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Doubled Embodiment and the Temporal Experience of Illness in Comics

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Abstract – This contribution considers the centrality of pictorial embodiment in autobiographical comics. It begins by tracing pictorial embodiment's connection to othering and then examines the popular practice of doubled embodiment in graphic illness narrative. Expanding upon theorizations of doubled embodiment as manifesting subjective experiences of illness, several examples will serve to trace how double embodiment in graphic illness narratives speaks to the ill subject's personal experience of time. Ultimately, this contribution proposes that double embodiment can indicate how, in illness, time intersects with considerations of minds and emotional states. In the works of graphic illness studied below, doubles address how an ill life is often one “marked not by progress but by recurrence, repetition, and ellipses” (41), as comic critic Jared Gardner claims in relation to his own chronic illness.

Keywords – Double Embodiment; Pictorial Embodiment; Graphic Illness Narratives; Time; Autobiographical Comics.

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1. Pictorial Embodiment in Autobiographical Comics

Autobiographical comics, as Frederik Byrn Köhlert emphasizes, put “the body front and center for the reader to look at, evaluate, and engage with” (12). Autobiographical comics visually present characters and their development across a series of self-portraits that most often remain recognizably of the autobiographical I despite ultimately diverging one from the other as the story progresses and the character gains (new) insight into self. Expressive of the interrelationship between “bodily identity and subjectivity” – the character’s physical identity and their lived experience of self and the world – the visual repetition of the character’s body in autobiographical comics delineates overlaps, but also separations in “knowledge, attitudes, and behaviors” between the pictured selves (El Refaie, *Autobiographical Comics* 51; 53). The multiple and diversified self-portraits originate with the autobiographer or graphic memoirist who, through the verbal and visual act of comics narration, foregrounds their lived experience and their sense of self as it developed across time. Engaged in a highly self-reflexive act of narration, the graphic memoirist engaged in the act of autobiographical writing examines their self, contemplates how lived experience impacts their sense of self, considers the complexity and fluidity of self, and aims to authentically communicate the lived experience of self across the depiction of their physical body, a process that is continuously repeated across the graphic memoir. Far from neutral, this narrative process requires a critical engagement with self on the part of the graphic memoirist who must repeatedly reflect on their self, grapple with changing concepts of self, and determine how to depict their understanding of self across multiple representations of the body.

Elisabeth El Refaie introduces the concept of “pictorial embodiment” to account for the autobiographical comic artist’s “process of engaging with one’s own identity through multiple self-portraits” (*Autobiographical Comics* 51). As suggested above, the act of visually narrating self in autobiographical comics entails a repeated and critically engaged self-examination that is inevitably transcribed onto the drawn body, which is portrayed in almost every panel or, at the very least, on almost every page of a graphic memoir. Taken together, the repeated self-portrayals of the autobiographical subject’s body and the differences between them communicate not only physical transformations, but also mind shifts – changes in the subject’s knowledge of self and the world it inhabits. Multiple self-representations grant readers access to the changing physical states and mental workings of the autobiographical I as understood by the autobiographical I. Just as the artist considers both their outer and inner states of being through pictorial embodiment, readers too are made to reflect on the changing experiences of the autobiographical self through the visual representations of bodily identity.

While all genres of autobiographical comics depend heavily on pictorial embodiment to communicate the physical and mental realities of the autobiographical I, graphic illness narratives are particularly invested in the visual portrayal of the body due to the genre’s dominant thematic focus on illness and, by extension, the ill subject’s fear of losing “bodily control”

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(Williams, “Comics and the Iconography of Illness” 132).¹ Illness, which sets in motion changes to the body that can render it alien, unknown, and difficult to inhabit, makes the ill subject acutely aware of their body. Scholars within the field of graphic medicine have followed sociologist Arthur W. Frank in their understanding that “the stories that ill people tell come out of their bodies” (2). They approach the body in graphic illness narratives as “a material site at which health and medical processes take place” (Donovan 239) and accentuate how the body inscribes the subject’s personal experiences with illness: “illness and disability are very personal matters [...] located in individual bodies [and] connected to specific life stories” (Squier and Krüger-Fürhoff 1). Illness and the graphic illness narratives that narrate illness as it intersects with one’s life story are *of* specific experiencing bodies. It is through bodies that illness is communicated.

