Detached from Our Bodies: Representing women’s mental health and well-being with graphic memoirs

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Abstract

Geography has recently undergone a creative return whereby influences from the humanities inspire the production, analysis, and incorporation of creative works in geographical research (de Leeuw & Hawkins, 2017). With their ever-growing popularity in the humanities, graphic novels are one example of a creative work gaining epistemological momentum in geography. Graphic novels have proven attractive to geographers for their ability to represent knowledges that challenge dominant social structures and discourses. In this thesis, I conduct visual, textual, and discourse analyses of three graphic memoirs by women that challenge pathological mental health discourses: *Lighter Than My Shadow* by Katie Green, *Inside Out: Portrait of an Eating Disorder* by Nadia Shivack, and *My Depression* by Elizabeth Swados. Using an interdisciplinary and transdisciplinary research approach, I build on the literatures from the geohumanities, feminist geographies, graphic medicine, and health geographies to argue that subjective and embodied representations of women in graphic novels subvert dominant mental health narratives promoting pathology, ableism, and invisibilization. I analyze the graphic novels to support three key claims: 1) graphic novels can contribute to, and contest dominant mental health discourses, 2) graphic novels can operate as a means to contest universalized pathographies by representing marginalized experiences, and 3) graphic novels can challenge the limits of Cartesian dualism in mental health practice that exclude women’s experiences. With these ideas at the fore, the implication of this research is to offer healthcare providers, patients, and the general public alternative ways of understanding mental health. This research also serves to advocate for the merits of using graphic novels to provide options for access to health care and health equity.
Acknowledgments

When I teach college students essay writing, I always remind them that academia “doesn’t exist in a vacuum” and it’s “all a conversation.” Now that I’ve finally completed my master’s, I have a more profound understanding of the importance of conversation to academics. I had conversations with my supervisor that pushed my ontologies and epistemologies passed their limits, conversations with my mom stinging from a much-needed kick of tough love, and conversations with my friends that led to glorious laughter when nothing else in my life felt funny at all. It’s because of these conversations that I was able to pull through to the very end.

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Chapter 1: Introduction and Methodology

According to a recent survey conducted by the Ontario University and College Health Association (OUCHA), rates of anxiety, depression, and suicidal thoughts and attempts have increased among post-secondary students since 2013 (Pfeffer, 2016). Although recognition of these issues seems to be improving with organizations such as the Canadian Mental Health Association (CMHA) and the “Not Myself Today” initiative (https://www.notmyselftoday.ca/) for mental health and well-being awareness in the workplace, these results suggest a need for greater access to healthcare and more equitable treatment of those seeking care. According to Smith (2009), “mental health” can be defined as a “state of emotional and psychological well-being in which an individual is able to function effectively in society, and meet the ordinary demands of everyday life” (p. 64). With the accessibility and effectiveness of healthcare services that can address these needs in question, researchers have been investigating the benefits of creative mediums for mental and emotional support.

Recent scholarship in the social sciences, medical humanities, and geohumanities has argued in favour of the use of creative mediums including graphic novels as both therapeutic and educational resources for addressing mental health (de Leeuw et al., 2018, Farthing & Priego, 2016; Quesenberry & Squier, 2016; Vaccarella, 2013; Williams, 2012). Scholars such as de Leeuw and Hawkins (2017) discuss geography’s creative return, in which the humanities and geography collaborate to incorporate, analyze, and even participate in the development of creative works and practices. Using creative works, the geohumanities “offer important opportunities to create new spaces and modes for thinking about and expressing space, place, and human relationships with and within the world” (de Leeuw et al., 2018, de Leeuw & Hawkins,
Graphic novels are one example of a creative work that has gained recent attention in the geohumanities as well as health geographies as a tool to contest universalized pathographies (de Leeuw et al., 2018, Donovan & Ustundag, 2017; Dittmer & Latham, 2015; Donovan, 2014). The link between the geohumanities, health geographies and graphic medicine, which is where this thesis is embedded, lies in their shared aim to explore marginalized experiences of mental health and well-being and to “activate and account for creative and innovative engagements with place that open new…ways of seeing and being in worlds that involve human health and illness” (de Leeuw et al., 2018, p. 286).

**Comics, Graphic Novels and Graphic Medicine**

Chute (2010) describes graphic novels as a “visual language” (p. 3) used for individuals and collectives as a method of witness to convey their experiences in an embodied form. Groensteen (2009) also conforms to the idea of graphic novels containing their own language, placing precedence on the “language” component of the medium even before the art. What makes this “language” so significant, according to Eisner (1985), is that it “relies on a visual experience common to both creator and audience” (p. 7), making it more accessible to mass audiences. One of the ways that this accessibility is achievable is through the use of space, as it can be “brought into alignment to heighten the resonance of the account with its corresponding social experience” (Dittmer & Latham, 2015, p. 428). By manipulating space on the page, graphic artists can portray aspects of social experience that are not otherwise reachable through purely written forms.

There does not seem to be a consensus among scholars regarding the classification of graphic mediums. Scholars such as Holland (2012) distinguish comics and graphic novels from
graphic narratives, describing graphic narratives as “a book-length work in the medium of comics” (p. 107) that includes modes other than fiction. However, some scholars use “comics” as an umbrella term to classify all mediums that rely on text and image to tell a story. When drawing on the research of other scholars, I use the terms they have chosen to use. In the context of my research, I use the terms “graphic novel” and “graphic memoir” interchangeably to describe the works I employ to not only account for their length, but to also distinguish them from classic associations with “comics,” such as with superhero comics or newspaper comic strips.

Many comics artists choose to create their own worlds by drawing them by hand. Despite being very different from the world we inhabit, these worlds are symbolic of our own and can be applied to our own lives (Dittmer & Latham, 2015). In addition, graphic narratives have the power to elicit empathy, especially as a result of the “iconic simplification” (Williams, 2015, p. 121) regarding the drawing of characters that allows readers to superimpose themselves onto the image and become part of the story. For graphic novels about illness experiences, the ability to connect to the character is paramount not only in order to encourage greater understanding of people dealing with these illnesses, but also to help those who are struggling with similar experiences obtain a sense of solidarity. According to Williams (2012), graphic narratives “offer a window into the subjective realities of other sufferers and provide companionship through shared experience in a more immediate manner than might be gained from joining a self-help group or reading patient information leaflets” (p. 25). The graphic form is therefore accessible both empathically and logistically, serving as a useful treatment option compared to other more expensive options (Green, 2015).
Williams (2015) praises graphic novels for their capacity to portray “emotion and feeling, tackling the taboo or the liminal” (p. 132). Although there are plenty of texts dealing with taboo or liminal subject matter, graphic novels are uniquely equipped to convey this information in that “their powerful visual messages convey immediate visceral understanding in ways that conventional texts cannot” (Green & Myers, 2010, p. 574). Sundaram (2017) brings attention to the complexity of language to demonstrate the intricacies of individual experience, giving credence to graphic memoirs for their ability to challenge universal understandings of health. To elaborate, depicting individual experience is possible because images in graphic novels are particular to the artist, which is especially effective in showing subjective experiences compared to texts. The auto/pathography “delivers a comment on the ‘making-visible’ of an inner reality, just as the medium makes visible what cannot be expressed solely through words” (Nayar, 2015, p. 165-166). Thus, what is unique about graphic novels focusing on mental health is how they can make the internal, external (Nayar, 2015). Mental health, which is commonly conceived of as an internal experience, is difficult to understand for those who have not had the same experiences. By putting mental health into a visual form, the intricacies of different experiences are much more easily seen and understood.

The perception of comics as “low culture” or “low art” allows for more freedom of expression than the restraints the literary canon imposes (Al-Jawad, 2015). Graphic novels have also been stereotypically associated with “juvenile delinquency,” with many people dismissing their ability to produce knowledge (Gardner, 2008). However, scholars such as Holland (2012) argue that putting serious subject matter in a “culturally familiar format” (p. 124) is beneficial as it helps readers to confront and engage with complex and sensitive material. Holland (2012) also
claims that popular mediums that enforce/reinforce dominant ideals are appropriated by marginalized groups as a form of opposition. With their increasing popularity, graphic novels are useful channels through which marginalized individuals can convey their stories to a mass audience. When it comes to the relationship between graphic novels and women’s marginalization, Chute (2010) argues that comics can be perceived as feminized not only because of their stereotypically low status in the literary canon, but also because of the relationship between women and spatiality. Images, which are at the epicentre of the medium, are related to “space, the body, the external, the eye, the feminine” whereas words are connected to “time, mind, the internal, the ear, and the masculine” (Chute, 2010, p. 10).

One of the key benefits to using graphic novels in medical contexts is that they offer new insights into personal experiences of illness (Farthing & Priego, 2016; Czerwiec et al., 2015). Coined “graphic medicine” by medical doctor Ian Williams, comics are now being used in the study and administration of healthcare and the training of healthcare professionals (Farthing & Priego, 2016). Farthing and Priego (2016) found that some of the key motivations among comics producers for their medical narratives are to educate people, to help patients, and to inform mental health practitioners so they can better serve their patients. Williams (2012) recommends that healthcare providers read graphic medicine as they can “lead to a more considerate and enlightened attitude when dealing with the patient’s history” (p. 26) as well as draw upon the subjective story for help with the diagnosis, treatment, and in understanding the experiences of the patient. From the patient’s perspective, Lo-Fo-Wong et al. (2014) attest that people dealing with similar mental illnesses as those presented in the narrative “may feel more in control and less lonely if they read a graphic novel about the experiences of a fellow patient and discuss
arising questions with their physician” (p. 1555). Graphic medicine opens up an important dialogue between the patient and their physician, and also helps the patient to understand their own experiences better. Knowing they are not alone, people may feel freer and more open to recognizing their own mental and emotional needs upon seeing those needs represented in others.

**Argument and Research Questions**

de Leeuw et al. (2018) claim that when “temporality, intersubjectivity, affect, community, [and] embodiment” (p. 288) are considered, the medical field falls short to address all facets of health. Taking these areas of intervention into consideration, I analyze women-authored graphic memoirs to contribute to conversations and debates in the geohumanities and health geographies that reflect a shift towards legitimating subjective and creative methods of knowledge production. Situated within the geohumanities, feminist geographies, graphic medicine, and health geographies, my project uses an interdisciplinary and transdisciplinary research approach to argue that subjective and embodied representations of women in graphic novels subvert dominant mental health narratives. My research also emphasizes the importance of making representations of mental health and well-being visible, focusing especially on the effectiveness of images to contest and subvert clinical understandings of mental health. Informing this argument are three research questions explored in-depth in their own corresponding chapters:

1. How can graphic memoirs by women be read as an alternative to dominant clinical approaches to mental health?
2. In what ways do graphic memoirs by women offer a window into understandings of experiences of mental health?
3. How do graphic memoirs by women challenge Cartesian dualisms (i.e. normal/abnormal, rational/emotional, nature/culture, mind/body)? Furthermore, in what ways do these readings of representations of mental health contribute to and expand our understandings of identities, subjectivities, and embodiment?
I begin my discussions by introducing and offering rationale for the graphic novels I have selected to study. Following these explanations, I proceed to break down each of my chapters’ arguments and explain their relation to my overarching argument. Next, I provide some useful context for key hegemonic mental health discourses that I work to unpack throughout my analysis. Lastly, I divulge a brief literature review of some of the core discussions circulating graphic medicine and the body, drawing on research from feminist and health geographies, disabilities studies, and the medical humanities.

The Graphic Memoirs

I have chosen three graphic memoirs for my research that demonstrate the complexities of women’s mental health in unique yet interconnected ways: *Lighter Than My Shadow* (2013) by Katie Green, *Inside Out: Portrait of an Eating Disorder* (2007) by Nadia Shivack, and *My Depression* (2007) by Elizabeth Swados. Green’s *Lighter Than My Shadow* (2005) details her troubling relationship with food from early childhood that eventually leads to an anorexia nervosa diagnosis. Throughout the course of the narrative, the protagonist also endures sexual abuse that exacerbates her disordered eating. Shivack’s *Inside Out* shows the protagonist’s experiences with bulimia through abstract drawings she creates on various scrap papers while in a treatment facility. Despite multiple breakthroughs, Shivack shows how mental health can often be a life-long struggle. Swados’ *My Depression* (as the title suggests) focuses on the protagonist’s experiences with depression and the multiple other social, mental, and emotional layers that encompass that experience. Since these texts have been published, they have become canonical works in the field of graphic medicine.
Even though the graphic memoirs I chose suited my research pursuits, my options were relatively limited. There is not currently a large selection of graphic memoirs about women’s mental health available. Of the small genre, one of the most (if not the most) well-known texts is Ellen Forney’s *Marbles: Mania, Depression, Michelangelo and Me* (2012), which explores Forney’s experiences with bipolar disorder. This graphic novel inspired my interest in this research topic. However, I decided not to include *Marbles* as part of my research since there is similar scholarship on this text (e.g. Donovan, 2015). I wanted to see if there were other graphic novels out there that were grappling with portrayals of mental health in ways similar to Forney’s text. To find Green, Shivack, and Swados’ texts, I consulted the Graphic Medicine archive and searched specifically for graphic novels (https://www.graphicmedicine.org/comic-type/graphic-novels/). I also explored lists on websites such as Good Reads (https://www.goodreads.com/list/show/82993.Graphic_Novels_about_Mental_Illness). When I came across a text I thought might be applicable, I did a Google search to see if I could find a more detailed synopsis. Graphic Medicine was particularly useful in my search as the website contains a vast number of reviews that provided rich information about the novels. Initially, I had my graphic novels narrowed down to five, with the addition of Hannah Bradshaw’s *Dark Early* and Tory Woollcott’s *Mirror Mind*. I ultimately opted not to include these novels because 1) I believed three graphic novels would be more manageable and I would be able to go more in-depth with my analyses and 2) Bradshaw and Woollcott’s novels did not quite fit my research interests: Bradshaw’s text does not have any words, and Woollcott’s text was about her experiences growing up with dyslexia (a learning disability).
I chose Green, Shivack, and Swados’ books not only because they each deal with a different mental health problem (anorexia, bulimia, and depression, respectively), but because they each use creative visual methods to represent bodies, minds, emotions, and spaces. As I investigate throughout my chapters, there are similarities across the three texts with regards to how the women illustrate their mental health (e.g. all three women depict their mental health as a separate embodied entity). While simultaneously observing key differences and the importance of these differences, I analyze how these graphic novels work in conjunction to challenge medical representations of mental health. Due to the limited selection of texts in English available, the graphic novels I chose represent only experiences of white women.

Why women?

Graphic memoirs that focus on mental health are certainly not exclusive to female authors. One example of a canonical text in the graphic medicine genre is Justin Green’s *Binky Brown Meets the Holy Virgin Mary*, which focuses on Green’s struggles going through puberty with obsessive-compulsive disorder (OCD) in a strict Roman Catholic household. While I do not
deny that there is plenty to learn about mental health from graphic memoirs written by men, I chose to focus on women’s experiences because I believe they are the best subjects to reflect geography’s ontological and epistemological shift towards the creative. In addition, feminist geographers have argued that “narrating and analyzing individual women’s experiences [can] challenge the totalizing discourses of a masculinist discipline and society” (Butz, 2017, p. 4).

Davidson and Smith (2009) speak to the masculinized discourse associated with geography and society in general, making the claim that part of the emergence of emotional geographies came as a response to the expectation of a “rational, unchanging, autonomous, and emotion-free or emotionally controlled human subject” (p. 442). Analyzing representations of women’s mental health in graphic novels challenges the notion of the rational, unchanging, unemotional medical subject that passively receives treatment from the all-powerful physician. According to feminist health geographers such as Longhurst (2001 & 1997) and Lorentzen (2008), women’s bodies in particular have become victims of medicalization as the messy, unpredictable, and subjective female body is thought to be in need of control. In their graphic memoirs, Green, Shivack, and Swados prove that “women are not passive recipients of medical care and medicalization, but active participants in medical power relations as they attempt to achieve particular health states and configurations of gendered embodiment” (Lorentzen, 2008, p. 52). Therefore, studying representations of their experiences is imperative to opening up a space for voices and experiences in the medical field that have been neglected in favour of masculinized health subjects.
Chapter Arguments

In Chapter 2, I draw on theories of governmentality, disabilities scholarship, and emotional and feminist geographies to argue that graphic novels can contribute to and even undermine socially embedded “truths” surrounding mental health, looking especially at how predominant discourses are addressed and challenged. Pertinent to my overarching argument, this chapter challenges pathological mental health discourses by revealing the ways in which the authors problematize these discourses in their representations. Within the context of geography, I focus on the body as a space of power and resistance – the most intimate scale from which all other spatial scales disperse from. The body is drawn and represented in many different ways throughout the graphic novels to demonstrate the fluidity of subjective experience and to call static, linear, and quantifiable understandings of health into question.

I argue in Chapter 3 that graphic novels work not only in opposition to the status quo of good health, but also as a means to uncover aspects of mental health and well-being masked by universalized pathographies. To elaborate, the universalized pathographies I refer to are the dominant narratives circulated by powerful social structures (e.g. medical field) that have come to define our understandings of mental health at the exclusion of contesting narratives. Feminist

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1 I organized my chapters in this thesis to highlight my research questions and accompanied arguments. Chapter 1 combines the Introduction and Methodology because I believe my introductory material relates closely to my methodology; I make some important clarifications and explanations that lead into my methods (e.g. explaining the dominant discourses I work to unravel, and then explaining my discourse analysis). Chapters 2 to 4 reflect my research questions accompanied by the applicable themes I explore as this arrangement best represents my methods and how I organized my thoughts throughout the research process (i.e. with my web graphs containing my research question in the middle, and related themes on the outside). Lastly, in Chapter 5 I conclude my findings my summarizing my arguments, revisiting my word choices, and explaining limitations and future research. I did not decide to include a separate Literature Review chapter because the literature is woven throughout my analyses, and is thus more productive alongside examples I pull from the graphic novels.
geographers explore intimate spaces that are often neglected as a means of uncovering marginalized voices and experiences (Moss & Donovan, 2017). Based on these interventions, I explore how graphic novels use images and text to reveal intimate spaces and experiences. I demonstrate that graphic novels are invaluable resources for geographers studying health to better investigate the complex sociospatial dimensions of mental health.

In Chapter 4, I argue that Cartesian dualism embedded within mental health practice excludes women’s subjectivities. This chapter focuses primarily on the body as an important scale in which different social, mental, emotional, and affectual experiences are mapped, working with feminist theories of embodiment. This chapter relates to my overarching argument by exploring how the body can be drawn in different ways to represent otherwise inaccessible experiences with mental health, therefore contesting pathological conceptions of a fixed and unitary body. In all three graphic novels, visual representations of the body in-flux contest our normative understandings of the body. These visual representations of intimate geographies show how the women authors alter drawings of themselves to allow their mental and emotional experience to manifest through and outside of their bodies. Thus, graphic novels are important to feminist and health geographers because they offer new ontological and epistemological understandings of the body where other visual methods can be limited.

**Dominant Mental Health Discourses**

In a society that has only recently begun to acknowledge the growing predominance of mental illness, there is still stigma around mental health. In their graphic novels, Green, Shivack, and Swados illuminate hegemonic mental health discourses by contesting such discourses with their own subjective experiences. One discourse that manifests throughout the three texts is the
notion that ability is the “norm,” especially when it comes to bodily control (Diamond & Poharec, 2017; Maclaren, 2014; Moss & Teghtsoonian, 2008; Moss & Dyck, 2002; Parr & Butler, 1999). The expectation is that everyone has full regulation and control of their bodies, which consequently leaves people with mental health problems (especially those with eating disorders) on the peripheries. Parizeau et al. (2016) posit that discourses rendering people with mental health problems socially incompetent and vulnerable are driven by “the social construction of difference and Otherness as deviant, as well as the stress and disadvantage caused by discrimination and social exclusion.” (p. 196). Based on these examples, mental health problems reach far beyond the physical body and are deeply entrenched in detrimental social repercussions. Unpacking these social repercussions will be a key focus in this thesis to show how problematic attitudes associated with mental health problems compound the issues.

Along with normalizing bodily control, positivist and pathological approaches to healthcare legitimate only rational, logical, and unemotional subjects (i.e. the masculine ideal) as they are the perfect recipients of such care. Another discourse that I explore in detail in Chapter 1 is the idea that prescription drugs are an all-in-one solution to mental health problems (Moss & Teghtsoonian, 2008). As discussed by Lorentzen (2008), women are frequently bound by their diagnoses and their associated prescriptions, fighting to resist these interventions with their embodied knowledge. With diagnosis and drugs comes the expectation for cure, which places pressures on individuals dealing with persistent and sometimes lifelong mental health struggles to just get better (Stone, 2008). According to Parizeau et al. (2016), mental health is frequently recognized as a “short-term, medicalized problem” (p. 196), thus contributing to this assumption of prescription-based cure. Finally, in Chapter 2 and 4, I unpack the body-mind dualism to
explore the assumption that mental health is concerned primarily with the mind (Moss & Dyck, 2002), and that the body is nothing more than a slave to the mind’s will (Pringle, 1999).

**Contributions to Geographical Inquiry**

My research contributes to the creative return in geography by emphasizing the significance of creating, studying, and prioritizing creative productions in the formation and uncovering of marginalized knowledges. Donovan and Ustundag (2017), Dittmer and Latham (2015), and Donovan (2014) recognize the value of graphic narratives in geographical research. Graphic novels explore geographies of the body in ways that are limited outside of the world of the text, and can divulge aspects of experience that are not readily visible. Particularly in Chapter 3, I explore how spaces are represented within graphic novels to show the different ways the women’s mental health contributes to how they conceptualize their relationships to their environment. I investigate how the geographies of women’s bodies are constantly in flux as they attempt to negotiate mental, emotional, and embodied responses to their mental health. Incorporating feminist and disability theories, I contribute to research in both geography and the medical humanities to advocate for the importance of graphic novels in the reimagining of mental health and illness discourses.

Williams (2015) coins the terms “manifest,” “concealed,” and “invisible” to describe different medical conditions and their portrayals in comics. The “manifest” describes those conditions visible to the public eye, such as a physical disability. The “concealed” represents those conditions that are visible on the body but can otherwise be hidden from public view, such as genital herpes. Lastly, the “invisible” represents those conditions that are hidden from the world, such as depression. For my purposes, the term “invisible” fits the experiences of the
women in my chosen graphic novels in that their mental health is not often physically marked on their bodies in any apparent way in their everyday lives (excluding eating disorders, which do frequently lead to visible weight fluctuations). As will be discussed in Chapter 3, graphic novels provide the opportunity to make these otherwise invisible mental health experiences visible by not only giving mental illnesses like depression a physical form, but also by showing how these experiences are visible on and through the women’s bodies.

Graphic memoirs call into question the notion of a unitary body by showing representations of the body changing from panel to panel. In medical textbooks, conceptions of the body do not change from patient to patient, not just with regards to how the body is depicted, but also with how the body is diagnosed and pathologized (Sundaram, 2017). Nayar (2015) draws on the idea of a “visibly suffering body” (Nayar, 2015, p. 164), which shows that just as embodiment is at the core of the genre, so too is embodiment at the core of identity formation. Drawing on the work of Susan Squier, Vaccarella (2013) argues that the graphic form reveals both physical and mental disorders and disabilities, in addition to “the way the body registers social and institutional constraints” (p. 70). Graphic novels portray the body in order to demonstrate the mental and physical impacts of dominant mental health discourses. With regards to my research, I focus on mental, emotional, embodied, and social impacts of mental health and wellness.

Feminist geographers such as Johnston (2009) attest that the body holds knowledge and power in that it is not only a site of resistance, but it is also “regulated and controlled” (p. 326). Moss and Teghtsoonian (2008) assert a woman’s conception of her health can sometimes conflict with medical professionals’ assessments of her health. They make it clear that there can
sometimes be a disconnect between the objectivity of diagnosis and the woman’s own subjective experience of her body and health (Moss & Teghtsoonian, 2008). A power imbalance is created whereby medical knowledge takes precedence over embodied knowledge. Lorentzen (2008) defines embodied knowledge as “knowledge developed from an individual’s experiences with and perceptions of one’s body as the individual goes through changes caused by normal and abnormal body processes such as pregnancy, bodybuilding, menstruation, weight gain or loss, menopause, illness and injury” (p. 57). Inherently preoccupied with objectivity over subjectivity, the medical community is intrinsically at odds with the notion of embodied knowledge (Lorentzen, 2008).

Additionally, as Lorentzen (2008) points out, there is a relationship between femininity and embodied knowledge, and masculinity and disembodied, rational knowledge. In response to patriarchal Western medicine, women must fight to embed their own voices and experiences of illness within and against scientific authority. An emphasis on embodied knowledge in medical contexts help to bring women’s voices and experiences into play and sheds light on “the array of social relations constituting illness” (Moss & Teghtsoonian, 2008, p. 13) that are often overshadowed by scientific explanations. I rely on feminist theories of embodiment throughout my thesis to give these voices a space in a medical field saturated by diagnoses and medications prescribed under the guise of objective knowledge.

