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Body image/imagining bodies: Trauma, control, and healing in graphic memoirs about anorexia

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Body Image/Imagining Bodies:
Trauma, Control, and Healing in Graphic Memoirs about Anorexia

by

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Thesis

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Dedication

“Do you believe in fairies? Say quick that you believe. If you believe, clap your hands!”

—J.M. Barrie, *Peter Pan*

For Grant, Noah and Mikayla, who have loved, believed and clapped unconditionally.

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Writing this thesis has been emotionally rigorous and I would not have completed it without endless support from my friends and family. I am thankful for them listening to me babble, allowing me to cry, and reminding me that not only was this worthwhile educationally, but personally as well. I have grown and continued to recover with every word I have written, and it would not have been possible without their love and support.

Abstract

Over the past decade, there has been a significant increase of graphic narratives focusing on the intersection of comics and medicine, a subgenre known as graphic medicine. These memoirs, known as graphic pathographies, are written from those who interact with disease in various capacities from patient, to doctor, to caregiver. This project closely examines three graphic pathographies written about the eating disorder anorexia nervosa. Prior writing, both fictional and personal memoir, on anorexia has often been considered as problematic for its ability to function as a how-to manual for anorexics. Anorexia is a complex disease that exists largely within the mind of the anorexic, yet its toll can be visibly seen on the body. Graphic pathographies, with their ability to simultaneously show through the visual format and tell through the verbal format, offer a more nuanced and holistic representation of one's encounter with anorexia.

Table of Contents

Dedication	ii
Acknowledgements	iii
Abstract	iv
List of Figures	vi
Introduction.....	1
Chapter One: Graphic Medicine and the Iconography of Illness: Exploring the Manifest, Concealed, and Invisible Aspects of Anorexia Nervosa.....	26
Chapter Two: How Graphic Narratives Undo the “How-To” in Anorexia Writing.....	57
Chapter Three: Destroying the Dichotomy: Controlling One’s Narrative in Graphic Form..	86
Conclusion	107
Works Cited.....	134

List of Figures

Figure 1. <i>Lighter Than My Shadow</i> , Cover	9
Figure 2. <i>Tyranny</i> , Cover.....	11
Figure 3. <i>Ink in Water</i> , Cover.....	12
Figure 4. Anna's normal sized teenage body early in the narrative in <i>Tyranny</i> , pg. 7.....	37
Figure 5. Anna's skeletal anorexic body in <i>Tyranny</i> , pg. 43.	38
Figure 6. Anna trying on bras where her actual body does not reflect what she sees in the mirror's reflection in <i>Tyranny</i> , pg. 8.	39
Figure 7. An incredibly thin Anna, exhibiting signs of exhaustion due to malnutrition is unable to see how her body actually appears in the mirror in <i>Tyranny</i> , pg. 66.....	40
Figure 8. In a series of six progressive panels, Fairfield captures all three of Williams' categories of the 'iconography of illness' in <i>Tyranny</i> , pg. 54.....	41
Figure 9. Katie, who appears as a normal teenage girl, examines her changing body in a series of panels in <i>Lighter Than My Shadow</i> , pg. 87.....	43
Figure 10. Katie, dissatisfied with her body, is seen imaging carving away offending sections in <i>Lighter Than My Shadow</i> , pg. 100-101.....	44
Figure 11. While Katie is able to conceal many symptoms of her anorexia from her friends and family, she cannot hide those same symptoms from herself in <i>Lighter Than My Shadow</i> , pg. 261.....	45
Figure 12. Kettner chooses to over emphasize some of Davis features, causing me to question his accurate and authentic representation of Davis embodied self in <i>Ink in Water</i> , pg. 89.....	47
Figure 13. The squiggles appear over Katie's head for the first time after she is body shamed by a group of male classmates in <i>Lighter Than My Shadow</i> , pg. 49.....	48
Figure 14. The dark lines become more prominent in Katie's life as she continues to be judged based on her body, this time by a group of friends in <i>Lighter Than My Shadow</i> , pg. 71.....	49

Figure 15. Just as an anorexic cannot escape the inner voice that controls their behavior, so is the reader unable to escape the dark squiggle that begins to take over whole pages of Green's pathography in <i>Lighter Than My Shadow</i> , pg. 152.	50
Figure 16. Katie begins to suffer from binge eating disorder (BED), which Green symbolizes as a gaping mouth in the middle of Katie's body, begging to be fed in <i>Lighter Than My Shadow</i> , pg. 414.	51
Figure 17. Anna first meets Tyranny, a personification of her anorexia in <i>Tyranny</i> , pg. 40.....	53
Figure 18. Fairfield makes use of the comics format to show that Tyranny can hear Anna's thoughts, suggesting they are one in the same in <i>Tyranny</i> , pg. 42.....	53
Figure 19. Not only does Tyranny control Anna's mind, she harms her physically as well in <i>Tyranny</i> , pg. 53.....	54
Figure 20. A “cycle of binging and purging that lasted for months” in <i>Tyranny</i> , pg. 55.	55
Figure 21. Victoria's Secret “Perfect” Body.....	58
Figure 22. It is clear that Anna is emaciated, a number that represents her actual body weight is not necessary for the reader to see that in <i>Tyranny</i> , pg. 43.	70
Figure 23. The inclusion of Anna's daily diet is troubling, as those looking for anorexic “tips” may embrace Anna's diet which has been shown to work in her quest to lose weight in <i>Tyranny</i> , pg. 38. .	71
Figure 24. Even when confronted with a traced outline of their bodies, some anorexics, such as Katie, are unable to see and comprehend the size of their actual body in <i>Tyranny</i> , pg. 101.	73
Figure 25. Lacy's extreme exercise regimen begins to take over every aspect of her life, including her time at work in <i>Ink in Water</i> , pg. 75.....	76
Figure 26. Like many anorexics, Lacy is shown looking for tips and tricks on the internet to further her disordered eating behavior in <i>Ink in Water</i> , pg. 81.	77
Figure 27. Lacy, in attempt to move past her anorexia, begins to admire the bodies of crossfitters (bodybuilders) she sees online, wishing her body could like theirs in <i>Ink in Water</i> , pg. 233.	78

Figure 28. Lacy early in the narrative pushes against societal norms when it comes to beauty standards, making her a distinctively different type of individual than is seen in most writing about anorexia in <i>Ink in Water</i> , pg. 13.	79
Figure 29. Katie's friends and the shapes of their bodies are notably more realistic than Anna's friends and the shape of their bodies in <i>Tyranny</i> , as shown in <i>Lighter Than My Shadow</i> , pg. 67.	81
Figure 30. Katie's hair is a significant part of her identity and Green shows, but doesn't tell, the impact of some of the lesser known side effects of anorexia in <i>Lighter Than My Shadow</i> , pg. 136.	82
Figure 31. Fairfield separates mind and body, creating a clear dichotomy, to represent Anna's struggle with control in <i>Tyranny</i> , pg. 25.	96
Figure 32. Davis creates the dichotomy of power and powerless to represent Lacy's struggle for control over her disordered eating in <i>Ink in Water</i> , pg. 102.	98
Figure 33. Katie's inability to control her imagination causes it to create extreme scenarios inside her mind in <i>Lighter Than My Shadow</i> , pg. 150-151.	101
Figure 34. The dichotomy between Katie's reality and her imagination is what she is constantly attempting to control throughout the pathography in <i>Lighter Than My Shadow</i> , pg. 350.	103
Figure 35. Because <i>Ink in Water</i> is ultimately about body image, the over emphasis on Lacy's features calls into question the accuracy and authenticity of Kettner's illustrations in <i>Ink in Water</i> , pg. 89.	113
Figure 36. <i>Tyranny</i> , the personification of Anna's anorexia, is from page one, attempting to kill Anna in <i>Tyranny</i> , pg. 1.	116
Figure 37. Anna and <i>Tyranny</i> mirror each other in multiple images in the narrative in <i>Tyranny</i> , pg. 3.	117
Figure 38. Ultimately, Anna and <i>Tyranny</i> are a reflection of each other in <i>Tyranny</i> , pg. 42.	118
Figure 39. As Anna progresses in her recovery, <i>Tyranny</i> bears little resemblance to her former tyrannical self in <i>Tyranny</i> , pg. 111.	118
Figure 40. <i>Tyranny</i> 's demise in <i>Tyranny</i> , pg. 113.	120

Figure 41. Katie shows her ambitions to become an illustrator early in childhood in <i>Lighter Than My Shadow</i> , pg. 25.	122
Figure 42. To recover, Katie must make peace with her child-self in <i>Lighter Than My Shadow</i> , pg. 504-505.....	123
Figure 43. Katie begins to disappear from the page as her anorexia progresses, something we are able to see without a text-based description in <i>Lighter Than My Shadow</i> , pg. 124-125.....	127

Introduction

Every 62 minutes at least one person dies from bulimia or anorexia nervosa (Eating Disorders Coalition). According to statistics compiled by the Eating Disorders Coalition (EDC) in 2016, there are more than 30 million individuals in the United States, from across age, gender, cultural, and socio-economic status who suffer from an eating disorder, including anorexia nervosa, bulimia, binge eating disorder (BED), orthorexia, and pica. Considered mental disorders, are more extensively defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, currently in its fifth edition. For the purposes of my research, I have chosen to limit my research to anorexia nervosa, which is defined in the DSM as follows:

- A. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
 - B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
 - C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
- (American Psychiatric Association, *Feeding and Eating Disorders*)

Anorexia can and does affect individuals regardless of age and gender, but the majority of those receiving an official diagnosis are young (less than 25 years old) females. A 2016 study by psychiatrists Manfred Fitcher and Norbert Quadflieg found “anorexia has the highest mortality rate of all mental disorders, with a mortality rate of 5% per decade. Young people ages 15-24 years with anorexia have 10 times the risk of dying compared to their same age peers” (as cited by Eating Disorders Coalition).

I found these statistics alarming for two distinct reasons: I have first-hand experience with anorexia and my academic studies have been focused in children’s and young adult’s literature, a combination of factors that inspired me to pursue the research presented in this thesis. I began my preliminary research with a series of questions: Were there any books written about anorexia that might be helpful and/or harmful for young people suffering from the disease? Might memoirs from individuals who had experienced the disease firsthand and chosen to share their story be more beneficial to individuals in the most at-risk age group than works of fiction? And, finally, might graphic narratives, which often focus explicitly on the body and identity, be especially beneficial and/or harmful?

My own journey with anorexia began when I was 24 years old, just on the tail end in age of this highly at-risk group. It is worth mentioning that my anorexia is comorbid with the anxiety disorder obsessive compulsive disorder (OCD), an occurrence that happens in nearly half of all cases of anorexia (Ulvebrand et al.). My first encounter with anorexia occurred shortly after I had given birth to my second child. What I believed to be simply a diet to lose some of the weight I had gained during pregnancy spiraled out of control quickly. As I struggled with the transitions of being a stay-at-home mom to two children under the age of two, I found my ability to lose weight by not eating was one aspect of my life that I could

directly control. I did not see my starvation as problematic, but rather a means to assert my ability to have control amidst what I saw as chaos. In the course of a year, I lost nearly half of my body weight before my family intervened. Since that time, I have made many strides forward, relapsed, and continued toward recovery. I do not believe that there is a “cure” for anorexia, as it still is a part of my life after all this time. However, I do believe that I am now able to find a balance between being in control of it as opposed to it being in control of me, a distinction it has taken years to recognize. I think my insider status, as a female who has struggled with anorexia and its recovery for more than a decade, enables me to consider such narratives and research about them from a unique perspective that other readers and researchers may not share. I feel compelled to begin this project by acknowledging this part of my life not only for the ethos I believe it adds to my research and writing, but also to recognize that it has guided my perceptions and responses to the texts that I have studied.

Preliminary Research

At the outset of my research, I located novels and memoirs about anorexia. The first that came to my attention was Laurie Halse Andersen’s *Wintergirls*, published in 2009. This young adult novel is centralized around a teenage girl, Lia, and her battles with anorexia and cutting after the death of her best friend, who was bulimic. The book created a decisive split in its public reception, with some hailing the positive effects of having a story that included an anorexic character, while others noted the more problematic features of the text. Lia’s disordered thinking about her eating, illness and recovery, meticulous counting of calories, and her intense self-loathing do accurately recount many of the typical behaviors of an anorexic. While this insight may be particularly useful for some trying to understand the

mental illness, it was quickly noted by readers that these same characteristics and very specific details may be triggering for an individual in the midst of or in recovery from an eating disorder. Eating disorder specialist Cynthia M. Bulik called the book a “dark world that teens enter alone” to face a “difficult subject, one that is much-discussed but frequently misunderstood” (Parker-Pope). A user on Jezebel.com’s review of the book, who self-identified as an anorexic, stated that the story “made me feel like I wasn’t trying hard enough because I never got thin or cut myself enough to really fuck myself up” (snarkshark). Similarly, I experienced my own unease reading *Wintergirls*. I found myself justifying Lia’s behaviors as well as thinking her stated weight wasn’t “that bad,” considering that I had once weighed less than what we are told Lia weighs. I could also actively imagine seeing Lia’s weight and diet as a challenge or motivation if I had been in the wrong state of mind or perhaps looking for inspiration or advice during my time as an anorexic.

I next located a memoir, Myrna Hornbacher’s 1998 *Wasted: A Memoir of Anorexia and Bulimia*, which I found received similar conflicting responses from readers. While it was hailed by the *New York Times* as “a gritty, unflinching look at eating disorders” (Parker-Pope) it was also being used by followers of websites devoted to exulting anorexia, known as “pro-ana,” to promote the “Myrna Hornbacher diet,” based on the caloric depriving diet Hornbacher describes in the memoir. While both Andersen and Hornbacher do not shy away from the horrific consequences of anorexia and while both intended their texts to be educational, they both potentially provide affirmation for anorexic behaviors. In the wrong hands, the texts essentially could become a how-to manual for those on the verge of or fully submersed in their own disordered eating. While I feel that narratives written in this fashion could potentially be useful in assisting an individual continue to unravel their thoughts and

feelings about anorexia in the end stages of their recovery, I believe that the inclusion of specific details, and the prizing of these stories as “thinspiration” by pro-ana users, could be particularly detrimental. As I know from my own experiences, recovery does not just happen, and one is not suddenly “cured” of an eating disorder as one might be from some other diseases. Relapses are a part of recovery and come with little warning or indication of what may trigger them. I was concerned after reading *Wintergirls* and *Wasted*, what the limited viewpoints, and at times, narratives that romanticized aspects of anorexia, might mean for individuals currently enmeshed in anorexia or those not far along in their recovery process.

One idea that repeatedly kept coming back to me as I read these texts was that fictionalized accounts such as *Wintergirls* and memoirs like *Wasted* also fail to include a key component of anorexia nervosa: a visual representation of its impact to the human body. The narrative format may describe physical components of a character and their body, but the reader must create their own image of the transformation of Lia in *Wintergirls* from 100 pounds to 90 pounds in their own mind’s eye. Without a definitive “before, during, and after,” a reader may fail to grasp the severity of the disease.¹

Why Graphic Memoirs?

Might graphic narratives about anorexia nervosa—through their ability to combine the narrative story of an anorexic with visual images of the impact it has on the human body—be better texts for understanding this dangerous disease? Or, do they have the same

¹ I will return to the ideas expressed here regarding *Wintergirls*, *Wasted* and their potential how-to tendencies in Chapter Two.

(or perhaps other) limitations as words-in-a-row novels? In her 2010 text *Graphic Women: Life Narrative and Contemporary Comics*, Hilary L. Chute notes what she labels a “new aesthetic” emerging in the world of comics surrounding self-representation in which “contemporary authors, now more than ever, offer powerful nonfiction narratives in comics form” (2). Chute goes on to explain that a large percentage of graphic narratives by women authors are centralized around trauma, suggesting that the visual-verbal nature of comics allows traumatic experiences to be represented productively and ethically (4). Chute’s argument aligns with my thoughts surrounding the lack of visual representation in narratives on anorexia and the lack of authenticity and ethical risks such representations may engender.

To date, I have located five graphic narratives that include a major character battling anorexia nervosa. *Lighter Than My Shadow* is a 2013 graphic memoir by British writer Katie Green. Canadian Lesley Fairfield’s graphic memoir *Tyranny* was published in 2009. The only American offering, *Ink in Water: An Illustrated Memoir: or, How I Kicked Anorexia's Ass and Embraced Body Positivity!*, is a 2017 graphic memoir by Lacy Davis. Published in Great Britain in 2012, *The House That Groaned* is a graphic narrative by Karrie Fransman. Finally, from French author Ludovic Debeurme, *Lucille* was originally published in France in 2007 and was later published in the United States in 2011. I located a sixth title, *Imperfect* by Dounya Awada was published in April of 2019, but I decided that it did not meet my initial criteria because the author states that she struggled with body dysmorphic disorder (BDD), not specifically anorexia nervosa. After reading and studying these five graphic narratives, I determined to focus my research on *Lighter Than my Shadow*, *Tyranny* and *Ink in Water: An Illustrated Memoir: or, How I Kicked Anorexia's Ass and Embraced Body Positivity!* as these three texts are specifically graphic memoirs written and/or illustrated by women who have

self-identified as having been anorexic as well as several other criteria that I will outline in my literature review.

Another reason I chose these three graphic memoirs is because they can be classified into a specific subgenre of graphic narratives called graphic medicine. In addition to Chute's observations surrounding self-representation and trauma in women's graphic narratives, over the past decade there has been a noted increase in comics centralized around healthcare and illness. A variety of graphic narratives, sometimes referred to as "graphic pathographies—illness narratives in graphic form" (Green and Meyers 574) have been produced from varied perspectives, including healthcare professionals, patients, and their caregivers. As graphic medicine is a field that has attracted intersectional scholarship, I believe my research on these three specific texts as young adult literature may provide a useful lens to analyze these three graphic narratives.

With my findings about anorexia, graphic narratives, and graphic medicine in mind, I feel that my research has the ability to make key contributions to my academic field of Children's Literature, as there are few scholars currently studying the subgenre of graphic medicine as it relates to children's and young adult literature. A raised awareness within the field of children's literature as to the purpose, need, and benefits of such works may inspire other scholars in the field to study, research, and publish on such texts as they relate to graphic medicine. My field of study also allows me to consider questions about the impact of reading a graphic narrative about anorexia on younger readers. Key questions I consider include the following: How do we figure out the most beneficial representations of the disease that don't also double as how-to books for young readers? Are there detrimental

effects for someone who identifies as anorexic to read about someone else's encounter with the disease? How are these factors altered when the story is presented in graphic format?

Literature Review: Primary Sources

This thesis will focus on the graphic memoirs *Lighter Than My Shadow* by Katie Green (herein also referred to as *Shadow*), *Tyranny* by Lesley Fairfield and *Ink in Water: An Illustrated Memoir: or, How I Kicked Anorexia's Ass and Embraced Body Positivity!* by Laci Davis (referred to as *Ink*). In addition to their status as graphic memoirs, these texts share a number of additional characteristics: They are each created by a female author/illustrator, they each portray the most difficult time of their battle with anorexia during their late teens to early twenties, each of the authors represent/draw themselves as avatar characters in the text, and each text conveys the author's journey from the early stages of anorexia through at least one relapse before the author identifies as having come to a place where they have a firm handle on their disease. All three authors also couple their anorexia with other forms disordered eating; bingeing occurs in each text and purging (bulimic behavior) occurs in *Ink*. It is also worth noting that all three characters see themselves as products of their society to some extent, as fashion magazines and discussions about diet and weight with their friends occur in all three narratives. Additionally, romantic relationships involving the protagonist also play a factor in each of the three texts: to a detrimental effect in all three, in a predatory capacity in one relationship (*Shadow*), and in a supportive context in another (*Ink*).

***Lighter Than My Shadow* by Katie Green**

Published in 2013, *Lighter Than My Shadow* is the longest and most comprehensive of the three graphic memoirs, totaling 509 pages (see figure 1). *Shadow* begins in Katie's childhood, where she is labeled a picky eater and shows signs of obsessive-compulsive behavior. Green explores her feelings about her changing body during adolescence, relationships with her family and friends, her perfectionist tendencies, and various commentaries about her body (both positive and negative) she

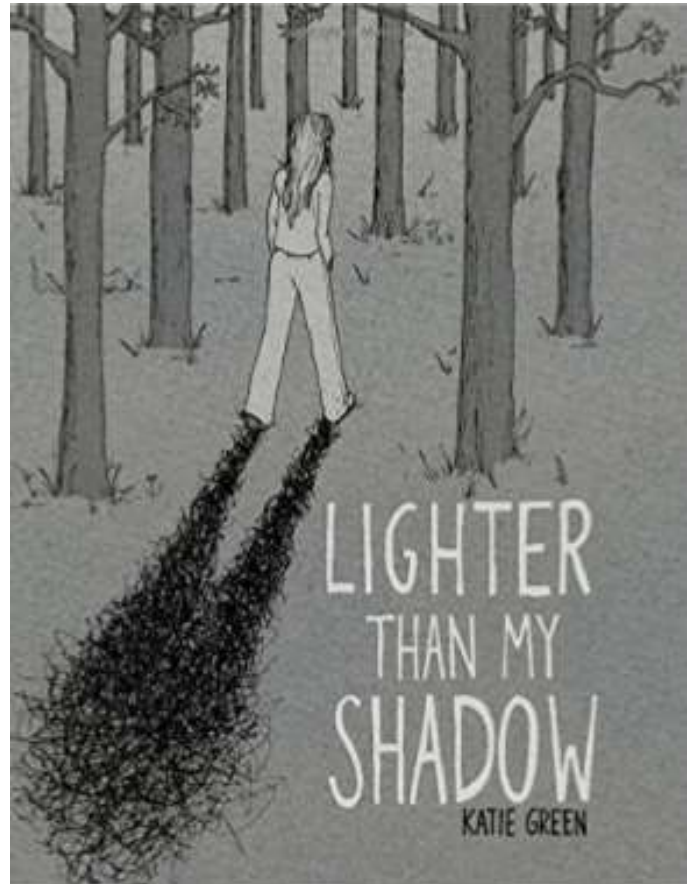


Figure 1. *Lighter Than My Shadow*, Cover

encounters. Katie first begins to struggle with disordered eating during high school, receiving a diagnosis of anorexia after collapsing at school. For the remainder of high school, Katie struggles to maintain her weight, eventually leading her to seek treatment through a form of alternative healing.

With the help of her healer, Jake, Katie begins to take steps toward recovery, even deciding to go away to college. Her family and friends, however, have reservations about Jake's practices and the way that Katie is managing her anorexia while at school. The following summer, Jake invites Katie to travel with his family to several festivals where he offers his healing services. One night, Jake attempts to molest Katie during treatment, an act

she instantly blames on herself. She returns to college, but her anorexia has resurfaced, this time cycling with instances of bingeing mass amounts of food without the ability to stop. After one such binge, Katie confides in her roommate that the encounter over the summer with Jake was not the first such experience, but rather that he had been sexually assaulting her since the beginning of her “treatment.” Her confession and the trauma it creates in her life lead her to attempt suicide.

Recognizing her anorexia, bingeing, and anxiety are well beyond her control, Katie seeks treatment. Recovery for Katie is not achieved immediately, and we see her continue to struggle with anorexia and bingeing, though it is evident she has begun taking active steps away from allowing disordered eating rule her life. The narrative concludes with adult Katie having made considerable improvement in various aspects of her life, including being in a healthy, committed relationship and able to repair past hurts with her family. Green also recognizes that she needs to make amends with her childhood self, and the narrative ends with Katie, now the artist she once dreamed of becoming, embracing an image of herself as a child.

***Tyranny* by Lesley Fairfield**

From my extensive research, I believe Fairfield's *Tyranny* is the first graphic narrative about anorexia published in English (see figure 2). The memoir begins with Anna (Fairfield chooses to embody herself on the page under a name that is an allusion to the disease she battles) struggling to feel comfortable in her changing adolescent body. Through encounters with media images, friends at school, and her own misconceptions of her body, Anna begins to count calories and severely restrict her food intake. As she continues to dangerously lose weight, she meets Tyranny, the dictator like physical manifestation of her disordered eating. While Tyranny claims to be her best friend, her duplicitous words berate, belittle, and continue to push Anna toward self-destruction.

Tyranny becomes a constant presence in Anna's life, whispering in her ear that she doesn't need to eat, that to be thin is everything. Anna makes her first attempt at recovery through hospitalization, but upon returning to her normal life, becomes friends with a group of coworkers that share Anna's warped relationship with food. She oscillates between starvation and rounds of binging, often mixed with ample amounts of laxatives to purge her system. It is the death of one of her friends, a model who dies as a result of her own anorexia, that proves that catalyst for Anna's decision to enter an in-patient treatment facility. She

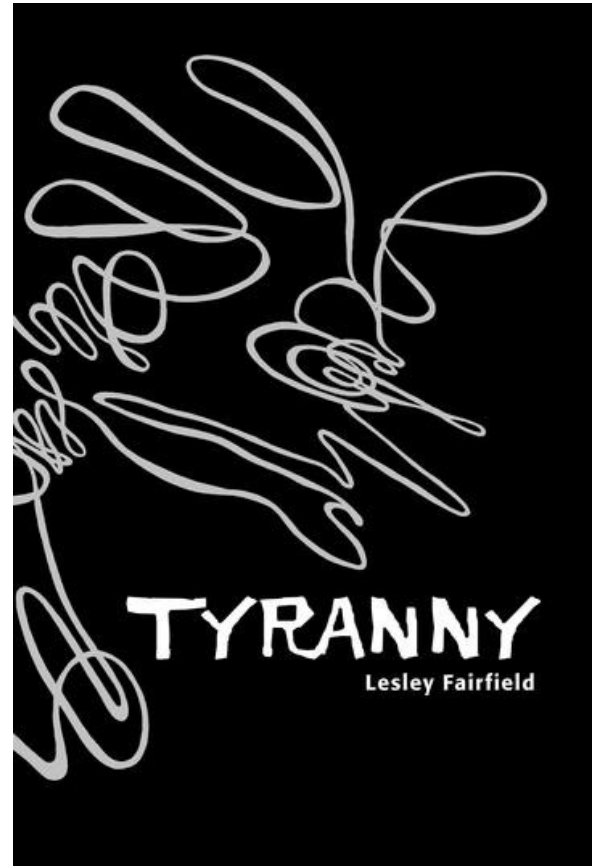


Figure 2. *Tyranny*, Cover

slowly begins to heal, making steps toward recovery through journaling, reflective activities, and visualization of the true shape and size of her body. Realizing that Tyranny's grip is lessening, Anna pens a letter to her imagined manifestation of anorexia, declaring herself to be rid of Tyranny forever.

***Ink in Water* by Lacy Davis**

Davis' *Ink in Water* is the most recently published of the three texts and is the only one written by an American author (see figure 3). What is notably different about *Ink* is that it begins in Lacy's early adulthood as opposed to adolescence. At the outset of the novel, Davis claims to be comfortable with who she is, embracing a punk lifestyle in which "society's beauty standards were shit" (13). The break-up of a relationship, which her partner ends by telling her he is no longer attracted to her, destroys Lacy's

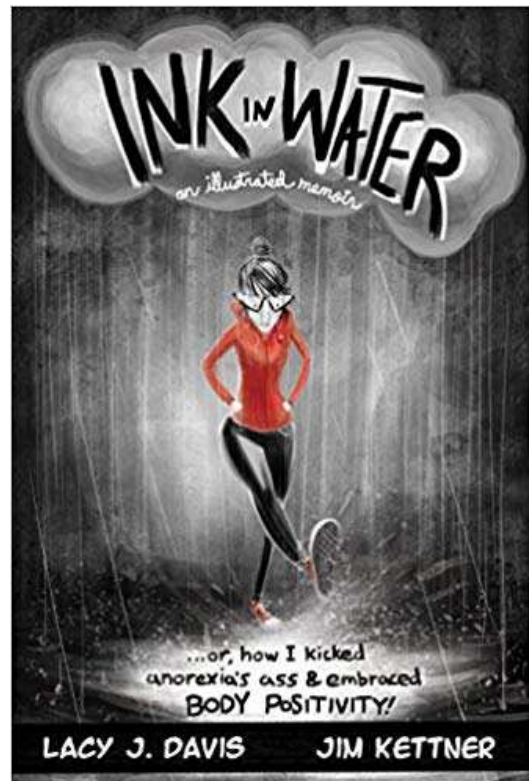


Figure 3. *Ink in Water*, Cover

self-confidence. She begins dieting, over-exercising, and restricting the foods she will consume. A friend expresses concern for Lacy's health and convinces her to begin to attend meetings for Overeaters Anonymous (OA), a national organization that focuses on various food-based problems.

