuring mist" (276)—resonates in the narrator's words: "[m]y simple, declarative sentences began to strike me as hubristic at best, utter lies at worst" (Bechdel 141). Language, according to the narrator, was always already inadequate at the function of representing reality for the young character. As Alison delves further into her OCD, the compulsive questioning of the written record of her own life becomes as "onerous" as the other daily rituals she developed around that time (142).

Visual narrative, on its turn, defies that questioning, in a way: just as the narrator points to how "most sturdy nouns faded to faint approximations under my pen," in the final frame of the page (Figure 15), the image portrays the writing of a journal entry. The word "popcorn" is featured in the frame and a hand is writing "I think" right next to it, confirming the narrator's suggestion of the frailty of simple nouns in her early autobiographical efforts. The last image is a close-up of the section of her diary shown in the second frame, on top of the page. The questioning of the noun "popcorn" is, however, apparently undermined by the very concrete image of popcorn being made by the character, in the third and largest frame of the page. Visual narrative defies the "I think" placed next to the sentence "I made popcorn;" it suggests that popcorn was indeed made by the character, whether she questioned it in her writing or not. The cross-discursive tension within the page suggests that the epistemological crisis the narrator refers to was more about the (in)stability of language and its authority to register events than it was about the actuality of those events *per se*. Where written discourse seems insufficient, visual language offers singular insight within the narrative. However, as Gardner points out, the narrative's suspicion of the written word is not to be read as a simple

> rejection of language in favor of images. Images (postcards, polaroids) are no more trustworthy in the truths they share. Instead, what develops over the course of her diary, as Bechdel records it in *Fun Home*, is an increasing sense that text and image are each alone inadequate to the task, and that some merger of the two is required to tell the story of the truth, and the truth of the story. (3)

Fun Home places visual language as self-consciously occupying some of what the narrator calls the "troubling gap between word and meaning," while, simultaneously and continually, questioning whether that gap should be occupied at all (Bechdel 143). In a testament to graphic memoirs as a genre, the re-creation of complex past experiences that defy the ineffectiveness of written language, such as trauma, is, thus, complicated by a denaturalization of the reliability of such images. In the reference to the popcorn, for example, the image of the young character making popcorn apparently contradicts the failure of "popcorn" as an episteme in her OCD journal entry, in the adjacent frame. The question remains, though, whether the "I thinks" experienced in her early autobiographical records extend to the supposedly concreteness portrayed in visual narrative.

The escalation of her OCD-led epistemological crisis, in the narrative, leads the character to develop an abbreviation of "I think":

> Matters worsened in my diary. To save time I created a shorthand version of *I think*, a curvy circumflex. Soon I began drawing it right over names and pronouns. It became a sort of amulet, warding off evil from my subjects. Then I realized I could draw the symbol over an entire entry. Things were getting fairly illegible [. . .]. (142-43)

Gardner argues the entrance of the curvy circumflex symbol marks a turning point in the character's autobiographical process; it marks the "first addition of image to text in her diaries" (3). Indeed, even though the curvy circumflex is something very much connected to the character's writing, the narrator does use the word "drawing" to describe it. At the same time that the created sign relates to written text—as a stand in for the "I think" phrase—it surpasses structural limitations of traditional language in its defiance of lines and space in the page. However, the turning point represented by the curvy circumflex seems to be, more than anything, with its power over language. It is a graphic speech act that effectively does something to language; it is performative in its questioning.

The curvy circumflex pronounces the written language unreliable; more specifically, it pronounces autobiographical writing unreliable—and, by extension, the whole of the graphic memoir narrative of *Fun Home* unreliable. Just as the narrator recalls her young self crossing over entire journal entries with the shorthand curvy circumflex, the narrative also suggests, for the reader, that the entirety of the work should be put under erasure. The autobiographical pact is, thus, subverted, as the presence of the curvy punctuation mark signals to the reader that *This is what happened. As I remember. Perhaps. I think.* In this particular metanarrative note, the character's doubts about essential Truths in recording her own life as a child with OCD end up subverting the idea of authenticity and Truth in autobiography in a larger context, that of the graphic memoir itself.

The character's OCD and the questions represented by the curvy circumflex become irrevocably entangled in the narrative. OCD is a point of departure for the autobiographical impulse at the same time that it is pivotal in the epistemological crisis that followed it. Given the rhetorical importance of the character's epistemological crisis to the overall tone of the autobiographical work, narrative prosthesis appears particularly prominent in *Fun Home*. Obsessive-compulsive disorder is a polyvalent metaphor within the narrative, as it could be read through a myriad of lenses: as an emulation of her father's own compulsions; as a manifestation of the family's inclinations to artistic obsessions and isolation; as a psychosomatic stress-related illness resulting from the tension within the family; as the point of departure to the narrator's suspicions of language; and so on.

VISUAL METAPHOR

Taking as starting points the discussion and analyses of narrative prosthesis and graphic memoir, as seen earlier in this dissertation, this section will explore the wider implications of the use of metaphor in autobiography, in general, and of visual metaphor, more specifically, in the construction of disability in graphic memoirs. In the previous section I analyzed instances in graphic memoirs where one could read disability as metaphor, in conjunction with Mitchell and Snyder's theory of narrative prosthesis. This section is dedicated to graphic memoirs that do not necessarily use disability as a metaphor in their narratives, but that employ *visual* metaphor as a technique of representation of disability.

3.1. (Visual) Metaphor in autobiography — *Ceci n'est pas un* self

As explored in the last section, David Mitchell and Sharon Snyder's concept of narrative prosthesis has, at its core, the idea that disability is often employed as a metaphorical trope in literature (47). This chapter shall begin with a brief introduction of the use of metaphor in autobiographies and how it is tied in with assumptions about representations of the self, entailed in the genre.

Leigh Gilmore, in *Autobiographics: A Feminist Theory of Women's Self-Representation* (1994), discusses at length the subject of metaphor in autobiography and the way this figure of speech is tied to critics' understanding of representations of the self in autobiographical writings. Going back to the 1970s, Gilmore points to how metaphor was one of the main tropes under discussion when scholars such as James Olney, Paul de Man, and Philippe Lejeune tried to bridge the notions of the real and its representation in autobiography (65). In *Metaphors of Self* (1972), for example, Olney argues that the autobiographer creates a metaphor of the self in their writing (qtd. in Gilmore 65). In "Autobiography as De-facement" (1979), de Man, in his turn, opts for prosopopoeia as the rhetorical device that at the same time enables and constrains the self in autobiographical narrative: "prosopopeia is the trope of autobiography, by which one's name [. . .] is made as intelligible and memorable as a face. Our topic deals with the giving and taking away of faces, with face and deface, *figure*, figuration and disfiguration" (de Man 926, original emphasis). Lastly, Philippe Lejeune, in "The Autobiographical Pact" (1975), foregrounds the importance of the name for the definition of autobiography: "the author (whose name refers to a real person) and the narrator are identical" (Lejeune 4). All those authors mentioned by Gilmore conceive the autobiographical subject as corresponding, through different rhetorical devices—metaphor being one of them—to the writing *I*.

The question of the metaphor in autobiography, thus, is directly related to assumptions surrounding the representation of the self. From the mentioned dialogue revolving around the construction of the self in autobiographical works, Gilmore claims that the technologies of autobiography, as she defines them, are mostly about "the relationship between autobiography's privileged signifier of identity, the name, and autobiography's simulation of real life" (65). These technologies deal with concerns over representation and the real, as well as the naturalized assumptions related to the written and the writing *I*s. As technologies of autobiography are grounded in discourses of truth and identity, she argues, the assumption of cohesion is reiterated through a series of narrative techniques. Gilmore criticizes the fact that while the debate around these technologies tries to pin down what makes autobiographical writing unique, or, rather, what makes it different or similar to fiction in its narrative, it unwittingly reinforces the "discourses and practices that construct truth and identity" as stable and unproblematic (66). In other words, such perspective "depends upon taking autobiography's 'realisms,' its *representations* of identity and the real, as identity and the real *themselves*" (65, original emphasis). Even though autobiographical texts carry the signifier of non-fiction, it is important, nevertheless, to distinguish between representation of reality and reality itself. Thus, appropriating René Magritte's famous line in "La trahison des images," the autobiographical text should be read under the caveat of "*Ceci n'est pas un* self."

Gilmore relies on the works of "Michel Foucault (who described sex as a technology) and Teresa de Lauretis (who analyzed the technologies of gender)" to indicate how technologies of autobiography, through their principles of identity, produce and represent the autobiographical subject at the same time that they represent it (18, 25). If, as Gilmore points out, the technologies of autobiography ground this type of narrative to a (constructed) materiality of the self and of reality, they still allow room for a myriad of ways to disrupt it. Focusing on self-representational narratives written by women, Gilmore locates instances in which those technologies are used in order to subvert discourses of identity and truth. Autobiographers, she claims, could find in the contradictions inherent to the technologies of autobiography a way to enact performative agency through a rhetorical self-awareness (25).

Teresa de Lauretis, when discussing technologies of gender, refers to the concept of the space-off as the locus of those inherent contradictions in hegemonic discourse. She proposes that the subject of feminism should appropriate the space-off available:

> those other spaces both discursive and social that exist, since feminist practices have (re)constructed them, in the margins (or 'between the lines,' or 'against the grain') of hegemonic discourses and in the interstices of institutions, in counter practices and new forms of community. These two kinds of spaces are neither in opposition to one another nor strung along a chain of signification, but they coexist concurrently and in contradiction. The movement between them, therefore, is not that of a dialectic, of integration, of a combinatory, or of *différance*, but is the tension of contradiction, multiplicity, and heteronomy. (Lauretis 26, original emphasis)

Both Gilmore and Lauretis think about the possibilities of rupture in the technologies of autobiography and gender, respectively, in spatial terms. Lauretis suggests the idea of the "space-off" to indicate the gaps and cracks of contradiction within discourses (26). Gilmore, in her turn, professes that in order to "locate women's self-representation" and its relation to the technologies of autobiography, she "discovered that a map for finding women's autobiography became a map for getting lost," since the territory is "largely unmapped" (3, 5).

In the genre of graphic memoir one could think of several spaces wherein a rupture of hegemonic discourses may happen. Some of those sites of subversion were explored in the analyses of graphic narratives in the first section of this dissertation, such as the competing visual and verbal discourses present in comics. As visual and verbal discourses contradict each other within the same space, within the same frame even, they subvert the idea of a single stable narrative. This constant contradiction is especially subversive in terms of autobiographical texts that are always already under the constraints of this presupposed stability of the narrating *I*.

The gutter could also be seen as a potential site of rupture within the page, as visual narrative in comics is itself structured around gaps between frames. The white space separating frames sets the rhythm of the narrative while, at the same time, being absent from it. Scott

McCloud defines the gutter as a limbo wherein

> human imagination takes two separate images and transforms them into a single idea. Nothing is seen between the two panels, but experience tells you something *must* be there. [. . .] closure allows us to *connect* these moments and *mentally construct* a *continuous, unified reality.* (66-7, original emphasis)

McCloud's definition presupposes the existence of a stable, unified reality, which is then reconstructed by the comics reader within the space of the gutter. Other scholars, such as Hillary Chute, for instance, depart from the assumption of an attainable closure in comics and the stable reality McCloud's concept entails. Chute reads the gutter as a space to create "disjunction between narration and image" and, ultimately, as a place wherein the author can compose a "complex autobiographical fabric" (141). Thayse Madella, for example, argues that the gutter is employed by Marjane Satrapi, in *Persepolis*, as a narratological device in the construction of diverse and complex identities that reflect the character's social and historical background. The gutter could be seen, then, as the comics genre's space-off, borrowing de Lauretis' term, in its potential weaving of multiple contradictory meanings.

Besides the gutter and the cross-discursiveness of comics, I propose that visual metaphor can be seen as a narratological device within autobiographical comics with the potential to denaturalize realism within the narrative.

The concept of visual metaphor is seen differently by critics in the fields of linguistics, semiotics, and films studies, and, as such, the following section of this chapter shall explore some of the definitions of scholars in these fields and how best they can be used in the study of visual metaphor in the context of graphic memoirs. Most authors associate visual metaphor to the "main tenets of conceptual metaphor theory," which involve instances where metaphoric thought occurs (El Refaie "Understanding visual metaphor" 80-1). Mostly, these studies stem from George Lakoff and Mark Johnson's theory that metaphor pervades our daily lives, "not just in language but in thought and action" (Lakoff and Johnson 3). Basically, they argue, "human thought processes are largely metaphorical," in the sense that human experience is itself formed through the understanding of one thing in terms of another, which is the basis of metaphor in their definition (5-6).

Although Lakoff and Johnson use problematic terms such as "universal" to describe experiences associated with the formation of what they call "primitive metaphors," their model for conceptual metaphor is particularly relevant to this research (258). They establish a correlation between the use of metaphor, bodily experience, and physical interaction with the environment. Metaphors, they argue, "are shaped and constrained by our bodily experiences in the world, experiences in which the two conceptual domains are correlated and consequently establish mappings from one domain to another" (247-8). Bodily experience and culturally based frames, thus, inform the construction of conceptual metaphors (258). Thus, if graphic memoirs depict disability in metaphorical terms, in what ways is this connection being explored? More specifically, for the purposes of the analyses in this section, in what ways is this metaphor being visually laid out within the narrative?

Lakoff and Johnson's theory of conceptual metaphor pertains, primarily, to the study of verbal metaphors and, although some scholars see visual metaphor as belonging to the same structure and rules, others focus on seeing visual metaphor as its own phenomenon. Before attempting to answer the questions concerning the use of visual metaphor to represent disability in graphic memoirs, a small detour is needed in order to try to understand the concept of the visual metaphor in itself and its particularities.

Noel Carroll differentiates the visual metaphor from the verbal metaphor through what he refers to as "homospatiality," or, in other words, a fusion of ideas within the same space (190). In the visual metaphor, he argues, two "discrete elements coexist in the same space, [. . .] and call [. . .] to mind different concepts or categories" (191, 193)[6]. Another element of the visual metaphor, for Carroll, is that the image at hand must be "physically noncompossible," which means that the viewer should understand those elements in the same space not as "a representation of a physically possible state of affairs, but as an opportunity to regard one of the categories as providing a source for apprehending something about the other category" (199). In sum, he understands visual metaphor as the fusion of two distinct images (or

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[6] Coincidentally or not, Carroll cites the sixteenth-century painter Hieronymous Bosch (1450 - 1516) as an artist prolific in the use of visual metaphor (197). Bosch would later become a major influence for Pieter Brueghel, whose work, as seen in the previous section, represents a turning point in the depiction of disability as a metaphor (Cahan and Riley 9).

ideas) that on its own should not be interpreted at face value, but as a clear use of visual metaphor on the part of the artist. Visual metaphors are, for him, therefore, highly contextual, both in terms of production and of reception.

This particular aspect of the visual metaphor in critical texts, its deliberate noncompossibility, is somewhat problematic as we move to the study of literature, for it inevitably incurs in the intentional fallacy of assuming what the author, or in this instance the image-maker, has in mind when designing her art. Carroll states, for example, that "in determining whether the elements in an array are physically noncompossible, [. . .] we need to consider the context in which the image is presented and *the intentions of the image-maker in presenting it*" (208, my emphasis). Other scholars seem to follow the same logic.

Charles Forceville, who has written at length about pictorial metaphor, understands it as a phenomenon in which a visual replacement of expectations occurs (El Refaie "Understanding visual metaphor" 80). For him, context is also highly relevant, but in terms of the management of expectations, both from artist as well as from reader: "For a pictorial representation to be called metaphorical, it is necessary that a 'literal,' or conventional reading of the pictorial representation is felt either not to exhaust its meaning potential, or to yield an anomaly which is understood as an intentional violation of the norm rather than as an error" (64). As Forceville sets forth to lay out his model of pictorial metaphor, he establishes that it "is important to be able to assess with a fair degree of certainty what is the *intention* of the maker of a pictorial metaphor," which, for his research, implies "a corpus of *non*-artistic 'texts,'" namely advertisements" (Forceville 65, original emphasis). The emphasis on the author's intentions is, therefore, intrinsic both to Forceville's model of visual metaphor as well as Carroll's.

Despite having pronounced the author as dead, Roland Barthes, in "Rhetoric of the Image," chooses to work with advertisement images because of their "undoubtedly intentional" signification as well (33). Barthes' theory on visual language is focused, in its turn, on what he calls anchorage and relay (38). As images are polysemous, the reader must choose between a "floating chain of signifieds," a choice facilitated by the linguistic message which acts as an "anchorage" (38). The stability of the linguistic message prevents the multiplication of connoted meanings and effectively (and ideologically) "*directs* the reader" to the preferred readings (40, original emphasis). "Relay" is the other function seen in interaction between verbal and visual language, and "cartoons and comics strips" are genres prolific in it (41). In the relay, visual and verbal language "stand in a complementary relationship [. . .] and the unity of the message is realized at a higher level, that of the story," with one or the other taking precedence as detainers of the "informational charge" (41).

While all three authors mentioned underline the necessity of understanding the author's intentions when dealing with visual metaphor and visual language, they point to different analytical models of iconography. A point of contention among scholars is the rate in which concepts about verbal metaphor could be transferred to the study of visual metaphor.

Francisco Yus, for example, in an article about political cartoons, defends that "interpreting visual metaphors does not differ substantially from verbal metaphor comprehension" (167). His analysis indicates that the reader has to decode the image in a number of "subsequent interpretive steps" similar to the "kind of conceptual adjustment that takes place in the interpretation of verbal metaphors" (168). Also writing about political cartoons and visual metaphor, Elisabeth El Refaie argues, on the other hand, that

> because of the logo-centric history of the study of metaphor, many researchers still tend to assume that theories from the domain of linguistics can be applied to visual metaphors in a simple and straightforward way. This assumption is often based on the idea that images are fundamentally representational, which would imply that the visual can be seen simply as expressing the same meanings as language, albeit in a more imprecise form. ("Understanding visual metaphor" 84)

El Refaie concludes her text asserting that while theories on verbal metaphor may offer some insight into the study of visual metaphor, it is, however, important that researchers in this field be aware of the "thoughts or concepts that appear to underlie it" (90). The differentiation between an image seen as literal and an image seen as metaphor will be, therefore, highly contextual and will depend on the discourse of a certain culture (90). In this context, it seems that Magritte's axiom in "La trahison des images," "Ceci n'est pas une pipe," is again relevant to our discussion, as one has to be careful with naturalizing assumptions of images and their correspondence to language.