In the context of health geography, Longhurst (2009) argues that the body has been neglected and made the victim of positivist, pathological methods rooted in science. Longhurst (2009) critiques this approach, claiming that bodies are reduced to nothing more than “vectors or points on maps” (p. 431), ultimately othering the body and ignoring subjectivities. One of the
concepts I seek to challenge in my research is Cartesian dualism, French philosopher Rene Descartes’ idea that the body is passive to the mind’s absolute rule. According to Butler and Parr (1999), dualistic thinking leads to oppressing people with disabilities in its privileging of “normal” bodies:

Central to constructions of normality and to productions of ableist spaces has been the separating out of corporeal and mental differences. This ‘separating out’ is seen as the outworking of dualistic understandings of the self and the other, the ‘normal’ and the ‘abnormal’, the productive and unproductive, the ‘sane’ and the ‘insane’, the attractive and the disfigured. (p. 13)

Normative understandings of mental health exclude, discriminate, and alienate those who do not fit into these categories. In addition, binaries such as normal/abnormal lend themselves to perceiving the world in “either/or” patterns that leave no room for fluctuations between the two sides (Moss & Dyck, 2002). According to Moss and Dyck (2002), bodies are thus unable to be “both abled and disabled, healthy and ill, normal and deviant. Nor are bodies sites where both the mind and body, truth and fiction, rationality and emotion exist together” (Moss & Dyck, 2002, p. 13). Perceiving the world in this way makes marginalizing others who do not easily fit on the powerful side of the binary much easier. A dualistic approach can be detrimental for those struggling with mental health because it leads to categorization that tends to keep them primarily on the unprivileged end of the binary.

From a feminist geographical perspective, the body and space are never fixed and stable, but are rather “only ever momentarily stabilized” (Moss & Dyck, 2002). These conceptions of the body offer further support for the use of graphic novels in understanding mental health and geographies of the body. Authors of the graphic memoirs show how their bodies are constantly in-flux. However, as is the case with drawing freehand, inconsistencies, deliberate and otherwise, persist from one image to the next. Conceptualizing the body as inherently unstable helps to
challenge unrealistic ideals for a perfectly normal and healthy body, and allows those who are marginalized for their instability to break free from the limitations that have been imposed on them. Additionally, in the context of my argument, the unstable body can also suggest “multiple aesthetic, creative, and conceptual possibilities to represent health and medical processes” (de Leeuw et al., 2018, p. 289) that were hitherto neglected in the social sciences.

**Methodology**

My research relies primarily on qualitative methods to interrogate medicalized and positivist understandings of mental health. As a feminist geographer interested in representations of the body and embodied knowledges, I chose to textually and visually analyze graphic memoirs to identify new ways of thinking about mental health. In order to challenge positivist approaches, I sought graphic novels that offer a look into the subjective representations of individual women. By working with memoirs, I provided a reading of representations of marginalized experiences and everyday geographies that are neglected by quantitative research practices. Furthermore, my methods are indicative of geography’s return to creative methodologies whereby I gathered my research information exclusively from graphic memoirs. For this thesis, the choice to use a creative research practice is important for obtaining more complex and intimate information about mental health where scientific and numerical approaches fall short.

**Visual Methods**

Although I engage with text as well, my research reflects a growing emphasis on visual culture by analyzing visual representations of mental health. Where a critical analysis of a text would focus on narrative elements and structures such as plot, characterization, and theme, my
research engages with images and the various discourses that are played with and/or disrupted in these graphic novels. Rose (2016) explores how images invite readers to establish a relationship to the narrative by encouraging people to see themselves in images. McCloud (1993) points out how people draw meaning from abstract or overly simplistic images that resemble faces (e.g. a “face” can be seen in an electrical socket, with the two top holes resembling eyes and the bottom hole resembling a mouth). He emphasizes how the often simplified or “cartoonish” drawing style in comics causes readers to associate with and attempt to construct their own identities from the images, becoming the images themselves (McCloud, 1993). These ideas are particularly relevant to my research as they speak to the powerful capacity of graphic novels to produce empathy, forging intimate relationships with readers. Further, Rose (2016) argues that images themselves have their own agency:

In the words of Carol Armstrong (1996: 28),…an image is ‘at least potentially a site of resistance and recalcitrance, of the irreducibly particular, and of the subversively strange and pleasurable’, while Christopher Pinney (2004: 8) suggests that the important question is ‘not how images “look”, but what they can “do.”’ (Rose, 2016, p. 21)

The images from the works of Green, Shivack, and Swados’ narratives represent various discourses that permeate society and lend themselves to particular (often exclusionary) understandings of mental health.

Another argument for studying the visual is that images can convey meaning in ways that text alone cannot (Green & Myers, 2010). The authority and importance of the visual in contemporary culture is evidenced through the myriad contexts in which they are employed: “our increasingly globalized world relies on iconographic meaning in…aeroplane safety instructions, street signs, iPhones, advertising campaigns, and pain rating scales” (Green & Myers, 2010, p. 576). Images encourage retention of the messages they portray (e.g. where the exit is in the event
of an emergency aircraft evacuation) and are thus ultimately more accessible and appealing to the masses. From a geographical perspective, Dittmer (2010) expresses the possibilities of graphic narrations compared to the limitations of mediums such as texts and photography, arguing that geographical methods have been too preoccupied with textual reading. He discusses concepts such as the gutter and the complexities of temporality in comics, how one can be in two places at once in a graphic novel and how even empty space on the page is packed with meaning (Dittmer, 2010).

Furthermore, concentrating on visual methods and methodologies opens up areas of sociological concern that are not readily available to people in other forms (Sweetman, 2009). For example, graphic novels have been useful to those suffering from trauma, allowing them a powerful avenue through which they can “show” their readers what happened to them. Donovan and Ustundag (2017) challenge the authority of written testimony in legal cases involving traumatic events, claiming that graphic novels convey aspects of traumatic experience that the written form cannot. For victims of sexual abuse and other traumatic events, their use of images is often more effective than “telling” their experiences with only words, showing readers their artistic interpretation of what happened to them. To an extent, images detract from the creative authority of the spectator in that less can be left up to the spectator’s imagination. By showing readers representations of their trauma in their own drawing style and from their own unique perspectives, artists maintain the right to interpret and depict their experience the way they want their readers to see it.
Memoir and Autobiography

According to Murfin and Ray (2018), memoirs are nonfiction narratives portraying people, events, and objects the author has personally encountered. Although memoir and autobiography are related, Murfin and Ray (2018) acknowledge key differences: memoirs tend to cover a shorter time span and discuss “a particularly important or memorable period” (p. 254). In this section, I address research on both autobiography and memoir, although I acknowledge that my own research involves primarily memoirs.

Chute (2010) claims that the comic form is inherently autobiographical in that they are often highly personalized. Chaney (2011) asserts that comics lend themselves to autobiographical narratives in how they offer the producer freedom to explore various verbal and visual resources to help them tell their stories. What is also interesting about using the graphic form to produce autobiographical works is that compared to textual autobiographies that carry an expectation of truth-telling, the “losses and glosses of memory and subjectivity are foregrounded in graphic memoir in a way they never can be in traditional autobiography” (Gardner, 2008, p. 6). In other words, subjectivity and the inconsistencies of subjectivity are expected in the graphic form. By reproducing memories, events, and ideas in both written and visual forms, artists of graphic memoirs convey their own points-of-view in their work.

Geographers in particular use autobiography as a qualitative method for exploring issues through the researcher’s own unique experiences. For feminist geographers, Moss and Dyck (2002) assert that analyzing autobiographical works “can provide insight into phenomena hitherto neglected, denied, or simply unseen” (p. 59). Compared to quantitative techniques, Purcell (2009) claims that autobiography is better able to “collect rich information about
people’s experience, emotions, and everyday life” (p. 235), which is not possible with positivist research methods. Moss (1999) advocates for the use of autobiography and self-reflection in her work about illness experience:

Using autobiographical writing is more than positioning oneself in the research process. Self-reflection coupled with engaging experience leads to an entangled relationship with my self and to other women involved in my research with an expectation of a fuller understanding about a specific phenomenon, such as chronic illness. (p. 159)

Reflecting on her own experiences with chronic illness, Moss (1999) argues that these reflections combined with the experiences of other women who are dealing with similar health issues helps to create a richer understanding of how people emotionally, mentally, and socially navigate their health.

The importance of studying autobiographies and memoirs as a form of research collection is useful to consider. Through the investigation of unique, personal stories, a more emotional and intimate side of health that is not easily explored through quantitative or other less personalized qualitative methods can be revealed. Butz (2017) echoes Moss’ (1999) claims, stating that using autobiographies as a research method can “offer insights into people’s opinions, values, experiences, behaviors, and feelings” (p. 6). This turn towards creative methods like autobiography greatly reflects the shift in geography away from numbers, facts, and figures, towards the subjective, emotional, and personal.

Outside of a research context, autobiographical storytelling is also a highly important narrative form to the marginalized and oppressed in society. Using autobiography, Purcell (2009) claims that marginalized groups “can subvert the dominant logics” (p. 23) that maintain their subservience to groups of power. Furthermore, Purcell (2009) draws attention to the unity created through autobiography: “Another’s autobiography can seem eerily similar to your own,
and you can begin to understand that your experience of marginalization or oppression is shared by others” (p. 238). Through the recognition that others have experienced similar hardships, people can feel more connected to and supported by one another as they begin their healing process. Jensen (2014) discusses the importance of testimony in autobiographical works as a way to gain “recognition, justice, and…commemoration” (p. 708) for those who have suffered. Butz (2017) recognizes that “autobiography is understood to enable the communication of personal experiences, situated understandings, subjugated perspectives, self-reflexive analyses, emotion, and affect, all of which are gaining legitimacy as aspects of geographical knowledge” (p. 1). Putting difficult experiences into a readable and/or observable form helps people to gain authority over their own experiences. Using autobiographies as a research method can inspire the acknowledgment necessary to create change and encourage understanding.

To build onto these aforementioned ideas, I would assert that the graphic novels I study can also be considered autoethnographies. Butz and Besio (2004) draw on Mary Louise Pratt’s interpretation of the term, asserting that autoethnography is used to “refer to those instances where members of colonized groups strive to represent themselves to their colonizers in ways that engage with colonizer’s terms while also remaining faithful to their own self-understandings” (p. 351). Considering Swados, Green, and Shivack’s novels, I would argue that their memoirs can be considered autoethnographies in how they adopt a popular and accessible medium (i.e. a form accessible to the “colonizer”) and use it to express their personal interpretations of the world from a position of subjugation. Swados, Green, and Shivack use the medium to place themselves “within a social context” (Butz & Besio, 2009, p. 1660) that can be read and ideally understood by mass audiences that would not otherwise be privy to their stories. However, what
makes autoethnographies complex from a research perspective is that they are nested in dominant discourses that are deliberately shaped by the author (Butz & Besio, 2009). For example, a memoir might be written with a clear beginning, middle, and end in order to suit expected narrative conventions. I contend that this subscription to dominant narrative discourses is actually a useful entry point for interrogating mental health discourses. Swados, Green, and Shivack subscribe to the genre conventions of a popular medium in order to insert themselves and their experiences into the conversation. By following some rules and breaking others, the authors can get their ideas out to wider audiences while also challenging dominant and problematic mental health discourses.

**Textual, Visual, and Discourse Analyses**

This research incorporates textual, visual, and discourse analyses in order to articulate the complexities of power and knowledge in the constitution of women’s subjectivities and mental health in graphic novels. With textual analysis addressing the narrative component, and visual analysis exploring imagery, the underpinning of a Foucauldian discourse analysis has allowed me to tease out how these elements challenge normative understandings. A discourse analysis investigates how knowledge is produced and circulated by society as a truth (Dittmer, 2010). Geographers use discourse analyses for “studying how the taken-for-granted geographies of the world are constructed and performed” (Dittmer, 2010, p. 275). I undertake a discourse analysis in this thesis using graphic memoirs to expose circulated discourses about mental health and well-being, problematize these discourses, and reveal new knowledges. In a similar study, Donovan (2014) uses a discourse analysis to show how, in *Marbles*, Forney represents experiences of bipolar disorder. Donovan (2014) acknowledges the importance of discourse to Forney’s
understanding of her body: “it is not just medical knowledge about the body that constructs Forney’s somatic and emotional nexus of understanding, but additional and numerous discourses from across medical and other spaces that inform her bodily experience of illness” (p. 241-242). She argues that Forney’s knowledge of her body not only comes from the medical field, but also from different medical spaces (spaces she represents in the novel and her body) that help her to navigate and understand her mental health. I began my analysis by highlighting the dominant health discourses as they manifest in the text and images. Next, I organized each of these discourses into common themes. I then observed each of these themes to see if there were any commonalities across the texts, and then tried to find linkages between these commonalities and their relationship to geography.

For my textual analysis, I employed a variation of coding techniques to label images, sentences, and words that fell under particular themes. Some examples of these themes, which lent themselves to the exploration of a multitude of mental health discourses, include “lack of a sense of control” and “harmful experiences with drug use.” I labelled the themes throughout the graphic novels with post-it notes using numbers to mark where they were evident in the text, and then I wrote which theme each number corresponded to in a notebook. I then created web graphs on chart paper to help me apply the themes to specific research questions. Figure 1.2 represents two of the web graphs I created for Inside Out. From here, I analyzed individual images under these themes. On chart paper, I created one column that I titled “Images” to include the description of the image and some context into what was happening at those specific moments in

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2 Only a select number of themes I included in my web graphs were explored in my research.
the narrative. The other column, titled “Narration/Discourses,” included quotations taken from the graphic novels that exemplified a specific discourse. For example, Figure 1.3 is the first page of the chart created for *Inside Out*, which showcases the theme of “Embodiment of Mental Health.” After finishing the web graphs and charts for all three graphic novels, themes were selected that are present within all three of the novels. These themes were then used to explore and challenge the associated discourses.
Inside Out: Portrait of an Eating Disorder Themes

**Thesis Q1:** Depathologizing mental health, challenging discourses

- Embodiment of mental health
- Lack of a sense of control
- Writing/drawing mental health
- Harmful experiences with drug use
- Breakthroughs of wellness

**Thesis Q2:** Challenging Mind/Body Dualism

- Embodiment of mental health
- Lack of control over mind/body
- Harmful experiences with drug use
- Manipulation of the body in response to mental health issues

Figure 1.2: Pierce, K. (2017)
Figure 1.3: Pierce, K. (2017)
Employing each method together is invaluable to my analyses, as each method deals with different facets of the graphic novel that allowed me to analyze the complexities of this medium. As an example, I chose two images from Green and Shivack’s memoirs (Figure 1.4). These two images represent the theme of *Becoming Overwhelmed by the Mundane and Everyday*, discussed in Chapter 3. These memoirs both deal with struggles with eating disorders, and both explore similar struggles with navigating everyday life. For the textual analysis, I noticed the labels on the items in Green’s illustration have been replaced with Katie’s perceptions of those items (“too fat,” “too much,” “disgusting”). In Shivack’s illustration, I observed the thought bubbles surrounding Nadia that demonstrate her struggles with resisting the temptation of fast food. For the visual analysis, I looked at the dark scribbles surrounding the food aisle in Green’s image and the depiction of Nadia’s strained facial expression and body language. An analysis of these images accompanied by the text allowed me to better understand the women’s difficulties accomplishing conceivably mundane and simple tasks like purchasing groceries and eating. Lastly, for the discourse analysis, the images and text helped me to challenge able-bodied discourses that determine eating and shopping are simple, achievable tasks for everyone.
Justifying Terms: Mental Health vs. Mental Illness

In my effort to understand representations of mental health, I struggled with the term *mental illness* because the term *illness* is inherently pathological. With this being said, however, there are advantages to using this term. One advantage of using *mental illness* is that it is a more specific term to use when talking about adverse mental health experiences (anorexia nervosa,
bulimia, and depression). Mental health is a broad term that encapsulates a continuum of mental health, which makes using it in place of mental illness challenging in contexts where the specific focus is on mental ill health as opposed to mental wellness. There is also similar research (e.g. Donovan, 2014) that employs the term mental illness. Most importantly, I do not wish to downplay the seriousness of mental health problems, as I strongly believe they warrant attention in medical contexts despite the limitations of the medical field to address these problems fully. However, in addition to its pathological connotations, mental illness is still not the best term because speaking about mental health problems as illnesses negates other non-medical facets of mental health (i.e. social and emotional implications).

I decided to attempt to reach a middle ground where I made a conscious decision to choose mental illness, mental health problems, or mental health based on what was warranted in context. I recognize that it is not a flawless system, but I wanted to make an effort to satisfy both sides of the argument. Thus, I use mental illness when talking about more medicalized or severe aspects of mental health (e.g. when discussing drug use). I also use mental illness in places where it is not already obvious that I am talking about mental health problems in the context of the sentence. If I use phrases such as “struggles with their…” or “challenges with their…,” using mental health instead of mental illness suffices to clarify that I am working with negative implications of mental health specifically. Lastly, I use mental health problems when talking about a variety of issues in a more generalized sense, and I use mental health as an umbrella term to reflect the health continuum the term suggests.
Conclusion

In this section, I provided a scope of the literatures I work with throughout my thesis to explain how graphic novels contribute to the creation of new knowledges that help us understand mental health, the body, and health experiences. I also provided a brief introduction to the graphic memoirs and authors, made an argument for this research’s contributions to geography, offered context for the discourses I challenge, and broke down the core arguments that anchor my project. Following my introduction, I explained the methods and methodologies I employ in this thesis, including visual methods; discourse, visual, and textual analyses; and autobiography. I also discussed how my thesis contributes to autoethnographical research. Lastly, I provided justification for my choices of mental health terminology. In Chapter 2, I build on my discussions of problematic mental health discourses by analyzing contesting discourses observed in the graphic memoirs. By identifying these contesting discourses, I open up new understandings of mental health that involve social, emotional, and embodied experiences.
Chapter 2: Challenging Mental Health Discourses

Introduction

Williams (2012) advocates for the need to look holistically into the experiences of both patients and healthcare providers, arguing that comics and graphic novels “might have a particular role to play in the discussion of difficult, complex or ambiguous subject matter” (p. 21). Some of the advantages of studying graphic novels as opposed to medical textbooks to learn about mental health are that graphic novels build onto and even challenge discourses surrounding common perceptions of disorders. Graphic novels can also reveal intimate facets of mental health that medical texts alone cannot articulate. People are often homogenized under a single diagnosis while ignoring unique experiences, showing the need to explore alternative means of communicating these experiences. Furthermore, while there may be many similarities across patient experiences, such as suicidal thoughts or a lack of motivation, there are also additional and even contradictory experiences that remain hidden and/or overlooked in the medical community. In the proceeding chapter, I focus on unpacking these invisibilized experiences in detail, arguing that graphic novels can contribute to and even challenge socially and institutionally embedded discourses of mental health and well-being. With these ideas in mind, I seek to answer the following question: How can graphic memoirs by women be read as an alternative to dominant clinical approaches to mental health? By analyzing both images and narrative in Swados’ My Depression, Green’s Lighter Than My Shadow, and Shivack’s Inside Out, I explore the different ways in which these women illustrate and articulate their mental health in order to challenge current discourses that foreground medical knowledge.
Smith’s (2009) definition of mental health, which I referenced previously, importantly includes not only the mental implications of mental health, but also the social and emotional implications. Mental health involves more than the “psychological well-being” (Smith, 2009, p. 64) of the individual, and includes preoccupations with how people manage to negotiate the social and emotional demands of everyday life. The pathologization of mental health neglects social determinants of health, consequently neglecting to address these issues effectively. In her exploration of women’s experiences with medical professionals and their resistance to medical diagnoses and prescriptions, Lorentzen (2008) makes clear the issues that occur when women’s bodies are observed under a biomedical lens:

According to feminist perspectives medicalization, a social process in which bodies and social circumstances are defined from a biomedical perspective as requiring biomedical intervention, not only contributes to the maintenance of gender inequality but directly impacts women’s health and well-being. (p. 52)

By failing to account for social determinants of health, biomedical perspectives invisibilize complex experiences of women’s mental health. In their graphic memoirs, Swados, Green, and Shivack show that mental illness is more than a chemical imbalance and that there are also significant social factors that impede their well-being. Scholars in health geographies, graphic medicine, and the geohumanities are thus interested in the social implications of mental health to thwart limiting and homogenizing biomedical representations of illness.

This chapter is organized in five sections: Embodying Mental Health, Lack of a Sense of Control, Harmful Experiences with Drug Use (prescription and non-prescription), Writing about/Drawing Mental Health, and Breakthroughs with and Expectations of Wellness. The section entitled Embodying Mental Health works with the visualization of mental health as a separate entity across the three graphic novels, as well as with the ways in which the
representation of women’s bodies change throughout the narrative. I unpack dissociative understandings of the mind/body, making use of the work of scholars such as Hester Parr (1999), who advocates for the importance of considering those with mental health problems as “a body as well as a mind [whereby] different states of being (or ‘problems’) effectively bleed between the mind and body” (p. 179).

The section *Lack of a Sense of Control* highlights a multitude of representations in which the authors express feelings of “losing control” of their thoughts and/or bodies in order to show how the able body is privileged. I rely on a variety of literatures that explore different illness experiences in which the notion of bodily control is painted as an ableist given (Diamond & Poharec, 2017; Maclaren, 2014; Moss & Teghtsoonian, 2008; Moss & Dyck, 2002; Parr & Butler, 1999). Diamond and Poharec (2017) explain how bodies are considered to be normal when they subscribe to socially constructed conventions, whereas those bodies that do not subscribe to these conventions are often othered. Similarly, the disabled body is othered as a result of an inability to live up to social norms.

In the third section, *Harmful Experiences with Drug Use*, I discuss the representation of the problematic relationship between the women and drug use. I investigate the irony of using drugs that are supposed to promote “wellness” in order to die by or consider suicide. This section also examines the way these memoirs challenge the emphasis on prescription drugs as an all-encompassing fix for people dealing with various health problems (Moss & Teghtsoonian, 2008). Following this section, in *Writing about/Drawing Mental Health*, I analyze instances where the authors discuss their artistic practices of writing about and drawing their mental health. I unpack these metafictional moments to argue both the creation and reception of graphic novels can be
therapeutic. I also bring attention to how these moments can be construed as resistance to dominant epistemologies and how they can bring power to the women (Cope, 2002). Lastly, in *Breakthroughs with and Expectations of Wellness*, I investigate how the authors work through conceptions of wellness, as well as the different ways they interrogate narratives of wellness. Working with Sara Ahmed’s *The Promise of Happiness* (2010), I reveal how the authors counter understandings of happiness and wellness discourses in their stories, while also highlighting the persistence and problematic concept of “cure” as evidenced in Stone (2008).

*Embodying Mental Health*

As Sundaram (2017) observes, graphic novels have the unique ability to make otherwise invisibilized women’s experiences visible:

> Women’s life writing in graphic form allows for the articulation/inscribing of multiple selves, permits the exploration of typically private subjects like the body, sexual trauma and taboo, vehemently makes visible what otherwise ought not to be, or cannot be, seen and instantiates an eversion of states of interiority (Allison, 2014; Basu, 2007; Chute, 2008; Nayar, 2015; Squier, 2008). (p. 237)

The boundaries of the body are thus challenged by graphic memoirs that depict aspects of the body that were otherwise unknowable or ignored. Additionally, contrary to the idea that one’s mental health and well-beings exists solely in the mind, Swados, Green, and Shivack not only draw their bodies differently when they are experiencing a particular facet of their mental health, but they also make stereotypically interior experiences exterior by giving their mental health bodies of their own. Highlighting the liminality or “in-between-ness” of mental health and well-being, Moss and Dyck (2002) define the concept of *embodiment* as referring “to those lived spaces where bodies are constitutively located conceptually and corporeally, metaphorically and concretely, discursively and materially, being simultaneously part of bodily forms and their social constructions” (p. 49). Embodiment thus encompasses both physical interactions with
others and spaces, and the social, mental, and emotional relationships that are experienced and felt through the body.

By presenting their mental health as *beings* that manifest in unique physical forms, Shivack, Green, and Swados blur disparate concepts of the “metaphorical and concrete” and the “discursive and material.” They reject dualistic thinking by showing that their mental health is both tangible and intangible, within and outside, and physical and mental. In the context of graphic novels, Williams (2015) emphasizes the importance the artist places on determining how different health conditions will be portrayed in the narrative. Drawing on Hilary Chute, he claims that embodiment is inherent in the medium to make visible what is commonly hidden away (Williams, 2015). Nayar (2015) also attests to the importance of embodiment in graphic novels, calling it “the heart of the genre” and “the locus of identity” (p. 164).

Geography traditionally separates understandings of the mind and body (Parr, 1999). However, all three of these women draw their mental health (a supposedly “internal” experience) on the outside, challenging the notion that *mental* health is understood by observing the mind alone. In *My Depression*, Swados uses dark clouds, black holes, and spiders to represent her depression. Green in *Lighter Than My Shadow* consistently draws dark circles of scribbled lines to show how both her eating disorder and depression (although depression is never explicitly addressed) haunts her throughout her teens and early adulthood. Shivack in *Inside Out* gives her eating disorder a character named Ed (an acronym for eating disorder). Shivack transforms her conceptions of Ed from a romantic partner to a fire-breathing monster at the peak of her disorder (e.g. p. 8, 11, 15, 19, 23, 31, 38, and 53). Most graphic memoirs dealing with illness demonstrate the inadequacy of language to portray the intricacies of individual experiences, especially when
these narratives are pitted against the “universalised generality of [their] medical prognoses” (Sundaram 2017, p. 237).

