Introduction

Making Illness and Impairment Manifest

In health, our sense of inhabiting a body diminishes. We hardly acknowledge our corporality when we are strong, pain free, and psychologically robust. In illness, however, our "ordinary life-in-the-world suddenly collapse[s]," argues Anne Hunsaker Hawkins in her study of prose pathography (2). Atypical sensations caused by disease, impairment, and disability—and sometimes biomedical treatments themselves—remind us of what Drew Leder calls a "recessed body" (36). According to Leder, our inner workings (a pumping heart, a filtering kidney, a digesting stomach) are erased from consciousness until they become dysfunctional. If good health contributes to bodily unconsciousness—somatically "dys-appeared" in unobstructed operation (91)—then illness and biomedicine keenly remind us of our corporeal state. Graphic pathography, or long-form comics by and about subjects who suffer from disease or are impaired,[1] revitalize and re-vision the recessed body in its "dysfunction" through hand-drawn images (69). The formal qualities of comics invite artists to inhabit their bodies as both intimately familiar and as embodied alienation. The artists of graphic pathography necessarily depend on the body to reimagine it on the page. Likewise, the subjects of graphic pathography refuse to concede to the management of their corporeality under clinical, visual organization. By the body and for the body, the medium is subversive and reparative, animating vital images of the self against clinical medicine's static visual archive.[2]

First, this book explores how graphic pathography rematerializes the disappearing body on the comics page.[3] In the institutional maw of clinical medicine that all too often systematizes subjects rather than individualizing them, comics invite innovative techniques of self-representation. Graphic pathography, which falls under the umbrella of graphic medicine (comics broadly about the field of health care), repudiates the biopower of clinical medicine, where positivist knowledge reigns over ambiguity, the latter often overwhelming patients' own encounters with illness and diagnosis. My interpretations explore how artists bestow agency on their cartoon selves through thoughtful depictions of their corporeality drawn against disciplining representations created for them under health care and within health care spaces. We might usefully remind ourselves that the Latin-derived term "patient" is defined as the "quality of being willing to bear adversities; a calm endurance of misfortune; bearing of suffering."[4] Where do we see the un-patient (the not patient subject) of graphic pathography, those characters who unwillingly bear adversity? In the rapidly growing field of autographics[5]—autobiographical comics, including much graphic pathography—if all subjects need their own images, the book asks, what kinds of images, in what drawing styles, does graphic pathography show us?

Second, the project advocates that artists who self-depict, who manifest themselves and their conditions on the page as they perceive them, redeem their disappearing bodies. Medicine as a science, an art, a series of narratives about cure, and an arena of technological advances, is dependent on its collection of dominant images, culturally created, publicly circulated by media, and internalized by patients. Medicine iteratively produces the subjects to which it attends, simplifying care through normative approaches on the one hand, complicating ministration for those who fall beyond its normative purview on the other. Primary sources in the book's chapters visually externalize subjects' conventionally hidden vulnerabilities because they are expected; for example, the sting of stigma surrounding impairment might be agonizingly drawn out, relocating impairment from individual bodies to the cultural realm that shames and stigmatizes those with disabilities. Through comics artists' self-representations, traces of these imputations and even medicine's organizing gaze encounter a slow chipping away, sometimes a complete demolition. Graphic pathography's illustrations revise and revitalize the range of bodily expressions available in the social-medical tableau. As part of broader considerations in the health humanities, this study examines the creative mechanisms by which the subject, renamed as a patient in objective, medical case studies, gains agency in the illustrative practice of self-care. Drawing aslant, or against dominant images of disability and sickness that displace them, the affected person resituates herself into the heart of care.[6] Subjects that look at themselves with compassion look out for themselves. Reclaiming a body interpolated within established images mitigates total dependence on clinical authority's image making.

A third goal is to demonstrate graphic pathography's significant role as a bridge between clinical and autographic envisioning, serving as a literal and metaphorical *medium*. If courses in literature and medicine depend on art, film, poetry, novels, and essays by which to offer alternative, nonbiomedical viewpoints to medical students and health care professionals, my readings invite possibilities for dialogue about graphic pathography created by both patient *and* practicing providers. Each party arrives at the clinical encounter with various narratives and expectations. How can their similarity of concerns and convergences be addressed? Can "regimes of vision," in Jay Dolmage's words, become visionary regimes, the term "visionary" here expressing that which stands outside the banal, the given, that which prophesizes or indicates other ways of seeing ("Disabled upon Arrival" in *Cultural Critique* 27)? The conclusion advocates for medical interns' self-care, through autographic comics about their experiences, as they circulate in the same hierarchical, clinical environment encompassing their patients. I ask, if graphic medicine advances lessons for clinicians, what do comics by and about medical students and practicing clinicians, like MK Czerweic, who is known as the comics nurse, provide for the layperson? Anne Whitehead and Angela Woods pose foundational questions: "How might the bodies of doctors and patients be marked in terms of race, class, gender, ability and disability, and to what effects? What else, we might ask, is in the room? [Or how, I ask in chapter 4, is the clinical space of hospital waiting rooms configured and to what outcome?] . . . And with what forms or modes of agency might marked bodies be associated? How might we account for non-human objects and presences?" (2; a discussion of the latter, on vibrant materialism, is the content of chapter 6). We find "equivocal meanings" in comics, contends Ian Williams ("Comics and the Iconography of Illness" 132). How might these ambiguities resonate among patients as they move from health care practitioners' education—academic lessons in compassion and cultural competence—into their daily practice?

Throughout the study, I highlight challenges to equity proposed by graphic pathography's often quite subtle advancement of social justice solutions to health care challenges. The book follows on the heels of Susan Merrill Squier and Irmela Marei Krüger-Fürhoff's edited collection *PathoGraphics*, a broad examination of how graphic pathography communicates life writing and extends the field of graphic medicine to include social justice health issues related to environmentalism and anthropomorphic effect bound up with molecular affect.[7] Wedded to the ethics of what is right and compassionate for everybody, social justice inquiries include the following: Who has been permitted excellent treatment and who has been left to languish? Who falls ill more frequently and why?[8] Which bodies are regarded as "naturally" insufficient and weak, and how does that designation play out in society, health care? Through revelations of inequalities and subsequent changes to language, laws, and public policy, social justice perspectives advocate universal corrections to conditions that pathologize, that limit, and that far too frequently overlook particular (raced) bodies. That the collected phalanx of comics provides reparative depictions gestures usefully and necessarily to wider challenges in need of social, legal, and political solutions.