Going back to the basis of Lakoff and Johnson's Conceptual

Metaphor Theory and its alleged universality of embodied experiences in relation to the construction of metaphors, El Refaie explores, in a later study, the extent to which social and cultural contexts impact a reader's comprehension of visual metaphors in political cartoons. She argues that:

> Conceptual Metaphor Theory is based on the proposition that metaphor derives from our bodily experience and is thus an essential part of our everyday patterns of thinking. This suggests that most instances of metaphor will be understood in similar ways by all members of a language community. But in fact it is becoming increasingly clear that the choice and interpretation of metaphors is partly dependent upon the participants' social and cultural background [. . .], as well as on the specific contexts. ("Metaphor in political cartoons" 174)

Despite the evident contributions of Conceptual Metaphor Theory to the understanding of metaphor in our daily lives, therefore, the inadequacy of conceiving any type of human experience as universal becomes clear as individual responses to visual metaphor are explored.

Without incurring in the universalist aspect of Conceptual Metaphor Theory, therefore, I propose an analysis of visual metaphor that takes into consideration bodily experience as part of the construction of that metaphor. Most of the studies brought forth in this brief review of literature about verbal and visual metaphor focus on its more formal qualities and tend to choose objects of study based primarily on the clearness of their authors' intentions (advertisements are intended to sell whereas political cartoons are geared towards political commentary, for example). In this respect, I must agree with Roland Barthes (in "Death of the Author," that is) when he argues that the effort to "decipher" a text, to search for the author's intentions, is "quite futile" (147). As such, I will not pretend to grasp any of the author's intentions in the analyses that follow, though I will make use of author's statements in interviews if I find them pertinent to the text. I do not intend to follow one specific model of visual metaphor, but rather keep this dialogue in mind when analyzing depictions of disability in the selected graphic memoirs.

The works chosen for analysis in this chapter are what G. Thomas Couser refers to as "somatographies," or, autobiographical narratives that deal with disability related to a close person to the author (*Signifying Bodies* 2). In other words, they are graphic memoirs of experiencing disability through a proxy, i.e. a third party perspective. This choice of corpus is deliberately done in order to complicate the idea of *self*-representation in graphic memoirs about disability. If we see the phenomenon of "some body memoirs" as a way for people to represent their own experiences with disability and appropriate the discourse that is usually used to stigmatize them, as Couser argues, narratives about somebody else's disability raise some relevant questions (18). This is especially true in circumstances where the person is unaware or unable to represent herself or to actively participate in the construction of that representation (18). These graphic memoirs are, therefore, at the same time works of self-representation and texts that represent an Other in terms of disability.

One issue to be considered is the ethical dilemma involved, since in some cases informed consent may be challenging. The family member or partner may be unable to give consent to their story being told in this public fashion, or, in some instances, he or she may even be already deceased. The two sides to this dilemma involve the benefits of representing disability

> as it is actually experienced by particular human beings [and] the risk of *mis*representing them, speaking about them without speaking for them (that is, advocating for them) or even speaking with them (that is, consulting them to learn their desires). (19, original emphasis)

Couser suggests guidelines inspired in the fields of "biomedical ethics and the ethics of anthropology, especially of ethnography" to avoid such pitfalls (19). Under those guidelines, such stories would be in a better position to distinguish "between subjects' *rights* and their *interests*" (19, original emphasis).

Couser appears to regard somatography as a memoir *of* the person with disabilities, written *by* a close family member or partner, and, consequently, his concerns with the dangers of exploitation and the distinction of these subjects' rights versus their interests guide his writing on the topic (19). While I share those concerns, I see the graphic body memoirs analyzed in this chapter more in the perspective of memoirs of people that had to deal with disability in their lives, albeit not first-hand.

Tangles: A Story about Alzheimer's, my Mother, and Me (2012), by Sarah Leavitt, for example, is not the story of the author's mother, told through the author's perspective, as Couser's concept of somatography would imply. It is an account of her own experiences as the daughter of someone with Alzheimer's, with no pretense to speak for her mother, nor to be her mother's voice as dementia progressed. Similarly, in *Epileptic* (2005), by David B., it is his brother, Jean-Christophe, who must deal with epilepsy, but the narrative is focused on David's experiences and the way in which the illness impacted all their lives. Despite these distinctions, I do maintain the use of the term "somatography" throughout this section as a way to indicate autobiographical works dealing with a disability of someone close to the author.

I have chosen these works, *Tangles* and *Epileptic*, for the way in which disability of an other in the family is conveyed through visual metaphor. In both narratives, disability is at the core of the story and I intend to analyze how it figures in such texts, where it is constructed as apart from the self of the narrating I.

3.2. *Tangles*: "Like I ever wanted to be so familiar with her body"

As the title of Sarah Leavitt's graphic memoir indicates, *Tangles: A Story about Alzheimer's, my Mother, and Me* revolves around the author's mother's discovery and subsequent development of Alzheimer's. The work starts with an introduction in prose, in which the narrator explains the reasons for choosing to write about her mother's disability and how it impacted the family:

> I've always had a really bad memory. So when my mother got Alzheimer's disease, I knew that I had to record what was happening to her and to our family. I wanted to be able to look back over my notes and remember all the moments of craziness, beauty, and tragedy—and not lose any of them. (7)

By starting her text with an allusion to her own memory issues, the narrator is already signaling to the reader that the story is as much about herself as it is about her mother. At the same time, her initial remarks also question the stability of memory in her own autobiographical account. She further emphasizes this point in the final paragraph of the introduction: "This is the story that I have pieced together from my memories, my notes, and my sketches. Other people in my family *may remember things differently*. In the end, this is only *my* story: the tangled story of my mother, and me, and Alzheimer's" (7, my emphasis). Leavitt's graphic memoir, thus, unsettles some traditions of the autobiographical genre by contesting an implied ownership of the truth in her narrative.

The dilemma of writing about someone else's disability is also foregrounded in the introductory chapter:

> I often felt like Harriet the Spy, or, in darker moments, *like a vulture* hovering and waiting for Mom to say or do something that I could record and preserve, even as she slipped away from me. Sometimes she would pull on the page or grab my pen as I tried to write. The pen would skid and make a mark and I'd label the mark: 'Mom moved my pen.' I wanted to keep every trace of her. (7, my emphasis)

This description places Sarah in a predatory position, as a metaphorical vulture, while assigning the role of prey to her mother. By owing up to the possibility of objectifying the mother though this type of autobiographical impulse, the narrative advances some of the ethical problems inherent in this scenario.

The importance of visual discourse in Sarah's account is evidenced in her commentary of choice of medium:

> During Mom's illness, I started using some of my notes to write stories and essays about what was happening. I imagined writing a book. [. . .] I chose a small number of drawings and notes, compiled them into a booklet, and made a few colour copies. I realized that instead of writing prose about my mother I wanted to do a graphic memoir, and I spent the next four years writing and drawing this book. (7)

The specificity of visuality is brought to the fore, as it appears to be paramount in her choice of graphic memoir versus prose. As such, the ways in which visual metaphor are employed in the narrative are particularly of interest to this research.

The first relevant use of visual metaphor in *Tangles* occurs in the frame where her mother's doctor is seen presenting Sarah and her father, Robert, with Midge's diagnosis (Figure 16). As seen from the quoted page, Leavitt's style is very minimalistic, with an abundance of empty space in the frames, what Ian McGills calls "deceptively sophisticated" (McGills). Her style also stands out for a lack of balloons in her dialogues and for an absence of gutters, or empty space between frames. The page in question is divided into eleven frames. The upper part of the page, with its six symmetrical frames, portrays the family anxiously interacting with the doctor. As father and daughter are asked to leave, they are depicted as shadows, alone in the frame. The following two frames recreate this loneliness and the sense of time taking a long time to pass, as well as the range of emotions going through them: from disappointment, to anger, to sadness. The biggest frame of the page is dedicated to the visual metaphor of the ground crumbling beneath their feet as they hear the confirmation of their worst fears in the doctor's announcement.

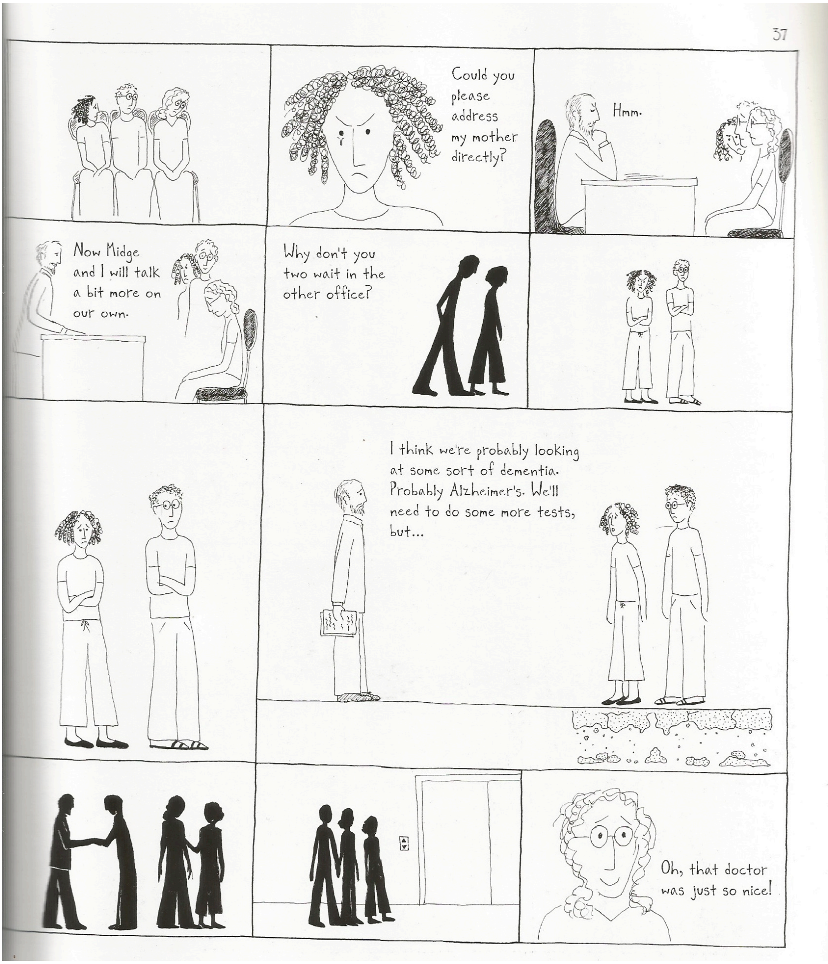

Figure 16: *Tangles* (37)

The line representing the ground does not go all the way to the end of the panel, which, along with a lack of gutters in the visual narrative, tricks the reader into thinking the frame is actually smaller than it is. It is only by following the line until the end that one realizes it does not represent the border of the frame. It is, rather, the ground on which the characters should be standing. Except that father and daughter are not, in fact, standing on that ground. In comparison with the doctor, whose feet are firmly placed on the ground, they are slightly above, as if suspended in disbelief.

The visual metaphor of the ground crumbling stems from the known verbal metaphor of the same content. Lakoff and Johnson's definition of conceptual metaphor and its relation to bodily experience is fitting here, for the idea of losing one's ground seems directly related to that of falling down unexpectedly in a hole, for example. This particular instance of visual metaphor is centered on the other family members' experience with Alzheimer's, rather than Midge's. They are the ones to receive the diagnosis, whereas the actual subject of that diagnosis is absent from the frame altogether. The image suggests that the ground crumbles for the family of a person diagnosed with Alzheimer's, while not necessarily for the person herself. This is emphasized by the contrast with the frame directly below, with Midge unaware of the drama of the situation, smiling after the appointment. In her perspective, the narrative suggests, the stability of the ground is not an issue (it does not even figure in the frame), and she is simply glad the doctor was so nice. The implication of that visual metaphor is misleading, however, since the person with Alzheimer's, though not always aware of the situation, does comprehend the severity of their illness as it progresses. Midge is portrayed, for example, several times showing frustration with the illness: "I hate what's happening to me," she says (42). The visual metaphor seen on the quoted page is a good example of the potential problems in appropriating someone else's story of disability. As the perspective shifts from the person with disability to the person telling the story, so does the focus, which could lead to a silencing of the former's experience in favor of the latter.

The visual metaphor of receiving the diagnosis in *Tangles* is closely associated with the historically constructed myth and stigma surrounding Alzheimer's. The historicity of the perception of Alzheimer's is the main topic of Jesse F. Ballenger's book, *Self, Senility, and Alzheimer's Disease in Modern America: A History* (2006), for, as he points out, "[. . .] it is ironic that our public discussion of a disease that robs individuals of their memories proceeds with so little appreciation of its past" (3). Through the process of retracing that past, one could see how in the eighteenth century, for example, dementia and old age were not the subject of the nightmare they eventually came to be in late twentieth century (4). Despite having been officially "discovered" in the turn of the twentieth century, it was only during the 1980s, Ballenger states, that Alzheimer's emerged as "a major disease entity and public issue," frequently described as an epidemic for an increasingly aging population (8). Around that time, through a series of government, mass media, and advertising campaigns, the idea of old age became disconnected from that of senility or dementia in favor of a glorified concept of retirement (9). This shift had the paradoxical effect, however, of "intensif[ying] the stigma of senility. As the meaning and purpose of old age was reduced to maintaining one's health and activity levels, disease and dependency grew even less tolerable" (9-10). In this rather utilitarian capitalist model, the work force had to be continually replaced, making the golden years supposedly the best period of one's life, when one could enjoy the rewards of a lifetime of hard work; senility, in its turn, represented the opposite of the ideal surrounding the retiree's context (9). In this scenario, an aging body was not supposed to entail an aging mind, gerontologists affirmed (9).

The idea of the senile person, struggling with dementia, was at odds with the independence expected of modern times and of this modern old age (9). The notion of selfhood was also tied to the expectations of the times:

> Selfhood was no longer an ascribed status but had to be carefully and willfully constructed by every individual [. . .] In light of these changes, the loss of the ability to independently sustain a coherent self-narrative—a loss that dementia entails—has come to be considered the most dreadful of all losses. (9)

Medical and popular discourse, then, constructed the anxiety around old age that culminated with the panic of senility, dementia, and, finally, of Alzheimer's.

As Susan Sontag argues, "nothing is more punitive than to give a disease a meaning," and Alzheimer's seems riddled with it (58). Sontag focuses primarily on what she calls "master illnesses," such as cancer and tuberculosis, in which the illness is not only fatal, but also surrounded by mystery, granting it a quasi-mythical aura (61, 72). She states that

> [a]ny important disease whose causality is murky, and for which treatment in ineffectual, tends to be awash in significance. First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. *The disease itself becomes a metaphor*. Then, in the name of the disease (that is, using it as a

> metaphor), that horror is imposed on other things. The disease becomes adjectival. Something is said to be disease-like, meaning that it is disgusting or ugly. (58, my emphasis)

These master illnesses are constructed, then, as reflections of a socio-economical context in which the individual is in crisis with society, "with society conceived as the individual's adversary. Disease metaphors are used to judge society not as out of balance but as repressive" (73). Surrounded by mystery since its "discovery" in 1901, Alzheimer's disease has become a metaphor in many ways.

With Alzheimer's, meaning has been culturally constructed around the metaphor of losing one's mind, of "losing one's selfhood," as a "synonym of '*losing control*'" (Johnstone 26). A study about metaphors and Alzheimer's disease collected data from news media, film, documentaries, and professional and academic literature and separated the metaphors most commonly used in three categories, following Sontag's model: epidemic metaphors, military metaphors, and predatory thief metaphors (Johnstone 33). In the study, Megan-Jane Johnstone concluded that Alzheimer's disease has "primarily been conceptualized and represented in a *metaphorical* rather than a literal way in public and professional debate [. . .]" (24, original emphasis). Drawing from the works of Lakoff and Johnson on metaphor and of Susan Sontag's on illness as metaphor, Johnstone argues that the Alzheimer metaphor influences the way people think about the disease, and, most importantly, the way people dehumanize and affect constructed "notions of personhood" of people living with it (24).

Throughout *Tangles*, the trope of losing one's sense of personhood is visually depicted in the drawings of Midge's eyes and expression. At the beginning of the narrative, Midge is portrayed as her regular self, always composed and interacting with the other members of the family in a familiar way. She is drawn always with her glasses on, and those become an emblem of her state of mind as the narrative, and Alzheimer's, unfurls. As episodes of dementia become more and more frequent, visual narrative suggests that the character is distancing herself from her family through the portrayal of a blank expression: Midge's glasses are still on, but no discernable expression is seen on her face. Midge's visual characterization is taken over by a sort of blank stare that dehumanizes her, stripping her of subjectivity and playing into the metaphor of "losing one's identity" frequently associated with Alzheimer's. The prosthesis of the opaque glasses becomes the signifier of Alzheimer's in her character, visually indicating her deviance from the norm.

An example of this transition into the blank stare can be seen in the following page (Figure 17), taken from the chapter "Cut My Life Into Pieces." The first half of the page is marked by the handwriting of the narrator's journal, signaling the archival aspect of the text accompanying the images and setting it apart from the narrative up until that point. The division between frames on the top part of the page also differs from the rest of the narrative, with wavy lines instead of the usual straight ones. The excerpt from her journal begins by situating the context of its writing: "Dec 21, 2001. Waiting for Mom to finish in the bathroom, so I'm just writing for a while... Like I ever wanted to be so familiar with her body, her bad breath, her smelly underarms, her skinny body huddling in the bath as she looks at me wide-eyed" (85). The frustrations of having to deal with the corporeal needs of her mother are illustrated by the portrayal of Midge as particularly vulnerable, uncertain, and in need of assistance in even the most common bath routine procedures. The loss of personhood is not only characterized through Midge's depiction, but it is a phenomenon clearly noted by her caregiver and narrator:

> It gets hard to see someone as a person when they've become a list of needs: BATH, CLOTHES, BRUSH TEETH, WALK, FOOD, ETC. If you just think about that list, then you're not as sad… until one night you're giving her pills and she starts pretending to be a monster… and she's a person again and you don't only love her, you like her. (85)

Figure 17: *Tangles: A Story about Alzheimer's, my Mother, and Me* (85)

In her lucid moments, Midge is seen as a person again, according to the narrator's journal excerpt. In those moments, exemplified here by frames seven and nine, when Midge reclaims her personhood from Alzheimer's, her expression is clearly conveying some sort of emotion and she is seen obviously interacting with an interlocutor. Frame eleven, on the other hand, depicts a completely different Midge.

