Telling It Authentically

Documents in Graphic Illness Memoirs

This article examines the narrative function of documents in graphic illness memoirs and asks how they can be used to secure an authenticity effect. Drawing examples from several graphic illness memoirs that openly challenge notions of documentary as firmly grounded in referential reality and the transparent objectivity of documentary evidence, it sheds light on the important function of an emotionally engaged subjective mind for achieving the type of emotional honesty that characterizes the form. Ultimately, it argues that readers reach an impression of authenticity through the dynamic interplay between documentary evidence and subjective strategies that pressure the truth value of that documentary evidence. In this way, authenticity and correlated notions of truth are situated between text and extradiegetic reality.

1. Keeping It Authentic

The representation of reality and the understanding of the real as it relates to the mental workings of a character’s subjective mind are at the heart of graphic memoir. One Hundred Demons! (2002), Lynda Barry’s graphic memoir about her troubled adolescence, opens with Lynda at her desk, brush in hand with a bird perched on her shoulder, as she begins to sketch the comics page we will read. She sits across from a many-eyed monster that also has a bird perched on its head and a monkey face wearing a bow that resembles the bow in Lynda’s hair painted on its chest. Beside each figure is a red square impression that resembles the seals or chops used in Chinese paintings to indicate who authored or owned the painting (cf. ibid., 6). The introductory chapter further encourages readers to understand the monster as a projection of Lynda originating in Lynda’s imagination through visuals and verbal text that draw parallels between them. The monster always sits across from Lynda, wearing a similar expression (of determination, uncertainty, excitement, or joy), engaged in a similar activity (drawing, preparing ink, or reading), and enjoying the company of pets that are similar to Lynda’s. Alongside the verbal text that explains how Lynda narrates her past through an exercise the monster dubs “Yourself + Others: The Art of Torment” (ibid., 9), the visuals probe readers to see the monster as Lynda’s expression of her particular experience of reality. At the beginning of the chapter, Lynda’s self-reflections about representing reality as she understands it manifest themselves in two questions that are central to all life writing: “Is it autobiography if parts of it are not true? / Is it fiction if parts of it are?” (Ibid., 7).
A possible answer can be found in Alison Bechdel’s *Fun Home: A Family Tragicomic* (2006) when the protagonist-narrator, Alison, contemplates her fraught relationship with her parents. She notes, “My parents are most real to me in fictional terms. And perhaps my cool aesthetic distance itself does more to convey the arctic climate of our family than any particular literary comparison” (ibid., 67). As noted by Olga Michael (2018, 8), this passage “foregrounds not the unavoidability of fiction in the graphic memoir, but its usefulness in mediating the autobiographical subject’s emotions and experiences.” In both graphic memoirs, metanarrative strategies are put into play to celebrate the important role of a subjective, creative mind in rendering reality “more real,” that is, at once more meaningful and more truthful than a purely objective rendering, if at all possible, could furnish.

Like other factual narratives, graphic memoir advances claims to a specific authority, one that is grounded in the real or the referentially sound. In this life writing genre, textual reality and textual identity are governed by a fidelity constraint that, as David Davies (2007, 46) specifies, encourages readers to “assume that the author has included only events she believes to have occurred, narrated as occurring in the order in which she believes them to have occurred.” Claims to reference the real world, manifesting across several narrative strategies including the coincidence of author and character-narrator (Genette [1991] 1993, 78-78) and “the presentation of evidence” that verifies facts external to the text (Chute 2016, 2), direct not only the writing of graphic memoir, but also the readerly experience. Drawing a distinction between factual and fictional narratives, David Herman (2011, 232) notes, “Readers orient differently to stories that make a claim to fact, or evoke what is taken to be a (falsifiable) version of our more or less shared, public world, than they do to fictional narratives.”

In his study of nonfiction, James Phelan (2017) pushes the relation between represented reality and reality in a slightly different direction by shifting attention away from orientation, which echoes Philippe Lejeune’s autobiographical pact whereby the reader understands the author (the real-life self), the narrator (the telling self), and the protagonist (the experiencing self) as coinciding ([1975] 1996, 13-46). In place of orientation, he proposes a consideration of the sensations, feelings, and perceptions triggered in readers through narrative choices that produce a strong illusion of realism and foster credibility. Adopting a rhetorical definition of narrative to study how narrative strategies accomplish a specific purpose in relation to a specific audience, Phelan (2017, 11) specifies that “responses to the mimetic component of nonfiction are tied to rhetorical readers’ sense of the fit between the actual world and its representation in the narrative.” Linguist Deborah Tannen (1989) also stops on the considerably vague notion of a reader’s sense or feeling that the represented storyworld relates truthfully to the real-world experience being narrated, but anchors it firmly in the discussion at hand: authenticity. Considering the autobiographical narrative that a Greek woman told her, Tannen explains that the marked use of details in the oral telling “reinforces the hearer’s sense of the
vividness of the memory, and therefore its reportability and authenticity” (ibid., 139). For both Phelan and Tannen, authenticity is not so much about a pact or contract between author, text, and reader. Rather, authenticity is dependent upon a set of narrative strategies or technical choices that package the telling in such a way that carries readers to believe in the sincerity of the storyworld’s particulars.