Taken up explicitly in chapter 6, "Vital Viruses: Animating Herpes, Pathologizing Whiteness in Dahl's *Monsters* and Schulz's *Sick*," and extended in the coda, I repudiate the absence of graphic pathography by and about people of color. Whose dysfunctional body is most often featured in the medium? If predominantly white bodies self-represent, what does this glaring omission portend for the larger field of graphic medicine and its readers? To whom does medicine cater? Historically, black men and women unknowingly served as experimental bodies for medical science; meanwhile, Asian immigrant bodies were grounded in cultural narratives of both disease and palliation, the former playing out currently during the COVID virus pandemic, the latter in their consideration as model minorities. In what unfortunate ways do images of black, yellow, and brown bodies intersect with illness and disability? How is an academic focus on comics by white subjects consciously exposing or unconsciously contributing to a historical convergence among race, disease, and disability?

Show Me Where It Hurts is the second monograph dedicated explicitly to graphic pathography. Elisabeth El Refaie's *Visual Metaphor and Embodiment in Graphic Illness Narratives* is the first, in which she references over thirty graphic illness narratives "to develop the concept of dynamic embodiment" and "search for patterns of metaphor" (12). While I centralize theme-based, close readings of specific graphic narratives, she focuses on how conceptual metaphor theory (CMT) assists in conveying abstract states of being, "such as mental states, emotions, and social relations, that are hard for us to grasp and convey to others without recourse to our 'embodiment'" (1). El Refaie may have chosen from many genres in the medium to exemplify how CMT works. My study, however, depends on graphic pathography to argue its case; it is geared toward unique interpretations based on specific graphic pathographies. However, I reference El Refaie's work throughout.

Graphic pathography is a new but growing field within the umbrella of graphic medicine, the latter an apt neologism coined by a fierce advocate of the medium of graphic pathography, Ian Williams. Suffering from mental health issues himself, he explains graphic medicine as illustrating subjects in the process of "owning our own conditions" and "reclaim[ing]" our body "from the hands of the healthcare professionals" ("Comics and the Iconography of Illness" 132). Through unexpected methodologies of affect theory, spatial theory, vital materialism, and using approaches from race and ethnic studies, women and gender studies, disability studies, and comics studies, I provide readings of recently published graphic pathography, as well as those that receive little scholarly attention; I offer fresh interpretations of some oft-discussed texts. Rather than filling the proverbial scholarly gap, I interrogate obligatory self-care through graphic pathography's self-manifestations, discuss the relevance of racial absences, exercise the uses of materialism, delve into the possibilities of reparative comics collaborations, and examine built and constructed space as critical medical-cultural territory.

Making Illness Manifest

In Kathryn Montgomery Hunter's *Doctors' Stories: The Narrative Structure of Medical Knowledge*, the patient's story of illness that is presented to the physician is retold through clinical diagnosis. It returns to the patient, from the doctor, in a language she cannot fathom, distancing her from her own body and from a valuable professionally intimate relationship with her physician.[9] In graphic pathography, patients turn clinical narratives into images of the *soma* that imagine against this returned, often incomprehensible, medical perspective. Graphic pathography specifically draws out what an affected or afflicted subject sees and feels that is untethered from or in contrast to medical diagnosis and clinical-visual knowledge. *Drawing*, as both noun and verb, is an essential component of this study whose primary sources rely on the somatic: graphic pathography's hand is the illustrating agent of the sick body. At the same time, a body in sickness might be kinesthetically obstructed from crafting its own representation, from drawing out what illness looks like.

"Hand" is not only an appendage that creates a work of art but also a comics moniker for artistic style. With and through the hand, graphic pathographies make illness manifest. That which manifests, or which aesthetically captures depictions of the afflicted and the attention of its reader, is made apparent on the page. "Manifest," defined as obvious, disclosed, evident, and shown, is derived from the Latin terms "*manus*" for hand and "(*in*)*festus*," to attack or to irritate, as in an infestation (or infection) that troubles the body. Literally, "manifest" is to be struck with the hand. Williams usefully divides graphic pathography's "ways of showing" into three categories. "The Concealed" are conditions like herpes, where the virus may lie dormant for years or may not present in visible places on the body ("Comics and the Iconography of Illness" 119). "The Invisible" includes mental illnesses, which are not evident on the skin but "are felt or produce psychological suffering" (119). And "The Manifest," which is defined as "the signs of illness or the scars of treatment [that] are visibly scripted on the body" (119). Illnesses trouble the body, while their subsequent creative depiction on the page move their readers—they are struck by the artist's hand.

Finally, because graphic pathographies are hand-drawn representations recording illness or impairment, they are akin to ships' manifests, logs or journals documenting passengers and cargo, while manifestations can refer to emotions or spiritual feelings rendered visible or public. For this reason, authors of *Graphic Medicine Manifesto* locate their work at the "intersection of the medium of comics and the discourse of healthcare" (Czerwiec, Williams et al. 10). This study is about the hand-making manifestation of—the rendering discernable, perceivable, apparent, and visible—the reappearing (once dys-appeared) body in illness, disease, pain, impairment, and disability, all terms fully defined below.