Once she begins to embrace the steps of OA, Lacy begins to work through her disordered eating behaviors, eventually moving to a new city and beginning work on her master's degree. Lulled into complacency about her eating habits while away from OA, as

well as struggling to balance the various components of her life, Davis begins to slip back into anorexia. She enters into another serious romantic relationship (with partner illustrator, Jim Kettner) who offers a consistent and supportive presence in her life. Lacy is managing her eating disorder the best that she can when her long-time friend dies from a drug-overdose. The impact of the trauma causes Lacy to purge any attempts she does make at eating. The bulimic behavior pushes her relationship to its breaking point, causing Lacy to decide which is more important: her life or her continued path of self-destruction.

In an attempt to find a new path in which to channel her anxiety and energy, Lacy decides to try body building. Recognizing she will need to eat in order to gain the strength necessary to weightlift, Lacy slowly begins to come to terms with her anorexia. In her epilogue she acknowledges “an ever-evolving process... not a destination” (256) and writes that she has begun to share her experience with others in hopes that it will help them come to a better place with how they feel about their own body.

In addition to *Lighter Than My Shadow*, *Tyranny*, and *Ink in Water*, there are three texts that I chose not to include in this study, though they do have a character that struggles with an eating disorder. Ludovic Debeurme’s *Lucille* is a translation from France, originally published there in 2006 and published in English in the United States in 2011. The fact that the text is a translation did play a role in my decision to not include it in my study, though it was not the primary reason. I have done extensive previous study in translation of texts with images (specifically picture books) and am aware of the complications of translating a text from its source language to a target language and the changes that are made in order to do so. While I acquiesce that the images do tend to assist in the translation process, unintended meanings can sometimes emerge that do not align image and text. This is especially true in

comics when there are often intentional differences between the visual image and verbal text intended to help the reader make meaning beyond what is explicitly stated on the page.

Additionally, I decided not to include *Lucille* because it was written by a male author, and the character experiencing anorexia in the story is female, as well as the fact that I was not able to obtain any information to verify if Debeureme had any personal experience with anorexia.

For similar reasons, I am choosing not to include Karrie Farnsman's *The House That Groaned*. While I believe there is much to uncover and unearth in this story that features characters who are transsexual, morbidly obese, masochistic, a diseaseophile, and an anorexic, I believe that the anorexic character only plays a supporting role in the story. Because the reader only experiences peripheral views of the anorexic's life and day-to-day dealings with their disease, I did not feel that the information was substantial enough to include in this study. Further, I could find no conclusive evidence that Farnsman had any personal experience in her own life with anorexia nervosa.

Finally, I did locate a sixth text that I considered including, *Imperfect* by Dounya Awada. While the text is a memoir, Awada classifies her story as depicting body dysmorphic disorder (BDD), which varies from extreme over-eating in her early adolescence to battling bulimia and anorexia in her teens and early twenties. Since BDD has a different set of criteria than anorexia under the guidelines of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, I felt that I would not be able to adequately evaluate the text in comparison with the three who clearly label their disordered eating as anorexia.

As is evident through the summaries of the three primary texts, there are a number of major similarities and differences between the three graphic narratives, *Lighter Than My Shadow*, *Ink in Water*, and *Tyranny*. In my initial review of the graphic narratives, I was able

to identify a number of compelling features that I believe are in need of further exploration as part of my thesis. The second half of this literature review, then, turns to current scholarly discussions that serve as a foundation for my research, and to which I will add.

Literature Review: Secondary Sources

Graphic medicine is a relatively new area of study and one that I feel coincides directly with my examination of graphic narratives on anorexia. A conversation regarding graphic medicine must include further evaluation of current comics theory as well, which I have previously noted when referencing Hilary Chute's *Graphic Women: Life Narrative and Contemporary Comics*. Chute's writing notes the ability of the comic form to represent trauma accurately, authentically, and in ways that acknowledge its complexity (3). Of particular interest in Chute's analysis is what she labels as an "idiom of witness," which she defines as "a manner of testifying that sets a visual language in motion with and against the verbal in order to embody individual and collective experience, to put contingent selves and histories into form" (3). It is this idiom of witness that sets graphic narrative memoirs about anorexia in a distinctly different category than the fictional narrative or narrative memoir variations.

An additional idea identified by Chute regarding the comic form, which is of great significance to my thesis, is the idea of control. In a discussion about a difference between film and comics, Chute notes that when one watches a film, the creator of the film has control over how long an image remains on the screen to be seen by a viewer. Yet in comic form, the reader is in control over how long they choose to view a specific image. She states that the comic "offers a constant self-reflexive demystification of the project of

representation” allowing the reader to construct their own meaning through image, space, word, and time as well as the gap of the gutter (9). Because control is an oft-noted component of anorexia, these authors may have chosen the comics form as one that can offer readers a necessary sense of control over the narrative they are reading. In his 2001 text, *Anatomy of Anorexia*, American psychotherapist Steven Levenkron notes, “Alas, the only phrase we hear repeated over and over again is ‘control.’ We hear it on TV shows and read it in print articles all the time. But ‘control’ is such a shallow formula that it leaves the complexity and mysteriousness of the disorder untouched” (12). This link between control in Chute’s analysis of graphic narratives as it relates to the reader provides an interesting area of study when set in conjunction with Levenkron’s analysis of the need for control in the life of the anorexic, who, in the case of each of these texts, is the author. I further analyze and complicate the connections between control and anorexia in graphic narrative form in Chapter Three.

The authors’ identities are also pivotal to a text being labeled graphic medicine. Over approximately the past decade, there has been a noted increase in comics centralized around healthcare and illness. These graphic narratives, often referred to as “graphic pathographies – illness narratives in graphic form,” (Green and Meyers 574) have been produced from the varied perspectives of healthcare professionals, patients, and their caregivers. In the case of the three graphic narratives I have chosen, all the authors self-identify as anorexic, thus falling into the category of patient. Graphic novelist and doctor Ian Williams coined the phrase ‘graphic medicine’ in 2010, noting these narratives’ ability to create an “intersection of the medium of comics and the discourse of healthcare” (Czerwiec et al. 1). Further, because of this intersectionality, graphic medicine represents a newly emerging area of

interdisciplinary academic study that, in addition to healthcare, draws interest from such fields as comics studies, cultural studies, disability studies, women's studies, science and technology studies, environmental studies and postcolonial studies. This large range of disciplines provides ample opportunities for my research to be meaningful both within my academic field of Children's Literature and beyond.

In one of the first articles published on the topic, "Graphic Medicine: Use of Comics in Medical Education and Patient Care," Michael Green and Kimberly Myers note that the emergence of graphic pathographies, what they term "a distinctive sub-genre of graphic stories," (574) parallels the more widely accepted recognition of comics as a legitimate form of literature. While many still view comics as being sub-literary or simplistic, they assert that the audience and content of graphic stories has expanded significantly to include meaningful content on topics ranging from "philosophy to political revolutions" (574). Graphic pathographies therefore mirror this expansion with titles ranging from *Monsters*, about "contracting, living with, and spreading herpes" (Czerwicz et al. 122) to *The CF Diaries*, an account by author Andrew Godfrey about living with the terminal illness cystic fibrosis (130), to Ann Starr's *Where Babies Come From: A Miracle Explained*, which Susan Merrill Squier, in *The Graphic Medicine Manifesto*, calls "a satire of the medical information pamphlet as feminist autography" (60).

The graphic form, as a means to share one's story, has been embraced by those with an illness as well as by those who care for them. In "Rhetorics of the Visual: Graphic Medicine, Comics and Its Affordances," Sathyaraj Venkatesan and Sweetha Saji note the "predominantly autobiographical" nature of these texts, but argue they also "address various socio-cultural issues impinging health care such as medical negligence; the vexed doctor-

patient relationship; industrialism of health care; patient identity; role of insurance providers; [and] challenges of caretaking” (222). These various topics and points-of-view are paramount to the concept of graphic medicine with its emphasis on inclusivity of perspectives that should work to “include those who are not currently represented” (Czerwiec et al. 3) within traditional forms of medical discourse. As there are so few graphic narratives about anorexia, they fall into the category of underrepresented identities and perspectives. Graphic medicine resists the concept of the universal subject or patient, as it “vividly represents multiple subjects with valid and, at times, conflicting points of view and experiences” (2). This need for a multiplicity of viewpoints and experiences potentially explains why comics might be an ideal medium for this type of work. Comics, by combining words and images, have a distinct ability to convey multiple points of view, contradictions, and complexities.

In “Graphic Medicine: Comics as Medical Narrative” Ian Williams explains that characteristics of the human brain work to “extract or impose narrative, even where none may exist” (22). Within comics, when two or more juxtaposed images are seen, the brain automatically assigns a timeline to the images to tell the narrative. The gutters of a comic, where “the magic and mystery of comics takes place,” (McCloud 66) function in this same way. The sequential static images of a comic seamlessly blend together in what seems to be a continuous reading experience. Williams writes that the “active engagement, the complicity between reader and author, may be one of the reasons the medium is so powerful. The interplay between the written and visual is subtle and complex; a comic does not ‘happen’ in the words, or in the pictures but somewhere in between” (22).

Furthermore, if a situation is being represented through words and images, those two forms can juxtapose each other, conveying conflicting ideas at the same time. In her article

advocating for more attention to be paid to the field of graphic medicine, “Literature and medicine, future tense: Making it graphic,” Susan Squier writes “in their attention to human embodiment, and their combination of both words and gestures, comics can reveal unvoiced relationships, unarticulated emotions, unspoken possibilities, and even unacknowledged alternative perspectives” (130). As previously noted, the ability to represent multiple perspectives is of critical importance in graphic medicine, especially when considering that conflicting viewpoints might be experienced by a patient and their family members or by the gap between one’s thoughts and actions or appearance and self-image. The ability to acknowledge both these positions at the same time, one in word and the other in image for example, is a distinct feature of the comic form. Many anorexics keep their struggles secret or deny they have any form of disordered eating, a situation that could be finely nuanced in the comics form by showing multiple characters (both the anorexic and others) in a single panel. This relationship between the visual iconography and the verbal text in graphic narratives is another key component of this project.

There is a distinctly noteworthy lack of current scholarly work connecting graphic medicine to any of my three primary texts. In their 2018 article “Feminine Famishment: Graphic Medicine and Anorexia Nervosa” Sathyaraj Venkatesan and Anu Mary Peter consider how reading a graphic pathography may help an individual who shares the same traumatic experience of having an illness (such as anorexia) cope with that experience. They write that “comics not only aids in communicating harrowing experiential truths of suffering but also aids in addressing and processing the pain through symbolisation, iconic representation and verbo-visual metaphors” (2). I find some of the conclusions that Venkatesan and Peter draw potentially problematic when viewed through the lens of graphic

medicine, as well as in conjunction with what was previously noted about Chute's connections between trauma and comics. What Venkatesan and Peter suggest borders on bibliotherapy, a now defunct (by most) method of using books as treatment for physical and mental disorders. From my own personal experiences, I found that, while these texts had therapeutic effects, they could have been potentially triggering if I had not been in a mental state to deal with such frank and realistic representations of anorexia.

Venkatesan and Peter also authored the 2019 article "Anorexia Through Creative Metaphors: Women Pathographers and Graphic Medicine." Noting a tendency of healthcare professionals to resolve the external habits of disordered eating as opposed to the internal emotional and mental trauma, Venkatesan and Peter explore how the use of narrative forms, specifically the use of metaphor, may be beneficial to recovering anorexics. However, they recognize that some of these experiences "are too painful to be verbally communicated" and may be more fully explored in comics form, which allows for "visual metaphors, verbo-visual metaphors, methodical use of imagination, and a wide range of drawing techniques" (1). They use the visual metaphors of anorexia in *Tyranny* and *Lighter Than My Shadow* to elaborate on William's chapter in *The Graphic Medicine Manifesto*, in which he explores the idea of the iconography of illness, or "the bank of available images that inform our collective conceptions of illness and healthcare" ("Comics and the Iconography of Illness" 115). Williams offers three specific categories of the iconography of illness - the Manifest, the Concealed, and the Invisible and Venkatesan and Peter offer that by using metaphor to portray the invisible (internal) components of an anorexic mind, a graphic pathography on anorexia "offers creative ways of articulating subjective realities of eating disorder experiences" ("Anorexia Through Creative Metaphors" 4).

While understanding that the physical and mental components of anorexia nervosa are of vast importance to understanding the disease, equal importance must be paid to the cultural factors that influence the disease. As previously noted, anorexia nervosa is not a discriminatory disease, affecting people who are of various genders, young and old, and of all economic classes and races. One connecting factor that links all these different classifications is cultural and societal impact. A 2015 study examined multiple causes of eating disorders in an attempt to synthesize the sociocultural, psychological, and biological factors that play the most significant roles in eating disorders. The study concluded that psychological and biological factors produced low risk as compared to “sociocultural idealization of thinness variables (media exposure, pressures for thinness, thin-ideal internalization, thinness expectancies) and personality traits (negative emotionality, perfectionism, negative urgency) attained ‘risk status’ for eating disorders and/or disordered eating symptoms” (Culbert et al. 1141).

Perhaps the most preeminent text linking sociocultural factors and eating disorders is Susan Bordo’s *Unbearable Weight: Feminism, Western Culture, and the Body*. First published in 1993, Bordo was one of the first to strongly push back in a meaningful and impactful way against the idea that eating disorders were firmly situated in biological and psychological factors, instead arguing that the postmodern body was not fed on food alone, but on “fantasies of rearranging, transforming, and correcting, limitless improvement and change, defying the historicity, the mortality, and indeed, the very materiality of the body” (xvii). She, along with feminist Susie Ohrbach in her text *Fat is a Feminist Issue*, notes the importance of the cultural image, often of an idealized, unrealistic, and unattainable body, playing more than just a minor role in connection with a “predisposing vulnerability” (Bordo

xix) toward disordered eating. In the introduction of the tenth anniversary of her book, Bordo also criticizes the emergence of the size zero as a status symbol in a world where “anorexics swap starvation diet tips on the Internet, participate in group fasts, offer advice on how to hide your ‘ana’ from family members, and share inspirational photos of emaciated models” (xxvii). This echoes some of the criticisms of Halse-Anderson’s *Wintergirls* and Hornbacher’s *Wasted* and their potential to promote an anorexic culture to readers. Notably, these criticisms seem to be (mostly) absent in reviews of the three graphic narratives that I have chosen to use.

In addition to Bordo’s *Weight* and Ohrbach’s *Feminist*, Kim Chernin’s trilogy on women and eating disorders has been equally important to evaluating and understanding the sociocultural factors of eating disorders. The three texts, *Obsession: Reflections on the Tyranny of Slenderness*, *The Hungry Self: Women, Eating and Identity*, and *Reinventing Eve: Modern Woman in Search of Herself*, include detailed analysis of society’s desire for women to be thin, as well as texts working to understand why women have seemingly embraced thinness as a cultural “norm.” In *Obsession*, Chernin’s claim that “what unites the women who seek to reduce their weight is the fact that they look for an answer to life’s problems in the control of their bodies and appetites” (101), a concept that, along with Chute and Levenkron, informs my chapter on control.

Thesis Overview

After spending a considerable amount of time reading both my primary texts as well as the literature I subsequently outlined, I have identified three components of graphic

narratives on anorexia that I believe warrant further evaluation. I offer a brief synopsis of chapters of what follows herein:

Chapter 1: Graphic Medicine and the Iconography of Illness: Exploring the Manifest, Concealed, and Invisible Aspects of Anorexia Nervosa

In this chapter, I closely evaluate the newly emerging intersectional field of graphic medicine, including a history of the field itself and scholarship by key figures. A critical component of graphic medicine is authentic storytelling from someone directly connected to the disease (doctor, patient, or caregiver) as well as the ability to represent multiple perspectives by telling one's story in a graphic format, an aspect I consider in relation to my three primary texts. I then turn to a closer examination of Ian Williams' claims in *The Graphic Medicine Manifesto*, that there are three categories of the Iconography of Illness that a graphic pathography can be sorted into: the Manifest, the Concealed or the Invisible. I will offer evidence of representations of all three of these categories in my primary texts, as well as contend that graphic pathographies on anorexia cannot be sorted into a single category, but rather can contain all three, sometimes within a single panel.

Chapter 2: How Graphic Narratives Undo the "How-To" in Anorexia Writing

Using Susan Bordo's *Unbearable Weight* as a lens, I begin by considering the role that images and media play when evaluating the sociocultural impact of anorexia. By constantly being inundated with representations of the "perfect" body, one that is completely unrealistic and unattainable, individuals turn to disordered eating, as is evidenced by the pro-ana movement over the past decade. Writing about anorexia, both fictional and personal memoirs, has also potentially contributed to the pro-ana culture by creating texts that can

potentially be used as how-to manuals for those on the verge of or already immersed in a disordered eating lifestyle. In her memoir *How to Disappear Completely: On Modern Anorexia*, Kelsey Osgood offers a framework for creating writing on anorexia that actively disrupts the how-to elements of past writing. Using Osgood's suggestions as guidelines, I evaluate the ability of my three primary texts to undo the how-to.

Chapter 3: Destroying the Dichotomy: Controlling One's Narrative in Graphic Form

Much has been written about the relationship between the anorexic and their need for control. I begin by examining past writing about anorexia and control from clinical perspectives, fictional writing, and personal narratives. I then turn my attention to the representation of control in my three graphic narratives, noting how each author considers control differently, yet each analyzes it by creating a visually depicted dichotomy. In each text, the struggle for control is an "all or nothing" binary that each character must destroy to attempt to achieve the balance found in recovery. Mindful of this connection, I then consider why a memoirist may choose to present their story of anorexia in a graphic format. I finally contemplate if the creation of a graphic memoir is an attempt by the anorexic author to achieve a balance of being in control of the image on the page to tell their story while ceding control to the reader who evaluates said image.

Conclusion

After studying my three primary texts from various different perspectives, what began to clearly emerge was a distinct hierarchy of the texts themselves. Additionally, I began to develop a set of criteria with which to evaluate not only these three texts, but future graphic

pathographies of anorexia as well. I closely evaluate each of my three texts applying these criteria, offering my analysis on what makes one text a more nuanced, realistic, and accurate portrayal of anorexia than another, as well as considering how they work to avoid the pitfalls of previous writing about anorexia. While my research has been extensive, there were elements I was unable to address, and I call for further scholarship on a number of specific elements. I close by acknowledging what is missing from current published writing about anorexia, both in words-in-a-row texts and graphic narratives and why it is necessary to address these gaps.

Chapter One: Graphic Medicine and the Iconography of Illness: Exploring the Manifest, Concealed, and Invisible Aspects of Anorexia Nervosa

Graphic Medicine: A History

Over approximately the past decade, there has been a noted increase in comics centralized around healthcare and illness. These graphic narratives, often referred to as “graphic pathographies- illness narratives in graphic form,” (Green and Meyers 574) have been produced from varied perspectives, ranging from healthcare professionals to patients and their caregivers. Taking note of the apparent trend, graphic novelist and doctor Ian Williams coined the phrase ‘graphic medicine’ in 2010, noting these graphic illness narratives ability to create an “intersection of the medium of comics and the discourse of healthcare” (Czerwiec et al. 1). Further, because of this intersectionality, graphic medicine represents a newly emerging area of interdisciplinary academic study, that in addition to healthcare draws interest from such fields as come studies, cultural studies, disability studies, women’s studies, science and technology studies, environmental studies, and postcolonial studies.

The roots of graphic medicine can be traced to the 1970’s, when it began to be noted that there was a distinct lack of individual’s personal accounts with their illnesses, essentially dismissing the voice of the sufferer. Instead, medical narratives and discourse prior to that time favored specialized medical knowledge possessed only by those in positions of medical authority (i.e., physicians and trained healthcare professionals). A shift occurred after the 1970’s with a movement termed “narrative medicine” by Rita Charon, which “emerged as a radical approach towards the expression of illness experience and as a reaction against the oppressive authoritarianism of medical knowledge” (Venkatesan and Peter, “Towards a

Theory” 1). Narrative medicine focused on the story of the patient themselves and pushed back against biomedicine’s lack of non-medical narratives. Narrative medicine effectively helped to shift the prior belief in medical science’s primacy to one that included the individual voice and experience of the patient.

The purpose of narrative medicine was to hear the patient’s story *in their own words*, relying on the patient’s personal accounts and feelings, a movement away from fact-focused narratives from those within the medical science community. Charon noted this approach taught health care professional to listen “expertly and attentively” to the stories of patients and their caregivers, stories which were expressed through “words, gestures, silences, tracings, images, laboratory test results, and changes to the body” (4). This type of narrative centralized the patient’s voice, making them more than just a clinical entity. By learning to listen to their patient’s personal narratives, physicians were better equipped to balance their empirical medical knowledge while acknowledging their patient’s personal experience and suffering.

From narrative medicine grew the field of health humanities, which centralizes that “it is through arts and humanities that we can fully grasp the meaning of events and experiences in healthcare” (Crawford 8). Relying on complex human experience through both “visual and verbal means of expression, health humanities blur the boundaries between arts and biomedicine by yoking them together” (Venkatesan and Peter, “Towards a Theory” 2). Graphic medicine would therefore be a primary example of health humanities, as the medium of comics relies upon the balance between visual and verbal expression to tell the narrative.

Graphic medicine as an academic discourse was the brainchild of Williams. As he worked on his master's thesis in 2007, he looked for a means to combine two of his passions: art and medicine. His original intent had been to focus on "medical fine art" but soon recognized an emerging theme of medical narratives in graphic novels and comics that captured his attention. He noted "a great many authors who were putting their experience of healthcare and illness into comics form" and began collecting examples of these memoirs of illness which he called "graphic pathography" (Williams, "Comics and the Iconography of Illness" 116). The number of relevant titles inspired him to create a website which he called "Graphic Medicine," essentially creating a future field of study that would draw global attention.

The website caught the attention of Michael Green, Kimberly Myers, MK Czerwiec, Susan Merrill Squier, and Scott T. Smith, all of whom would eventually collaborate to write *The Graphic Medicine Manifesto*. Published in 2015, the book features scholarly essays by each of the aforementioned scholars that establish the principles of graphic medicine and began to map it as a specific field of study. Further, the team collaborated with a growing scholarly and artistic community to establish the Graphic Medicine Conference, the first of which took place in London in 2010. The conference has since taken place annually in locations primarily in the United Kingdom and North America (Czerwiec et al. 4-16). In addition to the website and conference, a series of books (edited by William and Squier), which include original graphic pathographies; comics used in medical training and education, and monographic studies by scholars, practitioners, and medical educators, has been spearheaded by the group ("The Interaction of Comics & Healthcare").

In one of the first articles published on the topic, “Graphic Medicine: Use of Comics in Medical Education and Patient Care,” Green and Myers note that the emergence of graphic pathographies, what they term “a distinctive sub-genre of graphic stories,” (574) parallels the more widely accepted recognition of comics as a legitimate form of literature. While I would suggest that nearly ten years later this is still a disputable claim by many outside the Humanities, there is merit to their assertion that the audience and content of graphic stories has expanded significantly to include adult-minded content on topics ranging from “philosophy to political revolutions” (574). Graphic pathographies therefore mirror this expansion with titles ranging from *Monsters*, about “contracting, living with, and spreading herpes” (Czerwiec et al. 122) to *The CF Diaries*, an account by author Andrew Godfrey about living with the terminal illness cystic fibrosis (130), to Ann Starr’s *Where Babies Come From: A Miracle Explained* which in her chapter of *The Graphic Medicine Manifesto* Susan Merrill Squier calls “a satire of the medical information pamphlet as feminist autography” (60).

Additionally, due in part to what William describes as the “medical humanities movement,” in which “many medical schools now encourage the reading of classic literature to gain insight into the human condition,” (Czerwiec et al. 21) numerous practitioners in the medical field are beginning to recognize the benefits of comics being included as part of this movement. Medical students are being encouraged not only just to read and study graphic illness narratives, but create their own during their graduate study, as outlined in the case study by Kimberly Myers in *The Graphic Medicine Manifesto*. This approach, Myers suggests, “challenges the dominant methods of scholarship in healthcare,” therefore offering a “more inclusive perspective of medicine, illness, disability, caregiving and being cared for”

(Czerwiec et al. 2). This distinction, a specific call for the inclusion of multiple perspectives, is a key component of graphic medicine. In her article "Graphic medicine: Comics Turn a Critical Eye on Health Care" Sarah Glazer suggests that not only do these depictions "reveal the dark underbelly of the world of medicine" (15) but that they additionally provide a therapeutic space for healthcare professionals to reflect on challenging cases; work through questions of doubt about specific treatment; and emotionally distance themselves from the pain, suffering, and death they encounter on a daily basis. The comic format, with its combination of image and text, allows room to therapeutically explore and potentially represent their experience on a deeper and more nuanced level than through text or image alone.

The graphic form, as a means to tell their story, has also been embraced by those with an illness as well as by those who care for them. In "Rhetorics of the Visual: Graphic Medicine, Comics and Its Affordances," Sathyaraj Venkatesan and Sweetha Saji note the "predominantly autobiographical" nature of these text, but argue they also "address various socio-cultural issues impinging health care such as medical negligence; the vexed doctor-patient relationship; industrialism of health care; patient identity; role of insurance providers; [and] challenges of caretaking" (222). As previously noted, this variation is paramount to the concept of graphic medicine's emphasis on inclusivity of perspectives and work to "include those who are not currently represented" (Czerwiec et al. 3) within traditional forms of medical discourse. Graphic medicine resists the concept of the universal subject or patient. Rather, it "vividly represents multiple subjects with valid and, at times, conflicting points of view and experiences" (Czerwiec et al. 2). This multiplicity of viewpoints and experiences potentially insinuates why comics may be an ideal medium for this type of storytelling.

In “Graphic Medicine: Comics as Medical Narrative,” Ian Williams explains how characteristics of the human brain work to “extract or impose narrative, even where none may exist” (22). Within comics, when two or more juxtaposed images are seen, the brain automatically assigns a timeline to the images to tell the narrative. The gutters of a comic, where “the magic and mystery of comics takes place,” (McCloud 66) function in this same way. The sequential static images of a comic seamlessly blend together in what becomes a continuous reading experience. Williams writes that the “active engagement, the complicity between reader and author, may be one of the reasons the medium is so powerful. The interplay between the written and visual is subtle and complex; a comic does not ‘happen’ in the words, or in the pictures but somewhere in between” (Williams, “Graphic Medicine” 22). It is this “in between” space that is the crucial element in understanding why comics are a far more elaborate and insightful medium than is often acknowledged outside of comics scholarship.

This further means complex ideas can be disseminated two ways: through images alone or through a combination of words and images in a manner that is quickly comprehensible. More importantly, if a situation is being represented through both words and images, those two forms can juxtapose each other, conveying conflicting ideas at the same time. As Susan Squier writes, “in their attention to human embodiment, and their combination of both words and gestures, comics can reveal unvoiced relationships, unarticulated emotions, unspoken possibilities, and even unacknowledged alternative perspectives” (130). The combination of the image and the text provides graphic medicine texts the opportunity to present to the reader conflicting viewpoints (for example patient to doctor or caregiver to patient) within a single panel. The ability to acknowledge both

positions at the same time, one in word and the other in image for example, is a unique feature of the comic form.

Iconography of Illness

In his contribution to *The Graphic Medicine Manifesto*, Ian Williams considers how the medium of comics, when depicting disease, trauma, or suffering, contributes to the “iconography of illness.” Referring to the use of images and symbols to portray a subject, movement, or ideal, iconography “represents objects through a relationship of similarity by exemplifying some property associated with the object” (Gilman 88). The term “iconography of illness,” penned by Sander Gilman in “AIDS and Syphilis: The Iconography of Disease,” was meant to represent “the bank of available images that inform our collective conceptions of illness and healthcare” (Williams, “Comics and the Iconography of Illness” 115). Williams suggests that graphic medicine may not only contribute to this bank but create new knowledge.

The visual depiction of disease in paintings, photographs and clinical drawings have previously been the basis for the majority of the visual representations of illness, some of them being iconography. What is important to note here is that many of these visuals are often considered high or fine art, the analysis of which can be challenging when one doesn’t have the correct language (in this case medical language) to adequately describe what is being seen. Comics, on the other hand, are considered much more decipherable to most readers. As author and artist Chris Ware notes in his book, *McSweeney’s Quarterly Concern: An Assorted Sampler of North American Comic Drawings, Strips and Illustrated Stories*, “you don’t blame yourself for not ‘getting’ a comic strip—you usually blame the cartoonist” (8). In this capacity, graphic pathographies present a seemingly more approachable

iconography, one that extends the visual knowledge base of illnesses for those both inside and outside the medical field.