Devoid of any status of personhood, Midge is portrayed as an empty self: her expression is empty, her eyes kept hidden behind the glasses. In a powerless position, unable to lift herself up from the toilet, she is reasserted and essentialized as a person with Alzheimer's, instead of the person she was just two frames earlier in the narrative. Rosemarie Garland-Thomson, in *Staring: How We Look* (2009), argues that staring is part of how we communicate in our daily lives:

> staring affords a spontaneous moment of interpersonal connection, however brief, during which two people have the opportunity to regard and be known to one another [. . .] Staring, in other words, makes things happen between people. (33)

The blank stare, on the other hand, is classified as an "improper" way of looking, one that entails an alienation characteristic of society's outcasts (22). In our scripted social interactions, the blank stare becomes unreadable, shutting the person out and making her the subject of stigmatization (34). The depiction of the blank stare as a visual mark of the progression of Midge's Alzheimer's effectively situates her as an improper person, someone outside the domain of the subject.

The quoted page shows the distinction between both statuses, as Midge appears in her familiar self—lovingly returning her daughter's gaze and interacting with her, as her daughter remembers it—and her constructed Alzheimer's self directly below it, blankly staring and unresponsive. The juxtaposition of the two reinforces the dichotomy of personhood and non-personhood in the narrative. The visual metaphor of the empty stare works, therefore, as a visual signifier throughout the text of the progression of the illness that slowly removes Midge from the midst of the family and corroborates the common verbal metaphor of "losing's one's identity" due to Alzheimer's.

The visual clue of the blank stare emerges only after a certain point in the narrative. For a while, in the early stages of her illness, Midge is still having lots of lucid times, interacting with her family, and they are just starting to notice some of the signs classically associated with Alzheimer's. During those parts of the narrative, she is still depicted with a familiar expression in her eyes, without the blank stare that would accompany her later on. Other visual metaphors are used, then, to convey the repercussions of Alzheimer's within the narrative.

The quoted page (Figure 18), from the chapter entitled “Taste and Smell,” illustrates the visual metaphors employed to represent the trope of the distancing of mind from body, noticed by the narrator in her mother.

The chapter starts with a description of what the family later came to realize was one of the first symptoms of Midge’s Alzheimer’s:

> One of the first things that happened to Mom when she got sick was that she lost her sense of smell. This can be a sign of Alzheimer’s. But that was before we even suspected something serious. She just couldn’t smell. Of course later we realized: it was one of the first steps *in her separation from the world.* (59, my emphasis)

Visually, Midge is represented as a silhouette within a confined black space, with clear borders separating her from the rest of the frame. She does not have the blank stare that eventually characterizes her in the narrative, so the reader can infer that she is still lucid, as the written text confirms. Nevertheless, she appears locked within this space. In the fourth frame, Midge is portrayed again inside the black space, only now making a motion to leave, touching its borders, while outside a whole world of smells and tastes tempts her, apparently unreachable. The seventh frame of the page portrays the breaching of those walls.

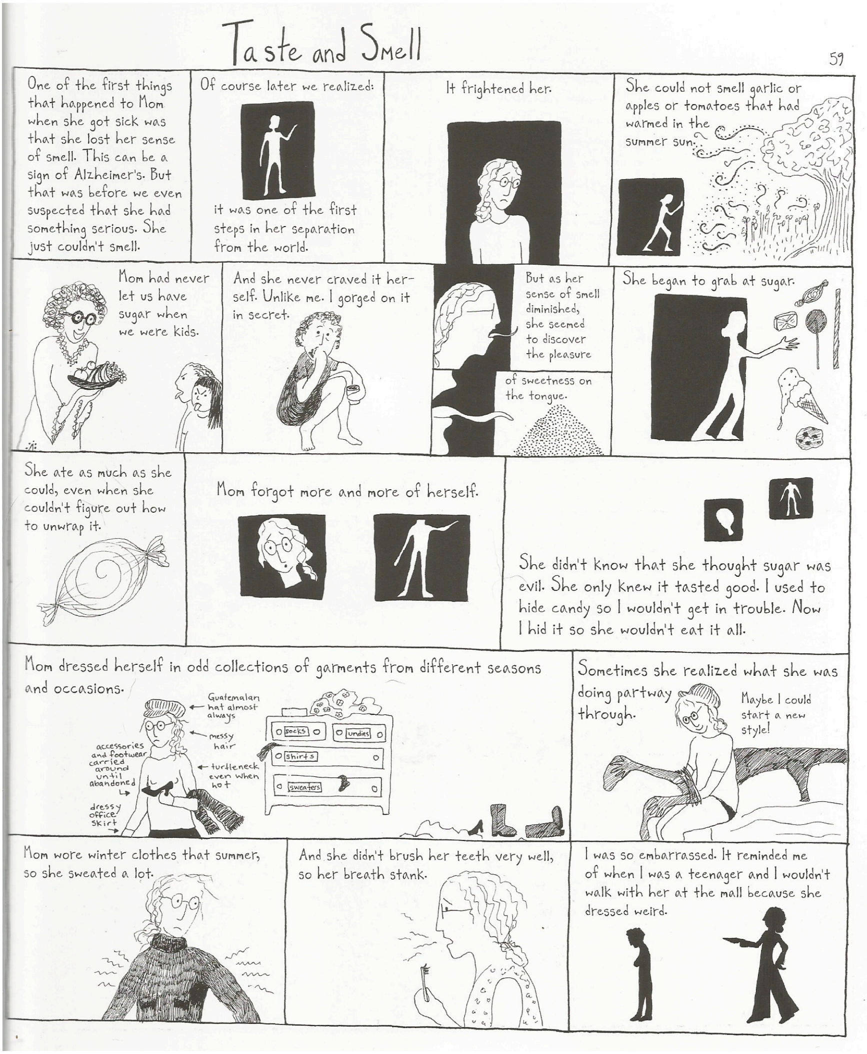

Figure 18: *Tangles: A Story about Alzheimer's, my Mother, and Me* (59)

Emulating a reptilian tongue, Midge is depicted as breaking the barrier of the confining black space with the help of sugar: "But as her sense of smell diminished, she seemed to discover the pleasure of sweetness of the tongue. She began to grab at sugar" (59). For those watching her, such as her daughter, the attitude seemed uncharacteristic, since Midge had a history of healthy eating that did not go hand in hand with the intake of large amounts of processed sugar. The discrepancy between the *idea* of the loved one and the reality being witnessed generates a crisis for the narrator. Visually, the more the two notions of Midge clash, the more the character appears dehumanized in the narrative. Following the frame where Midge grabs at sugar with a reptilian tongue, she is represented as someone torn in two, head on one side and body on the other, with each of the parts trapped in its own black confining space. The written narrative corroborates the split imagery: “Mom forgot more and more of herself. She didn’t know that she thought sugar was evil. She only knew it tasted good. I used to hide candy so I wouldn’t get in trouble. Now I hid it so she wouldn’t eat it all” (59). The visual metaphor suggests that Midge’s subjectivity is concentrated on her head, which is being kept apart from her body, now in charge of her actions. Midge’s actual self, as her daughter saw it, was locked away in a black space, unable to access the reality everybody else seemed to share. The metaphor of the split body would later in the narrative conjoin with the metaphor of the blank stare into composing the notion that Midge as someone with Alzheimer’s was inherently disconnected from the person Midge.

As Johnstone argues, “situating persons with Alzheimer’s disease as being ‘non-persons’, ‘already dead’, ‘not human’, and so forth, is not innocent” (43). The use of such metaphors “risk[s] negatively influencing the way people behave and think about the disease and its treatment options, including the administration of pre-emptive and pro-active euthanasia” (48). It is not the purpose of this research to debate the ethics of euthanasia or its moral justifications, but rather to point out the problematics of discussing the value of life or the quality of life when the lives of those subjects are being systematically discursively dehumanized. The consequences of such dehumanizing discourse on people with Alzheimer’s can be seen throughout the narrative, but specially in the chapter entitled “Unreal” (Figure 19).

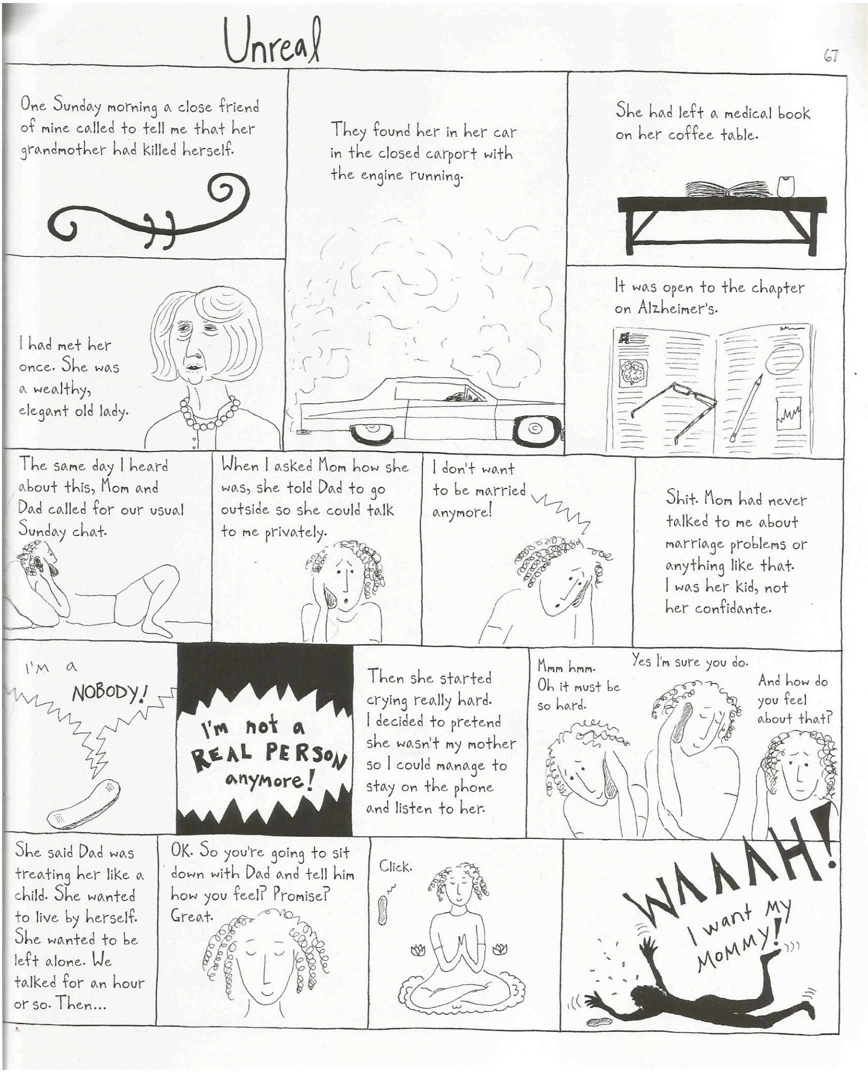

Figure 19: *Tangles: A Story about Alzheimer's, my Mother, and Me* (67)

The chapter begins with the account of an acquaintance's suicide and the indication that it might have been related to Alzheimer's. The first five frames are dedicated to that story and illustrate, in a very static fashion, the deceased, the method, and the alleged reason for it:

“She was a wealthy, elegant old lady. They found her in her car in the closed carport with the engine running. She had left a medical book on her coffee table. It was open to the chapter on Alzheimer’s” (67). The detached, almost journalistic, tone of these first frames is contrasted with the rest of the chapter, which has a much more intimate and domestic feel. The remaining part of the chapter portrays telephone conversations between Sarah and both her parents that occurred on the day she heard about the suicide and on the following day. One frame stands out in the page, with a complaint Midge makes to her daughter: “I’m not a real person anymore!” (67). The jagged lines of the balloon indicate the intensity of the statement, at least for the listener, and the blackness surrounding it suggests that it was enough of a shock to block everything else from sight for Sarah. The juxtaposition of the two stories, the acquaintance’s suicide and Midge’s complaint, establishes a connection between them, while, at the same time, placing in evidence the metaphor of ‘losing oneself’ or ‘losing personhood,’ commonly associated with Alzheimer’s. Throughout the chapter, with the exception of the suicide account in the first few frames, the visual narrative focuses primarily on the narrator’s perspective: her side of the conversation is the only one being portrayed, for example. In the following page of the chapter (Figure 20), Sarah discusses the repercussions of her mother’s confession with her father, again over the telephone.

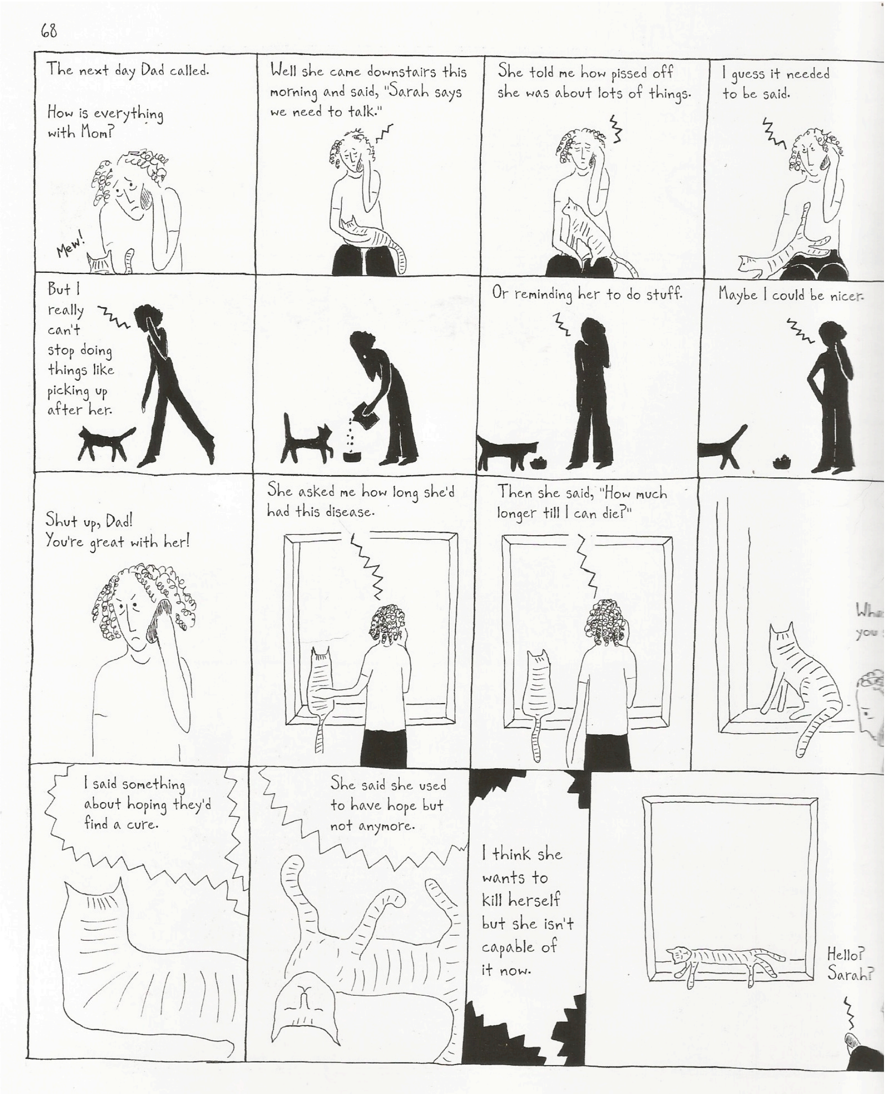

Figure 20: *Tangles: A Story about Alzheimer's, my Mother, and Me* (68)

On this page, one particular frame stands out in the same manner as in the previous page: black space filling the panel, jagged lines contouring the balloon. It presents the culmination of a conversation between Sarah and her father, where he concludes: "I think she wants to kill herself but she isn't capable of it now" (68). The connection between these two frames further corroborates the construction of the notion of non-personhood associated with Alzheimer's and euthanasia as the supposedly logical conclusion for those with that status. Johnstone states that "whereas Alzheimer's disease has emerged as a synonym for *losing* ownership and control, euthanasia has emerged as its antonym, that is, it has come to symbolize *gaining* ownership and control" (145, original emphasis). Apparently a part of the discursive phenomenon described by Johnstone, the chapter "Unreal" is riddled with assumptions about suicide and Alzheimer's. Despite the absence of a suicide note, the narrative suggests a direct causal relation between the wealthy lady killing herself and the book opened to the chapter on Alzheimer's on the coffee table. Later, in their telephone conversation, Rob indicates to Sarah his suspicions about Midge's thoughts of suicide, a conjecture based only on his own reading of her actions. Actually, as far as the narrator informs us, Midge's explicit complaints were very specific and related the way she was being treated like a child by her husband, as well as the desire to be on her own (67). Midge has to deal with the social stigma related to Alzheimer's, even in her own family, and internalizes the metaphors of the disease, as evidenced by the statements "I'm a nobody" and "I'm not a real person anymore!" (67). Rob and Sarah, on the other hand, jump to conclusions about her complaints (and about the old lady's suicide) based on their own notions of personhood and agency in relation to Alzheimer's.

Throughout the narrative, the marked representation of Midge with Alzheimer's competes with and shares space with the more familiar Midge. The latter, however, begins to slowly disappear from the account, replaced by the former. Up until a certain point in the narrative, the two doubles coexist, in a balance of some sort. At one moment, however, a shift occurs and the balance between the two Midges eschews. The marked Midge, who at first appeared only episodically, begins to completely eclipse the familiar Midge. The turning point occurs in the chapter entitled "Bird Brain" (Figure 21).