Artistic depictions of illness are not new. In the modernist era, Pablo Picasso's Blue Period conveyed notions of melancholy while *avant garde* work depicting mental illness, such as productions by Leonardo da Vinci and Leon Battista Alberti, conveyed profoundly personal images in a recognizable style. For David Rosand, an artist's line is "both work and signature" (7), a type of protagonist "establishing its own reciprocal relationship with its maker" (12).[10] Comics art, however, is distinguished from painting, and from the culture of film for that matter, through word-image sequentialism, whose properties capitalize on movement and stasis, various self-representations depicted separately and at once, among other affordances used throughout this study.[11]

In graphic pathography, the illustrating hand is an embodied, interpretive tool crafting somatic representations of the state of being unwell, incapacitated, or otherwise enabled. For example, "The hand is a long-established point of intersection between art and medicine," states Ludmilla Jordanova ("Medicine and the Visual Arts" 47). Additionally, in one of Hillary Chute's earliest essays on graphic narrative, she defines the medium as a "subjective register" of comics' materialism in which "the presence of the body, through the hand, [i]s a mark in the text" ("Comics as Literature?" 457). She argues in a subsequent publication that "marks on the page "are an "index of the body"

(“Comics Form and Narrating Lives” 112).[12] In *Graphic Embodiments*, editors Lisa DeTora and Jodi Cressman argue that graphic narrative is an “embodied . . . practice” that inform us “about embodied conditions of well-being” (16, 15). And El Refaie claims that “the traces left by the hand of the artist that moves over the page at a particular tempo and rhythm” are, quoting Tim Ingold, “both inspired by, and carry forth, our affective lives” (El Refaie 140). As these scholars claim, graphic pathography illustrates the inseparability between the body and what ails it, drawing out not only a patient’s public face but also what illness looks like—the face it publicly presents. The hand as style captures our attention. It can also strike us when it troubles accepted notions of how illness is embodied. Articulate images invite us to see through the lens of illness: What does it mean to be infirm in relation to ourselves, whether healthy or sick, and under the auspices of society’s own determinations of what it means to be healthy, to be well? They encourage related queries into illness and perception, such as how do we valuably recognize and compassionately care for the ailing?[13]

Nate Powell’s *Swallow Me Whole* provides an initial example of such an intervention. The graphic pathography depicts the ghosts, insects, and wizards that are the hallucinatory manifestations of two stepsiblings’ childhood schizophrenia. In sharp black pen strokes on white paper, Powell materializes for his readers the psychological conjuring of apparitions perceptible only to the teen protagonists, Perry and Ruth. Powell’s drawn versions of the youths’ visions make discernible the indiscernible, enabling our own vision from a literal, perceptible *view*-point. The teens are not “crazy” but untreated; they are not obstreperous but rather ignorant of what afflicts them. Powell’s graphic narrative is informed by a decade of his own work among adults with developmental disabilities.[14] *Swallow Me Whole* demonstrates how those who live and circulate among the ill, as well as patients who live in the kingdom of the sick (in reference to Susan Sontag), might valuably *image* their conditions of literal and psychological pain against medical prescriptions circumscribing their health. The psychologist in *Swallow Me Whole*, for example, does not explain Ruth’s “obsessive compulsive disorder” or “schizophrenic and dissociative patterns,” neither to Ruth nor to her mother, instead handing over an illegible prescription (n.p.). After Perry confesses to his physician that “I hear this little guy [a wizard in Powell’s drawings] who follows me around and makes me draw,” the latter dismissively tells his father, “The kid is clearly a wizard. He just needs to have the time to focus on his work there. Off you go. A few problems are always normal. Where would we be without them?” (n.p.). Ruth unexpectedly takes flight in one of her hallucinations. In a strange and unexpected drawing, she drifts freely down the street in stark contrast to the insects—that are meant to fly—that she has trapped in labeled jars and collected in her bedroom. We conjecture that she has been overcome by mental illness. I contend, therefore, that drawing in graphic pathography is clearly a disruption, a slap of the hand, a handy slap, a (drawing) hand that presents invisible manifestations of illness to render them image-able and imaginable. Graphic pathography like Powell's can show us where it hurts.

Definitions and Demarcations: Impairment, Agency, Social Justice

I use three terms that require definitions in the context of my work: disability (including its interactions with impairment and its necessary distancing from illness and disease), agency, and social justice. I adhere to a social theory model of disability, briefly outlined here, but also am persuaded by Elizabeth Barnes's "mere-difference" view of disability, what she deems a minority among a minority, explained below.[15] Megan Strickfaden's inquiry—at what point does visual impairment cross the "threshold" into disability?—introduces the gray area surrounding what the nondisabled mean by the term disability (161).[16] Eyeglasses remedy "acceptable vision loss," she argues. "Acceptable," I assume, because so many depend on corrective lenses (161). Thus, in the ubiquity of "acceptable vision loss," eyeglasses both can correct commonly experienced impairment and serve as fashion statements. That is, while restoring acceptable vision loss, we also can choose from an astounding array of stylish frames. Or, we can merely enhance our wardrobe with fake (noncorrective) lenses inserted into trendy frames—wherein some might choose disability's "correction" absent of the impairment. If many people are limited by nearsightedness or farsightedness, or experience "acceptable vision loss," remediation is rendered attractive, even desirable. Fashion surrounding this type of acceptable impairment forces us to ask who defines "acceptable" and what does that definition portend for those with "unacceptable" impairments—Strickfaden's "extreme vision loss" (161)—those we might not select for ourselves? What does this distinction mean in disability studies and for disability activists? The terms on which medicine has settled ("extreme vision loss" chafes against "acceptable vision loss") determine the conditions upon which the abled and those personally limited (in motion, cognitively, in vision) view themselves, rather than allowing the conditions to set the determinants.

Disability studies scholar Christopher Bell reminds us of the ever-changing domain of terms and arguments by which we define "disability," noting how in the past some, but not all, scholars in the field once regarded AIDS as a disability; others find that those "with hidden disabilities" are not sufficiently disabled ("Introduction: Doing Representational Detective Work" 3). Conferring or denying the designation "disabled," as we know, has implications for insurance coverage, for obtaining specific procedures or medications, for receiving unemployment benefits, for being granted a designated vehicle tag permitting parking in specific spots, and opens disabled subjects to social stigma.