For physicians, these visuals act in a similar fashion to the previously discussed medical narratives. They depict personal representations, by the actual patient, of their experience with an illness. Williams notes that “images help structure the schemata of illness within the mind of the physician, who builds a mental catalogue of clinical signs and presentations against which the presenting appearances can be judged” (“Comics and the Iconography of Illness” 117). These images, though, are only part of the patient and their disease, essentially just a part of the whole person. Clinical drawings and diagnostic tools present the “ideal” human body, which rarely perfectly mirror “real life” patients and their experiences. Additionally, depiction of illness and disease by media portrayals, often relying upon stereotypes, can also influence a physician’s personal image base schemata. Personal drawings, as seen in graphic medicine memoirs, push back against these “ideals” and stereotypes by providing images created by someone who suffers from a specific disease or illness, therefore adding to a physician’s iconography of illness.

Artists of graphic pathographies must make many careful and strategic decisions when deciding how they will draw their bodies on the page as well as how they will portray their illness. In her book *Graphic Women: Life Narrative & Contemporary Comics*, Hilary Chute describes this form of comics as “what I am calling embodiment” (193). Building off Chute’s terminology, Lisa El Refaie discusses how artists must create multiple versions of their embodied self “to capture the different ways in which graphic memoirists’ sense of self is linked with the act of visually representing their bodily identities” (8), what she refers to as “pictorial embodiment” (8).

The way an artist of a graphic pathology embodies themselves is particularly important when their body bears visible marks of their disease or its treatment. They are, in a way, challenging assumptions a reader may have about how the sick live and function within a “healthy” world. The choices an artist makes about embodiment form their identity within the pages of the memoir, which will impact the way a reader connects and ultimately empathizes with the drawn representation of the artists lived experience.

Not all illness, though, makes a physical impact on the body that can be seen on the pages of a comic. Williams distinguishes three specific categories: the Manifest, the Concealed and the Invisible. In the Manifest, signs of illness and/or treatment are visibly scripted on the body. The second category, the Concealed, can be more difficult for an artist to represent as they are conditions that are often hidden, or may not be noticed by a casual observer. The Invisible contains any conditions, for example many mental illnesses, which are not physically present on the body of the patient. Rather, these illnesses are felt by the patient or produce suffering on a psychological level (“Comics and the Iconography of Illness” 119). The flexibility of iconography, the ability to make these conditions and their effects visible, is what makes graphic medicine an extremely powerful tool in the hands of a talented author/illustrator.

Anorexia and the Iconography of Illness

Graphic memoirs on anorexia provide an interesting case study through which to examine Williams three categories of related to the iconography of illness. Anorexia nervosa is defined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, as a mental disease, so it would seemingly be classified into Williams’ third category, the Invisible. Rather, anorexia is described in the *DSM* as follows:

- A. Restriction of energy intake relative to requirements leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
 - B. Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, even though at a significantly low weight.
 - C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
- (American Psychiatric Association, *Feeding and Eating Disorders*)

The phrase “significantly low body weight” suggests that this condition of anorexia could be “visibly scripted” in a graphic pathography, placing it in Williams first category, the Manifest. What is not included within the above definition are side effects that occur due to “significantly low body weight” that are often associated with anorexia, some of which are visible on the body (such as limp hair or sunken eyes), some of which can be hidden (such as the growth of a very fine hair all over the body, known as lanugo, as a means for the body to insulate itself and preserve heat) and some of which are felt or experienced by the patient (such as extreme fatigue), suggesting that graphic memoirs on anorexia could also be considered for the Concealed category. I argue that at different stages of anorexia, as the disease progresses, it is possible for a graphic pathography to be placed in all of three of Williams categories related to the Iconography of Illness. Further, I suggest that is also possible for multiple categories to be represented in a single panel.

In order to add merit to this argument, I now turn to examining the three primary graphic pathographies related to anorexia that are the primary texts for my thesis: *Tyranny* by Lesley Fairfield, *Lighter Than My Shadow* by Katie Green, and *Ink in Water* by Laci Davis. I use the texts to examine instances of Williams' three categories in each, as well as where multiple categories are present in single panels. I then consider an additional distinct component the three texts share that adds the "iconography of illness": the personification of anorexia in the form of symbolism.

A. *Tyranny*

First published in Canada in 2009, Lesley Fairfield's *Tyranny* represents the earliest graphic memoir devoted to telling the author's story about their encounter with anorexia.² Fairfield embodies herself on the page in the form of Anna. It is interesting to note the name she has chosen for her iconic self, as the disease anorexia nervosa is often referred to by its shorthand "ana" within the eating disorder community. This textual reference suggests that Fairfield acknowledges that the disease itself is inseparable from her embodiment on the page of the comic, which she confirms in the striking visual similarities between Anna and "Tyranny," the embodiment of her anorexia.

Tyranny roots Anna's eating disorder in her recognition of her changing body due to puberty. Uncomfortable with what "looks like fat to me" (9) and feeling "trapped inside" (10) her changing body, Anna is "desperate" to reclaim her "younger body" (11).

² Ludovick Debeurme's *Lucille* was published in French in 2006 before being translated and published in English a few years later. In reasons that I discuss in my introduction, I have chosen not to include it in my research. Additionally, it is possible that there are other graphic narratives about anorexia that have been written in languages besides English. Unfortunately, if they have not been translated, I am not aware of them at this time.

Encouraged by encounters she details in her health class, magazines, and books, Anna begins to count calories and restrict her eating. The weight loss leads her to believe “as long as I’m thin and perfect... I’ll be invincible!” (17). This pursuit for “perfection” in the form of a thin body is often noted as a characteristic of anorexics, an aspect of anorexia and culture that I examine in Chapter Two. The novel then follows Anna’s continued battle with her eating disorder through continued extreme weight loss and its ramifications, treatment and a number of relapses and struggles. In the end, Anna seems to have reached a decision to reclaim her health, writing a letter in which she recognizes she is happy, looking forward to the future in which she doesn’t “care about being thin” (110). It should be noted though, that the author’s blurb on the back cover describes Fairfield’s “thirty-year battle with anorexia,” suggesting that “the end” of Anna’s story only reflects a portion of Fairfield’s lived experience.

As one might expect, one of the most obvious ways that Fairfield’s pathography is representative of Williams’ Manifest category is through Anna’s changing body shape as it relates to the amount of weight she loses and gains over the course of the text. Early images of Anna represent a female teenage body that would appear to represent what most would consider falling within “normal” range (see figure 4). She is proportionate in height and weight and has a slight curve to her chest and hips. There is nothing to indicate that Anna would be considered overweight by medical standards.



Figure 4. Anna's normal sized teenage body early in the narrative in *Tyranny*, pg. 7.

Conversely, as she begins and continues to lose weight, Anna's body takes on an



emaciated appearance. Fairfield adds shading and lines to her rib cage to make the bones apparent, as well as an extremely narrowed waist with protruding hip bones. As Anna's anorexia becomes more extreme, so does her appearance. In the panel in which she weighs "no more than eighty-five pounds" her naked body appears nearly skeletal (see figure 5). Wavy lines down her back indicate her spinal column and shoulder blades and her arms and legs are extremely thin and angular. She leans on the outline of the next panel, seeming to suggest she is too weak to even stand upright.

Figure 5. Anna's skeletal anorexic body in *Tyranny*, pg. 43.

Early in the text, in a series of panels that show Anna trying on bras, Fairfield uses a mirror to expose the “invisible” aspect of anorexia (see figure 6). While the image of Anna standing in front of the mirror remains the same in terms of her physical body (other than the changing pattern on the bra and panties), her reflected image in the mirror grows substantially larger in terms of body weight in each panel. By the fourth consecutive panel, the reflected Anna would most likely be labeled as overweight or obese by medical standards, as she appears to be nearly



Figure 6. Anna trying on bras where her actual body does not reflect what she sees in the mirror's reflection in *Tyranny*, pg. 8.

twice the size of the actual Anna. This mirrored image shows the discrepancy that occurs in the mind of the anorexic between reality and perception, a phenomenon known as body dysmorphia.³ Anna is unable to see the truth in the mirror's reflection as it relates to her actual body. Instead, she is influenced by the invisible aspects, the mental inconsistencies that effect an anorexic's perception of their body. Later in the text, as Anna's anorexia has progressed to a point where she would most likely be considered “underweight” by medical standards, Fairfield returns to the mirror image indicating that the mental break-down

³ I more fully examine the concept of body dysmorphia in Chapter Two.

between perception and reality continues to plague Anna, even after she has become thin (see figure 7). These drawings add to the iconography surrounding anorexia by visibly representing these differences.

Near the middle of the novel, Fairfield creates a six-panel spread that effectively captures all three of Williams' categories. A close-up of Anna's face is the visual focus of each panel, transforming over the course of her internal

monologue, as represented in



Figure 7. An incredibly thin Anna, exhibiting signs of exhaustion due to malnutrition is unable to see how her body actually appears in the mirror in *Tyranny*, pg. 66.

the accompanying text of each panel (see figure 8). The visible (Manifest) signs of the toll of Anna's anorexia can be seen in her wearied expression and heavy bags under her eyes in the first three panels. In the second panel, she even states that "it feels so awful."

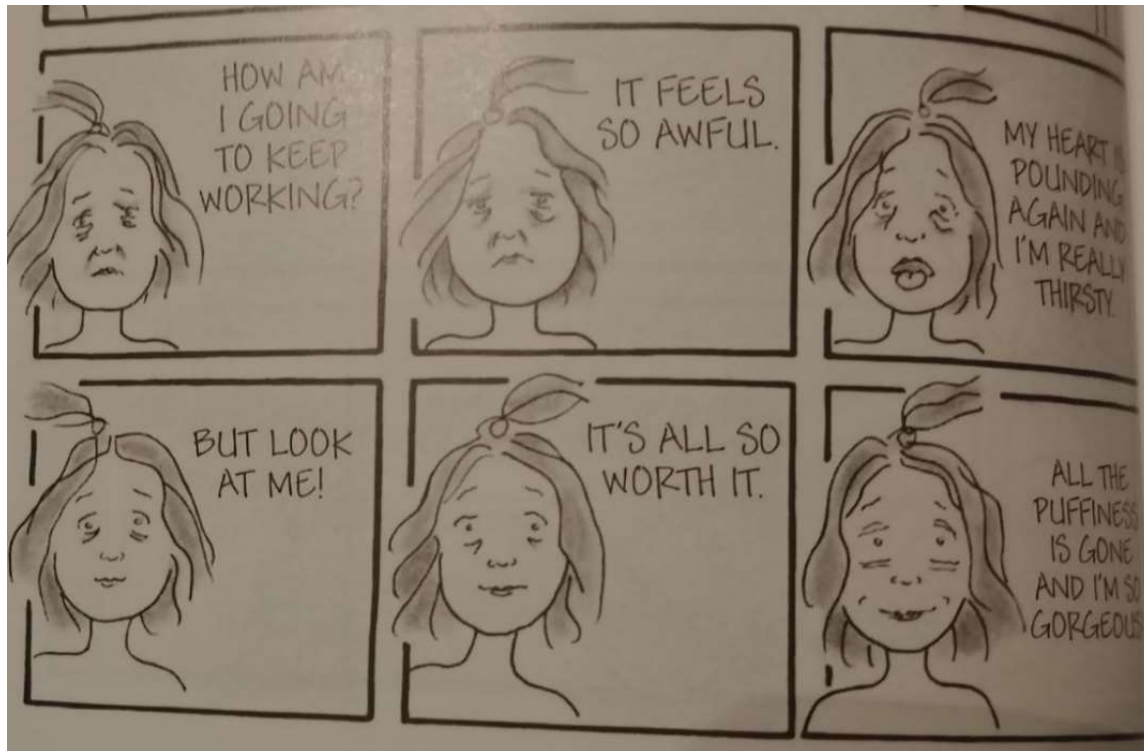


Figure 8. In a series of six progressive panels, Fairfield captures all three of Williams' categories of the 'iconography of illness' in *Tyranny*, pg. 54.

She confides that her “heart is pounding” and that she’s “really thirsty” in the third panel, characteristics which could be considered part of Williams’ concealed category, though Anna’s open mouthed expression adds to the iconographical representation of the physical symptom of thirst.

In the last three panels, the reader is offered a juxtaposition between image and text, as Anna attempts to convince herself (and the reader) that “it’s all so worth it” and that she’s “so gorgeous!” The text in these three panels not only contradicts the text and images in the previous three, but also does not accurately represent Anna’s appearance in these panels. Bags still appear under her eyes, though not as dramatically as in the first three. Her smile appears forced, seeming to belie what she is actually feeling and thinking, representative of Williams’ invisible category. These panels represent all three of Williams’ categories: clear manifest signs of Anna’s illness, her attempt to conceal some of her symptoms from those

around her, and a representation of the invisible side effects of the mental strains of the disease. The combination of these six panels may prove to be the most meaningful in their addition to the iconography of anorexia as they could only be accurately and authentically created by someone who has lived the experience of an anorexic, an insider to the community. The intricate relationship that exists between word and images presented across multiple panels as seen here—only possible through the comics form—is an ideal way to convey both the external and internal causation and effect of a complex disease such as anorexia. As an insider and also a comics artist, Fairfield is able to accurately and authentically convey the experience of an anorexic in a way that an outsider could not, thereby adding to a greater understanding and representation of the disease.

B. Lighter Than My Shadow

Katie Green's *Lighter Than My Shadow* (referred to herein as *Shadow*) was first published in the United Kingdom in 2013. Unlike Fairfield, Green does not change the name of her iconic self in *Shadow*, remaining Katie both in life and on the page. Katie's memoir begins in her early childhood, where she is shown struggling early on with her parents request for her to "be a good girl, Katie eat up" (13). At this point there is no indication that Katie's food aversion is in any way tied to her self-image, but it does allow the reader to understand that Katie's food issues are long-standing and deeply rooted. Additionally, Green alludes to compulsive and systematic behaviors during her childhood, what she calls "little rules and rituals" (29), such as a need for symmetry, for things to be in the "right" order, and for everything to be counted. She notes that rituals with food were "especially important," including the size of pieces of food, a need for separation on the plate, and a method for chewing the same number of times on each side of her mouth (30). These connections are

noteworthy, as according to statistics found on the website of the National Eating Disorders Association (NEDA), there is a “markedly elevated risk” for obsessive compulsive disorder (ODC) for those with eating disorders. The visual representation of these characteristics of a large portion of anorexics (the NEDA cites that approximately 69% of anorexics have a co-morbid diagnosis of OCD) is important in adding to a greater understanding of the unseen mental components of anorexia, what Williams would categorize as “invisible” (“Eating Disorders & Co-Occurring Conditions”).

During the first section of the memoir, Green traces Katie’s exploration of her changing body, often drawing Katie standing in front of her mirror, semi-nude, examining herself. As in *Tyranny*, there is no indication that Katie is anything other than an average or normal teenage girl in respects to her body size (see figure 9). Katie is extremely critical of not just her body size, though, but of how her physical characteristics are perceived by others which then affects how they interact with her. She begins comparing herself with others, who “all seemed perfect” while she is “somehow out of proportion” (89). Her concern leads her to assert she will “have to

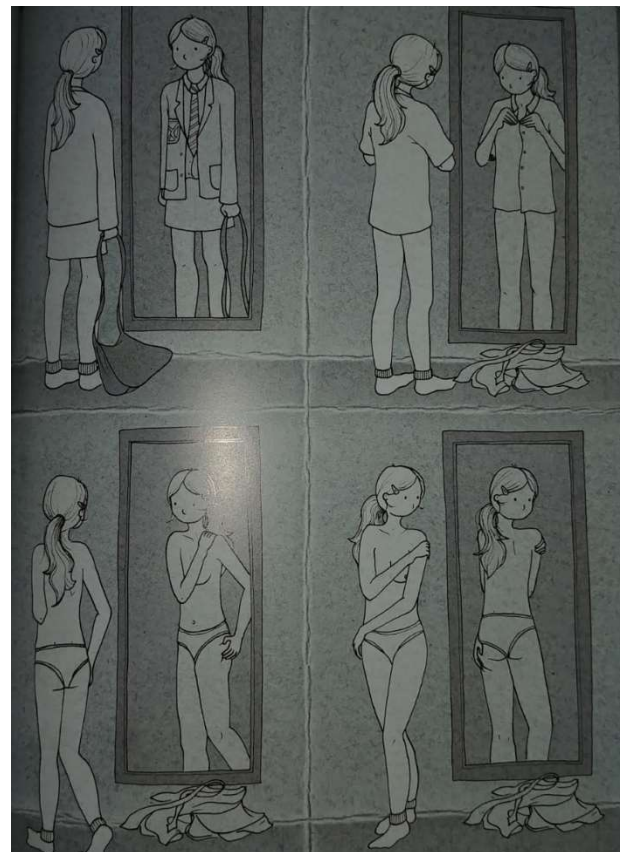


Figure 9. Katie, who appears as a normal teenage girl, examines her changing body in a series of panels in *Lighter Than My Shadow*, pg. 87.

be in control from now on” (91) when it comes to her eating habits. Herein again, Green

makes visible the dissonance between physically “normal” body of an anorexic and the invisible mindset that is a symptom of the disease.

Green often allows the realistic version of Katie to morph into her imagined or self-perceived version of her body across a series of panels, allowing the reader the opportunity to see how Katie perceives her own body image. In these instances, though it is understood that we as readers are voyeurs into Katie’s imaginings, the invisible aspects of Katie’s anorexia, her warped sense of the dimensions of her body, become manifest.



Figure 10. Katie, dissatisfied with her body, is seen imaging carving away offending sections in *Lighter Than My Shadow*, pg. 100-101.

In Figure 10 Katie’s stomach and buttocks become enlarged over several panels. In the last of these panels, Katie marks off these parts of her body that she finds offending and

is seen carving them off with a large butcher's knife. Many anorexics describe having a specific area of their body that most troubles them, and if they could just fix that problem, their body would be "perfect." In these panels, Green makes visible the thoughts that trouble and ultimately control the actions of an anorexic. This dissection of herself is an image that Green returns to a number of times throughout the novel, in each, adding a deeper understanding, through the elements of the comics form, of the mind of an anorexic.

Many symptoms and signs of anorexia can go unnoticed by an outside observer. Additionally, anorexics often take great care to hide or conceal signs of their eating disorder. When Katie goes to college, she is around new people who are unaware of her history with anorexia. She is able to explain away her food choices in the cafeteria, such as only having fruit during dinner, as her new friends "didn't know my old habits well enough to be concerned" (260). On the page that follows, in the privacy of her own room, Green shows Katie looking in the mirror and examining some of those concealed signs (see figure 11). Katie is seen smiling in baggy clothes meant to hide her shrinking figuring, pulling away the waistband of her pants to show how loose they now are on her. Then, she is seen measuring her wrist with two fingers, gauging her weight. Finally, brushing her hair, Katie comes away with a large mass

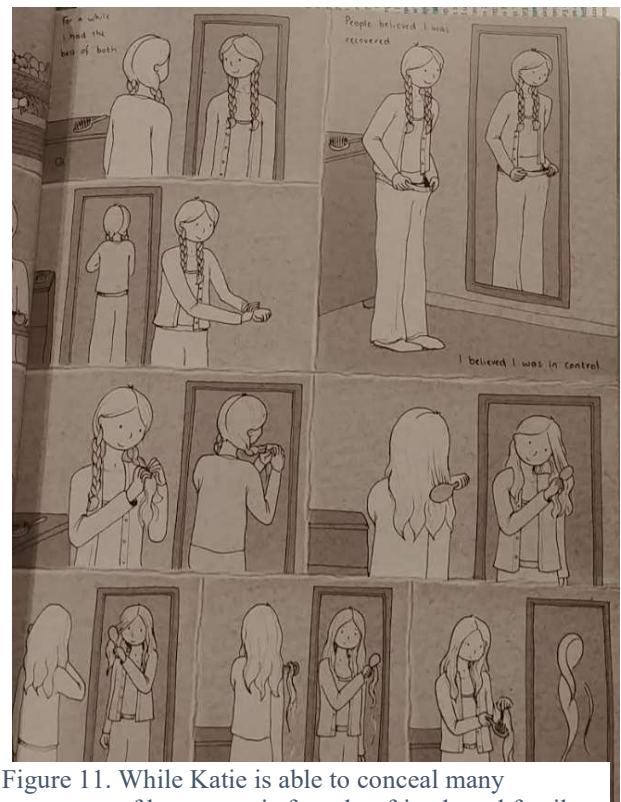


Figure 11. While Katie is able to conceal many symptoms of her anorexia from her friends and family, she cannot hide those same symptoms from herself in *Lighter Than My Shadow*, pg. 261.

of her lengthy tresses stuck in her brush. This, the most potentially visible of the signs to an outsider, seems to be the most disturbing to Katie, who gazes at the brush with visible shock. Green's series of panels provide a snapshot into the personal rituals of an anorexic make visible what often goes unseen or overlooked, adding to the visual representation of the disease.

C. Ink in Water

If we are to consider graphic medicine to be “the intersection of comics and medicine,” then Lacy Davis' *Ink in Water* can be classified as such. The text tells the story of Davis' experience with both anorexia and bulimia during her early adulthood. This different perspective (the vast majority of writing about anorexia focuses on the disease occurring during early adolescent and teen years) was enough to make me enthused about including it within the scope of my thesis at large. However, I am more hesitant to label it as graphic medicine for one specific reason: Davis wrote the text, but she did not create the illustrations.

During my research, I did find a few graphic medicine texts that had both a writer and an illustrator, suggesting that one is not required to fill both roles in order for the pathography to be labeled graphic medicine. My hesitancy with *Ink in Water*, though, is specifically tied to the fact that the comic is about anorexia, a condition closely tied to body image. In *Ink*, the images of bodies and body dysmorphia have been drawn by a man who has not lived these experiences, and his lack of perspective is evident in the illustrations. The text written by Davis is illustrated by Jim Kettner. Not only does Kettner draw Lacy's story, he is part of it. Roughly halfway through the narrative, Lacy meets and begins a romantic relationship with Kettner. In the period of time that elapsed between the creation and publication of the text, the two married and quickly thereafter divorced.

While collaboration does not prohibit the text from being considered graphic medicine, I do not feel that it should be considered such, as I question the authenticity of Kettner's iconography. I earlier discussed Hilary Chute's term "embodiment" and the many careful and strategic decisions an illustrator of a graphic pathography must make when deciding how they will draw their bodies on the page as well as how they will portray their illness. In the case



Figure 12. Kettner chooses to over emphasize some of Davis features, causing me to question his accurate and authentic representation of Davis embodied self in *Ink in Water*, pg. 89.

of *Ink in Water*, it is ultimately not Davis making these decisions but Kettner. Because anorexia is so closely linked to how an anorexic perceives their own body, I question if Kettner's illustrations are truly an embodiment of Davis and her anorexia. The illustrative style, which is like caricature in the way it overemphasizes some physical characteristics, such as Davis nose, causes me further uncertainty about Kettner's ability to accurately and authentically represent Davis struggles with disordered eating (see fig. 12). This is one of several factors, which I will discuss later in the thesis, that makes *Ink* a less-than-ideal work of graphic medicine.

D. Symbolizing Disordered Eating

Narratives about anorexia written and illustrated in the comics form allow the author/illustrator to visually represent the disease itself, not just its effect on the body. In different writings about anorexia, I have noted a tendency by anorexics to describe anorexia as a voice in their head that controls their actions. This voice is characterized as directing

their choices surrounding food, encouraging them not to eat and often berating them when they do. The voice also belittles them, further complicating the way they perceive their body. The question becomes then, how does one draw a voice that can only be heard in the mind of the anorexic? Two of the three texts that I have selected approach this in vastly different ways, each offering a visual embodiment that expands our understanding of anorexia.

In *Lighter Than My Shadow*, Green repeatedly draws a ragged scrawl of black lines over Katie's head that grows in size and intensity as the text progresses. Green never gives any indication of what the scrawl actually represents, but its continued presence throughout the story is reminiscent of a concept known as braiding. The term, coined in 1999 by comics scholar Thierry Groensteen, is meant to describe a "repetition of an image or motif" (Groensteen 89) in a comic. The inclusion of a braided image enhances a text, but it is not necessary to recognize the importance of the repeated image to derive meaning from the text as a whole. In fact, Groensteen argues that inclusion of the element invites what he terms an "intelligent" reading, one that "is not restricted to the connecting up of plot events but is able to respond to what the verbal/iconic comics text itself produces" (96).

As I noted, Green does not give a clear indication as to what exactly the dark scribble symbolizes. I believe it could be read as a number of different aspects of Katie's life, but regardless, it is directly tied to her sense of self and her disordered eating.

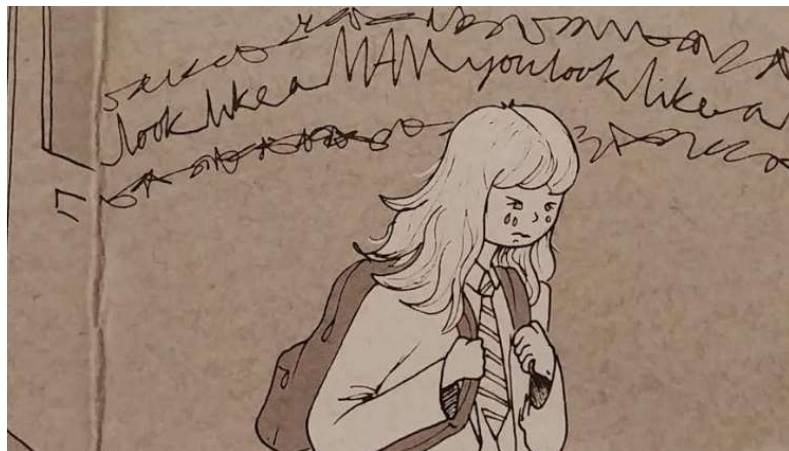


Figure 13. The squiggles appear over Katie's head for the first time after she is body shamed by a group of male classmates in *Lighter Than My Shadow*, pg. 49.

Though Green explores food related issues in her early childhood, the black squiggles do not appear as a fixture in her life until her early adolescence (see figure 13). Shortly after Katie menstruates for the first time, she has a run-in with a group of boys at school who body shame her by referring to her as “Neil,” telling her she looks “like a man” (48). On the following page, the black scrawl — in this case, taking the form of words — appear for the first time behind a crying Katie. This public instance of body shaming leaves a mark on Katie, one that seemingly follows and torments her.

The squiggles appear for a second time, much larger and darker — this time looking like a swarm of bees — after she is body shamed by a group of friends. The girls are trying on clothes, comparing their bodies. One friend claims she wishes she could be anorexic, or “skinny like Katie” (68), who appears to be oblivious to the conversation as she does homework. When Katie refuses to participate in their

critique session, instead deciding instead to walk home in the dark, one friend cautions her not to go as she’ll “get raped” to which a second friend quips, “Who’d want to rape her?” (70). Facing these multiple attacks on her physical appearance, Katie is shown walking home



Figure 14. The dark lines become more prominent in Katie's life as she continues to be judged based on her body, this time by a group of friends in *Lighter Than My Shadow*, 71.

in the rain, the cloud of squiggles darker and larger trailing behind (see figure 14). The dark scrawl continues to invade Katie's life, especially when after she has a public encounter with food or comments are made about her physical appearance. It is not long before the black lines become a constant in nearly every panel of the memoir. They are almost always shown over Katie's head, though they at times surround her entire body and environment. In the moments where the illustrations depict what she sees in her mind, the black lines make up the entire background of the page, consuming Katie and creating a visual representation of how she is unable to separate herself from the darkness of her mind.