Bodies are equally important for communicating the lived experience of illness in works that foreground the invisible, psychological realities of mental illness. In them, drawing the mind and the unique, intricate dimensions and psychological experiences of mental illness often occurs across the representation of the autobiographical subject’s body. In their study of graphic memoirs that focus on mental illness, Sathayaraj Venkatesan and Sweetha Sagi note, “In their endeavour to embody experiences and to forge meaningful accounts of their illness, graphic memoirists often exploit metaphors grounded on bodily actions and sensory perceptions” (40). Graphic memoirists who aim to express their personal experience with mental illness manipulate representations of their body to relate the mental, emotional, and psychological states of mental illness. Some of the more popular examples of embodiment used in graphic mental illness narratives to express the emotional and psychological impact of mental illness on one’s sense of self include depictions of limp or entrapped bodies (R. Elliot’s *It’s All Absolutely Fine*; H. Forney’s *Marbles*; M. Johnstone’s *I Had a Black Dog*; M. Wilson’s *Kind of Coping*), fractured or dismantled bodies (D. Cunningham’s *Psychiatric Tales*; K. Green’s *Lighter than My Shadow*), twisted and contorted bodies (Brick’s *Depresso*; A. Brosch’s *Hyperbole and a Half*), and altered bodies (R. Lindsay’s *RX*; Z. Thorogood’s *It’s Lonely at the Centre of the Earth*; Una’s *Becoming Unbecoming*). In graphic illness narratives, embodiment stages intricate intersections between bodies and minds, physical and psychological experiences of illness regardless of whether the illness under examination is visible (physical) or invisible (mental).

Pictorial embodiment also accounts for how subjects reflect on self as they narrate self across visual self-portraiture, thus animating bodies “in ways that highlight fractures with the healthy self to visualize confusion, pain, and altered selves, and then providing metacommentary” (Fisher 32). Through this highly self-reflexive process of self-representation, readers gain insight into the physical, emotional, and social conditions of illness, which stand apart from one’s experience of self when healthy. Granting material presence on the page to the external and internal subjective realities of illness and to how a subject confronts them, pictorial embodiment serves as a site of reflection on what it means to inhabit an ill body, and what it means to engage in acts of self-representation that address lived experiences with illness. In this way, it extends beyond the personal into the political and social.

¹ Lisa DeTora and Jodi Cressman introduce a similar term, “graphic embodiment,” to refer to “graphic perspectives on health and embodiment.” For them, graphic perspectives are “ideas communicated through a broad category of graphic narrative, including materials based on graphic narratives or that inform or inspire such work, such as television shows, political cartoons, and medical illustrations” (13-4).

2. Double Embodiment in Graphic Illness Narratives

Critics of autobiography have noted how the narrative act produces a textual self and thus ultimately engages in forms of othering, disfigurement, or, to borrow from Paul de Man, defacement. In his seminal work on autobiography, Michael Sheringham traces how self-narration generates several forms of otherness, emphasizing how “there is an inevitable ‘doubling’ which arises when we turn our attention inwards” (vii). Self-narration, which necessitates an examination of past and present self, accentuates the inaccessibility and multiplicity of self as well as the inevitable self-estrangement acts of narration foster. Discontinuities of identity are particularly apparent when the focus of the autobiographical narrative is an ill subject and the illness experience. “Illness narratives,” as Renata Kokanovic’ and Jacinthe Flore explain, “underscore the interruptions of subjectivity and the chaotic aspects of human lives” (331). Made painfully aware through illness of the “grind[ing] against each other” of “the external and internal worlds” (Williams, “Graphic Medicine” 69), the ill subject is conscious of being a split subject, simultaneously existing in multiple configurations of self that rarely coincide with the already disparate memories of self informing the autobiographical narrative act.

Graphic illness narratives, especially those dealing with mental illness, often visualize the othering of self across self-narration and illness through double embodiment, or the depiction of two or more versions of the autobiographical subject’s body that occupy the same temporal and spatial plane. Among the several graphic mental illness narratives that represent the autobiographical character who suffers from illness as double or split between two bodies, Brick’s *Depresso* (2010), Holly Chisholm’s *Just Peachy* (2019), Ryan Dow’s *Pretending You’re Not Crazy* (2011), Katie Green’s *Lighter than My Shadow* (2013), and Georgia Webber’s *Dumb* (2018) stand out for their consistent use of double embodiment. In them, the double communicates a variety of physical and emotional states, including pain or a sense of uncertainty, anger, disorientation, and unease that comes with being diagnosed and, at times, also defined as mentally ill. Thus, in *Dumb*, the protagonist is pictured engaged in a heated, physical dispute with their double, which is rendered as an outline of her body sketched in red, a colour used throughout the graphic illness narrative to communicate pain. Expressive of the character’s subjective understanding of their illness, the double is intimately part of the ill subject. In graphic illness narratives, doubles personifications of illness born from the imagination of the ill character or symptoms of the illness that manifest to the ill character. The ill subject’s engagement with their double can be approached as a metaphorical incarnation of an experiencing subjective mind and body that is struggling with the physical and mental conditions of illness.