In disability studies, those who embrace a social theory model over a medical one argue that the built environment prevents disabled subjects from mobility, sometimes from social and educational advancement.[17] To call disability a "political category," Susan Wendell argues, places the burden on social, material conditions that impose barriers to those so named: disability in this social theory model is "the socially constructed disadvantage based upon impairment" (22).[18] Similarly, Simi Linton argues that disability is a term derived from and conferring significance to the medical community, in which "human variation" in the form of impairment is regarded "as deviance from the norm, as pathological condition, as deficit" (11). Yet to be limited in mobility or to necessitate assistance to function in an ableist world does not require a cure.[19] Thus ascribing illness to disability, as mutually constitutive, is perniciously "problematic," argues Wendell (17). "To cure something implies that you are returning the body to its normal state," claims Emily Ladau. "[However,] my disability *is* my normal state" (quoted in Elizabeth Barnes 143).

A third view between the medical model and the social model is that of the interactionalist model, laid out by Christopher Riddle. This third outlook neither dismisses the medical model nor totally embraces the social model but insists that approaches mediated by both will best ameliorate pain and any limitations, built and social, impeding the impaired. Constructing a built environment facilitating mobility for an individual with an amputation, for example, might improve her mobility, but this built solution alone does not address residual discomfort. "Impairments must necessarily have negative impacts for individuals," states Riddle, "otherwise, we do not consider the social oppression resulting from the condition as disability at all" (Riddle paraphrases John Harris 35). If illness seeks a cure, so, too, does disability in this coterminous but maligned association as, returning to Landau, "My disability *is* my normal state." As many scholars in a social theory model of disability studies advocate then, "It is ableism [as a deliberately normalizing structure] that needs the cure, not our bodies" (Eli Clare quoted in Wendell 18).

Finally, I turn to Elizabeth Barnes, whose thought-provoking philosophical approach to disability in *The Minority Body: A Theory of Disability*, systematically unpacks and carefully overturns many standard arguments used by disability scholars in order to advance a "mere-difference" view of disability. In this extremely truncated definition, absent of Barnes's valuable nuances, "disability is *neutral* with regard to well-being" (emphasis in original 54).[20] Disability "makes you *different*," she claims, renders a person a minority among other minorities, but does not intrinsically make them "worse off"; the disabled as "worse off" is an assessment held by those adhering to "bad-difference views" of disability (54, 55). She relies on testimony from disabled subjects to make her claims, which I find most helpful when sifting through various definitions of and approaches to disability. For in our ableist world, we have practiced "testimonial injustice," which impedes those of a minority group from being listened to (135), while "hermeneutical injustice" inhibits them from recognizing and expressing their experiences because of reigning stigmas about disability (169).[21] Following Barnes's valuable explorations of both these forms of "epistemic injustice" (169), I contend that the autographic subjects addressed in *Show Me Where It Hurts* resist what I call visual injustice. Sometimes they depict challenges they confront in the built environment, other times are thwarted by social judgment, but finally draw out, with joy, embodied agency.

The impairment/disability divide has a corollary in that of illness/disease. "Impairment" for some scholars is a subject's social experience with (the medical model of) disability. Likewise, illness, according to Arthur Kleinman, is "the innately human experiences of symptoms and suffering" of disease, where disease is the term given to a medical condition whose symptoms, signs, prognoses, and possible cures are mapped scientifically on the body, over time (4). "Disease is what practitioners have been trained to see," he claims (5). Illness is a subject's response to disease, the uncharted territory of how disease "feels" to the ill. Turning again to the often (harmful) intertwining of illness and impairment, we are reminded that some impaired subjects are not well. A woman who has lost a limb from diabetes, for example, is hospitalized for pneumonia, only to be discharged once cleared of the latter. But she will not be admitted for and cured of her amputation, unless it becomes infected.[22] Some illnesses become temporarily disabling. Others, such as those that are chronic, can be permanently disabling. I will use illness and impairment as subjects' embodied experiences, disease and disability as their denoted medical conditions.

In my analysis, subjects of graphic pathography defined by the medical model of disease and disability both desire and then draw their agency beyond the bounds of the constructed, normative patient. I turn to Judith Butler's definition of agency as constrained by sex and gender yet still open to liberation as explored in *Bodies That Matter*. She revisits and more expansively defines agency, taken up as performativity in her poststructural study *Gender Trouble*. Critiques of agency in performativity contend that in Butler's definition of gender, subjects that are bound to obligatory codes can react only within the codes' confines. The conditions that create the subject are the same conditions that bind her. Therefore, there exists no woman before or beyond that construction, argues Adriana Zaharijević (25). Clinical medicine's discursive management of the body around narrow definitions of well-being limns the enigma that Butler's critics allege: Is Butler's performative subject agential? Is any cure for an already prescribed subject anything but a prescriptive one?[23]

In *Bodies That Matter*, Butler replies to her critics by explaining that the regulatory codes constraining sex and gender also are the very social codes that will afford opportunities beyond codification. Bodies produced under "regulatory schemas" also produce the possibilities of that which is unregulated, that which might be "unimaginable" (Butler xi). The construction of sex or gender does not foreclose its complete submission to a regulating power. The performativity of gender, she argues, as repetitive processes of acting within discursive or social norms, might also be "sites of critical agency" (x).[24] I extend Butler's understanding of agency in discussing how subjects of graphic pathography are hindered by medical dispositions, exemplified by rigid narratives of cure and under a limited set of images (or rephrased as a limited imagination). Under what circumstances might a patient invoke her own agency? She may initially internalize the medical approach, I argue, but in becoming a self-conscious agent able and willing to act on intentions, she re-signifies medical codes in her drawings.[25]

While it is beyond the scope of this book to explore the historical and political genealogy of social justice, as well as new liberalism's notions of social justice,[26] brief definitional guidelines are appropriate. Walter Lorenz helpfully explains that the term social justice "has come to refer commonly to social policies and other rights-based initiatives that protect vulnerable and disadvantaged groups of national or global society from oppression, discrimination, or exclusion or that support them materially" (14). He distinguishes between an "entitlement" aspect of social justice and "charitable approaches" (15). The former advances that no matter one's identity (race, gender, sexual orientation, economic class, religion, or faith), citizens are authorized, by law, to equitable services. In "charitable approaches," various governing or social bodies decide who deserves what rights, to what extent and quality, and so define who might be deprived of them. Subjects in the primary texts I explore turn to entitlement approaches.