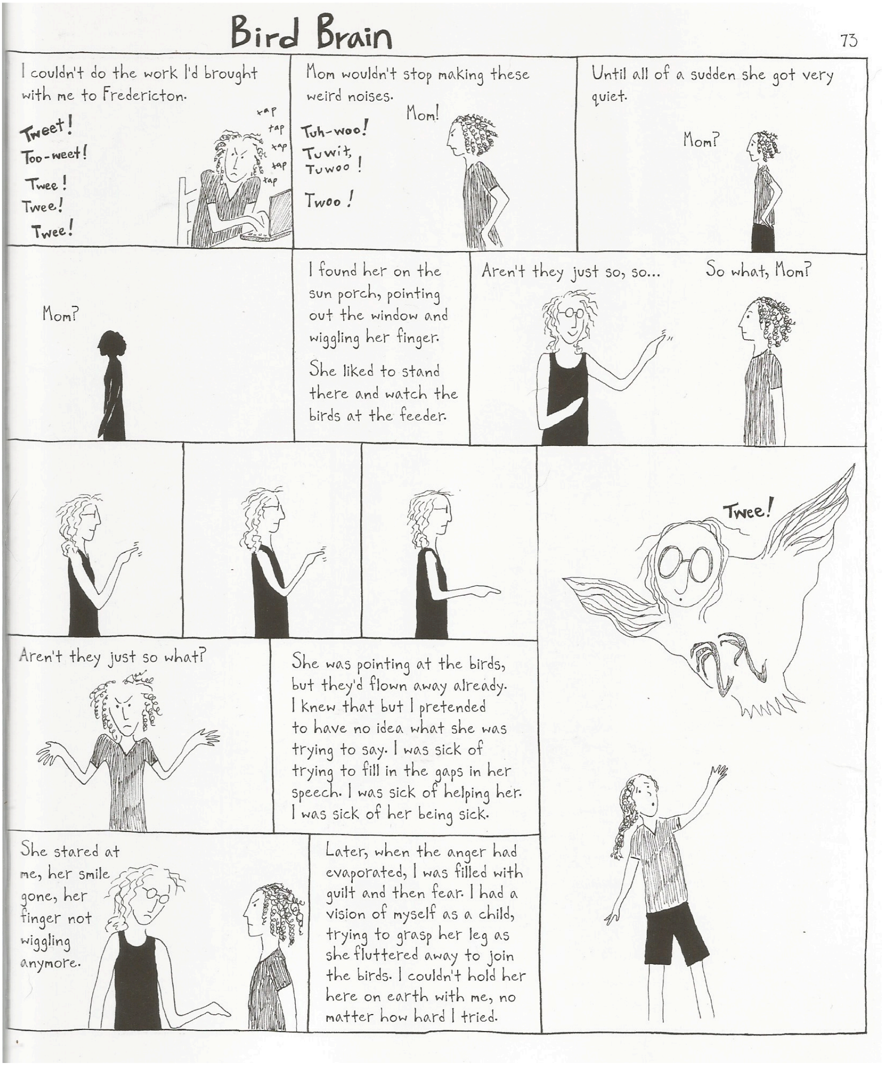

Figure 21: *Tangles: A Story about Alzheimer's, my Mother, and Me* (73)

The one-page chapter recounts a particular episode between Sarah and her mother, in which the latter tries to call the attention of her daughter to the birds at the feeder. Midge is portrayed trying to interact, but unable to elaborate on her thoughts, something that frustrates Sarah. The episode has no date to contextualize it and, at first, appears to be just another anecdote of Midge's Alzheimer's. The chapter, however, marks a turning point in the narrative: it is the representation of the moment Sarah loses track of who she considered to be her mother. From that moment on in the narrative, Midge is depicted predominantly as the subject of Alzheimer's. The chapter also stands out for the momentous use of visual metaphor in the portrayal of Alzheimer's.

The visual metaphor puts Midge out of reach, her daughter's or anybody else's, flying away oblivious to any other mundane concerns. For Sarah, it symbolizes the moment of letting go, mostly of the *idea* of her mother. The narrator writes: "I had a vision of myself as a child, trying to grasp her leg as she fluttered away to join the birds. I couldn't hold her here on earth with me, no matter how hard I tried" (73). While the metaphor of the blank stare corroborates a lot of assumptions and stigma surrounding Alzheimer's, as previously argued in this chapter, the visual metaphor of the bird flying away from reach goes against that grain. Johnstone concludes her argument on the implications of Alzheimer's metaphors to the discourse of euthanasia suggesting the necessity for

> a new language and new metaphors [to be found, in order to] enable the constructive representation of the complex issues associated with the increasing prevalence of Alzheimer's disease and the need to appropriate resources to be provided to ensure and enable that those diagnosed with the disease are properly cared for from diagnosis to death. (48)

In this sense, *Tangles* falls into the two sides of the debate. On the one hand it portrays the person with Alzheimer's as a non-person in a lot of ways. The written narrative establishes this in Midge's own words, while the visual narrative portrays Alzheimer's as a dehumanizing feature through the blank stare, the reptilian tongue, the self divided from the body, and so on. On the other hand, the visual metaphor of the bird flying away, which marks a turning point in the narrative, makes use of a different symbology, one that is not dehumanizing, in spite of its non-human characteristics. The bird metaphor suggests that, although out of reach, flying away from her daughter's grasp, Midge maintains some of her subjectivity, albeit in a different self.

3.3. *Epileptic*: "I have prevailed over the disease that stalked me"

David B.'s *Epileptic* (2005), published originally in France as six individual volumes entitled *L'Ascension du Haut Mal* (1996-2003), is also a work abundant with visual metaphors of illness throughout its narrative. Like *Tangles*, it is an autobiographical account of illness by proxy, or what Couser refers to as a somatography: in this instance, it refers to the author's brother, Jean-Christophe, and epilepsy. The book retraces the lives of the Beauchard family, from the early 1960s till the late 1990s, as they deal with the increasing severity of Jean-Christophe's illness. As Matthias Wivel puts it, in a interview with the author, "Jean-Christophe is [. . .] the crux around which not only the narrative, but, as we come to understand, the fate of the whole family turns, and on this axis David builds and constitutes his identity" (103). *Epileptic* does not propose to tell Jean-Christophe's story, but rather how David experienced it and was also affected by his brother's disability, from their childhood together till their adult lives. As such, as Stephen Tabachnick points out, "we never see what Jean-Christophe sees when he seems to be transported to another world during a seizure. *[We] see from the outside*" (107, my emphasis). From the outside, therefore, we only have access to David's perceptions of his brother's disability and, again, to his own impressions of the toll taken on by all of his family. In fact, as the analysis of this chapter will demonstrate, as much as the reader is kept on the outside of Jean Christophe's experience with epilepsy, she is also kept on the outside of Jean Christophe as a character in the narrative, making him appear one-dimensional at times. Little insight is given into Jean Christophe's state of mind, outside of his brother's perceptions and how those shaped David's own process of growing up as an artist, as this analysis will demonstrate. In the author's words:

> With *Epileptic*, I didn't want to create a reconstruction of my family's real life, I wanted a reconstruction of the way it imprinted my imagination and the way I used all of that to build up my imagination. That was what interested me. Transcribing, to a large extent, impressions rather than reality—how to represent an epileptic seizure, for example. I could have represented it clinically, detailing all the symptoms of the disease, or do it symbolically—*how it affected me.* (Interview 105-06, my emphasis)

One of the most striking uses of visual metaphor in David B.'s work is precisely the representation of his brother's epilepsy, as the author himself points out. Some critics, such as Andrew Arnold, claim that David B.'s main characteristic is precisely his ability to "visualize the invisible," the graphic skill to "find visual metaphors for such elusive concepts as dreams, forces of history, and illness" (Arnold). The following page (Figure 22) illustrates the representation of illness through visual metaphor in *Epileptic*.

Figure 22: *Epileptic* (77)

For the child David, the visual narrative suggests, the enigmatic nature of his brother's epileptic seizure is baffling to the point of fantasy. The abstract brusqueness and violence take, then, concrete features in the shape of a dragon-like creature that accompanies Jean Christophe everywhere and attacks him regularly. The dragon is depicted going through Jean Christophe, merging the two bodies together. In the quoted page, the two boys, their sister and their father are returning from seeing their grandfather and father, respectively, in his death bed and as soon as Jean Christophe steps out of the car he has a massive seizure that puts him in the hospital. In the car, with them, is the representation of the deceased grandfather's ghost, another instance of the pervasiveness of visual metaphor in the narrative besides the dragon of epilepsy. The ominous presence of the grandfather's ghost in the car, at the center of the frame, looking directly at the reader, sets the tone for the following frames.

The page is divided into six frames of the same size, with Jean Christophe's seizure occupying the better part of five of them. The second frame is particularly relevant, as it shows the transition between realist and metaphorical styles of narrative within *Epileptic*. On the left part of the frame, the reader can still make out the features of a house in the background, with detailed parts of the architecture, such as windows, bricks, and rooftops. The right side of the frame, however, is already taken over by a darkness, emblematic of the folkloric creature of the illness. The dragon appears to mischievously sneak up on Jean Christophe from behind, in a classic predatory fashion culminating in the killer move in which it bites him in the head. As Jean Christophe falls suddenly with a seizure, he is engulfed by darkness and twisted by the dragon. The convulsions of a seizure are represented as twists and knots made by the dragon, as it tries to consume Jean Christophe. Within the context of the predator metaphor being presented, Jean Christophe is a victim, a prey to the monster that haunts him. This simplification of a complex situation seems congruent with a child's perspective; however, as this analysis will evidence, the process of victimizing Jean Christophe goes beyond childish Manichaeisms in the narrative.

Tabachnick argues that, in David B.'s narrative, "we do not need long prose descriptions of how a seizure actually looks, because in *Epileptic* we *see* seizures" (106, original emphasis). While the seizures are shown at times in a more realistic style, they are mostly portrayed through visual metaphors, such as the dragon. In an interview, David B.

explains:

> [w]hen I was a little boy and my brother would have a seizure, I would ask myself lots of questions about that. It was something I didn't understand, something evil in my family, and I would frame it in my own mind in terms of good and evil, of suffering, of pain … of joy and the sudden eruption of an illness that wiped out all the peace of mind we might have been enjoying. It was really the eruption of evil, which I represent as a dragon, the classical representation of evil in mythology. (106)

According to the author, thus, from a child's perspective, the epileptic episode comes as an evil disturbance of their daily lives and this is reproduced in *Epileptic* through visual metaphor. In the graphic memoir, the representation of the dragon is, therefore, the epitome of that naïve Manichaeism. As Lakoff and Johnson claim, metaphor is a way of making sense of the events in our lives (5-6), which seems congruent with David's rationalization of the invisible force that had such an effect on his older brother. In contrast with the highly allegorical imagery in the visual discourse, the written narrative is more direct and descriptive. The adult narrator's voice, set in the "present," focuses on retracing the events and making sense of them, whereas the visual narrative, mostly set in the "past," encapsulates the problems the young character had when trying to grasp complex issues. Paradoxically, despite portraying Jean Christophe's epilepsy as something illegible to his child self—an illegibility manifested by the recourse to fantasy—David B. comments, in an interview, that in his brother's seizures there was something to be "read," after all (109). The way in which this "reading" is done changes over the course of the narrative. As Jean Christophe gets older, for example, his attitude towards his illness changes, as well as David's perception of it and of his brother: "1970 draws to a close. This is the year my brother revolts. He's fourteen years old. I'm twelve, Florence, eleven" (113) (Figure 23).

Figure 23: *Epileptic* (113)

As the characters mature and grow older, so does the representation of Jean Christophe's epilepsy. In the quoted page, we see the mentioned revolt in conjunction with the growth of the dragon, which now engulfs the entire family in its power. In the first and larger frame of the page, the dragon has a firm grip on Jean Christophe's legs and head, besides going through his torso. The dragon delimits the entire space of the family in the frame; in fact, the dragon *is* the frame in which they are confined. Each family member and their position in the frame is a component of the visual metaphor at hand. Florence is portrayed all alone on the left upper edge of the space, disconnected from everybody else, frightened—the closest person to her is Jean Christophe and even he has his back on her. Father and mother are directly above the dragon's head, on the bottom right corner. He is presented with a rather aggressive stance, fists clenched, while her body language is more towards the defensive side, somewhat crouching and holding her heart as she looks at the eldest son. David is depicted in full body armor on the upper right side, appearing ready for battle.

Earlier in the story, the narrator tells how, at the time, he had become obsessed with warriors and knights, reading lots of history books, and relentlessly drawing battle scenes (19). At one point, he envisions being a soldier in one of them:

> I need them. I feel like I'm under siege, here in our faraway home. [. . .] I slip a suit of armor under my skin to remain standing. For greater safety, I build myself a real one with medicine bottles and the tops of tin cans. A jug on my head and I'm ready to go. (82)

In Figure 23, David appears to be at war not only with his brother's disability, but also with his brother himself, a theme that becomes pervasive throughout the narrative as the two drift further and further apart. Jean Christophe is seen here as the dominant force in the family, bigger than all, occupying the center of the frame while unleashing his wrath and bitterness on all of them. The visual metaphor is evident in its implication that all the family members have become wrapped up in the dragon, now not only exerting its power onto Jean Christophe, but also *through* him and *onto* them. The last two frames also indicate this progression of the dragon's influence over the family. In earlier parts of the narrative, the dragon could be seen as a figure sitting at the table with them, having its own chair, always around somehow, following Jean Christophe (79). In these two frames, we can see that the creature has doubled or tripled in size, in comparison with earlier versions, its magnitude surpassing the size of the frames. They also indicate the idea that Jean Christophe, around this time, according to the narrator, has stopped collaborating with the healers he was being sent to.

After the first signs of epilepsy, the narrator tells us, Jean Christophe is subjected to a series of tests and, after giving up on Western medicine, the family, as a whole, goes through a pilgrimage of healers that lasts years. These healers are presented, for the most part, as quacks, or at best as "false cures" (Tabachnick 112). Throughout the narrative, they try a number of alternative methods to traditional medicine: “macrobiotics, spiritualism, magnetism, Rosicrucianism, Swedenborgianism, Kabbalah, the tarot, Steinerism, and the Arica group” (112). The narrative evidences the shortcomings of traditional medicine, but, at the same time, offers the same critique towards so-called alternative medicine. Each time they attempt a new “cure,” not only is Jean Christophe affected, but the entire family is affected, as they go to the lengths of relocating for entire periods at a time to be closer to the esoteric method or guru *du jour*. Regardless of all the attempts, however, Jean Christophe’s disability continues to impact his life, until eventually it takes over his entire person, as the narrator describes it (Figure 24).

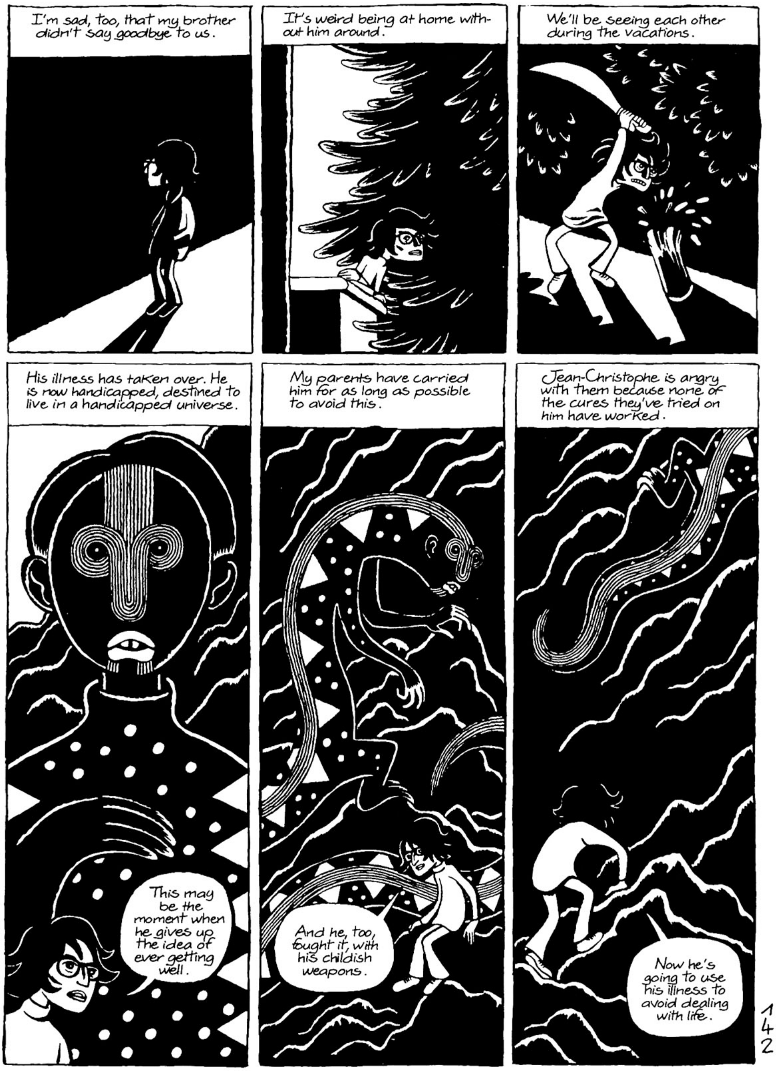

Figure 24: *Epileptic* (142)

The visual metaphor on the quoted page indicates that, in the narrative, Jean Christophe has merged completely with the dragon.

Visually, they are now one being. The written discourse corroborates the visual narrative: “His illness has taken over. He is now handicapped, destined to live in a handicapped universe” (142)[7]. This moment marks a turning point in the narrative: Jean Christophe, who was up until now being portrayed as a victim of epilepsy—in every sense of the word, as he is a helpless prey to the stalking dragon—starts being represented as a *willing* victim—as someone who embraces his tormentor. At the same time that the character is given agency, the moment when he is no longer a powerless prey to the monster dragon, that agency only works to place him in the abject position of “handicapped,” of someone using his disability for his own convenience, in the narrator’s view. The category of “handicapped” is used in the narrative in a derogatory sense, indicating Jean Christophe’s inability to return to the supposedly “normal” status they shared as children. As seen on the quoted pages thus far, the reiteration of this constructed dichotomy is pervasive in *Epileptic*, particularly in relation to David and Jean Christophe’s portrayal.

As Robert McRuer argues, in “Compulsory Able-Bodiedness and Queer/Disabled Existence,” the construction of able-bodiedness functions in a parallel manner as the construction of compulsory heterosexuality, borrowing Judith Butler’s theories on the performativity of gender (304). As such, able-bodiedness is contingent on the constant reiteration of its performance and the production of clear deviations of the norm, i.e. disabled bodies (304). A normative embodiment is, therefore, produced through the constitution of the types of bodies it rejects, which are then confined to the domain of the abject. David, both as narrator and as character in his own story, performs able-bodiedness, and he does so most effectively through the production and reiteration of his brother as the abjected disabled subject. The fourth frame in this page is emblematic of this process: Jean Christophe is represented as monstrosity personified, whereas David’s young avatar, in juxtaposition, is produced as the supposedly “normal” sibling, or, as what Rosemarie Garland-Thomson refers to as “the normate” (*Extraordinary Bodies* 8).