At the same time, doubles are complex instances of pictorial embodiment that exist apart from the ill subject, often acting of their own accord, not only interacting with the ill character or with other characters, but also exerting influence within the storyworld environment. For instance, in *Depresso*, Tom’s White Lizard double fully replaces Tom when speaking to a nurse practitioner and explaining what Tom is “flippin’ livid” about in a visual language of monsters, sounds, death symbols and implements, disasters, and other messages of gloom from a variety of media (see Figure 5). White Lizard also has its own experiences. When visiting China, Tom asks White Lizard about its experiences of the place, and White Lizard responds that wandering through the city it met dragons and, in an attempt to communicate, they were “grinning at each other” (Figure 1). In *Just Peachy*, a large human-shaped black faceless figure interacts with the protagonist who has recently been diagnosed with ADHD and suffers from depression and anxiety, responding to questions (42), engaging in sarcastic and other confrontational behavior (17, 30, 34, 35, 41, 114), offering support (19), and solidly present as she begins to embrace her new reality (110, 114). In these and several other graphic illness narratives, doubles have a strong, intimate connection to the ill subject, but they also have an embodied life of their own, so to speak.

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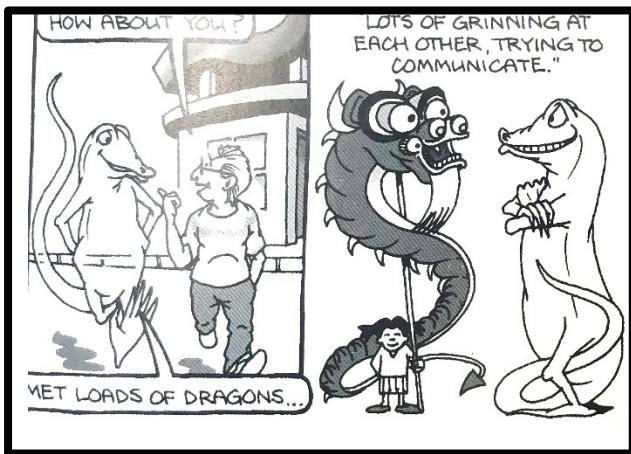


Figure 1. Brick. *Depresso*, Knockabout, 2010.

Michael; Venkatesan and Saji). Despite agreeing that pictorial embodiment is among the most important features of graphic illness narrative, few have examined the popular practice of double or split embodiment defined above as the picturing of the ill subject's body in two ways at the same time and in the same space.

Comics scholars who have examined double pictorial embodiment have done so in relation to how ill subjects challenge long-standing notions of a coherent self and the reduction of an ill identity to an ill body. Comics critic Kristen Gay argues that split embodiment is an effective means used by comics artists to resist being overdetermined by illness. Examining double embodiment in Ellen Forney's *Marbles* (2012), Gay concludes that by staging an interaction between past and present self, Forney "rebels against [fitting herself into the identity her diagnosis assigns to her], feels threatened by it, and ultimately learns to oscillate alongside its borders" (179). Similarly, autobiography theorist Thomas Couser proposes that characters who interact with their embodied doubles stage "recovering bodies" that engage in "taking back the experience of somatic dysfunction from medical authority and talking back to medical discourse" (347). In graphic illness narratives, double embodiment animates counternarratives, positing ill bodies as irreducibly subjective, unpredictable, overwhelming, and resistant to being reduced and packaged for scrutiny by the medical gaze. Symptomatic of and a visual manifestation of a crisis in self-acceptance and self-knowledge, double embodiment is expressive of what it means to live with illness and to be changed by illness, core illness realities that are often absent from medical discourses.

Growing interest in graphic embodiment in graphic illness narratives has led to studies that examine the use of visual metaphor (Dalmasso; El Refaie, "Looking into the Dark and Bright Side," *Visual Metaphor and Embodiment in Graphic Illness Narratives*; Pedri and Staveley; Williams, "Comics and the Iconography of Illness"), illness and the female body (Tensuan; Venkatesan and Peter), the disabled body (Chute 239-73; Squier), and the racialized body (Chiu 110-24), and the intersection of body and mind (Al-dama; Horstkotte and Pedri; Lycou;

3. Double Embodiment and Experiencing Time in Illness

This foundational work has led to better understandings of double embodiment and its potential to counter the myth of coherent identity, all the while responding constructively, critically, and responsibly to how medical discourses have a long history of objectifying the self, ultimately reducing identity to little more than an ill body. As a central visual feature of several graphic illness narratives used to explore the interrelationship between bodily identity and subjectivity, double embodiment can also be examined in relation to how and what it communicates about time as experienced by the ill subject. The ability of the comics medium to experiment with our shared sense of time – “a fixed now from which a past recedes and towards which a never-arriving future approaches” (Gardner 39) – is particularly effective for communicating the ill subject’s temporal experience. When that experimentation is linked to double embodiment, time is intimately linked to the body and to self.