Loretta Capeheart and Dragan Milovanovic also usefully define social justice as a community endeavor, as that beyond "what is just for the individual alone" to "what is just for the social whole" (2). Social justice is a "we" problem. Consider the sixty-four comics published in *COVID Chronicles: A Comics Anthology*, which addresses "how the actions of an invisible microbe," states the collection's editor Kendra Boileau, resulted in "systemic upheaval" (xi). The virus may have overwhelmed our institutions of medicine, collapsed much of the economy, and iterated clearly the chasms of care in the seeming bedrock of American social justice, but it also uncannily has forged connections and community, she continues (xi). As such, throughout this study I inquire: When self-care burgeons into care of all selves, what does graphic pathography's imaging mean beyond the individual? How do resistant, multiple (rather than singular), changing (over static) views inform the institution particularly and social and cultural arenas broadly?

The Medical Humanities' Narrative Medicine, the Health Humanities' Graphic Pathography

In their introduction to *Infertility Comics and Graphic Medicine*, Chinmay Murali and Sathyaraj Venkatesan comprehensively chart the field of comics and graphic medicine, from the medical humanities[27] to its more expansive health humanities.[28] The latter incorporates findings in women and gender studies, queer studies, race and ethnic studies, and disability studies;[29] and by acknowledging the wide swath of caregivers beyond physicians and nurses, such as paid caregivers who attend to patients in their homes; "informal caregivers," including family members; and those who make care possible, such as "charitable organizations' personnel; paraprofessionals and support staff; custodial servicers; and ambulance staff" (Paul Crawford et al. 12). While the medical humanities often have focused on the clinical side of wellness and targeted the contributions of medical staff, the health humanities, which encompass critical medical humanities, engage the social sciences, arts, and humanities, and provide pedagogical tools for all caregivers invested in redefining health for the benefit of the ill.

In Murali and Venkatesan's overview of the rise of graphic medicine, they advocate for a convergence of ideas as they emerged over time as opposed to a linear, chronological trajectory from narrative medicine to the health humanities to graphic medicine.[30] Comics, they argue, have been in existence long before the health humanities itself. In the history to follow—of the interaction among the medical humanities, the health humanities, and graphic medicine—I am indebted to Murali and Venkatesan's very thorough charting of the rise of graphic pathography. I necessarily revisit some of that territory but ultimately expand the base by filling in some gaps and finding new avenues to explore.

Medical education was, since 1948, "multidisciplinary" to its core, Murali and Venkatesan remind us (16), and even by 1937, they refine, E. E. Reinke of the Vanderbilt School of Medicine advocated for a medical/technical education hand in hand "with a liberal education" (17). The value to medical practice of studies in language, culture, and the social sciences eventually led to related courses in medical programs, and those initial offerings, including a history of medicine, began to populate the curriculum of the first medical humanities department, launched in 1967, at Penn State University's Hershey Medical Center.

Literature and medicine, a branch of clinical studies, relies on the arts and humanities to instruct thoughtful attention to patients and the cultivation of empathy. The culture of medicine, not the "hard" experiential positivism of the sciences, aligned closely with the interpretative skills of other disciplines; physicians' thoughtful readings of signs, emotions, and signals given by the patient and her body assumed a valued adjunct to careful somatic reading and cultivated respectful bedside manner. Literature and medicine was established in its academic form in 1972, when Joanne Trautmann (Banks) accepted a position teaching literature at Penn State University College of Medicine (Hawkins and McEntyre 4). The emergence of the interdisciplinary journal *Literature and Medicine*, published by Johns Hopkins University Press, confirmed the field's academic acceptance (4). These literary additions contribute, they imagine (but have yet to be decisively proven, as assessed in the conclusion), to capacious, competent care.

Early iterations of the introduction of narrative medicine to health care are attributed to Rita Charon, who holds both an MD and a PhD in English. She encouraged her colleagues in Columbia University's medical school to introduce students to narrative competence using novels. In 2000, Charon persuasively argued that literature and literary representations of illness, disease, suffering, and recovery are essential reading for those studying the biological human condition.[31] For example, Leo Tolstoy's 1886 *The Death of Ivan Ilych*, in which Ivan, confined to his deathbed, desperately wishes to be acknowledged as a thinking and feeling human being by the doctor who is overseeing his illness while seeing over, ignoring, his patient (*Narrative Medicine* 22–23).[32] Clinical effectiveness, Charon claims, is grounded in reading many types of narratives, not only the trajectory of illness in a body but also patient in-takes, test results, physicians' reports, the somatic body and its many signs (including emotions). Learning to interpret literature is key to Charon's advocacy of practicing good medicine, as we all tell stories about ourselves and our bodies, especially in the clinic (*Narrative Medicine*).

Other academic fields, such as the behavioral sciences, medical sociology, and medical anthropology, gradually enriched a changing medical curriculum. The health humanities, or wider yet still a "health studies" field that incorporates approaches from both the medical humanities and the health humanities, is incontrovertibly interdisciplinary.[33] For those working in the broad health care field, caring for humans and understanding the human condition involves much more than knowledge in the sciences, mathematics, and attending to illness and disease during internships and rotations. "The majority of healthcare as it is practised is non-medical," claim the editors of the 2015 collection *Health Humanities* (Crawford et al. 2).

Those afflicted with illness in a purely clinical setting long for somebody to ask, "What's it like?" or to solicit a patient's perspective, as does Tolstoy's Ivan. In the 1990s, prose illness pathographies began to provide such a perspective in a general deviance from and critique of those narratives produced by clinical medicine. These written accounts allow the "ill to tell their own stories," "a need for a voice they can recognize as their own" (Frank 3, 7). For Einat Avrahami, "Bodies are a source of knowledge" (66), and thus "illness narratives are political agents for change insofar as they allow sick and disabled people to break the sanction of silence and bring their experiences of cultural oppression to the level of discursive consciousness" (42).[34] Avrahami quotes Christina Middlebrook: "Generations speak different languages. So do people with cancer. We use the same words but we must have different dictionaries. Things I say seem unintelligible to people who live outside the cancer realm. . . . You can only speak the language by living there" (Avrahami 65). Hawkins defines pathography as "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (*Reconstructing Illness* 1). Pathography provides the patient a voice rarely heard in the "world of medicine," and it does so in such a way as "to assert the phenomenological, the subjective, and the experiential side of illness," she argues (12).