The authors’ different representations of their bodies in these memoirs challenge medicalized approaches to mental health and well-being that ignore women’s embodied, emotional, and affective responses. I argue that the representation of the embodiment of mental health and well-being in the three novels challenges us to shift our thinking from blaming the woman for her inability to get better to a multifaceted understanding that recognizes how mental health problems can become dissociated from the authors’ wants and needs. I also argue that these visualizations of otherwise intangible disorders such as depression and anorexia nervosa help us to recognize mental illness as complex problems that do not dwell in the mind alone.

To demonstrate her emotional, affective, and bodily responses to her mental health breakdowns, Swados\(^3\) represents her depression in many different forms. In one of her earliest depictions, Swados draws herself in a wedding dress with a darker, scribbled-out version of herself standing behind her on her train. She is “married” to her depression, but they are still dissociated; she describes her relationship to her depression as feeling like they are “a pair” (p. 7). The depictions that persist in her story, however, are a little cloud that follows her and changes shape/size, and a black hole that overtakes her at the peaks of her depressive episodes. In one example with the black cloud, Elizabeth is drawn with her hands hitting a drum and her leg extended with a tambourine around her ankle. The position of her body suggests that she is

\(^3\) I use the authors’ first names when referring to their characters (i.e. their representations in the narrative) and the authors’ last names when discussing artistic and/or literary choices the author makes (i.e. the “real” person).
enjoying herself. However, the little cloud is “at the edge of [her] vision” (p. 17, Figure 2.1) to show the inescapability of her depression.

Figure 2.1: Swados, E. (2005)

After expressing her exasperation with people negating depression as a serious health problem, the narrator tells her readers not to be fooled by what these people say because “they haven’t been there…” (p. 83). On the following page, the narrator concludes this statement by saying, “…on the edge of a black hole, chased by a cloud of fear” (p. 84). The image shows an
almost indecipherable Elizabeth surrounded by a large cloud as she falls into a dark pit, followed by an image of arms sticking out from the pit as the rest of her body is consumed (p. 85, Figure 2.2). When she is discussing how she copes with her depression, Swados shows Elizabeth fighting the cloud in a boxing ring with the caption “you have to learn how to wrestle with it” (p. 143). The image at the bottom of the page depicts Elizabeth holding the cloud behind her back with the caption, “and hide it when you have to” (p. 143). By representing depression as separate entities, Swados shows that dealing with a mental health disorder is an ongoing struggle that she must constantly work to control. According to Nayar (2015), the manipulation and collapsing of the material body that is made possible in graphic form allows the author to “reclaim a measure of agency and subjectivity” (p. 172). Not only does Swados reclaim her agency by “wrestling” with her mental health problems, but the author also has authority over how her struggles are portrayed in graphic form to combat the lack of control she might feel in her everyday life (the section *Lack of a Sense of Control* returns to this theme).
Throughout *Lighter Than My Shadow*, Green represents struggles with her mental health using a dark scribbled cloud that follows her and overtakes her body at different stages of her life. At first, the dark cloud does not seem to connect intimately with Katie’s issues with food. The cloud appears after/during times of stress, such as when she is working on her ecology assignment (p. 64), when she is being bullied, and when she is in situations that cause her emotional pain. Early in the memoir, one of Katie’s classmates insults her by asking their group of friends, “who would rape her?” (p. 70) to suggest that she is not attractive enough to rape. On the following page, the dark cloud is depicted as a massive swarm that is following her as she walks home. However, once Katie starts obsessively monitoring her food intake, Green presents
the dark cloud more consistently. For example, the dark cloud progressively grows from one panel to the next as Katie decides, “I don’t think I like the taste [of chocolate] anymore” (p. 99, Figure 2.3). While the crux of the narrative at the outset appears to be Katie’s struggle with anorexia, the different uses of the dark cloud as an embodiment of her mental health suggests otherwise. The multitude of manipulations and placements of the cloud throughout Green’s memoir can be interpreted as an extension of her mental health crises more generally. As examples, the cloud is visible during difficult times in early adolescence and during the depression that stems from her sexual abuse. The cloud symbolizes the “storm” Katie constantly fights against her mind and body. As much as she tries to “think” herself free from her mental health struggles, the darkness continues to follow and consume her.
Figure 2.3: Green, K. (2013)
After eating a chocolate, Katie immediately regrets her decision and runs to the toilet to try to make herself vomit (p. 106 & 107). Above what is assumed to be the real Katie are three different visualizations showing what eating the chocolate feels like (Figure 2.4). The dark cloud is drawn down her throat and abdomen in all three images; in the first she is clutching her throat as if poisoned, in the second her stomach is shredded apart, and in the third she is reaching down her throat to pull the darkness out of her body. She conceptualizes food she consumes into a darkness that is overtaking her body like a deadly toxin she needs to expel. When Katie eventually goes away to college, her eating disorder shifts from barely eating at all, to only eating in chaotic, uncontrollable binges. To depict these binges, Green draws the dark cloud morphing into a giant open mouth on Katie’s stomach. In one of the most powerful images of the mouth, Katie is standing next to a counter covered in snacks with a vision of herself with the massive mouth on a massive stomach (Figure 2.5). The dark cloud overwhelms the vision, and Katie is shown dumping potato chips into the mouth. The use of space on the page in this example is particularly effective as Green’s visualization of herself as a morbidly obese person consumes the page, leaving the “real” Katie in the corner.
Figure 2.4: Green, K. (2013)

Figure 2.5: Green, K. (2013)
By representing herself in multiple bodily forms, Green supports Sundaram’s (2017) critique of a fully cohesive self:

The lived experience of illness is characterised by visible, often sustained, periods of physical transformation and graphic accounts can present the reader with a rich array of perpetually changing bodies—across panels, within a single page. The artist’s rendering of her own self is thus not unitary and poses intentional (creative, ironic) and unintentional (technical weaknesses inherent in hand-drawn images that may vary from one frame to another) challenges to the fiction of a unitary self. (p. 240-241)

Sundaram (2017) makes evident the relationship between graphic memoirs and the changing body through experiences of and changes in health. As the authors’ bodies change with their mental health, the representations of their selves also mirror this fragmentation. In Lighter Than My Shadow, Green depicts her mental health as an entity that is part of and separate from her own body, coinciding well with Sundaram’s (2017) argument dismissing conceptualizations of a unitary body. The notion of an authoritative body has proven to be of great importance to geographers such as Pringle (1999), who dismiss the idea of the body as servant to the mind:

Through most of the twentieth century the individual has most frequently been theorised in terms of consciousness, thus reinforcing the positive valuation of mind and (by omission) the negative valuation of body. The body has been understood as a passive object, to be controlled by the mind, appropriately the domain of biology or medical science. (p. 17)

Pringle (1999) emphasizes that the body is not a passive recipient of the mind’s control, but is necessary to the formation of subjectivities and lived experiences.

Thus, by merging and complicating her body and mind in her illustrations, Green’s narration helps to thwart conventional discourses that dismiss embodied knowledges. Johnston (2009) attests to the significance of the body in understanding lived experience; feminist geographers are interested in the body as a site of power in how it is both controlled by and resists dominant social norms. The body is frequently controlled with regards to what it can do, where it can go, and who can access it. Johnston (2009) also emphasizes how subjectivity exists
in the body as opposed to the mind and “becomes a locus of experience that exists prior to all conscious reflection and knowledge” (p. 328). Longhurst (2001 & 1997) suggests that focusing on the body can be a form of resistance to neat-and-tidy masculinist geographical practices that tend to ignore bodies because they are too subjective, messy, or banal. As Green and the other women’s narratives demonstrate, there is much to be learned from studying the body with regards to the emotional, embodied, and traumatic facets of mental health and other lived experiences.

Not long after telling her roommate about Jake molesting her, Katie is shown sitting in fetal position reflecting on what happened to her (p. 373, Figure 2.6). There are four images of her progressively fading until she is only a ghostly wisp, and another image of five pairs of hands lifting up her clothes and touching her. The hands spawn from the depths of the dark cloud, representing the darkest reaches of Katie’s mind. As a result of her sexual abuse, Katie’s body has evolved from being an unwanted and disgusting presence to completely fading away. These examples reveal a connection between Katie’s mind and how she represents her body in space. She becomes larger and consumes the page at the height of her anorexia, and disappears almost entirely as a result of her trauma. Breaking conventional discourses of mental health and well-being affecting the mind alone, Green powerfully demonstrates that anorexia and depression have a significant impact on the body. In addition, the darkness that follows her as a manifestation of her mental health unravels common conceptions of mental illness as something that can be controlled. Katie’s struggles with mental health are revealed as an external force that attacks and manipulates her body.
Figure 2.6: Green, K. (2013)
In the early stages of Nadia’s bulimia, her eating disorder is conveyed as a romantic partner named “Ed”. Shivack illustrates herself on the back of Ed’s motorcycle with a thought bubble that says, “my Ed – so BIG and STRONG! I know he’ll take care of me, but where is he going? It’s getting kinda dark!” (Figure 2.7). At this point in Nadia’s story, she is restricting her eating and going on “five-mile walks to punish [herself] and burn calories” (p. 8) after her binges, not knowing the severity of her disorder yet. When Nadia begins to purge, however, Ed morphs into a fire-breathing alien that swallows Nadia whole. She is curled inside of Ed, naked in fetal position as if all of her dignity is stripped from her. Even with the power Nadia claims to relinquish to her eating disorder, she takes some of this power back through Ed: “Embodied knowledge may well be the most popular, and perhaps effective, resource to draw on in contesting authoritative readings and practices of power and illness” (Moss & Teghtsoonian, 2008, p. 12). Nadia challenges the lack of attention to the body in science discourses, which make sweeping claims about health problems while “othering” the flesh and blood body (Longhurst, 2009). In her illustrations, Shivack emphasizes embodied knowledge by representing her mental health through various bodies (i.e. the Bulimia Monster and Ed). Nadia may feel as though she has no agency in her life, but by drawing her mental health as an embodied being, she authenticates her experiences through her illustrations. Shortly after the Bulimia Monster, Nadia introduces her “inner evil twin,” Madog (p. 38, Figure 2.8). Madog is nothing more than a pair of eyes, a nose, and mouth, and inside of his mouth he holds Nadia up with chains. Madog materializes while Nadia considers getting treatment once again for her bulimia. Madog says that he controls “[Nadia’s] every movement (her thoughts often too)!” and that he will “make her FAIL every time until she stops even trying” (p. 38).
I started restricting my food. I made up for it with wild binge eating. I’d go to the candy store and gobble down six or seven candy bars as fast as I could until I had a horrible bellyache. Then I’d go on five-mile walks to punish myself and burn calories.

Nad’s love “Ed” (= her Eating Disorder), takes her for the ride of her life!

...My Ed—so big and strong! I know he’ll take care of me, but where is he going? It’s getting kinda dark!

and Nad puts all power and control of her life into “his” hands!
“Hi, I'm Madog
Nad's inner Evil Twin
as you can see, I control her every
movement (her thoughts often too!)
she is hollow without me. I come first
every time. She must satisfy me or starve
to death. She's thinking of treatment
again with that "therapist-buddy" of hers. Hah!
What a waste of time
I'll make her fail
every time until she stops
even trying.
Then I will be victorious!"

Nad Contemplates Treatment
Again
Sadly
(to Madog's amusement)
The final image of the book represents a turning point for Nadia in which Ed now lives inside of her instead of vice-versa. Ed has shrunken to fit inside of Nadia’s torso, and he exclaims, “GRRR! I want to be big again!” (p. 53). Even though Nadia no longer finds herself at the mercy of her eating disorder, Ed is still with her. Nadia makes it clear in her “Afterword” that Ed has never fully disappeared and that she was “hospitalized several more times since [the] book was first conceived and illustrated” (p. 55). With these different manifestations of Nadia’s eating disorder – as a lover, an alien, a monster, an evil twin, and then eventually a tiny alien resident – Nadia renders her bulimia an opponent that is both separate and a part of her. When Nadia is able to keep Ed at bay, he is tiny and only takes up a small portion of space inside of her. The way Shivack embodies her mental health in these different forms shows the problem affects aspects of her body and mind simultaneously. Her mind is not always able to maintain control of her thoughts and actions. Contesting discourses that privilege the mind over the body, Shivack muddles the mind/body dynamic by showing how mental health acts as a controlling force within and outside of the individual.

In this section, I have demonstrated how graphic memoirs represent the fragmentation of the women from their mental health. This fragmentation is accomplished with images of separate entities (Shivack), dark clouds (Swados), and scribbles (Green), challenging discourses that assume mental health disorders affect the mind alone. Mental health is a fully embodied experience that works through the body and outside of it. Looking at the ways in which graphic novels challenge the privileging of bodily stability, the following section expands on these ideas by showing how mental health problems thwart expectations of autonomy.
Lack of a Sense of Control

Davidson and Smith (2009) draw an important connection among feminism, emotional geographies, and the expectation of control in Western society:

It should at least be somewhat clearer why certain forms of critical geography, namely, feminist, nonrepresentational, psychoanalytic, and phenomenological, have been most closely associated with the emergence of emotional geographies. This is precisely because these approaches have been concerned with the critique of a world-view that accepts the centrality of an essentially rational, unchanging, autonomous, and emotion-free or emotionally controlled human subject, (a typically masculine ideal) who has the ability to fully represent the external world within a universally applicable, objective, and rationally determined symbolic order. (p. 442)

Davidson and Smith (2009) discuss an important link between emotional geographies and critiques of masculine ideals that privilege a stable, logical, and unemotional being. Studying emotions in geography challenges the privileging of rationality because emotions are fundamentally always in flux. However, when masculinist discourses for a controlled and rational subject are privileged, those that are unable to embody these expectations as a result of mental illness are disempowered. In both word and image, Elizabeth, Katie, and Nadia express vexation with their inability to control their thinking, emotions, and behaviours.

Elizabeth struggles to gain control of not only her mood, but even the most mundane aspects of her life when she is experiencing a depressive episode. In My Depression, Swados illustrates the vicious cycle of disorder and lack of productivity that she cannot combat when she is depressed. Green and Shivack’s graphic memoirs represent their conflict to gain autonomy against their dangerous eating habits. Katie in Lighter Than My Shadow demonstrates her struggles against herself, medical professionals, and her friends and family as she works to gain control over her eating cycles. Nadia in Inside Out fights with her mind constantly bombarding her with thoughts about weight gain and with her body’s desire to purge after she eats. In each of these narratives, the protagonists acknowledge their desire to change, however in many cases this
desire is not enough. By representing the gap between their longing and ability to control their bodies, Swados, Green, and Shivack challenge discourses that condemn women for not taking responsibility for their failure to be well. In addition, their difficulties with gaining control of their bodies challenge able-bodied discourses that assume everyone has full control over their thoughts and actions.

The concept of ableism helps to illuminate the experiences of those whose everyday struggles go unseen: “As Chouinard (1997:380) outlines: ‘ableism refers to ideas, practices, institutions and social relations that presume ablebodiedness, and by so doing, construct persons with disabilities as marginalised, oppressed, and largely invisible’” (Butler & Parr, 1999, p. 6). In a society that has become obsessed with controlling and manipulating the body to achieve desired outcomes (Moss & Dyck, 2002), those who struggle to or cannot control their bodies are marginalized and invisibilized. For people who are not able-bodied, there comes a need to look outside of the objectivity of the medical field “and instead acknowledge the existence and validity of myriad truths or knowledges” (Donovan 2014, p. 243).

Using the athlete as an example, Rasmussen (2011) recognizes how controlling the body is considered admirable in society. The athlete is revered for her ability to “[resist] natural urges and impulses” (Rasmussen, 2011, p.140), whereas people with drug addictions (or in this case, mental health problems) who struggle to control their bodies are not recognized. Drawing on Judith Butler, Malhotra and Rowe (2014) also make connections between gender and control of the self. They acknowledge how gender is a performance that is acted out through prescribed roles given to men and women (Malhotra & Rowe, 2014). These roles thus compel people to control their bodies in particular ways to avoid social exclusion. Williams (2015) claims that
graphic novels allow people to regain control in their everyday lives by exercising that control through the creativity of their stories. For Elizabeth, Katie, and Nadia, their knowledge of their bodies dictates that they are not always in control and they must fight to gain autonomy over their thoughts and actions. However, by telling their stories in the creative formats of their choice, the authors regain some of the control they lack in their everyday lives.

Swados emphasizes the implications of judgments and opinions she receives from people who refuse to acknowledge her mental illness. When Elizabeth’s depression is in “full force” (p. 75), she says that “people begin to judge [her]” (p. 78). She suggests that that emotional pain is secondary to physical pain and depression is limited to the upper classes. To contrast assumptions that emotional pain is subservient to physical pain, Rasmussen (2011) draws on Elaine Scarry’s *The Body in Pain* (1985) to explain how pain experience in academia is “conceived of as passive, to be suffered, a form of objectification that renders the subject inexpressive” (p. 155) as well as “unimaginative and unrepresentable” (p. 155). Emotion has also been largely neglected as a research focus in the social sciences (Davidson & Smith, 2009). However, despite the lack of attention given to pain in academics, investigating physical and emotional pain is useful to understanding the multifariousness of individual experiences.

Swados’ memoir sheds light on people who do not believe mental health problems exist, including “people born with the natural ability to function” (p. 81) and “political people who call it unpatriotic” (p. 82). Elizabeth suggests that her problems are worthy of consideration and she does not have enough control to fix them. While depressed, Elizabeth cannot gain control of her life: work overwhelms her (p. 29), “money falls out of [her] pockets” (p. 33), and mundane tasks (e.g. cleaning, personal hygiene) become impossible (p. 45). As much as she would like to
“take…interest in [her] life” (p. 45) again and lift herself out of her depression, Elizabeth is unable to do so. Swados also emphasizes her struggles with gaining control over her body. Swados represents what it is like to be in an “agitated depression” in nine images of herself in different states of motion (Figure 2.9): “I feel paralyzed but I can’t sit down without jumping up or pacing. Or twitching. Or falling” (p. 59). The individual’s ability to dictate all thoughts, feelings, and behaviours is a discriminatory assumption derived from dominant able-bodied experiences. In addition, discourses of mental health that depict experiences as less than other human experiences compounds the issue, exacerbates the hierarchy, and creates a barrier to effective intervention.
From the beginning of Katie’s memoir (i.e. pre-eating disorder), she represents her obsessive-compulsive tendencies such as counting her steps and chewing her food a specific number of times. As a result of always being in control, Katie is shaken when her eating disorder begins dictating her life. Moss and Dyck (2002) assert that discourses associated with anorexic bodies focus on “regulation, control, and quantification” (p. 43). These discourses drive Katie’s
behaviours at first, however as the narrative progresses, she begins to sacrifice her autonomy to her eating disorder. She frequently asks herself why she cannot eat like she wants to, why something as fundamental as eating has to be difficult, and why she struggles to stop herself from binge-eating. Katie has a firm grip on every aspect of her life prior to her eating disorder, thus the feeling of no longer being able to control herself causes her to feel frustrated and hopeless. Following a period where Katie feels “back in control” (p. 344) due to restrictive eating and excessive exercising, she faints in yoga class. Knowing she needs to eat but with no way to control herself, she tears apart her friend’s cupboard and binge-eats. She acknowledges that it “isn’t even [her] food” (p. 351) but she has no way of stopping herself. She asks herself, “why can’t I just stop it?” and then in the next panel, “have I lost control completely?” (p. 351).

At this point in the narrative, Katie’s eating disorder has morphed from an inability to bring herself to eat, to an uncontrollable need to binge. Despite her efforts, Katie is unable to meet socially constructed expectations of control.

Katie’s struggles with control are compounded when a person whom she trusts to help her through her recovery sexually abuses her (p. 307-309). In Figure 2.10, the dark cloud overtakes the page, only showing small holes that convey isolated images of Jake’s abuse (touching her nipple and putting his hand down her pants). Surrounding these images, the words “stop it” are written in tiny circles that get progressively larger as they move down the page. Katie’s critical loss of control to someone she trusts causes her to spiral into her binging phase, leaving her more hopeless than before. Katie even has nightmares about Jake’s sexual abuse. With the dark cloud once again covering the page, Katie is shown sitting within the scribbles watching the abuse take place. She asks herself, “why can’t I move?” and “why can’t I tell him
to stop?” (p. 367). Katie’s reflections of Jake touching her demonstrate the mental and bodily immobilization she feels as a victim of sexual abuse. Looking back, she wonders why she was unable to thwart Jake’s advances; she recognizes what happened to her was wrong, but her abuser has stripped her of her agency. In Figure 2.10, the fact that Katie does not even have full access to seeing what is happening to her body (the abuse is portrayed through tiny holes that only show fragments of the molestation), further exemplifies this sacrifice of control. Katie lifts the pressures and blame that are placed on her by a society that does not tolerate those who fail to regulate their thoughts and behaviours by writing and illustrating her experiences with her mental health and with her abuser. By representing her lack of control in Figure 2.10, the blame shifts from victim (Katie) to abuser (Jake), and towards an able-bodied society that expects everyone to take responsibility for their own actions.
Figure 2.10: Green, K. (2013)
In Shivack’s *Inside Out*, she uses rich imagery to depict the feeling of a loss of control one experiences as a result of an eating disorder. Nadia is shown trapped in a prison cell to portray how her bulimia has caused her to isolate herself. She is trapped inside of herself with no way of breaking free and living the life she wants to. Nadia wonders, “HOW MUCH RICHER MY LIFE CAN BE IF ONLY I CAN GIVE IT A CHANCE!” (underline in original) (p. 25). She feels as though she has no way out when she asks herself, “WHO PUT ME IN HERE? DO I HAVE THE KEY?” (p. 25), even though she has put herself in the prison. Before she enters a treatment study and begins taking medication for her eating disorder, Shivack conveys what she was experiencing. She notes feeling irritable, feeling like her “emotions [are] on fire,” and feeling “desperate and out of control” (p. 28). A naked Nadia is shown sitting cross-legged amongst text boxes describing her feelings before taking medication. She has her hands on her face to show her frustration with different emotions overwhelming her. Along with her emotions, Nadia also struggles to control her body. In the “Bulimia Olympics,” Shivack shows all of the positions her bulimia forces her into, with an emphasis on the pose where she is bent over the toilet (Figure 2.11). She expresses how she wishes she could reverse her position (into a backbend) but she does not feel like she has the power.
With the control of her body in question as a result of her bulimia, Shivack undermines able-bodied discourses. Shivack’s artistic choice to portray her experience with bulimia with multiple bodies and in multiple positions demonstrates the absolute control and power of her eating disorder. Nadia desires to “move her body or mind in new creative ways” (p. 42) but she is stuck in the position delineated by her eating disorder. Nadia’s example helps feminist geographers, medical practitioners, and the general public alike understand that mental illnesses do not exist under one’s complete control and that approaches placing oneness on the individual to change their thinking and behaviour are problematic and ineffective.

In this section, I have demonstrated the ways in which graphic novels undermine ableist expectations for bodily control. Pathological discourses that target the body as a passive recipient of medical intervention can be interrogated by challenging the notion of the masterful mind over
the submissive body (Longhurst, 1997). Swados, Green, and Shivack contest ableist discourse of
the fully controllable mind and body. Frequently at the mercy of their mental illness, these
women reveal their struggles as they recognize, but cannot always abide by, social expectations.
The following section continues to challenge the notion of the body as a passive recipient to
medical interventions by looking at problematic effects and uses of prescription medication.
With a heavy emphasis on the use of drugs to control or cure health problems in the North
American medical community, these graphic novels undermine positivist discourses that place
medicine in a position of superiority.

*Harmful Experiences with Drug Use*

Love, Wilton, and DeVerteuil (2012) discuss some of the gendered dynamics associated
with drug use. Although they refer to illicit/recreational drug use, they explain how drugs pose a
threat to women because of socially constructed expectations of control and morality. Drug use
is perceived as a “violation of these gender norms” (Love, Wilton, & DeVerteuil, 2012, p. 383).
In Swados, Green, and Shivack’s graphic novels, drugs are not only represented as having a
profound effect on how the protagonists feel and behave, but they also play a role in their choice
to end their lives. I argue that looking at representations of prescription and non-prescription
drug use⁴ challenges pathological approaches to mental health because they show that addressing
these issues primarily at the chemical level may not be able to remedy all mental health struggles.

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⁴ By *prescription drug use* I mean using drugs as prescribed by a doctor, and by *non-prescription drug use*
I include drugs that have not been formally prescribed by a doctor as well as drugs that may have been
prescribed but are not being taken as indicated (i.e. overdosing on prescription medications).
Stone (2008) suggests a relationship between illness and oppression, making the claim that medicalized approaches to health problems do not always address the root causes:

People who feel ill typically seek medical intervention to treat their illnesses, and medical intervention can often (but not always) successfully ameliorate symptoms….This is not to say that medical intervention is necessarily appropriate for eradicating the cause of illness. The focus of medical intervention on the individual can sometimes allow the individual to feel better, but biomedicine cannot address oppression. (p. 202-203)

Stone (2008) makes it clear that there is much more to illness than physical symptoms; there are also prominent social, emotional, and embodied components to these experiences that medical treatments cannot address. Feeling physically well thus does not necessitate wellness. Drugs cannot address social determinants of health that prevent equitable access to healthcare, as well as the stigmatization that frequently comes with problems such as mental health. These prominent issues are not treatable in a medical context, but play a significant role in a person’s overall health and well-being. Personal and social aspects of health are thus neglected in favour of treatable, measurable, and observable symptoms. Without having all of their needs addressed, people must struggle with often worsening mental health problems, as well as the oppression that inevitably stems from this neglect.