“Within medicine,” John Swinton writes, “time is central to the ways in which illness and disability are understood: chronic fatigue, intermittent symptoms, frequency, terminal” are just some of the time-words used in medicine (7). Measured clock time, temporal frames, and a shared sense of time have been said to provide interpretative frameworks for how illness is communicated and experienced. However, disability scholars have convincingly shown that subjects who suffer illness or disease do not experience the type of normative time frames upon which medical practices and social engagement rely. Theorists speak of *crip time* when accounting for the ill subject’s unique and out-of-synch experience of time, “an experience in and of the body, at odds with the demands of dominant constructions of time (Lie 148). As Ellen Samuels argues,

Crip time is broken time. It requires us to break in our bodies and minds to new rhythms, new patterns of thinking and feeling and moving through the world. It forces us to take breaks, even when we don't want to, even when we want to keep going, to move ahead. It insists that we listen to our bodyminds *so* closely, *so* attentively, in a culture that tells us to divide the two and push the body away from us while also pushing it beyond its limits. Crip time means listening to the broken languages of our bodies, translating them, honoring their words. (“Six Ways of Looking at Crip Time,” italics in original)

In illness, time becomes “conspicuous in [the subject’s] own body” (Weinrich 204). Illness forces the subject to experience a change in their orientation to time, to live new configurations of how time unfolds or progresses, and to reimagine “notions of what can and should happen in time” (Kafer 27). Far from the medicalized understanding, measurement, and communication of time, in illness, time resides on and within the ill subject’s body.

Graphic illness narratives confront how the ill subject’s heightened and drastically changed experience of time and its boundaries has a significant impact on their conception of self, their body, and their embodied experience of the world they inhabit. A subjective understanding of time in illness is visually addressed in Elizabeth Swados’ *My Depression* (2005) when the auto-biographical subject who suffers from depression is pictured held prisoner within a clock face (Figure 2). The ill subject stares out at readers both hands tightly grasping the bars that encage her, the caption reading, “Each moment feels like it lasts forever.” The complex lived realities of illness pictured across the subject’s indefinitely imprisoned body acutely impact the subject’s sense of time, who feels at once trapped in time and removed from time. In Ellen Forney’s *Marbles*, a non-linear, cyclical, and cumulative experience of time is communicated across

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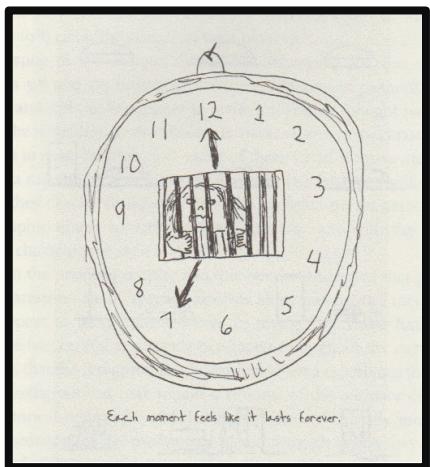


Figure 2. Elizabeth Swados. *My Depression*. Seven Stories Press, 2005.

that delineate her emotional trajectories indicate. Several scientists have noted that “manic BP [bipolar disorder] patients often perceive time as abnormally accelerated and thus as extremely fast. In contrast, depressed BP patients perceive time and its speed as extremely slow and retarded” (Northoff et al., 54). In her “mixed state [with] symptoms of both mania and depression” (155), Ellen feels time simultaneously passing too fast and too slow. Thus, swirled tubes indicating a perception of time as meandering or lagging occupy the same space – Ellen’s body – as straight tubes jutting out of her ear that suggest an experience of time as quick or flashing by, and tubes that twist onto each other or that cross over other tubes communicate how Ellen experiences different time speeds and configurations simultaneously. Together, the tubes that protrude from Ellen’s body indicate Ellen’s confused, complex, and multifaceted lived experience of time. Non-normative experiences to time are also addressed on a two-page spread about Ellen’s party planning (52-52). In this instance, Ellen is pictured as a star-dazzled head with multiple arms stretching out of it in several directions at once. That Ellen is completely and overwhelmingly energized, her thoughts moving quickly and in many directions at once, is also portrayed in the way Ellen’s many arms frame different friends and conversations with friends that will make the party as dazzling as possible. The multiple arms literally portray Ellen’s mental movements in different directions to strongly suggest Ellen’s accelerated and highly accentuated sense of time as she struggles with mania. Graphic illness narratives such as these visually communicate the ill subject’s changing and non-normative conceptions of time, highlighting how illness accentuates the entanglement of time, body, and identity as experienced by self.