Graphic pathography, long-form comics by and about those who are ill, respond to "What's it like?" with "Let me show you." Approaches in both narrative and graphic narrative demonstrate how patients seeking medical care refuse to submit to established clinical narratives; they refute others' metaphors if "they lack empathy," according to El Refaie (34), and resist others' retelling of their own stories. If ill people "*need* . . . to tell their stories, in order to construct new maps and new perceptions of their relationships to the world," argues Arthur Frank (3), then I argue that ill subjects also desire their own images.[35] Graphic pathography hosts a telling line and constitutes a visual catalyst. As prose literature bridged the physician's approach to a patient's "words, gestures, silences" (Charon quoted in Murali and Venkatesan 20), artists' aesthetic lines manifest their own views of embodied states. They show us where it hurts.

If clinical medicine participates in the *business* of cure, graphic medicine promotes self-care.[36] The former mandates a financial bottom line. The latter retrieves and rehabilitates the individual subject from the "patient," an illustrated rebuke. Likewise, Eszter Szép in *Comics and the Body: Drawing, Reading, and Vulnerability* addresses not only how the mark-making artist uses her hand, an embodied reaction to depicted vulnerability, but also how the reading body performs "kinaesthetic empathy" (a term she borrows from Laura Marks; see Szép 137). Szép argues for the "performative and embodied nature" of reading comics (139), what she calls "feeling the line" (141).[37] While Szép studies the reader's "reception of abstract lines" (137), I focus on what the line depicts about the institutions of health and medicine for the drawing subject. Szép's conclusion, however, that graphic narratives about the body can convey characters' vulnerability resonates with my exploration of graphic pathography's social justice objectives, indicating which subjects are cared for, how and why, and which ones are less well served by systems of "health" and "care."

Cartoons depicting illness precede the rise of narrative medicine and the health humanities. In *Disability in Comic Books and Graphic Narratives*, Zach Whalen, Chris Foss, and Jonathan Gray find that in the nineteenth century, Britain's weekly publication *Punch* used caricatures of the Irish to depict racial and bodily differences that deviated from the British norm ("Introduction" 3). In the coda, I explore the attribution of disease to race in the immigration history of the United States in relation to the lack of a robust collection of graphic pathography by and about people of color. According to Jared Gardner, graphic illness has always resided in early American cartoon panels; the institutionalization of the health humanities has neglected a heretofore alliance between cartoons and illness. In his keynote address "Beyond Metaphor," for the 2015 Graphic Medicine Conference, Gardner usefully explores the many references to illness featured in Richard Outcault's 1865 Sunday supplement *Hogan's Alley*, considered America's first comic. Gardner singles out the shaven head of the character Yellow Kid, who lives in a lively New York City immigrant neighborhood, as a "prophylactic" against the scourge of lice. Gardner surmises that a smooth pate was a cheap and convenient remedy by which to repel the recurrence of the pesky parasite in a packed neighborhood where eggs pass with ease from hairy head to hairy head. In his accompanying PowerPoint presentation, Gardner compares the likeness of the cartoon Kid to an early-twentieth-century photograph of a child with nutrition deficiency, visually demonstrating how the facial features and bald crowns of Outcault's other cartoon kids indicated a possible widespread alimentary paucity.[38] Furthermore, yellow journalism, a type of reportage suggesting sensationalism, originated in the tug-of war between former newspaper moguls William Randolph Hearst and Joseph Pulitzer over the rights to Outcault's work, an ugly public squabble that gave rise to the name yellow journalism. The Yellow Kid is associated not only with illness as argued by Gardner—being jaundiced or exhibiting the pallor of the sick—but also with the hyperbolic.

Gardner's instructive history of the origins of comics as intertwined with pathology concludes where many other comics scholars' similar trajectories begin: with Justin Green's 1972 *Binky Brown and the Holy Virgin Mary*, once considered the first American graphic pathography, which depicts obsessive compulsive disorder.[39] For Murali and Venkatesan, comics like *Binky Brown* "flourished in the 1960s following comics censorship . . . as it foregrounded the messy and obscene aspects of corporeality, paving the way for honest depictions of illness and suffering in comics" (15). Their reference to underground artists Aline Kominsky-Crumb's 1972 "Goldie: A Neurotic Woman," published in the same year as *Binky Brown*, assists us in rethinking the gendering of the comics canon in its hierarchizing of men's works over women's. Repeated academic attention to *Binky Brown* over scant remembrance of "Goldie" runs parallel to hierarchies of the clinical arena, and to so many other social, cultural establishments, whereby the white male body (here in clinical testing) serves as the universal body; its reactions to drug trials are the harbingers of expected, similar reactions in—and often harmfully erroneous reception by—the bodies of white females and people of color. While the Underground comix movement may have been short-lived, state Murali and Venkastesan, it facilitated the ability for women, decades after, to draw their autobiographical experiences of sexism, violation, homophobia, and emotional distress. Autobiographical comics by women, contends Chute, place pressure "on conceptions of the unrepresentable" by rendering that which was once considered taboo visible on the page (*Graphic Women* 2). Trauma and its attendant disruption to mental wellness are such taboo subjects illustrated in graphic pathography.