According to Garland-Thomson, the normate corresponds to a

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[7] Here and in other parts of the text that use the same terminology, there appears to be a translation issue that resulted in a much more reductive and discriminatory statement made by the narrator in the English version. In French, the term “handicapé” is widely used as a substitute for the English “disabled” (a simple Google check can verify that). The same term in English, however, has fallen into disuse and is considered paternalistic and offensive (Linton 165). Regardless of that, this dissertation relies on the English text, and as such, I have proceeded the analysis taking into consideration the translated version.

collection of assumptions, as well as their cultural value in a given society at a given time, that create a type of ideal bodily position, a position erected on a foundation of denial of the marked signs of bodily deviance (8). The normate is, therefore, a somewhat fluid social construct; it changes over time, according to the continuous influx of shifting values assigned to specific markers of deviance. In *Epileptic*, David is repeatedly portrayed as the normate through the constant comparison between him and Jean Christophe, who, in his turn, is depicted as the embodiment of bodily deviance, such as seen in Figure 24. If, as Garland-Thomson states, the "term *normate* usefully designates the social figure through which people can represent themselves as definitive human beings," Jean Christophe's portrayal as the animal-like embodiment of his illness effectively reasserts David as the normate one and, consequently, as the actual human being of the two (8, original emphasis). The normate needs the boundaries provided by the deviance of others to establish itself in a higher hierarchical position, and, throughout the narrative of *Epilepic*, Jean Christophe is portrayed as the character that continually provides these boundaries to the construction of David as the narrating subject.

At the point in the narrative where Jean Christophe is represented as one with the dragon (Figure 24), he is being sent to a "center for handicapped people" in Brittany, the first time that he goes away from his family (141) (Figure 25). This move and Jean Christophe's attitude upon arrival there—along with his refusal to say good-bye to his family—are emblematic of the growing distancing between him and his family. From the narrator's perspective, Jean Christophe's desire to be away from the familial environment and among others like him signals the takeover of disability in his life. In the previous page, for example, a frame where Jean Christophe pushes the family away, saying "leave me alone!," and joins a group of people playing cards around a table is placed immediately above another one where Jean Christophe is sitting at the same table, only now by himself, playing with the representation of the ghost of their grandfather and the dragon. It is noteworthy how, from one frame to the next, the students sitting at the table with Jean Christophe are effectively replaced by the ghosts that haunt David's family. The caption to the latter frame reads "Mother is disconsolate. In the space of a single year she's lost her father and her son" (141). Similarly to what happens in *Tangles* in the "Unreal" chapter, analyzed earlier, this episode in *Epileptic* seems filled with assumptions about Jean Christophe's state of mind that silence his own perspective while privileging others. In this particular scenario, how inconceivable is it really to imagine that the fourteen-year-old would rather interact with other peers with disabilities than to be with his family? Besides being a very adolescent thing to desire, it seems particularly harsh to equate the grandfather's death with Jean Christophe's decision to be away at the school.

Figure 25: *Epileptic* (141)

The episode is emblematic of the ableist gaze that both situates and reinforces Jean Christophe as disabled within his family. As Fiona Kumary Campbell argues, in *Contours of Ableism* (2009), the "able imaginary" is fueled by the belief in an able-bodied community that, on its turn, is composed primarily of idealized individuals (4). Similarly to McRuer's notion of compulsory able-bodiedness, Campbell posits "ableism" as the process in which the imagined views around certain desired bodies actually "set up a binary dynamic that is not simply comparative but rather co-relationally *constitutive*" (6, my emphasis). In other words, the ableist gaze locates difference at the same time that is produces it. As such, Jean Christophe's refusal to remain at home can also be perceived as a refusal to continue to participate in the gaze that so frequently marks him as deviant, even within his own family. His refusal of family ties, as narrated in Figures 24 and 25, and the supposed "normalcy" of family life, along with the embracing of his epileptic deviancy, exposes the fallacy that any of them could ever belong to that "normal" category in the first place. That is perhaps why they are portrayed as having so much difficulty in grasping the notion that Jean Christophe should wish to abandon the comfort of their care: David is depicted furiously hacking away at a block of wood (a custom he developed to alleviate stress at home, the narrator informs earlier in the narrative[8]) while their mother is dramatically described by the narrator as "disconsolate" (141). The mother "is unable to finish the work of grieving," claims the narrator in the following page—a statement that once more suggests a conflation of the losses of her father and Jean Christophe's desire to remain at the school (143).

Going back to the previously quoted page (Figure 24), two distinct voices are presented in the bottom three frames where Jean Christophe is merged with the dragon: the narrator's adult voice and the adolescent voice, the latter interacting with the reader directly from within the frame. It is through his teenage avatar that comes the suggestion that "This may be the moment when [Jean Christophe] gives up the idea of ever getting well" (142). Again the narrative reaffirms a set of binary distinctions, such as wellness and sickness, health and disease, normalcy and deviancy, ability and disability. The young character's words suggest that, for him, the choice of remaining in the school for children with disabilities would mark Jean Christophe for life, representing a *de facto* abdication of any non-deviant status. As Irving Goffman points out, stigma is often associated with the "not quite

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[8] "When my rage spills over, I take the saber my great-grandfather brought back from Indonesia and I go down into the woods. There I take a tree stump and chop it to bits" (134).

human" status of the person who bears it, which is then discursively distanced from the conceived idea of normalcy (132). Thus, stigma "results in a special kind of downward mobility," in which the status quo is maintained through social control and the social distancing of stigmatized subjects (Coleman 142, 145). The visual metaphor of Jean Christophe merged with the dragon, in Figure 24, reflects the fear of his being permanently marked by his illness, as someone who would perpetually be relegated to this "not quite human status" (Goffman 132). In sum, Jean Christophe's choice of negating his family and staying at the school for children with disabilities is presented as symbolizing the character's embracing of his stigma.

The weight of Jean Christophe's decision on his brother is conveyed through young David's prophetic-sounding statement, in the sixth frame of the page: "Now [Jean Christophe]'s going to use his illness to avoid dealing with life" (142). The ableist logic presented in this sequence of lines reiterates a "military metaphor" of illness, in which one can beat or be beaten by it, leaving no option for dealing with an illness *and* choosing to face life concomitantly (Sontag *Illness* 65). Campbell states that

> ableist discourses proclaim quite emphatically that disability is inherently negative, ontologically intolerable and in the end, a dispensable remnant. This casting results in an ontological foreclosure wherein *positive signification of disability becomes unspeakable*. (12, my emphasis)

Visual narrative consistently portrays Jean Christophe as the ontologically intolerable in the frames analyzed, whereas written discourse is more nuanced in the tenor of its depiction of disability. The teenage character appears to give voice to the resentment felt at the time towards his brother, whereas the adult narrator is more reserved in pointing out how Jean Christophe must have felt angry that none of the treatments tried thus far had worked. Nevertheless, both voices, adult and adolescent, reflect an inherently negative portrayal of disability, albeit on different levels. The adult one seems to victimize Jean Christophe more than anything—placing epilepsy as the active agent in face of a passive Jean Christophe, such as in the comment "His illness has taken over" (142). The adolescent voice of David's avatar, unlike the narrator's, situates Jean Christophe as the active subject in his relationship with epilepsy, but it does so in order to assign responsibility to what David perceives, unapologetically, as a failure in life.

The narrative as a whole oscillates between these two types of representation of Jean Christophe's relation with disability, victimization and blame. Going back to G. Thomas Couser's questions on the ethics of somatography—and how the works in this category run the risk of appropriating a person's story, when telling it from someone else's perspective, as was explored earlier in this chapter—we can see some of the dangers of *mis*representation in *Epileptic*, and, more specifically, in this particular page. Couser was more concerned with the writing of memoirs of disability from a third party perspective, which is not exactly the context in *Epileptic*. As the analysis in this chapter has pointed out, David B.'s graphic memoir is the story of David, not the story of Jean Christophe told through David. That being said, David's story is very much enmeshed with Jean Christophe's, even though the latter's voice is absent from the narrative. The othering of Jean Christophe starts with the fantastical representation of his epilepsy and is enhanced by his portrayal as someone defeated by illness—as seen in the frames where the dragon takes over his life, in Figure 24.

In a lot of ways, David appropriates Jean Christophe's disability in the process of telling his own story. The reader only gains access to David's perception of Jean Christophe's feelings and intentions, never to the latter's own. In a book entitled *Epileptic*, Jean Christophe, the person with epilepsy, is only seen *through* David, the actual protagonist of the account. Considering that Florence, David and Jean Christophe's other sibling, has her own space in the narrative, through a Foreword and an Afterword written by her, Jean Christophe's own take on the story is, however, glaringly absent. Furthermore, the narrator states that Jean Christophe likes to write as well, though his writing never actually surfaces in the narrative—it is only alluded to from time to time. Towards the end of the book, for example, the narrator mentions having found Jean Christophe's texts one day: "I stumble across a passage on his life in Paris. I'm moved, and frightened. He speaks of his despair and loneliness and the words might as well have come from my pen" (317). The referred text is not presented to the reader. Instead, the narrator translates his brother's feelings into his own in order to convey them. Jean Christophe's writings are, thus, appropriated and become a metaphor for David's.

In the process of representing Jean Christophe's disability, the narrative frequently makes use of militaristic metaphors. According to Susan Sontag, military metaphors were first used in relation to illnesses in the 1880s, with the correlation of bacteria to the infiltrated agents of a disease (66). Allusions to sieges, enemies, armies, and war are particularly abundant in *Epileptic*, as the narrative posits disability as something monstrous to be defeated. The possibility of living with epilepsy outside of this binary equation is not suggested by the narrative. On the contrary, the perspective conveyed is that Jean-Christophe has surrendered to epilepsy, perhaps even "enjoying his illness" (176). One of the metanarrative moments of the text, in which David is portrayed talking to his mother about writing *Epileptic*, is revealing of this perspective:

> Orléans 1997.
> David: You remember one day Jean-Christophe told us he'd been chosen to be sick because it suited him?
> When do you think that happened?
> Mother: It's hard to say.
> There's one weakness Jean-Christophe has had since he was very little. He's always been extremely lazy.
> And, in fact, he's had an insane fear of facing life.
> The responsibilities of adulthood terrified him.
> He must have been hiding behind epilepsy. (213)

The rationalization is that Jean Christophe has *withdrawn from the battle*, choosing instead to hide behind his disability, as the passage indicates. The military metaphor is emphasized in the narrative, constantly suggesting a battle against disability in which one either comes out a winner or a loser. In fact, if anybody comes out a winner of this metaphorical battle in the narrative, it is David, as the quoted page implies (Figure 26).

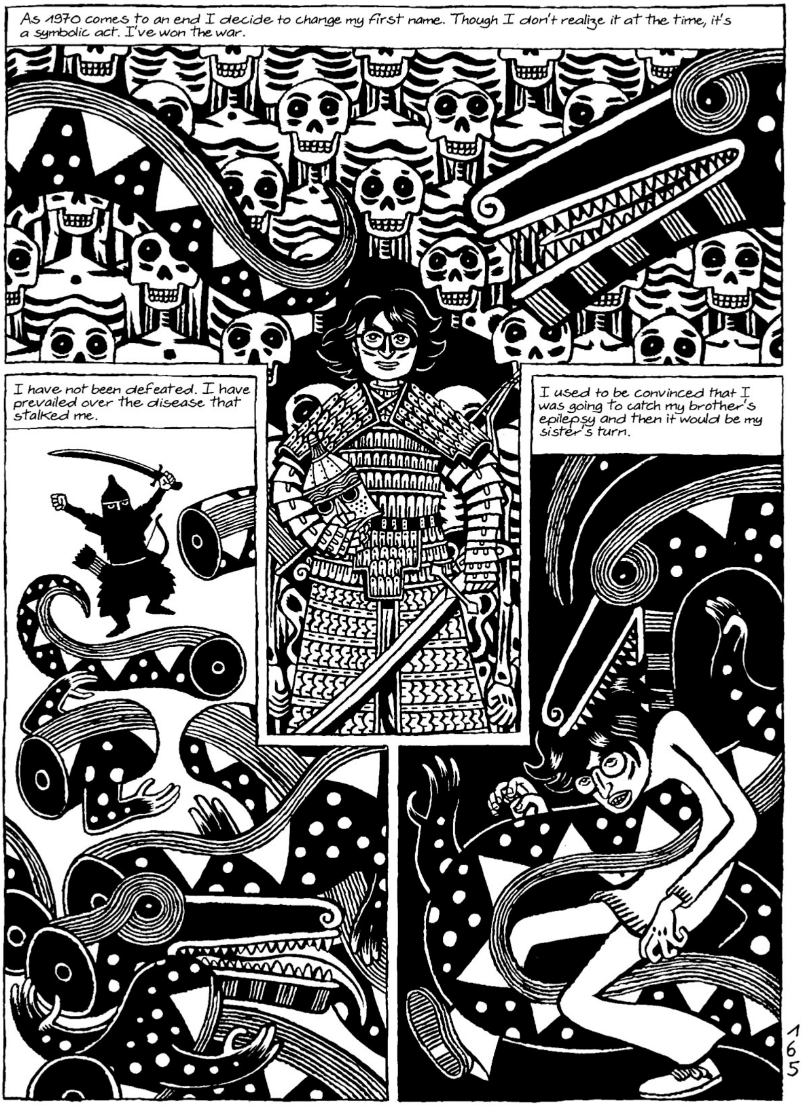

Figure 26: *Epileptic* (165)

Militaristic metaphors abound in both visual and written discourses in Figure 26. The page is divided into three uneven frames; the first and larger one portrays a teenage David in full body suit, the same armor depicted in previous parts of the narrative, such as the one seen previously in Figure 23 (113). He appears as the ruler to an army of skeletons, the "ghosts that [he had] succeed[ed] in taming," the narrator refers to in the previous page (164). The dragon is a menacing presence, but it no longer dominates the entirety of the frame; it is fragmented: tail to the left and head to right. The figurative dismemberment of the dragon is made literal in the following frame, on the bottom left, where the silhouette of the warrior David stands triumphant over the severed pieces of the creature. The written narrative is clear in its militaristic tone of victory: "I've won the war. I have not been defeated. I have prevailed over the disease that stalked me" (165). Visually, David is the conqueror—pictured exultantly in a mostly white frame—and, in contrast, the following darker frame presents a version of the same David, only now completely dominated by the creature that used to afflict his brother. In the latter frame, David's whole body appears pierced by the dragon while the creature gnaws at his head, just as it did with Jean Christophe. The sequence of frames is emblematic of Campbell's definition of the place of the disabled body, "a place in liminality to secure the performative enactment of the normal" (12). Visual narrative posits the two scenarios—conquering or being conquered by disability—side by side. Visual metaphors consecrate the former as the "enactment of the normal" whereas the latter is relegated to the negative liminal space shared only by the creature that haunts him.

The first frame of the page—a page that opens the fourth installment of the original French edition—starts with the narrator explaining the significance of his name change, from Pierre-François Beauchard to David B. The narrator begins by associating the meaning of changing his name with the outcome of the imagined war waged on his brother's illness: "As 1970 comes to an end I decide to change my first name. Though I don't realize it at the time, it's a symbolic act. *I've won the war*" (165, my emphasis). A few pages earlier, the narrator mentions having heard from his mother that his parents had considered naming him David before he was born, but dismissed the idea because his grandfather thought it "sounded too Jewish" (170). Earlier in the narrative, he explains that his fascination with battle scenes and war stories is fuelled both by the inner turmoil at home and by family history (82). However, if at first his hero is Genghis Khan, as he grows up and researches history, particularly World War II and the Holocaust, he eventually changes his perspective, as the narrator recounts: "It was disturbing. It became clear to me that the Genghis Khan I loved so dearly was not so far removed with his massacres of Peking, of Samarkand, or Urgendj, of Merv, Nishaput, Bamiyan, Heart" (173). After learning about the Jewish Holocaust and looking at the pictures from the war, he comes to a realization:

> Suddenly, this first name, David, takes on an enormous importance, *far beyond my brother's disease. It becomes a way of staking out a position*. I was on the side of the glorious Indians against the lowly, shabby cowboys. I'd be on the side of the skinny Jews against the fat Nazis. (173, my emphasis)

For Pierre-François, becoming David has to do with identification and agency; it is a way of owning up to his life narrative. In the context of autobiography, Leigh Gilmore sees in the name, a "potential site of experimentation," one that could challenge assumptions about Truth and truth-telling, while, at the same time, subverting the autobiographical pact in favor of disenfranchised subjects (93, 101). In *Epileptic*, however, this renaming occurs as part of an ableist gaze that locates Jean Christophe, not David, as the colonized and disenfranchised subject. The narrator claims his change of name is symbolic of winning the war against the brother's disease, but it could be seen as symbolic of David's putting himself as the protagonist of the story, instead of Jean Christophe.

Over the next few pages, the character David is depicted as being increasingly aggressive towards Jean Christophe, as if trying to continually reassert his dominance against his brother, which has the discursive effect of reinforcing the military metaphor (176, 77). Paradoxically, the adult narrator tells the reader of his fantasies of heroism at the time:

> Armed with my newfound strength, I fantasize that I could take on my brother's disease if a resourceful scientist were to transfer it into my skull. Then I'd have epileptic seizures. I would feel them coming inside my head. But my strength would enable me to neutralize them before they flared up. My brother would be cured and everything would be like before. Was there a before? (168)

The values of strength, success, and heroism claimed by David in this passage are emblematic of the ableist gaze that produces him as the idealized able-bodied subject in relation to his brother's deviance. On the one hand, written narrative tells of delusions of heroically saving his brother; on the other, visual narrative portrays the character David beating Jean Christophe while the latter is unconscious during a seizure: "In the middle of the day he'll have another seizure. If I'm with him I'll see his seizure coming on and I'll brace him as he falls. *I'll slap him under the pretext of getting his seizure to stop. I throw in a few kicks*" (178, my emphasis). David's claim of identification with the oppressed, symbolized by his renaming, is undermined, thus, through the continuous oppression of his own brother.

If the dragon represents epilepsy for David as a child, in the narrative this perspective of disability evolved as he grew up, as the author himself explains:

> In *Epileptic*, I made it evolve to reflect that I was growing up, that as I grew older, the symbol of the dragon no longer matched my feelings. So I translate that by marking up my brother's face, I create this network of illness, something more abstract, because that's how I perceive him at the time [. . .] I was an adolescent and I was well aware that it was less a matter of good and evil than, in fact, a clinical problem. It was a more abstract way of translating evil. (Interview 106)

Though lessened somewhat in relation to the beginning of the narrative and the depiction of epilepsy as a dragon, the dichotomy of good versus evil is still being brought forth as a metaphor for disability, as the author's remarks indicate. Lerita Coleman points out how infantilization can be seen as an aspect of stigma, especially since "many stigmatized people are not encouraged to develop or grow, to have aspirations or to be successful" (147). As such, the only part of the person's identity that develops is the one related to the stigmatized part of the self (147). In the narrative, Jean Christophe is increasingly represented as a caricature of his former self as time progresses: he is portrayed telling "pathetic little stories," obsessing about Hitler and other dictators, looking for friendship with children well under his age, etc (129, 190, 258).

