

Literature and Medicine, Future Tense: Making it Graphic

Susan M. Squier

I'm sorry to say I never knew Jo Banks.¹ But I know *of her* from her friends, who have written movingly of this remarkable woman, co-editor of a magisterial collection of Virginia Woolf's letters, first professor in Medical Humanities at the Penn State College of Medicine, one of the founding editors of the journal *Literature and Medicine*, path-breaking scholar, and joyous friend. In a way I feel I *did* know her through her scholarly work. As a graduate student in the mid-nineteen seventies, I read and admired *The Jessamy Brides*, Jo's study of the friendship between Vita Sackville-West and Virginia Woolf. Later, when I was completing my own book on Virginia Woolf, I pored over Jo's wonderful six-volume edition of Woolf's letters until I knew many passages—and footnotes!—by heart. Even when I began research in the field of the medical humanities, as I worked on *Babies in Bottles* and then *Liminal Lives*, I found intellectual sustenance in the community of scholars around Jo Banks.

I am grateful for the opportunity to draw the circle closed. I want to talk about another aspect of Jo Banks: her role as a soothsayer, a truth-teller, for literature and medicine. She anticipated the value for medical humanities of a relatively new kind of text: graphic narratives or comics. In two essays written in her last decade, Jo drew on her own life to explore the challenges posed to our practices in literature and medicine by what we now think of as neurological illness and cognitive disability. In these essays, Jo identified, even laid the foundation for, a turn to comics in the medical humanities. I will sketch out the reasons for exploring comics as media for representing neurocognitive illness and disability by looking at two very different graphic narratives: David B.'s stunning memoir, *Epileptic*, a celebrated work of graphic fiction which received rave reviews in mainstream

literary journals and newspapers, and Ryan Pequin's viral web-comic, *The Walk*, which circulates freely among comics readers.

Jo was a soothsayer, and she did foretell the future of the field in an Editor's Column she wrote for a special issue of *Literature and Medicine* devoted to film and television dealing with medical concerns. With the advent of cultural studies, she argued in 1998, our chosen *texts* were becoming increasingly visual and performative, as well as written. "For literary critics, the idea of the text has changed dramatically in one generation. . . . literary scholars today speak increasingly of 'imagetexts.'"² Here Banks is drawing the concept "imagetext" from the work of W.J.T. Mitchell, who uses it to refer to a representation within which "words and images—modes of verbal and visual coding—play into, and off of, each other."³ While Banks is contrasting the notion of text as written language with the idea of text as a broader representation that can be either verbal or visual but is always subject to hermeneutic analysis, I am stretching her idea to include not only our familiar notion of texts *as written*, and new *texts-as-images or pictures*, but also the text that combines writing (text) *with* image. Just as Banks pushed us to go farther than our customary notion of literature as a cultural artifact or mode of communication, so she also pushed us to see that medicine, too, was expanding beyond merely the clinical hospital or office encounter. Indeed, she observed, "the line between literature and medicine has even been erased, as in the case of ritual, which can be seen simultaneously as performance (literature) and healing (medicine)."⁴

Jo went on to discuss the methodological question such boundary-blurring raises for the medical humanities in a second essay, "Life as a Literary Laboratory." Should we content ourselves merely with setting the two fields of literature and medicine next to each other in stark contrast? Her response was an emphatic "no." We must find a way, she argued, to show how literature helps us, if not to enjoy life, "at least better to endure it." An urgent need drives many of us in this field, she argued, to "show that literature *works* in the context of such a basic, life-enhancing as well as life-threatening endeavor as medicine."⁵

Faced with the choice between "two paths for bringing literature into relationship with life—narration and juxtaposition"—Jo pronounced herself "more encouraged about the former than the latter": "If the field of literature and medicine proves to be in its essence solely about juxtaposition or dialogue or any other form that emphasizes the 'and,'" she went on, "I will be disappointed."⁶ She scorned the scholar who

dodges the responsibility to clarify or to enlighten, telling the reader instead "'Here's medicine' . . . 'and here's literature. The hard work is all yours.'"⁷ Instead, Jo made an impassioned plea for *narration*, which she argued "is in no way the opposite of juxtaposition. Rather, narration blurs the edges of the juxtaposed material, demonstrating that they overlap and sometimes blend in real life. . . ."⁸

Jo knew that our cognitive capacities play an important role in the choices we make as scholars of literature and medicine. As she put it, "going back and forth between apparently dissimilar material" is clearly "one of the basic ways in which our bicameral brain works."⁹ Yet this was no simple intellectual conviction for her, but a personal, hard-won, and deep understanding. As the mother of an adult child who had been gravely ill nearly all his life with a rare form of epilepsy, Jo knew that neurological impairment could severely challenge our ability to find in literature an effective response to certain medical experiences. The Lennox-Gastaut Syndrome afflicting her son, Piers, not only produced cascading large and small seizures, but also left him with severe mental retardation because "the illness destroyed at least half of his already damaged cerebral cortex."¹⁰ Although she had consulted scholars and writers "on the meaning of silence in the midst of suffering [and] on silence *as* suffering both for my son and for me,"¹¹ Jo says she still found Piers's story a challenge to narrate:

. . . I have consciously edited and re-edited his rich story over time, especially because, like certain experimental fiction, it is continuously regressing. . . . Piers and people like him . . . leave enormous gaps in their stories as others try to read and tell them. There are mysteries, ambiguities, and lacunae. There are silences so long that they approach nonexistence.¹²

This discussion raises crucial issues for the future of literature and medicine. *How can we address the experience of neurological illness when the erosion of narrative seems fundamental to the nature of the experience? What tools do we have to illuminate an experience of neuro-cognitive disability?*

Jo did not deny the force of fiction as a tool to make meaning. "I want very much to believe the evidence that a long literary life has helped me in facing . . . my child's [condition]," she explained, and she referenced a body of literature ripe for medical humanities exploration,¹³ with her comment that Piers's story resembles "certain experimental fiction." From canonical masterpieces like *Brothers Karamazov* to such new works as Richard Powers's *Echomaker*, literary narratives have

provided powerful resources for exploring neurocognitive impairment.¹⁴ But Jo also hints that it may be possible to move beyond our existing definitions of literature and of medicine, and in so doing generate a richer account of experiences like Piers's. As an instance of this new interpenetration, she offers "the case of ritual, which can be seen simultaneously as performance (literature) and healing (medicine)."¹⁵