If “body lives in time and time lives in body” (Woodspring 81), then studying double embodiment in graphic illness narratives can shed light on how experiences of time in illness impact the ill

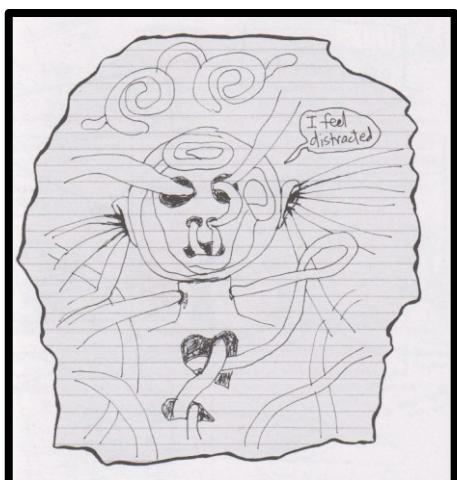


Figure 3. Ellen Forney. *Marbles*. Gotham Books, 2012. Page 154.

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subject's changing sense of self. Matthew Johnstone opens his *I Had a Black Dog, His Name Was Depression* (2007) by realizing, "Looking back, Black Dog had been in and out of my life since my early twenties. Whenever he made an appearance, I felt empty and life just seemed to slow down" (1). Clearly expressing how depression impacts Matthew's sense of time – "life just seemed to slow down" – our protagonist delineates how in illness his personal sense of time is no longer in sync with the passage of ordinary time. The panel shows Matthew slouching back staring at his double, not quite keeping up with the temporal pace (and demands) of his forward motions. In other instances, Black Dog is an insistent force holding onto Matthew and rendering any movement forward – through time – for Matthew almost impossible. At other times, Black Dog brings Matthew to his knees, halting time and suspending Matthew within a non-time where the subject's experience of life is completely interrupted due to illness (Figure 4).² Extended moments of inactivity, of feeling empty or detached from everyday life and consumed by negative emotions, are visually caught up in or entangled with Matthew's double. Rendered dog-like, on all fours, Matthew exists in conjunction with Black Dog, who

literally inhabits Matthew's body and grinds it to a halt. He experiences what can be described as a temporal collapse. Shaping Matthew's mental and physical processes, illness ultimately situates him in a non-time.

In the context of depression, a non-time is a felt stillness or incapacity to act in time. It is to feel paralyzed or trapped in a mode of non-activity, or to experience a complete interruption of everyday life in illness. Forney shows this existence in a non-time with a page sequence of fifteen small images evenly distributed across a sparse, wordless page. The page first shows a shapeless lump in a bed, then a small head emerging from a mound of blankets, and finally a body getting out of bed to move to a couch where it (ie. Ellen) once again is hidden under a blanket (77).

Figure 4. Matthew Johnstone. *I Had a Black Dog, His Name Was Depression*. Robinson, 2007.

Whereas some critics read this graphic representation of depression and the isolation Ellen feels when depressed as "reinforcing the merging of Forney's narrator with inanimate objects" (Samuels, "Picturing Mental Disability in the Classroom"), others underscore how "she is rendered immobile, as thought and action turn inward" (Donovan 251). When in a depressed state, Ellen body and mind are inanimate and immobile experiencing herself outside of the rhythms of normal time, ultimately existing outside of time or in a non-time.

Other graphic mental illness narratives also communicate the experience of existing in a non-time when depressed through stillness. Just before the full-page spread from *Depresso*, briefly mentioned above, where the protagonist Tom is replaced by his double, Tom expresses how he is most livid about waiting, which he mentions to his nurse practitioner in mental health no less than six times. Through the repetition of the word "waiting," readers understand that Tom is frustrated about having to wait "18 months after being diagnosed" to "see somebody who knew more about minds than bodies," as stated at the top of the page (180). Through more subtle considerations, readers realize that "waiting" also refers to the persistent detachedness and suspended time Tom feels in illness. On a crucial page preceding the one under consideration, Tom explains that being depressed is "like being entombed in wet,

² On how illness interrupts life, see Frank 59; Hawkins 42.

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shrinking concrete" (86). When in a state of depression, Tom surfs "wave upon wave of negative thoughts," experiencing "mental paralysis" (86), but also physical paralysis he describes as "foetal days, weeks even, when stampeding wilderbeasts couldn't have made [him] uncoil [his] limbs" (86). Tom's experience of existing in a suspended state outside of time, of being "a waste of space" (114), hopelessly "empty, barren, desolate" (127) is visually expressed as a plotless narrative as Tom speaks to his nurse practitioner (180). Tom's speech balloons densely accumulate one on top of the other, to the point where links between the items listed are impossible to make. Although their arrangement in an upright and horizontally linear fashion suggests an attempt to present a linear narrative across time, their unruly accumulation around Tom suggests that such an aim is unattainable in illness: connections or causal relationships between the items cannot be drawn. Filtered through Tom's subjective experience of illness, time ceases to be perceived in a linear, organized, or logically coherent way. Instead, it piles up and moves in different directions, presenting as layered, multi-dimensional, and multi-directional.