Figure 27: *Epileptic* (272)

In the quoted page (Figure 27), we see an example of how the representation of epilepsy in the narrative develops over time. The dragon is absent, but it is clear to the reader that Jean Christophe remains under the symbolic influence of the illness, for his face is altered. Darkness is a relevant visual signifier and Jean Christophe is engulfed in it, as opposed to David, who is wearing white and has no clear lines of expression on his face, suggesting a racialized dynamic that naturalizes ableism. Whenever Jean Christophe appears in the frame, his side is occupied by blackness, such as in the central frame. This passage occurs at the height of a particularly violent period in Jean Christophe's interactions with his family, when they, for the first time, seriously consider committing him because of his aggressive outbursts (262).

The passage also shows that Jean Christophe's violence is portrayed as particularly directed at David and, more specifically, at his art. At one point in the narrative, David's young avatar asks his fellow ghosts: "I wonder if I didn't smother [Jean Christophe] a little with my endless outpouring of work" (231). This competitive issue is reminiscent of the militaristic metaphor of disability and it resurfaces in the scene where Jean Christophe is not only being aggressive, but also threatening to ruin David's drawings. Jean Christophe threatens his brother under the pretense of a revolt of the "handicapped," reinforcing the discourse of disability being opportunistically "used" by the disabled. The dichotomy between "handicapped" versus "normal" people is reestablished, once again, this time through Jean Christophe's own words in the narrative: "I'm *handicapped* [. . .] we'll shoot *normal* people in the legs" (272, my emphasis). However, when confined by this binary system, Jean Christophe claims the category of handicapped for himself, the narrative indicates ("I'm handicapped, I am. [. . .] Us handicapped folks gotta stage a revolt"). Compared to the beginning of the narrative, where Jean Christophe identified himself as "sick" rather than "handicapped" (as seen in Figure 21), this claim seems particularly relevant, for it reveals a sense of belonging to a larger community. At the same time, however, David tries to re-signify the category and argue that his brother has no place in it ("But you don't have a physical handicap. You can walk, you can move! If you'd just put your mind to it you could start things, turn your life around") (272). David's point of view exacerbates a normative discourse that legitimates physical over mental illness and disability, and the body/mind dichotomy on which it relies. David, as an able(ist) character, sees disability as inherently negative and, accordingly, dismisses his brother's identification as a person with disabilities. As Tobin Siebers points out, people usually have no difficulty identifying someone who is different from them, “but [they] rarely acknowledge the violence of their perceptions” (“Disability in Theory” 174). Well-meaning as David may be, or as he is portrayed to be, his suggestion to Jean Christophe is violent in its attempt to “normalize” the latter.

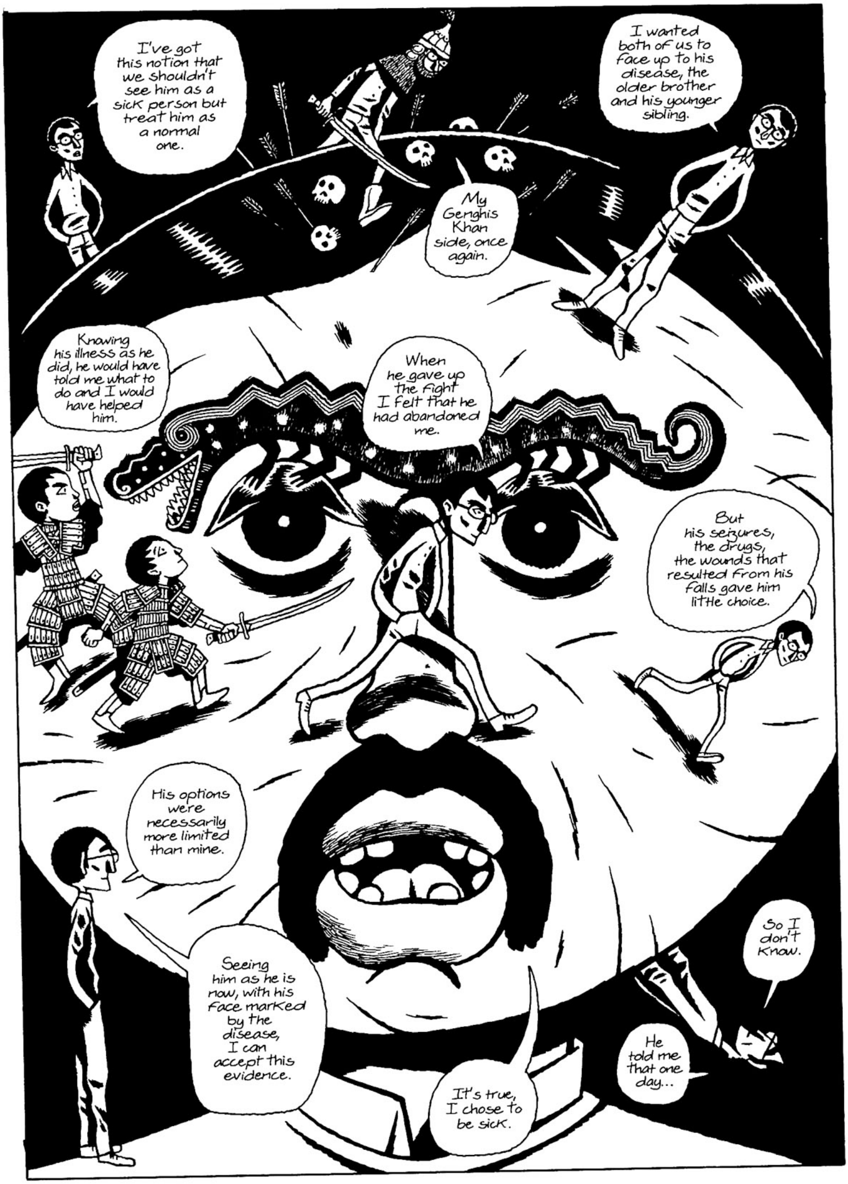

Figure 28: *Epileptic* (342)

Towards the end of the narrative, those dichotomies are solidified in a page (Figure 28) filled with visual metaphors that summarize the narrator's conflicts about his brother. Against a black background stands the enlarged face of Jean Christophe, wearing the resurrected dragon of epilepsy as his brow, with the scars and marks of the illness painfully evident (as the narrator explains on the very first pages of the book, he has no front teeth, due to the constant falls, and he is bloated because of the medication) (342, 2). The image presents only two versions of Jean Christophe: the one in the background, of the marked adult, and one in which he is a kid, accompanying his brother while wearing matching armor suits. Only two versions of Jean Christophe are portrayed: the marked adult and the child before epilepsy. In contrast, several versions of David populate the frame, both as a kid and as an adult.

Visual narrative reinforces the two essentialized dimensions of Jean Christophe's character presented throughout the narrative: victimized subject and willing stigmatized deviant. The child in the frame represents the victimized subject, once full of potential, while the adult version of Jean Christophe, in its magnitude, represents the willing stigmatized deviant, confessing sadly "It's true, I chose to be sick" (342). David's several avatars voice his ongoing conflict regarding his opinion about his brother. On the one hand, he wants his brother to be "normal," which he sees as the only alternative to being "sick": "I've got this notion that we shouldn't see him as a *sick* person but treat him as a *normal* one" (342, my emphasis). On the other, David wants them to fight epilepsy together, conjuring once more the militaristic metaphor of disability: "I wanted both of us to face up to his disease, the older brother and his younger sibling. My Genghis Khan side, once again. Knowing his illness as he did, he would have told me what to do and I would have helped him" (342). Neither of these things happens, as Jean Christophe proudly claims the category of "handicapped" for himself. The fact that Jean Christophe chooses to see himself as someone with a disability is considered a failure and a betrayal on his part by David: "When he *gave up the fight* I felt that he had abandoned me" (342, my emphasis). For David, giving up the fight meant letting go of a healthy normate life, as he conceived it; however, from a political perspective one could regard the situation in opposite terms: by embracing his own status as disabled, Jean Christophe has actually chosen to fight the violence that accompanied the attempt at normalcy. That, perhaps, could be the perspective brought forth if Jean Christophe's insight was actually included in the narrative. But, alas, that is the not the case, as the analyses in this chapter have pointed out, and Jean Christophe's voice is silenced in detriment of his brother's.

Unlike *Tangles*, which employs visual metaphor in ways that can be regarded as both objectifying and non-objectifying (such as the difference between depictions of the blank stare and the flying bird, as seen in the previous chapter), the narrative in *Epileptic* systematically reduces Jean Christophe to his disability—a narrative process repeatedly emphasized through the use of visual metaphor. The recurring silencing of the person with disability is, however, noted in both works as their narrators try to relay the experience of disability from their own points of view.

3.4. *Bitter Medicine*: "This is supposed to be the end of the line for people with no money"

At this point I would like to bring another work as an example of the alternatives to this form of representation of disability in others: Clem Martini and Olivier Martini's *Bitter Medicine: A Graphic Memoir of Mental Illness* (2010)[9]. Similarly to *Epileptic*, *Bitter Medicine* recounts the story of two brothers and their relation with a mental illness, albeit in very different ways. The two brothers in the latter narrative—Clem and Olivier—compose the graphic memoir in *conjunction*, telling their family's struggle with schizophrenia: first as their youngest brother was diagnosed and, later, as Olivier learned he himself had the illness as well. The two are shown as two distinct voices in the narrative: Clem primarily does the written prose sections, while Olivier is in charge of the visual part. Similarly to the narrators in *Tangles* and *Epileptic*, Clem expresses in his part of the narrative a feeling of resentment towards his youngest brother Ben as well as towards the illness that affected them:

> Here is how I justified leaving the country. I felt I had been consumed by the experience of first identifying Ben's mental illness and then somehow arranging that he receive treatment at a hospital. I felt betrayed, if not by Ben, then by life. Something had stolen my younger brother and mysteriously replaced him with a complete stranger. I felt rejected, by Ben and by the health care system. There seemed to be no place in the process for me. (37)

Later, after Ben commits suicide, this feeling of betrayal is replaced by one of guilt, as the narrator Clem informs the reader. One can locate the same sentiments in *Tangles*, for example, when the narrator says "I was sick of trying to fill the gaps in her speech. I was sick of helping her. I was sick of her being sick" (Figure 21) (73). In *Epileptic*, David conveys

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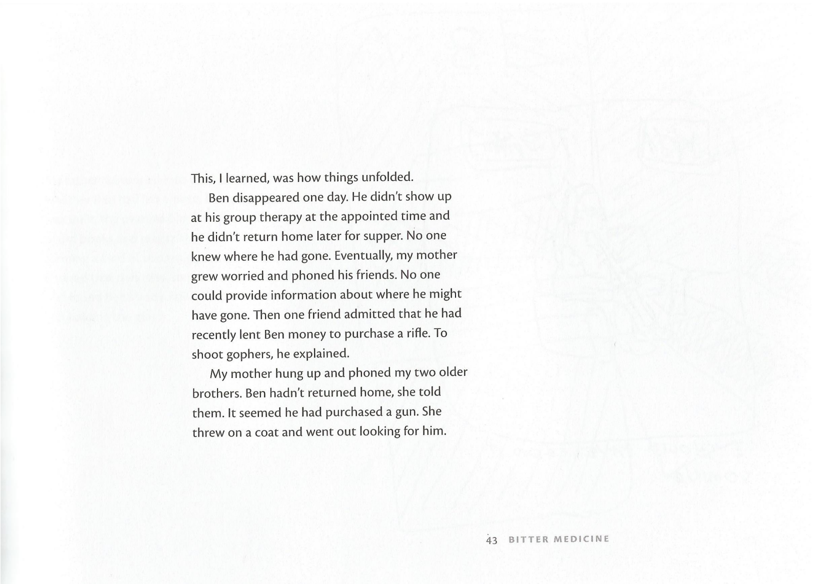
[9] I actually struggled with the decision to include *Bitter Medicine* in this dissertation. The chapter seemed big enough as it was and it would mean an imbalance with the previous one about narrative prosthesis, where I analyzed only two graphic memoirs. Besides that, *Bitter Medicine* is not as prolific with the use of visual metaphor as *Tangles* and *Epileptic*, which is why I initially rulled it out of the corpus. However, it became clear, as I worked through the analyses in this chapter, that *Bitter Medicine* could point to different and promising ways of representing disability in others that were not explored in the other graphic memoirs.

the feeling of being dragged by his brother's epilepsy: "We're all sick with his illness" (192). As family members trying to deal with a loved one's disability, all of these narrators struggle with the balance of accounting for someone else's emotions while conveying their own.

Olivier's perspective on his brother Ben's story, at first, is more contained if compared to Clem's. The visual narrative does not portray feelings of resentment towards the youngest brother, focusing on a more matter-of-fact retelling of events. The two voices, Clem's and Olivier's, contrast each other, both in their presentation as well as in the contents of their narration. Clem's written narrative is confined by typographical standards of prose, such as columns and paragraphs; Olivier's narrative is sometimes purely visual while at others is similar to comics in its cross-discursiveness. The following quoted pages, portraying each narrator's version of Ben's suicide, illustrate the distinction in their styles (Figures 29 and 30).

Figure 29: *Bitter Medicine: A Graphic Memoir about Mental Illness* (42)



This, I learned, was how things unfolded.

Ben disappeared one day. He didn't show up at his group therapy at the appointed time and he didn't return home later for supper. No one knew where he had gone. Eventually, my mother grew worried and phoned his friends. No one could provide information about where he might have gone. Then one friend admitted that he had recently lent Ben money to purchase a rifle. To shoot gophers, he explained.

My mother hung up and phoned my two older brothers. Ben hadn't returned home, she told them. It seemed he had purchased a gun. She threw on a coat and went out looking for him.

Figure 30: *Bitter Medicine: A Graphic Memoir about Mental Illness* (43)

Clem is more prolific with details of his account (Figure 30), whereas Olivier's narrative is more concise (Figure 29). Clem's text is ordered whereas Olivier's drawings are erratic. The constant juxtaposition of both autobiographical voices sets them apart, representing them at the same time that it constructs them as two distinct subjects: the former as able-bodied while the latter as disabled. In that sense, the overall narrative produces able-bodiedness through the discursive establishment of disability, similarly to *Tangles* and *Epileptic*.

On the other hand, as the narrative departs from Ben's story and turns to Olivier's first hand experience with schizophrenia, Clem appears more careful in representing his own role. As the latter describes the experience of seeking psychiatric care for the former, Clem notes: "It occurs to me that, because I'm writing these words, my role sounds larger than it really was" (71). As one of the narrators and a participant in the story, Clem expresses his own perspective of his brothers' illnesses, but, unlike the narrators in *Tangles* and *Epileptic*, he is cautious not to put that perspective at the center of the narrative. Later in the narrative, Clem comments on his relationship with his brother: "Sometimes he tells me that I don't understand the way things are. And

I'm certain that sometimes he's right. How could I? *He's lived an experience that I have only observed*" (243, my emphasis). For instance, when describing a time when Olivier was unresponsive, not engaging in conversation for days on end, Clem mentions devising a new approach at communicating with his brother: he tries to write him a letter, including a self-addressed stamped envelope within (93). As Clem relates the success of his initiative, what stands out in the passage is the inclusion of Olivier's response in the narrative:

> A week later I picked a letter out of my mailbox. It was my stamped, self-addressed envelope. A single wrinkled piece of foolscap was folded roughly in the envelope. Liv's spidery handwriting crawled across the page, but his prose was spare.
>
> 'Dear Clem,' he wrote. 'I don't hallucinate anymore, but now I don't feel much of anything. The drugs have flattened or erased every emotion I had. I don't know how to live like that, feeling nothing.' (93).

Olivier does not convey this information in his own part of the narrative, but his voice is preserved, rather than appropriated, through his brother's account. In contrast, the narrator in *Epileptic* mentions Jean Christophe's writings only in passing, without ever including them as part of the narrative, solidifying David's account as dominant over his brother's. Similarly, the effects of the medication on Jean Christophe are described more than once, but not through his own perspective or outside of David's dream sequences.

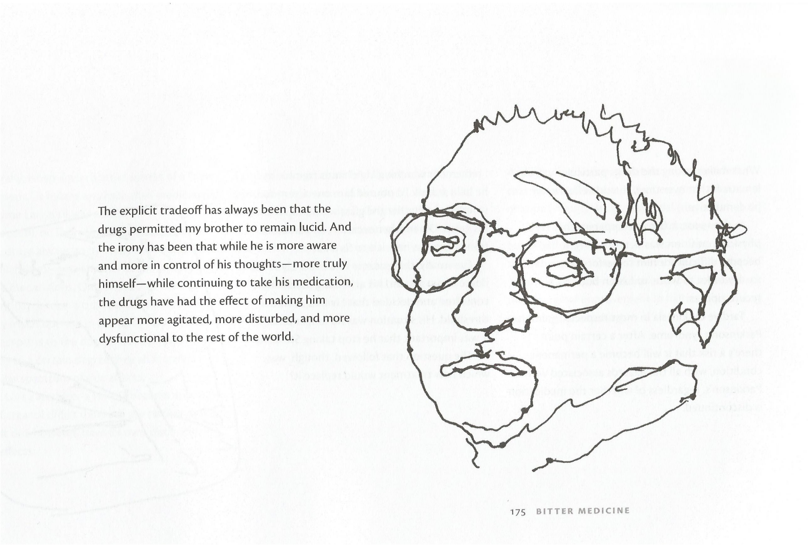
In *Bitter Medicine*, the effects of the medication in Olivier's life are discursively emphasized in both visual and written narratives. Clem's written narrative, besides borrowing Olivier's own voice through his letter, goes through the side effects of the anti-psychotics in painstaking detail in several passages of the narrative:

> The medication in Liv's life has played such a key role in treatment—positively and negatively—that's almost possible to plot the coordinates of my brother's existence based solely on the drugs he's been prescribed. (169)

Clem cites each drug, how long it was prescribed for, its side effects, what led the doctors to discontinue treatment with it as well as the implications of those side effects on Olivier's social and professional life in detail throughout the narrative.