While performance, as a term, currently covers meanings that range from the legacy of Turner, Goffman, and Geertz into the disciplines of philosophy (Judith Butler), literature (Eve Sedgwick), and economics (Donald Mackenzie), I am most interested now in approaches to performance that help us to reimagine the relationship between literature and medicine. Performance theorist Richard Schechner draws on a "convergence of anthropological, biological and aesthetic theory" to argue that performance unites the biological and the cultural across a range of ascending scales from the microscopic to the macrosocial. We can trace the workings of performance on a graduated series of seven levels, Schechner explains, from brain event, microbit, bit, sign, scene, and drama, to macrodrama.¹⁶ Just to give the flavor of these levels, here is an excerpt from the list of definitions he offers:

1. Brain event: the neurological processes linking cortical to subcortical actions . . .
2. Microbit: seen only with the help of the slow-motion or stop-action camera . . .
3. Bit: the smallest unit of [consciously controllable] repeatable behavior . . .
4. Sign: composed of one or more bits and readable [as an emotion], a piece of discrete information. Ekman claims that certain facial displays are universal signs . . .
5. Scene: a sequence of one or more signs that make up a whole unit of interaction. Goffman studied these. Narrative structures are visible at this level.
6. Drama: a complex, multiplex system of scenes Geertz and Turner have analyzed these from a narrative point of view.
7. Macrodrama: large-scale social actions viewed performatively—what Turner calls "social drama" where whole communities act through their collective crises.¹⁷

Notice the way these levels intermingle neural processes, processes of technological reproduction such as film and printing, and social practices ranging from theater to politics. This profoundly biocultural understand-

ing of performance is the crucial core of Schechner's contribution. As he explains, "Performance magnitude means not only size and duration but also extension across cultural boundaries and penetration to the deepest strata of historical, personal, and neurological experience."¹⁸

What Schechner's theoretical perspective means for literature and medicine is worth elaborating. Performances *work and are felt*, Schechner is suggesting, on a series of scales that link the internal, individual, and biological to the external, collective, and social. Just as microbiology can be connected to large scale social actions by something as simple as a handshake, so *the zone in which literature works is actually linked to the zone in which medicine operates* through the varied magnitudes of performance. These magnitudes of performance should no more be relegated to the realm of art, literature, and culture than healing should be restricted to the realm of medicine. Schechner's theory of performance magnitudes reveals that as human beings, we engage in rituals not only to mediate liminal social moments—those times when we are in transition or in between, socially or culturally—but to navigate bioculturally liminal moments as well.

I argued in *Liminal Lives* that fiction operates as a crucial site for articulating the biomedical imaginary—the zone in which the psychic investments of biomedicine are articulated. But the genres of fiction also have regulatory and constitutive functions: they shape how we enter into and engage with a social practice such as being ill or receiving medical care, and they give us the conventions through which we understand and enact that practice. As Derrida has observed, "[A]s soon as a genre announces itself, one must respect a norm, one must not cross a line of demarcation, one must not risk impurity, anomaly or monstrosity."¹⁹ We need to escape the straitjacket of genre for a more flexible definition of literature, one willing to risk impurity, anomaly, even monstrosity, if we are to express the complex biomedical experiences calling for illumination through literature and medicine, future tense. Comics as a form is just such a flexible genre.

Dealing with comics, we are not required to make the difficult methodological choice Jo identified a decade ago, between juxtaposition and narration. As Scott McCloud defines the comics form, both elements are essential constituents: "juxtaposed pictorial and other images *in deliberate sequence*, intended to convey information and/or to produce an aesthetic response in the viewer."²⁰ The panel-to-panel sequence essential to comics is separated by "gutters," which indicate the passage of time and/or movement in space. Each set of panels negotiates transitions: between moments, between actions, from one

person to the next or from one scene to another. Within each panel, comics negotiate meaning through the relationship established between the words and the pictures. The space between panels is the liminal zone McCloud calls “the limbo of the gutter.”²¹ It is there that our human mind imaginatively confers closure on what otherwise is a fragmented set of flickering images and words, only to have that closure challenged in each succeeding panel as the words and images quarrel and play with conventional meanings.

To the combination of juxtaposition and narrative, comics add the icon: “any image used to represent a person, place, thing or idea.”²² The icon conveys information as well as emotion because, by simplifying, it *provokes identification in the reader*. Take the frame in figure 1 for example, by celebrated comics artist Will Eisner.

As we look at the whole, we are expected both to identify with the human figures—the icons—that we see, and we are expected to grasp the narrative the comic presents. We do so through identification with the iconic images of human beings, in part. And, as we gener-



Figure 1. Comics juxtapose and narrate simultaneously. Used with permission of Will Eisner.

ate the narrative for each of these pictures through that identification, we must also understand that their juxtaposition provides us with a meta-narrative of sorts—a compact grammar of the comics form. Consider the possible ramifications: the images can simply illustrate what the words say (or vice versa); the images can amplify or exceed the meaning expressed in words (or vice versa); and the images can even contradict what the words say (or vice versa).

Clearly, comics put demands on their readers, but they also give rich rewards. As Eisner explains, each reader of comics engages in an implicit contract, with the requirement that he or she “is expected to understand things like implied time, space, motion, sound and emotions.” This requires that the reader “not only draw on visceral reactions but also make use of an accumulation of experience as well as reasoning.”²³ Finally, comics are inherently gestural, as the second image from Will Eisner documents (figure 2). Eisner explains, “In comics, body posture and gesture occupy a position of primacy over text. The manner in which these images are employed modifies and defines the intended meaning of the words.”²⁴ 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.²⁵

As a hybrid genre—a combination of word and image, narration and juxtaposition—the imagetext or graphic narrative has the capacity to articulate aspects of social experience that escape both the normal realms of medicine and the comforts of canonical literature. Yet, precisely because of the associations with the non-normative, comics have frequently and unreflectively been associated with the stigmatized categories of cognitive immaturity, impairment, and disability. Scott McCloud, for example, links comics with inadequate cognitive development in *Understanding Comics*: “It’s considered *normal* in this society for children to combine words and pictures, so long as they *grow out of it*.”²⁶ And when he was assembling a comics special issue of *McSweeney’s Quarterly Concern*, comics writer Chris Ware used an even more striking simile to explain his role: “Throughout the process of assembling this anthology . . . I felt a bit like the director of a talent show at an institution for developmentally disabled students, standing at the front of the auditorium, trying to encourage the parents to clap louder.”²⁷ Clearly these comments by two widely known practitioners and theorists of graphic fiction associating comics with cognitive inadequacy or neurological impairment have troubling implications for the ways we view writers and readers of comic books.²⁸