Few would deny that questions of authenticity are central to the understanding of graphic memoir, a genre that like other modes of life writing claims to present readers with factual information about “the lives of real, not imagined, individuals” (Couser 2012, 15). Its focus on narrating a unique life or life event through a unique subjective understanding of that life or life event sets graphic memoir apart from other nonfictional comics genres. There is a “narrative urgency in graphic memoir to make the autobiographer visible as a self in relation to itself” (Chaney 2011, 31), but also for the autobiographical self and reader alike to reach an intellectual and emotional understanding of that autobiographical self across its representation.

In Our Cancer Year (1994), a graphic illness memoir co-authored by Harvey Pekar and Joyce Brabner about their experience with Harvey’s cancer, Harvey finds himself in a state of semi-consciousness after several aggressive treatments for cancer, thinking, “Who am I?” After contemplating his reflection in the mirror, he asks his wife Joyce to tell him the truth: “Am I some guy who writes about himself in a comic book called American Splendor? / … or am I just a character in that book?” (ibid., n. pag.). The self-reflexive scene, which closes chapter nine, presents two possible and seemingly contradictory answers to the question of who Harvey is: one grounds Harvey in concrete reality and the other positions him firmly within the storyworld. A similar pondering over Harvey’s identity unfolds in “A Marriage Album” (1986), a short autobiographical comic that is reproduced in Harvey Pekar’s More American Splendor: The Life and Times of Harvey Pekar (2003). In the scene in which Joyce anticipates her first meeting with Harvey and thinks about who he really is, a large panel pictures her sitting in a plane with a large thought balloon in which no fewer than eight significantly different visual renditions of Harvey as he appears throughout American Splendor are juxtaposed. As with the cancer scene, this one too expresses doubt as to who Harvey is and grapples to reconcile the real Harvey Pekar with Harvey as represented through the many fictional personae he has adopted in his graphic memoir. In both, Pekar engages in and stages a sustained process of self-discovery and self-revelation that posits reality and the representation of reality as sharing a potential for being sincere and truthful. In his autobiographical project, he thus asserts the centrality of both objective reality and subjective engagement with that reality.

Authenticity in graphic memoir is certainly a difficult concept to define. It is often used loosely to refer to a genuine and verifiable presentation of events (cf. Kunka 2018, 70-72), but also singularity of experience and knowledge of self. Nina Mickwitz (2016, 43), in her examination of American Splendor, accentuates the representation of an individual, unique “subjectivity as a continuous
process and self-narration” across “textual strategies, such as the attention to different patterns of speech, accents, and colloquial phrases that are part of Pekar’s observed everyday life, [that] add to the apparent authenticity of its telling.” And Elisabeth El Refaie (2012, 148), although suspicious of the notion of an authentic self (she puts quotes around authentic), adopts a dramaturgic approach to authenticity and devotes an entire chapter of her *Autobiographical Comics* to what she calls “performed authenticity.” In it, she details some of the “most common and relevant” authentication strategies used in graphic memoir (ibid., 143), including genre classification, attention to everyday details, reported speech, style, and the inclusion of documentation (cf. ibid., 143-164). Other comics scholars have also pondered the question of authenticity in graphic memoir, positing the figuring of the comic artist’s difficulty with self-representation (cf. Miller and Pratt 2004, 3-8) and other forms of narratorial address (cf. Chaney 2011, 22-23); the use of a “‘subartistic’ and ‘amateurish’” style (Carney 2008, 196) or “a hand-made quality” (Kunka 2018, 73); the introduction of self-reflexive or meta-pictorial commentary, like mirrors or the narrator-protagonist’s hands pictured holding the page in a manner that reflects the readers’ hands (cf. Whitlock and Poletti 2008, xii; Chaney 2011, 22; 2017, 110); and careful attention to mundane details (cf. Hatfield 2005, 113) as some of the ways graphic memoir secures authentic representation of a particular, authentic individual self. These and other narrative elements and techniques do not so much enhance the autobiographical pact or propose to present an objective, neutral referentially sound connection between the storyworld and the real world. Instead, they valorize an overtly subjective telling, an intimate mediated telling that highlights the unique positionality and experience of the narrating agent vis-à-vis the narrated and experiencing agent, which coincide in graphic memoir.