One of the biggest risks of relying heavily on drugs and other positivist approaches to combat mental illness, according to Charon (2005), is that they render the body a mere receptacle and ignore personal experience: “there has been an odd diminishment of the status of storytelling in medicine ever since we decided we knew enough about the body by virtue of reducing it to its parts that we did not need to hear out its inhabitant” (Charon 2005, p. 261). Swados, Green, and Shivack suggest that drugs are not always capable of fully addressing the multifaceted experiences of mental health. In My Depression, Swados represents her messy history with prescription drugs, along with the awful side effects that arguably rival the depression itself (e.g.
nausea and a depleted sex drive). Green in *Lighter Than My Shadow* depicts the incident when she considered taking her own life. In the images she is filling her palm with pills and then lying on the ground with a spilled glass of water next to her. Shivack in *Inside Out* deals with both prescription and non-prescription drug use, detailing the side effects of the medications she takes when in a treatment center, as well as the time she contemplated killing herself with pills. These texts discourage the common conception that mental illness can be addressed only with medication. Even if Swados’ depression lifts after taking a particular medication, I argue that she cannot be considered “well” if she must deal with a myriad of side effects. The nausea, low libido, anxiousness, and fatigue that come with the medications seem to be just as bad, if not worse than symptoms of depression. Furthermore, the fact that the protagonists chose to use drugs to kill themselves undermines discourses that render drugs the answer to wellness.

Although Swados does discuss contemplating suicide during her depression, she does not discuss using medications to do so (it is however on her “list of options” on page 93). Swados’ representations of drug use are primarily prescription-based, and focus on the unpleasant side effects of these medications. In Western societies, drugs are at the epicentre of wellness, leading people to rely on them to maintain their health: “Pharmaceutical companies, for example, continue to reinforce the idea that illness is something fixable, or even avoidable, through the consumption of prescription drugs (Moynihan & Cassels, 2005)” (Moss & Teghtsoonian, 2008, p. 3). In his discussions of his experiences with leukemia, Cazdyn (2012) is critical of how his once-terminal form of leukemia became a chronic condition (i.e. it is incurable but he is able to live for a long time) with the use of an extremely expensive ($45,000 per year) drug that will keep him alive. Although in Cazdyn’s (2012) case purchasing this drug is unavoidable if he
wants to live, this example still makes an important statement about the absurd price tag attached to wellness. Wellness in this context and in the context of mental health is considered in oversimplified terms as a means of keeping someone alive as opposed to assuring a standard quality of life.

Swados depicts a warning label with tiny, messy writing inside describing a list of side effects that can accompany prescription anti-depressants (p. 120). While some of the side effects are accurate (dizziness, vomiting), some of them are hilariously ridiculous, such as “an overpowering need to become a DJ” and “obesity in goldfish” (p. 120). At the end of the list, however, is the humorous yet frighteningly accurate warning of “death.” Swados mocks the advertisements people see for prescription medications that present potential side effects that are worse than the condition the medication is taken for. On the following page (p. 131), Elizabeth gives a more serious account of the side effects she experiences while on these medications by showing five images of herself experiencing different emotional and bodily reactions to her prescription medication. These images represent reactions such as nervousness, fatigue, and nausea. Elizabeth also represents the lack of sexual desire she experiences by drawing herself with locks and chains around her breasts and vagina with a figure of a person made of hearts coming for her (p. 135, Figure 2.12). By detailing all of these miserable side effects, Swados represents alternate “truths” about depression that undermine the merits of medical interventions. She admits that “the drugs help many” (p. 129), but there are serious disadvantages to the aid these medications provide.
Sometimes certain brands of anti-depressants have muted my sexual desire.

Figure 2.12: Swados, E. (2005)

With extensive side effects associated with these medications, despite often alleviating symptoms, the payoff is questionable. Thus, medicalized discourses that seem to place drugs at
the epicenter of health and well-being need to be seriously examined. Although they may be able to accomplish what is advertised, prescription drugs are not the perfect fix, nor are they an ultimate cure. In order to alleviate depression, does one have to choose stomach problems and anxiety instead? Is it possible to lift depression without relying on medications? Swados shows that mental health is much more than a “chemical imbalance” and suggests that discourses treating it primarily as such detracts from one’s quality of life as much and sometimes more than the mental health problem.

In response to the anxiety, frustration, and pain that Katie builds out of Jake’s sexual abuse and her eating disorder, she seeks a way out by turning to pills to kill herself. Unlike Swados and Shivack, Green does not discuss using prescription medications for her eating disorder. Although the pills she considers taking are not identified, the fact that she chooses to take medications that are supposed to encourage “wellness” to hurt herself is ironic. After she has presumably made the decision to harm or kill herself, Katie is shown going into her medicine cabinet and filling her palm with pills (p. 381). She is then shown lying on the ground naked and crying with a glass of water and the pills spilled beside her. I would assert that choosing to take pills to die by suicide represents a form of resistance against medical interventions. Despite not attesting to using prescription drugs, Katie has many problematic and unhelpful encounters with medical professionals, including one who perceived her inability to control her binge-eating cycles as an improvement because “at least [she was] eating” (p. 359). Regardless of getting help for her disorder and trauma, these classic methods of intervention (doctor visits, therapy sessions, etc.) prove unhelpful. Green and Swados’ narratives point to profound gaps in the medical field’s ability to fully address the multifariousness of mental health. As a result of these gaps, working
with creative outlets such as graphic memoirs offers useful testimonies that reveal the pitfalls of exploring mental health through a biomedical lens. Taking pills allows Katie to take back some control over her body and serves as a form of resistance to a medical field that is failing her.

In *Inside Out*, Nadia has a difficult relationship with both prescription and non-prescription medications, with neither being able to offer her any concrete solutions to her eating disorder. Nadia represents her experiences in a treatment center in a series of images showing her body in strange and impossible positions. In each image she is frowning; different names of the medications surround her in these poses along with their side effects (Figure 2.13). Among these descriptions of side effects, including “endless sleeplessness,” “mania,” and “dizziness” are the words “please no more drugs, side effects” (p. 39). Nadia does not cite any particular drug that has been able to help her. Her most frightening encounter with drugs, however, is when she decides to use them to kill herself. A demon-looking Nadia (who would otherwise be unrecognizable if it were not for the context of the image) is shown pouring a bottle of pills into her mouth. Her eyes are a wild orange colour and her naked chest reads, “VOMIT MACHINE” (p. 48). The text surrounding this image reads, “JUST DO IT!” alongside a text bubble that reads, “too graphic too intense R-rated supervised viewing only” (p. 48). The background is colourful but aggressive and ominous, filled mostly with dark blue and splashes of pink and green (Figure 2.14). On the page adjacent is an image of Nadia on her knees holding a sword with pill bottles and a bottle of Vodka next to her. The text reads, “DO IT ALREADY! What are you waiting for? nothing no one can save you” (p. 49). There is also a bubble next to her filled with scornful eyes staring at her, watching and waiting for her to end her life. She does not go through with killing herself because she was “caught” (p. 49), suggesting that if she had not been, she may have died.
Figure 2.13: Shivack, N. (2007)
While Swados’ text suggests that drugs can be helpful for many people dealing with mental illness, Shivack challenges mental health discourses that point to drugs as the primary solution. According to Lorentzen (2008), there is a power struggle at work between patients and the medical field: “Power relations [between patient and practitioner] produce bodies that are disciplined and resistant” (p. 53). The resistance in Shivack’s case is using drugs that are
supposed to be healing to die by suicide. Not only do these drugs come with side effects that rival the symptoms of mental illness, but they are also an attractive option when those affected are exasperated with the ineffectiveness of medical interventions. Associating mental health with pathological discourses is useful for those who benefit from these medications, but for people like Nadia, prescription and non-prescription drugs come with risks and side effects too detrimental to continue. The images Shivack uses to depict her attempted overdose demonstrate both a lack of control and helplessness (“nothing no one can save you,” p. 49) while also representing a “taking back” of control. When Nadia is trying to kill herself, she does not look like other representations of Nadia throughout the text. The eyes watching her also suggest that she does not have absolute control over the situation. Nadia is both disciplined and resistant in this example. She is resistant to medical intervention by using pills to take her life, while at the same time disciplined because she feels as though she does not have a choice.

In this section, I have drawn on Swados, Green, and Shivack’s graphic memoirs to show the need to look more critically at the use of prescription medication to treat mental illness. The women demonstrate that pathological and medicalized approaches to mental health can sometimes come with unprecedented ramifications that include unpleasant side effects and the temptation to use these medications for suicide. I continue to question normative remedies in the following section by exploring the emphasis the women place on drawing/writing about their mental health as an alternative and/or complimentary method of therapy.

**Writing about/Drawing Mental Health**

Although each of these graphic memoirs serve as testaments to the importance of writing and drawing about mental health, Swados, Green, and Shivack allude to the importance of these
creative practices in their narratives as well. I chose to study these metafictional moments to make an argument for the benefits of creating and/or reading graphic novels as an alternative mean of therapy. When it comes to mental illness interventions, often the first methods that come to mind are drugs and expensive visits to a psychiatrist. Donovan (2014) emphasizes the recent shift towards exploring different approaches to mental health problems, claiming that “feminist scholars have been able to demonstrate alternate and valid ‘truths’ on health and medical issues to those associated with institutional authority” (p. 253). She discusses Ellen Forney’s artistic style in Marbles: Mania, Depression, Michelangelo & Me (2012) to articulate her unique struggles with bipolar disorder: “Critically, Forney uses the format of sequential art to help the reader understand and visualize the complexities and challenges that structure her embodied experience of bipolar disorder” (Donovan 2014, p. 253). Encouraging people to turn to reading and producing creative memoirs that interrogate and teach about mental health can help to contest culturally-embedded narratives that equate health with doctor visits and lofty price tags.

Furthermore, drawing and writing about disability in graphic novels undermines the lack of and/or problematic representations of the disabled body in comics (Diamond & Poharec, 2017). Diamond and Poharec (2017) emphasize how the disabled body is rarely represented in comics and that when it is, it is typically found in background characters. They explain how women with disabilities are “reduced to objects of pity” whereas men are “presented as evil” (Diamond & Poharec, 2017, p. 409). By writing and drawing about their mental health, Swados, Green, and Shivack problematize disempowering and judgmental discourses associated with the disabled body.
In *My Depression*, Swados writes about how she would find writing and drawing her thoughts and feelings in a notebook helpful, and openly encourages her readers to write about their own depression. Katie in *Lighter Than My Shadow* admits that finding her passion for art is what gave her a reason to keep living. Similar to Katie, Nadia in *Inside Out* seeks solace in art and writing throughout her time in a treatment center and claims to have gained reprieve from her desire to purge by choosing to draw after meals instead. The authors use art and writing to emphasize emotion-driven remedies as opposed to medically-driven remedies, thus challenging pathological understandings of mental health.

Out of twenty-eight other methods Swados notes for “lifting the depression on [her] own” (p. 98), among exercising and herbal remedies she also includes writing. Elizabeth is shown sitting on her bed with a giant open notebook with her hand on her chin as if in deep contemplation. She claims that she tries to “write down thoughts and feelings, no matter how trivial or messy” (p. 111). Being able to articulate her feelings in this fashion helps her release the heavy weight of her depression. There are no medications involved here, only herself, a notebook, and a pen. At the end of the novel, Swados’ point-of-view shifts from first-person to second-person when she offers advice to people dealing with similar mental health problems. Swados advises her readers that “reading about other people’s depression” might help, and then encourages readers to write “about [their] own” (p. 149). Swados also acknowledges her own book by writing “SEE THIS BOOK!” under her prescription for people to write about their depressions. By making a point to address her readership and tell them to read and write about depression, Swados recognizes the benefits of reading and writing about mental health and advocates for alternate methods. Though there is room for medication in mental health discourse,
this does not necessarily mean it is the best or only option for everyone. Graphic novels are not only viable alternatives as a form of therapy, but are also useful for creating camaraderie among people with and without mental health problems.

Prior to her eating disorder, Katie identifies drawing as a beloved pastime in her childhood. As her eating disorder develops, however, drawing evolves from a pastime into an invaluable coping mechanism. After Katie’s outburst in response to her parents trying to convince her to eat, she quickly realizes that the best way to make her family understand what she is going through is to draw what she is experiencing. She draws a picture of her head splitting open and a monster that looks like a crocodile emerging from the opening (p. 161, Figure 2.15). In the next frame, her parents study the image with expressions of concern, and then immediately after she is shown in therapy. This example demonstrates the importance of creative outlets such as art to articulate abstract emotions and experiences. The connection Katie makes with her parents through her art exemplifies the importance of art in educating professionals and the public and to increase empathetic responses to people’s experiences of illness. Art can also help people understand mental, emotional, and bodily experiences better (Williams, 2012).
Later in her memoir, Katie makes the difficult decision to abandon her prowess in the biological sciences and go to college for art. Upon seeing her final grades in biology, she says that the results “meant nothing to [her]” (p. 429) and that she “felt empty, apart from one thing” (p. 429). The “one thing” she is referring to is her art, as she is shown lying down on the floor with a paintbrush in her hand and a small smile on her face on the following page (p. 430). Art for Katie is therefore a career, a passion, and a source of solace. It was not the doctor’s visits, therapy sessions, or medications that saved her life, it was her ability to articulate her emotional and embodied experiences through her art that gave her something to keep living for.

What makes Shivack’s book particularly interesting compared to the other graphic novels I am studying is that her artwork was collected from an array of different materials she drew on while she was in treatment centers. On the inside sleeve of the book, there is an explanation of Shivack’s drawing practices: “At an in-patient unit of a hospital where she was taken for treatment, Nadia wrote and drew on napkins after meals in order to keep the food in and calm the outrageous voices in her head” (n.p.). The entire book is thus a testament to the merits of using creative outlets to cope with mental illness; Shivack drew throughout her journey to aid her recovery. After considering ending her life, Nadia’s friend sends her a box of Cray-Pas, which she claims “distracted and soothed [her]” (p. 50) after eating. The fact that Shivack is not a polished artist, as evidenced by her unsophisticated drawing style, shows it is possible to receive solace in drawing about mental health even without an artistic background.

In the page adjacent, Nadia is shown folded over in a chair talking to her counsellor. In a thought bubble, she wonders, “why is it so hard to tell her what hurts?” (p. 51). Most poignantly, on the same page, Nadia attests that each woman dealing with mental health problems “has her
own creative road to recovery” (p. 51, Figure 2.16). Shivack’s process of writing and illustrating her bulimia produces unique images that can only represent her own experiences and thus cannot speak for every woman. Drawing on feminist scholars such as Donna Haraway, Cope (2002) posits that

> we must reject the all-encompassing ‘truth’ notion in favor of context-specific and situation-sensitive knowledges…rather than searching for universal statements that apply everywhere to everyone (and therefore really apply nowhere and to no one), it would be better for us to acknowledge the biases, perspectives, and contextual factors…inherent in the research project and move forward from that point. (p. 48)

Cope (2002) rejects the notion of universal knowledges, as grand narratives undermine the multiplicity of experience and how those experiences are interpreted and understood. Due to the fact that drawing is a highly personalized activity, Shivack’s choice of the graphic memoir to tell her story serves as a rejection of capital “T” truths so fervently dismissed in feminist geographical epistemology. Shivack appears to be making a powerful statement about the benefits of art over conventional methods like therapy and drugs. Although she struggles to articulate her pain to her counsellor, she is able to convey this pain in an artistic form to her readership.
Figure 2.16: Shivack, N. (2007)
In this section I explored instances where the women discussed their writing and drawing practices as both an effective outlet for communicating their struggles, as well as a way to cope with different mental health experiences. Although all three women have used prescription drugs and/or talk therapy for treatment, they undermine discourses relying primarily on medical expertise by showing the importance of artistic practices to their coping regimen. The final section of this chapter explores how Green, Swados, and Shivack question mental health narratives by exploring discourses of cure, happiness, and wellness.

*Breakthroughs with and Expectations of Wellness*

In all three texts, the stories the women tell portray mental health as an ongoing struggle that seems to occur in waves (e.g. a long period of depression, followed by a period where the depression has lifted). More often than not, there is no stereotypical happy ending, or ultimate healing outcome. Ahmed (2010) recognizes notions of happiness and happy endings as commodities that are bought and sold by and to society: “It is now common to refer to ‘the happiness industry’: happiness is both produced and consumed through…books, accumulating value as a form of capital” (p. 3). Swados, Green, and Shivack all deliberately avoid selling happy endings to their readership in order to challenge the notion of “cure” among those struggling with mental health problems and eradicate the linearity of these experiences. Sundaram (2017) is critical of these happy ending narratives present in contemporary stories of illness, claiming that they “valorise the survivor, assume equal access to treatment and screening technologies and present a unified self that emerges intact at the end of a linear progression from diagnosis to cure” (p. 263). There is no predicted outcome where the person will be cured, and
this expectation for cure and wellness completely undermines the complexity and longevity of mental illness.

In *My Depression*, Swados represents a multitude of negative voices from friends and acquaintances that judge her for her inability to lift her depression and reprimand her for being depressed. Katie in *Lighter Than My Shadow* shows how deeply discourses of cure are embedded in society when she returns to school with questions from peers asking if she has recovered, and then internalizes this idea when she tells her college friends that she “used to” have an eating disorder. Shivack in *Inside Out* demonstrates how overcoming an eating disorder is a long and arduous process that requires first steps such as eating only healthy foods. It is possible that there may not be a cure or ultimate happy ending for someone like Elizabeth who is constantly fighting to keep the dark cloud of depression at bay. These graphic novels show how toxic discourses conveying mental health as something that can be easily healed like a scraped knee will only further exacerbate women’s mental health problems.

Swados represents an array of different voices from friends, family, and acquaintances showing their own ideas about how to lift depression. Elizabeth is told to “show some spunk, snap out of it,” to “join a movement. Go to Haiti. Adopt a baby,” and to “take care of [her] body. The mind will follow” (p. 41), among many other demands. There is no patience for her depression; Elizabeth is required to “snap out of it” (p. 41) and get better. The suggestions these people make are not feasible or useful to Elizabeth as they come from positions of able-bodied privilege. Elizabeth also speaks extensively about her victories in breaking free from her depression. Elizabeth is pictured reaching out of the depths of the black hole towards a group of people singing and playing instruments (p. 72), she is pictured smiling and cuddled up to a “tall
friend on an oversized chair‖ (p. 74), and she is pictured leaping out of the black hole with a look of triumph on her face (p. 151, Figure 2.17). Elizabeth concludes by admitting that the “little cloud may show up again” (p. 158), making the cyclical nature of her depression clear. If the cloud can “show up” (p.158), this means that it is conversely capable of going away, thus undermining discourses surrounding the chronically ill body. Even though mental illness is often a lifetime struggle, there are fluctuations in episodes. Mental health problems are not “chronic illnesses,” but can be resolved or return sporadically. By ending her narrative with a conclusion that suggests she is still struggling with depression, Swados sheds light on the reality of mental illness as a cyclical process. Therefore, discourses that render mental health something one can “snap out of” are especially unproductive, placing pressures on the individual that exacerbate depression.
When Katie returns to school after being absent for a length of time from complications of her eating disorder, she is frustrated with her peers for not asking how she is doing. She wonders, “why don’t they ask how I am?” (p. 206), “do they think it was just a stupid diet?” (p. 207), “do they think it’s just gone away?” (p. 207). Eventually one of her peers asks her, “are you like, completely better now?” (p. 208) and on the following page she asks herself, “what does that even mean?” (p. 209). Katie is upset that her friends seem to think her eating disorder was just a phase and she is now “completely better” (p. 207) because she has come back to
school. As much as it would be easier to believe anorexia nervosa can be a mere hiccup in one’s health, Katie proves that something as complicated as an eating disorder can be a lifetime struggle. Katie does indeed go through periods of wellness, such as when she finds relief in practicing yoga (p. 258-259), when she acknowledges her hunger and eats after her roommate asks her if she is hungry (p. 433), and when she counts the days she has gone without binge-eating (p. 457). However, while she has hinted at this throughout, Katie makes the cyclical nature of mental illness crystal clear near the end of her memoir (Figure 2.18).
Every time I slip I feel like I've ruined everything.

I'm aware of what I'm doing, I understand it...

...I can pick myself up, forgive myself...

...but then I'll just do it again.

I'm sick of being stuck in this cycle.

Figure 2.18: Green, K. (2013)
When she is talking to her therapist, Katie represents her binging patterns in five different images of herself spread out around a scribbled circle formed out of the dark cloud. In the first image she is thinking about eating (as evidenced by the small mouth on her stomach), in the second image the mouth has gotten larger and her conscience is trying to stop her, in the third image she is binging, in the fourth image she is lying on the ground in distress, and in the last image she is picking herself up to show she can “forgive [herself]” (p. 461). She acknowledges to her therapist that her ability to forgive herself is clouded by the fact that she will “just do it again” (p. 461). Even though she has forgiven herself by the end of the cycle, a cycle suggests that what has happened will repeat itself.

Near the end of her memoir, Green powerfully represents her mental health journey from past to present (Figure 2.19). Four representations of Katie walking along a path symbolize the four stages of her mental health experience: the first shows her very thin dealing with anorexia, the second shows hands covering her mouth and holding her arms to represent her sexual abuse, the third shows the giant mouth on her stomach to represent her binging phase, and the last shows her in the present holding onto the dark cloud to represent her control over her mental health (p. 473, Figure 2.19). In the fourth image, the dark cloud has not dissipated; it is now in Katie’s possession as opposed to possessing Katie. This change represents Katie’s ability to exercise some agency over a previously overpowering force. However, even though Katie has improved since the start of her journey, discourses surrounding cure are thwarted by the fact that the darkness is still with her by the end of the book. With these four images, Green underscores that there is no quick fix or happy ending, and reaching a state of being “completely better” (p. 208) is an unrealistic expectation.
Figure 2.19: Green, K. (2013)
Despite her best efforts, Nadia struggles to break free from the cycle of binging and purging. Accompanying one of her illustrations, she writes, “No matter how hard I try, I end the day with a binge and purge for relief and to ‘shrink’ back down to size…And so goes the cycle ON and ON and ON!” (p. 12). The cyclical nature of eating disorders is represented in both Green and Shivack’s narratives: although both autobiographies end with a shred of hope for readers struggling with similar issues, neither of the women sugar-coat the severity of their problem. To support this lack of sugar-coating, Ahmed (2010) discusses the feminist killjoy to explain how feminists destroy happiness by lifting the guise from society and revealing the unhappiness that lurks beneath:

Does the feminist kill other people’s joy by pointing out moments of sexism? Or does she expose the bad feelings that get hidden, displaced, or negated under public signs of joy? Does bad feeling enter the room when somebody expresses anger about things, or could anger be the moment when the bad feelings that circulate through objects get brought to the surface in a certain way? (p. 66)


Just like Ahmed’s (2010) feminist killjoy, Swados, Green, and Shivack unearth the reality of illness narratives that tend to close with happy endings and point out this fallacy by concluding their stories without a cure. When it comes to real-life mental health problem experienced by real-life women, the prospect of a stereotypical happy ending is unachievable. Small victories are constantly being worked towards, such as with Nadia’s improvement with eating healthy meals in the treatment center. Shivack illustrates herself walking confidently in a large coat to symbolize “shielding…from the onslaught of noise, thoughts, and shame” (p. 29) after taking medication for a treatment study (Figure 2.20). The antidepressants she takes causes
her binges to drop to “once or twice a night” (p. 29), but they do not cease entirely. Instead, “life is once more MANAGEABLE!” (p. 29), but Nadia is not fully recovered.

Figure 2.20: Shivack, N. (2007)

Nadia admits that she was hospitalized “several more times since [her] book was first conceived and illustrated” (p. 55) but she continues to recover as she works to replace “the critical voice in [her] head with one that is more positive and loving” (p. 55). Wellness for Nadia is something that will be achieved, if ever achieved, with time and patience. Thus, socially-constructed pressures for people struggling with their mental health and well-being to get back to
their lives and be happy are unrealistic and damaging goals. By so honestly and brutally articulating her recovery process, Shivack challenges mental health discourses that relate recovery with immediacy, medications, and happiness.

In this section, I have argued that cure, happiness, and wellness narratives can be harmful to those whose positionalities cannot or do not fit conventional mental health discourses. With the cyclical nature of mental health, along with societal pressures to subscribe to discourses associated with happiness, Swados, Green, and Shivack challenge these dominant ideas by introducing different perspectives that thwart problematic and exclusionary understandings of health.