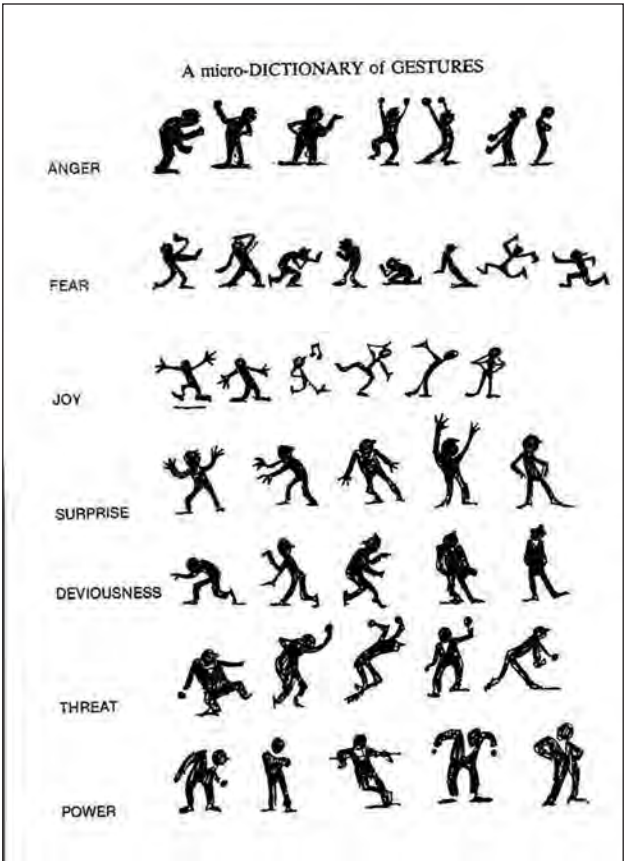


Figure 2. Comics make meanings with gestures. Used with permission of Will Eisner.

Yet this implicitly disparaging connection between cognitive immaturity, impairment, or disability and the medium of comics also suggests that comics can provide a solution to the problem of narrativity Jo Banks knew so intimately from her experiences as the mother of a son with profound mental retardation. Comics can show us things *that can't be said*, just as they can narrate experiences without relying on words, and in their juxtaposition of words and pictures, they can also convey a far richer sense of the different magnitudes at which we experience any *performance* of illness, disability, medical treatment, or healing. I want to sketch out how comics can convey this richer

sense, by looking at two graphic narratives that differ significantly in their modes of production, consumption, and reception: the celebrated graphic memoir *Epileptic*, by David B., which received glowing reviews in *The New York Times*, *The London Review of Books*, and other major venues upon its hardback publication in the USA by Pantheon; and the web-based graphic narrative, *The Walk*, by Canadian graphic artist Ryan Pequin, that has “gone viral” and achieved wide circulation on the Internet.

Epileptic

Originally published in a series of volumes between 1996 and 2004, under the title *L'Ascension du Haut-Mal* (The Ascension of Sacred Disease), and then reissued in English translation by Pantheon in 2005, *Epileptic* explores the multiple meanings of a profound neurological disorder and its resulting cognitive disability through a combination of narration and juxtaposition of powerful black-and-white visual images. This stunning graphic memoir by David B. traces the impact of Jean-Christophe's epilepsy on his brother Pierre-Francois (the narrator, who later chooses the name David), his sister Florence (who contributed the foreword to the book), and ultimately, the entire family.²⁹ The intricate narrative follows his family's attempts to heal Jean-Christophe's epilepsy by moving through an increasingly marginal series of medical practices, alternative communities, and ritual performances, ranging from neurology, psychiatry, and the suggestion of neurosurgery (which they reject), through Buddhist meditation, macrobiotic eating, contemporary art, theater, and cinema to aikido, astrology, voodoo, and Rosicrucianism. In its juxtaposition of narrative to a range of realist and surrealist images, this graphic memoir conveys both the terrible facticity and the nearly-mythic nature of Jean-Christophe's epilepsy and treatment. As it registers the complex meanings of neurological disorder on a patient and his family, *Epileptic* uses visual references to the history of sequential graphic narratives to tell one particular story.

Take as an example the following sequence of four pages (figures 3-6), whose frames narrate Jean-Christophe's journey from home, to the hospital, back home again, and finally, to the center for “handicapped” people in Brittany. By working between text and illustration, these pages dramatize the different scales on which Jean-Christophe's epilepsy occurs: from brain event to macro-drama, from the personal to the institutional, from the individual to the collective, the physical to the psychological.



Figure 3: The progression of a seizure. From *Epileptic* by David B., translated by Kim Thompson, copyright © 2005 by L'Association, Paris, France. Used by permission of Pantheon Books, a division of Random House, Inc.

On the first page (figure 3), six frames narrate an epileptic seizure from onset to end, conveying the torturous *feelings* the seizure invokes in viewers and sufferer alike. We see the impending seizure represented as the large-beaked bird sitting beside Jean-Christophe on the back seat of the realistically-portrayed family car. Then, as the seizure hits, in the next several frames, Jean-Christophe's ordinary world is shown darkening to nothingness while his head is gripped by the sharp-toothed jaws of a huge mythic lizard. Here the choice of iconic image—the lizard with its stylized black-and-white coils—increases the resonance of the frame, for as we learn from David B., it is drawn from Bergier and Pauwel's fantastic futurological magazine *Planète*, which had as its very Derridean motto "Nothing that's strange is foreign to us!"³⁰ As Frederic Gugelot's review of the magazine recalls, *Planète* was known for its anti-canonical, anti-normative, interdisciplinary explorations of a wide range of experiences:

This success came from the combination of men (Louis Pauwels, Jacques Bergier) searching for another world and a different editorial perspective, who wished to reconcile all human experiences and mix all genres, especially science and spirituality. They emphasized the extraordinary, the anticipated, and the strange—everything that was not "established."³¹

Epileptic draws on the graphic style of this surrealist magazine to represent visually the extraordinary physical pain of Jean-Christophe's seizure. "The convulsions go on and on. They twist him into knots." "As if he was going to explode," we learn in the final frame (figure 3). Finally, the seizures appear to have abated, and his father and brother prepare to carry Jean-Christophe's limp body upstairs to bed. "I'm calling the doctor," the father says.³²