Stopping on the question of truth and verifiability in autobiographical narratives, Thomas G. Couser (2001, 217) specifies, “autobiographers […] are generally not viewed as obliged to research their own lives; the presumed subjectivity of the genre gains them a degree of latitude.” Despite this lack of obligation, in graphic memoir, narrational techniques of perceptual and mental subjectivity often join narrational techniques of documentary, creating a space where the sincerity of emotionally engaged subjective interpretation intersects with and impacts the truth value of documentary evidence to present an authentic account of an authentic self. Several graphic memoirs include documentary evidence in their pages. Marissa Accocella Marchetto includes receipts, doctor reports, photographs, and other documents in her *Cancer Vixen: A True Story* (2009); Thi Bui’s *The Best We Could Do* (2017) reproduces maps, newspapers, and photographs; Brick’s *Depresso or: How I Learned to Stop Worrying… and Embrace Being Bonkers!* (2010), Brian Fies’s *Mom’s Cancer* (2006), and Tyler Page’s *Raised on Ritalin: A Personal Story of ADHD, Medication, and Modern Psychiatry* (2016) incorporate photographs of medical articles and other medical informational literature into the telling; and Brigitte Findakly and Lewis Trondheim’s *Poppies of Iraq* (2017), Martin Lemelman’s *Mendel’s Daughter* (2007), Art
Spiegelman’s two volumes of *Maus* (1986, 1991), and several other graphic memoirs present readers with family snapshots.

El Refaie (2012) claims that the inclusion of reproduced or redrawn documents in graphic memoir signals the authenticity of the autobiographical telling through a strong link to the real world. She argues that in graphic memoir, maps, for instance, signal the authenticity of the autobiographical comic “because they seem to provide clear, unambiguous links between locations in a narrative and actual places in the real world” (ibid., 158) and photographs offer “a direct, mimetic representation of the world” (ibid., 165). In her analysis of the relation of photographic documents in the graphic memoirs of Nordic authors Hanneriina Moisseen and Mats Jonsson, Nina Ernst (2015) extends the conversation about how documents in graphic memoir relate to the narrative’s authenticity, arguing that these “fragments of evidence” (66) give “an authentic strength to the graphic narration” (74) by grounding the memoirist’s personal memory in extradiegetic reality, but also by partaking “in the creation and management of self-image” (65). For her, photographs are particular documents; they are at once candid and posed and thus, when included in graphic memoir, can partake in processes of fictionalization.

Whereas the use of documentary evidence has recently garnered attention from scholars of graphic memoir who tend to approach it as an authenticating technique aimed to strengthen the narrative’s claims to truth by drawing a strong connection between the autobiographical world and the extradiegetic world, significantly less attention has been devoted to how the objective truth value of those documents is often openly challenged in graphic memoir so that an authenticity effect can be reached. In what follows, I examine how graphic memoir’s challenges to the objective truth value of documentary evidence engage authenticating practices that point at once to a documentary firmly grounded in extratextual referentiality and, at the same time, away from the possibility of such a documentary. Through analysis of the use of documentary evidence in several graphic illness memoirs, I trace the dynamic interplay between the documentary and the subjective, the referentially sound and the indisputably personal, the verifiable and the believable to propose that such an interplay can and often does trigger a strong impression of an authentic telling on the part of an authentic self. Far from a simple coming together of strategies that pose as or are sincere, authenticity is the product of a communication that relies heavily on the subjective to render the objectivity of documentary strategies less certain, less firmly grounded in expectations of the referentially sound. Such a communication challenges the document’s absolute extratextual referentiality and, by extension, understandings of truth in autobiography as absolutely verifiable in the real extradiegetic world. However, despite foregrounding epistemic uncertainty and ambiguity, such a communication does not fully dismantle the document’s extratextual authority. Instead, it places it on equal ground with subjective experience to reach a truth grounded in an impression of authenticity.
MK Czerwiec’s *Taking Turns: Stories from HIV / AIDS Care Unit 371* (2017), a graphic illness memoir comprised of 12 graphic vignettes (including the introduction) about working as a nurse in the HIV / AIDS Care Unit 371 at Illinois Masonic Medical Center in Chicago, stages an open engagement with the documents that are part of its narrative. In a story about the challenges of working an evening shift, the narrator-protagonist explains that “life on the evening shift could be quite hectic at times, but overall the tone was calmer” (ibid., 41). To better manage the duties required of her, she “developed a chart to help keep [her] on track” (ibid.), which is reproduced on the following page. Presented on a full page, the chart carefully details her appointments on the ward, listing the names of five patients, their particular conditions, and the tasks the narrator-protagonist must perform at specific times (see Figure 1a). The highly organized and informative chart is repeated with significant alterations on the adjacent page; a caption above the newly configured chart specifies, “Few evenings went as planned” (ibid., 43). In its second rendition, the chart is barely visible behind a series of irregularly placed panels that address both verbally and visually the unexpected demands on her time (see Figure 1b).