Conclusion

This chapter has argued that graphic novels effectively uncover alternative mental health discourses by analyzing how illustrated bodies act as sites of power, knowledge, and resistance to dominant medical knowledge. The importance of exploring a variety of representations of the body allow for the uncovering of “partial, situated, and embodied” (Johnston, 2009, p. 429) knowledges that challenge homogeneous discourses that treat all bodies under a positivist epistemological umbrella. Drawing on scholarship in graphic medicine; and embodiment, feminist, and health geographies, I analyzed how Swados, Green, and Shivack represent their mental health as embodied entities. I also used the graphic memoirs to challenge discourses of control embedded in Western society, drawing on theories of governmentality, disabilities scholarship, and emotional and feminist geographies. In Harmful Experiences with Drug Use, I used feminist and health geographical research to question the privileging of medicinal use for the treatment of mental health. In the following section, I used graphic medicine and feminist
scholarship to argue for the use of graphic novels as an alternate mean of therapy. Finally, drawing especially on feminist political scholarship, I question the deeply-embedded discourses of happiness and cure using Swados, Green, and Shivack’s texts as examples of resistance. This chapter contributes to geographical knowledge by advocating not only for the usefulness of the graphic memoir in the discipline, but also for the necessity of heeding the body as an important spatial scale in understanding different, often subversive subjectivities. By returning to creative methods like analyzing graphic novels, geographers uncover embodied knowledges that can be difficult to access. These knowledges provide new data for understanding the body as an invaluable spatial scale.
Chapter 3: Uncovering Invisibilized Experiences of Mental Health

Introduction

In Chapter 2, I sought to demonstrate the uniqueness of autobiographical graphic novels in dismantling pathologized discourses associated with women’s mental health and well-being. Working at the scale of the body, I showed how the different ways in which mental health is represented in these texts can challenge common conceptions of mental health. I also looked at discourses tied to expectations in society to show how people with mental health problems oppose and succumb to social governmentality. Chapter 3 expands on these ideas to argue that these graphic novels reveal the importance of studying subversive subjectivities as opposed to those that fit neatly within universalized and pathological approaches to mental health care.

Universalization, as I explain in detail in this chapter, is made possible through the invisibilization of individuals and experiences that problematize the status quo. Shivack dedicates her story to those individuals. She writes, “To all those before me who have paved the way and have ensured that this and other illnesses are not hidden away” as inspiration and motivation for the production of her memoir. Shivack’s emphasis on preventing mental illnesses from concealment points to the issue of invisibilization. Shivack, Swados, and Green utilize graphic memoirs to testify aspects of their everyday lives that are difficult to articulate and/or not often discussed in other forms.

Looking at the use of autobiography in geography, Purcell (2009) asserts that autobiography’s ability to convey “the perspective from the margins can subvert the dominant logics that help marginalize subordinate populations” (p. 237). In her work on the use of autobiography in feminist geographical research, Moss (2001) observes how universalizing
approaches and theories that attempt to explain the world under a single framework “have fallen out of favor, replaced by specific theories for specific processes” (p. 14). This emphasis on the specific as opposed to the general or all-encompassing suggests a move towards investigating personal experience to uncover new knowledges, contest current power structures, and provide voice for those who have been rendered voiceless in society. Alexander (2017) attests to this claim about autobiographies, particularly with regards to its uses for people with disabilities: “Autobiography…may serve as a form of empowerment for people with disabilities by allowing the disabled to claim their own voice in matters relating to their treatment” (p. 112).

According to Cameron (2012), the study of stories for geographers despite how “‘small’ and ‘innocent’” they may seem, encourage “engagement with theories of discourse, power, and knowledge [and lead] geographers to understand stories as fundamentally implicated in the production of cultural, economic, political, and social power” (p. 573). Cameron (2012) emphasizes how epistemologically, stories become sources for knowledge and knowledge production, and how recently there has been much less attention paid to how particular knowledges connect to or can be used to understand broader nexuses of power and discourse. Stories are now being analyzed by geographers to uncover “the specific, the local, and the political” (Cameron, 2012, p. 587) and to underline the importance of heterogeneous and multifaceted experiences.

These discussions are of particular importance in this chapter as I argue that the invisibilization of women’s mental illness is intimately related to a “one-size-fits-all model” (Malhotra & Rowe, 2014, p. 153) of healthcare that undermines individual experience. In the context of medical narratives, the purpose of exploring individual experience, according to
Charon (2006), is not to gain an overarching understanding of a particular medical condition, but to gain insight into one unique situation and give it meaning. Neglecting individual narratives and trying to generalize undermines the importance of these singular stories and the people behind them. As a feminist geographer, my ideas go hand-in-hand with feminist contestations “of a knowable, testable ‘truth’…instead acknowledg[ing] the existence and validity of myriad truths or knowledges” (Donovan, 2015, p. 243). Autobiography and feminism are thus intimately related, with each reflecting an underlying goal of focusing on the personal to challenge dominant and exclusionary epistemologies.

To expand on this notion of exclusion, Alexander (2017) articulates the distinction between visible and invisible disability:

Visible disabilities generally refer to those which are readily apparent to an observer and are often associated with biophysical impairments – at times made evident by the use of assistive devices. In contrast, invisible disabilities are those that are not always immediately discernible and may require regular interaction with the disabled person or the personal disclosure of their condition for others to be aware of it (Davis, 2005). (p. 110)

Alexander (2017) makes clear that the challenges one might be facing with mental health are not (usually) readily visible since there are no obvious markers on the body to indicate a disability. Therefore, not only must people with mental health problems contest universalizing approaches to healthcare ingrained in the medical field, but they must also combat the inherent invisibility of their conditions. With mental illness often considered an “invisible disability” in space as a result of the lack of physical indicators, there is a need to uncover the persons and experiences that are hidden. Looking at disability through a feminist intersectional lens, Malhotra and Rowe (2014) discuss women’s tendencies to place their disability at the forefront of their identity or identify as “roleless,” leading to feelings of “invisibility, self-estrangement, and/or powerlessness” (p. 157).
For those struggling with their mental health, invisibility can be twofold with regards to the physical body, as well as in understandings and conceptions of the self.

McKinney (2017) argues that graphic novels are well-suited for marginalized individuals to self-represent their unique “embodied experiences and non-normative lives,” as this is “central to the language of comics” (p. 86). Graphic medicine adopts these ideas to look at graphic novels about illness: “graphic medicine resists the notion of the universal patient and vividly represents multiple subjects with valid and, at times, conflicting points of view and experiences” (Czerwiec et al., 2015, p. 2). This quotation stresses the idea that people who have different experiences of the same medical condition do not make either experience any less or more important, and that these differences should be taken seriously and made meaningful. Shivack, Swados, and Green each take advantage of the textual and visual components of the medium to offer a window into their experience that would not be readily available in any other context. Chute (2010) praises comic creators such as Phoebe Gloeckner and Lynda Barry for their refusal to show trauma “through the lens of unspeakability or invisibility, [but] instead registering in difficultly through inventive textual practice” (p. 26). Inventive textual practices such as the production of graphic novels allow Shivack, Swados, and Green to protest the “unspeakability and invisibility” (Chute, 2010, p. 26) of their mental health and well-being.

In this chapter, I seek to answer the following question: In what ways do graphic memoirs by women offer a window into understandings of experiences of mental health? This chapter draws on a wide range of scholarship, including narrative medicine, graphic medicine, comics scholarship, feminist geographies, theories of governmentality and embodiment, and emotional geographies. I use these perspectives to argue that graphic memoirs by women reject
universal experiences embedded within Westernized medical practices and focus on multiple experiences, lives, and bodies to counteract invisibility and silencing in healthcare. This chapter has been organized into the following five sections: Embodying Mental Health, Hiding Mental Health Problems, Becoming Overwhelmed with the Mundane and the Everyday, Impacts on Relationships, and Influence of Negative Interpersonal Relationships.

The concept of embodiment in the first section of this chapter is explored for its ability to portray invisibilized experiences, working with geographers such as Moss, Dyck and Teghtsoonian to look at embodiment in the context of autobiographical works. The second section, Hiding Mental Health Problems, draws attention to how all three women in these graphic novels attest to hiding their mental health problems and/or lying about their wellness. In other words, they represent instances where they have felt the need to pretend that they are “okay” in particular social situations when this is not the case. I assert that women with mental health problems cannot obtain the help they need and deserve if they feel they are unable to express what they are going through, and that their graphic memoirs help them to overcome the barrier to their expression.

The section entitled Becoming Overwhelmed with the Mundane and the Everyday investigates the struggles Nadia, Elizabeth, and Katie endure in attempting to carry out mundane/everyday tasks. One prominent aspect of mental health that a fast-paced, productivity-obsessed society often fails to understand and accommodate is the difficulty people with mental illness can have with simple tasks. Common perceptions associated with a lack of productivity, such as laziness or indifference, are untrue to the experiences described by Shivack, Swados, and Green. In their graphic novels, the authors show that societal pressures and expectations women
are forced to conform to in their everyday lives are sometimes impossible to meet. Their graphic novels convey the immense struggle that exists beneath the guise of lethargy, showing how unattainable simply functioning can sometimes be.

The fourth section, *Impacts on Relationships*, shows how the authors represent the massive impact mental health problems can have on family, friend, and romantic relationships. As much as mental illness is challenging to see and understand, it is just as challenging if not more challenging to see and understand how one’s struggles can cause systems such as family units to break down. With these issues existing behind closed doors or hidden within social groups, the presence of mental health problems in society are increasingly difficult to determine. Shivack, Swados, and Green depict social circles in order to show the effects of mental illness on relationships that would have otherwise been concealed within home, school, and work spaces.

Lastly, the fifth section entitled *Influence of Negative Interpersonal Relationships* shows how Nadia, Elizabeth, and Katie each pay particular attention to the opinions and ideas of others about their mental health. Not only do the majority of negative opinions they encounter come from a place of ignorance, but they also have a profound impact on the overall state of the women’s mental health. Swados makes a point to highlight different comments from friends, family, and acquaintances that work to undermine her experiences with depression. Drawing on debates within geographies of illness, as discussed at length by scholars such as Moss, Dyck, Teghtsoonian, and Cameron, I focus on “the specific, the local, and the political” (Cameron, 2012, p. 587). I extend these discussions by delving into the everyday experiences represented in the graphic novels to argue against the pathologization of mental health as it is embodied, experienced, and conceived of differently.
Embodying Mental Health

In this section, I extend my discussions of embodiment from Chapter 2, looking at how graphic novels focusing on illness narratives are capable of moving the inside world of their subjects outward to get to the heart of invisibilized mental health experiences. To elaborate, I look at how graphic memoirs are especially suited to exploring practices of embodiment as they “deliver a comment on the ‘making-visible’ of an inner reality, just as the medium makes visible what cannot be expressed solely through words” (Nayar, 2015, p. 165-166). I argue that graphic memoirs are able to convey aspects of mental health that other mediums cannot, taking frequently ignored social, mental, and emotional experiences and putting them into a visible form. Graphic novels are thus useful tools to challenge textbook and medicalized understandings of mental illness that seem to generalize and trivialize complex experiences. Merging graphic medicine scholarship, emotional geographies, and theories of embodiment, I describe the different ways in which Shivack, Swados, and Green disrupt the inherent invisibility of their mental health.

Madge (2017) makes claims for the use of creative practices such as poetry and photography to offer alternative voices and perspectives within geography that may not have otherwise received exposure:

creative practice can be used as a form of embodied storytelling, being a means to express corporeal intimacies. Employing a creative practice that speaks through the minded-body consequently opens up a discursive space for minded-bodies that have hitherto been muted or forcibly silenced in geographic texts, enabling different stories to be told about the world that may not be accessed through other writing strategies. (p. 75)

Although Madge (2017) does not discuss graphic novels specifically, with both textual and visual components, graphic novels give voice to otherwise silenced groups in society through embodied storytelling that convey mental, emotional, and bodily experience. Additionally, Moss
and Dyck (2002) argue that autobiography as a genre offers similar experiences in feminist scholarship: “Feminists have shown that engaging autobiography analytically can provide insight into phenomena hitherto neglected, denied, or simply unseen” (p. 59).

Moss and Teghtsoonian (2008) assert that in fact “[e]mbodied knowledge may well be the most popular, and perhaps effective, resource to draw on in contesting authoritative readings and practices of power and illness” (p. 12). In addition, Moss and Teghtsoonian (2008) attest that when understandings of illness experience come from embodied knowledges, the “mediation, negotiation, and articulation of the array of social relations constituting illness” (p. 13) might be better understood and engaged with to help those who are struggling with the effects of health problems. More recently, Nayar (2015) posits the graphic novel is particularly useful to uncovering embodied knowledges of those dealing with various health problems, looking at how bodies are intimately tied to “material objects and settings [in an attempt to] reclaim a measure of agency and subjectivity” (p. 172).

In Inside Out, ten images of women in different positions resembling gymnasts (e.g. in the splits and hanging from bars) are depicted (p. 16, Figure 3.1). Each woman is bald and drawn with a scowl to show her discomfort and displeasure in these various positions; the faces among the women are also different colours. The description reads, “I want to die so bad” (p. 16). The context suggests that all of these women are supposed to be Nadia, being bent and moved into all of these odd poses against her will to show the physical exertion that comes with her bulimia. She does not want to be here; she is tired and she is on the brink of completely giving up (and in this case, “giving up” means her life). This image presents multiple bodies that reflect the experience of a single body (i.e. Nadia), as evidenced by the caption, “I want to die so bad” (p.
16). The bodily contortions caused by Nadia’s bulimia are metaphorically visualized as a body split into multiple entities, unable to achieve any semblance of stability. These images of Nadia serve as a metaphor for the lack of balance she has in her life: gymnasts require balance in order to perform their stunts, yet the expression on Nadia’s face in these different poses shows that she is having immense difficulty. Spatially, Nadia’s body is everywhere on the page: she is hanging from bars, sitting on top of them, and crawling on the ground to represent the chaos of her emotions. This image is a metaphor for the imbalance, lack of control, and rupture that occurs inside and outside of Nadia as a result of her bulimia.

Figure 3.1: Shivack, N. (2007)
Common in illness narratives is for patients to attempt to dissociate themselves from their illness and/or bodies: “Such experiences of fragmentation or dissociation, although not restricted to illness, recur in illness narratives as frightening but also self-protective devices” (Charon, 2006, p. 90). By representing herself split into multiple bodily forms and distributing her mental health experience amongst these multiple selves, Shivack protects her unitary body from bearing the weight of this painful experience while also showing the disorder she feels within. As she hangs from the bars and crawls across the floor, Nadia divulges her struggle to hold on through her challenges with her mental health. The significance of this representation of the patient experience is that it shows how mental health can cause the person to lose their relationship to the self, fragmenting the body into many different forms and positions. The facial expressions on the different versions of Nadia look empty and lifeless as if they have no autonomy over their actions, thus mirroring the profound power eating disorders have on the body.

As one of the more disturbing yet powerful images in the text, a large, naked version of Nadia is shown crying on her knees with her arms above her head (p. 36). There is a broken heart making up her throat to depict the physical and psychological pain of her eating disorder. She has three disfigured selves inside of her that look as though they are trying to break out of her stomach. They have multiple limbs and weapons; one of the figure’s legs is even sticking out of the larger Nadia’s body. At her lowest points, Nadia imagines herself naked in order to show her feelings of hopelessness. She appears akin to how she looked the day she was born: unclothed, bald, raw, and exposed. The choice to represent herself bald in this example and throughout her memoir reflects McCloud’s (1993) argument that simplified faces and images are easier for people to connect with. Thus, by drawing herself rather androgynously, Shivack can reach a
wider audience and encourage empathetic connections with others. Shivack’s artistic choices reveal a natural, yet intimate and commonly concealed aspect of the self: the body. When she is struggling with her mental health she is naked, often disfigured, doubled-over, and on her knees. Shivack’s choice to depict herself in this way puts her in a position of vulnerability; her eating disorder has assumed control to the point where she does not even have the authority to conceal her body. Her privacy, autonomy, and bodily control are sacrificed to her eating disorder, similar to a victim of sexual abuse. Just as Nadia’s clothing has been peeled away, so too does the imagery peel away barriers to understanding an experience that is both difficult to see and to articulate.

In *My Depression* Swados also manipulates her body in illustrations to show how different facets of her mental health affect her. For example, Swados draws herself with spiders crawling all over her body accompanied by slimy scales. Crossing her arms in front of her waist, she embodies someone who is being violated, as though her mind is acting against her will. At the bottom of the image, she says that she feels as though something “slimy and scaly…[is] growing inside [of her]” (p. 31). These words alone do not offer the visualization necessary to comprehend just how awful Elizabeth feels in this moment; the spiders and scales serve as embodied representations of what low self-esteem and paranoia feel like for Elizabeth. Similarly, Elizabeth’ depression has once again taken over her body (p. 58, Figure 3.2). Instead of spiders and scales, her body has actually *become* her mental illness, representing what she feels like when she is in an agitated depression.
The use of onomatopoeia ("BUZZ!" written across her body) contributes to a visual, auditory, and sensory representation of Elizabeth’s agitation. Bondi, Davidson, and Smith (2005) discuss how bodily boundaries “are never impermeable or entirely secure” (p. 7), using the intensity of a panic attack to explain how these feelings can linger even well after the panic attack has subsided. In Elizabeth’s case, her bodily boundaries have been compromised as her anxiety has ruptured her to the point of incomprehensibility. Swados thus challenges the
effectiveness of perceiving bodies as cohesive and homogenous. By manipulating the texture and form of her body, Swados provides access to lesser-known facets of her depression. It is difficult to determine where Elizabeth’s agitated depression ends and her body begins; her agitation is not only coming from her body, it *is* her body. This example reflects the power of graphic memoirs to coax out internal struggles and problematize the idea that mental health is limited to the mind.

Near the outset of her eating disorder, Katie is drawn lying in her bed after eating (p. 100). Her mind is full of turmoil and conflict, as evidenced by the dark cloud floating over and getting progressively bigger as it moves throughout the panels. Katie also gets progressively bigger moving from one panel, and then from one page, to the next. On the page adjacent, the cloud has completely engulfed her and she has a large stomach. In the final two panels, she is represented outlining the part of her stomach that she would like to remove, and then cutting it off with a butcher’s knife. Katie does not actually have a large stomach, nor is she cutting away her fat. From her perspective however, she is obese and needs the fat to be cut away. When she is feeling this way, Katie’s bed disappears and is replaced by the dark cloud. Katie’s bedroom does not exist in her mind; it has been rendered unimportant. All that exists in the bedroom space, from Katie’s perspective, is her large body. Shortly after, Katie is shown standing in front of a full-length mirror (p. 118, Figure 3.3).
I couldn't see my whole body in the mirror.

I only saw parts of myself. The parts I hate.
Instead of a reflection of Katie’s entire body, only magnified versions of specific body parts can be seen. In the first panel on the bottom left, only a part of Katie’s thigh and the fat that she is squeezing is represented. The second panel on the bottom right shows a close-up of Katie squeezing the fat of her stomach. Both of these images also contain those ominous dark scribbles framing the top and bottom of the mirror. In these examples, the space of the body has been manipulated considerably. From Katie’s perspective, these are the only parts she can see and the only parts that matter to her. Mirrors are only images themselves, however, when a person stands in front of a mirror or sees someone else in front of a mirror there is a level of expectation to see an image that matches what has been placed in front of it. Much later in her memoir, during her binging phase Katie goes to the supermarket to buy some food. Instead of typical rectangular panels, the action progresses with the use of circles that are framed by the dark scribbles. Within the first circle she is about to pay for her groceries, the lines on her cheeks representing her embarrassment for the amount of food she has collected. She is then shown about to eat a donut with her mouth wide. Then, in the last image, the frames have disappeared and Katie is floating in the darkness, dumping her groceries into the large mouth that she imagines on her stomach. By representing her shopping trip this way, Green suggests that this is more than just an average shopping trip: it is one of many examples of Katie’s eating disorder taking over her life. A normative space such as the grocery store has become one associated with shame, guilt, and fear as Katie struggles to regulate her eating habits.

In this section, I have described the various ways in which Shivack, Swados, and Green use representations of their bodies in their illustrations to visualize inherently invisible aspects of their illness. These women turn themselves inside-out to not only show the interconnectedness of
their mind and body (more in Chapter 4), but to also contest circulated, homogenous conceptions of depression and eating disorders by focusing primarily on their own unique experiences. The following section builds on these ideas by discussing how the women conceal their struggles and challenge their own attempts to invisibilize and normalize themselves by visually and verbally testifying to their oppression.

Hiding Mental Health Problems

Despite discussing ways they conceal or feign their mental health struggles, Shivack, Swados, and Green rely on a method that emphasizes showing: the visual. Sweetman (2009) argues that visual methods such as those employed in graphic novels are “particularly well suited to investigating particular areas of sociological concern” (p. 493) that are difficult to both recognize as well as articulate in textual form. Comics scholarship in Women’s Studies has worked with the claim that “the personal is political” as an implicit underpinning revealing hidden aspects of health experience using a complex combination of word and image (Squier, 2015).

Shivack unveils highly personal details of her life, admitting to hiding her binging and purging episodes from friends and family. As discussed at length in my previous chapter, one of the most complex and abstract images of the text (Figure 3.4) shows one multi-coloured, minimalistic Nadia holding up another similar-looking Nadia whose body is the petal of a giant lilac. Inside the petal/body of the Nadia being held up are the words “everything is just fine!” (p. 26), which contradicts the third Nadia whose head is buried in the toilet/centre of the lilac. She is far from fine, but she has chosen to project this attitude in her everyday life. In an excerpt of what appears to be a diary entry, Nadia writes: “I tell myself to try and live as much as I can
between the binges and purges and shame and fear of being ‘found out’” (emphasis in original) (p. 31). Shivack explains why she hid her bulimia, however, in writing and publishing her graphic novel for the access of the public, paradoxically she is telling everyone what she never wanted them to find out. Her acknowledgment at the beginning of her book, “To all those before me who have paved the way and have ensured that this and other illnesses are not hidden away,” suggests that Shivack is sending a message to others struggling with bulimia about being open about their issues and to her past self that she should not have hidden.
This text opposes hidden aspects of mental health: Shivack has chosen to tell her story, to represent herself and her body in her images, and make what she tried so hard to keep invisible, visible. Narrative medicine scholarship underlines the differences in knowledge production between “universal or scientific knowledge” (Charon, 2006, p. 45) and what is gained through personal stories to reveal “the new, the never seen” (Charon, 2006, p. 45). Dismissing universality and privileging the personal, Shivack pictorially represents negative aspects of her
mental health that medical textbooks cannot, making a point to acknowledge the lack of visibility of mental illness in Western society in her memoir’s dedication and throughout the narrative.

One of the ways Elizabeth hides her mental health problems is by pretending that she is busy. She uses this as an excuse to avoid seeing her friends, telling them that she is unavailable as a result of how “successful and busy [she] is” (p. 28). The image shows a group of her friends staring at a dishevelled Elizabeth with a cell phone in each of her hands. She has bags under her eyes and she is smiling forcibly. Her t-shirt reads, “FINE” on one arm, “GREAT” down the middle, and “SUPER” down the other arm. Although she attempts to project an illusion of success and wellness, Elizabeth’s face and the caption give her away. Swados discusses how depression is not always easy to detect, and can be deliberately hidden. Later in the narrative, facing what appears to be a café, Elizabeth has her back turned. The scribbled ball she is holding behind her back is labelled “hidden cloud” (p. 40, Figure 3.5) to suggest that she is attempting to conceal her depression from public view. The caption reads, “I’m worried that people will find out I’m depressed and think less of me” (p. 40).
Interestingly, no one outside of the café appears to be making eye-contact with Elizabeth. With her back turned and with the lack of recognition of her presence from patrons, Elizabeth’s invisibility is twofold, rendering her depression invisible. By presenting this image in her memoir, however, Swados contradicts her invisibility by making her depression visible to her
readership. Even with her back turned we know that it is her in the picture. With the addition of
the cloud in her hands and the caption, Swados shows what she is trying to hide in her everyday
life. She represents what she is hiding and why she is hiding, achieving camaraderie with those
who may be going through similar experiences. By representing the concealment of her mental
illness, Swados displays her ability to govern herself in order to avoid marginalization. Scholars
such as Malhotra and Rowe (2014), Longhurst (2012), and Rasmussen (2011) draw on
Foucauldian conceptual frameworks of governmentality to show how people behave in particular
ways to combat the potential for othering within a particular nexus of social relations. However,
by refusing to reveal mental illness, people struggling with these issues ultimately fade into the
margins anyway, feeling unable to reveal themselves to a culture that values control, happiness,
and productivity. To combat marginalization, Swados admits to hiding her mental health in her
graphic novel as a mean of self-protection, simultaneously benefiting from both exposure and
concealment.

In Green’s memoir, she attempts to conceal her eating disorder from her family. Before
she is diagnosed with an eating disorder, Katie’s family expresses concern when they notice she
is not eating enough at breakfast (p. 123). Her mother tells her: “We’re just worried about you.
You haven’t been eating much lately” (p. 123). Before her mother can say more (she is only able
to say “You look…”), Katie tells her that she is fine and leaves the table. The evidence that she is
not fine contradicts this statement: her collar bones and ribs are showing, and the dark scribble is
following her throughout the panels, giving away her eating disorder and her distress in this
moment. When she goes into therapy, the pressure she places on herself to give her therapist “the
right answers” and to “get recovery right” (p. 176, Figure 3.6) leads her to tell him what she
believes he wants to hear. She tells her therapist: “I know I’m not fat. I know I need to gain weight” (p. 176), yet the dark scribble and her slouched-over posture suggest she does not actually believe what she is saying. In representing their exchange this way, with hindsight Katie is honest about her struggles by revealing how she tries to hide them.