On the next page, (figure 4) three frames take us gradually outward in perspective from Jean-Christophe's suffering during his seizure, to Pierre-Francois's understanding of that suffering, and finally to the mental suffering of Pierre-Francois himself. We begin with the image at the upper left of Jean-Christophe's experience of seizures, rendered still as a sharp-toothed lizard monster coiling around and through him. Next we are introduced to the iconic image Pierre-Francois has created for Jean-Christophe's struggles with epilepsy: a steep mountain which Jean-Christophe must climb. Finally, we see the negative impact of Jean-Christophe's epilepsy on his brother's experience of the world. Back from visiting his brother at the hospital, Pierre-Francois gazes



Figure 4. Three perspectives on a seizure. From *Epileptic* by David B., translated by Kim Thompson, copyright © 2005 by L'Association, Paris, France. Used by permission of Pantheon Books, a division of Random House, Inc.

out of his window at “shadowy trees and the lights of Orléans” and wonders, “Should I go hide at the bottom of the garden?”³³ Removed from the day-to-day world of the household, the bottom of the garden is where fairies traditionally live. Pierre-Francois’s desire to hide there suggests his wish to escape the reality of his brother’s epilepsy.³⁴

The impact broadens from Pierre-Francois to his family on the next page (figure 5), which shows us the systemic effect of Jean-Christophe’s struggle with his epilepsy once he has been returned home from the hospital. Although medicated “into unconsciousness in the name of peace and quiet,” Jean-Christophe is “back to having three seizures a day.”³⁵ Their clockwork regularity imposes a rhythm on family life, forcing them to organize *their* narratives around Jean-Christophe’s illness and reshaping their physical and psychic worlds as well. The epilepsy is represented as a reptilian, mythic intrusion into normal family space and time: “It slumbers inside my brother and, upon awakening, it slithers out and insinuates itself into our lives.”³⁶

Jo Banks identified early on the fact that the boundaries of medicine were expanding to include modes of health care and treatment beyond the hospital and clinical setting. David B.’s *Epileptic* registers this new, broader healthcare context not only in its attention to spirituality and alternative modes of healing, but also to the “healthcare facilities” that support clinical medicine. On the final page of this sequence (figure 6), Jean-Christophe’s family has found a center in Brittany where he can receive residential care. He transfers there willingly, exclaiming, “I don’ wanna stay with you! I wanna go to the center!”³⁷

Yet even here, where he is relatively well cared for and seemingly seizure free, the ever-present threat of future seizures—and thus future clinical encounters—looms over him. So, he stuffs the toothed lizard’s ever-larger coils into his locker and joins the “group of students who are playing cards,” only to find the lethal lizard of epilepsy at the table with him, seemingly ready to trump the hand he has been dealt.³⁸

David B.’s *Epileptic* represents the residential care home as shadowed by the pain, suffering, and isolation of Jean-Christophe’s seizures, even when they are in temporary abeyance. Jo Banks gave us a view of the residential care home in her essay, “Life as a Literary Laboratory,” as a space where medical treatment could take a back seat to healing social encounters. This different experience led her to struggle for a new way to write about her son’s experience. Although she acknowledged that it was terribly difficult for her—and even for her son’s neurologists—to bridge the experiential gap and narrate his condition,



Figure 5. Seizures dominate life for the whole family. From *Epileptic* by David B., translated by Kim Thompson, copyright © 2005 by L'Association, Paris, France. Used by permission of Pantheon Books, a division of Random House, Inc.



Figure 6. Jean-Christophe's epilepsy cannot be locked away. From *Epileptic* by David B., translated by Kim Thompson, copyright © 2005 by L'Association, Paris, France. Used by permission of Pantheon Books, a division of Random House, Inc.

she did find that the arts came to her aid. She turned to them, she explains, to discover “the meaning of silence in the midst of suffering; . . . silence *as* suffering both for my son and for me.”³⁹ The story of her son, Piers’s, epilepsy required, she felt, “a fairly traditional, if temporary, form for two important reasons: to give my memory, and the present readers, something solid to hold on to, and, more important, to uncover as much meaning as possible in my son’s life.”⁴⁰ And so, in this moving essay, she offers the story of an emotional bond between her son and a friend, set “in a residential school for mentally retarded children and adults.”⁴¹ This is a “love story”—but one that she hopes avoids “sentimental overinterpretation.”⁴²

During his time in East Cottage, Piers has become friends with “what we used to call a microcephalic before doctors learned how to improve the condition.”⁴³ This is Mike, a man who has been at the residential treatment facility for years, “isolated and surly,”⁴⁴ but who becomes Piers’s protector, caretaker, and source of unconditional love. “As the months and then years went by, we tended to think of them together: Piers and Michael, Michael and Piers, two members of our family.”⁴⁵ Mike’s affectionate care continues, Jo tells us, through Piers’s increasing cognitive decline, as “his ability to speak and learn was slowly slipping away.”⁴⁶ But “handicaps do not protect people from illnesses,” and when Mike becomes gravely ill with stomach cancer, Piers’s response illuminates his inner experience of cognitive disability: “I knew that severe mental retardation does not protect people from grief.”⁴⁷

In the conclusion to “Life as a Literary Laboratory,” Jo sums up the relationship between Piers and his protector, Mike, as “easily the finest love story I know.”⁴⁸ Yet with her closing quip, “I might have added that, as a literature professor, I am fortunate to know a great many love stories,”⁴⁹ Jo also registers an ironic awareness of the conflicting values that inform her judgment. What is an adequate ending? What is a significant meaning? What makes a narrative satisfying and complete? These questions are charged with the tension produced by her multiple roles. Her maternal appreciation of the powerful attachment between Mike and Piers clashes with her literature scholar’s attention to aesthetic judgment and her medical humanities scholar’s awareness of the clinical attachment to normalization and the ever-present medical imperative to diagnose, treat, and cure.⁵⁰ Jo’s concluding aside speaks to all of us as we struggle to reconcile our professional and personal worlds, those matters of fact that are often at odds with the gravest matters of concern.

Yet, as one review of *Epileptic* suggests, the choice of a different medium may enable us to escape the conflict caused by such internalized judgments, whether they come from canon-based, literary-critical hierarchies or from fact-driven medical taxonomies: "David B. has written a book for the ill, for their families and for anyone who suspects that the desolation of illness is not far from that of war. Chronic illness and war are both trips too long and strange for words. Dignified Jamesian Prose can't tell the story That's where comics come in."⁵¹

To the Lighthouse

Like *Epileptic* and Jo Banks's powerful story about the healing connection between Piers and Mike, Ryan Pequin's *The Walk* also draws its power from an author *coming to know* a person with cognitive disability. Pequin acknowledged the autobiographical foundation to his comic in an email to me, one from which I want to quote a fairly large excerpt to establish the depth and sources of that intimate knowledge:

I worked at a care facility for four mentally challenged men for a few years. My job was more or less to make sure that things ran smoothly in the house, so my duties consisted of things like cooking, cleaning, personal care, etc. Some of the men in the home are more vocally capable than others, ranging from one man who can communicate as well as you or I to one man who can not actually verbally communicate at all. My story stems from one man, the inspiration for "Russ" in *The Walk*, who speaks almost entirely through certain key terms. More often than not, these terms seem not to relate to any current theme in "Russ's" life, i.e., he will often string seemingly random words together in one thought. Russ might walk into the room, get your attention, and then say "car, a car, boat, a car, red car, red, car."