![Figure 1a: Night Shift Chart (Czerwiec 2017, 42)](image_url)
Figure 1b: Reconfigured Night Shift Chart (Czerwiec 2017, 43)

What is visible of the original chart, which now serves as a blurry background to the ten overlaid panels that add subjective, unforeseen experiences to the scheduled events, is significantly more disorderly and impractical than what was traced on the original chart. Whereas the original chart presented straight, neat lines and clear lettering, its second rendition is hardly visible, its wavy lines angled upwards, the lettering so dark and blurry that it is barely legible if at all. The ten inset panels somewhat randomly placed over the blurry chart indicate the unexpected events the protagonist faced and thus confirm the caption’s statement. The distortions to the original chart’s orderly presentation of information reflect our protagonist’s faltering confidence in her organizational plan as well as the chart’s inability not only to “keep [our protagonist] on track” (ibid., 41), but also to anchor her or help her maintain a state of mental calmness.

Two narrative levels thus come together in this reconfigured chart image – the protagonist’s concrete reality as depicted in the panels and her emotional reality as depicted in the obscured chart – to signal the original chart’s questionable documentary status. The original chart is not corrected or replaced; rather, it is imagined and re-presented as filtered through our protagonist’s emotional state. Neither its first nor second rendition document how things actually were during our protagonist’s evening shift. Indeed, when considered together, the factual gaps in both charts are highlighted: the first fails to chart a series of unexpected events that took place throughout the evening and the second fails to show a series of planned events that took place throughout the
evening (the panels obscure as much information as they reveal). What also becomes apparent is that together the charts portray a richer, more accurate picture of what actually unfolded during her shift than either chart portrays alone.

Counterintuitively, the challenge to the charts’ status as indisputable documentary evidence actually serves to increase their function in securing the autobiographical story’s authenticity. Faced with the chart’s second manifestation, readers struggle to read the original chart that has been literally taken over by panels that relay the emotionally intense reality of the evening shift on Care Unit 371, through what they depict and what they obscure, but also through how they are arranged on the page. Along with the visual distortion of lines and lettering, the nonlinear positioning of panels portraying patients who scream “I’ve lost everything! Why keep doing this?”, loved ones who state “I think my son is gone”, or hospital staff who assert that “The E.R. needs three beds” (ibid., 43) expresses, however subtly, the feeling of those hours on the ward as experienced by our protagonist-narrator who is overwhelmed and pressured to meet the demands put on her. With the second chart, readers are made aware that the first chart listing scheduled events offers only a partial picture of what transpired that evening. They are also prompted to consider how even documents that were designed to serve as ontological and epistemological anchors – “I quickly developed a chart to help keep me on track. It became my anchor” (ibid., 41) – require the interjection of her subjective mind if they are to impart a sincere understanding of the way in which our protagonist-narrator experiences her world. Despite the original chart’s accuracy – the scheduled events did take place – it is this subjective mind that conveys to readers what the evening actually felt like or the what-it’s-like to be our protagonist-narrator experiencing the event. It thus presents readers with a more honest, more immediate, and more emotionally accurate rendering of the evening events than the first chart through visual cues that at once validate and adjust the first chart’s accuracy through the workings of a subjective mind.