**Figure 3.6: Green, K. (2013)**
In these examples, Katie acknowledges the importance of governing herself in particular ways to demonstrate she is recovering. Drawing on Foucault’s theory of “bio-power” in the context of disordered eating, Heenan (2005) discusses how the body regulates itself within knowledges circulated by the medical and social sciences. Katie practices self-examination to discern her need to gain weight and recover as she is expected to. By revealing her knowledge of these expectations while also admitting to her struggle to conform, Green represents an invisibilized struggle that exists within Foucault’s “docile body.” Katie must govern herself in order to prove that she is recovering. She knows what is expected of her and what she needs to be able to do in order to be considered healthy, which demonstrates the absolute knowledge and power of the medical field in regulating expectations of health.

In this section, I argued that the revelation of experiences, emotions, and behaviours the women have admitted to concealing both subvert narratives of wellness and cure embedded within medical discourse and undermine universalized conceptions of illness experience by revealing the struggles that persist beneath performances of good health. Shivack, Swados, and Green show the appearance of good health in society is intimately tied to governmentality of the self whereby behaviours are deliberately controlled in order to avoid marginalization. By refusing to hide their experiences in their memoirs, the authors call to question universal determinants of normal health, demonstrating both the varieties of health experiences as well its complexities from individual to individual. The following section explores the authors’ interactions in normalized, everyday spaces to disrupt expectations of functional and productive members of Western capitalist society.
**Becoming Overwhelmed by the Mundane and the Everyday**

Of particular concern to feminist geographers are the “banal, mundane practices comprising common everyday activities” (Donovan & Moss, 2017, p. 9). Donovan and Moss (2017) assert that seemingly “unremarkable” (p. 9) practices are invaluable to the exposure of the “innermost aspects of individual lives” (p. 9). Furthermore, “geographical understandings of health have increasingly become informed by qualitative materials, ones which emphasize the contestations and resistances of biomedical inscription and its meanings for embodied, everyday geographies” (Dyck, 1999, p. 120-121). Thus, preoccupations with the everyday in the context of health can be especially useful with regards to challenging medical knowledge as well as revealing invisibilized voices. Biomedical inscription universalizes and depersonalizes treatment, grouping everyone with the same diagnoses together and ignoring the importance of multifaceted experience. Health geographies, especially those focusing on embodiment, can undermine positivist epistemologies by bringing different subjectivities and experiences to the forefront of understandings of health. Williams (2015) notes the ability of graphic narratives to go beyond “anatomical and pathological illustrations that would be at home in a textbook…depicting emotion and feeling, tackling the taboo or the liminal” (p. 132). Preoccupied with mental, emotional, and embodied experiences of everyday life, Shivack, Swados, and Green depict unique components of mental health that homogenized clinical depictions overlook.

When Nadia is at the supermarket, she is represented pushing a grocery cart with a hunched back and scowl on her face, looking displeased to be where she is. Six thought bubbles surround her to depict her anxiety about having to shop. Some of these thoughts include: “Oh no, the shelves of food are closing in on me – they’re coming after me,” “I wish I could just eat out
for meals,” “ahhh, the cookie aisle! Help! I can’t breathe” (p. 44). The caption below the image reads, “Nadia’s miserable face goes shopping!” (p. 44). The image below the aforementioned shopping picture is one of Nadia and her friend sitting down for a meal together. Once again multiple stress-ridden thought bubbles overwhelm the page: “ahhh, ice cream too! Kill me now!”, “how will I ever cook for myself!” (p. 44). These examples represent spaces that are hostile to people with eating disorders. Although grocery stores and the dinner table can often bring about feelings of comfort and even excitement at the prospect of food, for people like Nadia, they open up a world of turmoil, unpleasant thoughts, and frustration. Compared to her thought bubbles, Nadia is small in each of the images. These thought bubbles overwhelm the page and undermine any pleasant connotations associated with these represented spaces. The food in these spaces is disproportionate to her size, appearing larger than they should be and more daunting; the shelf of food is much taller than a supermarket shelf should be as well. The thought bubbles representing her responses to these spaces take up the most space on the page, overwhelming Nadia. Shortly after this section of text, the commonly simple task of eating is again represented. With her discharge from a treatment facility looming, Nadia finds herself overwhelmed by a multitude of dining options that are threatening her meal plan, including McDonald’s, an ice cream shop, Chinese delivery, and a deli. She is drawn in the middle of these establishments with her eyes crossed and her legs and arms outstretched as if trying to push these places away from her (Figure 3.7).
Figure 3.7: Shivack, N. (2007)

The caption at the bottom of the image reads, “Ahh! The food is closing in on me!” (p. 46). Nadia’s problematic relationship with food makes her feel as though everything is swarming and overtaking her, with food as the main culprit. In this example, her thought bubbles are once again taking up plenty of space on the page as well: “too many choices will kill me!,” “oh god that bread smell!,” “why did I restrict my bkfst?” (p. 46). Important to note, however, is the presence Nadia allots herself in this image. Nadia is not only at the centre of her choices, but she is also larger than them, showing her strength and resistance to temptation. By drawing and writing about her experiences navigating mundane and everyday tasks and spaces, Shivack legitimatizes experiences and struggles that are not often taken seriously or are overlooked altogether in mental health discourse.
Alexander (2017) discusses the risk she took in exposing herself in academic circles as someone struggling with depression and an eating disorder:

while I may potentially jeopardize my position within higher education by the public presentation of this project and my lived experience with mental health struggles, like Moss (1999) and others, I am gradually finding my voice and allowing the story of my invisible disability to be told by me rather than appropriated by others. (p. 112)

For Alexander (2017), the reward is greater than the risk if it means that she is able to tell her story and advocate for herself as opposed to have someone else do so on her behalf. In order to challenge homogenized conceptions of mental health problems, Alexander (2017) tells her story to prevent people from colonizing her mental illness and silencing her. Swados, as a teacher, writer, and musician, also takes a risk by exposing her struggles with keeping up with her work. Elizabeth is represented sitting on a desk chair with her arms outstretched and frenetic lines encircling her body (p. 29, Figure 3.8). Her teeth appear clenched, and her hair is drawn to match the scribbled lines surrounding her. On her desk is a disorganized mess of instruments, music sheets, and books. The caption beneath the image reads, “the idea of work terrifies me” (p. 29), underlining her anxiety and inability to cope with the pressures of her everyday life. In depicting her work space this way, Swados shows how much she struggles to be productive during her depression. The desk in the image is drawn unrealistically large compared to her body and the chair, taking up a significant amount of space on the page to highlight Elizabeth’s perception of how intimidating her work has become.
Dittmer and Latham (2015) claim that “the uses of space on the page and off the page [in graphic novels] can be brought into alignment to heighten the resonance of the account with its corresponding social experience” (p. 428), thus making the space on the page a tool for articulating intricate dimensions of space. By altering space and size in this way, Swados conveys how she visualizes her body in relation to the space around her. Compared to the tasks
she has piled on the disproportionately large desk, Swados is small. Swados therefore creates a visual representation of what the pressures of her work look and feel like spatially, mentally, and emotionally by showing the difference in size between her body and her pile of work. Swados uses this difference in scale to emphasize how daunting normalized conceptions of the mundane and everyday can be for someone with mental health problems.

Nayar (2015) explains how familiar and easily-navigated everyday spaces can be transformed into “extreme settings” where people who are struggling with diseases or mental illness struggle to interact with everyday spaces. By focusing on everyday spaces, Swados represents aspects of depression that are not visible to those who have never had similar experiences. Teghtsoonian (2008) attests to people assigning negative mental health discourses like laziness and lack of productivity to those with depression. Teghtsoonian (2008) warns that if one’s struggle with a mental illness such as depression is not identified, especially in the workplace, “her diminished performance and productivity may be inappropriately framed as the result of insufficient work commitment or limited competence” (p. 69). By telling her story, Swados ensures that her depression is not only identified, but also better understood. Swados represents her private spaces (such as her messy bedroom, p. 45) to give visual access to a facet of mental health that is not readily accessible. Bedrooms alone are considered an intimate space. However, a messy bedroom becomes more intimate because mess is generally considered something to be hidden or ashamed of. Swados’ representation of her messy bedroom and other intimate spaces counteracts the inherent invisibility of mental health problems and encourages confrontation with the hidden messes or struggles that come with depression.
Leading up to her anorexia diagnosis, Katie divulges how overwhelmed she felt shopping in a grocery store (p. 111, Figure 3.9). After reading a series of diet books that all “had different rules” (p. 110), she found herself feeling confused and intimidated by the selections in front of her. The dark scribbles loom overhead and the aisle before her looks as though it is caving in on her. Instead of the typical brand name labels one would find on grocery store products, Katie replaces them with what she sees when she looks at these items: “TOO MUCH FAT,” “TOO MANY CALORIES,” “BAD FOR YOU” (p. 111). For Katie, being confronted with all of these choices at the grocery store is a nightmare. Similar to Nadia, Katie represents the grocery store as a hostile space that intimidates and overwhelms her.

Heenan (2005) connects consumerism to gendered expectations placed on women to transform themselves in desirable ways. As she walks through the grocery store, Katie is bombarded with all-too-familiar discourses surrounding women’s relationships with food: that
food should be controlled, limited, and avoided. Food for Katie and many other women is not as simple as feeling hungry and consuming, but is predominantly driven by self-governing practices that place the female body in a complicated web of power relations. By representing her interactions in spaces like the grocery store, Green uses mundane and uninteresting places to subvert dominant narratives of women’s expectations of consumption and teases out commonly ignored interactions with these spaces. The ability to discern when one is hungry or not is another taken-for-granted, invisibilized experience that Green interrogates in her story. Although many people in Western society struggle with their weight and overeating, for Katie, the problem is much more severe. Since getting into her binging phase, she questions every hunger pang and fears that she will overeat, unable to cope easily with fundamental tasks.

In this section, I have demonstrated how normal and mundane parts of everyday life contain a myriad of obstacles for people struggling with their mental health. Capitalist expectations for productivity and consumerism are challenged by these women who critique societal expectations for everyday necessities such as eating, shopping, and working. Nadia, Elizabeth, and Katie navigate different challenges associated with the everyday, challenging normative narratives of health experience. The following section focuses on intimate social relationships and how pressures to perform in intimate settings can cause significant conflicts for women struggling with their mental health.

*Impact of Mental Health on Relationships*

When Nadia has dinner with her friends, she struggles to quiet the voices inside of her head: “Oh my god, all this food and we have to share?...I can’t hear what she’s saying…it’s all gibberish!...they’re watching me staring staring…” (emphasis in original) (p. 34). Nadia cannot
enjoy the meal because she is obsessing over food. She does not know how much or how little to eat to prevent her friends from judging her. According to Alexander (2017), “[w]hen a person and locational norms are in conflict, a boundary is established and that person becomes an Other” (p. 111), meaning that the space and the expected behaviours/performance in that space must align to avoid marginalization. Once again Nadia represents the dinner table as a hostile space in which her thoughts overwhelm the page and isolate her from the social interaction. In fact, the size of her thought bubble is larger than the entire table with herself and her friends combined.

Graphic novels represent a feeling of hostility in these spaces, and consequently unearth the invisibilized experiences of women with mental health problems by manipulating space on the page. The dinner table is not the point of interest in a picture meant to depict a meal with friends. Instead, Nadia’s thought bubble takes centre stage and captures how uncomfortable, anxious, and panicked she feels in this environment.

On the opposite page, Shivack portrays the effect of Nadia’s eating disorder on her relationship (Figure 3.10). What is interesting about this image is that Nadia and her partner are drawn to occupy the same body. Maclaren (2014) discusses the relationship between one’s own embodiment and the materialities one comes to interact with: “At the basis of intimacy, then, is a strange spatiality of intertwining of self and other. This intertwining I am calling ontological intimacy, and it consists in an other becoming at least momentarily a part of one's own embodiment” (p. 58). By representing herself and her partner together in the same body, Shivack portrays her intimacy with her partner and the impact that his own embodiment has on her relationship to herself and to food. In this case, however, this relationship is not a mutually beneficial one. Once again, her thought bubble is the largest component of the page, with herself
and her partner occupying a place in the corner: “What if he notices the missing bread and cookies? I’d die…make him go away so I can purge…oh god make him go away…I’ll lose him anyway once he finds out what I’m REALLY like” (emphasis in original) (p. 35). Nadia cannot concentrate on the movie they are watching or her partner because she is completely absorbed in thoughts of food, how full she feels, and how much she wants to get away. She is unable to be fully invested in her relationship with her friends or her partner because her eating disorder is all-consuming: mentally, emotionally, and spatially.
Figure 3.10: Shivack, N. (2007)
Elizabeth admits that the aggressive attitude she has when she is depressed brings out horrible attitudes in her loved ones by proxy. Malhotra and Rowe (2014) recognize that women with disabilities must navigate difficult terrain with expectations weighing on them as a result of the complicated intersection of gender and bodily capabilities: “disabled individuals must manage two connected sets of expectations: gendered expectations which anticipate abilities that the individual may not have and disability expectations which anticipate a variety of stereotypical, negative behaviours” (p. 154). As a result of her struggles with depression, Elizabeth fails to conform to stereotypes associated with her gender and mental health. She neither embodies the expectation for a kind and submissive woman, nor the expectation of helplessness and neediness from her disability.

Instead, Elizabeth admits that she is “snappish and short-fused, provoking the worst out of those [she loves] best” (p. 25). In the picture (Figure 3.11), a barely recognizable Elizabeth is drawn with pointed ears, jagged teeth, and claws. Her stance (left leg outstretched, arms held in front) depicts her hostility. A combination of prey and predator animals, including a bird, porcupine, alligator, turtle, and wolf, surround her as representations of friends and family members. Each animal bears their own set of jagged teeth as though about to kill. Elizabeth shows how her depression turns her into a mean and animalistic version of herself, and blames herself for the violent creatures she has turned her loved ones into. By representing her friends and family members as animals, Swados suggests a disconnect between her human self and her non-human animal family members. Communication is impossible with everyone a different species, and thus hostility and aggression are the outcomes. Elizabeth’s depression creates a barrier between herself and her loved ones, making empathy difficult. Even though she is
careful not to make her depression an excuse, Swados admits to these actions in her graphic memoir and explains where they are derived from to make her experiences more accessible.

Figure 3.11: Swados, E. (2005)

In the deepest depths of her depression, Swados again portrays how difficult she is to get along with during these times. A highly suspicious and defensive Elizabeth says to a person not present in the image, “I saw that look on your face. I want to know exactly why you squinted like that” (p. 49). Another equally paranoid and angry Elizabeth claims she knows that one of her
loved ones was speaking ill of her: “I could tell you were talking about me. You’re so completely deceitful, so untruthful, such a two-faced…” (p. 49). The presence of the cloud surrounding these images of Elizabeth indicates that this is a result of her depression, and is not a reflection of the self that she values/relates to.

In another tense situation at the dinner table, Katie becomes angry with her mother when she asks her if she can “just manage a little bit” (p. 135) of food (Figure 3.12). She stares at her mother from beneath slanted eyebrows, and then stands up to shout, “You just don’t get it do you?” (p. 135). The dark scribbles that have been following her throughout her attempt to eat are projected from her mouth, surrounding the question to suggest that her outburst is coming from the darkness where her eating disorder resides. She leaves the table with the scribbles following her and tears running down her face, her family looking sad and helpless as she walks away. In this example, Katie’s family struggles to understand the darkness she is projecting. The dinner table is represented as a hostile space; her family cannot seem to understand what she is going through, nor is she able to articulate it effectively. One of the biggest problems people like Katie encounter is “greater scrutiny and the need to prove to others [that she] has a legitimate disability” (Alexander, 2017, p. 110) as a result of being categorized as invisibly disabled. Asking Katie to try to eat a little bit of food does not seem like a difficult request from her mother’s perspective, but because she does not understand what her daughter is going through, tensions inevitably arise. Katie’s mother attempts to govern her by imposing social norms associated with the dinner table, leading Katie to become “non-normative or ‘Othered’” (Diamond & Poharec, 2017, p. 403) as a result of her refusal. The main expectation for sitting at the dinner table with family is to consume, and Katie’s failure to do so has led to her emotional and spatial isolation when she
leaves the table. By exposing her home and representing the conversation she shares with her mother, Katie refuses to allow herself to be othered or invisibilized. As much as she is trying to fulfill the social expectation of eating with her family, her eating disorder (as portrayed by the black scribbles) prevents this from happening.

Figure 3.12: Green, K. (2013)
In this section, I worked predominantly with theories of performance and governmentality to show how the women in these texts face significant conflict in their social lives as a result of their inability to meet expectations of behaviour. By telling their stories, Shivack, Swados, and Green shed light on typically unquestioned social norms that govern bodies to perform in specific ways. This failure to perform not only draws attention to how bodies are disciplined in Western society, but it also contributes to highlighting the ineffectiveness of homogeneity and pathology in mental healthcare. Each of the women deal with their own unique struggles within themselves and with the people in their lives, struggles that are not often given credence in the medical field. My final section expands upon my preoccupation with the hidden effects of relationships to investigate the impact of problematic voices (i.e. those that enforce particular standards of health, beauty, behaviour, and achievement) on mental health.

Influence of Negative Interpersonal Relationships

Purcell (2009) draws attention to the benefits of using autobiography to develop a feeling of camaraderie among marginalized others: “Another’s autobiography can seem eerily similar to your own, and you can begin to understand that your experience of marginalization or oppression is shared by others” (p. 238). Throughout her story, Shivack portrays a multitude of problematic discourses surrounding food, eating, and weight from the people in her social circles. Most relevantly, Nadia’s parents and peers prove to have the most damaging opinions of Nadia’s eating habits and size. Nadia’s mother is highly critical of her appearance. She not only criticizes her daughter for her clothing, but also expresses her concern for her daughter’s weight: “Nad, I can see you’re getting a little chunky…don’t get fat!! You better not be eating that fast food…”
Nadia’s father shares similar opinions to her mother, asking his daughter why she is unable to eat like he does: “Nad, why can’t you learn to eat JUST one, like me? did you finish off the ice cream?” (emphasis in original) (p. 15, Figure 3.13).

After telling her father how her issues with food seem to be getting worse, Nadia’s father tells her to “[l]earn some self-control” (p. 15). Nadia’s father is shown standing with his hands on his hips and his mouth in a wide, confident smile. In this image, two depictions of Nadia are visible: one is just her face with tears on her cheeks, and the other shows her hugging her knees into her chest, disproportionately smaller than her father. Her father’s stance and his position at the top of the illustration, with Nadia so low on the page that she is beneath his feet, suggests that he is looking down at his daughter. To add to the representation of Nadia’s subordination, Shivack personifies her mental health in an image of a dragon pictured next to her father with its head tilted threateningly towards Nadia. The use of space in this image with regards to the size and placement of the characters is important to show how Nadia’s relationship with her father, as well as his negative impact on her mental health and well-being, is read and understood.

Interestingly, the dragon is half the size of Nadia’s father, perhaps suggesting that her father is the primary threat to her well-being. The fact that Nadia has been drawn disproportionally smaller than her father and the dragon, and that she has been drawn in the corner of the page, demonstrates the power that her father and her mental health have over her. By revealing her troubling exchanges with her parents, Shivack shows the detrimental impacts comments such as these can have on one’s mental health. From the perspective of her parents, it is *normal* for one to be able to control the intake of food, whether that means restricting intake (Nadia’s mother) or permitting intake (Nadia’s father). Nadia failure to conform to either of these expectations
exacerbates her mental health problems as a result of this rejection: “Any nonconforming act or performance is subject to stigma, a phenomenon used to maintain social conventions of normativity by discrediting, shaming and rejecting the Other” (Diamond & Poharec, 2017, p. 403). Through their judgments, Nadia’s parents discredit, shame, and reject their daughter, producing the stigma to ignite and continue to fuel Nadia’s eating disorder.

Figure 3.13: Shivack, N. (2007)
Over two pages, Swados presents a collage of “every word that every negative critic, professional or otherwise” (p. 22) has said about her. Five distressed images of Elizabeth are represented throughout the spread, looking as though they are being consumed and crushed by these critical voices. Bondi, Davidson, and Smith (2005) claim that exploring emotion “offers a promising avenue through which to advance understandings of dynamic geographies of difference, exclusion and oppression” (p. 8). By visually conveying her emotional response to these critiques, Swados illuminates the “difference, exclusion, and oppression” she is subjected to as a result of her position as a woman in a creative career. Some of these comments include, “NO TALENT” (twice, once on each page), “Why do they keep producing her?,” “Ms Swados is so narcissistic,” and “She draws like she has a broken wrist” (p. 22-23). By omitting any positive reviews and focusing solely on the negative ones, Swados shows the significant impact criticism can have on her mental health. The reviews take up predominantly more space on the page than Elizabeth does and outnumber her, revealing the hidden voices that people would not otherwise know consumer her.

In Figure 3.14, Swados represents thirteen different people with thirteen different perspectives of mental health (p. 41). Although it is unclear as to whether or not Swados has actually encountered these opinions from people or if they represent the responses she thinks she might get, many of the comments are depictions of real discourses that often become associated with mental illness. Comments such as “snap out of it,” “This is a luxury of your class,” and “I never let myself get down” (p. 41) demonstrate the lack of empathy and ignorance entrenched within mental health discourse. Conrad and Stults (2008) warn that regardless of the acceptance of mental illness such as depression in the medical community, “individuals experiencing it must
nevertheless negotiate significant areas of uncertainty with respect to how they manage their lives and their identities and how their illness is viewed by others” (p. 328). By conveying what she is up against with these problematic perspectives, Swados draws attention to the conflict she experiences with herself as well as with the stigma of Western society at large. This myriad of hurtful and insensitive comments reveals the barriers that people with mental illness face that go well beyond the barriers they encounter in themselves. Elizabeth is therefore up against much more than her own body – she is also forced to negotiate the unproductive opinions of others that hinder her mental health further. Collectively, these opinions suggest that Elizabeth is too privileged to be depressed. These voices consequently encourage Elizabeth to conceal her depression to avoid being ostracized. By representing these voices in her graphic memoir, Swados refuses to keep her struggles concealed, making it clear that her mental illness is worthy of recognition.
Figure 3.14: Swados, E. (2005)
In her early teens, Katie was bombarded with the negative body images and perceptions of her peers. While sitting on the bed doing her homework, her friends stand around in their bras and underwear inspecting their bodies in the mirror (p. 68-69). One of her friends even says that she desires to be anorexic. They eventually acknowledge Katie and one of the girls tells her she wishes she was skinny like her. With her friends’ problematic attitudes towards acceptable and unacceptable bodies surrounding her, along with many other factors discussed at length here, Katie develops a toxic relationship with her body. By illustrating this experience alongside other examples of her experiences with food and body image, Green uncovers the often hidden pressures that come from teen girls within these intimate spaces. After confiding in her roommate about her binging episodes, Katie decides that it is time to once again seek professional help (p. 358-359). She explains to the therapist that she is unable to control her binging, but he does not take her concerns seriously (Figure 3.15). He asks her if she has been purging, and when she tells him she has not, after checking her weight he says he does not think “it’s anything to worry about if [she’s] not purging” (p. 359) and it is “a sign of [her] recovery” (p. 359). Worst of all, he even goes so far as to wink at her and say, “At least you’re eating, eh?” (p. 359).
Figure 3.15: Green, K. (2013)
Stone (2008) makes it clear that a woman’s perception of her health might contest what medical professionals have to say: “What it means to feel healthy is the subject of numerous investigations. Suffice it to say that objective, biomedical definitions do not always correspond neatly with subjective experience” (p. 208). The doctor’s medicalized understanding of what health constitutes means eating enough to nourish the body. However, with her inability to control when and how much she eats, Katie does not see herself the same way. Although a scale, a blood test, and other pathological approaches to assessing health might determine that Katie has recovered, her eating habits are still highly disordered, causing her significant mental and emotional distress. Katie’s subjective understanding of her body dictates that binging is not a sign of her recovery.

Glazer (2015) supports critiques of the medical community, noting that “In many of these [autobiographical] accounts of illness experience, the medical establishment comes off as insensitive, incomprehensible, or dictatorial” (p. 15). According to Charon (2006), the benefits of telling one’s personal narrative of an illness experience is that it “can help answer many of the urgent charges against medical practice and training—its impersonality, its fragmentation, its coldness, its self-interestedness, its lack of social conscience” (p. 10). Katie’s interaction with the therapist is a form of testimony against his unwillingness to discern her concerns as legitimate. Writing and illustrating this experience is a way for Green to ensure that these issues do not fall to the wayside—that they are seen, acknowledged, and confronted. The doctor’s dismissal in this example only exacerbates her frustration and prevents her from getting the help she needs.

In this section, I analyzed the authors’ visual representations of different social and spatial environments to reveal the hidden implications of mental health problems. By
representing intimate spaces in the graphic novel (Shivack and Green) and confessing to a multitude of problematic perceptions and opinions (Swados), these authors reveal the profound impact of normalized social environments on mental health. Green, Swados, and Shivack use their graphic memoirs to exploit intimate spaces containing hidden voices of and experiences with those that adversely impact their mental well-being. The authors merge these intimate spaces with embodied representations of their illness to show how they are negotiating the torment and conflict they experience within them. To make their experiences visible, the authors create representations of intimate spaces and interpersonal relationships that demonstrate their mental, emotional, and embodied understandings of the world around them. Therefore, the examples in this section complicate universalized and pathological approaches to mental health by showing the subjective complexities of the authors’ stories.