Russ is not entirely unable to relate his thoughts, however—if he wants coffee, he can tell you that he wants coffee. . . .

I was intrigued by the way Russ seemed sometimes to be lost in his thoughts, or that he would get stuck on certain terms when he was upset or happy, ("santa claus" was a common theme when he was in a good mood) and I started wondering where some of his more common terms may have come from—did things like "red" relate to some memory of his? And what did it really mean to Russ when he seemed to be so focused on it? My story is based basically entirely around these questions

The caretaker character is entirely fictional. He's not really based on any particular person. He's maybe a bit overworked and too used to the day-to-day of the job, like many of us tended to be after a while, but mostly I made him a bit oblivious just to give Russ a chance to a: be misunderstood, and b: escape from the house once he [the caregiver] fell asleep.⁵²

The Walk is animated by Pequin's disability-friendly stance—what Douglas Biklen has termed “presumed competence,”⁵³ the strategy of ascribing to Russ an interior life with memories and desires and the ultimate ability to act on and make those experiences known. Because it adopts this perspective, *The Walk* relies on a lexicon not specifically medical and/or literary, but rather gestural. The story represents a performance of healing that is embodied, non-discursive, and encoded not in words but in tacit body memory, demonstrating that we can represent cognitive disability without access to significant linguistic capacity—even counter to a linguistic capacity. More important still, it also illustrates the way a combination of image and text can enact a close-focus exploration of cognitive disability, while also articulating a macro-social critique of contemporary health care.

Unlike the ornate and wildly allusive visual style of *Epileptic*, *The Walk* has a simplicity characteristic of the Belgian comics writer, Herge, author of the *Tin Tin* comics, whom Pequin counts as one of his influences. The line is clear, the color contrasts are broad, the characters and objects are drawn with a minimum of detail, simplified, *iconic*, almost to the quality of a cartoon. Such a treatment not only enables the comic to represent the “world within” on a conceptual level, but it also imbues the comic world and its inhabitants with life.⁵⁴ While *Epileptic* explores the painful impact of epilepsy on the individual afflicted and on his family in a series of visually and verbally complex panels, *The Walk* considers the other side of cognitive disability—not the pain but the (seeming) silence. *The Walk* has no text other than the few speech bubbles.

In a series of black-and-white, web-based “pages” consisting of between five and seven panels each, Pequin's comic narrates one day in the life of an elderly man in a residential treatment center for mentally disabled adults (figure 7). The manifest plot is a relatively simple one: Russ is awakened by the healthcare aide and helped with dressing, eating his breakfast, and taking his medications. Dialogue is sparse: the healthcare aide is talking on the telephone, and his comments to Russ don't require an answer. Russ, however, keeps trying

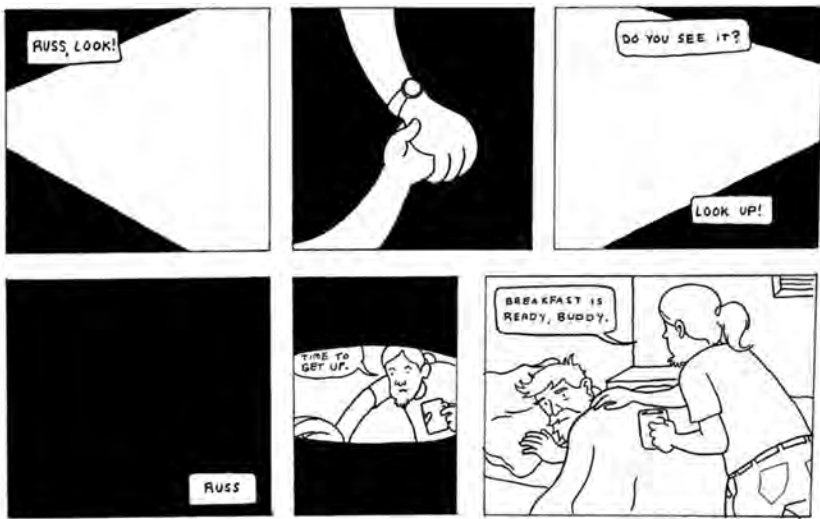


Figure 7. The gap between sleep and waking. Used with permission of Ryan Pequin.

to communicate: “Ferwalk? Lyouse?” he repeatedly asks (figure 8).⁵⁵ Russ’s inner life—his dreams, memories, and desires—animates the comic, set off from his outer life in the treatment facility by the choice of stark, black-and-white panels.

In figure 9, Russ’s contribution to the mundane morning routine of the residential home—he washes the breakfast dishes—is interrupted as if by a split-second memory conveyed by a single, black-background panel depicting a child’s small hand in an adult’s comforting, large one. The flash of memory reveals Russ’s internal life: “Good boy!” he thinks to himself, proud at having washed and dried the breakfast dishes.

Time passes slowly, and Russ spends it looking out of the window (figures 10-11).⁵⁶ Finally, his evening meds are distributed. The next frame shows Russ opening an eye at three in the morning. The moon shines down on the water outside the home as Russ quietly gets up, dresses himself, and tiptoes past the sleeping healthcare aide and out the door. “Ferwalk” he tells the sleeping aide, but once again, Russ’s speech goes unnoticed.⁵⁷

As we watch Russ escape from the fog of everyday life into the clear light provided by the ritual repetition of a cherished childhood memory, we realize that he *performs* his disability at a number of different magnitudes in Schechner’s model. I say “perform” because I want to emphasize how Pequin’s comic portrays Russ as a person