A subjective mind also engages with documentary evidence to present an authentic telling in Tyler Page’s Raised on Ritalin: A Personal Story of ADHD, Medication, and Modern Psychiatry (2016), a graphic illness memoir that traces the protagonist-narrator’s treatment for Attention Deficit Disorder (ADD) and his assessment of the disorder’s medical and popular history. Whereas several medical records tracing Tyler’s diagnosis and medical treatment are included in the book’s first, third, and fourth chapters that detail his early struggles with ADD, public documents, including excerpts from the fifth edition of the Diagnostic and Statistics Manual of Mental Disorders (hereafter referred to as DSM), Facebook feeds, medical journal and newspaper articles, and medicine package labels are reproduced in many of the chapters that address the history of ADHD. Documents in Raised on Ritalin do not merely verify the story’s factual details by adding a professional medical voice to the telling. When he discovers his “childhood medical records,” Tyler stops on one record and reflects how “for all the insight it provided, it raised just as many, if not more, questions”
There are also several instances when the numerous medical records have been tampered with by an older Tyler, who “pours over those documents with an adult perspective” (ibid.) as he tries to understand his medical history and crafts the story we are reading. In them, passages are highlighted, drawing attention to specific details; proper names have been blacked out; “Mom” or “Dad” has been added overtop blacked out names; and, occasionally, brief hand-written notes add additional information – “Con’t” (ibid., 91; 97), “It’s drug # 6” (ibid., 103). Tyler is the source for all modifications to the medical records, strongly suggesting that the extradiegetic, real-world information they hold does not obviously corroborate his personal experience with mental illness. Tyler’s commitment to being truthful even when that truthfulness counters the type of documentary associated with most forms of nonfiction is confirmed when the same document is reproduced twice, but with different passages highlighted (ibid., 19; 57), or when the page’s panels narrate information that has not been highlighted in the medical record (ibid., 64). The medical documents included in Raised on Ritalin certainly provide Tyler and readers with important information about his treatment for ADD, but they are not as transparent or informative as their systemic presentation of Tyler’s medical history and care first suggest. Their semantic import depends just as much upon Tyler’s personal investment in them, in his use for them as support but also as interpretative directives for what he remembers about and deems important for his personal experience with ADD than on the documentary evidence they impart.

Several chapters in Raised on Ritalin can be described as research intensive. In them, an adult Tyler is pictured prominently as he tries to untangle the factual details in public documents that are meant to provide factual, trustworthy information aimed towards a better understanding of the disorder and the medication used to treat it. Early in the graphic illness memoir, the DSM entry for Attention-Deficit / Hyperactivity Disorder is reproduced in different sizes across the top portion of a page (cf. ibid., 27). The previous page concludes with a panel of the manual accompanied by a caption that reads, “Psychiatrists have this thing called the DSM. It’s kind of like their Bible” (ibid., 26), and an un-bordered panel that reproduces a page from the DSM defining a mental disorder. Surprisingly, the pages of this important medical taxonomic and diagnostic manual are only partially visible; Tyler’s body or voice covers parts of them and they are piled such that one page covers information from another (see Figure 2).
These obstructions produce an “effect of concealment” (Groensteen 2009, 72) that serves not only to obstruct full access to the information presented, but also to bring readers to note that the official information is subject to Tyler’s take on it. What is more, Tyler’s take on it can be described, at best, as one of suspicion as the sarcasm of the accompanying panels indicate. Whereas the first panel of the page’s closing row portrays Tyler holding up two illegible lists detailing the characteristics of the disorder, the concluding panel is of a trained clinician reading a grocery list to a surprised patient (cf. Page 2016, 27). Tyler’s critical engagement with the documents reproduced in his graphic illness memoir work against the notion of documentary, described by Nina Mickwitz (2016, 7) as “a mode of address through which audiences and readers are invited to accept that the persons, events, and encounters signified are actual rather than imagined.” The communication it puts into play in its place is one characterized by a dynamic interplay between a documentary discourse that claims to objectively describe reality and doubt about that discourse’s claims to objectivity. Ultimately, it is a communication that immerses readers in the credibility of the narrator-protagonist’s subjective interventions as it intersects with the truth claims of the documentary evidence.
A similar challenge to the absolute referential authority of real-world documents that qualifies and acknowledges Tyler’s subjective perspective on ADD is foregrounded through our narrator-protagonist’s critical consideration of the academic articles and medical brochures reproduced in Raised on Ritalin. When considering how doctors “control access to essential and powerful drugs and knowledge!” and thus “had a vested financial interest in testing the wonders of these drugs and medical products” (Page 2016, 128), a sarcastic Tyler provides “a prime – and personal – example of [the APA’s] media outreach and ‘education’” (ibid., 129) by reproducing pages from a Booklet for Parents, authored by Larry B. Silver, M.D., that sets out to provide readers with medically reliable information about Attention Deficit Disorders (cf. ibid.). The pages address questions such as “What is ADD?”, “What is Hyperactivity? Distractibility?”, and “How Do You Diagnose ADD?” (ibid.) through dense prose that guide parents towards understanding the illness and its manifestation in children. Black captions with white lettering are slightly laid over the official document that, in a panel at the bottom of the page, is being given to parents by a doctor. One caption specifies, “What the brochure doesn’t tell you is that it was published by CIBA – the maker of Ritalin!” and another confirms, “(So, Dr. Silver – while giving his ‘expert’ advice – was acting as a paid shill for the very company that conveniently provided a popular treatment for my problem)” (ibid.; emphasis in the original). The narrative captions work alongside strategies of concealment to convey Tyler’s suspicion towards the document’s absolute, neutral authority. Positioned beside and over Dr. Silver’s credentials – “Doctor of Pediatrics, Professor of Psychiatry, Chief, Section of Adolescent Psychiatry, Rutgers Medical School, CMDNJ” – and confirming that “As a parent, I can imagine being handed something like this from a Dr. would be a very powerful message”, the captions openly challenge the document’s absolute claims to truthfully present an overview of ADD. They also add Tyler’s subjective slant to how the document is read, understood, and emotionally processed by those to whom it is given.