Standard configurations of time are further exasperated when Tom's double, White Lizard, interacts with the nurse practitioner on the next page (181, Figure 5). Tom's stacked speech balloons are replaced by a large amebic-shaped speech balloon that, with the many images it frames, suggests unpredictable motion across space and time. In White Lizard's visual rendition of what makes Tom "flippin livid" (180), mazes, tan-

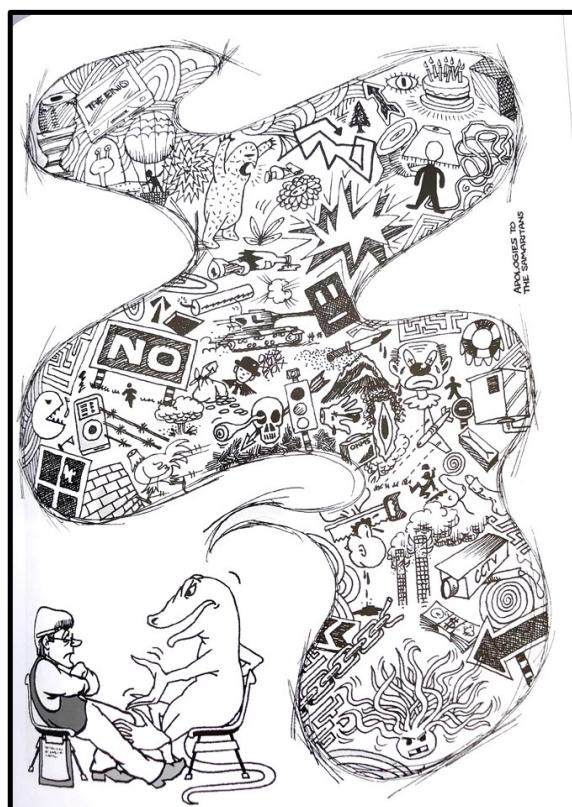
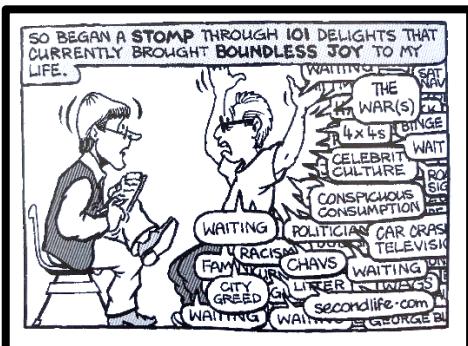


Figure 5. *Brick. Depresso*. Knockabout, 2010. Pages 180 - 181.

gles, and spirals abound to suggest a twisting of time unto itself or an unpredictable time, where past, present, and future cannot be disentangled one from the other. The speech balloon, which is framed in scratchy lines that suggest anxiety or a lack of confidence, also includes several arrows that point in different directions and two framed verbal assertions – "The end" and "no" – further accentuating Tom's experience of a nonlinear, chaotic time rooted in emotions of anger and confusion in face of illness. As with the enumeration of disparate things that angered Tom, the visuals in White Lizard's speech balloon are a plotless assemblage of images: the images are presented as anti-causal and anti-linear so that readers cannot connect them by any cause-and-effect relationship or reach any sense of narrative coherence. Just as his sense of self no longer coheres under the common theme of "the end" of life as Tom knew it before he was ill, in illness, his experience of time is so far from the orderly

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experience of temporal linearity that only rambling is possible. For him, time is twisted, repetitive, multi-directional, and uncertain.

Writing of his own chronic illness, comics critic Jared Gardner comments: “With no beginning or end, no ‘progress’ to map, chronic illness falls out of clocktime, and with it, out of narratability” (43). Gardner’s connection between the chronically ill subject existing in a non-time and the subject’s exclusion from narrative echoes Frank’s theorization of chaos narratives, which, if they can be told, are “told as the storyteller experiences life: without sequence or discernible causality” (Frank 97). As disorderly stories that are weak in narrativity – understood as “the capacity to inspire a narrative response” (Mikkonen 2) – and full of silences and expression failures, chaos stories have “no narrative sequence” (Frank 99) and are marked by overdetermination (of situation, of body, of illness), “emotional battering” (Frank 101), and the unmaking of the autobiographical subject and their body (Frank 102-4). Expressive of the lived experience of an ill subject that exists through a series of interruptions – of the self, of the body, of life, of telling, of time – the chaos narrative “is probably the most embodied form of story” (101). When narrative is possible, chaos narratives often adopt a syntax that does not cohere to give voice to a self and body that exist in chaos due to illness. Frank provides the example of a subject whose body no longer has agency, the narrative reduced to the staccato pacing of “and then and then and then” (99). Addressing how interruption impacts the subject’s sense of self in time, illness chaos narratives present stories where the passage of time is confused, contracted, suspended, or accelerated.