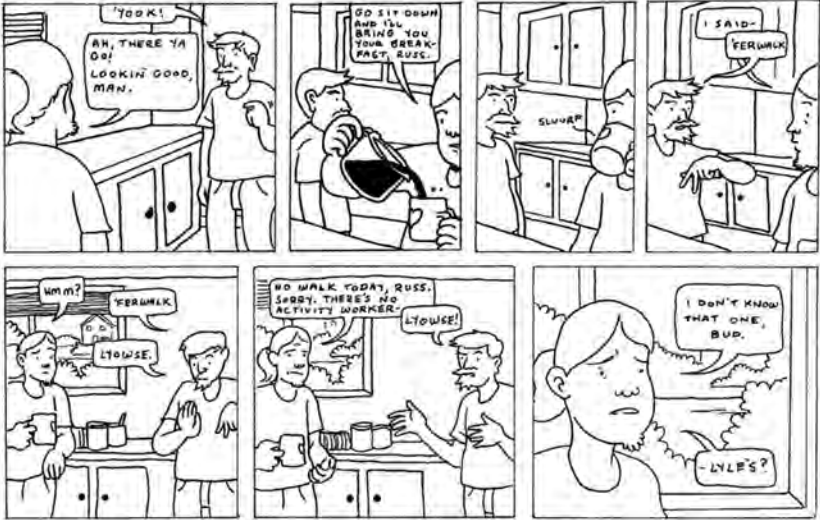


Figure 8. "Ferwalk . . .Louse . . . ?" Used with permission of Ryan Pequin.

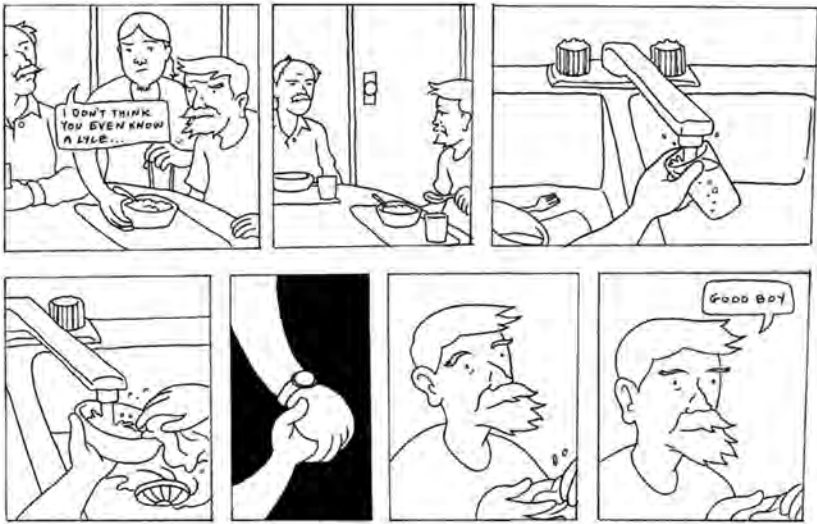


Figure 9. Russ's silent world preserves a memory of connection. Used with permission of Ryan Pequin.

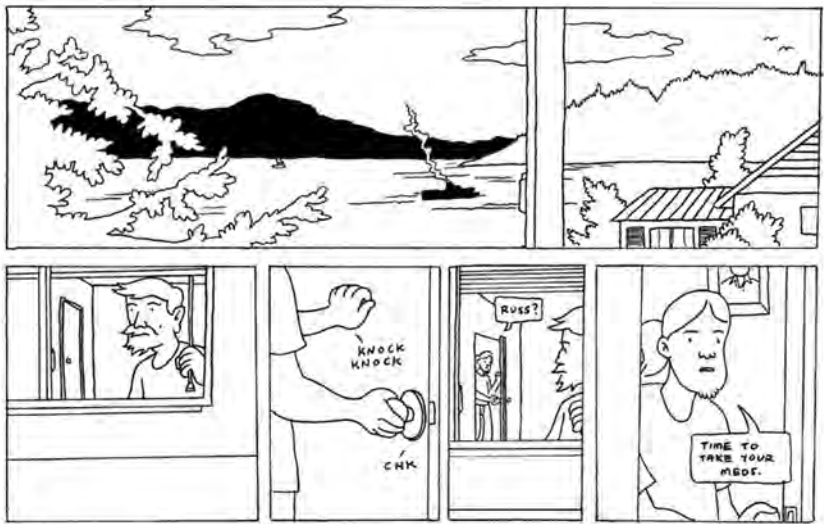


Figure 10. Time passes. Used with permission of Ryan Pequin.



Figure 11. Task orientation obscures orientation to persons. Used with permission of Ryan Pequin.

with agency and interiority, his disability notwithstanding. Not only does Russ experience life as a mentally retarded adult in a facility short-staffed because of economic stresses, but he also experiences it as a person who can omit his nighttime sleeping medication (figure 11); walk down the street at night with a plan in mind (figure 12); kick a can, miss, and fall without being chided; be startled by a cat and reassured by its purr.⁵⁸

A close look at the sequence of the next three pages (figures 13–15),⁵⁹ representing Russ's arrival at the seashore, reveals how the comic portrays the experience of cognitive disability at many simultaneous magnitudes of performance. In the first panel of the first page of the sequence, we see Russ arrive at the seashore (figure 13).⁶⁰

Succeeding panels bring us with him as his field of vision narrows from the whole wash of the waves, to a handful, and then to several grains of sand (figure 14).⁶¹ The second page in this sequence brings his thoughts and vision up and out again (and us, as viewers, with them), as succeeding panels show him walk closer to the shore, bend down and select a stone, and throw it into the waves (figure 15).⁶²

In the last page of the sequence, action is succeeded by speech (though it is unclear whether this is *actual speech* or merely remembered). A bright light interrupts his gaze at the concentric circles remaining from his thrown pebble, and in succeeding panels, we see Russ, from an outside perspective, begin to speak: "L—" Then his speech merges into a memory of a childhood walk to the lighthouse. His speech echoes that of his nurse as she labels the iconic scene before him: "Lighthouse. Isn't it pretty, Russ?" (figure 16).⁶³ Russ is finally able to reconcile his childhood self with his present-day self in a moment of closeness with his beloved nurse (figure 17).⁶⁴

This panel and page sequence have shown us how Russ *performs* his walk to the remembered lighthouse on all magnitudes, so that we see interactions at the level of the very small (Schechner's brain event and Pequin's grain of sand), at the slightly larger level of the "bit" (the unit of repeatable behavior, such as throwing a stone), and finally, we grasp the complex interactions that take place at the end of his walk, at the level of drama, and even the macrodrama (when the caregiver arrives in alarm, angrily reproaching Russ for "just run[nin]g off like that," based on his own imagined future of being fired, and interrupts Russ's encounter with his remembered past of being cared for⁶⁵).