Exposed as a powerful tool of persuasion, a packaging of the reality of ADD that benefits some at the expense of others, the public document distributed by medical practitioners, like the medical records discussed above, present as an occasion for Tyler to reflect on his own personal experience with ADD and add the truths of that experience to the official records. As he becomes more inquisitive, critically engaged and aware of the epistemological transience and uncertainty of scientific documents, readers become more certain of his sincerity and the authority of his subjective stance. Tyler’s authenticity trumps what the official records claim not because he effaces the truthfulness of those documents, but rather because he carefully considers what they claim and then compares their claims with his first-hand experience. He critically engages with the documentary to show that what is officially declared to be does not quite add up to what it’s actually like. In Raised on Ritalin, Tyler’s sustained critical assessment of medical documents puts into play an intricate dynamic between those documents and his experience with ADD as remem-
bered or researched by him that consolidates the graphic illness memoir’s effect of authenticity.

Like other forms of documentary evidence reproduced in graphic illness memoir, statistics present a disembodied, disengaged factual rendition of real-world information. In particular, they appear to give order to a large amount of collected data and communicate its results in a clear, authoritative fashion. Statistical information from reputable web sources about eating disorders and their impact on the minds and bodies of Americans who suffer from them feature prominently in *Inside Out: Portrait of an Eating Disorder* (2007), a graphic illness memoir by Nadia Shivack that relates the story of Nad’s struggle with bulimia nervosa. Its colorful pages, which do away with graphic memoir’s standard formal arrangement of panels in sequences, consistently adhere to a specific stylistic pattern. Large panels, some brightly framed using a scrapbooking aesthetics and others lightly framed with a dark yellow line, present singular physical and emotional experiences in Nad’s life that are associated with her eating disorder. Colorful sketches and speech balloons, thought balloons, and captions written in a somewhat sloppy writing narrate her struggles with shame and despair, eating and purging, thoughts of suicide and sleeplessness. The colorful multimodal panels are placed against a yellow backdrop; black captions with white hand-written lettering that represent Nad’s narrative voice and / or dark yellow captions with black typed lettering that quote statistical information feature around the panels.

At the beginning of *Inside Out*, everything on the page – the verbal and visual narrative within the panels, the black captions and the dark yellow caption – address the same experience. For example, a two-page spread entitled “A Walk with Mom!” shows Nad and her mother standing side-by-side, their bodies facing readers. The mother is dressed in a fashionable purple dress outfit, hand on her hip and scarf blowing in the wind. Her three speech balloons, all affirmative statements ending in exclamation points, indicate that she is reprimanding Nad for “getting a little chunky” and not being “more feminine” or warning her that she “better not be eating that fast food” (Shivack 2007, n. pag.). Nad’s speech balloon indicates that she responds that she “loves having muscles,” but her thought balloons betray her true feelings, namely that she is “never allowed to stop for a bite” and wonders, “How can she not eat all day until dinner? Why can’t I?” (Ibid., n. pag.) Two black captions positioned beside the colorfully framed image read, “It seemed wrong to eat – like a weakness”, and “When I was twelve, my best friend was a girl named Amy. She was always on a diet. She would go to weight watchers meetings with her mom” (ibid., n. pag.). These two intimate admissions of Nad’s experience with reduced food intake and its echoes in the teachings of parents and parent-figures are followed by two dark yellow statistic captions informing readers that “[eighty percent of women are dissatisfied with their appearance” and “[forty-five percent of women are on a diet on any given day” (ibid., n. pag.). The statistical captions are marked by a drastic shift in register that announces their authoritative stance based in factual data collection. In addition, their neat,
professional presentation of information stylistically contrasts with Nad’s quirky drawing and her personal, roughly sketched rendition of her walk with her mother, further accentuating their authoritative function. Finally, *Inside Out* closes with a bibliography of the statistical information reproduced in the yellow captions, making it possible for readers to locate the original real-world source for each quote. Several narrative strategies come together to mark the epistemological difference between Nad’s subjective comments and the caption’s statistically sound information. Nevertheless, the statistical information the captions impart factually corroborates and validates Nad’s personal experience as expressed through her thought balloons and narrative captions by situating her personal experience within a collective official experience of bulimia nervosa.