One need not look far to find numerous examples of graphic pathography long before its current nomenclature. Ian Williams lists the long-running *Rex Morgan, M.D.* series, in print for over half a century since its 1948 inception, as well as comics biographies about medical figures (such as Louis Pasteur or Florence Nightingale), and comics featuring doctors and nurses based on "real-life medical situations" ("Portrayal of Illness" 65, 66). Similarly, Bert Hansen discusses the ubiquity of "medical history stories" in the genre of American true-adventure comics of the 1940s, such as *True Comics, Real Heroes, Real Life Comics* (179, 180). While he focuses on image styles that, he argues, sustain readerly interest, his emphasis on stories about the lives of actual physicians, nurses, and medical scientists falls within the umbrella of graphic medicine. More recently, Emmanuel Guibert (artist), Didier Lefèvre (photographer), and Frédéric Lemercier (colorist) record character Didier's photographic journey with a medical caravan in *The Photographer: Into War-Torn Afghanistan with Doctors Without Borders*. The graphic pathography and war narrative elegantly juxtapose cartoons and photographs, while also contrasting beautiful landscape against horrific war wounds suffered by soldiers and civilians alike. Marek Bennett tackles Civil War history in *The Civil War Diary of Freeman Colby, 1863* (in two volumes), especially that of nurse Sarah Low and incorporates the literary work of Walt Whitman, penned after visiting Civil War patients in Washington DC–based hospitals (Marek Bennett, vol. 2, appendices 499). Based on letters, diaries, maps, photographs, and other archival information that Bennett perused in local historical societies and libraries around his New Hampshire–based hometown, his work demonstrates an innovative comics approach to war history, biography (of nurses, poet-volunteers), and field hospital experiences of patients and caregivers.

In the realm of superheroes, Ramzi Fawaz examines the initial inclusion of disability and its constructive work in the comics *The Justice League of America*. He argues that it is the first instance in which the League acts individually to solve "threats to their bodily integrity" rather than as a collective, as when they destroy "menaces to international security" (62). For Fawaz, disability resides as nearly insurmountable for these heroes, a feat more challenging than fighting aliens. The *Fantastic Four* emerging in the 1960s, however, introduced superheroes endowed with psychological weaknesses, says Robert Harvey, followed by similarly affected superheroes in the X-Men and the Avengers (47). The *Fantastic Four* battled neuroses whose genesis lay in their expectations of "gender and sexual conformity," argues Fawaz (77). Character Benjamin Grimm, who morphs into The Thing, eventually finds pleasure in his "productively maladjusted stance toward contemporary gender and sexual norms" (Fawaz 77). Emotions such as feeling uncertain or unsettled become positive attributes in the comics universe, especially for superheroes (16). That is, claims Fawaz, the transformed team wrestled an *accidental* biopower charge of a cosmic ray into positive features, hence reworking generations of provocatively termed "mad" scientists in the comics world who *intentionally* injected themselves with power serums.

Senescence also unexpectedly intrudes into the "super" realm of superheroes. This natural, human trajectory encouraged anxiety, and produced accompanying frailty, in characters unnaturally (and assumed perpetually) strong. The retired but eventually revitalized Batman of Frank Miller's *Batman: The Dark Night Returns*, repudiates the reality of growing old. He reluctantly acknowledges the aches and pains of his increasingly stiff and sluggish body, pummeled by years as a superhero who fights with his fists. His face is lined, his confidence shaky, so unlike his younger, irrepressible, and elastic self. When necessary, however, he finds his senior sea legs in order to roundly whip Superman, now a silver-haired superhero himself. Miller's depictions of a resuscitated Batman supports a common human fantasy that bodies, by sheer will, can spurn corporeal and cognitive changes, and often impairments, of "silver," both as seniority and as nomenclature, where the Silver Era itself marks one of various chronological generations in the superhero universe.[40] Alternately, the cover of José Alaniz's scholarly work *Death, Disability, and the Superhero: The Silver Age and Beyond* features a still from Gilles Barbier's 2002 museum installation *Nursing Home*, in which Superman supports himself with a walker, Captain America lies prone on a gurney, while Wonder Woman tends to his intravenous drip (3). These mellowing superheroes are too fragile and sick to face the next major attack on America. Alaniz argues that as images of imperfect bodies pervaded post–World War II American consciousness, known and new superheroes became less and less physically resilient.

My book does not analyze superhero comics, nor does it investigate medical pedagogical comics, the latter an additional genre that falls under graphic pathography. Ian Williams, though, investigates how the influence of AIDS on society in the 1980s and 1990s ushered in commercial-educational comics about prevention and HIV symptoms that destigmatized the disease and whose profits benefited AIDS charities ("Portrayal of Illness" 72).[41] Williams argues that the artists of these comics depicted "their own concepts of the diseased body" and thus appropriated the negative influence of "'official' iconography that informs society's notion of an illness" (74). "Ecopathographies," so named by Hawkins, also are beginning to circulate within graphic pathography, "warning the rest of us," writes Squier, "that their [the comics artists'] illnesses are the signs and symptoms of much larger problems confronting culture as a whole" (Squier references Hawkins 206). Environmental toxins and climate change as social justice issues, global pathogens and parasites as "agential beings" (Squier 209), and "porous pathographies" that invite comprehension and "ramifications at multiple scales simultaneously" (209, 206) point us in new directions in graphic pathography.

This foray into comics publications that preceded the official nomenclature of "graphic narrative" demonstrates how the many incarnations of comics and medicine encompass a much more complex history than that provided to date and invites further study. As the field of graphic medicine grows, so does it expand how we might reimagine what we mean by "medicine" in the term graphic medicine. Perhaps the specific term "graphic pathography" is an overall misnomer that returns us to a medium examining the life of the pathogen or the disease rather than its more humane focus on the life of patients *with* illness or impairment and the providers who circle around them.[42] In *Show Me Where It Hurts*, I accept Williams's challenge to provide "further scholarly attention" to "the quality and quantity of recent depictions of disease in graphic narrative" ("Portrayal of Illness" 75).[43]

Chapter Outlines

I retreat from former comics scholars' heavy reliance on trauma theory, life writing, and Scott McCloud's *Understanding Comics*, even though the latter provides a useful introduction to the medium through the medium. Additionally, the wide range of subject matter in the selected primary sources—on disability, cancer, aging, the encroachment of disease-related blindness, sexually transmitted diseases, and psychosomatic presentations—prevents the manuscript from falling into the narrow parameters of a study focused only on cancer comics, for example, or closely on anorexia and bulimia, infertility issues, Alzheimer's, among other specific diseases. These are certainly viable approaches, but I find vitality in the great variety of graphic pathography that capaciously draws out the dys-appearing body. In a study that critiques the lack of graphic pathography by and about people of color, I intentionally sought out as much scholarship as possible by scholars of color. Throughout, I also rely heavily on literary, cultural, and comics studies, as opposed to work from education, linguistics, and metaphor, as practiced by other comics scholars.[44] Chapters are arranged to build across interwoven themes and, ironically, to move toward discussing the field's significant lacuna: representations of race by artists of color.