Even when a flashlight beam pivots to glare straight into his eyes, bringing the intrusive force of the outside world to the deep memories of the lighthouse, Russ retains agency in this graphic narrative. Pequin's

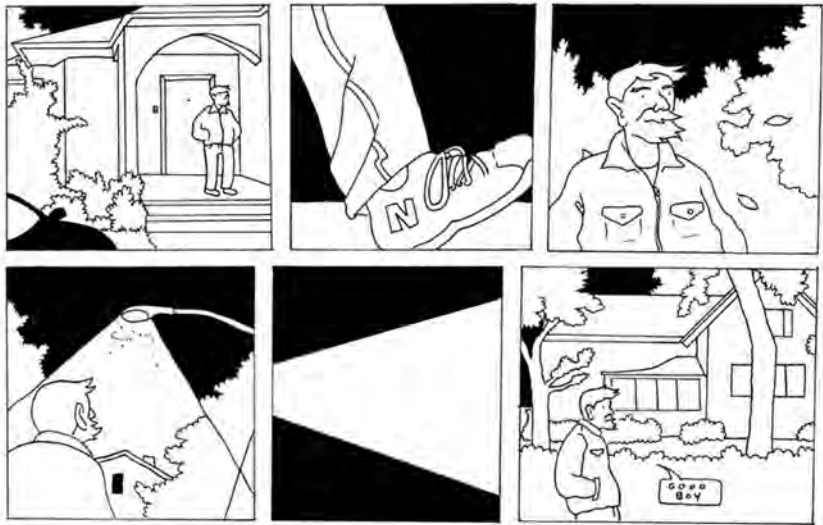


Figure 12. A solitary walk, a memory of togetherness. Used with permission of Ryan Pequin.



Figure 13. Remembering care. Used with permission of Ryan Pequin.



Figure 14. Magnitudes of performance: the very large and the very small. Used with permission of Ryan Pequin.

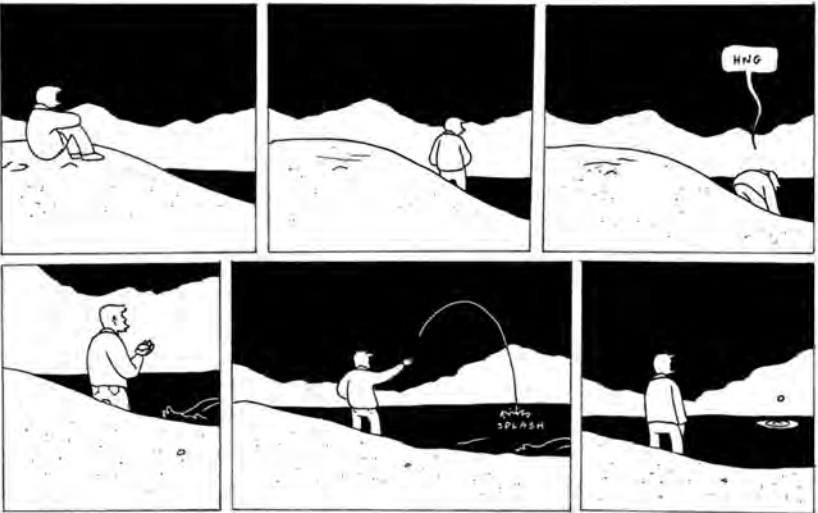


Figure 15. Making an impact. Used with permission of Ryan Pequin.

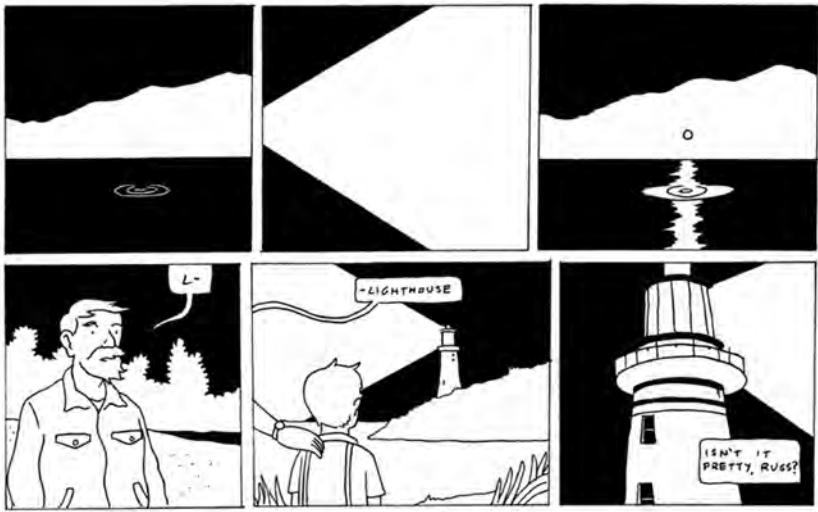


Figure 16. Illumination is communication. Used with permission of Ryan Pequin.

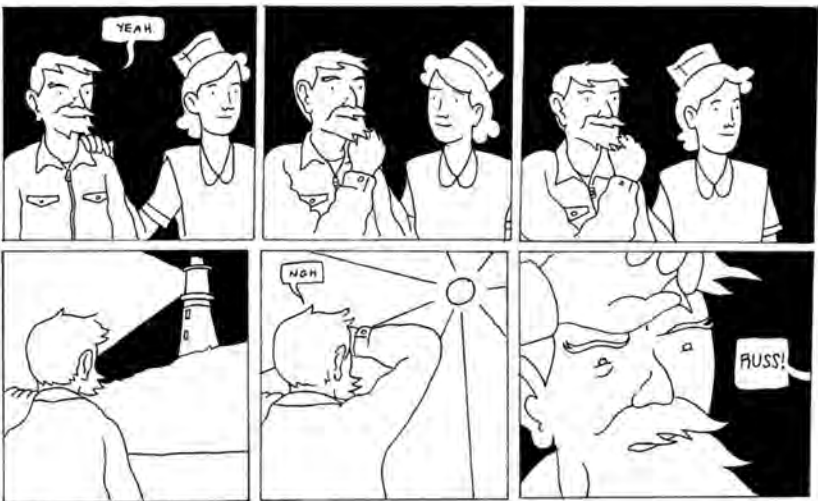
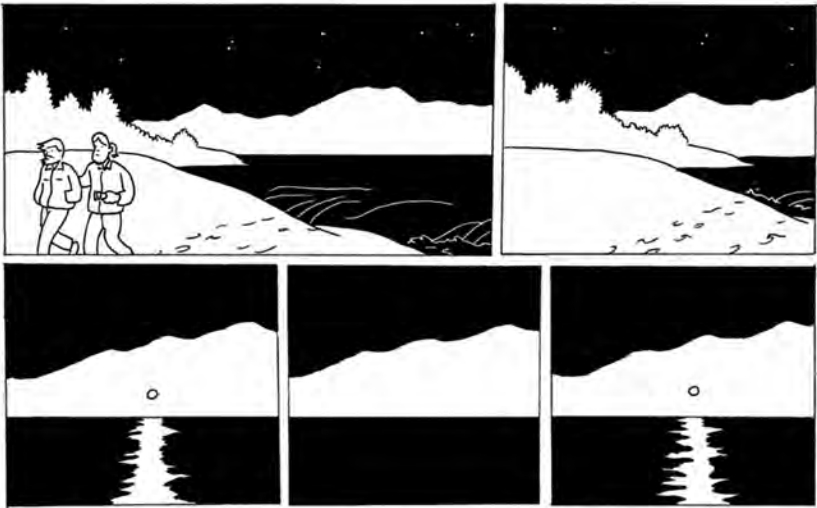