Conclusion

This chapter has argued that graphic memoirs can reveal invisibilized mental health experiences that are hidden in intimate spaces and relationships, as well as in mundane tasks and environments. Swados, Shivack, and Green create depictions of their mental and emotional responses and insert them into taken-for-granted or private spaces to show how they are attempting to negotiate these spaces. They also demonstrate the importance of performance by showing that they recognize what good health should look like while simultaneously struggling to meet these socially-constructed demands. My research contributes to recent feminist geographical preoccupations with the materialities of everyday life, looking at bodies, subjectivities, the emotional, and the affective (Dixon & Martson, 2011) as they are used to uncover experiences and subvert exclusionary grand narratives. Using a medium that emphasizes
the importance of subjective experience and has been adopted predominantly by the marginalized. Geography and the medical humanities prove to be useful in the effort to find new knowledge in neglected spaces of oppression.
Chapter 4: Contesting Cartesian Dualism with the Ever-Changing Body

Introduction

In Chapter 3, I explored how graphic memoirs possess the unique ability to show invisibilized experiences of mental health. I incorporated a variety of interdisciplinary and transdisciplinary scholarship from fields such as graphic medicine and emotional geographies to highlight the conflicts within the women’s lives that are typically overlooked in the confines of a positivist medical field. Chapter 4 will further challenge positivist approaches in the medical field by demonstrating the limits of Cartesian dualistic ontologies embedded within mental health practice that exclude female subjectivities. Green, Shivack, and Swados draw attention to their bodies in order to create new knowledge grounded in commonly ignored feminist ontologies and epistemologies.

French philosopher Rene Descartes pioneered Western rationalist tradition. He posited that the mind and body were separate entities wherein the mind “had the conceptual power of intelligence and hence selfhood” (Johnston, 2009, p. 326). As a result of associations of objectivity with masculinity and subjectivity with femininity, women were thought to be influenced by nature and emotion without the capacity for logic and reason (Sharp, 2009). Men became associated with the mind and positivist terms such as “reason, rationality, subject, culture, public, Self, and masculinity” while women became associated with the body and negative terms, including “passion, irrationality, object, nature, private, Other, and femininity” (Johnston, 2009, p. 327). In the fields of health and medicine, Donovan (2014) observes how post-structuralist feminists conceive of the body “as a site for understanding the interrelationship of identities, subjectivities, and health” (p. 239). Therefore, a connection between physical (body) and mental
(mind) health emerges (Davidson & Smith, 2009), which influences our understandings of human experience and challenges positivist approaches to women’s mental health.

Scholars increasingly observe the processes of mind and body as mutually constituted (Diamond & Poharec, 2017; Gorman-Murray, 2016; Mullins, 2014; Maclaren, 2014; Cope, 2002; Parr, 1999; Parr & Butler, 1999). In the context of emotional geographies, Gorman-Murray (2016) attests that the body and emotions are “intimate with each other: emotions are bound up with the body, and with the way individuals relate to each other and with their environments” (p. 357). The importance of recognizing emotion resonates with my analysis in this chapter as I explore how Green, Shivack, and Swados visually represent the complexities of emotion through their bodies. I also explore the use of affect in these graphic memoirs. According to Shouse (2005), affect can be characterized as “a non-conscious experience of intensity” (n.p.) that reflects “a moment of unformed and unstructured potential” (n.p.). Affect is often confused with emotion or grouped together to make them indistinguishable. However, the difference between affect and emotion is that affect is an innate response to stimulus that cannot be articulated and is felt through the body, whereas emotion can come as a result of affectual responses to stimulus and is projected in a way that is distinguishable (Shouse, 2005, n.p.). This does not mean, however, that affect and emotion are disparate. When it comes to affective geographies, the body and materiality are at the center. In order to fully understand relationships between people and space, one must go beyond projected emotions and start at the site of the body to grasp the complexities of these relationships (Thrift, 2003). Embodiment, materiality, and affect are all mutually constituted and help to not only achieve a fuller comprehension of emotion, but also
unravel dualistic conceptions of the mind and body. Affect forms the bridge between the body and mind to show how each informs the other in powerful and sometimes conflicting ways.

Scholars argue graphic memoirs resist dualistic thinking that privileges the mind over the body by emphasizing the importance of the body in articulating difficult and complex experiences (Sundaram, 2017; Nayar, 2015; Donovan, 2014; Chute, 2010). Sundaram (2017) analyzes graphic novels focusing on representations of diseases such as cancer (*Cancer Vixen* by Marisa Acocella Marchetto) and Alzheimer’s (*Tangles* by Sarah Leavitt), observing how “the perpetually morphing female body” (p. 263) represented in these texts works to challenge discourses of medicine that are oppressive and exclusionary. Also, Chute (2010) argues that both the form of the medium and how graphic novels are circulated to the masses is inherently feminine:

> We may understand the very form of comics as feminized, too, not only because of its ‘low’ and ‘mass’ status, but also because of its traffic in space. As William Blake wrote, ‘Time & Space are Real Beings / Time is a Man Space is a woman,’… Images are connected…with space, the body, the external, the eye, the feminine; words with time, mind, the internal, the ear, and the masculine. (p. 10)

In this example, Chute (2010) renders comics (image-dominant) and classic texts (word-dominant) feminine and masculine respectively based on their abilities to convey time (masculine) and space (feminine). Chute’s (2010) observation also addresses the intimate relationship between the graphic novel and feminist geographies. With an emphasis on privileging space (on the page and representations of “real world” spaces) and the body in graphic novels, both the graphic novel and feminist geography are vital in contesting positivist understandings of health that seek to place the mind at the forefront. Chute’s (2010) claims will become an important basis for how I interpret and analyze depictions of Green, Shivack, and Swados’ bodies as I work at the scale of the body.
Cope (2002) acknowledges a long history of associating science with masculinity that subverts and/or ignores “diverse forms of knowledge production, the importance of gender and other sets of relationships on constructing multiple truths” (p. 47) by presenting itself as an irrefutable authority. Within the medical field, the body is considered a passive “object that could be measured, mapped, and experimented on” (Johnston, 2009, p. 327), held to the will of the mind and other chemicals used to control the body. According to Lorentzen (2008), through the circulation of medical discourses and the absolute authority of scientific knowledge, physicians create “medically disciplined bodies, based on medical knowledge that is frequently gender-biased, in their manifest endeavours to produce normalization or health” (p. 76). By administering the same treatments and ignoring the multiplicities of illness experience, as discussed at length in Chapter 3, subjects who do not fit the mould are invisibilized and forced to cope in silence.

Building on ideas from Chapters 2 and 3, this chapter answers the following question: How do graphic memoirs by women challenge Cartesian dualisms (i.e. normal/abnormal, rational/emotional, nature/culture, mind/body)? Furthermore, in what ways do these readings of representations of mental health contribute to and expand our understandings of identities, subjectivities, and embodiment? Drawing on feminist scholarship; disabilities scholarship; comics scholarship; embodied, emotional, and affectual geographies; and graphic medicine; I argue that these graphic memoirs challenge dualistic thinking to disrupt problematic binaries associated with men and women and masculinist approaches to mental healthcare that silence female subjects.
This chapter has been organized into the following three sections that each deal with the body in different ways: *Embodying Mental Health*, *The Naked Body*, and *The Shrinking and Enlarging Body*. In the context of this chapter, *Embodying Mental Health* observes how the body is privileged or working in tandem with the mind in images of the women. I analyze the ways in which bodies are transformed, manipulated, and even destroyed as they deal with adverse facets of mental health and well-being. Following these discussions, *The Naked Body* explores examples where the women express troubling aspects of their mental health to show their intense vulnerability and the intimacy with which they engage in these experiences. The final section, *The Shrinking and Enlarging Body*, investigates how Green, Shivack, and Swados manipulate the size of their bodies from disproportionately large to disproportionately small to convey their emotional and embodied responses to struggles they endure throughout their stories.

*Embodying Mental Health*

At the height of her anorexia, Katie’s parents take her to a doctor who discusses “refeeding options” and the possibility of using a “naso-gastric tube” (p. 150). Upon hearing these suggestions, Katie’s thoughts promptly take over. The doctor’s office becomes riddled with dark scribbles, with the doctor, Katie, and her parents depicted in the corner of the page (Figure 4.1). Katie imagines herself in a hospital bed with a tube in her nose, getting progressively larger as images of her body move from one page to the next. Near the end of this progression of images, Katie represents herself as her dangerously thin self, holding her body with fear and then eventually letting go and closing her eyes. The speech bubbles immersed among these images say, “I can’t let them have control” and “I’d rather die” (p. 151). In this example, Green shows not only her vehement refusal to sacrifice control, but also the power of her mind and body to
control and undermine the spaces she inhabits. From her point of view, the office space is subsidiary to her embodied notions of herself and fears for her future self.

Figure 4.1: Green, K. (2013)
Green’s representations of her body support feminist geographers such as Davidson and Smith (2009) and Johnston (2009) in their attempts to argue for the body as a source of alternative/supplementary knowledge otherwise inaccessible through positivist approaches.

Before she nearly takes pills to kill herself, Katie reflects on her sexual abuse (p. 378). She is drawn naked on the floor with the dark scribbles emerging from her abdomen. Within these scribbles are two depictions of Katie that are ripped and cracked, showing sections of her organs and bones. There are also three thought bubbles that reflect what is going through her mind in this moment: “I’m right back where I started,” “I can’t cope with this any more,” and “I’ll never recover from this” (p. 378). Katie looks completely stunned, as though she can no longer process what has happened to her. Just as she feels emotionally damaged and destroyed at the hands of her abuser, Katie’s depiction of her body also reflects this destruction. Every part of her—mind, body, and spirit—have been torn apart, leaving behind barely recognizable fragments. As her memoir progresses, Katie’s struggles with food do not improve as she goes from restricting her diet to binging. After another one of her binges, Katie is in bed imagining that she has a large stomach in the top image (p. 442). In the image directly beneath, she goes as far as to imagine herself falling through her bed as a result of her conception of her weight. The image at the bottom of the page shows her engulfed in the dark scribbles, once again with a large stomach, showing her cutting off part of her thigh with a butcher’s knife. Her thoughts within these scribbles indicate the revulsion she feels towards herself: “I’m so disgusting!,” “I’ll have to restrict to make up for it,” and “…have to stop doing this” (p. 442). By thinking of herself as much larger than she actually is, and thinking about cutting away her flesh, Katie makes her
embodied knowledge visible. She is not only thinking that she is fat, but she is fat; she feels the fat and she fantasizes about removing it.

Representations of the destruction and manipulation of Katie’s body to portray the difficulties of her anorexia nervosa demonstrate the importance of embodied knowledge in understanding not only mental health, but also the co-constitution of mental and physical health. By showing changes to her body in response to different situations, Green suggests that her body is not a mere object or vessel receptive to medical intervention, but rather a subjective, active, and intelligent component to how she understands herself and the world around her. These ideas contribute to the production of geographical knowledge by demonstrating the importance of investigating the frequently overlooked “intimate connections between physical (material) and mental health” (Davidson & Smith, 2009, p. 444) and challenging medicalized approaches that render the body “an object that could be measured, mapped, and experimented on” (Johnston, 2009, p. 327).

At the onset of her eating disorder in adolescence, Shivack depicts a small version of herself within the stomach of a much larger version of herself (p. 7). The smaller Nadia looks frantic with her mouth open and her arms lifted at her sides. Just above her are the words, “PLEASE Help!!! get me out of here!” (p. 7). The larger Nadia looks down with her hand on her head as if incredulous that the smaller Nadia is inside of her. The caption beside the image reads, “I felt huge” (p. 7). By placing a smaller self within an unrealistically larger self, Shivack shows she recognizes she is not actually that large. However, her eating disorder has led her to feel as if she really is that size. Her embodied knowledge tells her that she is large, giving her both a mental and bodily feeling of substantial mass that she is not physically carrying. Drawing on
work by McGavin (2014), Diamond and Poharec (2017) discuss the notion of an interior and exterior body represented in comics depicting illness experiences. They posit that by visualizing both the interior and exterior body, an otherwise impossible representation is created to show the connection between these bodies (Diamond & Poharec, 2017). Images such as this undermine the notion of a stable, fixed, and masculinized body, and argue for legitimizing bodies that are unstable, fluid, and feminized (Diamond & Poharec, 2017).

Among a series of images detailing Shivack’s time in a treatment centre is a rather abstract picture of Shivack. She is represented wearing athletic clothing with an unnaturally tiny oval head and a long neck, showing how hard she is working to get well (p. 46, Figure 4.2). She looks as if she is trying to run away, but the way her arms and hands are positioned suggests that she is stuck in place. Among many different captions around her are, “I CAN’T EVER RUN FROM FOOD!,” “I WANT TO BE LESS SELF CONSCIOUS!,” and “I AM MORE THAN MY BODY!” (p. 46). The image and the text around her emphasizes Nadia’s embodied struggle with staying motivated through her treatment. She compares her mental strength (or lack thereof) to trying to run away. French philosopher Maurice Merleau-Ponty posited that “the body’s intelligence is not separate from thinking and that consciousness is inevitably embodied” (Mullins, 2014, p. 34). Nadia’s mental and emotional struggles with food are intimately bound within her body and are projected through this kinetic image. Abstaining from bingeing is tied to running away from food, ultimately merging the body and mind and dismantling the privileged mind.
Figure 4.2: Shivack, N. (2007)
Following a failed attempt at using medication to cure her eating disorder, Nadia represents her decision to move to Albuquerque. She compares making this move to leaving her eating disorder behind, wondering how she will cope without Ed to protect her. She is drawn covered head-to-toe in what appears to be bubble wrapping; there is not a speck of flesh showing as even her face has been covered in a mask. There is a rainbow encircled around her to further emphasize the many layers of protection that her eating disorder affords her. The captions around the image read, “OH, FOR THE ARMOR OF AN E.D. HOW SHALL I LIVE W/O IT?,” “HOW SHALL I STRUCTURE MY THOUGHTS?,” and “HOW NAKED BARE AND INSANELY, IMPULSIVELY CRAZY + VULNERABLE I FEEL W/O IT” (capitalization in original) (p. 32-33). Outside of the rainbow barrier, a small egg-like enclosure holds a naked Nadia in fetal position to show the comparison between her protected self with an eating disorder and her vulnerable self without it. This example demonstrates the importance of body and mind in understanding mental illness by showing how Shivack conceptualizes her eating disorder as something she wears. She takes on a new physical form with her eating disorder in contrast to her naked and vulnerable body in the image adjacent, making it clear that mental illness is rooted in the body. Thus, Shivack’s graphic novel serves as a useful entry point to challenge positivist and masculinist approaches to health that place the mind at the centre and the woman at the margins.

Both Longhurst (2012) and Shivack acknowledge the pressures placed on women to regiment their bodies and subscribe to masculinist expectations of bodily control by harnessing the will of the mind. In her autobiographical analyses of her weight loss experiences, Longhurst (2012) discusses how her dieting reflected not only an attempt to become healthy (i.e. with
regards to less pain and stiffness, as well as greater ease in mobility without becoming tired), but also disordered eating similar to that of women with anorexia or bulimia. Like Shivack, Longhurst (2012) articulates how the control she obtained through her disordered eating, along with the results these strictly-regimented eating habits provided, gave her feelings of comfort and happiness. By representing her eating disorder as clothing, Shivack shows that her bulimia serves as a mean of protection and a form of comfort in knowing that she has some control in her life.

When Elizabeth is describing some of the tell-tale signs that she is starting to fall into a depression, she claims that she starts “leaking confidence” (p. 21, Figure 4.3). In the image, Elizabeth has her head down, with tiny droplets and the word “confidence” falling off of her body. There are tiny puddles on the floor with scribbles inside that appear to be parts of the word “confidence.” The lack of comprehensibility of the word as it falls to the ground represents its ultimate destruction; when Elizabeth is depressed, her confidence leaves her body and is destroyed. This example demonstrates that a stereotypically mental state such as confidence encapsulates the body and mind simultaneously. Confidence is part of Elizabeth’s body, and is represented not only in the words falling off of her, but in the slouched-over position in which she has drawn herself. This image shows confidence is an experience of the body and mind, with the mind represented in the words, and the body represented in Elizabeth’s posture. With Elizabeth’s body falling apart as a result of her dwindling confidence, Swados shows that her body is equally impacted and capable of experiencing her self-doubt.
I start leaking confidence.

Figure 4.3: Swados, E. (2005)
Prior to a series of images describing the different ways Elizabeth attempts to handle her depressive episodes, Swados represents herself in workout gear with large biceps lifting the cloud over her head. The cloud is much bigger than her and she has a grimace on her face with tiny sweat droplets to show the tremendous effort she puts into lifting her depression. The caption reads, “I want to be strong and consider methods for lifting the depression on my own” (p. 98). Swados depicts Elizabeth as a large, muscular weightlifter in this image to show the mental and physical exertion associated with depression. Just as her depression is embodied in the dark cloud, so too is her fight against that depression embodied within a figure that is capable of lifting it.

These examples demonstrate how graphic novels afford the freedom to alter, destroy, and abstractly convey the body, reflecting the cohesion of the mind and body in mental health. Madge (2017) points to the relationship between creative expression (in this case, graphic novels) and greater passion and intimacy in geographical research:

Creative poetic expressions of the self can also locate the researcher emotionally, presenting a counterpoint to detached, disembodied, unemotional geographical accounts. Using a creative practice that ‘speaks through the body’ (Duffy, 2013) can therefore produce passionate accounts, which can enable emotional reverberation, allowing the geographical cannon to be expressed differently. (p. 76)

Even though Madge (2017) is discussing creative expression in research practices, her analysis resonates with the use of graphic novels to depict illness. Green, Shivack, and Swados portray their bodies in graphic form to thwart dualistic thinking that privileges text over image, mind over body, and masculine over feminine. These ideas contribute to the production of feminist and health geographical knowledges by showing how the body is imperative to understanding a stereotypically invisible health experience.
Longhurst (1997) stresses the difference between discourses surrounding men and women’s relationships to their bodies. She draws attention to the problematic notion that “men are thought to be able to pursue and speak universal knowledge, unencumbered by the limitations of a body placed in a particular time and place whereas women are thought to be bound closely to the particular instincts, rhythms and desires of their fleshy, located bodies” (Longhurst, 1997, p. 491). The women undermine the assumption of a fixed and universally understood body by showing how complex, knowledgeable, and powerful their bodies are. Instead of “passive victims of medical power” (Lorentzen, 2008, p. 51), the authors manipulate representations of their bodies to give themselves authority over their own unique conceptions of their health experience that transcends medical textbooks and treatments.

The transcendence of the power of medical textbooks is also where interventions to graphic medicine come in. I have contributed to this body of literature by advocating for the use of graphic novels in supporting the power of embodied knowing. I have also demonstrated how graphic novels can destabilize separated understandings of the body and mind by showing how the interior and exterior of health experience are simultaneously portrayed in graphic images (Diamond and Poharec, 2017). In the following section, I explore the body further to observe how portrayals of the naked body can uncover intimate, emotional, and embodied knowledge that have been expunged by the medical field.

*The Naked Body*

Emphasizing the importance of the body to knowledge production, “Merleau-Ponty considers the individual, phenomenological experience of one’s body as necessary to all aspects of thought, emotion, and subjective experience” (Mullins, 2014, p. 31). By representing
themselves stripped of all clothing to describe the most intimate, emotional, and traumatic experiences in their memoirs, Green, Shivack, and Swados demonstrate the necessity of representing their bodies to get to the heart of these intimate experiences. Williams (2012) analyzes a graphic memoir by David Small called *Stitches* whereby he describes his relationship with a mother who does not love him and a radiologist father whom he is convinced caused the cancer in his neck. In the context of Small’s work, Williams (2012) makes a case for the representation of the body in graphic novels as revealing physical and emotional wounds: “Cartoonists who have experienced illness are telling their story…not just about a wounded body but through a wounded body. In Small’s case, the wounds, now turned by time into scars, are both physical and emotional” (p. 24).

Katie’s representation of her naked body and the inside of her body shows how deeply her emotional wounds reach. Similar to the image described in the previous section, Green draws her skin progressively peeling off of her body as she thinks about her sexual abuse (p. 376 & 377, Figure 4.4). Four images show this progression: in the first image she is naked staring up at four ominous arms with hands reaching towards her. The dark scribbles are beginning to close in on her. In the next image, the dark scribbles begin to take up more space on the page. Katie has her arms wrapped around her chest, watching her intestines and muscles become exposed. The third and fourth images show the dark scribbles continuing to close in until she is completely surrounded; most of her body is ripped apart/cracked (including her skull) by the final image. Katie is not only exposed and vulnerable as is the case when one is completely naked, but these images show that her sexual abuse penetrates beneath the surface of her skin. She feels the
magnitude of her trauma through her mind in memory and through her body every time she reflects on what happened to her.

Figure 4.4: Green, K. (2013)
Shortly after her anorexia nervosa diagnosis, Katie reflects on her relationship with food and recognizes that it “is the medicine [she] need[s] to get better” (p. 166). As she lies on her bed, she envisions herself naked within the confines of the dark scribbles. To show the progression of time and her thoughts, she goes from lying on her bed to sitting up alongside five images of her naked body representing her breaking out of the darkness and reaching for a plate of food. Katie realizes that if she can find the will teat, she will get healthier. Though she is fully clothed on her bed, her visions of herself are naked to show her body’s intimate role in the perpetuation and defeat of her eating disorder. Katie later admits she has tried to make herself vomit after meals but was not able to. Instead of trying to vomit, she refuses to enter the bathroom and instead goes to her bedroom to reflect. She sits on the edge of her bed, holding her stomach and inspecting her wrist to see if she can wrap her fingers around its circumference. The large stomach she perceives hangs over her pants. Dark scribbles travel across two pages with two images of Katie naked and obese within them. In the first image she has her hand over her stomach, and in the second she is clawing away at her flesh in an attempt to remove the extra fat. Her naked body is once again represented as something that can be altered and stripped away. The intimacy of these images fall closely in line with ideas of “intentionality” and “being in the world,” which attest that from birth, we are already intimately bound with reality through our bodies as opposed to being ontologically disparate (Maclaren, 2014). The naked body in these examples represent this intimacy with reality that can be felt, experienced, and embodied.

When Nadia sees a social worker for her eating disorder, she is drawn naked and folded over in a chair. Six speech bubbles connect to one another to express her tumultuous relationship with her mother. One of these speech bubbles reads, “Why do I cringe when she touches me,
greets me?” (p. 24). The social worker also has multiple speech bubbles that convey her talking Nadia through her thoughts and feelings: “maybe you did not exist around your mom – she had to be the center, the ‘beam’ of light” (p. 24). Of course, Nadia was not actually naked when she had this conversation with the social worker. However, by drawing herself without clothing, Shivack puts her body on display in order to convey her vulnerability and intimate relationship with her environment and subject matter of the conversation. Nadia’s body and her emotions are linked through her nakedness in that her nudity reflects an embodied representation of her emotions. She is unable to hide her vulnerability, defeat, and helplessness. These emotions are inscribed onto her body and illustrate harmony rather than hierarchy in the mind/body relationship.

Despite feeling as though her life has become more “MANAGEABLE” (p. 29) since taking medication for her eating disorder, Nadia admits that she “was still obsessed with food, and soon [she] was back to bingeing and vomiting whenever [she] could” (p. 31). To represent her obsession, Shivack draws herself naked on her hands and knees in front of a blue figure labelled “COMIDA” (p. 30), which is Spanish for food (Figure 4.5). Comida is taunting Nadia, telling her “I’m worth it Baby!” and “eat me and pay!” (p. 30). Some of Nadia’s speech bubbles read, “can I ever be more than food?” and “all I think about is food!” (p. 30). She is obsessed with thinking about food, which is evidenced by her telling speech bubbles and her subservient position (naked on all fours). Interestingly, the figures she has used to depict herself and food are rather androgynous (no hair or genitalia) except for their chests. Comida appears to have a man’s chest (nipples with no breast tissue) and Nadia is drawn with breasts, suggesting that Comida is male. Nadia’s nudity in the presence of this masculine embodiment of food further emphasizes
the importance of the body in understanding mental illness. Nadia and Comida’s bodies tell a
story that reflects the role of patriarchy in the conception of eating disorders (perhaps Comida is
male to show the influence of pressures on women to be thin in order to be considered attractive)
and the role of the body in experiencing and ontologically framing what oppression looks and
feels like. Shivack uses Comida to represent a conglomeration of adverse influences: Comida is
the pressure of food itself and the pressure of a society that governs women’s bodies. Shivack
represents these pressures in an embodied form (Comida) and in doing so, blurs the division
between the mind and body.

As Nadia approaches her fortieth birthday, she admits to feeling frightened that she still
has not managed to overcome her eating disorder (p. 38). Once again she considers getting
treatment, as her “inner Evil Twin” (p. 38) Madog controls her like a marionette on strings.
Nadia is naked with her body flopped over as though lifeless. She has no hair or any markers of
gender; her feet, hands, and head are attached to chains held by Madog. Amongst a long speech
bubble of taunts, Madog tells her, “I’ll make her FAIL every time until she stops even trying” (p.
38). In an even more vulnerable state than simply being naked, Nadia is chained up and rendered
a slave to her eating disorder. Shivack’s memoir is especially ridden with images of naked bodies
to show her intense vulnerability and the emotional and affectual responses to the challenges she
endures. As a fully embodied subject, Shivack disrupts notions of a mind/body dualism by opting
to convey her mental (mind) health through her naked, sensory, and intelligent body.
IN SPITE OF TREATMENT, TWENTY PERCENT OF PEOPLE WITH EATING DISORDERS MAKE ONLY PARTIAL RECOVERIES.