In chapter 1, I address how Al Davison's *The Spiral Cage*, an autographic about white, cisgender, impaired Al, asks us to re-vision the normate.[45] If "medicine is fundamentally narrative . . . and its daily practice is filled with stories," as claims Hunter (5), I investigate how Davison's graphic pathography encourages us to become better readers of comics about impairment, a pedagogical approach to relearning how to read, revising our literacy "normate." His somatic texts are what I call graphic genesis, a concept that contributes to improved literacy about ableism. The various generative versions of *The Spiral Cage*, its successive published incarnations from floppy comics to sturdier editions, comment on comics, bodies, and materiality.

Chapter 2 sets Marisa Acocella Marchetto's *Cancer Vixen* against her subsequent graphic narrative *Ann Tenna*, two works collaboratively interrogating and reinstructing us about how "good" and "bad" (white, cisgender) women patients behave. The latter has found little traction in academia even though, I argue, the two are symbiotically related through illness and vanity. The chapter develops from medical and social scripts circumscribing "disease" and "woman" to charting their affects among outrageous and bold women characters.

Care work of the elderly is the focus of chapter 3, the "good" expected work of (white) women and their (white) daughters, examined through style and haptic drawing in Roz Chaz's *Can't We Talk About Something More Pleasant?* and Joyce Farmer's *Special Exits: A Graphic Memoir*. Perusing the various types of succor provided by daughters to their mothers, and what this care work expects of them, I ask why predominantly women are "forced to care," the title of Evelyn Nakano Glenn's study of global women in the caring workforce, and its consequences. The lack of affordable caregivers and facilities for the elderly—a paucity of spaces of good care—brings us to chapter 4. I explore hospital and clinic waiting rooms through spatial theory, carefully unpacking hospital space in Chris Ware's *Jimmy Corrigan: The Smartest Kid on Earth*, and Phoebe Potts's *Good Eggs*. A hospital's literal spaces in which patients circulate are networks of interrelated emotions as well as part and parcel of the medical industrial complex.

This complex, however, administers to race unevenly. Chapter 5 analyzes Vivian Chong and Georgia Webber's *Dancing After TEN*, in which visible impairment and scars from disease contend with the invisibility of race. Chong's Asian Canadian identity and her impending blindness are put in conversation with the myth of the model minority through James Kyung-Jin Lee's notion of "woundedness." Additionally, because each artist-contributor suffers from vastly different debilitations, one permanent (Chong's blindness) and one temporary (Webber's voicelessness), their artistic collaboration evolves into an exciting suturing of experiences that I call graphting.

The penultimate chapter 6 reads Ken Dahl's *Monsters* about herpes, a condition demanding discussion, thereby deshaming the disease. But herpes also provokes excessive worry for protagonist Ken, a white heterosexual, cisgender man living with a manageable disease. These anxieties over an amendable condition are untenable in relation to Vivian's permanent blindness in *Dancing After TEN*. I read herpes through vital materialism, extending agential qualities to the virus. I take up Squier's request that we "challenge the unconscious assumption that pathography belongs only at the scale of the human being," referencing necessarily articulate "spaces between human lives, showing the intimate entanglements that link all human beings not just to each other but also to the other 99 percent of biodiversity and to the earth" ("Scaling Graphic Medicine" 221). I eventually link the monsters of the herpes simplex virus to more unwieldy, less remedied beasts embedded in the privileges and their consequences afforded by racial whiteness. As a logical corollary, *Sick*, a subsequent graphic narrative by Dahl (who also goes by Gabby Schulz), charts the path from comics avatar Gabby's (white) ignorance—"wellness" a manifestation of the bliss of oblivion—to his pathological consciousness of white privilege. In this chapter's conclusion, I contrast Ken/Gabby's experiences falling temporarily ill with those of Japanese-Canadian lesbian Kimiko, in remission from breast cancer (from *Kimiko Does Cancer: A Graphic Memoir* by Kimiko Tobimatsu [author] and Keet Geniza [artist]). Gabby recovers, albeit with the burden of whiteness dogging him, but Kimiko, like Vivian in *Dancing After TEN*, can never overcome the stigma of race negatively affecting her ability to secure resources for her treatment and recovery, and nefarious attitudes about race and disease, the coda's topic.

The conclusion points to graphic pathography's solid future in the health humanities. I argue that this genre of comics is a *medium* in two senses of the term: a noun naming its word-image form and an act of bridging, here from physician to patient. I ask how graphic narratives by and about health care workers might inform patients, among other readers, of the challenges, fears, and joys they confront in the hierarchy of medical education and culture. The endeavor assumes comics as a mediator, linking the concerns of health care providers with those of patients in a social justice arena of graphic medicine's "we."

The coda resists the winding down of a conclusion by inviting more comics artists of color to produce images of illness in our nation's historically deterministic relationship between disability and race, disease and race. The sheer number of graphic pathographies by white artists, ranging across mental health, Parkinson's, cancer, Asperger's, epilepsy, anorexia and bulimia, and a myriad of other diseases and disabilities provides a massive archive from which to fashion extended arguments. The paucity of graphic pathography by and about people of color, however, does not offer such a deep and wide swath.[46] I ask, in what ways has medicine, and how have scholars in the medical humanities and disability studies, contributed to this visual injustice, and often visual violence? How might scholars in the medical humanities and disability studies address the challenge? Does the absence of graphic pathography by people of color continue to suggest that medical care is care for white people? If research already demonstrates that the impact of climate change, COVID-19 and its variants, and medical research all more negatively impact the health and well-being of people of color than they do white people, what are the social justice implications of an unwillingness to draw them out? Without them, we will be mired in Dahl's world of *Sick*, a white world in which injustice is itself invalidating. *Show Me Where It Hurts* reads what already has been manifested on the comics page and invites more of what demands expression.