The dark squiggles make visible when Katie's thoughts and actions are being ruled by

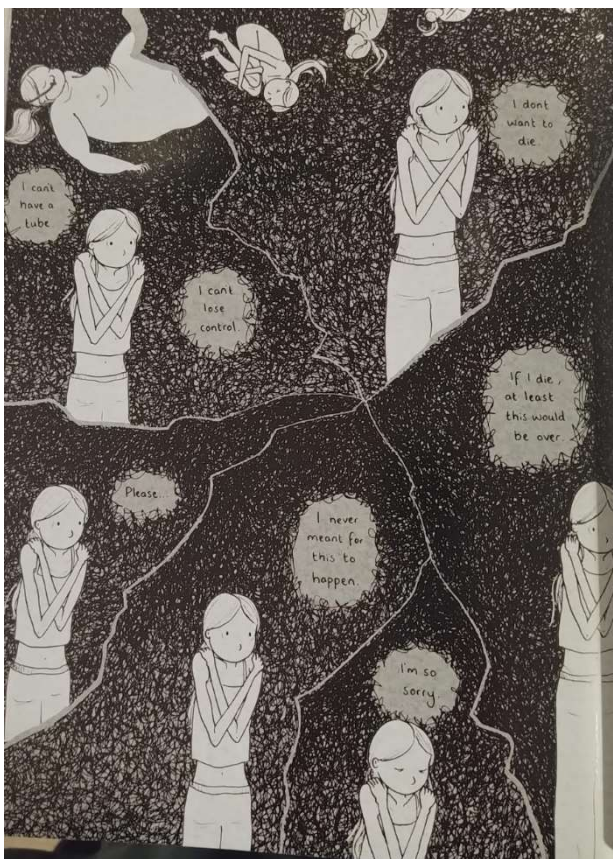


Figure 15. Just as an anorexic cannot escape the inner voice that controls their behavior, so is the reader unable to escape the dark squiggle that begins to take over whole pages of Green's pathography in *Lighter Than My Shadow*, pg. 152.

her self-criticism. The more pervasive Katie's destructive thoughts become, the larger and darker the looming shadow becomes. Just as an anorexic is unable to escape the controlling thoughts, so is the reader unable to ignore the visible representation of the inner workings of an anorexic mind throughout the memoir (see figure 15). This feeling of inescapability that Green creates for her reader through the visual image of the black scrawl in each panel mirrors an incessant controlling voice in the anorexic's mind. Additionally, this visual representation by

someone who has first-hand experience with the disease adds to greater understanding of what it feels like to be caught in its web.

Anorexia is not the only form of disordered eating that Green explores in *Lighter Than My Shadow*. After a number of treatments and subsequent relapses, Katie struggles with bouts of binge eating as a means to overcome her anorexia. According to the National Association of Eating Disorders, binge eating disorder (BED), is “characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort)” in which an individual “cannot stop eating or control what or how much one is eating” (“Binge Eating Disorder”).

Recently recognized in the *Diagnostic and Statistical Manual of Medical Disorders (DSM)*, BED is thought to be the most prevalent eating disorder in the United States.

While the dark squiggle that represents anorexia continues to follow her throughout the novel, Green also personifies Katie’s encounters with BED. During her binges, Katie’s stomach area turns into a gaping black hole, complete with teeth, begging to be fed (see figure 16). When she is able to control her bingeing, the hole disappears.

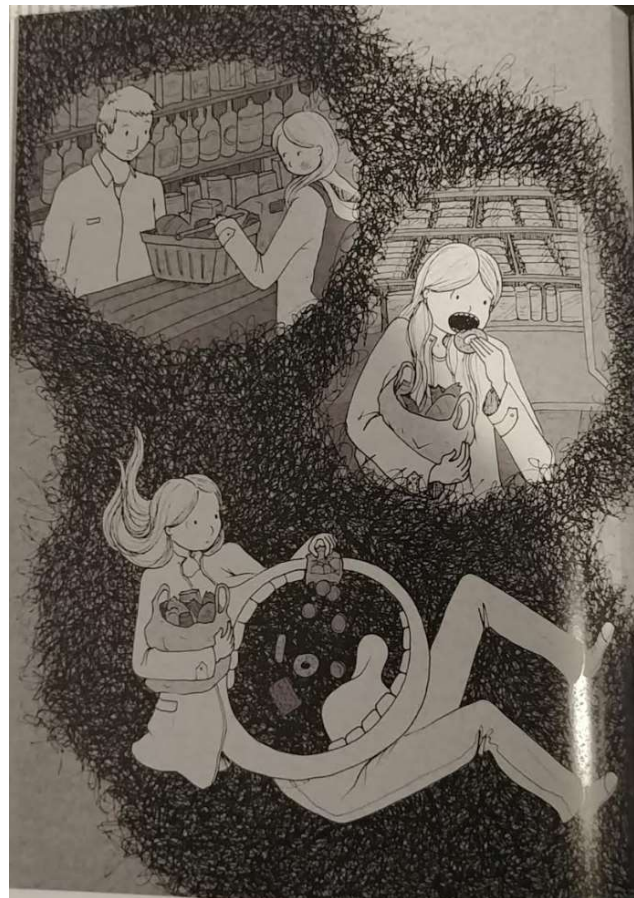


Figure 16. Katie begins to suffer from binge eating disorder (BED), which Green symbolizes as a gaping mouth in the middle of Katie's body, begging to be fed in *Lighter Than My Shadow*, pg. 414.

Unlike anorexia, Green chooses to represent BED as part of Katie's physical body. What is interesting to note is that Katie's mind seems to remain untouched, hovering somewhere in the middle of the two disorders that threaten to overtake her. This would seem to imply that she still has a choice, that Katie herself ultimately is empowered to make the decision to give in to either of these temptations. The two different diseases fight for control; one cannot be a starving anorexic and binge eat simultaneously. While BED seems to have taken over control of her body, anorexia is an omnipresent force that closes in around her. Katie must ultimately choose one, the other, or neither. I will further explore the dichotomy between mind and body in relationship to control in Chapter Three.

The dissimilar way that Green chooses to personify the two diseases is also of worthy of further consideration. The gaping mouth begging to be fed seems a logical choice as a means to represent BED. Though it affects the most individuals, BED is often a lesser discussed eating disorder. In fact, until 2013, BED wasn't listed as a named eating disorder in the *DSM*, rather it fell under the classification of "other specified feeding or eating disorder" (OSFED). It is possible that Green may therefore have chosen a more apparent method of iconography to represent BED. Conversely, anorexia nervosa is a widely known eating disorder, on which much has been discussed, written, and analyzed. Green may have felt she had a broader artistic license when symbolizing anorexia, making it personal to her lived experience. It is the verbal and visual format of comics that make the understanding the nuances in the iconography possible.

Personal representation of one's experience is also what allows for a completely different visual representation of anorexia to take shape on the pages of Lesley Fairfield's *Tyranny*. As opposed to Green, Fairfield chooses to not just symbolize anorexia, but embody

it. As the title character, Tyranny, anorexia takes shape on the pages of Fairfield's memoir as a mass of swirling lines roughly in the shape of a skeletal human being, which a closer inspection will note is strikingly similar to Anna herself (see figure 17). The shape of the figure alludes to being female, a fact that Fairfield's avatar, Anna, confirms when thinking, "she's frightening to look at!" (42). Regardless of gender, Tyranny is a foreboding figure in both appearance and attitude. She at times whispers seductively in Anna's ear, saying she is her best friend. Then, a few panels later, berates her mercilessly, calling her fat and a sissy. Tyranny both admonishes Anna not to eat and encourages her to continue to starve and torture herself so she can be thin. She is, in other words, a tyrant.

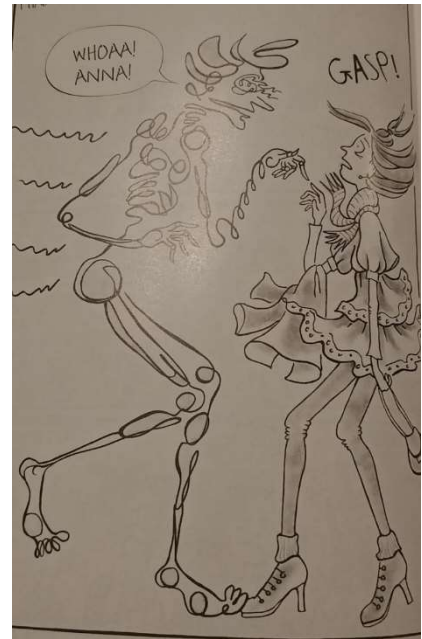


Figure 17. Anna first meets Tyranny, a personification of her anorexia in *Tyranny*, pg. 40.

Unlike Green's dark scrawl, Anna interacts with her disease, actually conversing with

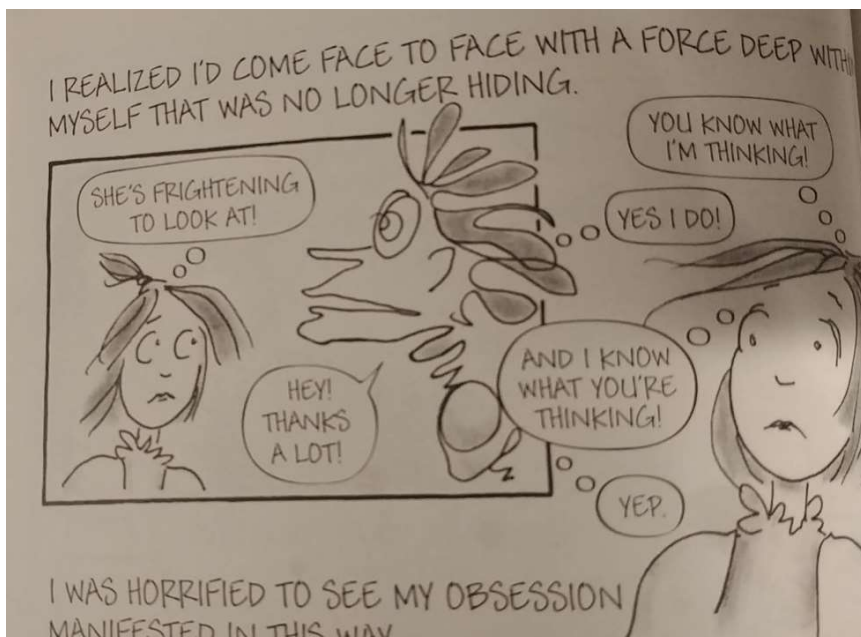


Figure 18. Fairfield makes use of the comics format to show that Tyranny can hear Anna's thoughts, suggesting they are one in the same in *Tyranny*, pg. 42.

Tyranny. Fairfield uses the comic form to further complicate their interactions. During their first encounter, Anna is shown thinking "she's frightening to look at!" indicated by Fairfield's use of a

thought bubble (see figure 18). To this thought, Tyranny responds, “Hey! Thanks a lot!” via a speech bubble. In the following panel, Anna confirms that not only does Tyranny know what Anna is thinking, but Anna knows what Tyranny is thinking. They are one in the same. The descriptive narration from omniscient Anna as the narrator confides in the reader that she was “horrificed” to see her “obsession manifested in this way” (42). The creative use of thought and speech bubbles allows Fairfield to show how deeply embedded Anna’s anorexia is in her psyche. The visual representation of anorexia as Tyranny and its hold on Anna is exemplified by Fairfield’s use of comics formatting.

Not only are the two able to converse, the reader sees how much of a tyrant Tyranny is physically as well. The



Figure 19. Not only does Tyranny control Anna's mind, she harms her physically as well in *Tyranny*, pg. 53.

very first page of the memoir shows a menacing Tyranny with a strangle hold on Anna, lifting her off the ground while declaring she is “too fat” (1). It is a disturbing image, and the reader instantly is aware of Tyranny’s strength and dominance over Anna. Over the course of the memoir we also see Tyranny stand on Anna’s back, rendering her unable to stand and forcefully grab her arm and drag her along (see figure 19). Tyranny often dominates panels

that she appears in with Anna, looming over her. Further, she regularly appears on the right side of a panel, with Anna to her left. If we read the panel left to right, Tyranny is then impeding any forward motion by Anna, blocking her ability to get past her disease. These carefully included details about what it is like to live with anorexia are only possible due to Fairfield's choice to tell her story as a graphic pathography. The powerful imagery that Fairfield uses gives insight into just how challenging and difficult it is for an anorexic to overcome the voice that anorexia uses as a means of control.

As with Katie in *Shadow*, Anna is also struggling with binge eating disorder (BED).

Fairfield, though, does not choose to personify BED. Instead, when Anna binges, Tyranny becomes physically violent with her, demanding she “throw it all up” (53) as can be seen in Figure 19. When Anna is unable, she presses laxatives on her to rid Anna's body of the food she has consumed. This begins a “cycle of bingeing and purging that lasted for months,” which Fairfield illustrates in a set of 15 detailed panels on a single page (see figure 20). In the series, there is not a single panel in which Anna is shown completely

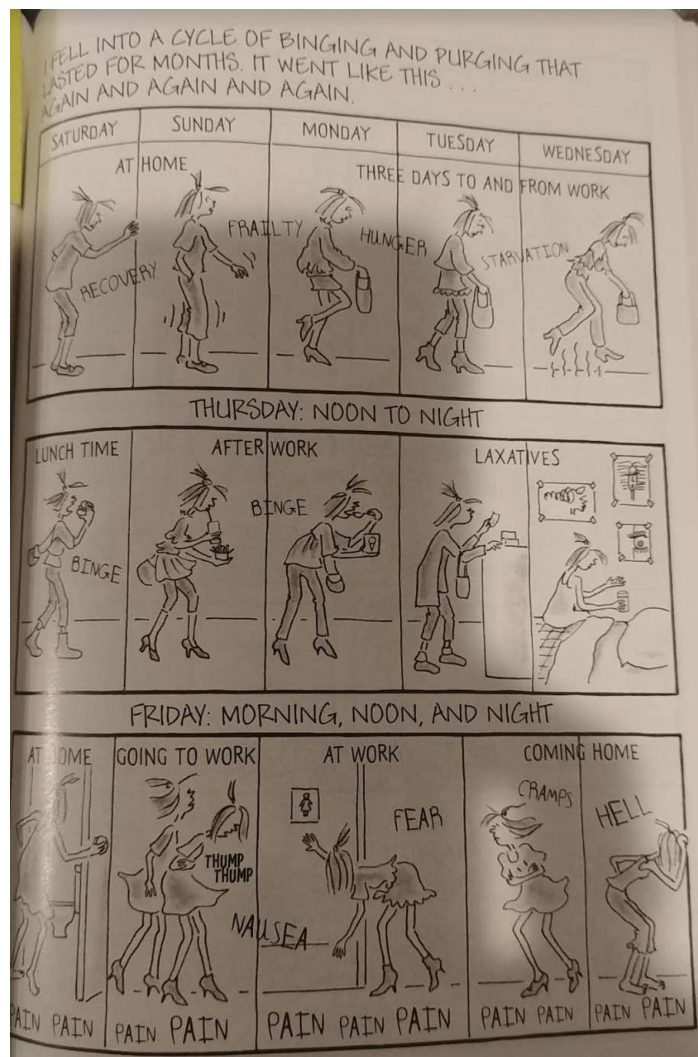


Figure 20. A “cycle of bingeing and purging that lasted for months” in *Tyranny*, pg. 55.

upright. She is often hunched over, in pain, collapsing under the trauma she is putting her body through. As with *Shadow*, it would appear Anna is battling between these two different diseases and finding no solace in either. Tyranny is notably absent, as a physical manifestation, but her presence seems to loom not too far away as it was her suggestion that started Anna down this particular path. By choosing not to embody Tyranny, but rather providing the series of images of a cycle lasting for “months,” Fairfield allows the reader to draw their own conclusions about the unseen power of anorexia.

For their part, Green and Fairfield create deeper understanding of anorexia by not only showing the emaciated bodies on Katie and Anna but also by personifying and symbolizing the internal “voice” of anorexia as well. These representations are only possible because Green and Fairfield chose a graphic narrative format through which to tell their story. Their stories also add to and enhance the iconography of anorexia by providing a more personal lens than is possible in words-in-a-row narratives. The creation of these graphic narratives is vitally important not just for what they add to our current understandings of anorexia, but how they push back against images that glorify the thin female body. In the next chapter, I turn my attention to how the iconography in these texts creates representations that counter the dominant images of the female body in today’s media and, more specifically, in the pro-anorexia community.

Chapter Two: How Graphic Narratives Undo the “How-To” in Anorexia Writing

Commercials. Advertisements. Selfie-filled social media posts. Movies. Music Videos. Billboards. Newspapers. Magazines. We are constantly inundated with images. Images that worm their way into the brain to plant a message. A message that you, too, can be thin, rich, popular, desirable, or a plethora of other over-idealized adjectives. Without our conscious recognition, the barrage of these images begins to breed self-hatred and shame when we “fail” to meet these completely unrealistic and unattainable aspirations. For an anorexic, these images reinforce the dysmorphic body ideas that trouble their mind.

The spread and prevalence of eating disorders hinges, at least partially, on exposure to these images. Consider, as a case study, research done by anthropologist Anne Becker on girls and women in the islands of Fiji. Her initial research showed a majority of Fijian women and girls claimed to be comfortable with their body, no matter how large. Further, prior to 1995 Fiji had no reported cases of eating disorders. What then changed in 1995? Exposure to television. In 1995, Fiji gained access to a single television station which broadcasted programs from Great Britain, Australia, and the United States (Bordo xv). Three short years after the first broadcast, Becker again asked Fijian girls and women how they felt about their bodies and was shocked to learn that 11% of those girls reported vomiting in order to control their weight and a staggering 62% of the girls reported dieting during the previous month.

Becker noted that she was particularly surprised by the results because the Fijian culture celebrates eating and tends to favor voluptuous bodies. She couldn't understand how long-standing traditions could be susceptible to foreign media images. The anthropologist

later claimed that the Fijian girls and women just were “not sophisticated enough about media to recognize that the television images were not ‘real’” (Bordo xvi), but her casual dismissal of Fijian girls and women’s responses were insulting and downplay the larger implications of her findings. Do we, who have been exposed to these same images since birth, recognize that these bodies are not “real”? And, if we do know that the bodies we see are not realistic representations, why do so many women strive to emulate them?

According to a National Health Statistics report compiled by the U.S. Department of Health and Human Services, in 2016 the average height for an American woman 20 or older was just under 5 foot 4 inches tall with the average weight being 170.6 pounds (Frayar et al.). That same year, fashion lingerie brand, Victoria’s Secret launched the campaign for their “Perfect Body” collection with their annual fashion show and images similar to the one seen in Figure 21.



Figure 21. Victoria's Secret “Perfect” Body. Image via Watson, Grace. “Victoria's Secret Angels' 'Perfect Body'. The Measurements, the Expectations and the Reality...” LinkedIn, 4 Feb. 2017, www.linkedin.com/pulse/victorias-secret-angels-perfect-body-measurements-reality-watson.

In addition to defining the perfect body as white and young, this ad depicts models that are far out of the norm. The body measurements for these “perfect” bodies are, at minimum, a height of 5 foot 9 inches with a figure that has a 34-inch bust, 24-inch waist and 34-inch hips that has a maximum body fat percentage of 18% — definitely far below the average 170.6 pounds (Watson).

The message of this image and countless others like it is exceedingly clear — the perfect female body is one that is toned (though not muscular), tall, thin, and exceedingly white. While we may comprehend that these bodies are not “real,” because they have been meticulously airbrushed to remove any perceived flaws, it is hard to escape the bold declaration of perfection. The mental trap becomes “if my body does not reflect this example of perfection, it —and in turn, I — am less than ideal.” These images feed us a subconscious message that we are “not quite good enough” when we hold them up against our bodies that are real. Bodies that have not been starved, exercised, and air-brushed to become “real” and perfect. Bodies that are not perfect by comparison to image after image we encounter daily. It is repeated exposure to these supposedly real bodies that cause us to question the way we perceive our own body. These grossly inaccurate representations create unrealistic and often unachievable expectations for the vast majority of girls and women. Feeling inadequate in comparison, we turn to diet and exercise, pills and cleanses, nips and tucks — all in pursuit of an ideal body.

In *Unbearable Weight*, considered by most to be the preeminent text on feminism, Western culture, and the body, Susan Bordo closely scrutinizes these mental trappings. She argues that what was once labeled the “underlying psychopathology” of eating disorders, has been deconstructed over time to “reveal a more widespread *cultural* disorder” (55, italics in

original). The disorder was first described by Hilde Bruch in her 1973 text, *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within*, as a “disturbance in size awareness” (89), and later came to be officially known as body image distortion syndrome (BIDS) or body dysmorphic disorder (BDD). The disorder, both in mainstream thought and diagnostic criteria, is often considered a hallmark of anorexia. Bordo explains that the disorder was meant to “emphasize a discontinuity between anorexic and ‘normal’ attitudes toward weight and body image,” that a person with body dysmorphia is “unable to see her body realistically” (55).

Labeling BDD simply as a “hallmark” of anorexia, though, fails to consider its impact on women who are not considered to be part of the eating disordered community. For example, Bordo points to a study by psychologist Kevin Thompson who surveyed 100 women “free of eating-disorder symptoms” (56). Ninety-five of these women overestimated the size of their body, with the average estimate being twenty-five percent larger than they actually were. BDD therefore is not an anorexic issue, it’s a problem all women are faced with due in large part to the barrage of false images and representations they are inundated with by the media. According to Bordo, “most women in our culture, then, are ‘disordered’ when it comes to issues of self-worth, self-entitlement, self-nourishment and comfort with their own bodies” as it is simply part of “the experience of being female in this culture” (57).

If this inability to see one’s body realistically is not exceptional but rather paradigmatic, what, if anything, can be done to combat body dysmorphia and disordered eating? Literature, both fictional and personal memoirs, have attempted to push back against this cultural misconception by providing representation of an anorexic’s story. These accounts, meant to give insight into the working of the anorexic mind, act in part as a means

to create accurate depictions of body dysmorphia. Stories such as these are intended to serve as a cautionary tale for readers endlessly exposed to media representations of the “perfect” body.

Laurie Halse Anderson’s *Wintergirls* is a primary example of an author working to expose the torment of body dysmorphia by depicting the story of a sixteen-year-old anorexic. At the outset of the novel, Anderson’s protagonist Lia is confronted with the death of her former best friend, Cassie, from a ruptured esophagus due to a long history with bulimia. We learn the two have been estranged for some time, but on the night of her death, Cassie repeatedly tried to reach out to Lia. Cassie’s death triggers Lia’s equally long encounter with disordered eating, as she slips back into anorexic habits and self-harm by cutting. The guilt Lia feels for not picking up the phone the night of Cassie’s death causes hallucinations of Cassie’s ghost. As her anorexia progresses, her self-harm escalates and her ability to escape Cassie’s ghost torments her, Lia consumes a large amount of sleeping pills in an effort to block out the voices she is hearing and get some rest. Her near suicide makes her realize how much she actually does want to live, and she enters her third stay in an eating disorders treatment center. Lia’s story ends with her on the path to recovery, acknowledging “there is no magic cure, no making it go away forever. There are only small steps upward; an easier day, an unexpected laugh, a mirror that doesn’t matter anymore” (278).

In large part, Anderson’s novel was critically well-received. Upon publication in 2009, the book received starred reviews from *Publisher’s Weekly*, *Booklist*, *Kirkus Review*, and *School Library Journal* (FictionDB). The following year *Wintergirls* was named one of the ten best books for young adults by the Young Adult Library Service Association (American Library Association, “Best Books for Young Adults”). The *Chicago Tribune* even

named the book to its “10 most influential books of 2000-2009” list, an honor it shared with the likes of *Twilight*, *The Da Vinci Code*, and *Harry Potter and the Goblet of Fire* (Keller).

The novel also came up against its share of sharp criticism, especially from voices within the eating disorder community. In her book review written for Jezebel.com, Anna North argued that “much of the book could certainly trigger a vulnerable reader.” She and other critics worried that in the hands of a current or even recovered anorexic, reading Lia’s distorted and destructive thoughts may “sound all too reasonable.” Responding to an article *The New York Times* wrote about the book, Laura Collins, executive director of Families Empowered and Supporting Treatment of Eating Disorders (F.E.A.S.T.) echoed these concerns, writing, “this book will be a treasured favorite of sufferers and not in the service of getting well but of collusion with the illness.” *Wintergirls* seeks to fill a gap by providing closer scrutiny into the life of a teenaged girl with an eating disorder. Unfortunately, such representation may be more of a reflection of self than current and recovered anorexics are able to handle without it triggering disordered eating behavior.

Of equal concern is how the specific detailed accounts of Lia’s life may function as a “how-to” manual for those actively seeking information on disordered eating so that they may adopt it into their own lives. The rise of internet use by teens in the 1990’s saw a proliferation of online community websites and chat forums that eventually came to be labeled “pro-ana,” short form for pro-anorexic. The pro-ana community considers anorexia to be “a lifestyle and a choice, not illness or disorder” (Shade 1). Members of these pro-ana groups not only endorse disordered eating but share tips on extreme dieting; how to induce vomiting and suppress hunger pangs; and how to hide weight loss from friends, family, and even physicians. Community members post their weight, body measurements and detailed

accounts of their dietary regimen to solicit acceptance and affirmation from their pro-ana peers. Often, they compete with these same peers to see who is able to lose the most weight over a given period of time. Hashtags such as #ana, #thinspo (short for ‘thin inspiration’), #proana, and #anamotivation are used to tag images of impossibly slender bodies meant to motivate members of the community to work toward the same for themselves.

In the hands of a member of the pro-ana community, *Wintergirls* can be read like an instructional text. For example, each time Lia mentions a specific food, it is followed by its caloric value. She recalls her breakfast of “ten raisins (16) and five almonds (35) and a green-bellied pear (121) (=172)” which she washes “down with hot water” (10). Lunch, which she eats alone in her car, consists of “diet soda (0) + lettuce (15) + 8 tablespoons salsa (40) + hard-boiled egg white (16)” for a total of 71 calories (76). While the detailed lists of foods she consumes followed by their calorie count is reminiscent of typical anorexic behavior, in the wrong hands this accuracy serves as a potential tool for one looking to replicate those same behaviors.

Fictionalized accounts of anorexia are not the only texts the pro-ana community may use to further their cause. Personal memoirs of recovered anorexics can be just as damaging. The best example of a memoir being used in this capacity is Myrna Hornbacher’s *Wasted*. In the text, first published in 1998, Hornbacher spares no details regarding her life-long battle with food, hunger, drugs, sex, hospitalizations, treatments, and therapy. While the memoir received numerous accolades for its “gritty, unflinching look at eating disorders” it also effectively captured the “pain and underlying *purposes*” (New York Time Book Review — back cover of *Wasted*, my italics) of those disorders. For those seeking such details, such as

members of the pro-ana community, the memoir can be used as a tool to verify their own purposeful decision to embrace anorexia.

Hornbacher goes into detailed descriptions of how she divided food into caloric units, with one unit equaling eighty calories, which is roughly the equivalent of one apple or slice of bread. She recalls that after one round of treatment, she was “eating a consistent diet of 31.25 units” (246), which she quickly halved to 16, then ten, eight, six, and in a matter of months, was consuming four units, or approximately 320 calories per day. She then tells her reader that this was the equivalent of “four slices of bread. Or one carton of yogurt and an orange. Or two bagels. Or a pile of carrot sticks and a bowl of cereal” (247). While this may seem to some readers to be a sad recollection of the lengths an anorexic may go to, for a reader potentially looking to create a starvation diet of their own, Hornbacher’s memoir provides a ready-made template. Further, instead of this truly being “rock bottom” for Hornbacher, she recounts how she managed (and at times thrived) on such meager sustenance.

Instead of a warning, many pro-ana supporters have sought to emulate Hornbacher. I located a number of pro-ana websites, many of which featured a “Marya Hornbacher Diet” taken straight from the pages of *Wasted*. The blogs *Ana Diets*, *Starving Angels*, and *Forever Ana-Mia* all featured the same diet they attributed to Hornbacher:

This day has a total of 202 calories and **0gs of fat**.

Breakfast: 1 grapefruit (100 cals)

Lunch: 2 fat free pretzels, from a bag (20 cal), 4 carrot sticks (12 cal), 4 celery sticks (5 cal), 3 teaspoons of mustard (5 cal). A total of 42 cal

Dinner: 1/2 a cup of fat-free, sugar-free yoghurt (60 cal)

Comments from members of the pro-ana community such as “I love this diet sooo much!!!” and “This is one of the diets I actually do well on” followed the post on *Forever Ana-Mia*.

Daily diet regiment and caloric information are not the only problematic elements of texts such as *Wintergirls* and *Wasted* that act as how-to’s” for those in the eating disorder community. In both texts, weight is repeatedly mentioned. After Lia meets “Goal Number One” by weighing 099.00 pounds, she wastes no time in establishing “Goal Number Two” (095.00) after which she will be “light enough to walk with my head up, meaty enough to follow everyone,” and then “Goal Number Three” (090.00) after which she “will soar” (52-53). By restricting her intake to 500 calories a day she meets Goal Number Two. Suddenly though, Goal Number Three is no longer enough, so she pushes even further “with another goal: 085.00, 085.00, 085.00” (189). Hornbacher also makes constant references to her fluctuating weight. Near the end of the memoir, over approximately thirty pages (241-272), she recalls a steady decline in her weight from 85 pounds to her lowest weight of 52 pounds. She separates every few paragraphs with a single line declaring her current weight. This lowest weight is the last mention of Marya’s weight in the memoir, and she shortly thereafter voluntarily signs herself into the hospital to receive treatment.