Figure 17. Shared contemplation Used with permission of Ryan Pequin.

representation of disability does not require the surrender of meaning. Rather, because we have access to the way that words jostle with images and silences undermine words, we appreciate Russ's power to perform his own healing: we have watched a fall become a chuckle, a frightened encounter become an occasion for sympathy, the moonlight become a lighthouse beam, and now the troublesome fragment "L—" become a richly meaningful word- and image-memory: "Lighthouse."



So that was the Lighthouse, was it?
No, the other was also the Lighthouse.
For nothing was simply one thing.⁶⁶

Conclusion

What will practitioners of literature and medicine gain by "making it graphic" and turning to comics alongside more traditional literary and visual texts? In a footnote to "Life as a Literary Laboratory," Jo Banks recalled the challenge voiced by Noel Perrin at an early meeting of physicians and literary critics interested in literature and medicine: "'You can link anything *and* anything else, but do you really have a connection?'"⁶⁷ Drawing on the gestural resources of graphic narrative,

as well as the mingled force of words and images, *Epileptic* and *The Walk* suggest that we will be able to provide readers with what Jo Banks sought: a connection to the experience of neurocognitive illness and disability, a connection that we as literature and medicine scholars can come to know in its full range of meanings.

NOTES

1. This essay is descended from the first Jo Banks Memorial Lecture, sponsored by the American Society of Bioethics and Humanities (ASBH), and was presented at the Tenth Annual ASBH Conference, Cleveland, OH, October 24, 2008.

2. Banks, "Editor's Column," vii.

3. Bohrer, Review of *Picture Theory*, 559. Jo drew the term from Mitchell, *Picture Theory*, footnote on 89; I am stretching it here to include the eruption of images into verbal stories. As Bohrer describes Mitchell's study, "*Picture Theory* is fundamentally an examination of the disparate combinations and fragmentations of meaning that obtain when words and images—modes of verbal and visual coding—play into, and off of, each other" (Bohrer, Review of *Picture Theory*, 559).

4. Banks, "Editor's Column," vii.

5. Such an accomplishment might banish the secret fear that scholars in this field are merely "self-centered," wishing "to bask in the philosophical and aesthetic pleasures of superb texts" (Banks, "Life as a Literary Laboratory," 98).

6. Banks, "Life as a Literary Laboratory," 99.

7. *Ibid.*, 100.

8. *Ibid.*

9. *Ibid.*, 99.

10. *Ibid.*, 101.

11. *Ibid.*, 101; original italics.

12. *Ibid.*, 102.

13. *Ibid.*, 101.

14. See Sarah Birge's forthcoming study of cognitive disability and selfhood, which contains an extensive study of Powers' works.

15. Banks, "Editor's Column," vii.

16. Schechner, *Magnitudes of Performance*, 325-6.

17. *Ibid.*

18. *Ibid.*, 327.

19. Derrida and Ronell, "The Law of Genre," 57.

20. McCloud, *Understanding Comics*, 9; italics added.

21. *Ibid.*, 66.

22. *Ibid.*, 27.

23. Eisner, *Graphic Storytelling*, 49.

24. Will Eisner, *Comics and Sequential Art*, 103.

25. Banks, "Life as a Literary Laboratory," 102.

26. McCloud, *Understanding Comics*, 139; italics added.

27. Ware, *McSweeney's*, 13.

28. See also Squier, "So Long as They Grow Out of It."

29. David B., *Epileptic*. David B. (Pierre-Francois Beauchard) is a co-founder of *L'Association*, the French experimental comics publisher. The translator, Kim Thompson, is co-owner of Fantagraphics.

30. Gugelot, "La revue Planète," 284; author's translation. "« Rien de ce qui est étrange ne nous est étranger » proclame la revue" (Gugelot, "La revue Planète," 284).

31. As Frederic Gugelot explained in 2007, "Ce succès est la combinaison d'hommes (Louis Pauwels, Jacques Bergier . . .) à la recherche d'un autre monde et d'une ligne éditoriale qui souhaite réconcilier toutes les expériences humaines et mêler tous les genres, en particulier science et spiritualité. Elle veut privilégier l'extraordinaire, l'anticipation et l'insolite, tout ce qui n'est pas « établi »" (Gugelot, "La revue Planète," 284; author's translation).

32. B., *Epileptic*, 76.

33. *Ibid.*, 72.

34. See for example Purkiss, *At the Bottom of the Garden*.

35. B., *Epileptic*, 78.

36. *Ibid.*

37. *Ibid.*, 140.

38. *Ibid.*

39. Banks, "Life as a Literary Laboratory," 101.

40. *Ibid.*, 102.

41. *Ibid.*, 103.

42. *Ibid.*, 102.

43. *Ibid.*, 103.

44. *Ibid.*

45. *Ibid.*, 104.

46. *Ibid.*, 104.

47. *Ibid.*, 104, 105.

48. *Ibid.*, 105.

49. *Ibid.*

50. *Ibid.*

51. Maury, "A Life of Drama in Comics."

52. Pequin, email message.

53. Biklen, "Introduction," 1.

54. McCloud, *Understanding Comics*, 41.

55. Pequin, *The Walk*, 4.

56. *Ibid.*, 6-7.

57. *Ibid.*, 8-9.

58. *Ibid.*, 10-12.

59. *Ibid.*, 13-15.

60. *Ibid.*, 13.

61. *Ibid.*, 14.

62. *Ibid.*, 15.

63. *Ibid.*, 16.

64. *Ibid.*, 17.

65. *Ibid.*, 18.

66. Woolf, *To the Lighthouse*, 186.

67. Banks, 105, note 1.

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