Although the statistical information grounds and even verifies her personal experience with the eating disorder in extratextual real life data, it quickly becomes apparent that the official narrative and knowledge base of the statistical information provided in *Inside Out* only partially account for Nad’s actual experience of living with bulimia nervosa. Oftentimes, the graphic illness memoir’s visuals and captions that narrate Nad’s emotional and physical experiences break the statistically documented data’s illusion of a factual, comprehensive representation of information about bulimia nervosa and other eating disorders. They do so by expanding upon the information communicated across the statistical captions through the addition of a subjective slant. A statistical caption that reads “Ipecac abuse can lead to irregular heartbeat, rapid heart rate, cardiac arrest, and sudden death” follows and overlaps with an impressive image entitled “Deadly Responsibility” of “Alien E.D. with resident human (Nadia)” depicting a fire-breathing two-mouthed dragon-like monster with a naked curled up Nadia in its stomach who is asking, “Who’s there? Whose voices are those?” (Ibid., n. pag.) Above the image, the black narrative caption informs readers, “I tried to eat normally, but I couldn’t. It was as if an alien force inside me drove me on” (Ibid., n. pag.; see also Figure 3). Whereas Nad’s verbal narrative voice specifies that the alien force is located inside of her, her visual narrative voice depicts her inside of the monster that consumes her. In this scene, Nad counters notions of documentary associated with most forms of nonfiction by conveying an openly emotional reality that is at risk of changing as her mental state changes. Her subjective experience, which oscillates between different configurations of captivity, indicates that the neutrality and matter-of-factness of statistical information does not capture the confusion and discordance that characterizes the what-it’s-like to suffer from an eating disorder.
Although the statistical caption is placed below the monster image, it actually refers to the black caption on the previous page in which Nad admits, “I bought medicines like Ipecac to help me throw up until I got better at doing it on my own” (ibid., n. pag.). The statistical caption outlines the risk of death associated with the abuse of Ipecac and thus expands on what Nad’s personal experience with the medicine implies. However, it is paired to the monster image, to which it is only precariously linked through the title’s reference to death. The vague reference to the monster image following such a strong expansion of Nad’s caption alerts readers to the epistemological value of the documented information, but also to its incompleteness. What is ultimately
suggested is that the death the statistical information warns about can manifest in the ill subject in different, but equally real ways. In Inside Out, Nad’s partial, subjective, and emotionally charged verbal and visual narrative speaks back to statistical quotes all the while emphasizing that her actual experience is at once mirrored in statistical documentation and far more complex and nuanced than statistical facts can express. The dynamic interplay between the truthfulness of statistical evidence and the truthfulness of Nad’s subjective experience with bulimia nervosa secures an authenticity effect that is situated between the documentary and the overtly personal.

That the numerical values and factual information, even when alarming — “About seven million women and one million men suffer from eating disorders in the United States” (ibid., n. pag.) — do not fully convey the what-it’s-like for those who like Nad suffer from bulimia nervosa becomes particularly apparent as the book progresses. Fewer and fewer yellow captions with statistical information are included in Inside Out as Nad gains in awareness of her illness, but also in self-confidence. About midway through the graphic illness memoir, Nad begins to narrate some of the strategies she has put into place to recover from her eating disorder, including reminders that “help [her] to make the right choice” and determine “how [she] shall structure [her] thoughts” (ibid., n. pag.). The narrative concern with detailing her progress towards recovery is marked by a pronounced increased visual intensity and a decrease in statistical captions. As Nad struggles to learn “to shop, to cook, to play” and tries “to learn to dream, to hope, and to laugh” (ibid., n. pag.), the visual narrative becomes less structured, with multiple images and verbal text vying for space, words meandering across the large panel in several directions at once, or ordinary everyday materials incorporated into the image. At the same time, the statistical captions, with their seemingly value free, disinterested, and rational knowledge, are fewer and farther between. The statistical captions slowly give way to Nad’s subjective experience that, as the dense visuals suggest, proves to be more nuanced, more layered, more authentic, but also more disorganized than the information statistics can convey.