In many ways, Lia and Marya’s respective weights are arbitrary; we do not know how tall they are, what the overall build of their bodies are, or what a normal weight range may even be for either of them. They are just numbers to the reader though they are a source of obsession for Lia and Marya. This is accurately representation of many an anorexic mind:

The number on a scale is never low enough and it becomes a compulsion to continually be less, to be smaller. As previously mentioned, in the pro-ana community weight is often used as a point of comparison and a source of competition. Therefore, the inclusion of Lia and Marya's weight repeatedly throughout these two texts may inadvertently serve as inspiration to an anorexic reader. Lia's goal setting speaks to the competitive nature of anorexics because they may not only wish to emulate the goals that she outlines but go even further with their own weight loss. Additionally, as both Marya and Lia recover, their weight loss may be perceived as ultimately having no consequences. To an anorexic, if these characters were able to lose this much weight and recover, why couldn't they? The actual weight in pounds or kilos is not necessary to include in order to tell an anorexic's story, and by including it repeatedly, Anderson, Hornbacher, and many other authors and memorists simply provide motivation to those readers using the text for instructional purposes.

Pro-ana guidance, for those seeking it, can also be found in explanations of ways to "outsmart" those trying to help. For example, as part of her treatment, Lia must undergo weekly weigh-ins at home under the eye of her stepmother, Jennifer. Before she gets on the scale, she tells her reader about the large amount of water she consumed just prior to weighing in and the quarters she has sewn into her robe's pockets, resulting in "107.00 fake pounds" (47). Moments later, naked with an empty bladder, she steps on her own scale and reaches the aforementioned "Goal Number One" of 099.00 pounds. Lia also discusses how she disposes of food she's meant to eat, skips lunch at school or eats in her car, and manipulates the adults in her life who, though at times misguided, ultimately want her to be healthy. Lia has figured out how to work the system, and Anderson's inclusion of these "tricks of the trade" can be consumed and used by anorexic readers.

In *Wasted*, Hornbacher reveals how specific texts about anorexia fueled her own disordered eating. She recalls reading Steven Levenkron's *The Best Little Girl in the World* (which I discuss further in Chapter Three) and wanting to be that girl, "withdrawn, reserved, cold, wholly absorbed in her own obsession. Perfectly pure" (43). It was this account that made Hornbacher decide "I would be an anorectic when I grew up" (43). At the age of nine, she sought out teen magazines and described herself "poring over Diet Tips for Teens" and comparing herself to the images on their glossy pages as she began to believe her body to be "all curvaceous and terribly wrong" (44). Given her own recollections of the impact these texts had on her own struggle with disordered eating, it is worth questioning why Hornbacher (and in turn Anderson and other writers who have explored eating disorders) was not more cautious about the details she chose to vividly recall her in her memoir.

It is exactly this problem that Kelsey Osgood seeks the answer to in her 2013 memoir, *How To Disappear Completely: On Modern Anorexia*. At fourteen, Osgood decided she was fat (a fact she states from hindsight was not true) and wished to "get *really* thin" (20, her italics). She recalls that she knew about being anorexic and decided it was "dieting perfected, and perfection was always the goal" (22). The decision to become anorexic leads her to seek out texts to guide her on this journey, texts such as Levenkron's *The Best Little Girl in the World*, Deborah Hautzig's *Second Start to the Right*, and her ultimate favorite, Hornbacher's *Wasted*. She recalls incorporating some of "Hornbacher's tricks" into her own weight-loss repertoire, naming Hornbacher her "hero, a near impossible ideal of self-denial" (24).

Through her writing, Osgood takes other anorexia memoirs to task. She contends they appeal to those "with a vested interest in the voyeuristic exploration of anorexia: those suffering and those who wish to suffer" (33), a claim she backs up with her own lived

experience. She argues that the target audience, those who often actively seek out these texts, “will garner self-destructive inspiration” (33) and they, along with fashion magazines, media and advertisements, offer “thinspiring” material for “today’s ambitious students of anorexia” (34). It is near impossible to counter Osgood’s logic. The question then becomes, can we possibly create texts that don’t do these things?

Osgood is quick to recognize that ceasing to write or talk about anorexia will not lead to its eradication. The rise of the pro-ana movement and the ubiquitous nature of the anorexic memoir have both occurred within the past thirty years. These circumstances create a need to deconstruct “the *way* in which we talk about eating disorders... to do so productively, to shift the language we use, to defy the conventions of the narrative so that prospective anorexics are repelled and not drawn to the idea of illness” (35). In other words, how do we create texts that will potentially help “ambitious students of anorexia” (34) work through their struggles toward recovery? Osgood is the first to make such an attempt in *How To Disappear Completely*. Her memoir creates a template that others may use to consider this need for evolution in the way anorexia is written about. She states it was her purpose to write “a book about anorexia without ever once recording someone’s weight” (35). She is also clear that she will not disclose how many calories she consumed, what she ate in a day, any of her “safe foods” or other “gory details” (35) she is sure her reader will want to know. It is the inclusion of such details, she argues, that glorifies and romanticizes anorexia.

In her memoir, Osgood carefully scrutinizes the words she chooses to describe those most often associated with eating disorders. She recognizes the power words have to an anorexic mind, recalling her first therapist referring to her as a “mild case,” which only provoked her to prove how serious she could be. Osgood intuitively writes, “to label an

anorexic ‘not that bad’ is to call him or her ‘normal,’ which is to say not sick at all, which is to say fat” (83-84). As I have noted previously, and Osgood identifies as well, is the competitive and perfectionistic nature that drive the decision making of many anorexics. There is a compulsion that compels them to constantly keep striving to be a “better” anorexic.

Osgood, who recounts memories of her numerous stays at in-patient treatment centers, also sheds light on the problematic nature of these types of facilities in relation to being a “better” anorexic. She writes that to be a “real” anorexic you must do “everything you believe the anorexia wants you to do, and if you’re in an environment with lots of other anorexics, you need to do *better* than they do” (85). She goes on to claim that this makes recovery nearly impossible when you are constantly surrounded by other anorexics. Memoirs then, could function in much the same way. Hearing or reading another anorexic’s story creates an opportunity for comparison which can fuel an already competitive mentality. For stories about anorexia to not function in this capacity, Osgood ultimately argues, they must not include the details, such as weight, diet and exercise plans, that invite these comparisons.

As a disease, anorexia is characterized by individuals who need to have the “perfect” body. They are constantly comparing their body to others they see, both in real life and through the media’s lens of perfection. This comparison leads to competition to be the “best.” To prove they are they “best” or perhaps to learn how to be “better” they actively seek out literature, stories about anorexics that they can both learn from and compare themselves to. What was meant as a cautionary tale can easily become a how-to. Osgood’s argument in *How To Disappear Completely* is compelling and the framework she has utilized, I believe, is an attempt to correct some of the more problematic aspects of stories about anorexia. How

then, do the graphic narratives that I have chosen to analyze fit into this conversation? Are they, like Osgood, seeking to actively push back against the how-to manual aspects of earlier narratives and memoirs? Could graphic medicine, through the combination of image and text, prevent anorexics from using this type of literature for self-destructive purposes? I now turn to a closer analyzation of the three graphic pathographies in an effort to answer some of these questions.

Tyranny was written in 2011, two year's prior to Osgood's memoir. It is also the first English language graphic narrative that focuses on a character with anorexia.⁴ While mindful of these two factors, I feel it is the weakest attempt by my three graphic pathographies to break away from the "how-to" manual tendencies of anorexia-based literature. Fairfield is the only one of the three that makes mention of the weight of their protagonist. Like I noted earlier, weight by itself is an arbitrary figure. In the graphic form, inclusion of its numeric form becomes completely unnecessary. Through the progression of the text, we have seen Anna's body steadily become more emaciated (see figure 22). Further, there is only one prior mention of Anna's weight in the text. She has



Figure 22. It is clear that Anna is emaciated, a number that represents her actual body weight is not necessary for the reader to see that in *Tyranny*, pg. 43.

⁴ Ludovick Debeurme's *Lucille* was published in French in 2006 before being translated and subsequently published in English a few years later. In reasons that I discuss in my introduction, I have chosen not to include it in my research. Additionally, it is possible that there are other graphic narratives about anorexia that have been written in languages besides English. Unfortunately, if they have not been translated, I am not aware of them at this time.

already begun her descent into anorexia, and in a single panel we are shown her weighing herself a number of times with her weight fluctuating between 97 and 98 pounds. Even with this piece of information, we do not know what she weighed to begin with and we are not told if and how she was able to increase her weight to a healthy level as she recovered. Fairfield misses a prime opportunity to embrace the “show don’t tell” power of the graphic format. The only purpose the inclusion of Anna’s weight serves in the above panel is for shock value and to serve for fodder for Osgood’s “ambitious students of anorexia” (34).

Weight is not the only mis-step Fairfield makes in sharing Anna’s story. She repeatedly lists foods that she considers to be off-limits (chocolate, pizza, chips, sandwiches, donuts, cupcakes) and is even shown using a food scale to weigh her portion of food to a specific caloric value (13). Most troubling is the inclusion of Anna’s daily diet, as shown in Figure 23.



Figure 23. The inclusion of Anna's daily diet is troubling, as those looking for anorexic 'tips' may embrace Anna's diet which has been shown to work in her quest to lose weight in *Tyranny*, pg. 38.

At this point in the narrative, we are able to discern that Anna has rapidly been losing weight. In this panel, Fairfield makes visible exactly how she has been doing so by listing the foods she has been consuming. While she does not include the caloric information on these foods, the insinuation is clear that by consuming only these foods, Anna loses weight. For an anorexic reading this text, Fairfield has just provided a tool for their self-destruction.

Equally troubling is the relationship Anna forms with her coworkers after her first round of in-patient treatment. While she has made progress in beginning to battle against her anorexia, it is evident that she is susceptible to the influence of those around her. The five girls are shown encouraging each other to skip meals to go jogging instead, shopping for clothes while offering critiques of their own and each other's bodies, comparing clothing sizes, and attending a fashion show where one of the girls is a model. What I find most troubling is that these are not individuals she encounters while she is in treatment, but rather her brand new coworkers, women who have no knowledge of her history. There is not one "voice of reason" in Anna's new group of friends, three are as waif-like as Anna and the fourth is drawn only slightly larger than the others and repeatedly claims to have a problem with over-eating. In fact, there is no representation of a "healthy" or "normal" female Anna's age in the entire book. While this may not serve as a how-to aspect of the novel, I find it problematic to highlight not the power of female relationships but their potential pitfalls for a recovering anorexic.

Though there are a number of suspect elements in *Tyranny*, there are two aspects that I find more closely align with an attempt to push back against the how-to manual tendencies of these types of stories. The first is how Fairfield attempts to embody body dysmorphia and show it through the eyes of an anorexic. There are repeated panels throughout the text of

Anna standing in front of a mirror. In all of these images, the real-world Anna standing in front of the mirror is not the same Anna that is reflected back. The reflection that Anna sees in the mirror has a much fuller body that in no way reflects the emaciated figure standing in front of the mirror. Each mirror in the text also has a note in the top left corner claiming, “Mirrors don’t lie,” as if reminding Anna that her imagined reflection is reality as it comes from a trusted source. We also see that Anna is unable to see how skeletal her frame has become, as she often imagines a thin, but still healthy-looking body, as opposed to the severely malnourished girl she has become. By including both of these imagined representations, Fairfield sheds light on how damaging body dysmorphia can be in different circumstances.

Further, she extends the conversation about body dysmorphia to include Kate, a fellow anorexic Anna meets at her second in-patient treatment facility. In a series of panels Anna and Kate first trace each other’s body, each sure that the other is thinner (see figure

24). When placed side by side (and as we as the reader can already clearly see), Kate’s figure is much thinner than Anna’s, who at this point has begun to embrace her recovery and gain weight. Kate, though, is adamant that Anna is “just the right size, but I’m way too fat!” (101). In this series of panels, Fairfield exposes

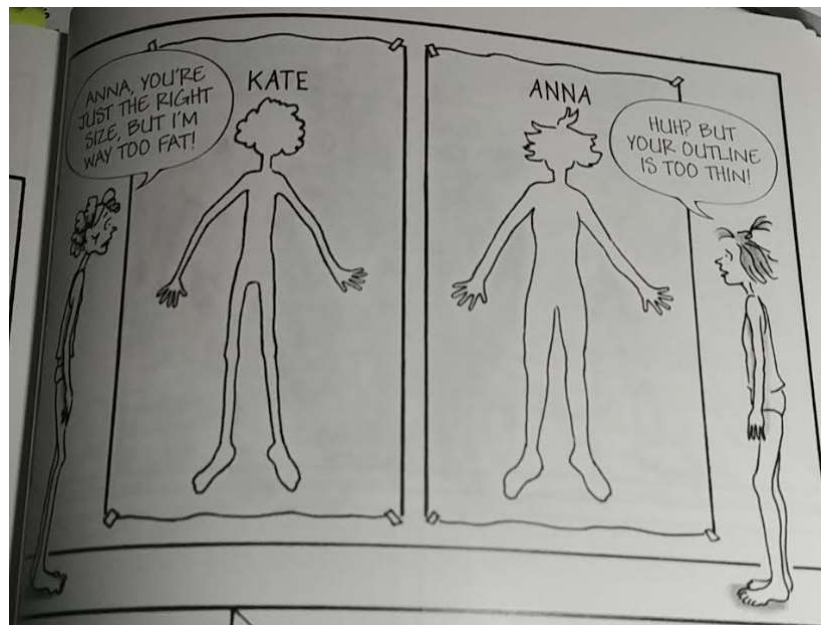


Figure 24. Even when confronted with a traced outline of their bodies, some anorexics, such as Kate, are unable to see and comprehend the size of their actual body in *Tyranny*, pg. 101.

how body dysmorphia warps the mind so that, even when confronted with physical proof as to the size of their body, an individual is still unable to understand what they see in their mind's eye is not reality. In the image that follows, Kate is shown thinking, "I wonder if it would look too fat if I didn't know it was me?" a rather astute question that Fairfield leaves unanswered. Speaking from personal experience, when confronted with photographs of myself during the height of my anorexia, I am virtually unable to recognize myself. I have no memory of ever thinking of myself thin, let alone dangerously so. Even now, I do not trust that the image I see reflected back in the mirror is an accurate representation of my actual body. Fairfield accurately reflects the damaging effects of body dysmorphia through multiple characters, which brings further understanding of how it works to compel anorexic behavior.

In addition to body dysmorphia, Fairfield's embodiment of anorexia as "Tyranny" also shows how the graphic narrative format is able to not only tell but show the terror of anorexia. In *How to Disappear Completely*, Osgood takes issue with "common pet names" (such as Ana or Ed) that are often given to anorexia, arguing that such names "bring levity to the situation." She acknowledges, though, that it is "helpful to distinguish the disease from oneself to think of it as a foreign body" (87). As I have previously discussed in Chapters One and Two, Fairfield's choice to draw anorexia as a terrible dictator who is separate from Anna though still controls her is one of the most powerful and accurate representations of anorexia in any of the texts that I have read. As Osgood writes, "anorexia is malleable, a folkloric shapeshifter, constantly adapting, acquiring new vocabulary, new tricks" (87-88). Fairfield has captured this to near perfection in *Tyranny*. There is nothing romanticized or desirable about Tyranny, she is intent on destroying Anna. The use of the graphic narrative format, as it allows the reader to see the seductive power Tyranny has over Anna, offers a more

complex representation of anorexia than may be found in a solely textual account. I then suggest that the form itself, through its inclusion of an image, may be a way to deconstruct the how-to tendencies of these types of stories.

The nuances of the graphic narrative and its potential to avoid some of the pitfalls of the narrative form may explain why Lacy Davis chose it for her 2017 memoir, *Ink in Water*. I find her decision incredibly interesting to consider when recognizing that she did not illustrate the memoir, a topic I more acutely discuss in Chapter One. It is at least reasonable to suggest that Davis chose an illustrated format in an attempt to avoid her story being read as an instructional text by anorexics. Further, she does avoid some of the larger mistakes that Fairfield makes in *Tyranny*. While Lacy is shown standing on a scale multiple times, no number representing her weight is seen. Additionally, though she occasionally mentions foods she is unwilling to eat, calling them “highly toxic poison” (73), she refrains from recounting what she ate on a daily basis or any diet plan she followed. Both of these aspects are a strict departure from the earlier narratives and memoirs, as well as a step beyond what Fairfield offered six years prior in *Tyranny*.

Ink in Water is not without problematic inclusions, though. In her attempt to lose weight, Lacy turns to extreme amounts of exercise. She is shown tracking the food she eats, calculating the total number of calories she’s consumed and then coming up with “an intricate math equation” to determine exactly how much exercise she must do in order to make sure “every calorie was accounted for” (74).

Quickly though, that is not enough. She begins to exercise even more “just in case” (74). Davis then begins to romanticize the extreme amount of exercise she is doing, describing herself as “transfixed” and “lost...in this new focus” (75). She is shown doing numerous types of exercises, constantly admonishing herself to do more (see figure 25). In the last two panels on this page, she even describes how she would leave her desk when she was meant to be working in order to get in extra workouts in her company’s gym.



Figure 25. Lacy's extreme exercise regimen begins to take over every aspect of her life, including her time at work in *Ink in Water*, pg. 75.

While I recognize that Davis does not disclose specific details (such as the exact exercise plan she followed), I do still feel that the first four panels on this page glamorize the strength that Lacy feels she was gaining by pushing her body to these extremes. Her facial features are strong and determined, there is no indication that there is any detrimental impact to her mentally or physically. Additionally, the final two panels detail her actively subverting her job and sleep, without any indication in these or the following pages, of any

consequences of these choices. These extreme lengths and subversive tactics regarding exercise may provide appealing knowledge for an anorexic reading the text.

In a similar capacity, Lacy is shown using any spare time she has to search the internet for “tips and hacks” on how to lose weight (81). While she does not go as far as to list any specific website, she does include two of the specific “tips” that she finds most useful (see figure 26). These are

actions that Lacy herself engaged in, and their inclusion here may serve as fuel for an anorexic reader.

It is reasonable to assume, of course, that if an anorexic has sought out *Ink in Water* or other stories

about anorexia, they have most likely also looked

online, perhaps even locating one of many pro-ana communities with a website that contains plenty of “tips and hacks” of their own. It was not necessary for Davis to include any of the specific tips she located online, though, as they do nothing to further the narrative. I believe inclusion of these details only serve as a reminder of the many other locations that an anorexic may turn to as additional how-to sources.

Another component of *Ink in Water* that I found potentially worrisome was Lacy’s eventual breakthrough near the end of the narrative. Looking for a different type of exercise

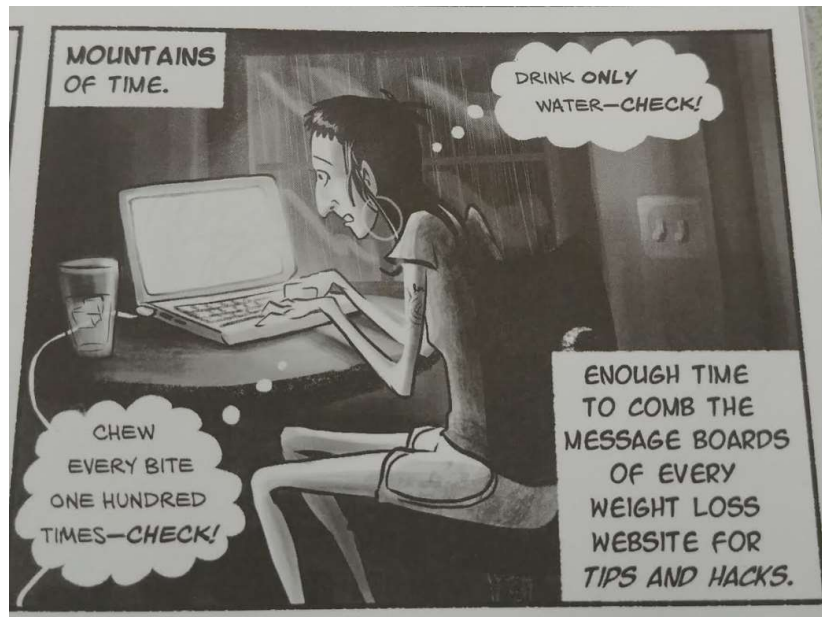


Figure 26. Like many anorexics, Lacy is shown looking for tips and tricks on the internet to further her disordered eating behavior in *Ink in Water*, pg. 81.

routine to channel her energy into, she turns to bodybuilding, an idea she arrives at after seeing images of female crossfitters on the internet.



Figure 27. Lacy, in attempt to move past her anorexia, begins to admire the bodies of crossfitters (bodybuilders) she sees online, wishing her body could like theirs in *Ink in Water*, pg. 233.

She instantly begins comparing images of their bodies to her own (see figure 27). This feels eerily similar to the pro-ana websites that are filled with images meant as “thinspiration” for its community members. While Lacy does recognize that she needs to eat in order to fuel her body so that she is able to carry out these types of workouts, I cannot help feel that she is ultimately trading one body image issue for another.

Overall, I found the number of problematic inclusions in *Ink in Water* to be far less than I had found in *Tyranny*, suggesting that over time a greater awareness of the potential risks of writings about anorexia. *Ink in Water* not only stays away from many of these problematic occurrences but pushes back against common misconceptions about who actually suffers from anorexia. Before Davis pathography, the majority of these stories

(including my other two graphic narratives) feature adolescent girls, the demographic most associated with anorexia. These girls still live at home, often as a member of an upper- or middle-class family, suggesting a privileged status. The writers of the narratives are overwhelming white. There has been little representation in anorexia writing beyond these stereotypical boundaries. What is then most appealing about Davis graphic pathography is Davis herself; she is vastly different than the stereotypes often associated with anorexia.

Davis is anything but a stereotypical anorexic. She is beyond adolescence, a working adult who lives on her own.

Over the course of the narrative she is



Figure 28. Lacy early in the narrative pushes against societal norms when it comes to beauty standards, making her a distinctively different type of individual than is seen in most writing about anorexia in *Ink in Water*, pg. 13.

involved in sexual relationships with both men and women, though she never feels the need to define her sexual orientation. She grew up as part of the punk scene, which she credits for her refusal to conform to societal standards of beauty (see figure 28). Lacy, it would seem, is one of the last people one might expect to become anorexic.

Lacy's story becomes an unexpected cautionary tale, one from a perspective that has previously gone unacknowledged in anorexia writing. While it does contain some problematic elements, I believe that it more closely aligns with the suggested template that Osgood puts forth in *How to Disappear Completely*. Further, Lacy's story of anorexia is

different than the vast majority of other narratives that have been produced. This departure from what is seen as an anorexic stereotype offers the potential for her story to enhance the understanding of how anorexia affects more than just young, white, privileged girls.

My final graphic pathography, *Lighter than My Shadow*, was originally published in 2013, the same year as Osgood's memoir. I find this incredibly interesting, as I find that Green's *Shadow* is in many capacities the graphic equivalent of Osgood's *How to Disappear Completely*. At no point during the novel does Green mention Katie's specific weight. She instead depends on the changing shape of Katie's body to convey the fluctuations in her weight. There is no account of what Katie does or does not eat, or any indication of a diet or exercise plan that she follows to control the size of her body.

Green also does not shy away from offering alternative perspectives to aspects of the story that may have otherwise been considered problematic. I noted that in *Tyranny*, Anna had a group of friends that were constantly comparing and criticizing each other's already thin bodies and there was a distinct lack of a "voice of reason" among her group of friends. Green includes Katie's friends in similar situations, but Katie's friends have much more

realistically shaped bodies than Anna's waifish companions (see figure 29). While two of Katie's friends are being critical of their own bodies, the third girl pushes against their self-criticisms, reassuring "there's nothing there" to one concerned about her belly, and a reminder that as long as she exercises, the other friend shouldn't be concerned about eating "ten pounds of fat" (67). There is no denying that these types of conversation and comparisons between girls do

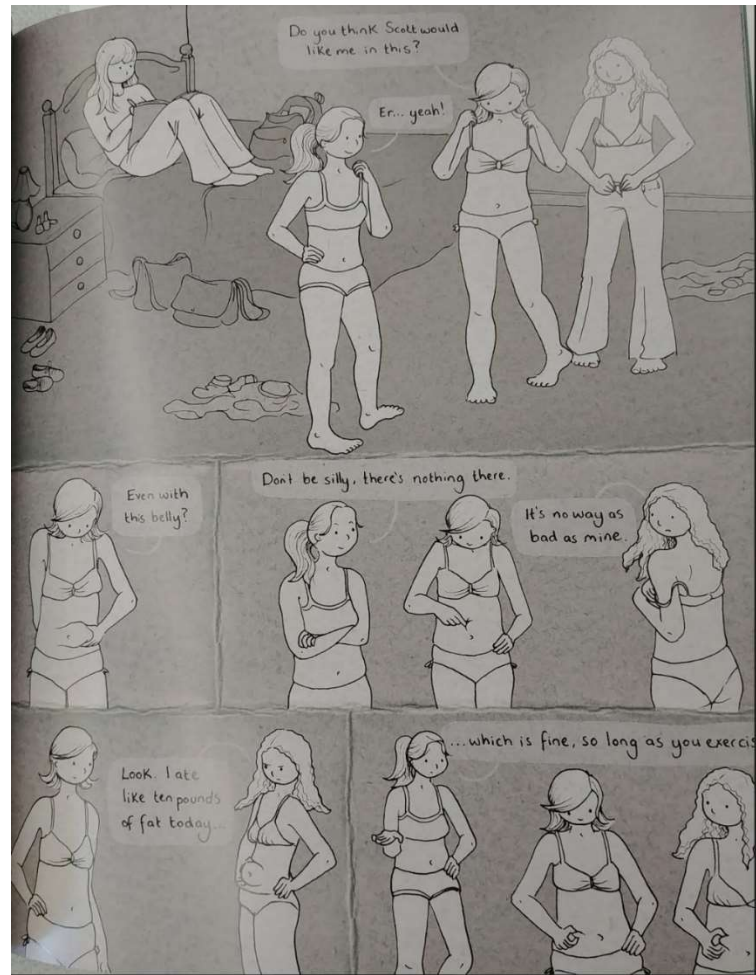


Figure 29. Katie's friends and the shapes of their bodies are notably more realistic than Anna's friends and the shape of their bodies in *Tyranny*, as shown in *Lighter Than My Shadow*, pg. 67.

occur. But Green shows a much more realistic representation of this type of scenario, one with girls of different shapes and sizes not only comparing but supporting each other. To suggest, as Fairfield does, that female relationships are combative and destructive only perpetuates that stereotype. Green works to dismantle such negative representation by including a body positive voice among Katie's group of friends.

Green also utilizes the visual format to show some of the lesser discussed side-effects of anorexia. There is a powerfully emotive appeal in the fact that she does so through images alone, not relying on the text to tell the impact these lesser known consequences have on an

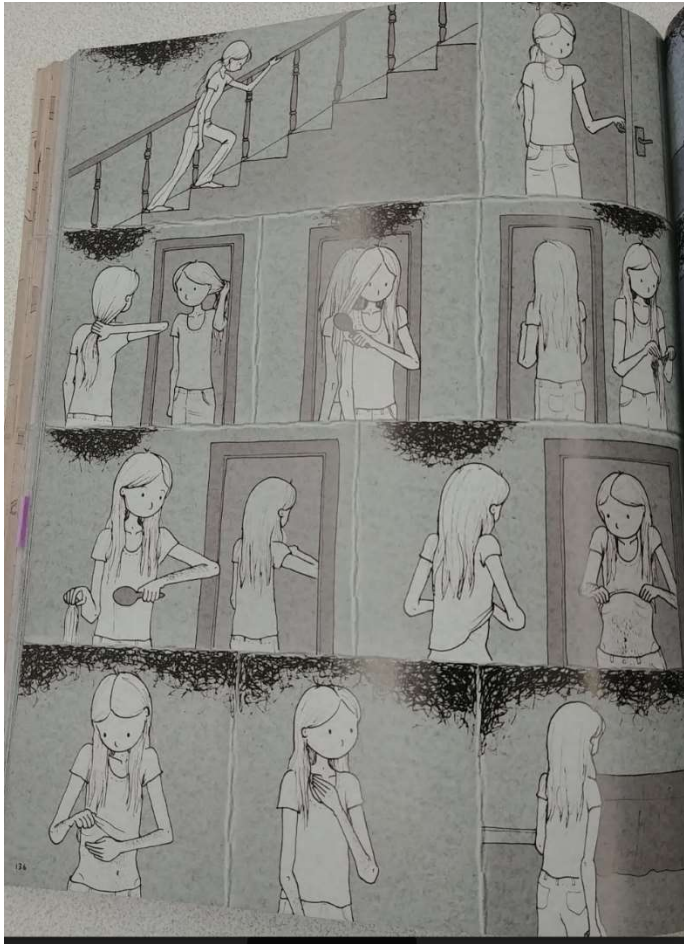


Figure 30. Katie's hair is a significant part of her identity and Green shows, but doesn't tell, the impact of some of the lesser known side effects of anorexia in *Lighter Than My Shadow*, pg. 136.

anorexic. Katie is shown standing in front of a mirror, brushing through her hair (see figure 30). Through the text we learn that Katie's hair is a powerful part of her identity. As she begins to recover, she colors her hair a vivid shade of purple; this is the only use of color that appears on Katie's body in the entire text. The loss of her hair, due to malnourishment, would be particularly devastating to Katie, as Green is able to convey in this series

of images. As she glances at her arm, Katie then notices a furry growth on her

arm, and lifting her shirt as she looks in the mirror, on her stomach as well. This furry growth, called lanugo, is directly associated with anorexia nervosa. As anorexia progresses, the body begins to shut down systems it is unable to control due to insufficient energy. It is believed the growth of the hair is an attempt by the body to regulate its temperature and preserve warmth. Lanugo is a lesser known and discussed physical manifestation of anorexia, so Green's inclusion of it as part of Katie's story increases visibility of symptoms that often go unrecognized.