Olivier's visual narrative, on its turn, alludes to the role of medication in a dual manner: explicitly, such as in the depictions of his conversations with doctors about his prescriptions and in the drawings of the drug tablets that invariably become part of his life, and implicitly, in the incorporation of the side effects as part of his drawing style (Figures 31 and 32).

Figure 31: *Bitter Medicine: A Graphic Memoir about Mental Illness* (174)



The explicit tradeoff has always been that the drugs permitted my brother to remain lucid. And the irony has been that while he is more aware and more in control of his thoughts—more truly himself—while continuing to take his medication, the drugs have had the effect of making him appear more agitated, more disturbed, and more dysfunctional to the rest of the world.

175 BITTER MEDICINE

Figure 32: *Bitter Medicine: A Graphic Memoir about Mental Illness* (175)

One of the most prevalent side effects affecting Olivier is related to Stelazine, a drug he took for more than fifteen years, which caused "tardive dyskinesia—a disorder that manifests itself in involuntary, repetitive movements. In Liv's case, it also included restless tongue, rigidity, and tremors" (173). These are not just alluded to, but incorporated in his drawing style, which changes according to the type of side effects experienced by Olivier in the course of his treatments. Figures 31 and 32, for example, are situated in opposing pages, evidencing to the reader how the medication directly affects the aesthetics of Olivier's self-representation. If in other works a juxtaposition of able-bodiedness and disability is done to construct a character as belonging to either of those categories, in *Bitter Medicine* the comparison of Olivier's self-portraits complicates the naturalization of these categories as cohesive and authoritative.

Olivier's representation of his multiple selves does not make use of visual metaphor as a narratological device, such as *Tangles* and *Epileptic* do. Instead of focusing on the stigmatizing features of disabilities and reinforcing that stigma through visual metaphor, Olivier's narrative explores the potential of the graphic memoir to expose the construction of that stigma in the first place. Whereas most of his narrative is drawn in a more realistic style, the chapter “Interlude: The Circles of Hell” is populated with visual metaphors. Clem describes these circles, in his part of the narrative, as a “Mental Health Hell [. . .] a series of spiraling circles. The circles curl one into the other. Each represents an increasing torment” (133). The circles represent the hurdles a person with mental health issues goes through in a society that does not provide adequate medical care, alternatives of employment, and social support, which culminates in either incarceration, homelessness or death. The first circle is the discovery or onset of the mental health issue; the second is the difficulty in keeping a job under these circumstances; the third is the alienation of family and friends; the fourth is homelessness due to the lack of income and family support; the fifth, and final, circle is incarceration (133-43). The visual narrative illustrating these circles portrays the subjects, able or disabled, as devils, each enacting their own part in their hellish roles (Figure 33).

Figure 33: *Bitter Medicine: A Graphic Memoir about Mental Illness* (136)

Figure 33, for example, illustrates the second circle. It portrays two figures in hierarchical positions, with the one in charge announcing to his subordinate that he “won’t be calling [him] again” (136). In earlier chapters, the reader learns that when Olivier had his first episode of schizophrenia he was working at a print shop; a job he lost soon after (77). His depiction of the second hell is, therefore, riddled with metaphorical tones in relation to his own story. In this way, his private story becomes emblematic of a public problem affecting countless others. Unlike *Epileptic*, where visual metaphor is used to represent disability, in *Bitter Medicine* visual metaphor is employed to portray the social conditions that afflict a disabled person’s life. At the same time that Olivier’s narrative uses religious motifs of hell and devils, it does not demonize or sanctify any particular position, as all subjects are portrayed in the same manner as devils. Figure 33, for example, portrays both ‘Olivier’ and his boss as devils, albeit in different power positions. As a result, the narrative moves away from Manichaeisms in representing the circles of hell as a complex social problem shared by all in society. The following page is also an example of this rather democratic representation of subjects, in which disability or able-bodiedness is not automatically discernable, if at all, in any of the characters portrayed (Figure 34).

Figure 34: *Bitter Medicine: A Graphic Memoir about Mental Illness* (140)

The quoted page illustrates the transition between third and fourth circles of hell, between alienating family and friends and becoming homeless. The relation among the characters portrayed is not clear, and the reader is left wondering where to place the “I figured as much” uttered by the sitting devil: it can be seen as referring to the third circle or the fourth circle (140). The unclear subject position from hence it is spoken can also be read with different connotations: it could indicate a friend or family member’s derogatory remark about a person with disability, or even the resigned statement from someone shunned from previous social ties. The line from the second figure, “This is supposed to be the end of the line for people with no money,” appears to engage the reader directly. In this chapter, the dual narrative is focused on the collective aspect of the oppression of people with disabilities. Clem’s narrative reinforces this sense of collective responsibility by also addressing the reader directly: “[u]nable to hold on to your home, you become homeless. You no longer have an illness. Instead, you find yourself transformed into an inconvenient, and largely ignorable, social condition" (141). Besides criticizing the neglect with which homelessness is regarded in society, written narrative puts the reader herself in the position of displacement due to disability.

Overall, *Bitter Medicine* combines visual and written discourses exploring the political potential of the autobiographical representation of disability in ways that *Tangles* and *Epileptic* do not. Rather than characterize disability as an Other through visual metaphor, visual narrative in *Bitter Medicine* reserves that rhetorical device to the passages in which it criticizes the social oppression related to the experience of disability. Furthermore, instead of relying in visual markers of stigma, the narrative employs visual metaphor to underline the complexities inherent in the construction of that abject subject position. Finally, the negotiation between private and public is also conveyed through visual language, as Olivier's story, in the chapter about the circles of hell, becomes imbued with a more collective sense of the experience of disability rather than a personal one.

(RE)FRAMING THINGS UP

"An art object is a body that makes other bodies feel."
(Tobin Siebers "The Art of Disability")

"The display of these pictures makes us spectators, too."
(Susan Sontag *Regarding the Pain of Others*)

4.1. The tensions between metaphor and metonymy

Throughout this research, the issue of metaphor and disability has been central to the investigation, first as narrative prosthesis was examined in the non-fictional context of the graphic memoir, and, second, in the investigation of how the visuality of comics could contribute to understandings of representations of the disability of others via visual metaphor. Metaphor, therefore, as a figure of speech, has guided this inquiry from the start. I would like, however, to propose a different insight into the subject through the recourse of metonym, following Leigh Gilmore's theories on metonym and autobiographical narratives.

As discussed in the second section of this dissertation, metaphor is a figure of speech particularly favored by critics in autobiography studies to refer to the construction of the self that occurs in such texts. Historically, in this field, therefore, the written *I* is conceived as a metaphor for the writing *I*. Gilmore, however, elaborates on how a feminist perspective favors the trope of metonym as opposed to metaphor when it comes to discussions about the construction of the self:

> [m]etaphor depends for meaning upon a relation of identity, and although it may be sustained in a text, the rightness of that relation depends upon its being grasped in an instant. Metonymy, however, depends upon a *sustained patterning for meaning* and therefore extends temporally in a way metaphor does not. (68-9, my emphasis)

Metaphor, in this sense, is dependent on a clear equivalent, whereas metonymy relies on a continued construction of meaning. As figures of speech go, metaphor is stable in its binary hierarchy of meanings whereas metonymy is more fluid and contextual. The implications for the study of autobiographies is that

> [w]hen autobiography studies focus on metaphor as the defining trope, they participate in the production of identity as identity; that is, as one-to-one mirroring of an essential sameness (the self) in different forms (real life and autobiography). When autobiography studies focus on metonymy, they recognize the continual production of identity as a kind of patterning sustained through time by the modes of production that create it. (69)

To think of the narrating *I* as the “metaphor of the self” in autobiography, therefore, presupposes a naturalized notion of the Real, one in which self-representation is unproblematically related to identity (79). However, if we understand identity as unfixed, continually contingent to its context, the *metonymy* of the self within this type of autobiographical discourse seems more pertinent, as Gilmore suggests.

Following the same line of reasoning, perhaps we should think of the metonymy of disability in graphic memoirs, rather than the metaphor, particularly when looking at those texts through a narrative prosthesis lens. As mentioned in the first section of this dissertation, the metaphor of disability is a central tenet in Sharon Snyder and David Mitchell’s concept of narrative prosthesis in literary works (47-8). Within the fictional context they explore as the basis for their analysis, the use of metaphor is justifiable, for the relations being proposed in literary works are of a direct connection between disability and idiosyncratic traits of a character within that narrative. The relation between blindness and a lack of (in)sight is, indeed, a metaphorical one in *Oedipus*, as they argue. However, as Gilmore clarifies, metaphor can be a rather limiting figure of speech, with its “one ‘proper’ interpretation,” and metonymy could be seen as a way to broaden the implications, or even to subvert the idea of the lone ‘proper’ reading, already present within the metaphor (79). As such, the complexities in looking at the representation of disability in *Fun Home* and *Calling Dr. Laura* through a narrative prosthesis lens, as the analyses of this dissertation detail, could be due to its lack of the one ‘proper’ interpretation entailed in the definition of metaphor. The polysemy of disability in these narratives is brought to the fore by their autobiographical context, which, in turn, complicates the analysis of narrative prosthesis: in such texts, disability can be seen as emblematic of other elements in the narrative—symbolically mirroring family turmoil, for example—and yet it is more than that. Thus, because of the autobiographical status these works share, their portrayal of disability cannot be defined only through the critique of the "opportunistic metaphorical device" mentioned by Snyder and Mitchell (47).

Nevertheless, the discursive effects of constructing disability as symbolic are still present in autobiographic narratives. Regardless of the assumed anchor to materiality entailed in the narrating *I* of the autobiographical text, the self presented to the reader is still constructed through the course of the narrative, through discourse. As such, the allegorical tones of disability are presented as signifiers of deviance in a similar manner as in fictional texts. The body, even in autobiographical narratives, appears marked as a sign of abnormality, as a subject's physical manifestation of non-conformity. Thus, when the narrative of *Calling Dr. Laura* portrays the young Nicole reeling with the disturbances in her home life as directly connected to her stomach pains, it is employing disability as a narratological device. Similarly, when *Fun Home* depicts Alison's OCD as a psychosomatic response to the tension in her family environment, it is making use of the OCD's symbolic meaning within the story.

Going back to the texts analyzed, one can see how this shift in the understanding of narrative prosthesis would work in accounting for the symbolic *and* the material aspects of disability in those graphic memoirs. In *Calling Dr. Laura,* as the analysis points out, the portrayal of Nicole's encopresis can be associated with the lack of security in her family life during her early childhood. This metaphorical reading is supported by written and visual discourses throughout the narrative, such as in the page where the medical definition of encopresis is given, along with a series of visual projections of the turmoil in Nicole's life emanating from her crouched body (58) (Figure 8). However, the tangibility of the experience is also highlighted in the narrative, such as when the narrator focuses on the reality of pain that made it impossible for her to even get up from bed (64) (Figure 9). To think of Nicole's encopresis as exclusively metaphorical would, therefore, undermine that tangibility from the narrative. If we think of narrative prosthesis as a metonym of disability, however, encopresis in *Calling Dr. Laura* may be seen as a signifier whose plural meanings are continually produced and performed throughout the narrative. As such, the representation of disability is not reduced to its discursive effects in the narrative, but is seen as produced through the constant interaction of symbolic and material implications. The tension between metaphor and metonym results in the continued resignification of disability in the narrative. At times symbolic, and at times concrete, the irreducibility of disability becomes evident through this interaction of multiple and contingent meanings.

Similarly, in *Fun Home*, disability as metonym can be seen in the ambiguity related to the surfacing of Alison's OCD. The first mention to it is related to its materiality: "My *actual* obsessive-compulsive disorder began when I was ten" (135, my emphasis) (Figure 12). The "actual" in the narrator's line indicates its distance from discursive abstractions; it emphasizes the tangibility of that event. In this passage, the narrator conveys the experience of having OCD as a child, how it concretely affected her daily life. At the same time, one could point to the narrator's comment on the previous page ("and in this isolation, our creativity took on an aspect of compulsion" (134) (Figure 11)) as revealing of the symbolic correlation between her family's artistic idiosyncrasies and OCD. Later in the same chapter (Figures 13 and 14), this duality resurfaces when the narrator questions the origin of her symptoms. In the same page (Figure 13), the young character is portrayed performing the symptoms of OCD while, a few frames below, the narrator suggests that they may have spurred from reading about them. To regard the character's OCD as metaphoric is plausible, for it does appear in the narrative as the response to the "autistic colony" in which she lived (139) (Figure 14). Yet, that metaphor does not account for the ways in which Alison's OCD permeates the entirety of the narrative, for example. The discursive effects of the "epistemological crisis" that followed Alison's OCD can be read as calling into question the authority of the autobiographical narrative as a whole, as seen in the analyses of the first section of this dissertation (141) (Figure 15). The constant interaction of meanings marks, therefore, the representation of Alison's OCD and its discursive effects are felt throughout the narrative.

In autobiographical narratives, the self is represented at the same time that it is produced, or, the autobiographical text is part of the process producing the subject that it seeks to represent in the first place. As such, the subjects in graphic memoirs, such as *Fun Home* and *Calling Dr. Laura,* are being constructed not only through the autobiographical narrative, but also through disability. In this sense, disability's very presence in the text can be seen as constitutive of that self. The subjects of *Fun Home* and *Calling Dr. Laura* are constructed, therefore, through a complex process of autobiographical writing that continuously and self-consciously plays with the interaction of symbolic and material meanings in relation to disability. In spite of the discursive features constructed around bodily deviance in the narrative, the self being produced through autobiographical discourse is already embedded in such deviances. One has to be careful, then, not to reduce the already tangible body of the narrating *I*, along with its marks of bodily deviance, to the discursive feature that it symbolizes.

It is important to point out that, differently from the works analyzed by Sharon and Snyder in relation to narrative prosthesis, these graphic memoirs are focusing on a construction of disability rather than ableism. While fictional works such as *Oedipus* and *Moby Dick* employ the metaphor of disability to convey the uniqueness of a character, as Sharon and Snyder argue, graphic memoirs such as *Fun Home* and *Calling Dr. Laura* construct disability as constitutive of the autobiographical self. While these graphic memoirs do make use of the symbolic meanings of disability, they do not incur in the objectifying gaze of ableism, characteristic of the fictional works analyzed by Sharon and Snyder.

In light of these factors, metonym appears to be a much more suitable trope as one looks at graphic memoirs and disability. Metaphor is just one of the ways in which disability is presented in these graphic memoirs, but it does not account for how it is also constitutive of the self that narrates it. Metonym, on the other hand, works through repetition and it does not provide the directness between signified and signifier entailed in metaphor. Disability as metonym can be seen as a process, rather than a direct association of signifiers. The symbolic meaning of disability has to be read as part of a larger system of construction of meaning and subjects in autobiography. Instead of the closure of metaphor, I propose the continued open-endedness of metonym in relation to disability and autobiographical narratives.

4.2. Metaphor makes a comeback (in its visual form)

The second section of this dissertation explores how the redeeming characteristics of autobiography—in terms of enabling a *self*-representation of bodily deviance—are appropriated by narratives employing a visual spectacle of disability as an *other*. Both *Tangles* and *Epileptic* portray disability through the able-bodied perspective of their narrators, Sarah and David, respectively. As such, unlike the narratives of *Fun Home* and *Calling Dr. Laura*, the subject being represented and produced through autobiographical discourse is not the one with a disability in the narrative. Visual metaphor is employed in these narratives as part of the discursive process that others the characters with disabilities while, concomitantly, reestablishing the autobiographical subjects as able-bodied protagonists.

The characters of Midge and Jean Christophe, in *Tangles* and *Epileptic*, respectively, do not have the agency to claim the representation of their disabilities for themselves. Their stories are told by a third party and they have no say in the way in which they are portrayed. Midge accepts being interviewed and even participates in her daughter's recording of her disability. She does give consent, and does so in a lucid state of mind, but one has to wonder if that consent would go so far as embracing representations where she is portrayed naked and powerless on the toilet (Figure 16), for example. Jean Christophe, in his turn, does not collaborate or give consent to his brother telling his story in any way throughout the narrative. He is represented as having his agency doubly removed by his disability: first, through the narrative of him as a powerless child in the face of the monster of epilepsy; and second, as someone without any input in how that illness is portrayed to begin with.

If, as Tobin Siebers argues, "aesthetics tracks the emotions that some bodies feel in the presence of other bodies," the employment of visual metaphor as a trope to represent disability is a deliberate attempt to evoke such emotions on the reader ("Disability Aesthetics" 542). George Lakoff and Mark Johnson, in their turn, define metaphor precisely through its sensory effects on the body (235). For them, metaphors help people coherently create connections between each other, a process that is not merely a question of intellect or language, but one involving individuals' common-ground connection with the material dimensions of the world and its sensory-motor domains (232-3, 235, 245). Visual metaphor of disability, in *Tangles* and *Epileptic,* therefore, surfaces primarily as a catalyst of these emotions and senses.

One of the catalyzed responses brought forth by the visual metaphor of disability in the graphic memoirs *Tangles* and *Epileptic* is the impetus to stare. As Rosemarie Garland Thomson defines, the stare is the individual's response to the unfamiliar, that which is out of the ordinary, illegible (3). In these graphic memoirs, the disabled body is, thus, discursively emphasized through visual metaphor in a process that reinforces the staring often associated with deviant bodies. The stare performed through graphic memoirs is one that can be done anonymously by the reader, without concern for reciprocity or judgment from others, allowing an unabashed scrutiny of someone else's deviancy (68). Garland Thomson comments on the two-way nature of the stare, as it is "as inauspicious to starers as it is to starees, both of whom stand to lose status in the exchange" (71). Specifically due to graphic memoir's visuality, these narratives play on the potential of this forbidden stare. The non-fictional status of graphic memoirs also adds to the spectacle being offered. If manuals of etiquette discourage the stare, specifically of people with disabilities (71-2), these visual portrayals of disability seem to invite it.

One passage in *Epileptic* explicitly deals with the issue of the stare and disability, as Jean Christophe falls with a seizure in a public space (Figures 35 and 36).