In graphic illness narratives, where expressions of self and subjective experience are formulated across portrayals of the autobiographical subject’s body, depictions of doubles that consume or encage the ill subject are expressive of the types of interruptions both Gardner and Frank examine. In *It's all Absolutely Fine* (2017) by Ruby Elliot, anorexia devours the young protagonist who also suffers from depression, bipolar disorder, and anxiety. Wide-eyed and worriedly frowning, she crosses her arms over her dangerously skinny body that is clad only in undergarments (Figure 6). She stands within the large sharp-toothed gaping mouth of her monster double, forced to exist apart from the normal passings of time. As the monster double stares down at her, all she can do is stand still and wait, glancing outward, a look of concern on her face. In a similar image of entrapment, where Ruby is in a cage guarded by two monsters that resemble the one pictured above, a narrative text box explains, “I’m trapped but it’s safer in here than what’s going on out there” (67). In both instances, Ruby’s illness makes it impossible for her to take part in the goings-on of day-to-day life. In this state of isolation, Ruby does not partake in the normal passage of time. *Inside Out* (2007) by Nadia Shivak also shows the ill subject existing outside of time because devoured by her monster double: Nadia is pictured crouched naked in a fetal position inside a multi-mouthed lizard-like beast’s stomach whose tongue shoots flames. Overwhelmed and utterly rendered incapable of living in time, Nadia is utterly defeated by the “daily ‘scramble’ up hill” – chores, classes, exams, swim practice, friends, dinner, even bedtime – and feels so tired that her entire body and mind are defeated under the

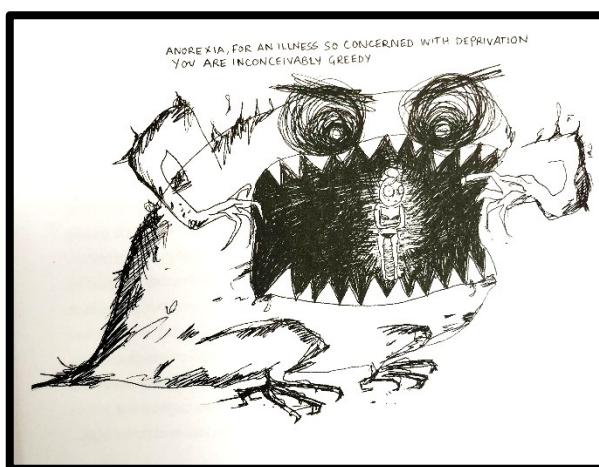


Figure 6. Ruby Elliot. *It's All Absolutely Fine*. Andrews McMeel Publishing, 2017. Page 157.

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weight of her load. At a crucial moment, she confesses to becoming more hopeless: “I sleep + sleep + sleep + sleep.” The impairments of illness, expressed through the repetition of the motionless state of sleep and entrapment within the bowels of a monster, leave Nadia feeling “out of time – aware of her mortality but also displaced in relationship to past, present, and future” (Lie 151). In instances of acute illness, Nadia has little choice but to surrender herself to the will of her monster double who takes away her ability to act in time. Like Elliot’s protagonist, she too is hopelessly trapped in the non-time that illness imposes on her as a suffering subject.

Whereas Nadia’s “daily scramble uphill” makes her feel a “zombie like fatigue,” having “no place to rest” makes her feel out of control. Fighting against time, Nadia confesses that the cycle of shame and despair goes “on and on and on.” The relentless repetition of time, where experiences of self and illness are unpredictably and incessantly repeated, is a central theme in David B’s *Epileptic* (2005), a graphic illness narrative about living with a brother who suffers epileptic seizures. Throughout *Epileptic*, double embodiment addresses how Jean-Christophe (the narrator’s brother) and his family are caught up in the relentless and unpredictable rhythms of illness. When suffering from epileptic seizures, Jean-Christophe’s double, a lizard-like dragon, is an aggressive force that twists Jean-Christophe’s body into knots (77, 78, 165, 291), runs through his body (52, 53, 168), inhabits his body (70, 167), or consumes his body (142, 302, 342). Present throughout the entire 362-page book, the lizard-like dragon imposes itself on every aspect of Jean-Christophe’s life, residing in the background, sitting beside Jean-Christophe at the dinner table, carrying him and his family on its back (52, 72, 79, 83, 111, 124, 128, 140, 141, 144, 161, 177, 190, 224, 297-301, 359), and framing panels to indicate its constant presence in Christophe’s and his family’s life (113, 303). Following the assertion that Jean-Christophe is “back to having three seizures a day” (79), a large panel figures the lizard-like dragon’s body as the hands of a clock (Figure 7). Jean-Christophe, precariously balanced

between the two hands (thus straddling the double’s back and tail), hesitantly rides the clock hands that can move at any time as his family members stand alert waiting to catch him should he fall. Forced to reexperience a past illness experience, Jean-Christophe is at the mercy of the temporal rhythm of illness, which moves forwards, but also backwards in unpredictable ways.