While Green does examine Katie's relationship with her peers, she also shows how isolating anorexia can be. The majority of the text are panels of Katie alone, though she is constantly surrounded by the squiggly black lines that I more closely examined in Chapter One. There is a distinct lack of human contact and connection for the bulk of the graphic pathography. This isolation allows Green to convey much of Katie's story in images alone. Text is used sparingly, often only for dialogical purposes, as opposed to exposition or explanation of what Katie is feeling. The absence of text adds to the sense of isolation, as the reader is left alone to decipher, through the visual, what Katie is experiencing.

In *Lighter Than My Shadow*, Green goes beyond a cautionary tale that may be misused as a how-to manual. The reader not only sees Katie's story, but empathizes with her feelings of rejection, isolation, and low self-esteem. Green offers no romanticized image of the disease that others may wish to emulate. She avoids the inclusion of specific details that a reader that seeks out this text specifically because it is about anorexia may use to perpetuate their own eating disorder. By relying heavily on the visual aspects of the text, Green does not need to be heavy-handed in explaining the detrimental effects of anorexia; readers are very clearly able to see it for themselves. While I feel that Green's pathography is the strongest of the three, I was able to identify components in each of them which are attempting to combat two distinct cultural forces: mass media and the pro-ana community. The images in the graphic narratives do not glamorize their protagonist's slender frames. They do not refer to them as "perfect" or "ideal." In fact, by representing body dysmorphia through real images of Katie's body outside the mirror versus the reflection Katie imagines, these narratives work to deconstruct the idea that an anorexic could ever truly see their body as "perfect" no matter

how thin it becomes. The graphic format creates a more truthful representation of body dysmorphia that is not possible through text alone.

In research for my thesis, nearly every narrative and memoir that I read mentioned that the author, at one point during their illness, had actively gone seeking writing by other anorexics about their experiences. Only Osgood openly admitted that she read the texts because she aspired to become anorexic. Rather, the experience most often recounted was a desire to see one's self reflected in another's story. I can personally relate to this desire. Like Katie in *Lighter Than My Shadow*, I felt alone and isolated due to my anorexia. I could not imagine another person being able to understand why I was making the choices that I was given the devastating effects it was having on my mind and body. I turned to literature, specifically the writings of other anorexics, in hope of finding some of what I was experiencing reproduced in someone else's story. And I did. I found much of what I read similar to my own experience. I felt seen. Unfortunately, I also felt threatened. The inclusion of specific details such as weight, "safe" and "unsafe" foods, and diet and exercise plans pushed me past sharing the experiences of the writer to feeling compelled to compete with them.

This is not to suggest a moratorium on writing on anorexia. Simply not writing or speaking about it will not bring about the end of anorexia nervosa. Rather, what is needed is more carefully crafted versions of these stories. Narratives that will not create "how to" but "why not to." Though not always successful, many of the most problematic issues that lead anorexic writing to become labeled "how-to" manuals are absent from three graphic pathographies I have analyzed. As awareness continues to be raised about the inclusion of certain potentially instructional or triggering aspects of anorexia, it is reasonable to hold

authors of such texts to a higher standard, one more closely aligned to the framework that Osgood sets forth in *How To Disappear Completely*. In addition to the choice in *Ink in Water* and *Lighter Than My Shadow* (both published after Osgood's memoir) to not mention the character's specific weight, I did notice a similar trend in personal memoirs about anorexia that have been published in the last five years. This, I believe, is at least a step in the right direction. It would appear that authors, both in narrative and graphic narrative format, are beginning to learn from the mistakes of their predecessors.

Anorexics are going to continue to seek out these types of texts in hopes of seeing themselves reflected on the pages. Just as body dysmorphia prohibits them from seeing their body as it actually is, so does anorexia continuously compel them to prove they can be "better" than the anorexic in the story. If the details that fuel those comparisons are eliminated from the text, so too will be the compulsion to compete. It will only be when the unnecessary "how-to" elements are eliminated from writing about anorexia, that the reflection readers see will be a more accurate image of who they truly are.

Chapter Three: Destroying the Dichotomy: Controlling One's Narrative in Graphic Form

The etymology of the word anorexia reveals a common misconception of the anorexic mindset. The Greek root of the word, “orexis” translates to “appetite.” Paired with the prefix “an,” meaning “without,” the translation intimates that anorexia means “without appetite” or also “without hunger.” This literal translation depicts an inaccurate representation of an anorexic as one is without an appetite, a characterization that misses several important aspects of the disease (“Anorexia”). For example, Hsin-Chun (Jamie) Tsai writes in *The Girls Who Do Not Eat* that the anorexic is “profoundly and painfully aware of their appetite, but they struggle constantly to fight against, *to control*, and to deny it to the degree that they hurt themselves physically in an effort to repress the powerful sensation of hunger and reinforce their determination” (40, my italics). In other words, people suffering from anorexia are not without appetite or hunger, it is in fact these bodily symptoms of going without food they constantly struggle to control or suppress.

A noted increase in cases of anorexia nervosa in the 1960's caused the field of psychiatry to more closely examine this breakdown in terminology. Leading much of the research was American psychoanalyst Hilde Burch, who worked for more than 20 years with people who struggled with disordered eating, tracking her observations about their behavior and treatments. This work resulted in her first book, *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within*, which is considered one of the most definitive texts on eating disorders, primarily anorexia. Her second major work took note of the lack of literature addressing the parents, relatives, and others most concerned with understanding the mindset of an anorexic in order to support them in their recovery. In *The Golden Cage: The*

Enigma of Anorexia Nervosa, Bruch relates her vast clinical research to readers by avoiding jargon and instead using accessible language in which she often quotes her patients directly about their illness and recovery. The text remains “the classic book on anorexia nervosa, for patients, parents, mental health trainees, and senior therapists alike” (“Amazon Product Review”) more than 40 years after its initial publication.

In her early writing, Bruch challenged the term “anorexia nervosa” noting it for what it truly was: a complete misnomer. After listening to those she treated, Bruch made it clear that an anorexic only *acted* as if they had no appetite, when realistically they were attempting to deny their hunger in an effort to control their weight. Bruch was one of the first to centralize the concept of denial within the disease, concluding that anorexia was the result of one’s “conscious and stubborn determination to emaciate herself despite the presence of an intense interest in food” (Bruch, *Eating Disorders* 224).

When interviewed shortly after the publication of *The Golden Cage*, Bruch noted parallels in her clinical observations between anorexics’ dispositions and their need for control. She discussed how many of her patients with “conforming personalities feel obliged to do something that demands a great degree of independence in order to be respected and recognized. When they get stuck, the only independence they feel they have is to control their bodies” (Demaret). She noted that many of her patients had been held to high expectations during their childhoods that resulted in perfectionist tendencies, leading patients to believe they must “prove something” to their parents to show they could be “good, successful, and superior” (Bruch, *The Golden Cage* 25). Bruch felt that this need stemmed from “deficits in personality development” which were “the outcome of interactional patterns that began early in life,” (*The Golden Cage* 37) due to the high expectations placed upon

them. In essence, Bruch concluded that an “unawareness” by these parents that they “exercised such excessive control over the child” (37) eventually led their anorexic child to find something they could control on their own to meet their own internalized “perfect” standard.

Regardless of the now problematic nature⁵ within some of Bruch’s generalizations, her work was and remains groundbreaking. The writing in *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within* and *The Golden Cage* opened the door for other professionals to extensively explore the connection between the anorexic and their desire for control. For example, in her 1986 book *Beauty Secrets: Women and the Politics of Experience*, sociologist Wendy Chapkis seemingly agrees with many of the conclusions drawn by Bruch, writing “the exercise of control over the body compensates for a basic sense of a life out of control” (12). Similar sentiments are echoed in Kim Chernin’s three works about women and eating disorders, collectively referred to as the Hunger Trilogy: *Obsession: Reflections on the Tyranny of Slenderness*; *The Hungry Self: Women, Eating and Identity*; and *Reinventing Eve: Modern Woman in Search of Herself*. In the Prologue for *The Obsession*, Chernin writes, “A woman obsessed with the size of her appetite, wishing to

⁵ While recognizing the value in Bruch’s research, some of the generalizations that she drew must be questioned, as the medical community’s understanding of anorexia has evolved over the past 40 years. For example, Bruch contended “most anorexic girls come from upper-middle-class and upper-class homes” in which “financial achievement and social position are often high” with “relatively few” outside of these socioeconomic categories (*Cage* 24). It can be argued that conclusions Bruch drew in her research were due to the limited pool of patients from which she was drawing due to accessibility. In other words, the cost of her services (and access to mental health services in general) limited her patient population to those from a higher socio-economic class to being with, causing her to conclude that this data also reflected a trend in an elevated socio-economic standard of anorexics’ within the general population. Current research, as explored in Chapter Two, expands the conversation of who is affected by anorexia far outside the limited boundaries Bruch proposed.

control her hungers and urges, may be expressing the fact that she has been taught to regard her emotional life, her passions and ‘appetites’ as danger, requiring control and careful monitoring” (2). As these writers suggest, the necessity for control over a life in which it seems outside of their capability constantly remains a primary concern in the mind of the anorexic.

American psychotherapist Steven Levenkron is another noted voice linking the idea of control and anorexia. Levenkron first gained notoriety with the 1978 publication of his fictional book *The Best Little Girl in the World*, a story of a young girl’s battle with anorexia. At the time, the work was considered a pioneering text as its protagonist was one of the first openly anorexic characters in a piece of young adult literature. While there are still very few books containing such a frank fictionalized depiction of a character battling an eating disorder, it is often now criticized for its rather stereotypical characterizations, namely that the protagonist is white, privileged, female, and extremely emaciated.⁶

Levenkron continued to work with anorexic patients, his most notable being singer Karen Carpenter who died from complications brought on by anorexia in 1983, and produced numerous texts on anorexia, bulimia, self-harm, and obsessive-compulsive disorder (OCD). In his 2001 text, *Anatomy of Anorexia*, he addresses the connection between anorexia and control, lamenting, “alas, the only phrase we hear repeated over and over again is ‘control.’ We hear it on TV shows and read it in print articles all the time” (12). The “we” Levenkron references here extends beyond the borders of the eating disorder community to also include

⁶ This is a common misconception in the understanding of those with eating disorders. Bodies of those who suffer from eating disorders come in all different shapes and sizes. As is noted on the National Association for Eating Disorders website, recent studies have shown “larger-bodied individuals can also have anorexia, although they may be less likely to be diagnosed due to cultural prejudice against fat and obesity.”

society at large. This suggests that the conversation regarding the connection between control and anorexia has extended outside clinical research or those specifically writing about eating disorders from an insider's perspective.

What is problematic with such widespread conversation, Levenkron argues, is that while the connection is made, media representation fails to consider the underlying causation and detrimental impact the need for control plays within the anorexic mindset. Especially when conversations relating to control are filtered through the lens of mainstream media, a misunderstanding occurs about what exactly an anorexic is attempting to control. Often, through media portrayals, it is presumed that an anorexic is attempting to gain complete control over every aspect of her life or sometimes to control the life and actions of members of her family, friends, and additional support network. It then may appear that their pursuit of control is an attempt to order the world outside of themselves, causing an anorexic to be misrepresented as manipulative or selfish. Levenkron, though, with the insight gained from his patients, counters that an anorexic's control is internally situated, it is the anorexic's method of "regulating one's own anxieties and maintaining a sense of mental organization" (12). Reflecting on my own personal experience, I concur with Levenkron's analysis that anorexics' actions are not intended to be manipulative. The mental chaos and anxiety that occurs in the anorexic mind is centered on self-control and gives little consideration for the ramifications the choices one is making on the outside world, let alone attempt to control that world.

While fictional narratives with anorexic characters, such as Levenkron's *The Best Little Girl in the World*, Laurie Halse Anderson's *Wintergirls*, Sarah Dessen's *Just Listen* and *Believarexic* by J.J. Johnson, attempt to convey an insider's perspective, they still fall

short of depicting actual experiences with the disease. Personal memoirs attempt to fill this gap. A number of recovered anorexics have found writing to be therapeutic, a way for them to tell the personal story of their journey before, during, and after anorexia nervosa. It is worth noting within this context that there has been much criticism of many of these fictional narratives and personal memoirs. For example, many, both within and outside of the disordered eating community, opine that stories of this nature may unintentionally function as how-to manuals for anorexics, criticism I more fully explore in my introduction and Chapter Two.

Similar to the aforementioned work by medical professionals such as Bruch, Chapkis, Chernin, and Levonkron, themes of hunger and control can be also found in many personal memoirs. For example, in *Stick Figure*, Lori Gottlieb shares the writings from her diary starting at age eleven so that her memoir begins before her eating becomes disordered and continues through to the early stages of her recovery. She recalls turning to countless diet books to determine the best course of action to lose weight. Pre-adolescent Lori noticed the contradictory message in the texts about what to eat and what to avoid but observed all the books agreed on one thing: “you might as well kill yourself if you’re hungry” (91). Gottlieb goes on to write of her experiences that “hunger is a demon you constantly have to battle... a tricky demon who will try to tempt you if you don’t watch out” (91). In her memoir *How to Disappear Completely*, Kelsey Osgood seems to concur with Gottlieb’s analysis, calling anorexia “dieting perfected,” explaining that it was not a disease but rather, as she viewed it, “the most logical progression of self-control” (22).

Metaphors of this nature, comparing anorexia to something monstrous or threatening to be battled or controlled, feature prominently in many memoirs from those recalling their

experiences with the disease. In *How the Faeries Caught Me*, Francesca Lia Block portrays anorexia as a chaos-causing faerie in Shakespeare's *A Midsummer Night's Dream*, recounting that "the faerie won. She won. And the thing is, I can't even recall how" (200). Block's unwitting surrender to the faerie is representative of how easily one can fall prey to anorexia. I now, on my continued journey of recovery, can clearly see how a choice to begin an exercise program and diet shortly after the birth of my second child seemingly spiraled into a full-blown battle with anorexia without my conscious recognition at that time. I too lost myself to Block's metaphorical faerie.

Originally published in 1998, Marya Hornbacher's *Wasted* is considered the preeminent personal memoir on anorexia. Written in her early twenties, after she had been bulimic since age nine and anorexic since age fifteen, Hornbacher recounts for her reader her life-long struggles with disordered eating, anxiety, perfectionism, drug abuse and obsession. Nearly all of the other memoirists mentioned herein, and many others, reference their familiarity with Hornbacher's text and the impact it made on their own struggle with anorexia. As I explain in Chapter Two, the details included in the memoir, specifically Hornbacher's descriptive accounts of her starvation diet and tricks she used to "fool the system" during treatment have been adopted by the pro-ana community. While I do have some reservations about the memoir as a whole, the impact it has made on those both within and outside the eating disorder community are cause enough to examine Hornbacher's depictions of hunger and control, which have become common tropes in works about anorexia.

In her memoir Hornbacher attempts to define what an eating disorder is, writing,

It is, at the most basic level, a bundle of deadly contradictions: a desire for power that strips you of all power. A gesture of strength that divests you of all strength. A wish to prove you that need nothing, that you have no human hungers, which turns on itself and becomes a searing need for hunger itself. (6)

The contradictory nature of disordered eating and what it does to the mind and body dichotomy is a theme that is explored extensively throughout the text. Hornbacher is explicitly clear in her belief that disordered eating is about far more than control, calling it a “buzzword, reductive, categorical, a tidy way of herding people into a mental quarantine,” arguing that, while a need to have control is undisputedly part of anorexia, so are “history, philosophy, society, personal strangeness, family fuck-ups, autoerotics, myth, mirrors, love and death and S & M, magazines and religion” (4). These specific details and the personalized accounts that appear in memoirs written by authors who have experienced the disease offer a different insight from the purely clinical writings cited earlier.

In essence, memoir writing allows the anorexic to take control of how their story unfolds for their reader. Telling one’s story, writing into permanence as a means of sharing it with others, shows ownership of the narrative. When a writer tells their story, they decide which details they share, the progression and speed of the narrative, what they include, and what they leave out. They are, through the written form, in control of their story.

Writing one’s own story can also be therapeutic, a method to access control in a healthy, recuperative way. When I began to consider writing my thesis on graphic novels and anorexia, I knew that sharing my own experiences as part of my thesis was imperative. My story, as a recovering anorexic, added to my ethos as a writer. Early on, I recognized that exposing those deeply personal moments of my history could be incredibly painful and

traumatic. As I have written, though, what I have learned is that I still control what pieces of my story I share and what I leave unsaid. I, and my story, am no longer controlled by anorexia, I have escaped from Block's faerie. In essence, that escape has allowed me to regain control of my story and share it with others. Like the memoirists of the narrative and graphic narrative texts I explore in this chapter, I believe it is the distance from the depths of anorexia and the lessons I learned about what it means to be in control that have allowed me to consider the delicate balance of having control of one's story versus being controlled by that story.

The "all or nothing" aspect of control and what it means for each narrator can also be located in the three graphic narratives that I have chosen as case studies for this thesis. Just as the circumstances surrounding each individual's encounter with disordered eating are different, so is how each of the three memoirists chose to consider the role control plays within their story. What is notable upon examining the three graphic pathographies are the fixed dichotomies each author creates to consider the role control plays within their narrative. In no graphic memoir on anorexia that I examine is there a middle ground, no safe liminal space between absolutes.

In *Tyranny*, Anna views her ability to say no to food and not eating as having control. When she does eat, she feels that she has no control over her ability to stop eating, often causing her to binge. Her choice to retain what she equates as control is more pressing than nourishing her body. Laci in *Ink in Water* does not use the word control. Instead, she conceptualizes her battle with food as her having power over it, as in what and when she chooses to consume. The other extreme is her being powerless to food when she allows her choice to eat or not eat control other aspects of her life. As with Anna, there is no balance, a

strict line divides control/no control and power/powerless. The creation of a dichotomous relationship also occurs in *Lighter Than My Shadow*, where Katie desperately battles to keep control not only over her body but her mind as well. She acknowledges that she has no control over her imagination as it creates extreme misrepresentations of her body, which she then attempts to control by not eating.

After having read a great number of narrative memoirs, I do not recall such a strongly recurring trope as the creation of a dichotomy in order to discuss the relationship between anorexia and control as can be seen in the graphic narratives. I believe this may be due in part to the genre; the graphic memoir allows for the verbal and visual exploration of these created dichotomies while a strictly narrative memoir relies completely on the text alone. By exploring this more fully in the three pathographies I have chosen, I contend that this combined representation allows for a more complex and nuanced understanding of the relationship between anorexia and control than is possible in narrative memoirs.

In *Tyranny*, Anna associates control with her ability to not eat. When she gives in to her appetite, she loses control. Fairfield represents this by showing Anna holding up a jar containing her brain which has been equipped with a switch. The image of Anna with her arms stretched out to her sides is strikingly similar to a set of scales, suggesting she is trying to balance between the thoughts in her head and the brain (see fig. 31) that has been removed from her body. She is caught between the contradictions of what she thinks and what the switch on her brain shows.

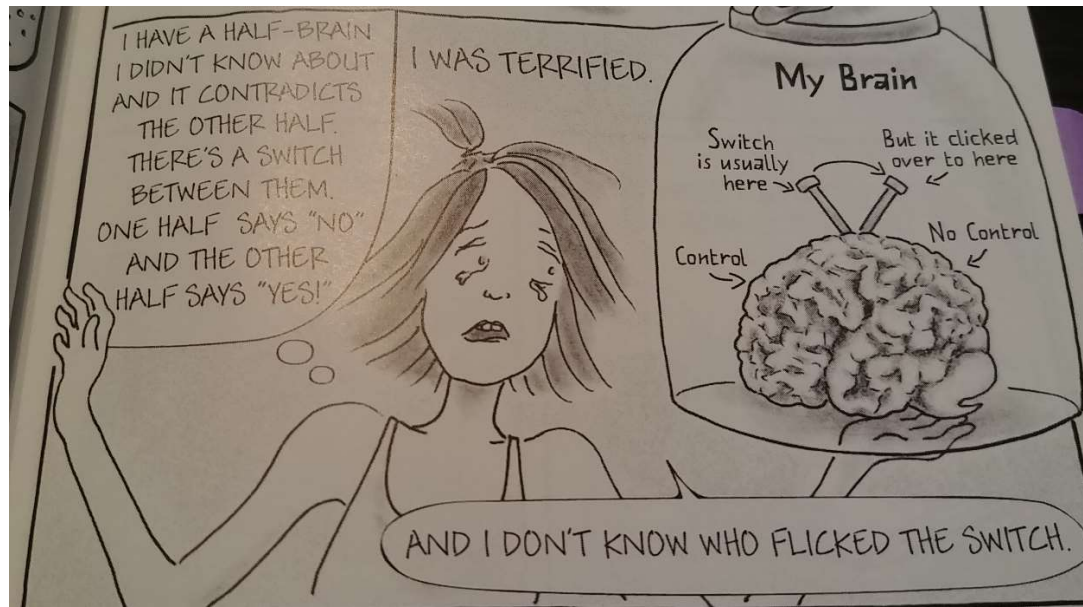


Figure 31. Fairfield separates mind and body, creating a clear dichotomy, to represent Anna's struggle with control in *Tyranny*, pg. 25.

Within the panel we see that Anna has created a separation between her body and mind, suggesting not just a dichotomous relationship between control and no control but between mind and body as well. While the text and image work together to reveal Anna's inability to flick the switch between control and no control, the separation of mind and body is created in the image alone. The recognition of this second created dichotomy between mind and body allows for a more complete understanding of the depths of Anna's struggles.

It is also clear that Anna is visibly upset, tears on her cheeks, and she is seen saying she doesn't "know who flicked the switch" (25) between the control and no control side of her brain. Anna's words acknowledge that she has no control over her disordered eating, as when the switch "flips" to no control she not only gives in to her appetite, she binges. Later in the text an emaciated Anna berates her imagined overweight image in the mirror to "stay on the 'no' side" of her brain, reminding herself that she "can't afford to lose control for one second" (28). Anna's words here complicate what she had previously represented her understanding of control, that the switch in her brain vacillated between control and no

control without any action on her part. It would appear, though, that Anna now is now beginning to believe that she has the ability to operate the switch in her brain allowing her to retain control. I offer that perhaps it is not Anna who operates the switch, but her anorexia. These two very different representations at different points in Anna's narrative further complicate the larger conversation about the relationship between anorexia and control.

As she continues to attempt to understand this relationship, Anna has her first encounter with "Tyranny." Looking for answers, Anna asks if Tyranny (a visual embodiment of her symptoms) knows who controls the switch in her brain. "You do!" Tyranny is quick to reply, assuring Anna that all she needs is "willpower, discipline, [and] courage" (44) to exert control over the switch, all of which Tyranny will help her with. The remainder of the memoir continues to depict this dichotomy in Anna's brain between control and no control, the two extremes of anorexia and binge eating, which she constantly wavers between. In Anna's world, control means refusing to feed herself because, if she does, she may not know when or how to stop. Within Fairfield's graphic narrative, the switch in Anna's brain is a metaphor used to represent the fine line between being in control versus being controlled. For Anna, this is personified in Tyranny, who seeks to constantly trick her into mistaking one for the other. It is the quest to find this fine line, the middle ground between the two polar opposites, that appears to be a recurring theme in all three of the graphic narratives.

Similar to Anna, Lacy in *Ink in Water* must find a way to strike a balance between two extremes. Rather than control, Davis uses the words power and powerless as touchstones to centralize her relationships with food and disordered eating. Lacy thrives on feeling empowered as part of the punk scene she embraces during college in Portland, Oregon. During this time, she claims to learn "society's beauty standards were shit" and to "truly,

deeply not give a fuck what the norms thought” (13). She finds love and acceptance in her relationship with Henry, particularly when he confides in her about his struggle with drug addiction. Their eventual split and Henry’s confession that he has begun to question his attraction to Lacy, provide the catalyst for her disordered eating and an obsession to regain power over her “body for how it had betrayed Henry” (73).

Lacy must confront her power struggles with food when she joins Overeaters Anonymous (OA). Founded in 1960, OA is a twelve-step program for any person with food related problems, including but not limited to compulsive eaters, binge eaters, bulimics, and anorexics. The first step in OA asks members to “admit that you are powerless over food” (109), a task that Lacy struggles with immensely. Lacy feels torn between gratitude for the group and frustration at the suggestion she is powerless, an idea illustrator Kettner represents in two panels, each containing half of Lacy’s face as is seen in figure 32.

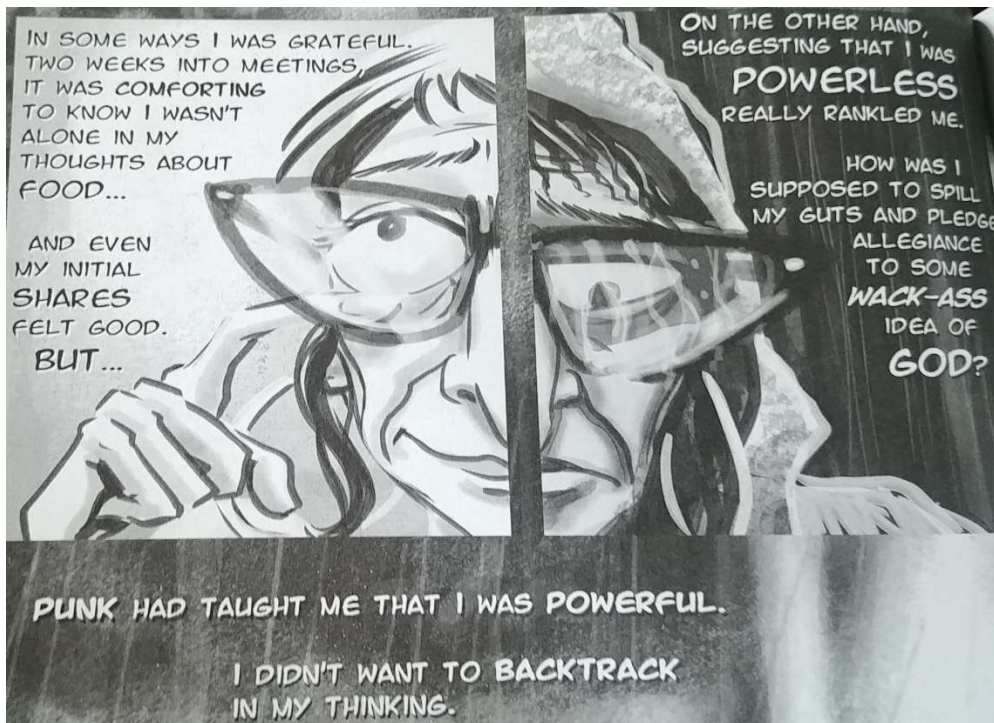


Figure 32. Davis creates the dichotomy of power and powerless to represent Lacy's struggle for control over her disordered eating in *Ink in Water*, pg. 102.

The above side-by-side image allows the reader to visualize Lacy's internal struggle for power and to consider the cost that fully embracing either choice will ultimately have on her search for help to manage her disordered eating. The image is not only split down the middle but separated into two separate panels, suggesting that Lacy is two different people depending on which side of the power dichotomy she falls on in that moment. She feels that to readily admit that she is powerless over food will betray part of her punk identity. As we saw with Anna in *Tyranny*, who must choose between the extremes of being in control or not in control, Lacy is faced with a binary choice: Either she is in power or she is powerless. From my extensive reading, I believe that this construction of a binary, either/or mindset is common to both narrative memoirs and graphic narratives about anorexia. The ability to represent the binary not only in words, but through complex images though, makes it that much more apparent in the graphic narratives.