Figure 35: *Epileptic* (235)

Figure 36: *Epileptic* (236)

The excerpt is particularly focused on Jean Christophe's disability as an object of staring, which, in turn, puts the narrator David in the uncomfortable situation of having to share that position with his brother. As Garland Thomson argues, the "appearance of disability in the public sphere makes [. . .] for a stareable sight," and visual narrative in Figure 35, in the first two frames, emphasizes precisely that transition between casual onlookers and starers (20). At the moment that Jean Christophe hits the ground with a seizure, the tourists that had been preoccupied with architecture and history become fascinated with his disability, while the narrator complains: "All the tourists rush up, eager to enjoy this new diversion" (235). Visual metaphor in the passage portrays the tourists as a multitude of eyes, reducing them to the act of staring. They point and stare at Jean Christophe, occupying more and more of the frames as the seizure progresses in the narrative. Jean Christophe, in the third frame of Figure 35, is portrayed in gigantic proportions, unable to avoid the prying eyes. David, on the other hand, is obfuscated between the multitude of starers and his family: in the second, third, and fourth frames of Figure 36, he is only partially depicted, almost as if drowning in the sea of people and their enlarged eyes. The narrator conveys his disgust with the starers: "God, I despise people like that. These nice, *normal people*—their gaze is burned into my memory" (236, my emphasis). Again we notice the reproduction of the "normal"/disabled dichotomy in David's voice. As much as the narrator condemns the starers that harass Jean Christophe, and the whole family by association, the narrative as a whole seems to invite such stares. The exquisiteness of the narrative's visual style, along with its recurring use of visual metaphor tempts the reader to dwell on the page, to look for the details, to stare.

The figure of the dragon, then, is the ultimate rationalization of the child's stare, an emblem of the indecipherability and fascination of epilepsy for the narrator as a kid. Children, unaccustomed to social rules about staring, are most prone to unabashedly stare at unusual sights or deviant bodies, most of the times to their mother's despair at this blatant violation of etiquette (Garland Thomson 88). As a child, David is mesmerized by his brother's seizures and the narrative conveys that through the lengthy passages presenting the dragon at work. The quoted page in Figure 22 illustrates, for example, how most of the frames in the page are occupied by the representation of this stare (77). The long sequence of similar frames suggests the slowness of time passing from one frame to the next. Time lingers as the focus is drawn to Jean Christophe's convulsions, shown in detail through the dragon's sinuous movements. The black background effaces all other information from the frame apart from the dragon and Jean Christophe, making sure the reader's attention is focused solely on the latter's seizure. In sum, visual narrative mimics David's stare. The reader, in its turn, is only invited to share the position of starer with David, never that of staree with Jean Christophe.

Other artists have engaged in the subject of people's desire to stare at disability, such as Doug Auld and Chris Rush[10], cited by Garland Thomson: they self-consciously invite the reader or the observer to stare, while attempting to bring the very act of staring into question (79-81). That, however, does not appear to be the case with the staring portrayed in *Epileptic*. As much as the narrator criticizes the staring carried out in Figures 28 and 29, that concern appears to be a result of his own involvement in the scene. In the following page, the narrator recalls admonishing his mother for deserting them at the critical moment, only to, soon after, confess the desire to do exactly the same: "I'm upset with her for letting us down at that moment. But I would dearly have loved to do the same. I would dearly have loved to be elsewhere" (237). The narrator condemns the act of staring, particularly when he is an object of that stare, for it puts him in the opposite end of the binary normal/deviant so often reinforced throughout the narrative. On the other hand, the narrative never questions David's own form of staring. The narrative, therefore, only selectively criticizes the act of staring.

In *Tangles*, the act of staring also assumes a central role in the narrative, most notably through Midge's portrayal of the blank stare. As Garland Thomson defines, the blank stare is a type of vague look that suggests a lack of mental faculties for the person who bears it (22). As such, the blank stare is often used to characterize people with disabilities and, visually, it is employed as a marker of deviance, functioning as a sign of "visual impotence" for the character in a given narrative (23). In *Tangles*, Midge is portrayed, through her blank stare, as someone deprived of agency, as the analyses in chapter 2 have pointed out. The progression of Alzheimer's is directly related to the loss of agency for the character, since the blank stare becomes a permanent fixture in her portrayal only in the later stages of the illness. It is possible to conceive

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[10] Doug Auld created a series of paintings of young people with severe burn injuries, entitled "State of Grace," in 2005. Chris Rush created a portrait series entitled "Permission to Stare," composed of a "'unusual children and adults,' most of whom with disabilities," in 2006 (Garland Thomson 79-81).

the impact of staring in Midge's representation as twofold: first, as the blank stare characterizes her as a subject inherently deviant, visually impotent; second, as she herself becomes an object of staring, seeing that the narrative invites the reader to focus on the ways in which she slowly loses legibility as Midge.

The page quoted from the chapter entitled "Taste and Smell" (Figure 18), for example, portrays Midge as a staree within the narrative. In the bottom six frames, Midge is shown under the scrutiny of the narrator, who seems to invite the reader to join in on the inspection of the many symptoms affecting her mother, such as the odd choice of clothes, the sweating, the bad breath (59). The thirteenth frame of the page, in particular, in which Midge is presented carrying a shoe in her hand after getting dressed, is revealing of this stare. In that frame, visual narrative assembles a list of oddities for the reader to linger on. A number of arrows point to Midge's body, visually substantiating her deviance in the narrative:

> - ➢ Accessories and footwear carried around until abandoned
> - ➢ Dressy office skirt
> - ➢ Guatemalan hat almost always
> - ➢ Messy hair
> - ➢ Turtleneck even when hot (59)

Similarly to *Epileptic*, in *Tangles* the visual narrative mimics the staring process. The arranging of arrows literally points to the ways in which Midge deviates from the norm, inviting the reader to dwell on the frame in order to take in all of the information. The final frame of the page is emblematic in this regard, as it portrays the young Sarah pointing at her mother in shame: "I was so embarrassed. It reminded me of when I was a teenager and I wouldn't walk with her at the mall because she dressed weird" (59). The reenactment of the self-conscious embarrassment of her teenage years in the last frame suggests a more critical view of the staring being performed in the earlier frames. Or, at least, it indicates the narrator's awareness of the, perhaps unavoidable, process of putting her mother in the position of staree.

Besides this questioning, *Tangles* offers some alternatives of representation that do not engage in a type of staring that objectifies the staree. The visual metaphor of the flying bird (Figure 20) appropriates the blank stare that marks Midge as a subject of Alzheimer's in a liberating way, for example. As a bird flying away, Midge is still an object of her daughter’s stare and is still portrayed bearing the recurring blank stare characteristic of her illness in the narrative. The difference from this to other depictions throughout the story is that in this particular frame she does not appear constrained by that stare. In comparison, the frame at the bottom left of the page presents a more ‘realistic’ portrayal of the event, for the narrator, and in that frame Midge is seen staring down, with a sad countenance—a representation confined to the limits of her blank stare. As both types of representation are juxtaposed, one can see the potential of visual metaphor when it is not employed in the reiteration of stigmatizing features.

Overall, however, what the analyses of *Tangles* and *Epileptic* suggest is that graphic memoirs that deal with the representation of disability of someone other than the narrator run the risk of appropriating that person’s story in the process of telling their own. Visual metaphor, with a few exceptions (such as the flying bird in *Tangles*), emphasizes the spectacle of disability in others, adding to an already alienating process of stigmatization related to the representation of that disability. If disability has historically been associated with the impetus to stare, the visual metaphor of disability embraces that stare. One wonders, then, about the possibilities of representation of disability in others that, though inviting such a stare, do not objectify its starees.

Although not abundant in its use of visual metaphor as the other works analyzed in this dissertation, *Bitter Medicine* serves here as an example of a narrative in which the representation of disability cannot be characterized by an ableist gaze. In *Bitter Medicine*, the very aesthetic properties of the visual narrative are a metaphor for Olivier’s disability. His wavering drawing style becomes imbued with signifiers of his disability: as it fluctuates so does the reader’s perception of his symptoms and of how they affected his experiences as an adult living with schizophrenia. The narrative as a whole is not exempt from criticism for, despite being jointly composed, Clem’s written narrative is still given precedence in most of the work while Olivier’s is, at times, merely illustrative of the former. *Bitter Medicine* does, however, offer some insight into the potential of graphic memoirs as a genre wherein one can represent disability polysemically and not just as a narrative device in the establishment of able-bodied autobiographical subjects.

If the impulse to stare at disability is embraced, as the analyses in this dissertation have suggested, this embrace can be done critically. Olivier’s juxtaposition of self-portraits, for example, invites the stare of the reader, but it does so in order to visually perform a criticism on the impact of drugs in the life of someone dealing with schizophrenia.

Epileptic attempts a similar criticism when describing the myriad of side effects the medication has on Jean Christophe's body (2). This criticism, however, invites an uncritical stare of the reader into his body; it perpetuates an objectification that elsewhere the narrator claims to denounce (Figures 22 and 35) (235-6). *Tangles*, on the other hand, is somewhat more ambivalent: the narrative invites the reader to stare at Midge's transformation into deviance due to Alzheimer's, while, concomitantly, conveying a sense of self-criticism for joining in that act of staring (Figure 17) (59).

David Mitchell and Sharon Snyder claim that the constant representation of disability in literature "establishes a conundrum: while stories rely upon the potency of disability as a symbolic figure, they rarely take up disability as an experience of social or political dimensions" (48). While the graphic memoirs analyzed throughout this dissertation do portray some of the social dimensions of disability, be through first-person accounts or by proxy, mostly they fail to approach it through a political lens. However, if one thinks of the feminist axiom of "the personal is political," then these graphic memoirs gain very specific political contours. By bringing personal experiences with disability to light, these narratives are literarily working on the visibility of those experiences.

Hillary Chute argues that graphic memoirs have a distinctive way of materializing history; she claims "the field of graphic narrative brings certain key constellations to the table: hybridity and autobiography, theorizing trauma in connection to the visual, *textuality that takes the body seriously*" (4, my emphasis). However positive or problematic the representation of disability may be within the narratives analyzed, one cannot, indeed, question the seriousness with which they regard the body. Be it through the metonymy of narrative prosthesis or through the visual metaphor of disability, the body assumes a central role in the works analyzed. More specifically, the materiality of that body is brought to the fore through the production of an aesthetics centered on the polysemy of disability, as a material and symbolic signifier within these autobiographical narratives.

4.3. Identity politics of disability in graphic memoirs (and its lack thereof): future avenues of research

Throughout the research done for this dissertation, the absence of an explicit identification of the characters with the identity category of "people with disabilities" is noteworthy. In fact, the word "disability" itself is rarely used, if at all, in the majority of the graphic memoirs investigated. Despite dealing with disability as a subject matter, these narratives tend to steer clear of identity politics related to people with disabilities. As Simi Linton sums up, the category of disability "is best understood as a marker of identity [. . .] used to build *a coalition of people*," and, as such, it has as much to do with mental or physical impairment and the discrimination associated with them as it does with its political potential as a group (162, my emphasis). In general, the graphic memoirs analyzed focus on the individualized medical condition of the characters in their narratives, rather than a sense of community for those with disabilities within their stories. The concern of the majority of those narratives is related specifically to the individual and how that individual fares when forced to deal with disability, be it a temporary one, such as in *Fun Home* or *Calling Dr. Laura*, or a loved one's, such as *Tangles* and *Epileptic*. Even *Bitter Medicine*, which dedicates a good deal of its narrative trying to convey the hurdles people with mental health issues have to go through to find adequate support in the Canadian health system and the importance of a community for those subjects, does not use the term "disability" in its text.

In *Fun Home* and in *Calling Dr. Laura*, for example, the experience of disability appears relegated to the past, as part of a childhood fraught with many other difficulties. As such, those narratives could be seen as participating in what Linton refers to as "the *overcoming* rhetoric," in which an account of disability is presented only to reinforce how it no longer impacts the life of the narrator or even how, through the person's will power, she was able to beat it (165, original emphasis). Instead of a sense of community, the overcoming rhetoric directs attention to the individual, focusing on "*personal* triumph over a *personal* condition" (165, my emphasis). Accordingly, Alison is portrayed as setting deadlines for herself to abandon her compulsions, which, with her mother's help, eventually works and she "recovers" from OCD (149). Nicole, on her turn, lives with encopresis throughout most of her early childhood, "scrubb[ing] and hid[ing it] as a shameful secret," until she simply outgrows it, or at least that is the entailed assumption, for the narrative just drops the issue altogether after a certain point (60). Both graphic memoirs portray OCD and encopresis, respectively, as an alienating factor in the relationships among family and friends. Personal experience and strategies for passing are emphasized, whereas the stigma constructed around those illnesses is reinforced rather than questioned.

Tangles also focuses on a very personal experience with disability, rather than a shared one imbued with political potential. The only reference to others dealing with Alzheimer's beyond the narrator's mother occurs at the beginning of the "Unreal" chapter, in which the suicide of an acquaintance is linked to the illness (67) (Figure 19). The prevalence of medical discourse in the narrative is evident in its very title *Tangles: A Story about Alzheimer's, my Mother, and Me*: first, as it establishes a connection between a diagnosis (*Alzheimer's*) and an individual's experience (*and Me*); second, as it dubiously employs a metaphor (*Tangles*) in relation to the clutters of hair collected by the narrator and in relation to the known characteristic of Alzheimer's in the brain, the way it creates "densely twisted bundles of neurofibrils, or neurofibrillary tangles" (Ballenger 42).

The notable exceptions to this premise are *Epileptic* and *Bitter Medicine*. David B.'s narrative explores, in several passages, the shared identity and interests of people with disability. However, the category of "handicapped," as it is referred to in the work, is brought forth mostly in a particularly derogatory manner, by the narrator. In *Epileptic*, "Handicapped" people stand in the opposite end of "normal" people, reinforcing a set of binaries that situate legibility only within the latter. As such, David is portrayed fighting against his brother's identification as "handicapped," for that would mean an embrace of illegibility in the former's frame of mind (as seen in Figures 24, 25, and 28). Jean Christophe, on the other hand, proudly claims the identity of "handicapped" for himself, as someone part of a larger group of people. His embrace of "handicappedness" represents his refusal to continue trying (and failing) to fit in the "normal" category. Despite that, the narrator does not acknowledge the legitimacy of his brother's identification. *Bitter Medicine*, in its turn, focuses much more on the importance of a community of people with shared experiences of disability at the same time that it denounces how members of that community are often neglected by the health care system and by the State. As much as Olivier's personal experience with schizophrenia is conveyed, this portrayal is not done through an "overcoming rhetoric," as the narratives of *Fun Home* and *Calling Dr. Laura* are prone to.

Both *Tangles* and *Epileptic*, as works that deal with a loved one's disability, are presented with the opportunity to come out as "crip" narratives, a category that, similarly to "queer," challenges assumptions and essentialisms and subverts the dichotomies of able-bodied and disabled subjectivities, according to Robert McRuer's definition of the term (*Crip Theory* 35). Differently from *Fun Home* and *Calling Dr. Laura*, in which bodily deviance is part of the protagonist's first hand account, the narrators in *Tangles* and *Epileptic* deal with disability through someone else's experiences, a process that could offer particular insight into possibilities of coalition and identification. That potential, nevertheless, is left untapped, as both works construct their protagonist's subjectivities precisely through the negation of the status of disabled. The constant juxtaposition between Sarah and her mother and between David and his brother reiterate the binary, instead of subverting it. *Bitter Medicine*, however, can be seen as a crip narrative, for its dual narration subverts assumptions about "autosomatography" and "somatography"—as Couser defines autobiographies about disability written by authors who are themselves disabled and by authors who are not, respectively (*Signifying Bodies* 2). Besides that, Olivier's self-portraits and the embodiment of disability into his drawing style resignify the ableist gaze that characterizes other works.

On the other hand, if some of these works do not embrace 'disability' as an identity, nor the political potential to come out as crip narratives, identities such as "lesbian" and "queer" are claimed by three of the protagonists of the graphic memoirs analyzed: Nicole in *Calling Dr. Laura*, Alison in *Fun Home*, and Sarah in *Tangles*. All three characters seem to grasp the political importance of coming out (and of identifying) as queer within their narratives. In *Calling Dr. Laura*, Nicole struggles with coming out to her mother throughout the narrative, but eventually decides to reveal her sexuality along with the knowledge of her supposedly dead father's actual story (240). A great portion of the narrative is dedicated to the account of Nicole's relationship with Radar and how, only after they break up, she finally manages to find the strength to come out to her overbearing mother.

In *Fun Home*, Alison is portrayed coming out to her parents in a letter, an announcement that the narrator presents as directly related to her father's suicide (58-9). The first frame of the page in which she makes the announcement brings the written statement of "I am a lesbian" to the visual medium of the comics narrative. Alison is presented with the back towards the reader, writing the letter on a typewriter. Unlike other segments of the graphic memoir, in which excerpts of journal entries, books, and letters are portrayed from within their original written genre (such as seen in Figures 13 and 15), the coming out announcement is depicted in its enactment, as the character is writing it. As such, the performative aspect of the phrase is emphasized, as a written speech act of sorts, borrowing Judith Butler's terms.

In *Tangles*, the narrator tells of going to LGBT rallies with her mother even before the former realizes she herself is a lesbian. Midge and Sarah are both portrayed holding signs and chanting against LGBT oppression on the streets of Montreal after a police raid at a gay and lesbian party (16). During her university years, Sarah was more involved with political activism than with her classes, the narrator tells (16). After graduation, Sarah is portrayed getting more involved with feminist activism in particular, which, in her view, drew her closer to identifying as a lesbian (17). In the scene in which Sarah calls her mother to finally come out, the latter just replies that she thought her daughter had come out ages earlier: "That's great, honey. But didn't you already tell us?" (17). Sarah's involvement with activism emphasizes her understanding of the political potential of identifying as queer.

I bring forth these examples to illustrate the centrality of queerness to these characters, how this identity plays into the story as whole, how it is continually emphasized and reinforced. The characters of Nicole, Alison, and Sarah are all portrayed in their narratives as understanding the political aspect of coming out. In comparison, the political dimension of their experiences with disability is downplayed. In *Calling Dr. Laura*, for example, this movement is clearly portrayed, as the young Nicole is depicted, in an apt metaphor, hiding the soiled tutu (a direct result of encopresis) in the closet. Ironically, at the same time that these narratives bring a literal visibility to disability, the political potential of that disability is kept from sight.

The issue of disability and identity politics in graphic memoirs is a complex subject and I would do it a disservice if I were to attempt at exhausting it here. My focus, at this point in the dissertation, is only to indicate other avenues of research within this topic, which I am sure will eventually generate entire works on their own. I hope this last part of my conclusion will be a nod to future researchers in the field, perhaps other doctoral students looking for a dissertation topic. As such, I choose to let go of the closure entailed in a chapter traditionally entitled "conclusion" and, instead, opt to finish this text with the open-endedness of "new possibilities of research."

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