Kai Mikkonen (2017, 112), who examines shifts in style in comics from a narratological viewpoint, emphasizes that “visual style can also contribute significantly to the reader’s understanding of a character or a storyworld.” In Inside Out, the shift in style corresponds to a change in Nad’s mental life, and thus encourages readers to consider her subjective world view of how bulimia nervosa can manifest. It functions to convey her ever changing emotional experience as well as her newly formulated intellectual understanding of bulimia nervosa, an understanding that was made possible through personal reflection, but also through close consideration of the statistical quotes that have now become scarce. In this sense, the highly mediated showing and telling no longer overtly rely so heavily on statistical information, but is nonetheless informed by it. These collage pages, where only Nad’s voice is imaged both visually through framed or unframed drawings and verbally in black caption boxes, corroborate that “[e]ating disorders are not due to a failure of will or behavior.
They are real, treatable medical illnesses in which certain patterns of eating take on a life of their own” (ibid., n. pag.), and do so in very personal, highly subjective ways. The documentary value of the statistical data does not fade as the narrator-protagonist invites readers to take note of and experience her physical, but also emotional and intellectual engagement with bulimia nervosa. Instead, it is filtered through Nad’s subjective lens that, despite changing across time, stages personal experience and self-knowledge as equally valuable guarantors of truth.

In these and other graphic illness memoirs that deliberately place stress on the supposed objective truth of the documents they incorporate into their telling, neither documentary objectivity nor subjective experience alone brings readers to experience a feeling of truthfulness and sincerity. Instead, they work in tandem to secure an effect of authenticity.

3. Impressing Authenticity

Distinguishing between fictional and nonfictional narratives, Marie-Laure Ryan (2001, 92) clarifies that whereas readers contemplate the textual world of fiction as “an end in itself”, they “evaluate [that of nonfiction] in terms of its accuracy with respect to an external reference world known to the reader through other channels of information.” The documents reproduced in the graphic illness memoirs discussed in this contribution reference an external world reality in a way that fulfills the accuracy function of nonfiction that Ryan and several life writing theorists value. However, the accuracy of those documents is not (and cannot be) solely dependent on their verifiability, on how accurately they coincide with or reflect extratextual reality, especially since, as few would deny, reference and truth in both fictional and nonfictional narratives is a matter of convention. “Very little of the meaningfulness of narrative can be seen as independent of the artifice of narrativization,” writes Richard Walsh (2007, 39).

The accuracy of documents in graphic illness memoirs is also one that is equally dependent on subjective truth or a truth that is grounded in interpretation and imagination. I have argued elsewhere that it is not theoretically attractive or even feasible to distinguish between fact and fiction when considering the truth value of graphic memoir (cf. Pedri 2013). In this contribution, I have taken my cue from Charles Hatfield (2005, 113), who asks,

How can one be faithful to objective ‘truth’ when such truth seems inaccessible or even impossible? How in fact can we speak (as above) of ‘a level of experience ‘outside’ the bounds of text,’ when contemporary theory teaches us that to apprehend reality is to textualize it from the get-go?

Like him and others, I recognize that “‘telling the truth’ in [graphic] memoir is not always a straightforward process” (Versaci 2007, 57). However, whereas several comics scholars have focused their attention on narrative strategies that dismantle graphic memoir’s claims to truth by exposing its illusion of truthful-
ness as dependent exclusively on artifice, I have turned my attention to the use of documents to suggest that they can be and often are used to break down the dominance of objective referentiality that governs much thinking about graphic memoir. They do so by engaging a narrator-protagonist who assesses the factual information the document relates and how it relates it, expanding upon and, at times, challenging that information by drawing from their subjective experience with illness, and ultimately setting in motion a documentary effect that rests not on the telling’s accuracy, but rather on its authenticity.

I have shown that several graphic memoirs incorporate documents in their narrative to acknowledge, but not privilege the factual information they relate above and beyond the narrator-protagonist’s personal physical and emotional experience. In them, the document’s authority is at once challenged and confirmed through the narrator-protagonist’s informed engagement with the document. What ultimately transpires is an authentic telling that presents as an effect fostered by a communication that considers at once the objective and the subjective. Through the inclusion of and critical approach to documents, knowing and discovery, but also crafting and interpretation are put on display for readers not to undermine the truth of the story told and the documents that support it, but to ground the factually truthful in an authentic self, an authentic experience of illness, and an authentic telling.

In graphic memoir, authenticity is thus engendered through an intricate interplay between documentary strategies and meta strategies that confirm, but also pressure and even risk dismantling the document’s accuracy. This strategic positioning of seemingly opposing narrative strategies that blend objectivity and subjectivity produces an impactful documentary effect, an effect of truthfulness and sincerity: in short, it produces an impression or feeling of authenticity.

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