Lacy does eventually embrace OA's twelve-step program and admits her powerlessness over food. She enters a period of recovery for about a year before moving away from Portland to California, where she decides against joining another OA group. While other aspects of her life improve, struggles with food never go away completely. The death of her best friend to a drug overdose sends her into a tailspin, making her realize that it is not just food she is powerless to but life itself. The necessity to recognize and find a balance between power and powerless allows Lacy to work toward recovery, which she describes as "an ever-evolving process... not a destination" (256). Lacy's words suggest that recovery involves moving beyond the binary one has created. It is a step beyond the either/or mindset to acknowledge both. To move toward recovery, an anorexic must realize that complete control is a fallacy concocted within the anorexic mind. True recovery is the

deconstruction of the binary and a move to attempt one's best to balance between the extremes.

Recognition of a mind versus body dichotomy and attempt to move beyond it is at the center of Katie Green's *Lighter Than My Shadow*. The battle between her mind and body is central to Katie's relationship with control. Early in the narrative, Katie confides in her reader that she "couldn't always control what I imagined" (26). Though she is referencing monsters she dreamed up during her childhood, it is also an allusion to the way her imagined body image will eventually escape her control due to anorexia later in life. Additionally, it lays the groundwork for an understanding that Katie longs for control because it keeps her safe from the images she conjures in her head. Recognition of this by the reader early in the memoir effects how they perceive and empathize with Katie regarding her imaginings about her body later in the text.

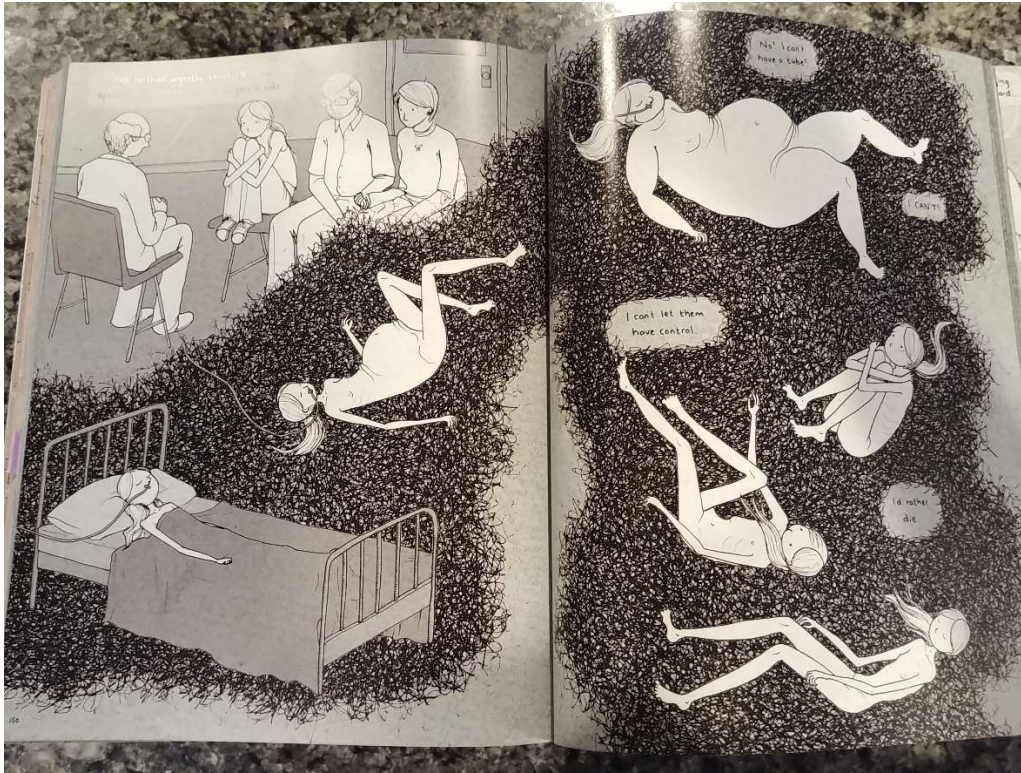


Figure 33. Katie's inability to control her imagination causes it to create extreme scenarios inside her mind in *Lighter Than My Shadow*, pg. 150-151.

It is in moments when Katie feels that her control is in question that her imagination becomes extreme. When her self-starvation causes her to collapse at school, her parents take her to a specialist who says she is a “classic case” (148) of anorexia nervosa. He mentions treatment options including hospitalization and use of a naso-gastric tube for feeding purposes. His suggestions cause Katie’s imagination to spin out of control over a two-page spread (see figure 33). Because of the black squiggle background, we are clearly able to see the separation between Katie’s physical body as she sits in the doctor’s office, and the extreme representations of her body that her mind creates. A comparison between mind and body can also be seen in two sets of mirror images. Katie’s physically hunched over form in the doctor’s office is reflected on the opposite page as part of her mind’s creation. Additionally, though both part of her mind, there are two mirrored imaginings of Katie’s

body on the right-hand page —morbidly obese on the top and extremely emaciated at the bottom. As in *Tyranny*, the separation between mind and body occurs through the visual images alone, but the combination of text and image is necessary to explore how this separation correlates with Katie's need for control. Katie's mind imagines the tube feedings making her remarkably obese, leading to her firm assertion that she "can't let them have control" and if they do, she'd "rather die" (150-151). Both the images and the words represent extremes; Katie's imaginings of what will become if she must be tube fed and her declaration of a death wish if she is not allowed to remain in control. The verbal and visual elements of a graphic narrative allow the reader to both see and read the necessity Katie feels for control over her life, the inner-workings of her mind, and the impossible-to-navigate dichotomies she imagines for herself.

As she begins her first tenuous steps down the path toward recovery by bridging this mind-body divide, Katie's recollection of being molested manifests into an inability to regulate her eating, causing her to binge. To Katie, her binging is because she lacks control, both of her appetite and her ability to have protected herself from her attacker. Katie punishes herself for what she believes is her failure to have stopped the molestation by binging. This apparent lack of control on both fronts once again causes her imagination to create a warped representation of Katie's body.

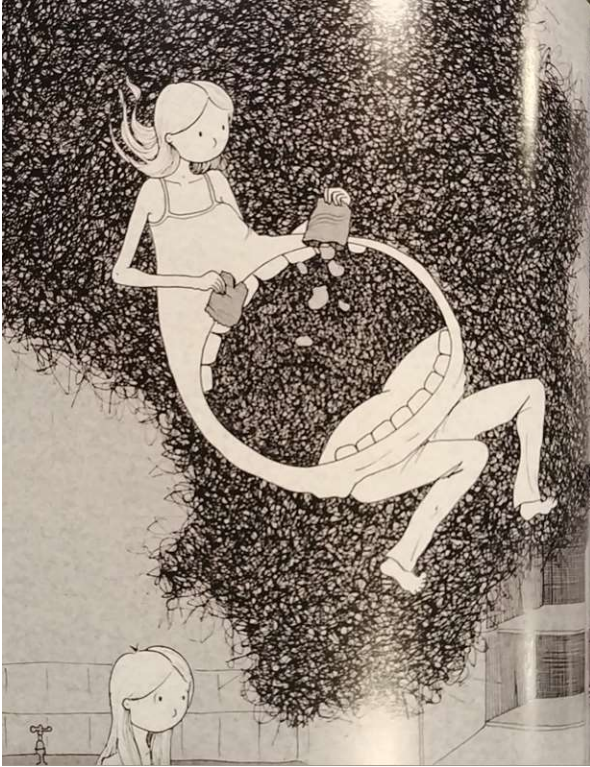


Figure 34. The dichotomy between Katie's reality and her imagination is what she is constantly attempting to control throughout the pathography in *Lighter Than My Shadow*, pg. 350.

In a panel opposite this image, a post-binge Katie is seen clutching her head and agonizingly wondering, “Have I lost control completely?” With this image we once again see the clear division between Katie’s mind and body as she struggles to control her over-active imagination (see figure 34). With the exception of her head, representative of her mind, Katie’s physical body does not appear on the page. Rather, Katie’s mind creates an imagined body that dominates the panel. The mouth, which

seems to take over her imagined self, is a visual representation of the hunger that Katie seeks to control. Its centralized and enlarged placement demands that it be seen, a not so subtle way to control the reader’s focus on the page. A closer look at Katie’s real face shows widened eyes, suggesting that she is fearful of the image her mind is creating because she is unable to control both her bingeing habit and her mind’s creation of what her hunger does to her body.

The mouth in Katie’s imagined body is not only a visual representation of her hunger, but a personification of binge eating disorder (BED) which I previously discussed in Chapter One. What is important to recognize is that the inclusion of BED represents an additional binary, one between starvation (anorexia) and over-indulgence (BED). Both disorders are present on the page, anorexia as Katie’s mind and BED as her imagined body. Further, what

is evident in the image, is that Katie is not without appetite, but the opposite. She, like all anorexics, has a body that hungers, but a mind that constantly attempts to convince her of the opposite.

This dichotomous split between mind and body, and the battle that wages between them, is clearly visible in all three of these graphic pathographies. What these narratives seek to acknowledge, though, is that division between mind and body is an unresolvable dichotomy because ultimately, they cannot be split. The same is true with control. There is no way to effectively separate having complete control and having no control. Our relationship with control is a constantly evolving state. Often, the moment we demand control is when we perceive we have none. Through both word and image, these three graphic narratives explore what it means to attempt to move beyond this self-created dichotomy toward acceptance that not only is the desire for control unattainable but destructive. In their own ways, they each acknowledge that the process of recovery is only attainable by attempting to navigate the liminal space between the binary.

The question then becomes why a recovering anorexic, seeking to strike a balance between having control and having none, may gravitate toward telling their story through a graphic format. I suggest this might be because the graphic novel format potentially gives the author/illustrator an additional amount of control that would not exist in a narrative format alone. Because comics combine words and images, the graphic novelist is able to tell their story through text and show their perspective of the story through the images they draw. This interactive combination, which also involves the space of the page and tactile interactions with the book as object, adds richness and depth to the story, depicting complex nuances and relationships between a narrator's mind and body. These depictions may appeal to an

anorexic as a format that gives them greater control over how their story is perceived by the reader. Essentially, the author chooses how to frame their narrative, giving them control over how to “revisit their pasts, retrace events, and literally repicture them” (Chute 2). Perhaps even more important when appealing to an anorexic author, the inclusion of an image allows them to control how the reader sees their body.

What may be equally appealing for an anorexic author is not only the ability to control the way the reader views their body, but also the innerworkings of their mind. Ultimately, anorexia is a mental health disorder which is greatly misunderstood. As explored earlier in both medical and fictionalized literature on anorexia, stereotypical depictions, fueled by inaccurate and incomplete representation, trivialize the voice, experience, and perspective of the mentally ill. Graphic narratives, then, challenge such stereotypical representations by creating a counter-discourse through “stylistic drawing techniques” in which memoirists “not only make visible their illness conditions, but take control of the condition’s aesthetics” (Venkatesan and Sweetha 5). The ability to visually depict the way that anorexia impacts both the mind and the body is a way to deconstruction and move past the binary, representative of a desire for recovery.

For true recovery to motivate the choice to tell one’s story in the graphic format, control cannot reside entirely with the author. In a discussion regarding the difference between film and comics in her text *Graphic Women: Life Narrative and Contemporary Comics*, Hilary Chute notes that when one watches a film, the creator of the film has control over how long an image remains on the screen to be seen by a viewer. Yet in comic form, the reader is in control over how long they choose to view a specific image. She states that the comic “offers a constant self-reflexive demystification of the project of representation,”

allowing the reader to construct their own meaning through image, space, word, and time as well as the gap of the gutter (9). The graphic format than may be viewed as a recovering anorexics' attempt to balance control of their narrative. The writer is able to control the way they "show and tell" their story, but the reader is able to control their own interpretation of that story. A clear example of this balance can be seen in the black squiggly lines that appear repeatedly through *Lighter Than My Shadow*. Green deliberately included the lines as a means to visually represent some aspect of her anorexic mindset. However, there is never any explicit statement throughout the text of *exactly* what the black squiggly line represents. The reader is allowed to create their own meaning, therefore controlling how they interpret Green's story. Similar to recovery which seeks that middle ground between all or nothing, so then is meaning of a graphic narrative created in that middle space that exists between an author's intentions and a reader's interpretation. This point of equilibrium may be appealing to an anorexic author.

Subconsciously, an anorexic author may then to choose the graphic novel format in hopes to achieve that point of balance between having control and having none. It is by no means the only motivating factor behind the decision. Trauma may also play a part in an author's decision to create a graphic pathography. As can be seen in the images throughout this chapter, the effects of anorexia are traumatic on both the mind and the body. Traumatic events can also catalyze anorexia or trigger a relapse. As a means to control the impact of trauma, drawing is often thought to be therapeutic. In the chapter that follows, I will further explore the idea of the use of the graphic narrative format to depict traumatic aspects of anorexia, and why the form may appeal to an anorexic author.

Conclusion

Anorexia is complicated.

Writing about it is difficult.

Trite and simplistic as these two statements might seem, they summarize the argument I have been making thus far. Eating disorders take multiple forms and manifests differently in each individual, which means it is impossible to create one narrative that accurately represents the disease or the people it affects. Furthermore, because bodies, body image, bodily control, body dysmorphia, and physical self-harm are central to anorexia, it is a condition not easily described in words alone.

Based on the research I have conducted, I do believe, however, that conveying one's personal experience with anorexia nervosa in graphic narrative format allows for a more nuanced and complex representation. Instead of reading an individual's account and forming our own mental images, we as readers are presented with the visual image of the author's embodied self, enhanced by the textual explanation of what is occurring in that moment. The text and the visual don't always match—indeed, the text/image relationship is often an ironic one—which allows the author to write one thing but then show a contradictory image in the same panel.

In other words, like anorexia, graphic narratives are complicated too.

I began my project with an examination of the emerging field of graphic medicine. Over the past decade, many texts have been created that examine the intersection of comics and medicine. Created by doctors, patients, and caregivers—those actually living the experience—the emerging subgenre of graphic medicine has created a space to hear the

voices of those upon which an illness has the greatest impact. Narrative medicine, the telling of one's own story, has provided a wealth of information for medical professionals to consider, as it allows for myriad perspectives on how a disease is experienced by an individual. Graphic narratives add an additional element by providing a rich depth of visual representation of a disease. In my first chapter, I explored Ian Williams' idea that the graphic narrative format adds to the iconography of illness, "the bank of available images that inform our collective conceptions of illness and healthcare," in three distinct forms: the Manifest, the Concealed, and the Invisible. I argued that graphic narratives on anorexia could not be placed in one distinct category, but rather the complexity of anorexia calls for the representation of multiple icons of illness, even within a single panel.

I then turned my attention to the problematic nature of the glorification of the thin, female body, specifically by the media and the pro-ana community. Repeated exposure to the "perfect" body, one that is both unattainable and completely unrealistic, leaves women feeling inadequate and inferior. These images often lead to body dysmorphia, the inability to accurately see one's own body, which can manifest in disordered eating. Members of the pro-ana community even go as far to claim that anorexia is not an illness or disorder, but rather a lifestyle and choice. I examined how anorexics turn to the writing, both fictional narratives and personal memoirs, of other anorexics, often using the texts as how-to manuals when they look for support in emulating this lifestyle. I evaluated the characteristics of books that encourage this type of behavior and argued that graphic narratives attempt to present their story within a framework that works to eliminate the how-to characteristics of prior stories about anorexia.

Moving beyond the outside influence of the media and pro-ana community, I examined one of the most commonly referenced psychological aspects of anorexia, a need for control. Anorexia is not an absence of appetite but rather an attempt to control one's hunger for food, an aspect of the disease that is often misconstrued. I considered the way that this relationship with control has been discussed in prior writing about anorexia, both by the medical community and anorexics themselves. Turning my attention to the three graphic narratives I am studying, I noticed that each of the three authors created a distinct dichotomy and iconography to contextualize and explain their relationship with control. In each narrative, control was characterized as an "all or nothing" binary: If a character was not in complete control, they assumed they had none at all, a repeated theme that I had found in previous writing as well. The common element the three graphic narratives address is that recovery is only possible when the binary is deconstructed.

What became clear to me, through my research, writing, and personal reflection about my own experiences with anorexia, was that the graphic narrative format allows for a much deeper, layered, and complex representation of one's story of anorexia than is possible in just text or spoken word. The relationship between the text and the image that occurs in a graphic narrative creates new representations of anorexia, especially when created by individuals who have lived with the disease. The graphic narrative then offers not only an authentic account, but one with a unique perspective readers must assemble by combining text, images, and in the meanings constructed in the spaces between them. This liminal space invites readers to actively determine their own interpretation.

Graphic narratives require multiple close and careful readings. They are far more difficult to read and comprehend than novels due to the dense and nuanced relationship

created between image and text, a distinction that tends to be overlooked and dismissed by people unfamiliar with comics scholarship. During my research, I read each of my three graphic narratives at least half a dozen times and discovered something new on each subsequent reading. As I continued to read and research, clear patterns of what these texts did differently, and often better (in my opinion) than prior writing began to emerge. These differences formed the basis for the three chapters of my thesis.

What also developed was a clear hierarchy in the way I analyze and understand the effectiveness of the three graphic narratives I have been studying. While I believe that each has successful elements, I also maintain that there is an evident “good, better, best” ranking when considering them side-by-side.

With this in mind, I would like to now turn my attention to a closer analysis of each of my three texts. It is my hope this will serve a dual purpose: to explain the rationale behind my rankings of these three texts as well as begin to establish a set of criteria for evaluating future graphic narratives on anorexia

Good —*Ink in Water*

Initially, I was incredibly excited to find *Ink in Water*. It is the most recent (2017) of all the texts I located and the only one written and published in the United States. I was also personally drawn to the fact that Lacy’s anorexia manifested in early adulthood, as it more closely echoed my own experience than the numerous teenage onset stories I had read. Clearly, the most compelling aspect of *Ink in Water* is Lacy herself. She is not who we expect in a narrative about anorexia. At the outset of the text Lacy is living on her own, working a job and attempting to earn a degree. She’s past adolescence, seemingly more

confident about who she is and what she thinks. Her punk upbringing matters to her a great deal, and she claims to be unconcerned about what society thinks of her, completely at ease with the fact that she “was never gonna be ‘normal’”(13). We see her in numerous sexual encounters with both men and women. From writing manifestos to taking polaroids, Lacy seems to be as far from your “average” anorexic as we tend to read about in these stories.

Perhaps that what makes me feel so unsettled about the event that ends up triggering Lacy’s eating disorder. Early in the text, Lacy claims that she had always felt “just a little too big” (16) but she equates this with her personality, not her body. She makes passing mention of being self-critical (a personality trait of many anorexics) in terms of her relationships, but repeatedly contradicts herself by claiming to be confident in who she is. When her relationship with boyfriend, Henry, ends in him saying he’s not sure if he’s attracted to her anymore, Lacy claims it was “the one thing I always dreaded hearing” (59). This is the first time in the narrative that Lacy mentions any apprehension about her physical appearance, causing the statement to feel disingenuous. When she begins to starve herself, it is because she hates her body “for how it had betrayed Henry” (73).

While I am in no way belittling or dismissing the impact of Henry’s words, Lacy’s actions don’t seem to match the picture she paints of herself early in the narrative. There’s no indication of how she goes from one who “truly, deeply (does) not give a fuck” (13) what others think to one completely dependent on a man’s validation for her self-worth.

Personally, it made me uncomfortable because all too often I have encountered people who can’t comprehend what could possibly push someone to become anorexic. I have had my own experience dismissed out of hand as “a cry for attention,” an experience that makes me cringe at narratives that seek to portray a simple cause or cure for a complex disease.

Unfortunately, Davis' inconsistent depictions open the door to this type of interpretation. Lacy repeatedly proves to be an unreliable narrator of her own story. This is incredibly unfortunate because it becomes difficult as a reader to trust her or empathize with her.

The second element of *Ink in Water* that I struggled to reconcile early on was the fact that it is illustrated by someone other than Davis. While this is not an uncommon practice in graphic narratives as a whole or even graphic medicine specifically, I had major reservations with it in this instance because it is a text about anorexia, which is so closely tied to body image. As I discussed in Chapter One, an illustrator of graphic medicine must make many careful and strategic decisions when deciding how they will draw their bodies on the page as well as how they will portray their illness. The choices an artist makes about embodiment form their identity within the pages of the memoir, which will impact the way a reader connects and ultimately empathizes with the illustrated representation of the artist's lived experience. I feel that an illustrator who has lived with anorexia and body image issues would embody their self and their illness differently than an illustrator who has not lived that experience. Because it is not Davis who embodies herself on the pages of *Ink in Water*, I question the validity of the portrayal of anorexia.

My questions regarding this representation caused me to investigate Jim Kettner, the illustrator of the text. It turns out that Kettner himself is embodied in the text; not as Lacy but as Kett, the new boyfriend she meets approximately half-way through the text. I later discovered, through Davis' website, that the two had married just before the text was published and divorced a short time later. In terms of the memoir, this raised not only the question of how accurately Kettner could represent anorexia in the illustrations, but how his own relationship with Davis potentially impacted how he drew her body. The nadir of Lacy's

anorexia occurs before she meets Kettner, meaning his illustrations from this time in her life (over half the book) are all created without him having actually seen her, leading me to question their accuracy and authenticity.

The illustrative style of the narrative adds weight to my concern. Kettner exaggerates Lacy's facial features, specifically her nose and eyes, throughout the text (see figure 35). If Kettner so grossly misrepresents Davis face, what other aspects of her body that he illustrates are equally disproportionate or caricatured? While some leeway can be given for artistic license and no comic depicts humans realistically, the extreme lengths that Kettner goes to in order to



Figure 35. Because *Ink in Water* is ultimately about body image, the over emphasis on Lacy's features calls into question the accuracy and authenticity of Kettner's illustrations in *Ink in Water*, pg. 89.

represent the size of Lacy's nose, which amplifies her pointy chin and overly thin face, is problematic in the context of a memoir that is so centered on body image. Additionally, Davis is the only character in the text that has such extreme features. It is not a style that Kettner utilizes for other characters, including himself. Lacy already has body image issues, why potentially insinuate she should have more due to the size of her nose? It seems like a poorly made stylistic choice for a memoir on this topic.

An additional choice I question is the inclusion of the subtitle of the text, *...or, how I kicked anorexia's ass & embraced BODY POSITIVITY!*, especially in relation to the end of

the memoir. The subtitle seems to suggest that Lacy has defeated anorexia by kicking its ass, a claim she denies in her Epilogue, writing “because it’s not over, and it never will be” (256). I believe the writing in the memoir more closely reflects the mindset of the majority of recovered anorexics, who know that it is an ongoing struggle, which suggests the subtitle is a misleading.

Further, the subtitle eerily resembles the how-to label much anorexia writing has been saddled with, suggesting that Davis holds some secret knowledge about disordered eating and bringing it to an end. In reality, as I further elaborate in Chapter Two, I would argue that Davis did not “embrace *BODY POSITIVITY!*” as her subtitle claims, but rather swapped one body image issue for another. Davis’ choice at the end of the memoir to take up body building is strongly tied to her desire to have a body that looks like the body builders she sees on television. While she goes on to advocate for the positive mental and physical attributes body building has brought to her life, it does not lessen the fact that she was first attracted to it because she wanted to make her body look like someone else’s. Sugar-coating it as *BODY POSITIVITY* because it is a muscular body as opposed to a thin one does not make her obsession with physical appearance any less problematic.

As I said at the beginning, I was initially extremely excited to find *Ink in Water* because it was markedly different in a number of ways than any other text I encountered about anorexia. There are aspects of the narrative that I am greatly appreciative of, most notably that Lacy breaks the stereotypical anorexic mold. Additionally, though she claims to “kick anorexia’s ass” Lacy’s journey is far from straightforward. She relapses multiple times and even becomes bulimic as a coping mechanism to deal with the death of a friend. Recovery is often a roller coaster because you succeed in some moments and crash back

down to the bottom the next. Davis's story reflects this journey honestly. I also appreciated the inclusion of Over-Eaters Anonymous and the role it played in Lacy's journey as it was the first text that I encountered that mentioned that specific group and outlined part of their process.

Do these positives completely outweigh the disconcerting aspects that I noted? My best answer is, I'm not sure. I think there is worth and merit in the text, especially given how few graphic narratives that feature anorexia there currently are from which to choose. But, of the three, it would be the one I would be most hesitant to recommend. Additionally, even with the benefit of the graphic format, I would most likely recommend Kelsey Osgood's memoir *How To Disappear Completely* before *Ink in Water*. I feel that Osgood's hard-hitting truth about anorexia, even without images, surpasses Davis memoir accompanied by Kettner's problematic illustrations.

Better —*Tyranny*

If I hadn't opened Fairfield's *Tyranny*, I never would have realized it was a graphic narrative. The book itself is only slightly larger in size than an average paperback and is only 114 pages total. It is more reminiscent of an early reader chapter book than a graphic novel. Despite its small stature, the quality and impact of the text is undeniable. Published in 2011, it is the oldest of the three texts I analyzed, a fact I believe works both in its favor and against it.

I believe the greatest attribute of *Tyranny* is that it is the first text which is not only able to personify anorexia but does so visually. Numerous memoirs that I read personify anorexia to create a separation between the disease and the person being affected. *Tyranny*, as the first graphic pathography, takes advantage of the visual format to make an invisible disease, visible. And from page one, not only do we see *Tyranny*/anorexia, we see her literally attempting to kill Anna, gripping her by the throat and lifting her off the ground (see figure 36). *Tyranny*, just like anorexia, is terrifying and refuses to let go once it has a hold on you.

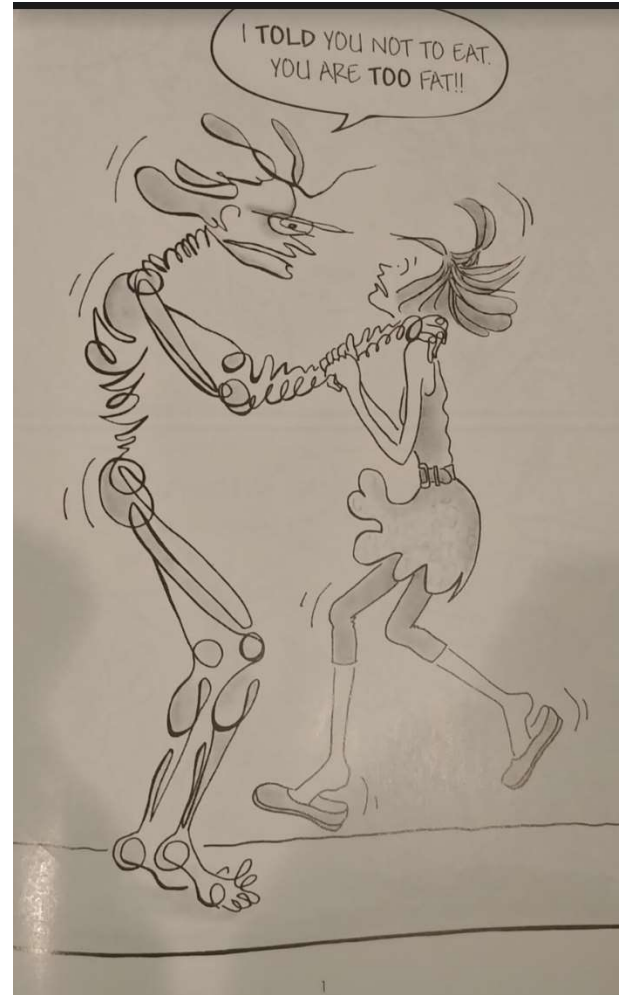


Figure 36. *Tyranny*, the personification of Anna's anorexia, is from page one, attempting to kill Anna in *Tyranny*, pg. 1.

There is no glorification of anorexia in the images of the dictator-like *Tyranny*. She dominates Anna completely; not just physically, but mentally and emotionally as well. Their relationship is volatile. For example, in a series of only three panels *Tyranny* goes from calling Anna her “very best friend” to taunting her to not “be such a sissy” (43). We empathize with Anna as we see her attempt to make sense of *Tyranny*’s constant presence in her life. It appears she wants to fight back against the seductive lure of *Tyranny*’s self-destructive message but isn’t able to escape *Tyranny*/anorexia’s constant companionship.