Figure 4.5: Shivack, N. (2007)
In their analysis of trauma experience in graphic novels, Donovan and Ustundag (2017) point to the lack of weight given to emotional stress in court cases concerning abuse. Physical abuse, that which can be seen through apparent markers on the body, is given much more authority when it comes to convicting abusers (Donovan & Ustundag, 2017). Due to the invisible nature of mental health problems, the women run the risk of having their struggles misinterpreted, underrepresented, or silenced. Shivack, Green, and Swados use the graphic memoir to offer a physical representation of their issues that cannot be easily ignored. Their images are powerful because by representing their bodies and showing their emotional wounds, the women undermine the unrepresentability of mental health and disrupt understandings of a disparate mind and body.

Swados also shows her emotional wounds by drawing herself naked in front of a group of people. Following a page representing voices criticizing Elizabeth for her privilege, Swados draws herself naked with a collection of scowling, nondescript faces circling her. She has her arms folded in front of her chest and her legs crossed to signify her shame. Eleven pairs of eyes glare at her, and the expression on her face signifies that she can “feel their scorn” (p. 42). This image suggests that Elizabeth interprets the “scorn” (p. 42) from these eleven faces through her body. She does not have a barrier of clothing to protect her from the crowd’s disapproval. The way she covers herself represents not only her vulnerability, but also her desire to protect herself from the feelings these judgmental looks inspire. Her mind and her body thus work in tandem to interpret and then emotionally, affectually, and physically experience her critics.

To demonstrate what she endures in an agitated depression, Swados draws nine versions of herself in various bodily positions doing different activities (p. 59). There are images of her in
the splits, running, jumping, and contorting herself in odd positions. The look of distress on Elizabeth’s face in these images shows that she is not active because she enjoys it, but rather because her agitated depression has made it difficult for her to be still. Here, Swados creates a clear relationship among the mind, body, and emotion: “At first I’m terrified. Then I’m angry. I feel paralyzed but I can’t sit down without jumping up or pacing. Or twitching. Or falling” (p. 59). Her nudity in these images emphasizes the importance of her body in the experience of her depression. Both her mind and body are internalizing the terror, anger, and paralysis she is feeling, and it is difficult to determine whether her body or mind is in control of her behaviours.

After discussing her desire to “wander off into the Sahara” (p. 94) if she decides to take her own life, Elizabeth mentions how the desert seems like “the perfect place to die” (p. 94) aside from “a certain lack of knowledge about what comes after” (p. 96). In admitting to her fears about an afterlife, Swados draws herself very small in the middle of the page, presumably naked with her arms in the air. The epitome of vulnerability, fearing the unknown after death, Swados uses the naked body to represent recognition of her mortality and the uncertainty that comes with it. Her body is privileged here, as it is shown to be at risk of being lost forever. Elizabeth feels her fears through her mind and body, connecting her naked body with the recognition of an absence of knowledge of what would happen to her after killing herself.

Recognizing the importance of the body in these images is paramount to feminist geographical arguments positing that the body is a source of knowledge and power. Johnston (2009) points out that certain identities and subjectivities are privileged while others are oppressed and excluded. Elizabeth’s naked body in the desert, and her fears of death, are all heavily bound in her relationship with her body; she is questioning life and death using her mind and body.
simultaneously with neither able to discern what would happen to her if she were to die. The body is thus powerful regarding the privileges (or lack thereof) it affords, and also powerful regarding one’s ontological and epistemological understanding of the world.

With these multifarious examples in mind, the deep connection to emotional and affectual knowledge becomes available through the naked body. These ideas have contributed to the production of feminist and health geographical knowledge by providing credence to feminized emotional and embodied understandings of health that have been sequestered alongside masculinised approaches to healthcare. For women who are marginalized and misunderstood for their mental health, using the body to achieve voice and recognition is important as the body is “a site of struggle and contestation” (Johnston, 2009, p. 326). By studying depictions of the naked body and the vulnerability these personal depictions afford, there is a reduced likelihood that experiences will be misunderstood, giving emotion a tangible representation (Donovan & Ustundag, 2017). Without dismissing the mind as important to a complete understanding of health, Green, Shivack, and Swados conceptualize their mental health with their bodies in order to thwart the dualistic thinking that keeps them silenced. The final section of this chapter looks at the way the authors play with bodily scale to make the women’s oppression visible and show how they are resisting that oppression.

*The Shrinking and Enlarging Body*

Moss (1999) offers an autobiographical account of her experiences with a chronic illness in the workplace, admitting that her experiences have “informed [her] thinking about the body as a site of both oppression and resistance” (p. 157). Green, Shivack, and Swados represent this oppression and resistance by altering the size of their bodies. They become smaller to show their
oppression, and larger to show their resistance. As Katie attempts to stick to her meal plan at home, she tries to talk herself into eating by dissociating herself from the process. She tells herself that it is just “a feeling” and that her conceptions of herself are “not real” (p. 192). As the panels move from top to bottom, Katie gets larger and larger as she eats. The thinner, conceivably more realistic version of Katie begins to emerge from the larger Katie. As the two Katies separate from each other and the large Katie gets larger, the more realistic version of Katie is squeezed into a corner to make room for the large Katie. By squeezing her “real” self to the margins of the panel, and allowing this exaggerated version to take up significantly more space on the page, Green represents the dominance of her thoughts and embodied perceptions of herself.

When the doctor is telling Katie and her family that she is anorexic, Katie remembers her mother telling her as a child that she would fade into oblivion if she did not eat (p. 149). The page is divided into three parts: the topmost part shows the memory of Katie and her mother in the kitchen, the middle portion reflects her conception of what fading into oblivion would look like, and the bottom shows Katie with her parents and the doctor in the present (Figure 4.6). To represent “fading into oblivion” as her mother described, Katie imagines herself within the dark scribbles with her knees hugged into her chest; eight images progressively get smaller until she is nothing more than a white speck by the final image. This dramatic change in scale from the first to the last image shows the significance of the body in understanding and experiencing eating disorders. Katie comprehends the gravity of her mother’s words in the context of her current situation, using her body to try to make sense of what starving to death would really mean.
Although the majority of the pages in *Lighter Than My Shadow* are grey, a small section of the novel (p. 387-398) contains a series of white pages to represent the turning point in Green’s life when she contemplated suicide. The first image in this series (p. 387) shows her falling, beginning in the top left corner and ending at the bottom middle of the page. Four images of Katie become smaller to show that she is slowly disappearing. On the following page Katie returns back to earth, this time falling into focus starting from the top right corner and ending at the bottom middle. The relationship between these pages shows how Katie has decided to continue to live and work through her mental illness and trauma. Once she found herself at a point where she had no hope in her future, she mustered the strength to rebuild and keep trying.
By altering the size of her body, Green demonstrates a spatial, temporal, and bodily connection to her mental health. Dittmer and Latham (2015) praise the graphic novel for its ability to utilize the space on the page to convey the passage of time from one panel or image to the next and to “heighten the resonance of the account with its corresponding social experience” (p. 428). The use of space and temporality in graphic novels can thus unlock otherwise unknowable facets of subjective experience. Katie’s decision to take the pills and then the retraction of that decision was not a linear experience from point A (getting the pills) to point B (not taking them). The succession of white pages depicting various memories and the representations of Katie falling away and returning to earth are nested in Katie’s conception of time and space that exists outside of a linear progression of events from one action to the next. With regards to disruptions of a mind/body dualism, Green’s images unsettle positivist bodily boundaries that assume bodies are all rigidly fixed in time and space. Katie’s mind and body both work in tandem to demonstrate a freeing of the self from the bounds of linearity. These bodily depictions are therefore highly useful to understanding mental health alongside conventional understandings that privilege the mind.

In Chapter 3, I discussed the relevance of the image portraying Nadia’s problematic relationship with her father (p. 15). Along with being an excellent representation of the effects of negative intrapersonal relationships on mental health, this image makes a profound statement about the power of scale. Nadia’s father is positioned at the top of the image, standing tall and drawn significantly larger than his small daughter at the bottom of the page. Nadia’s father puts himself in a position of superiority, asking Nadia why she is unable to eat like he can. By
manipulating the scale in this image, Shivack shows how conceptions of the body are shaped by emotionally damaging situations and relationships.

Martson, Jones, and Woodward (2005) discuss different understandings of scale in geography. One of their main critiques of the use of scale in geographical scholarship is that it produces hierarchies, as a preoccupation with scale always leads to comparisons. For example, undertaking a study on a micro (e.g. body) as opposed to a macro (e.g. nation) scale would not have traditionally held as much weight in the geographical canon. Without applications among a larger group of people, scholarship is less relevant and impactful. Although these ideas are problematic, the use of scale in graphic novels through the manipulation of space on the page can work to uncover these problematic hierarchies by assigning importance to certain characters and objects. For example, Nadia’s father is represented larger to demonstrate how his relationship with his body is privileged and given authority over Nadia. According to Parr and Butler (1999), dualisms are dangerous in that they create the “self and the other, the ‘normal’ and the ‘abnormal’, the productive and unproductive, the ‘sane’ and the ‘insane’, the attractive and the disfigured” (p. 13). Shivack’s drawing of her father shows his superiority with his larger comparative size and helps to deconstruct normal/abnormal and male/female dualisms. Shivack represents her oppression and the distinction between her self and the other (her father) by making her body smaller in comparison to her father’s.

Also in Chapter 3, I talked about Shivack’s struggles with everyday tasks using an image of Nadia attempting to push the temptation of various food places away (p. 46). Compared to the storefronts around her, Nadia is disproportionately larger, which is greater emphasized in comparison to a to-scale pedestrian on a bike. The caption below her reads, “AHH! THE FOOD
IS CLOSING IN ON ME!” (p. 46). Although the expression on her face suggests that she is struggling (she is grimacing and cross-eyed), the fact that she is the largest figure in the image helps to reinforce her power. Surrounded by a bagel shop, McDonald’s, and Chinese delivery, Nadia still manages to keep these places away from her, standing tall and staying strong in the face of temptation. To show her triumph as a result of remission at the end of the book, Shivack draws herself large with vibrant colours and detail (p. 53, Figure 4.7).
The “resident alien” that embodies her eating disorder has now shrunken and lives inside of Nadia instead of the other way around. As another interesting contrast, Shivack draws herself very small in the corner of the image naked and hanging on a ledge to reflect days where she still struggles. Even the posture of the larger and more detailed Nadia shows her strength; she is standing upright with her hands clasped in front of her with her face the epitome of stoicism. Altering her shape in this way, especially with contrasting examples of herself in a good place (large and detailed) and a bad place (small and naked), Shivack gives precedence to the body in showing both success in mental health recovery and the difficulties that come along the way.

Swados represents herself very small in the bottom left corner of the page, the dark cloud taking up most of the space in the middle (p. 43). She looks to be leaning back slightly, her arms outstretched in an attempt to push the cloud away. The caption reads, “That little cloud keeps getting bigger” (p. 43). Elizabeth’s body is a fraction of the size of the cloud to show the dominance and perseverance of her depression in her life. Her body responds to the magnitude of her depression, shrinking and taking up much less space on the page compared to her depression. She looks as though she is about to be swallowed inside of the mass. By representing herself in this shrunken form compared to her depression, Swados underlines the importance of the body to understanding mental health. Squier (2015) draws attention to Will Eisner’s perspective of the dominance of the body in graphic narratives: “In Eisner’s view, the movements, posture, and gestures of the body take precedence over the words in a text, framing how we are to understand them and distilling meaning compactly and efficiently” (p. 49). Beyond this efficiency, the freedom to illustrate the body and different experiences through nexuses of emotion, affect, and embodiment place text and masculinist, positivist understandings of health into a subsidiary
position to the body. At the end of her memoir, Swados tells her readers about the other side of depression: coming out of it (p. 154, Figure 4.8).

**Figure 4.8: Swados, E. (2005)**

There is a crowd of people beneath a city skyline, dancing and playing different instruments. A child among the crowd is holding a balloon with the word “WOW” on it, and everyone looks as though they are enjoying themselves. Above the skyline, a disproportionately large Elizabeth has her arms outstretched as if she is about to give the city a hug. The sun is
shining above her, and there is a dog, a tree, and flowers around her to highlight her joy in this moment. Compared to the skyscrapers and the people beneath her, Elizabeth is exponentially larger to reflect the improvement in her mood. Elizabeth conveys her joy in this image with the size of her body. To express her mood, which is stereotypically associated with processes of the mind, Swados enlarges Elizabeth’s body to show the manifestation of her mood in a physical form. Compared to the image of a very small Elizabeth next to a giant cloud of depression, this image reverses those roles (p. 159). The dark cloud is much smaller than Elizabeth, and her arms and hands have been enlarged significantly to emphasize that she is pushing her depression away. The caption reads, “Hopefully next time you’ll be stronger” (p. 159). Elizabeth’s body once again takes precedence to show her strength in combating her depression. With strength often associated with the mind (strength of will) and body (physical strength), this image makes clear the importance of both to understanding mental health.

Swados, Green, and Shivack change the size of their bodies to represent how their bodies are sites of oppression (shrinking) and resistance (enlarging) (Moss, 1999). These ideas contribute to feminist and health geographies by thwarting dualistic comparisons, especially regarding man/woman and sane/insane, as well as between subjects that render one side of the comparison (i.e. women) inferior to the other (i.e. men) (Parr & Butler, 1999). These novels rely on a manipulation of space and time (Dittmer & Latham, 2015) by depicting interesting relationships among the space on the page, the female subjects, and their mental health to convey their embodied experiences. As marginalized female subjects, Green, Shivack, and Swados complicate and challenge their marginalization by making it visible through their illustrated bodies. Using the body to convey complex experiences such as emotion and affect, the women
unravel Cartesian dualism embedded within medical practice to put embodied knowledge and the female subject in view.

**Conclusion**

This chapter used a diverse combination of research from feminist, disabilities, and comics scholarship; emotional, embodied, and affectual geographies, and graphic medicine to illustrate the presence of and problems with Cartesian dualism within mental health discourse. I have also sought to subvert masculinist conceptions of healthcare that have been privileged as a result of the imbalance of power created from these dualisms. Working with the scale of the body, I looked at how Green, Shivack, and Swados manipulate, destroy, damage, strip bare, and alter their size to argue the body is not only active and knowledgeable, but also intimately connected to experiences in ways the mind is not. The contributions this chapter makes to feminist and health geographies and graphic medicine scholarship are threefold: 1) I have furthered debates regarding the importance of subjectivity and embodied knowledge in understanding complex, incommunicable, and/or sensitive facets of female health experience, 2) I have furthered feminist scholarship that continues to question and argue against the pervasion of dualistic thought within powerful social structures such as the medical field, and 3) I have successfully employed textual, visual, and discourse analytical strategies to demonstrate how graphic novels are the key to challenging pathological understandings of the body. In the context of my thesis overall, I have both advanced and merged discussions from Chapter 2 and 3 by challenging medical discourse and the invisibilization of women in healthcare. I accomplished these goals by pulling apart dualisms inherent in the medical field that persist in keeping positivist discourses and women’s embodied knowledge at the margins.
Chapter 5: Conclusion

Throughout this thesis, I sought to contribute to geography’s ontological and epistemological transformation towards creative methods. Studying graphic memoirs, with their complex interplay of text and image, allowed me to show how authors uncover new knowledges and subjectivities that were once buried under or completely overlooked by positivist methods.

In Chapter 2, I analyzed common discourses observed across the three novels in order to challenge socially and institutionally constructed understandings of mental health. Using theories of governmentality, disabilities scholarship, and emotional and feminist geographies, I unpacked five themes that challenge conceptions of mental health and what it means to be normal under an ableist lens: Embodying Mental Health, Lack of a Sense of Control, Harmful Experiences with Drug Use, Writing about/Drawing Mental Health, and Breakthroughs with and Expectations of Wellness. Under the theme of Embodying Mental Health, the key discourse that I unravelled was the notion that mental health only affects the mind. I demonstrated how the body is not fixed and stable, but is rather constantly in-flux as it moves through the ups and downs of mental health. In Lack of a Sense of Control, I cited feminist geographical and disabilities studies scholarship to illustrate the gendered relationship between bodily control and a lack thereof. All three of the women discussed issues with control of their bodies and minds. According to scholars such as Malhotra and Rowe (2014), the expectation to have absolute control of the body is a highly gendered assumption that is also deeply rooted in ableism.

Next, I explored drug use in the three texts to exemplify how drugs are not a complete “fix” for mental health problems, and that ameliorating symptoms is only a fragment of the resolution. As Stone (2008) articulates, “biomedicine cannot address oppression” (p. 203), and in
fact, I showed that medicine for the women in their memoirs can actually be used for self-harm. In *Writing about/Drawing Mental Health*, I explored the act of writing and drawing as a therapeutic outlet for women with mental health problems and the different ways they represent their bodies to illuminate the challenges and complexities informing their experiences. Lastly, I explored the women’s narrations of their experiences with wellness and the discourse of achieving a particular understanding of happiness. Scholars such as Sundaram (2017) and Ahmed (2010) are critical of these happiness narratives, making it clear that only those with privilege are granted access.

In Chapter 3, I investigated the intimate spaces and experiences Shivack, Green, and Swados represent in their graphic memoirs to help uncover oppressed knowledges and subjectivities. Drawing on scholars such as Moss (2001), who explains the push in geography away from macro theories, I argued for the imperativeness of studying a myriad of experiences instead of only those that comply with pathological and universal understandings of health. I worked with theories of governmentality and discipline to investigate five core themes: *Embodying Mental Health, Hiding Mental Health Problems, Being Overwhelmed by the Mundane and the Everyday, Impacts on Relationships*, and *Influence of Negative Interpersonal Relationships*. With a focus on invisibilized experiences, I drew on scholars such as Moss and Teghtsoonian (2008) to justify my focus on embodied knowledge as the most effective method for undermining authoritative readings and the power embedded within knowledges of illness. In *Hiding Mental Health Problems*, I showed how Shivack, Swados, and Green deliberately hide facets of their mental health to avoid being othered. Focusing on theories of governmentality, I analyzed how the women represented their bodies and minds to ensure that they were able to fit
in with the norms of society. Echoing feminist geographers like Donovan and Moss (2017), I discussed the importance of studying mundane practices of everyday life by exploring the women’s representations of their struggles to cope with daily tasks. Lastly, in *Impacts on Relationships and Influence of Negative Interpersonal Relationships*, I studied the intimate spaces Swados, Shivack, and Green represented in their memoirs that showed how their mental health is understood by the people in their lives. In these sections, I sought to uncover the struggles people with mental health face with trying to get others to understand what they are going through. One of the biggest hurdles for people with mental illness, as Alexander (2017) points out, is not only the judgment they frequently encounter, but the compulsion to prove they have a legitimate disability to others.

Finally, in Chapter 4 I challenged Cartesian dualisms that separate the mind and body and ultimately privilege the authority of the mind. I argued that this focus on the mind over the body excludes female subjectivities that are deeply rooted in embodied knowledges. The themes that I used to unpack this argument were *Embodying Mental Health*, *The Naked Body*, and *The Shrinking and Enlarging Body*. In these sections, I paid close attention to how the women chose to draw and manipulate their bodies to demonstrate the ways in which thoughts and emotions work through the body. Under *Embodying Mental Health*, I investigated the effectiveness of graphic novels to uncover the intimate relationship between the mind and body, showing how graphic novels can make an interior experience, exterior (Diamond & Poharec, 2017). In *The Naked Body*, I observed how all three women represented themselves without clothing throughout their graphic memoirs. Using research from scholars such as Donovan and Ustundag (2017), I looked at how mental health is easily invisibilized as a result of a lack of markers on the
physical body. By drawing themselves naked and exposed, the women reveal stereotypically invisible and internal experiences and show how their minds and bodies play an equally relevant role in understanding illness experience. Finally, under *The Shrinking and Enlarging Body*, I looked at how Swados, Green, and Shivack manipulate the size of their bodies to convey different emotions and negotiations of experience. Feminist geographers such as Moss (1999) explain how the body can be a site of oppression and resistance. This oppression and resistance is skilfully conveyed in all three graphic novels, which convey the oppressed body when it is small and the resistant body when it is large.

*Returning to Terms: Mental Health vs. Mental Illness*

Despite rationalizing my word choices, I am still not satisfied with the terms *mental health* and *mental illness*. As I discussed at length, neither term is able to fully encapsulate the different experiences discussed in this thesis. Parizeau et al. (2016) also express their struggles with terminology, admitting that each author had her own ideas about which labels to employ. In the end, the authors explain their decision to use the term *mental wellness* in their research: “we have chosen to use the term ‘mental wellness’ to draw attention to the fact that an active state of mental healthiness entails more than the absence of medically recognized mental health problems or illnesses. While this is one framing of the ways mental health and wellness are defined, it is not the only way it is understood” (p. 194). This quotation reflects both an acknowledgment of the struggle to name how geographers and other scholars are writing about mental health, as well as support for the inefficiency of terms like *mental illness*. Although using a term like *mental wellness* is a step in the right direction, the term does not fit discussions of mental health.
problems specifically. The fact that scholars are still struggling to appropriately describe mental health demonstrates that we are still struggling to understand it.

Limitations and Future Research

One limitation of this research is that I am not a comics scholar. As a feminist geographer, I may have missed some important nuances in these texts as a result of a lack of training in this area. I would be interested in reading other analyses of these memoirs by comics scholars specializing in graphic medicine, as I believe this perspective would offer new ways of understanding how these texts are constructed to make particular arguments. I would especially be interested in reading analyses of Swados and Shivack’s novels by comics scholars, as they have not received the scholarly attention Green’s novel has received in a graphic medicine context. In addition, geographers have only just begun to study graphic novels (Donovan and Ustundag, 2017; Dittmer & Latham, 2015; Donovan, 2014), which means there is plenty of unexplored material, yet limited research to pull from. Consolidating research across different disciplines in this thesis was challenging and sometimes messy, however, different ontological and epistemological perspectives proved to align well. My hope is that more geographers take up studying the graphic novel in medical contexts and beyond, creating new epistemological and methodological footing from which other geographers can build.

Another major limitation of my research was the lack of source material available. There is not currently a wide selection of graphic memoirs discussing women’s experiences with mental health. However, I anticipate this will change as the graphic novel gains momentum as a useful and worthy source of knowledge. With these limitations also comes a lack of representation. As mentioned in Chapter 1, all three graphic novels were written by cisgender
white women. I would be interested in reading about the experiences of other marginalized
women to understand how different intersectionalities impact women’s negotiations of mental
health. In Swados’ memoir she does hint to having both men and women as sexual partners, but
this facet of her life is not explored in any detail.

Due to the focus of this thesis, I was not able to deeply explore and compare the narrative
arcs of the three graphic memoirs. I discussed the endings of each of the memoirs at length when
I explained the significance of happy endings and cure discourses in Chapter 2, but I am also
interested in analyzing common conventions of storytelling across the three novels. Future
researchers exploring these or other graphic memoirs about mental health might want to
investigate if there are storytelling conventions common to graphic novels of this subject area,
and if these conventions break with other storytelling conventions. Geographers might find merit
in exploring how geography can be used to adhere to or break these conventions. Further, these
investigations would be useful interventions in autoethnographical research where scholars
attempt to understand how marginalized individuals adopt the discursive language of dominant
voices to reach greater audiences.

Throughout this thesis, I directed my analyses to a number of different audiences: women
struggling with mental well-being, medical practitioners, and geographers interested in creative
methods (to name a few). At its core, however, my intention in writing this thesis was to address
the general public to disrupt and enrich people’s understandings of mental health. Although
mental health has received increasing awareness in recent years, the stigma still persists. In
writing this thesis, I wanted to help chip away at that stigma a little bit more, just as Green,
Swados, and Shivack do in their memoirs. I recognize writing in an academic context is limiting
with regards to the audiences I can conceivably reach. In the future, I may consider undertaking
the creation of a blog or a zine to tackle some of these issues and present my findings in a more
accessible form.

*Finding New Worlds*

Katie Green, Elizabeth Swados, and Nadia Shivack each play with the creative freedom
of the graphic memoir in order to represent themselves and their experiences in emotional,
affectual, and embodied ways. My thesis has drawn on research from feminist and health
geographies, disabilities studies, graphic medicine, and the medical humanities to argue in favour
of using subjective representations as a source of knowledge production. Instead of relying solely
on medical textbooks and pathological interpretations to understand mental health, geographers
can read graphic novels to uncover multifaceted, personal, and diverse representations. With this
being said, understandings of our world are still extremely limited, if our inability to decipher
appropriate terms for experiences (mental health vs. mental illness) is any indication. Creatively
engaging with space (on the page and in the environment), as Green, Swados, and Shivack do in
their memoirs, is the key to opening “new…ways of seeing and being in worlds that involve
human health and illness” (de Leeuw et al., 2018, p. 286). These graphic memoirs not only offer
new ways of interpreting and understanding mental health, but they also offer new ways of
seeing the world beyond dominant discourses. By reading and analyzing graphic memoirs,
geographers unearth more than new knowledges; geographers unearth new bodies, new
subjectivities, and new spaces.
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