In several graphic illness narratives, including the ones discussed here, experiments with double embodiment express the ill subject’s struggle with understanding



Figure 7. David B. *Epileptic*. Pantheon Books, 2005. Page 79.

self and negotiating new configurations of time. Visually dramatizing the subject’s conscious understanding of existing in their body and its new ways of functioning in illness, double embodiment involves self-reflections on how the subject is made to inhabit a body that is experienced by them distinctly different from their sense of body in health. Thus, the characters examined morph into different configurations of self as they reflect on the impact illness has

on their sense of self and their perception of time. Images of multidirectional arrows or tubes, of entrapment, and of being consumed by monstrous figures abound in these and similar graphic illness narratives. Through interactions between the embodied self and their double, double embodiment also initiates reflections on how the ill subject struggles with securing a sense of self that is recognizable to self and to others. In a panel portraying the lizard-like dragon, *Epileptic*'s narrator confesses, "I can no longer distinguish my brother's illness as being separate from him" (190). Forced into a new lived experience of self, the ill subject exists not only in a different body, but also in a different time. Drawing the effects of illness across the entanglement of two bodies, double embodiment performs the intersection of body, self, and time, activating a process whereby the subject engages with and reflects upon the temporal changes illness and an ill body impose on them.

4. Conclusion

Graphic illness narratives join other pathographies to present readers with "the record of an [illness] experience articulated, shaped, and formulated" (Hawkins 79) by the ill subject through acts of self-representation. In the comics medium, the physical and mental experiences of illness are visually inscribed on the autobiographical subject's body. The representation of the autobiographical character's concrete body is where all physical, mental, and emotional aspects of illness reside. Through self-representation, bodies are thus made to communicate both the visible and invisible realities of illness. This is possible because represented bodies are also sites of engagement for authors who, through multiples acts of self-portrayal, reflect on and create ways to communicate their changing sense of self when ill, and for readers who are asked to consider each self-portrait individually and collectively to formulate an understanding of the subject's lived experience with illness. As Frank writes of illness stories in general, "The story is one medium through which the communicative body recollects itself as having become what it is, and through the story the body offers itself to others" (127). In graphic illness narratives, the autobiographical subject's body is conceived at once as a sign of individual identity, a site for self-reflection, and the platform for inscribing illness.

Recognizing represented bodies as sites that facilitate the intersection of identity and subjective lived experience, autobiographical comic scholars have insisted that "What is at stake in comic memoir is embodiment" (Tolmie vii). Pictorial or visual embodiment places one's body in dialogue with self, engendering cycles of and shifts in self-awareness, self-knowledge, and self-management. It puts forward the autobiographical subject as existing in association with their represented body as the body moves and changes across the storyworld's space and time. In this sense, visual embodiment is consciously linked to physical, emotional, and mental experiences of self.

In graphic illness narratives, the autobiographical subject explores connections between self-identity and illness, its management, and its configuration by individual or collective others across a sustained engagement with their body and its representation. Acutely aware of its body, the subject that has become ill is made to experience time in unique and unpredictable ways. "Disability and illness," writes Samuels, "have the power to extract us from linear, progressive time with its normative life stages and cast us into a wormhole of backward and forward acceleration, jerky stops and starts, tedious intervals and abrupt endings" ("Six Ways of Looking at Crip Time"). For the ill subject, time is experienced as contracting and expanding, stopping and spreading, moving in a number of ways that defy linearity.

As argued here through several examples, double embodiment is used to communicate the subject's changing sense of self and time. Structuring the complex subjectivity of ill characters and granting readers access to the workings of an ill character's mind, double embodiment sheds light on the ill subject's lived experience of time. By doing so, double embodiment

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produces new narratives marked by fragmented, complex, repetitive, and disjointed temporal experiences that stand apart from normative constructions of time. John Swinton notes how “the connection between time and disability is fascinating, vital, and obvious when we begin to notice it” (11). In graphic illness narratives, depictions of and interactions with doubles structure and accentuate the ill subject’s sense of time as multi-directional or multi-dimensional, suspended, fractured, layered, reversed, repeating, or racing.

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