All of these elements can be gathered and understood through a surface level reading of the text, but what I believe to be an even more powerful element of *Tyranny* is what may only become clear after multiple readings. In an initial reading, it is easy to loathe Tyranny for the devastation she brings to Anna's life. The way that she is drawn in the text loosely resembles a human form, full of squiggles and swirls. In short, she's monstrous. But what I began to notice after subsequent readings of the text was how closely she resembles Anna, especially in her facial features. In a vast majority of panels in the text that contain both Tyranny and Anna, they are shown facing each other, a mirrored image (see figure 37).



Figure 37. Anna and Tyranny mirror each other in multiple images in the narrative in *Tyranny*, pg. 3.

In figures 37 and 38, readers can see the facial features and body positions between the two characters are remarkably similar. There is clear exasperation on both faces in the first image (see figure 37). Their hands are both raised, and their chins are tilted upward. Even their hair is comparable. The same is true in the second image, the eye contact between the two characters suggests recognition of self in the other (see figure 38).

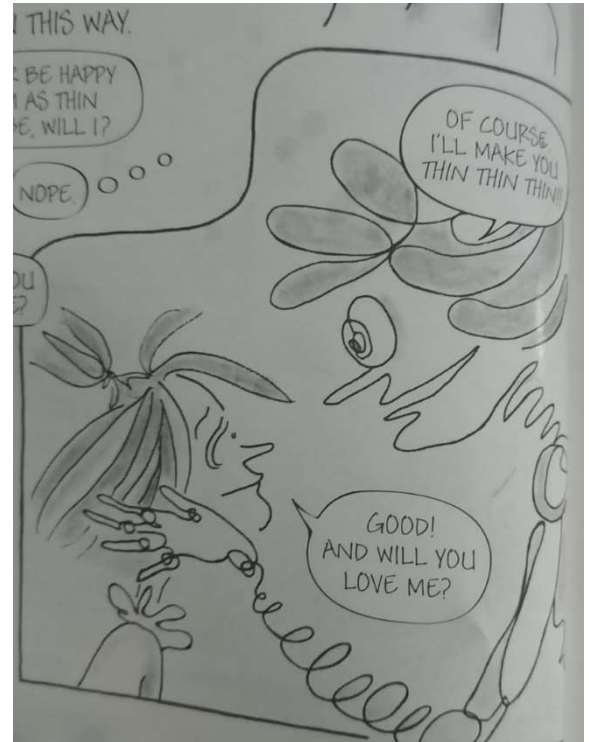


Figure 38. Ultimately, Anna and Tyranny are a reflection of each other in *Tyranny*, pg. 42.

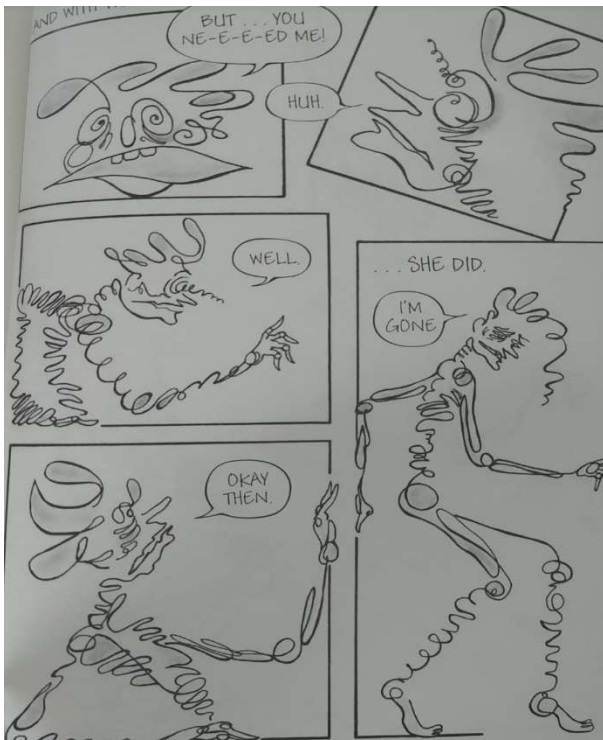


Figure 39. As Anna progresses in her recovery, Tyranny bears little resemblance to her former tyrannical self in *Tyranny*, pg. 111.

One notable difference is Tyranny's size, for the majority of the graphic pathography, she is taller than Anna, suggestive of her dominance in their relationship. As the novel progresses, she seems to shrink, often still reflecting Anna within a panel, but at eye level. Additionally, by the end of the text, Tyranny bears little resemblance to Anna any longer (see figure 39). With Anna moving toward recovery, she no longer sees herself in Tyranny/anorexia, which we, as the reader, can understand through the change in her appearance.

What is also interesting to note is the positioning of Anna and Tyranny within panels. Since in Western culture, images, like text, are read from the left to the right, Tyranny's positioning on the right side of a panel would indicate Anna is being blocked from making any forward progress. This suggests she cannot escape Tyranny/anorexia. Interestingly, the positioning of the two in the panels throughout the novel is equally split; Anna appears on the right side nearly as often as she does on the left, suggesting that she is capable of leaving Tyranny, but chooses to remain engaged in the destructive relationship. This closer reading of the text reveals a more finely nuanced representation of an anorexic's relationship with their disease than would be possible through text alone.

As the first graphic narrative on anorexia, Fairfield's text lays the groundwork for understanding just how powerful it can be to represent anorexia in a visible personified form. I believe that its status as "first" though means that Fairfield was not as diligent as later authors about not including some of the problematic elements that often cause anorexia writing to be considered "how-to" manuals. I spent a good deal of Chapter Two examining these elements already and will not do so again here. But the inclusion of elements such as Anna's weight, her diet, her detailed use of laxatives, and the relationship Anna has with her female coworkers are all worrisome aspects of the narrative.

I also found the ending potentially misleading when considered in conjunction with the author's mini biography on the back of the book. At the end of her in-patient treatment stay, Anna writes a letter to Tyranny. In the letter Anna acknowledges that Tyranny is part of her, but a part she wants to be rid of. It ends with "Good-bye and go away!" (110), a message that sees the collapse of Tyranny over the next few pages until all that remains is a straight black line across the bottom of the following page (see figure 40). I found the ending trite and unrealistic; an eating disorder does not just disappear because you tell it to go away. While I acknowledge a text

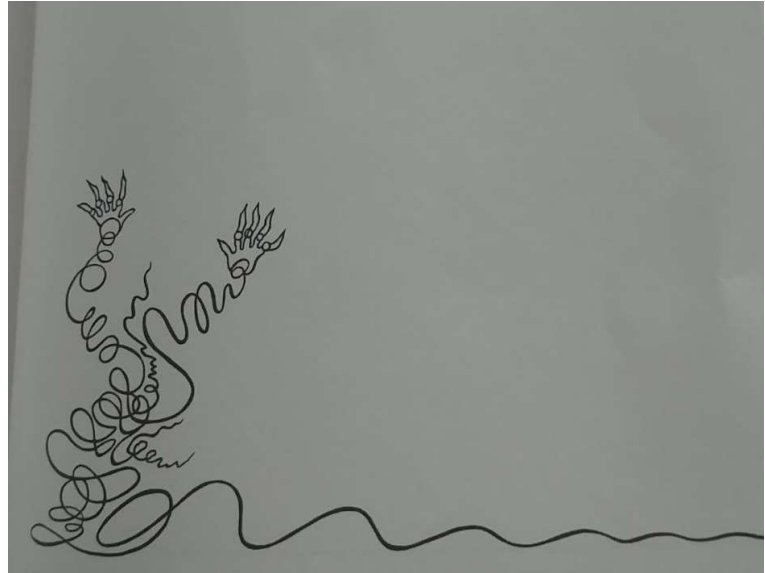


Figure 40. Tyranny's demise in *Tyranny*, pg. 113.

must come to an end at some point, this struck me as an inadequate resolution, especially given Fairfield's claim that her "thirty-year battle with anorexia and bulimia has informed her work." I believe that Fairfield does her readers a disservice by not addressing the fact that living with an eating disorder is often a life-long journey; it never disappears completely. Every day brings an opportunity to continue to heal, but also a choice to return to that destructive behavior.

Overall, I do believe that *Tyranny* offers readers a better representation of anorexia than Davis *Ink in Water*. I also wonder if Fairfield would be more careful to avoid including how-to advice for the pro-Ana community if she created the graphic narrative now as opposed to in 2011. Fairfield, as the first to progress from text alone to text and image in

combination, may simply have been following the pattern of previous anorexia writing.

While concern had begun to be raised about the triggering aspects of anorexia writing after the 2009 publication of Laurie Halse Anderson's *Wintergirls*, no one had suggested an alternative (other than simply not writing about eating disorders at all) until Osgood in 2013.

While it is important to be aware of these pitfalls, I believe that the powerful visual representation of *Tyranny*/anorexia outweighs these potentially problematic inclusions.

Tyranny, in graphic narrative format, created previously unseen representations of an invisible component of a deadly disease by one who had lived the experience.

Best —*Lighter Than My Shadow*

While there are a number of elements of Katie's story in *Lighter Than My Shadow* that are not reflective of my own struggles with anorexia, Green's representation was the one that repeatedly resonated with me the most. Though it takes over 500 full-sized pages for Green to share her graphic memoir, each line on the page is necessary. Unlike Davis *Ink in Water*, which suggests Lacy's anorexia commenced with her boyfriend's disparaging comments about her body, or Anna's desire to emulate the body images of the models she sees in magazines in *Tyranny*, Green traces Katie's anorexia to its early roots in her childhood. When we, as the reader, experience numerous smaller instances in her life that feed Katie's self-critical tendencies and cause her to repeatedly question her self-worth and value, we begin to understand that anorexia is a far more complicated disease than simply wanting to be thin.

Green does not offer one specific cause for Katie's anorexia, but many. *Lighter Than My Shadow* is more reflective of the format of a memoir, tracing Katie's life back to her early childhood, a component that is completely missing from the other two texts I examined. Important elements from her early life that Green includes are Katie's early struggles with food, causing her to be labeled a "picky eater," as well as tendencies toward compulsive behaviors. As I discussed in Chapter Three, anorexia and obsessive-compulsive disorder (OCD), which Katie's actions allude to though Green never directly uses the terminology, have an alarmingly high co-morbidity rate. The allusion to OCD, which is completely absent from *Ink in Water* and *Tyranny*, is important in the creation of a more realistic, yet nuanced, representation of anorexia (see figure 41). An additional aspect of her childhood that Green includes is her love of drawing, a skill that both earns her praise and brings her personal pride. Katie's love of drawing becomes incredibly important later in the narrative, when, after attempting suicide, she recognizes her art as a reason to keep living, writing, "I want to live I want to draw" (403).



Figure 41. Katie shows her ambitions to become an illustrator early in childhood in *Lighter Than My Shadow*, pg. 25.

The inclusion of Katie's childhood self also allows for a more authentic examination of recovery. As Katie begins to heal, Green writes "I held on, waiting to be recovered, wondering how long it would take. How would I know when I got there?" (492). In the pages that follow, adult Katie is shown engaging in "things [she] never thought [she] would be able to do" (495), such as eating a meal with her family and knowing when to stop, snacking on a piece of chocolate at her desk, and being in a committed, healthy relationship. She is then shown sketching what appears to be pages for her memoir. As she draws, the familiar dark squiggle, a visual embodiment of her mindset that haunted her previously, slowly returns, growing more prominent in a series of panels. In a reflective moment, Katie suddenly realizes that part of this familiar squiggle is unresolved trauma from her childhood. The dark line suddenly disappears, replaced by Katie's child-self, clutching a teddy bear (see figure 42).

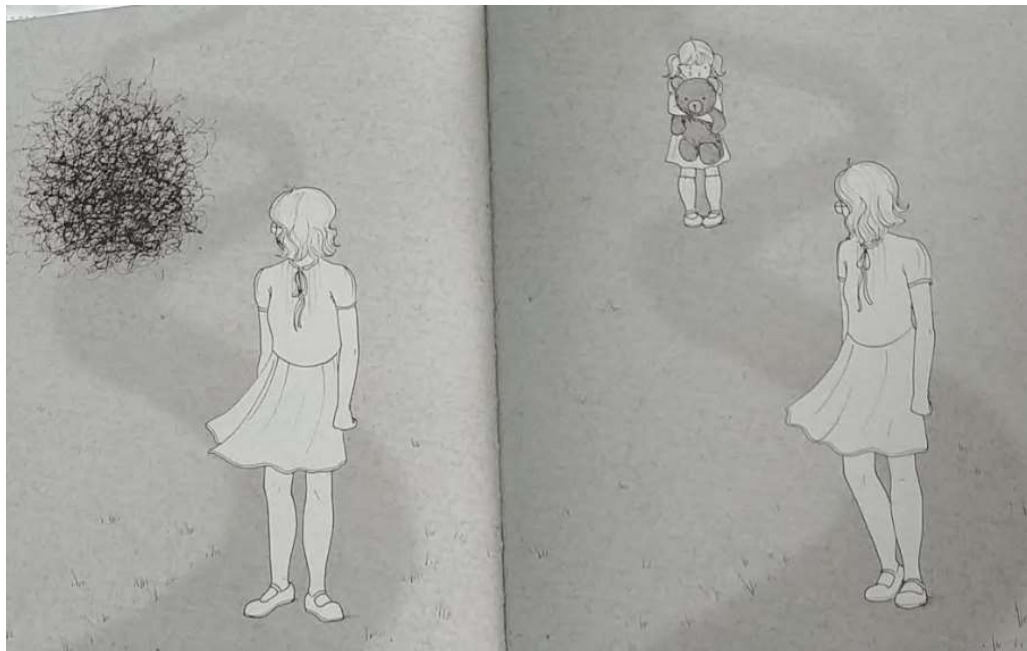


Figure 42. To recover, Katie must make peace with her child-self in *Lighter Than My Shadow*, pg. 504-505.

The very last page of the memoir is adult Katie, on her knees, face-to-face with her child self. There is no text on the page, no explanation. But the insinuation seems to be that part of Katie's recovery includes recognizing that the foundations for her eating disorder were laid far earlier in her life than she had previously acknowledged. In this instance, Green does not need to rely on text, but instead allows the reader to draw their own conclusions through the images she creates. We, as readers, assemble the pieces, much the way an anorexic does as they attempt to unravel the complex knots anorexia weaves over a lifetime. Recovery is not simply telling an eating disorder "Good-bye and go away!" (Fairfield 110), it is a continuous effort to forgive oneself for past mistakes or failures or inadequacies in an attempt to move forward.

In addition to childhood trauma, Green does not shy away from recounting the sexual assault she suffered at the hands of someone who was supposed to be helping her. Seeking alternative treatment for her eating disorder, Katie turns to a healer named Jake. Under Jake's care, Katie begins to make progress, even becoming strong enough to go away to college. Though numerous trusted people in her life express their reservations about Jake, Katie continues to see him for treatment, confessing that she does not feel strong enough to recover without him. After her first year in college, Jake and his family (he's married with two kids), invite Katie to travel with them over the summer to festivals where Jake works as a healer. One night, as Katie drinks a drug-laced tea, Jake sexually assaults her. She cannot reconcile the encounter with the person who has helped her recover, so she attempts to convince herself it did not happen, causing her recovery to go off course. She finally shares the assault with a friend and, in the retelling, realizes it wasn't the first time Jake had assaulted her, that

he had been doing so during all her “treatments.” The realization of the multiple assaults she has suffered at Jake’s hand causes Katie to attempt suicide.

I could write extensively on why the inclusion of Katie’s assault is important, but there are two major aspects that I would like to consider here. The first is the representation of sexual trauma in a work intended for a young adult audience. Katie’s assault on the pages of *Lighter Than My Shadow* is representative of teen-aged Green’s lived experience. It is imperative for young adult readers who may have experienced a similar situation of their own to see that they are not alone and that they are not at fault. Jake betrayed Katie and took advantage of her when he was in her care. The realization of the significance of this betrayal pushes her beyond the depths she has sunk to with her anorexia to a point of actively attempting to take her own life.

Katie’s suicide attempt leads to the second aspect I believe is noteworthy, the place in the narrative that these events occur. We see Katie’s assault at the festival approximately halfway through the text, with her suicide attempt roughly 100 pages later. There is still nearly a third of the graphic narrative after Katie attempts suicide. Green writes, “Looking back, it’s easy to think that things changed in that single moment. Certainly it’s more dramatic to tell it that way” (403). Instead of playing into the drama, Green spends the rest of the novel recounting the many ups and downs that start Katie’s recovery process. There are moments of success and growth, and moments where Katie returns to disordered eating, primarily through binging. She turns to friends, begins seeing a therapist, and struggles to accept her body as it begins to change when she gains weight. We don’t see Katie change and become “all better”; we just see her live. This portrayal, in my opinion based on my own experiences, is much more reflective of the recovery process than we see in *Ink in Water* or

Tyranny. In both of those texts, at the point where Lacy and Anna start to take active steps towards recovery, the narrative ends shortly thereafter. Green's inclusion of Katie's recovery, the ups and the downs over a lengthy period of time, is imperative in presenting a realistic representation of an anorexic experience.

Beyond Green's inclusion of both childhood and sexual trauma, one of the most intriguing aspects of *Lighter Than My Shadow* is the appearance of the dark squiggle I mentioned earlier and which I more thoroughly examine in Chapter One. I have read the text multiple times and have yet to determine exactly what in Katie's life the squiggle that haunts her actually represents. Personally, I have considered it to represent numerous components of Katie: her anorexia, her self-doubt, her self-criticism, her anxiety, her depression, her compulsive tendencies, her hunger, her fear, and her self-hatred. I believe that I could effectively make a case for any one of these to be the source of the dark squiggles. I could just as easily argue that it is not just one of these elements, but all of them as they ebb and flow through Katie's consciousness. I have extensively discussed the text with others who have seen completely different elements as part of the squiggle. Green, for her part, offers no specific explanation to her reader.

Herein lies the power of presenting a complex disease such as anorexia in the form of a graphic pathography. We, as readers, see the visual element on the page, recognizing its near constant presence in Katie's life after she is first body shamed. There is no need for textual explanation because its repeated appearance is inescapable. As Katie's physical body shrinks, the darkness begins to consume more space on the page. It is not required for us to know exactly what it represents to Katie to understand that is beginning to exude control over her mind, and therefore her body. In fact, I would argue that because Green does not

specifically reveal what the darkness is meant to represent, it opens itself to individual interpretation. It should mean something different for each reader because anorexia is a different experience for each person it effects. Illnesses are not universal. They share common traits and symptoms, but those traits and symptoms manifest differently for each person. There is much to be said about a graphic narrative's ability to show and tell at the same time. Equally as meaningful is their ability to show without having to tell.

Beyond the dark squiggle, this ability to show without having to tell is another element that I contend elevates *Lighter Than My Shadow* above other texts, both narrative and graphic

narrative, about anorexia. Green relies heavily on the images to tell Katie's story. There are full pages, some consecutively, that pass with little to no text.

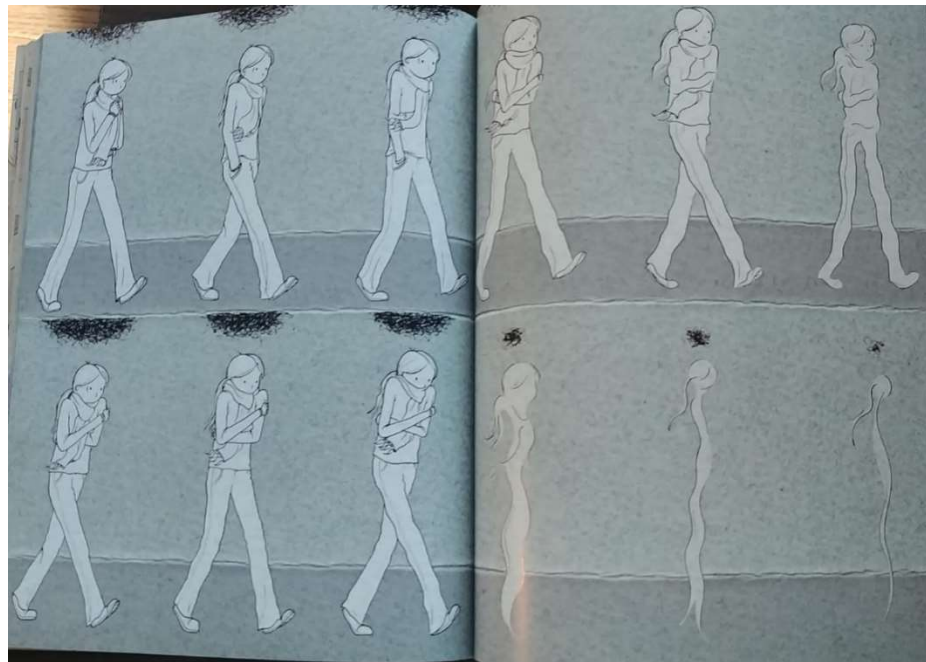


Figure 43. Katie begins to disappear from the page as her anorexia progresses, something we are able to see without a text-based description in *Lighter Than My Shadow*, pg. 124-125.

Resisting the urge to narrate each of Katie's actions and thoughts, Green allows the images to speak for themselves. The visual of Katie slowly disappearing does not require additional explanation (see figure 43). Not only can we see it happening on the page, we understand how and why she is feeling this way. Further, I would argue that even someone who has no

background with anorexia has most likely felt like this, as if they are becoming invisible, at some point in their life. Since there is no text to specifically connect this series of images to anorexia, it creates a scene open to interpretation which allows readers (whether anorexic or not) to empathize with Katie from a variety of perspectives.

For all of these reasons, as well as numerous elements I have more thoroughly discussed throughout this thesis, I believe that *Lighter Than My Shadow* serves as a model that others, who want to share their stories about anorexia in graphic narrative form, might strive to emulate. It effectively navigates the pitfalls of creating a how-to manual by not including problematic details such as Katie's weight, diet, "safe" and "unsafe" foods, or an exercise plan. The narrative is more reminiscent of a true memoir, tracing Katie's life through stages from childhood to adulthood, giving readers the ability to understand that anorexia does not occur at a specific moment in life, but often has much deeper roots. Similarly, Green traces Katie's entire experience with anorexia, including the multiple messy ups and downs, relapses, treatments and discoveries along the way. She does not end the narrative under any pretenses that this is "the end" of Katie's journey with disordered eating. Green offers a visual representation of what it feels like to live with anorexia, but stops short of defining exactly what that means, allowing her reader to form their own interpretations. Text is important within the story, but it is the visual images that drive the narrative. Green often relies on her images to show without having to tell, an advantage of creating her memoir in the graphic narrative format. Moving into the future, I offer that the criteria I have outlined above could be used as a means to evaluate the effectiveness of graphic narratives about anorexia.

This is not to suggest that there is not room for improvement in other aspects of narratives on anorexia as well. One area that most concerns me is the overwhelming amount of texts depicting the “stereotypical” anorexic. The vast majority of these texts are by female writers. In all my research I was only able to find two short stories penned by male anorexics. Additionally, there is a complete lack of texts written by gay, lesbian, bi-sexual, or transsexual authors, and research has only recently considered the connections between sexual and gender identities and eating disorders. The writers are most often white. This promotes the misconception that anorexia does not equally affect ethnic minorities, or that their stories are not equally as important. Most of the currently published texts on anorexia are written by those from middle class to upper class upbringings, often by individuals who are well-educated. Anorexia affects those from lower socio-economic backgrounds as well, but they do not have the same access to medical care and treatment, thus their stories go unheard. There is also very little writing in which the anorexic is not depicted as severely underweight and emaciated, characterizations that limit our understanding of a disease that affects people of varying sizes. This is especially problematic when considering that being underweight is a diagnostic criterion of anorexia. If a person does not meet this criterion, they are not diagnosed as anorexic, meaning their medical insurance will not provide potentially lifesaving treatment.

Space must be created for stories of anorexia told by non-stereotypical voices. As I have continuously argued, anorexia is not a universal disease. It does not touch, manipulate, and change each life it encounters in the same way. We need stories about anorexia, both narrative and graphic narrative, that more adequately represent a broader range of anorexic experiences. There is also a need for more stories from those who care and love for someone

who suffers from anorexia. As I have shared my research with friends and family who supported me through my own eating disorder, the need for this type of text has been repeatedly mentioned. While they divulged that they had read a number of the texts I have mentioned throughout this thesis as a means to understand and empathize with my struggle, they also acknowledged that it would have been beneficial to see their own position of parent, friend, or lover reflected in a text. This had not been something I had previously considered and appreciated their perspective. I believe graphic medicine may provide such an opportunity, as it seeks a “more inclusive perspective of medicine, illness, disability, caregiving and being cared for” (Czerwicz et al. 2), specifically advocating for the inclusion of these multiple perspectives.

In addition to more texts on anorexia from these varied perspectives, I personally feel it is imperative that more of this writing take a graphic format. For too long, comics and graphic novels have been dismissed out of hand as “simplistic” or an “easy read.” As I have proven through the close examination of these three texts, such statements are not only misleading but blatantly untrue. Graphic narratives necessitate reading two different forms, the verbal and the visual. These forms are capable of working together, but also may oppose each other, requiring readers to actively synergize elements in order to create meaning in the spaces between. There is nothing simplistic or easy in this process. These nuances and layers within a graphic narrative allow for a more complex representation that is achievable through text alone. As I have shown, this is incredibly powerful in terms of telling one’s story about anorexia as it is both an externally seen and internally driven disease.

In addition, there simply need to be more graphic pathographies written, illustrated, and published. Although I outline here a number of criteria useful for evaluating graphic

pathographies on anorexia, I have only had three texts at my disposal, which means that the criteria I have developed are limited by this small sample size. More graphic narratives on anorexia are needed to enhance, support, and potentially challenge my own findings, an experience I whole-heartedly welcome. It is my hope that the creation of further texts to evaluate will generate additional scholarship, not just my own but work from other scholars in other fields of study as well. For example, further study is needed about the inclusion of traumatic events, both before the onset of anorexia and during, and their representation in graphic form, especially in relation to their intended young adult audience. There has also already been a good deal of research on the therapeutic aspects of writing and drawing. A recurring theme that I wish I had been able to explore further was the use of mirrors and the way the anorexic's reflection morphs from a true reflection to an imagined one at different stages of their anorexia. Deeper examinations of this concept, and other visual elements such as the use of color, layout, and illustrative style in relation to the graphic format, could help further our understanding of the importance of these texts.

While all of this potential scholarship is important, a greater awareness of the existence of these texts in the first place is needed. Over the past eighteen months that I have been working on this project, when anyone asks me about it I repeatedly get one of two responses: 1) I had no idea that this was even out there! and 2) Why would you want to do that? I usually respond to the first with an acknowledgment that I didn't find these books until I explicitly searched for them. I explain that graphic medicine is a relatively new field of study, but one ripe with potential to change the way we see and think about sickness, disease, and those it affects. In large part, people are receptive, expressing interest and asking about other texts that could be considered graphic medicine. This makes me hopeful that

once people do know of these texts, and of graphic medicine more generally, they too will seek them out.

It is my further aspiration that greater awareness of graphic narratives about anorexia will generate conversation about the disease itself and those who live with it. I hope reading others' stories can potentially help erase some of the misconceptions and stigma that surround those living with an eating disorder. This, in part, answers the second question about why I would want to spend countless hours researching, reading, and writing about anorexia.

The more personal answer to "why" is because this experience has given me the opportunity to publicly confront a piece of my life that I have been previously reticent to share. I do not wish to be defined by my past eating disorder, but it will always be a part of who I am. Learning about the history of the disease, understanding the role society has played in propelling women to believe they can be defined by the shape of their body, reading many personal stories about anorexia, and seeing pieces of my own journey reflected in the graphic narratives, has helped me better unravel the tangled web that surrounds my own complicated feelings about anorexia as a disease and my personal encounters with it. As Davis writes in *Ink in Water*, recovery is "an ever-evolving process... not a destination" (256). The time I have spent on this thesis has been part of my own "ever evolving process," one that I will be forever grateful for.

I believe these three graphic narratives may be able to function in a similar capacity for other anorexics, both those in the midst of the disease and those that are in recovery. The format of graphic narratives makes the invisible mindset of anorexia, visible, a possibility that has previously been unattainable. As I saw myself reflected in these texts, I can imagine

others will as well. Anorexics deserve that representation: stories that are as complex, nuanced, and individualized as they are. Further, as can be seen in *Tyranny*, *Ink in Water* and *Lighter Than My Shadow*, these texts are doing so in a way that counters past concerns about sharing these types of stories. If we are to quash the pro-ana voices and the media promotion of the “perfect body,” these stories that shed light on the realities of disordered eating are necessary and deserve greater acknowledgement.

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